SOMERSET TOWNSHIP MUNICIPAL AUTHORITY

PO Box 247
Somerset, PA 15501

SEWER LATERAL INSPECTION
LATERAL TEST FORM

PROPERTY OWNER INFORMATION

(Property Owner Completes)											
Property Owner:					**Phone:**						
Property Address:		**City:**			**State:**		**Zip:**				
Mailing Address:		**City:**			**State:**		**Zip:**				
Email:											

I certify that I am the Property Owner, Contractor, or Authorized Representative of the Property Owner and agree that the sewer lateral(s) on the property is to be tested for compliance. By signing and submitting this Lateral Test Form, I hereby certify that I am not aware of any unlawful connections or any other uncorrected defects in the sanitary sewage lateral(s), agree to all requirements of the Somerset Township Municipal Authority's Rules and Regulations, agree to pay all appropriate fees, and certify that the information provided on this Form is true and correct. I further understand that providing false information may result in termination of sewer service.

Applicant Signature: _____ **Date:** _____

Printed Name: _____

LATERAL TESTING CONTRACTOR

(Contractor Completes)											
Name:					**Phone:**						
Mailing Address:		**City:**			**State:**		**Zip:**				
PA License No.:					**Municipal License No.:**						

SERVICE TYPE:

Gravity:		Low Pressure (Pump):		

LATERAL INFORMATION:

New Lateral Connection:		Replacement:		Repair:		Test of Existing Lateral:	
Date of Installation, Replacement, or Repair:				No. of Laterals:			

Show dimension and depth information on Sketch Plan if more than 1 lateral

View Port:	YES	NO	Visible:	YES	NO
Depth of Lateral at Building (ft-in):		Depth of Lateral at Viewport (ft-in):			
Pipe Material:		Pipe Diameter (in):		Bedding Material:	

Exterior Trap:	YES	NO	Vent Location:	INTERIOR	EXTERIOR	Vent Diameter (in):	
Interior Lateral Location:		Lowest Floor Under Surface		Lowest Floor Above Surface		Other:	
In-Line Cleanout(s):	YES	NO	No. of Cleanouts:		Cleanout Cover Type:		

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DRAINAGE INFORMATION:							
Exterior Roof Leaders/Downspouts:		Daylight to Surface		Connection to Storm Sewer			
Foundation Drains:		Daylight to Surface		Connection to Storm Sewer			
Sump Pump:	YES		NO		UNKNOWN		
Sump Pump Collection:	Interior Only		Under Slab or Foundation Drains & Interior		UNKNOWN		
Sump Pump Connection:	Daylight to Surface		Connection to Storm Sewer		Connection to Sanitary Sewer		

SEWER LATERAL SKETCH PLAN:

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LATERAL TESTING INFORMATION:							
Test No.:	**Test Date:**	**Test Method:**	**Start Time:**	**Stop Time:**	**Pressure/Inches Water Start:**	**Pressure/Inches Water Stop:**	**Pass/Fail:**

I certify that I am the Contractor for the Property Owner and certify that the sewer lateral(s) on the property has been properly tested for compliance. By signing and submitting this Lateral Test Form, I hereby certify I am not aware of any unlawful connections or any other uncorrected defects in the sanitary sewage lateral(s), that the sewer lateral(s) on the property meet all requirements of the Somerset Township Municipal Authority's Rules and Regulations, and that the information provided on this Lateral Test Form is true and correct. I further understand that providing false information may result in termination of sewer service.

Signature: _____ **Date:** _____

Printed Name: _____

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LATERAL INSPECTION INFORMATION:

Visual Inspection:	**Interior:**	YES	NO	**Exterior:**	YES	NO
CCTV/Video Inspection:		YES			NO	

FAILED TEST:

I certify that I have viewed all sewage lateral information as described on this form and witnessed a sewer lateral test at the above-mentioned property. The sewer lateral test failed and corrective action for the problems identified has been discussed with the property owner.

Inspector Signature: _____ **Date/Time:** _____

Printed Name: _____

PASSED TEST:

I certify that I am not aware of any unlawful connections or any other uncorrected defects in the sanitary sewage lateral(s) on this property, I have viewed all sewage lateral information as described on this form and witnessed a sewer lateral test at the above-mentioned property, and all tests conducted at the property meet the requirements established in the Somerset Township Municipal Authority's Rules and Regulations for sewer lateral testing. A copy of this form has been provided to the property owner.

