

Peters Township Sanitary Authority

111 Bell Drive McMurray, PA 15317
Ph. 724-941-6709 Fax 724-941-2283

**APPLICATION FOR DYE TEST INSPECTION
For Property Transfer**

Application Date: _____

Name of Property Owner(s): _____

Service Address of Property: _____

Tax Parcel ID No. (If Known): _____

Contact Person: _____ Daytime Phone: _____

Fees: (due upon application)

Inspection Fee: \$150

Inspection Fee if **no** water is available: \$200

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

Mail to: **Peters Township Sanitary Authority**
111 Bell Drive McMurray, PA 15317

Make check Payable to: *Peters Township Sanitary Authority*

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.

A Homeowners Checklist and additional information is available at www.ptsaonline.org.

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: _____