



# HOPEWELL TOWNSHIP

1700 CLARK BOULEVARD  
ALIQUIPPA, PA 15001  
PHONE: 724-512-0156  
FAX: 724-512-0154

## SANITARY SEWER DYE TEST APPLICATION

Certificate No:

<i>Date of Application:</i>	
<i>Estimated Closing Date:</i>	
<i>Current Owner's Name:</i>	
<i>Current Owner's Address:</i>	
<i>Property Address to be Tested:</i>	
<i>Telephone Number: (Of person to contact to schedule test)</i>	
<i>Realtor Name:</i>	
<i>Realtor Telephone Number:</i>	

Pursuant to Ordinance No. 2010-06 of the Township of Hopewell, you are hereby notified to acquire a Certification of Sanitary Sewer Status prior to any sale of real estate. No property served by public sewers both within and outside of the service area of the wastewater treatment facilities of Hopewell Township shall be sold or conveyed without first obtaining a Document of Certification, or Temporary Document of Certification, from the offices of the Township of Hopewell.

**Application Fee:     \$125.00**

- Tests:**
1. Rain Leader/Roof Drain/Downspout/Gutter
  2. Area Drains/Driveway Drains/Stairwell Drains/Parking Lot Drain/etc.
  3. Interior/Exterior Sump
  4. Fresh Air Vent
  5. Foundation Drain – Flooding or Injection
  6. Lateral Injection

Is there water service at the home at this time? \_\_\_\_\_

Do you have an interior Sump Pump? \_\_\_\_\_

If so, is it connected to the sanitary sewer system? \_\_\_\_\_

Do you have a French Drain? \_\_\_\_\_

If so, is it connected to the sanitary sewer system? \_\_\_\_\_

The Applicant is responsible for the cost of a qualified, licensed, and insured Plumber.

The property owner is responsible to provide appropriate access to the sanitary sewer lateral as required to achieve the intent and purpose of the testing required by the Ordinance.

Signature of Applicant                      Date                      Hopewell Township Representative                      Date

<b>Date of Payment:</b>		<b>Check No./Cash:</b>	
<b>Amount Paid:</b>		<b>Initials:</b>	

**IF THE LINES HAVE BEEN WINTERIZED, THE TEST IS NOT ABLE TO BE COMPLETED.**

**THERE IS A \$50.00 NO-SHOW FEE FOR SCHEDULED APPOINTMENTS BROKEN OR NOT CANCELLED WITHIN 24 HOURS PRIOR TO SCHEDULED APPOINTMENT.**