Inspector Signature: _____ **Date/Time:** _____

Printed Name: _____

Photos: **YES** **NO**

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SEWER LATERAL INSPECTION
APPLICATION FOR CERTIFICATE OF COMPLIANCE

PROPERTY INFORMATION

Address:					
Parcel ID:		City:		Zip:	

PROPERTY OWNER							
Name:				**Phone:**			
Mailing Address:		**City:**		**State:**		**Zip:**	
Email:							

TEST EVENT & FEE							
New Connection:		**Repair/Replace:**		**Property Transfer:**		**Authority Test Notification:**	
Inspection Fee Amount:	$50.00	**Payment Method:**		**Check #:**			
Requested Test Date:							

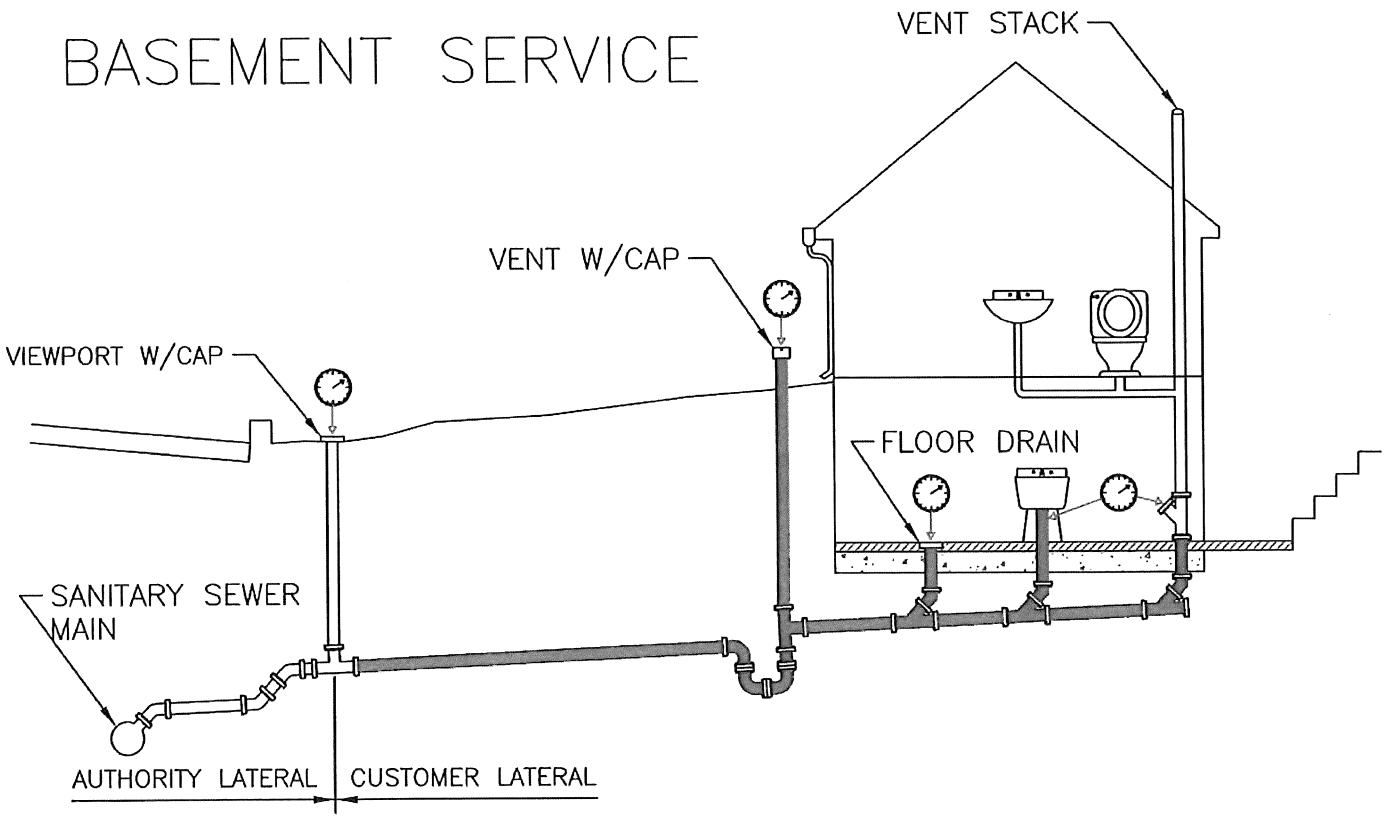
I certify that I am the Property Owner or Authorized Representative of the Property Owner and agree that the sewer lateral(s) on the property is to be tested for compliance. By signing and submitting this application, I hereby agree to all requirements of the Somerset Township Municipal Authority's Rules and Regulations, agree to pay all appropriate fees, and certify that the information provided on this application is true and correct. I further understand that providing false information may result in termination of sewer service.

