

EBENSBURG BOROUGH

**300 W. High Street
Ebensburg, PA 15931
814-472-8780**

APPLICATION FOR SEWAGE COMPLIANCE CERTIFICATE

Date of Application: _____ (24-hour advance notice required)

Property Address: _____

Property situated in: _____ **Ebensburg Borough** _____ **Cambria Township**

Owner's Name: _____ Phone: _____

Owner's Address: _____ Zip Code: _____

Test results should be forwarded to:

Name: _____ Telephone: _____

Address: _____

E-mail: _____

Please return completed application along with payment of \$25 payable to Ebensburg Borough, 300 West High Street, Ebensburg, PA 15931

THIS SECTION TO BE COMPLETED BY EBENSBURG BOROUGH

This is to certify that the property located at: _____

_____ Had an air pressure test performed by Ebensburg Borough and the property successfully passed said test.

_____ Had an air pressure test performed by Ebensburg Borough and that this property has failed the test. Corrective actions have been completed and Ebensburg Borough has conducted a subsequent air pressure test and has certified that the property successfully passed said test.

_____ Had an air pressure test performed by Ebensburg Borough and that this property has failed the test for the following reasons:

Title: _____

Signature: _____

Date: _____

Certificate of Sewage Compliance shall remain in effect for a period of five (5) years from this date, subject to ongoing viewport inspections. Any property found to be contributing I&I shall be deemed to be in violation, and will be required to achieve compliance with the Authority's Rules & Regulations.

Inspector shall include here a sketch of the service lateral, showing the foundation wall, the cleanout and the viewport.

Street Address