

Deborah E. Laskey
Council President

Anthony W. Gross, Mayor

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Council Vice President

Council Members:
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Borough of Blawnox

**376 Freeport Road
Pittsburgh, PA 15238**

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Kathy Ulanowicz
Borough Manager

Casey Cunningham
Tax Collector

John F. Cambest, Esq.
Solicitor

Mallori McDowell
Assistant Borough Manager

Application and Report of Inspection for Sanitary Sewer Certification

Owner/Applicant: Complete for property to be tested

Current Owner

Test Address _____

City, State, Zip _____

Phone No. _____

Mail Certificate to (if different than Owner):

Name

Address _____

City, State, Zip _____

Lot/ Block # _____

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

For Plumber use only

Date of Test(s) ____/____/____ Time of Test _____

	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 _____	
	Borough of Blawnox Test Witness		Borough of Blawnox Remedial Work Witness	

PER BLAWNOX BOROUGH CODE CHAPTER 440 ARTICLE V SECTION 43: The sewer drainage system is the property of the property owner from the structure to the connection, including the wye at the public sewer line. Any separation, break, root infiltration, crack, breach, break in tap, failed wye, or other such defect noted by the Borough during inspection will require the replacement of the entire sewer drainage line from the structure to the connection at the public sewer line, including the wye if required. If sags or bellies in the sewer drainage line prohibit adequate inspection, the line must be flushed prior to the continuation of the inspection. The owner has up to 180 days from the date of inspection to correct any deficiencies, whether or not the property has been sold or transferred.

PLUMBER MUST CONTACT THE BOROUGH AT 412-828-4141 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/ inflow to the sanitary sewers under the terms of Ordinance No. 600.

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