Property Owner Signature: _____ **Date:** _____

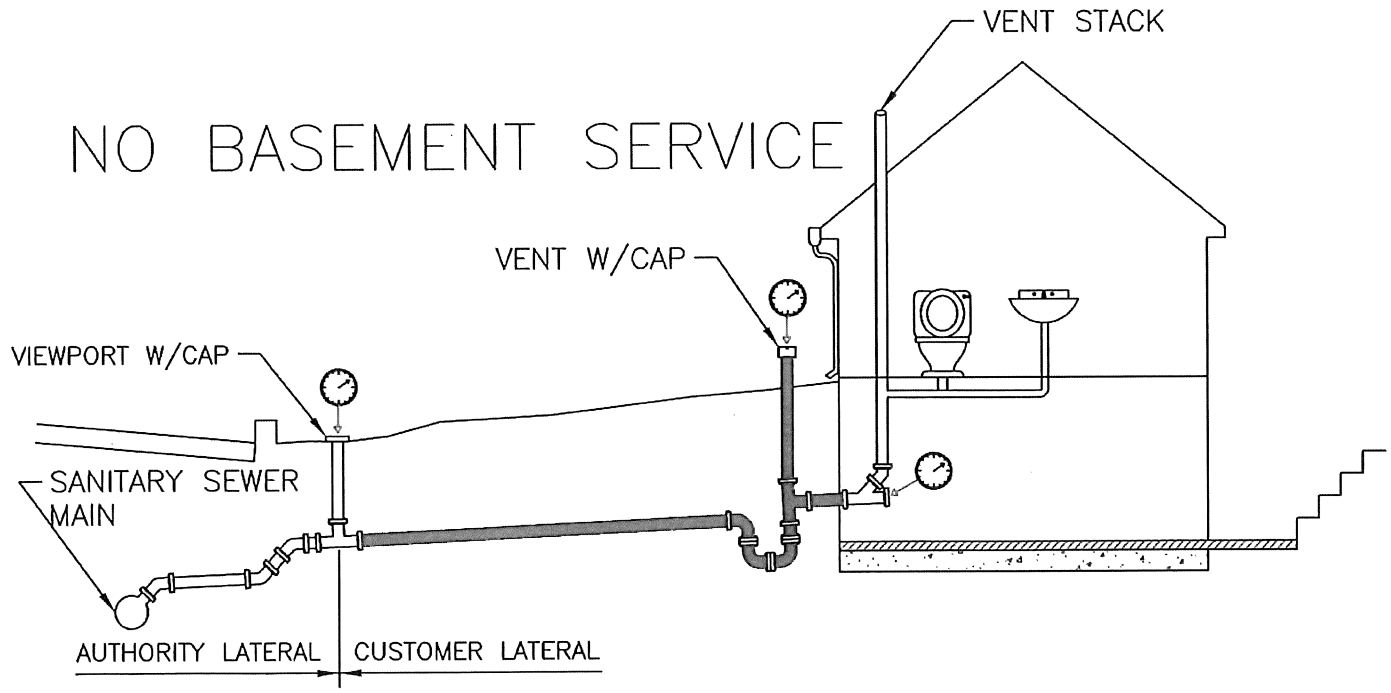
Printed Name: _____

_____

BASEMENT SERVICE



NO BASEMENT SERVICE

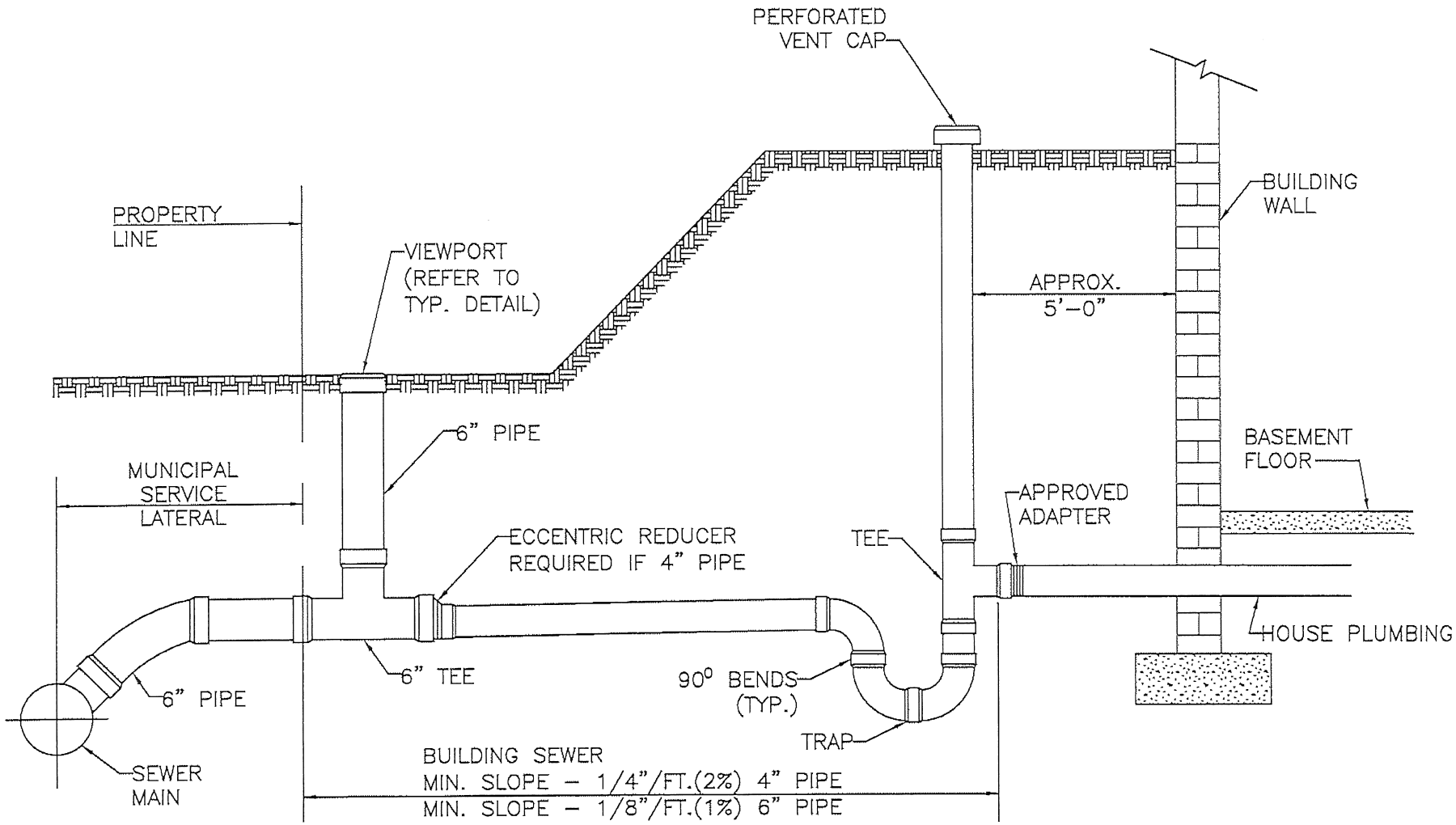


ALL SHADED PIPE REQUIRES A PRESSURE TEST

TEST POINT

NOT TO SCALE

TYPICAL DETAIL	
SEWER LATERAL TESTING REQUIREMENTS	
SOMERSET TOWNSHIP MUNICIPAL AUTHORITY	SH 1 OF 1

