

Central Indiana County Joint Sanitary Authority

Request for Sanitary Sewer Lateral Compliance Inspection/Evidence of Compliance

Date of Request: _____

Property Owner Name: _____

Property Physical

Address: _____

Mailing Address (if different from above): _____

Anticipated Closing Date: _____

Property Owner or their representative MUST:

- **PAY the required inspection fee of \$75,**
- **BE PRESENT during inspection/testing and**
- **WATER SERVICE must be available to Authority personnel for the purpose of conducting dye testing.**

In the event that there is no illegal storm or surface water connections on the property, the Authority shall issue the Evidence of Compliance. If the test reveals the existence of an illegal storm or surface water connection, the Authority will not issue the Evidence of Compliance until the illegal connection has been removed and certification of the correction has been certified by the Authority.

Applicant Signature: _____

Contact Telephone Number: _____

Attorney and/or Realtor of

Record: _____

Telephone and Fax/Email: _____

For Authority Use Only:

Test Fee Paid/Date: _____

Scheduled Inspection Date: _____ Time: _____

Results on File: _____ Remediation required: Yes or No

If yes, date of remediation: _____

Tax Parcel Number: _____ Evidence of Compliance Issued: ___ Date: _____

Central Indiana County Joint Sanitary Authority – PO Box 7 – Homer City PA 15748

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