

# DOCUMENT OF CERTIFICATION

## Part A APPLICATION

APPLICATION NO. \_\_\_\_\_

CURRENT OWNER: _____	PLUMBER: _____
ADDRESS: _____	ADDRESS: _____
PHONE NO. (Home): _____	PHONE NO.: _____
PHONE NO. (Work): _____	PHONE NO.: _____
TAX MAP NO. _____	
UP MH NO. _____	DATE LINE TV'd _____
DOWN MH NO. _____	REPORT PAGE NO. _____
SEWER LENGTH _____	ESTIMATED I/I _____
LATERAL LOCATION _____	

### TESTING

DATE S TEST \_\_\_\_\_

TEST NO.	DESCRIPTION OF TEST	RESULTS			COMMENTS
		P	F	N/A	
1.	Downspouts _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	Lateral _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	Fresh Air _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	Foundation _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	Area Drain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	Sump Pump _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.	Floor Drain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.	Catch Basin _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9.	Window Drain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.	Stormwater Pit _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

I HEREBY CERTIFY THAT THIS PROPERTY HAS BEEN TESTED FOR STORMWATER INFILTRATION AND INFLOW TO THE SANITARY SEWER AS PER ORDINANCE 2020-5 BY THE UNDERSIGNED PLUMBER AND NO VIOLATIONS OR MALFUNCTIONS OTHER THAN THOSE LISTED ABOVE ARE KNOWN TO EXIST. HOWEVER, THERE ARE MANY VARIABLES THAT CAN AFFECT EACH TEST. THEREFORE, NO WARRANTY IS MADE OR IMPLIED THAT THE TESTS MADE HAVE DETECTED EVERY DEFECT IN THE STORM OR SANITARY SEWERAGE SYSTEMS. AN INDICATION THAT A TEST PASSED ONLY INDICATES THAT AN ILLEGAL CONNECTION WAS NOT DETECTED BY THE TEST THAT WAS CONDUCTED, NOT THAT ONE DOES NOT ACTUALLY EXIST. I VERIFY THAT THIS STATEMENT AND THE AVERMENTS HEREIN ARE TRUE AND CORRECT IN ALL RESPECTS. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS MADE HEREIN ARE SUBJECT TO THE PENALTIES OF 18 PA. C.S.A. §4904 RELATING TO UNSWORN FALSIFICATIONS TO AUTHORITIES.

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_ H.P. NO.: \_\_\_\_\_  
(Signature of Plumber)

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Delmont Borough Inspector)

# Sketch

# DOCUMENT OF CERTIFICATION

Part B  
APPLICATION CERTIFICATION NO. \_\_\_\_\_

CURRENT OWNER: \_\_\_\_\_ PLUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE NO. (Home): \_\_\_\_\_  
PHONE NO. (Work): \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

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## REMEDIAL CORRECTIONS

TEST NO.	Repair Made
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____
11.	_____
12.	_____
13.	_____

SUBJECT TO THE PENAL TIES OF 18 PA. C.S.A. §4904 RELATING TO UNSWORN FALSIFICATIONS TO AUTHORITIES, I HEREBY CERTIFY THE ABOVE CORRECTIONS HAVE BEEN MADE BY THE UNDERSIGNED PLUMBER IN ACCORDANCE WITH ALL APPLICABLE CODES AND REGULATIONS.

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_ H.P. NO.: \_\_\_\_\_  
(Signature of Plumber)

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_  
( Inspector)

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## CERTIFICATION

THIS CERTIFICATION IS GIVEN SOLELY TO EVIDENCE THE BOROUGH'S OPINION THAT BOROUGH ORDINANCE NO. 2020-5 HAS BEEN COMPLIED WITH SO THAT THE OWNER MAY SELL THE PROPERTY. THIS CERTIFICATION IS NOT INTENDED TO BENEFIT AND MAY NOT BE RELIED UPON BY THE OWNER(S) OR ANY PURCHASER(S) OR FUTURE OWNER(S) OF THE PROPERTY. THIS CERTIFICATION DOES NOT EVIDENCE THE BOROUGH'S INSPECTION OF OR OPINION OF THE SOUNDNESS OF THE PROPERTY'S SEWERS OR ANY OTHER FEATURE OF THE PROPERTY. THE BOROUGH'S INTEREST IN SUCH MATTERS IS SOLELY TO PROTECT THE BOROUGH'S SANITARY SEWERAGE SYSTEM FROM EXTRANEIOUS FLOWS AND SHOULD NOT BE RELIED UPON BY ANY PARTY AS A WARRANTY OR AS A REFLECTION OF THE ACTUAL CONDITION OF THE PRIVATE SANITARY SEWERAGE SYSTEM. FURTHERMORE, DUE TO THE MANY UNCERTAINTIES ASSOCIATED WITH THE TESTING PROCEDURES, A "NEGATIVE" TEST RESULT ON ANY ASPECT OF THE TEST SHOULD NOT BE CONSTRUED AS CONCLUSIVE PROOF THAT AN ILLEGAL CONNECTION DOES NOT EXIST, ONLY THAT IT WAS NOT OBSERVED DURING THE TESTING. ANY PARTY, PARTICULARLY THE BUYERS, IS AT LIBERTY TO HAVE THEIR OWN TESTING PERFORMED. BASED ON THE INFORMATION SET FORTH ON PART "A" AND ON THIS PAGE (if any), THE BOROUGH HEREBY ISSUES THIS DOCUMENT OF CERTIFICATION. THIS DOCUMENT OF CERTIFICATION EXPIRES ONE (1) YEAR FROM THE DATE OF DYE TEST.

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BOROUGH REPRESENTATIVE