

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

**SEWER LATERAL COMPLIANCE**

|  |  |                            |                     |                                       |   |  |                           |                     |                              |         |  |
|--|--|----------------------------|---------------------|---------------------------------------|---|--|---------------------------|---------------------|------------------------------|---------|--|
| <b>CONSTRUCTION CONTRACTOR (If Applicable)</b>                               |  |                            |                     |                                       |   |  |                           |                     |                              |         |  |
| I am the   |  | Property Owner:            |                     |                                       | Contractor:   |  |                           |                     |                              |         |  |
| Name:  |  |                            |                     |                                       | Phone:  |  |                           |                     |                              |         |  |
| Mailing Address:   |  | City:                      |                     |                                       | State:  |  |                           | Zip:                |                              |         |  |
| Email:   |  |                            |                     |                                       |   |  |                           |                     |                              |         |  |
| PA License No.:  |  |                            |                     | Municipal License No.:                |   |  |                           |                     |                              |         |  |
| <b>LATERAL TESTING CONTRACTOR</b>  |  |                            |                     |                                       |   |  |                           |                     |                              |         |  |
| <input type="checkbox"/> Check if Same as Above                              |  |                            |                     |                                       |   |  |                           |                     |                              |         |  |
| Name:  |  |                            |                     |                                       | Phone:  |  |                           |                     |                              |         |  |
| Mailing Address:   |  | City:                      |                     |                                       | State:  |  |                           | Zip:                |                              |         |  |
| PA License No.:  |  |                            |                     | Municipal License No.:                |   |  |                           |                     |                              |         |  |
| <b>SERVICE TYPE</b>  |  |                            |                     |                                       |   |  |                           |                     |                              |         |  |
| Gravity:   |  | Low Pressure (Pump):       |                     |                                       | If low pressure proceed to Drainage Information Section |  |                           |                     |                              |         |  |
| <b>LATERAL INFORMATION</b>   |  |                            |                     |                                       |   |  |                           |                     |                              |         |  |
| 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:      |                     |                              |         |  |
| <b>DRAINAGE INFORMATION</b>  |  |                            |                     |                                       |   |  |                           |                     |                              |         |  |
| 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 |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|
|                           |  |  |  |  |  |  |  |

| <b>LATERAL TESTING INFORMATION</b> |            |              |             |            |                              |                             |            |
|------------------------------------|------------|--------------|-------------|------------|------------------------------|-----------------------------|------------|
| Test No.:                          | Test Date: | Test Method: | Start Time: | Stop Time: | Pressure/Inches Water Start: | Pressure/Inches Water Stop: | Pass/Fail: |
|                                    |            |              |             |            |                              |                             |            |
|                                    |            |              |             |            |                              |                             |            |
|                                    |            |              |             |            |                              |                             |            |
|                                    |            |              |             |            |                              |                             |            |
|                                    |            |              |             |            |                              |                             |            |
|                                    |            |              |             |            |                              |                             |            |
|                                    |            |              |             |            |                              |                             |            |
|                                    |            |              |             |            |                              |                             |            |

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| <b>LATERAL INSPECTION INFORMATION</b> |                  |     |    |                  |     |    |
|---------------------------------------|------------------|-----|----|------------------|-----|----|
| <b>Visual Inspection:</b>             | <b>Interior:</b> | YES | NO | <b>Exterior:</b> | YES | NO |
| <b>CCTV/Video Inspection:</b>         | 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:** \_\_\_\_\_