

**APPLICATION for  
CERTIFICATE OF SEWAGE COMPLIANCE  
JACKSON TOWNSHIP, CAMBRIA COUNTY**

1. Name of Applicant (Seller): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_  
(Telephone #)

\_\_\_\_\_  
(Fax #)

\_\_\_\_\_  
(Email Address)

2. Location of Property being Sold: \_\_\_\_\_

(911 Address)

3. Current use of building: \_\_\_\_\_

Applicant hereby represents that he/she is aware of no unlawful connections nor any other uncorrected defects in their sanitary sewage connection,

I will have the required inspection performed by the following Licensed Plumber

\_\_\_\_\_  
(List name address and telephone of Licensed Plumber, if applicable)

Statements made herein are true and correct to the best of my knowledge, information and belief. I further acknowledge and understand that statements herein are made subject to the penalties of 18 Pa. C. S. A. Section 4904, relating to unsworn falsifications to authorities.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant (must be signed by owner)

Application Fee \$5.00

**CERTIFICATION**

I have conducted the following testing on the property listed above on \_\_\_\_\_, \_\_ 200\_\_,

dye testing of down spouts, (location & result): \_\_\_\_\_

smoke testing of sewer lateral (result): \_\_\_\_\_

pressure testing of sewer later (result): \_\_\_\_\_

televising of lines (location & result): \_\_\_\_\_

Note: Pressure testing and televising are only required where there is reason to believe dye testing is not providing an accurate indication of lack or presence of unlawful connections or system defects.

I have found the following problems requiring correction:

none

lacking inspection port (to be corrected if mandatory in municipality)

other, explain \_\_\_\_\_

\_\_\_\_\_  
All identified problems have been and have corrected as of \_\_\_\_\_, \_\_ 200\_\_, or,  
The cost of fixing any unresolved unlawful connections or defects as of this date is estimated at \$ \_\_\_\_\_

Statements made herein are true and correct to the best of my knowledge, information and belief. I further acknowledge and understand that statements herein are made subject to the penalties of 18 Pa. C. S. A. Section 4904, relating to unsworn falsifications to authorities.

Date: \_\_\_\_\_

(Must be latest date on form)

\_\_\_\_\_  
Signature of Licensed Plumber

Print name:

Approved by Municipal Authorities: \_\_\_\_\_ (seal) date: \_\_\_\_\_

(A copy of this form shall be provided to Purchaser by Seller)