

The Municipal Authority of the Township of South Fayette

900 Presto Sygan Road Bridgeville, PA 15017

Phone: 412-257-5100

Fax: 412-257-5125

APPLICATION FOR DYE TEST/LATERAL INSPECTION

(PLEASE PRINT OR TYPE CLEARLY)

APPLICATION DATE: _____

Current Owners Name _____
(LAST) (FIRST)

Test Site Address _____
(BOX OR STREET) (CITY) (STATE) (ZIP)

Applicant's Name _____ **Applicant's Signature** _____

Contact Phone Number _____ **Closing Date** _____

Email Address _____

Does the premise have any internal french drains or sump pumps? _____ **YES** _____ **NO**

See instructions for test procedures and fees at www.matsf.net

(DO NOT WRITE BELOW THIS LINE *** AUTHORITY USE ONLY)**

DOCUMENT OF CERTIFICATION

TEST RESULTS AND FINDINGS

TEST FEE AMOUNT RECEIVED: _____

ADDITIONAL FEES DUE: _____ **NOTES:** _____

BALANCE DUE: _____

TEST PERFORMED BY: _____ **TEST DATE:** _____

DYE TEST: _____ **PASS** _____ **FAIL** **LATERAL TEST:** _____ **PASS** _____ **FAIL**

PASS DATE: _____ **FAIL DATE:** _____

RELEASE DATE: _____ **HOLD:** _____

NOTES: _____

TEST# _____