

Peters Township Sanitary Authority

111 Bell Drive McMurray, PA 15317-3415

Phone: 724-941-6709 Email: ptsageneral@ptsasonline.org

Download form and email to above address. Payment can be made at ptsasonline.org.

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

Application Date: _____ Proposed Closing Date: _____

Tax Parcel ID: _____ Residential _____ Commerical _____

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**

*Commerical Parcel's - Call the office for the Total Fee - 3 building laterals included /\$50/per each additional lateral .

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.

*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. (You may sign electronically.)
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TO BE COMPLETED BY PTSA

Date Application Received: _____ Fee paid: _____ Online Payment by: _____

Date Scheduled Inspection: _____ Time Scheduled Inspection: _____