

BOROUGH OF WESTMONT

1000 LUZERNE STREET • JOHNSTOWN, PA 15905-2508
TELEPHONE: (814) 255-3865 • FAX (814) 255-9580 • WEBSITE: westmontborough.com

APPLICATION FOR
AND
CERTIFICATE OF COMPLIANCE
SANITARY SEWER PRESSURE TESTING
OR
CERTIFICATE OF COMPLIANCE, CCTV INSPECTION
OR
CERTIFICATE OF COMPLIANCE, FLOW MONITORING

Date _____

1. Property Owner Name: _____

Mailing Address: _____

Telephone # (home) _____

Fax# or Mobile# _____

Email Address _____

2. Service Address (if different): _____

3. Current use of Building: (Circle One) Single Family Residential Multi-Family Residential Commercial Industrial
 Institutional Public Blended Use Other

4. Rental Property: (Circle One) YES NO If Yes, Number of Dwelling Units _____

5. Reason for Test (Circle One) Sewer Replaced New Connection Property Transfer Repair/Alteration
 Property Financing Notice To Comply With Rules [REV. 12/13/16]

6. Building Drain and Building Sewer (lateral): Building Drain Interior of Structure Building Sewer Exterior of Structure
(Circle which apply) [REV. 12/13/16] Other (Explain) _____ Demolition

PROPERTY OWNER CERTIFICATION

The Undersigned Property Owner hereby CERTIFIES that he/she is not aware of any unlawful connections or any other uncorrected defects in his/her Building Drain and Building Sewer (lateral) and its connection to the Borough sanitary sewer system.

_____. CHECK HERE IF PROPERTY OWNER REQUESTS TRAP INSTALLATION WAIVER AT OUTSIDE AND INSIDE BUILDING WALL AT PROPERTY OWNER'S RISK.

Statements made herein are true and correct to the best of the Undersigned property owner's knowledge, information and belief. The Undersigned 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.

Signatures of Property Owner(s)

Date Signed

THERE IS A \$50 FEE FOR EACH INSPECTION. THE \$ 50 FEE SHALL BE PAID AT THE TIME OF THE INSPECTION. MAKE CHECKS PAYABLE TO WESTMONT BOROUGH.

Fee Paid via Check Number _____

CONTRACTOR CERTIFICATION

Contractor hereby CERTIFIES that he/she is not aware of any unlawful connections or any other uncorrected defects in the Building Drain and Building Sewer (lateral) installed at the above referenced service address.

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.

I have conducted testing on the property listed above on

Pressure Testing (IPC § 312) of Building Drain and Building Sewer (lateral) (result): PASS FAIL

All identified problems have been corrected as of

Building Drain and Building Sewer (Lateral) Installed and tested by: Contractor Homeowner

Signature of Contractor / Homeowner: _____ Date: _____

Printed Name of Contractor/ Homeowner: _____

PA. License No.: _____

BOROUGH REPRESENTATIVE CERTIFICATION

Borough Representative hereby CERTIFIES that he/she is not aware of any unlawful connections or any other uncorrected defects in the Building Drain and Building Sewer (lateral) installed at the above referenced service address.

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.

I have witnessed testing on the property listed above on

Pressure Testing (IPC § 312) of Building Drain and Building Sewer (lateral) (result): PASS FAIL

All identified problems have been corrected as of

Building Drain and Building Sewer (lateral) was installed by: Contractor Homeowner

Signature of Borough Representative: _____ Date: _____

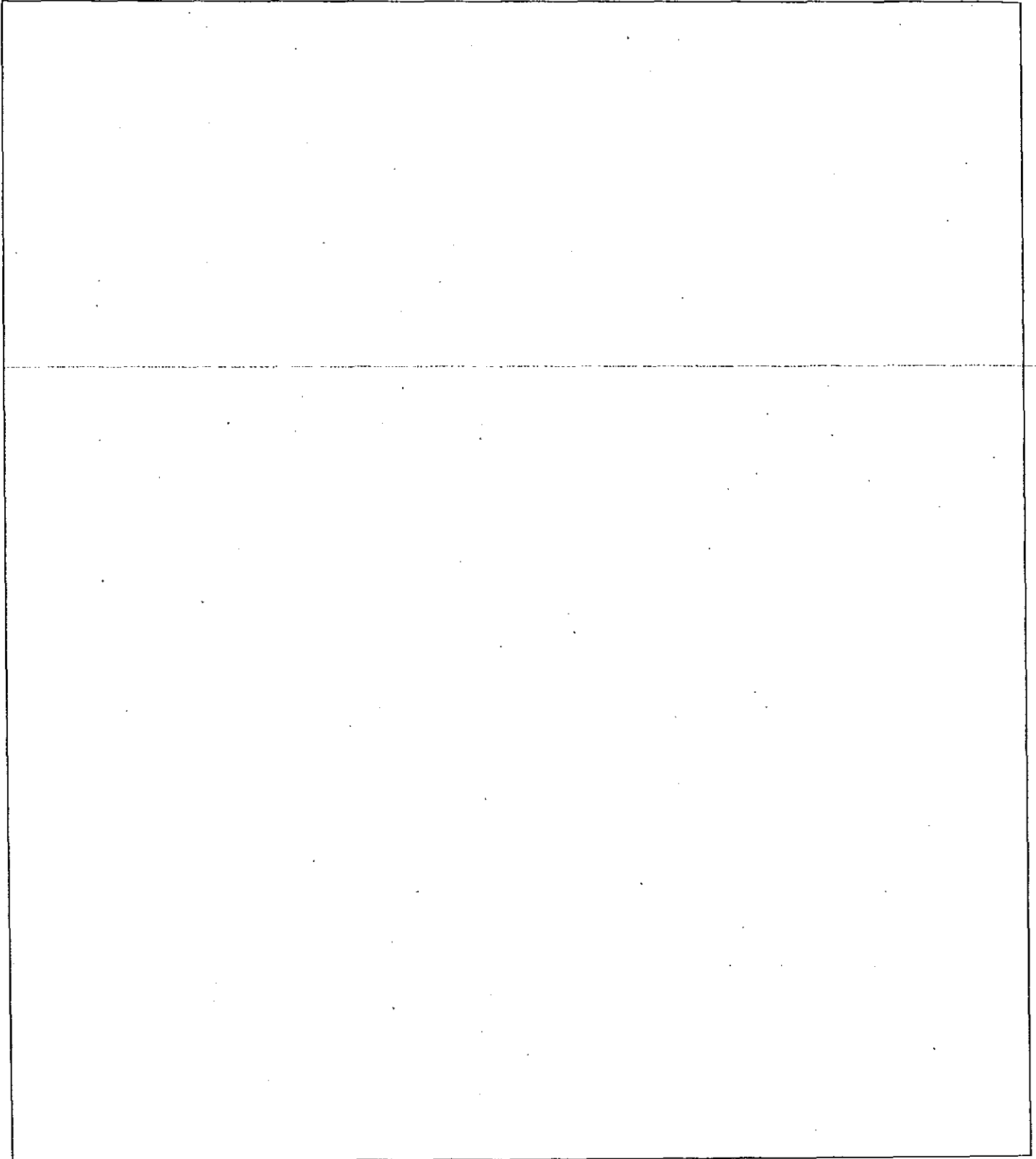
Printed Name of Borough Representative: _____