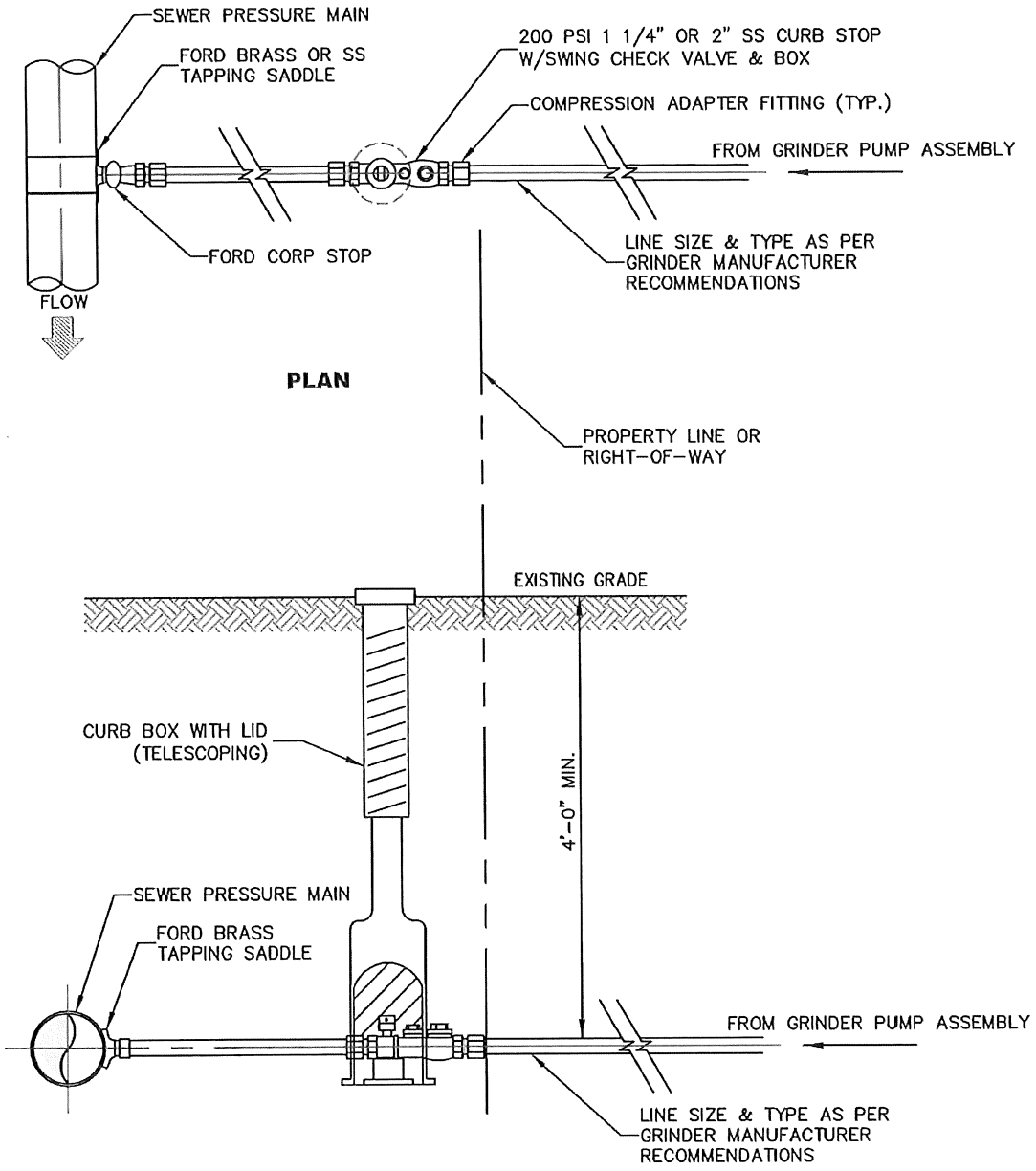


NOT TO SCALE

NOTE:

1. ALL PIPING SHALL BE PVC SDR 35 ASTM 3034 WITH GASKET FITTINGS UNLESS OTHERWISE INDICATED OR APPROVED BY AUTHORITY.

TYPICAL DETAIL	
TYPICAL GRAVITY SEWER SERVICE CONNECTION	
SOMERSET TOWNSHIP MUNICIPAL AUTHORITY	SH 1 OF 1



NOTES:

1. SADDLES SHALL BE FORD S90 STYLE FOR C900 MAIN AND FORD 202B STYLE FOR DUCTILE IRON MAIN.

2. CORPORATION STOPS SHALL BE FORD FB-1700-X-NL.

3. INSTALL CONTINUOUS 12 AWG SOLID COPPER JACKETED TRACER WIRE WITH PIPE.

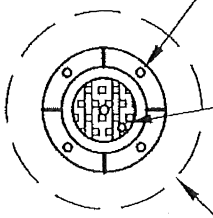
4. ALL MATERIAL SUBMITTALS SHALL BE REVIEWED AND APPROVED BY THE SOMERSET TOWNSHIP MUNICIPAL AUTHORITY.

5. THE SOMERSET TOWNSHIP MUNICIPAL AUTHORITY RESERVES THE RIGHT TO PERFORM TAPS WITH MATERIALS PURCHASED FROM THE AUTHORITY.

