

Township of O'Hara
325 Fox Chapel Road
Pittsburgh, PA 15238
(412) 782-1400 FAX (412) 782-4530

Application and Report of Inspection for Sanitary Sewer Certification

Owner/Applicant: Complete for property to be tested

Mail Certificate to (if different than Owner):

Current Owner _____
Test Address _____
City, State, Zip _____
Phone No. _____

Name _____
Address _____
City, St, Zip _____
Lot/Block # _____

FEES MUST BE PAID PRIOR TO SCHEDULING INSPECTION: RESIDENTIAL \$100 COMMERCIAL \$200

For Township/Plumber use only

Date of Test(s) ____/____/____

Time of Test (starting 7:30 a.m. to 9:00 a.m. or begin at 12:00 p.m.)

	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 _____	

Twp. of O'Hara Test Witness

Twp. of O'Hara Remedial Work Witness

PLUMBER MUST CONTACT TOWNSHIP AT 412-784-1784, EXT 206 TO SCHEDULE INSPECTION

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 No. 1228.

Name: _____
Signature of Plumber

Name: _____
Printed

Plumbing **Repair** Firm _____
Address _____
Phone No. _____

Name of Plumber _____
Registration No. _____

I hereby certify that corrections have been made in accordance with all applicable codes and regulations and no violations or malfunctions are known to exist.

Name: _____
Signature of Plumber

Name: _____
Printed