

Peters Township Sanitary Authority
111 Bell Drive McMurray, PA 15317-3415
Ph. 724-941-6709 Fax 724-941-2283

APPLICATION FOR DYE TEST INSPECTION
For Property Transfer

Application Date: _____ Approximate Closing Date: _____

Tax Parcel ID: _____

Name of Property Owner(s): _____

Service Address of Property: _____

City: _____ State: PA ZIP: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Effective Date of Mailing Address if Forwarding Address: _____

Contact Person: _____ Daytime Phone: _____

Email: _____

Fees: (due upon application)

Inspection Fee: \$175 Inspection Fee if **no** water is available: \$225

Non-Refundable \$50 no show fee for scheduled appointment

Make check Payable to: *Peters Township Sanitary Authority* and mail to the above address.

If the property fails the Dye Test, any remedial work must be completed immediately even if a property sale or transfer does not take place.

Additional Form Required: Please be advised that an Application for Authority Claim Letter and \$25.00 fee is also required for the transfer of property (*May be submitted separately*).

Applicant Signature: _____ Date: _____

I, the above signed property owner and/or agent, hereby gives my consent for the PTSA, or their delegated representatives, to enter upon our property for the purpose of performing dye testing in accordance with the Sewer Use Rules & Regulations Appendix D.

TO BE COMPLETED BY PTSA

Date Application Received: _____ Fee paid: _____ Check #: _____

Date Scheduled Inspection: _____ Time Scheduled Inspection: _____

Comments: _____