

APPLICATION FOR  
CERTIFICATE OF SEWAGE COMPLIANCE  
UPPER YODER TOWNSHIP

1. Name of Applicant (Seller/Mortgagor): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_  
(Telephone #)

\_\_\_\_\_  
(Fax #)

\_\_\_\_\_  
(Email Address)

2. Location of Property being Sold: \_\_\_\_\_  
(911 Address)

3. Current use of building: \_\_\_\_\_

Applicant hereby represents that he/she is aware of no unlawful connections nor any other uncorrected defects in their sanitary sewage connection, and,

I will have the required inspection performed in the presence of a municipal inspector by the following Plumber or approved Contractor:

\_\_\_\_\_  
(List name address and telephone of Plumber or approved Contractor, if applicable)

Statements made herein are true and correct to the best of my knowledge, information and belief. I further acknowledge and understand that statements herein are made subject to the penalties of 18 Pa. C. S. A. Section 4904, relating to unsworn falsifications to authorities.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant (must be signed by property owner)

Application Fee \$\_\_\_\_\_ (check payable to township must accompany application)

**CONTRACTOR CERTIFICATION** (attach additional pages if necessary)

1) I have conducted the following testing on the property listed above on \_\_\_\_\_, 200\_\_:

dye testing of down spouts, (location & result): \_\_\_\_\_

smoke testing of sewer lateral (result): \_\_\_\_\_

televising of lines (location & result): \_\_\_\_\_

Note: Smoke testing and televising are only required where there is reason to believe dye testing is not providing an accurate indication of lack or presence of unlawful connections or system defects.

2) I have found the following problems requiring correction:

none

lacking inspection port (to be corrected if mandatory in municipality)

other, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All identified problems have been corrected as of \_\_\_\_\_ 200\_\_, or,

The cost of fixing any unresolved unlawful connections or defects as of this date is estimated at \$\_\_\_\_\_

Statements made herein are true and correct to the best of my knowledge, information and belief. I further acknowledge and understand that statements herein are made subject to the penalties of 18 Pa. C. S. A. Section 4904, relating to unsworn falsifications to authorities.

Date: \_\_\_\_\_  
(Must be latest date on form)

\_\_\_\_\_  
Signature of Plumber or Approved Contractor  
Print name:

Testing witnessed and approved by municipal representative: \_\_\_\_\_ (seal)

date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

(A copy of this form shall be provided to Purchaser by Seller, if items have not been corrected, escrow of sufficient funds must be demonstrated)