

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 LATERAL INSPECTION / DYE TEST

(PLEASE PRINT OR TYPE CLEARLY)

APPLICATION DATE: _____

Current Owners Name _____

(LAST)

(FIRST)

Test Site Address _____

(BOX OR STREET)

(CITY)

(STATE)

(ZIP)

Owner Phone Number _____ Closing Date _____

(IN CASE OF FAILURE)

Applicant's Name _____ Applicant's Signature _____

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

RECEIVED DATE

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# _____