NOT TO SCALE

TYPICAL DETAIL	
PRESSURE SEWER CONNECTION	
SOMERSET TOWNSHIP MUNICIPAL AUTHORITY	SH 1 OF 1

NOTE:
NO CONCRETE
AROUND PIPE

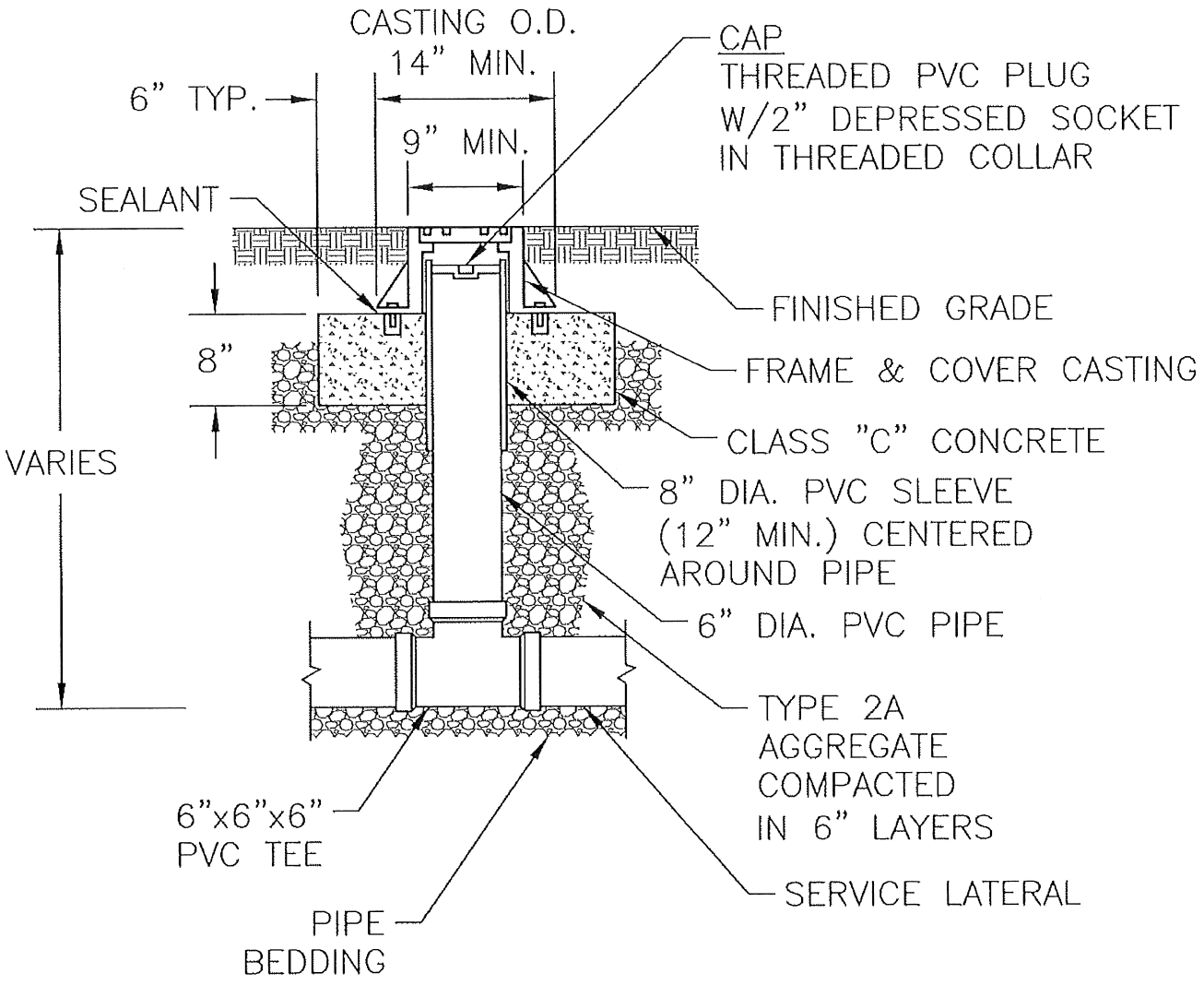


