

**MUNICIPAL AUTHORITY OF THE BOROUGH OF SOMERSET
SEWAGE SERVICE
LATERAL TEST FORM**

SEWER LATERAL COMPLIANCE

CONSTRUCTION CONTRACTOR (If Applicable)											
I am the		Property Owner:			Contractor:						
Name:					Phone:						
Mailing Address:		City:			State:			Zip:			
Email:											
PA License No.:				Municipal License No.:							
LATERAL TESTING CONTRACTOR											
<input type="checkbox"/> Check if Same as Above											
Name:					Phone:						
Mailing Address:		City:			State:			Zip:			
PA License No.:				Municipal License No.:							
SERVICE TYPE											
Gravity:		Low Pressure (Pump):			If low pressure proceed to Drainage Information Section						
LATERAL INFORMATION											
New Lateral Connection:			Replacement:			Repaired:			Test of Existing Lateral:		
Date of Installation, Replacement, or Repair:						No. of Laterals:					
Show dimension and depth information on Sketch Plan if more than 1 lateral											
Depth of Lateral at Building (ft-in):				Depth of Lateral at Viewport (ft-in):							
Pipe Material:			Pipe Diameter (in):			Bedding Material:					
Exterior Trap:		YES	NO	Vent Location:		INTERIOR	EXTERIOR	Vent Diameter (in):			
Interior Lateral Location:		Lowest Floor Under Surface		Lowest Floor Above Surface		Other:					
In-Line Cleanout (s):		YES	NO	No. of Cleanouts:			Cleanout Cover Type:				
DRAINAGE INFORMATION											
Exterior Roof Leaders/Downspouts:				Daylight to Surface			Connection to Storm Sewer				
Foundation Drains:				Daylight to Surface			Connection to Storm Sewer				
Sump Pump:				YES			NO			UNKNOWN	
Sump Pump Collection:			Interior Only			Under Slab or Foundation Drains & Interior			UNKNOWN		
Sump Pump Connection:			Daylight to Surface			Connection to Storm Sewer			Connection to Sanitary Sewer		

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SEWER LATERAL SKETCH PLAN							

LATERAL TESTING INFORMATION							
Test No.:	Test Date:	Test Method:	Start Time:	Stop Time:	Pressure/Inches Water Start:	Pressure/Inches Water Stop:	Pass/Fail:

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LATERAL INSPECTION INFORMATION						
Visual Inspection:	Interior:	YES	NO	Exterior:	YES	NO
CCTV/Video Inspection:	YES			NO		

I certify that I am the Property Owner, Contractor, or Authorized Representative of the Property Owner and agree that the sewer lateral(s) on the property are to be tested for compliance. By signing and submitting this certificate I hereby agree to all requirements of the Municipal Authority of the Borough of Somerset’s Rules and Regulations, agree to pay all appropriate fees, and certify that the information provided on this application is true and correct. I further understand that providing false information may result in termination of service.

Applicant Signature: _____ **Date:** _____

Printed Name: _____

I certify that I have viewed all sewage lateral information as described on the form and witnessed a sewer lateral test at the above-mentioned property and all tests conducted at the property meet the requirements established in the Rules and Regulations for sewer lateral testing.

Witness Signature: _____ **Date:** _____

Printed Name: _____