

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: _____ Proposed 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: \$200 Inspection Fee if no water is available: \$250
A \$50.00 Cancellation Fee/Rescheduling fee shall be applied after 72-hours of scheduling
No show fee for scheduled appointment is \$50.00 payable prior to test being rescheduled.
Application Fee Refund Request: \$50.00 after approval by PTSA with required form.
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*).
The applications for Authority Claim Letter and Dye Test Application must be received at least 21 days in advance of the proposed closing date.

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: _____