(4) 7/8" DIA. HOLES IN CASTING. USE (4) 3/4" x 4" LG. BOLTS FOR SECURING TO CONCRETE RING

SECURITY BOLT

CONCRETE BASE

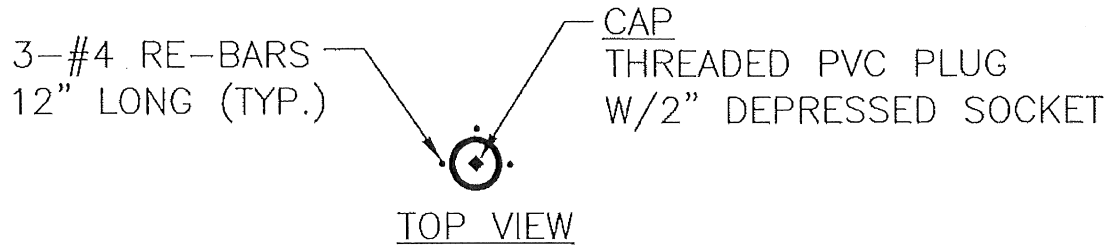
TOP VIEW



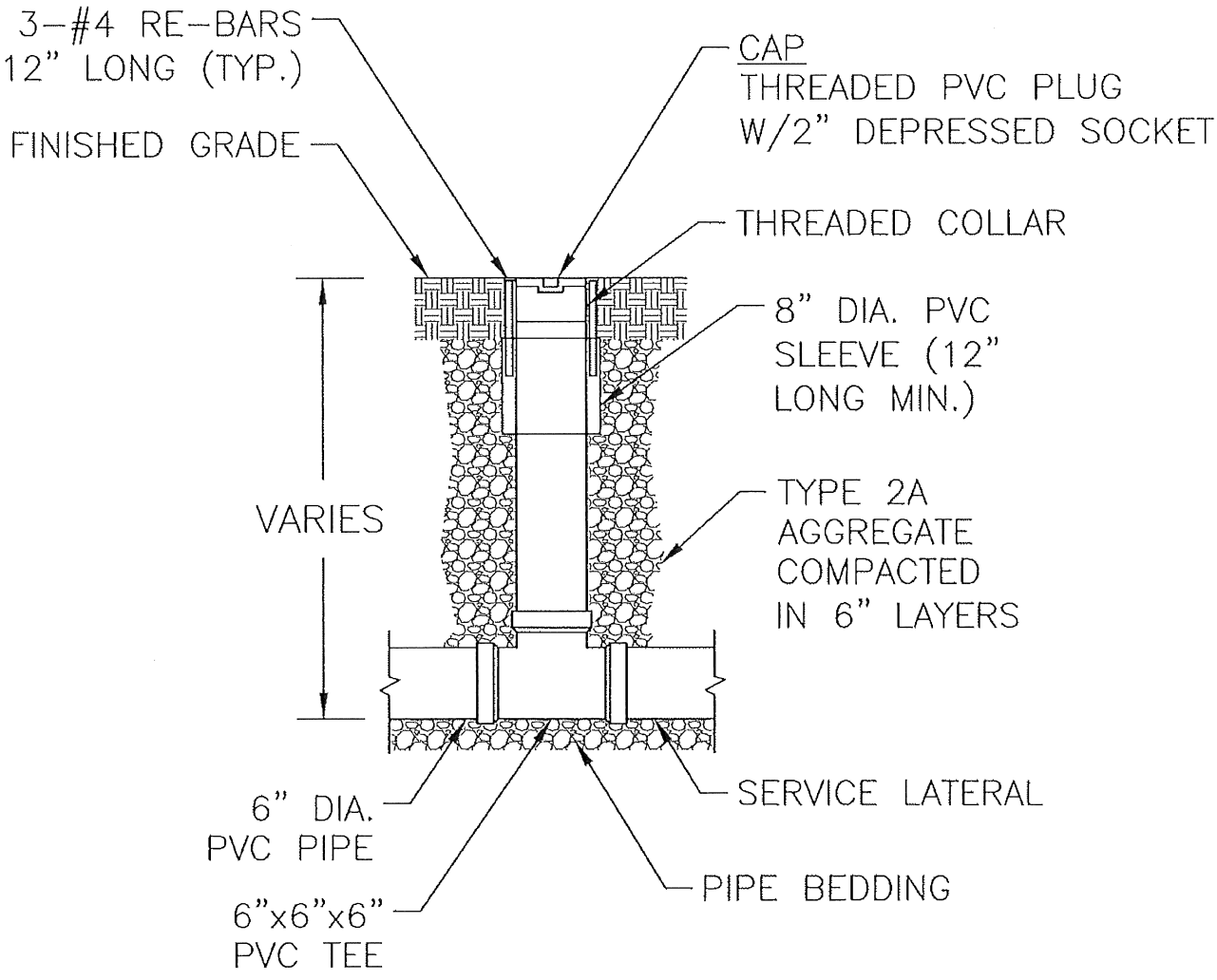
SIDE VIEW:

