

**MUNICIPAL AUTHORITY OF THE BOROUGH OF SOMERSET
SEWAGE SERVICE
CERTIFICATE OF COMPLIANCE**

PROPERTY INFORMATION

Address:			
Parcel ID:	City:	Zip:	

SEWER LATERAL COMPLIANCE

PROPERTY OWNER							
Name:				Phone:			
Mailing Address:			City:			State:	Zip:
Email:							
TEST EVENT & FEE							
Authority Test Notification:		New Connection:		Repair/Replace:		Property Transfer:	
Inspection Fee Amount:			Payment Method:			Check #:	
Requested Test Date:							
INSPECTION & TEST INFORMATION (Completed by Witness)							
Lateral(s) Test Pass Date:				Lateral(s) Test Method:			
Test Result:	PASS			Test Performed By:	Contractor	Property Owner	
Failed Test Date(s):							
Re-Test Fee Paid (Y/N):							

I certify that I am the Property Owner 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.

Property Owner Signature: _____ **Date:** _____
Printed Name: _____

I certify that I am an authorized representative of the Authority and have 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: _____