

**Township of Indiana**  
**3710 Saxonburg Blvd.**  
**Pittsburgh, PA 15238**  
**(412) 767-5333 FAX (412) 767-4773**  
**Application and Report of Inspection for Sanitary Sewer Certification**

**To be completed by Owner/Applicant:**

Current Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_

**Mail Certificate to (if different than Owner):**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, St, Zip \_\_\_\_\_  
 Lot/Block # \_\_\_\_\_

**For Plumber use only**

Date of Test(s) \_\_\_\_/\_\_\_\_/\_\_\_\_

	Satisfactory	Violation	Remedial Action	Remediation Satisfactory
Downspouts and roof leaders	_____	_____	_____	_____
Area drains receiving storm or surface water (driveway drains, apparent illegal french drain connections, etc.)	_____	_____	_____	_____
Fresh air vent (must be of such a height and location as to prevent entry of storm or surface water)	_____	_____	_____	_____
House Lateral	_____	_____	_____	_____
Camera Used	Yes _____	No _____	OR Manhole No. Observed _____	

Plumbing **Testing** Firm \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_

Name of Plumber \_\_\_\_\_  
 Registration No. \_\_\_\_\_

I hereby certify that this property has been tested for stormwater infiltration and inflow to the sanitary sewer under the terms of Ordinance 326 and no violations or malfunctions are known to exist.

Name: \_\_\_\_\_  
 Signature of Plumber

Name: \_\_\_\_\_  
 Printed

Plumbing **Repair** Firm \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_

Name of Plumber \_\_\_\_\_  
 Registration No. \_\_\_\_\_

I hereby certify that this property has been tested for storm water infiltration and inflow to the sanitary sewer under the terms of Ordinance 326 and no violations or malfunctions are known to exist.

Name: \_\_\_\_\_  
 Signature of Plumber

Name: \_\_\_\_\_  
 Printed

Provide sketch of existing facilities on back