SOMERSET TOWNSHIP MUNICIPAL AUTHORITY

PO Box 247

Somerset, PA 15501

SEWER LATERAL INSPECTION

CERTIFICATE OF COMPLIANCE

DATE: _____

PROPERTY OWNER NAME: _____

PROPERTY ADDRESS: _____

_____

MAILING ADDRESS: _____

_____

CONTACT NAME: _____ PHONE: _____

CONTACT EMAIL: _____

AGENT FOR OWNER: _____

AGENT EMAIL: _____

STMA USE ONLY

DATE OF INSPECTION: _____

INSPECTED BY: _____

The above property has been inspected and a Certificate of Compliance is hereby issued this _____ day of _____, 20____.

SOMERSET TOWNSHIP MUNICIPAL AUTHORITY

By: _____

David W. Shaulis, STMA Inspector

Attachments: Application for Certificate of Compliance
Lateral Test Form