NOT TO SCALE

TYPICAL DETAIL	
SEWER VIEW PORT - PAVED AREAS	
SOMERSET TOWNSHIP MUNICIPAL AUTHORITY	SH 1 OF 2



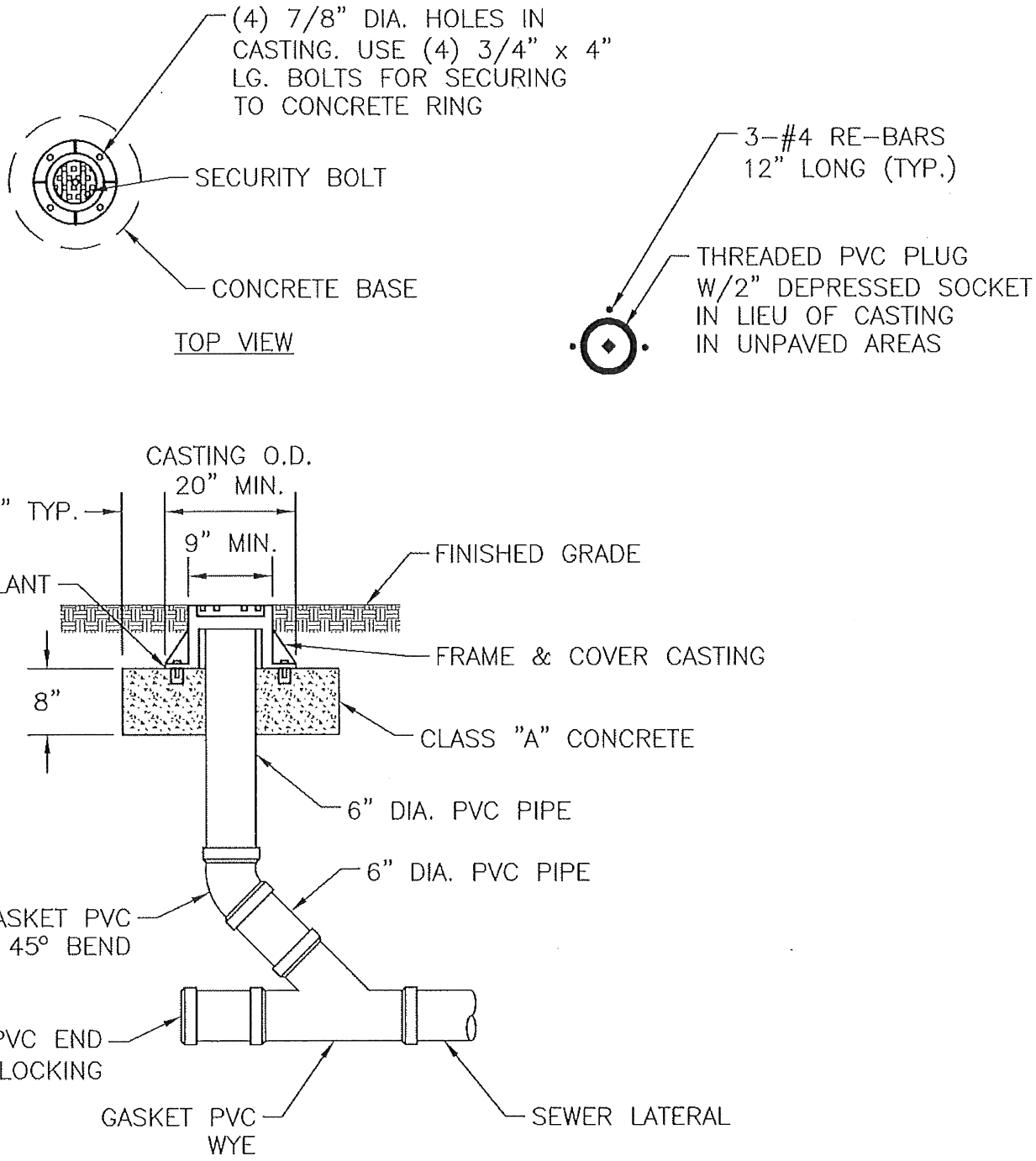
TOP VIEW



SIDE VIEW:

TYPICAL DETAIL	
SEWER VIEW PORT - UNPAVED AREAS	
SOMERSET TOWNSHIP MUNICIPAL AUTHORITY	SH 2 OF 2

NOT TO SCALE



NOTE:

1. ALL PIPING SHALL BE PVC SDR 35 ASTM 3034 WITH GASKET FITTINGS UNLESS OTHERWISE INDICATED OR APPROVED BY AUTHORITY.

	TYPICAL DETAIL	
	SEWER CLEAN OUT	
NOT TO SCALE	SOMERSET TOWNSHIP MUNICIPAL AUTHORITY	SH 1 OF 1