

Peters Township Sanitary Authority
111 Bell Drive McMurray, PA 15317-3415
Phone: 724-941-6709 Email: ptsageneral@ptsasonline.org

APPLICATION FOR DYE TEST INSPECTION
For Property Transfer

Application Date: _____ Proposed Closing Date: _____

Tax Parcel ID: _____

Name of Property Owner(s): _____

Property Service Address: _____

City: _____ State: PA ZIP: _____

Forwarding Address: _____

City: _____ State: _____ ZIP: _____

Forwarding Address Effective Date: _____

Contact Person: _____ Daytime Phone: _____

Email: _____

Fees: (due upon application) Inspection Fee: **\$275.00** Inspection Fee if no water is available: **\$325.00**

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 **\$35.00** 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: _____