Building Drain and Building Sewer (Lateral) Connection Checklist and Testing Data

Sheet (To be completed by Borough Representative)

SKETCH OF BUILDING SEWER TO MAIN

(Triangulate to Viewport and Other Critical Features)



Service Address: _____
 Depth of Building Sewer at Building _____ (ft-inches) Depth of Building Sewer (Lateral) at Viewport/Main _____ (ft-inches)
 Sewer Pipe Material _____ Sewer Pipe Diameter _____ (inches)
 Pipe Bedding Type _____ Viewport Cover _____
 Intermediate Clean-outs _____ Trap _____ Basement service provided? YES NO

A) AIR PRESSURE TEST (BUILDING SEWER MAIN VIEWPORT TO FOUNDATION WALL CLEANOUT):

SYSTEM INTERGRITY TEST #1 Date of Test _____ Pressure at Test Ball _____

Time On: _____ Time Off: _____ Release Air (Duration): _____

SYSTEM INTERGRITY TEST #2 Date of Test _____ Pressure at Test Ball _____

Time On: _____ Time Off: _____ Release Air (Duration): _____

B) AIR PRESSURE TEST BUILDING DRAIN (FOUNDATION WALL CLEANOUT TO BUILDING DRAIN-INSIDE PIPING):

SYSTEM INTERGRITY TEST #1 Date of Test _____ Pressure at Test Ball _____

Time On: _____ Time Off: _____ Release Air (Duration): _____

SYSTEM INTERGRITY TEST #2 Date of Test _____ Pressure at Test Ball _____

Time On: _____ Time Off: _____ Release Air (Duration): _____

A) WATER PRESSURE TEST (BUILDING SEWER MAIN VIEWPORT TO FOUNDATION WALL CLEANOUT):

SYSTEM INTERGRITY TEST #1 Date of Test _____ Water Height at Test Time: _____

Time On: _____ Time Off: _____ Water Height After 15 min. _____

SYSTEM INTERGRITY TEST #2 Date of Test _____ Water Height at Test Time: _____

Time On: _____ Time Off: _____ Water Height After 15 min. _____

B) WATER PRESSURE TEST BUILDING DRAIN (FOUNDATION WALL CLEANOUT TO BUILDING DRAIN-INSIDE PIPING):

SYSTEM INTERGRITY TEST #1 Date of Test _____ Water Height at Test Time: _____

Time On: _____ Time Off: _____ Water Height After 15 min. _____

SYSTEM INTERGRITY TEST #2 Date of Test _____ Water Height at Test Time: _____

Time On: _____ Time Off: _____ Water Height After 15 min. _____

CCTV INSPECTION: (REPORT ATTACHED)

A) BUILDING SEWER MAIN VIEWPORT TO FOUNDATION WALL CLEANOUT: PASS FAIL

B) FOUNDATION WALL CLEANOUT TO BUILDING DRAIN-INSIDE PIPING: PASS FAIL

FLOW MONITORING

(REPORTS/BILLS ATTACHED) [REV. 12/13/16]

PASS FAIL

	<u>Water Consumption</u>	<u>Flow Monitoring</u>
Month 1	_____	_____
Month 2	_____	_____
Month 3	_____	_____
Month 4	_____	_____
Month 5	_____	_____
Month 6	_____	_____
Month 7	_____	_____
Month 8	_____	_____
Month 9	_____	_____
Month 10	_____	_____
Month 11	_____	_____
Month 12	_____	_____

EXPOSED EXTERIOR VISUAL PIPING INSPECTION

Downspouts to Daylight: YES NO

Comments: _____

EXPOSED INTERIOR VISUAL PIPING INSPECTION

Interior Clean-out or Test Point: YES NO

Comments: _____

FOUNDATION DRAINAGE

Sump Pump Present: YES NO UNKNOWN

Gravity Foundation Drains Present: YES NO UNKNOWN

Discharge Point (Describe Location): _____

Comment and Contact Sheet

Property Owner: _____

Service Address: _____

Phone Number: _____

COMMENTS: