

**Dye Testing Application**  
**Rochester Township Sewer Authority**  
**1013 Elm Street, Rochester, PA 15074**  
**724-774-7279**

This application is to request a Township representative to conduct a dye test in accordance with Township Ordinance #408 at the time of property sale within the Township. Testing will be conducted from 7:00am to 3:30pm Monday thru Friday.

**DATE:** \_\_\_\_\_ **Application No.** \_\_\_\_\_

Property Owner: \_\_\_\_\_ Property Lot # \_\_\_\_\_

Address: \_\_\_\_\_

Location of Property (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Property: Residential \_\_\_\_\_ Zoning District: \_\_\_\_\_  
Commercial \_\_\_\_\_  
Industrial \_\_\_\_\_

Real Estate Agent Address & Phone: \_\_\_\_\_

Anticipated Property Closing Date: \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the Owner of record of the property for which application is made or the authorized agent for the Owner, and that the information provided on and with this application is true and correct to the best of my knowledge and belief. (If the applicant is not the Owner, the Owner's signed and notarized authorization to his/her agent to act on Owner's behalf is required to be submitted) I understand the dye test requires the Township representative to enter my property. I understand the Application Fee is non-refundable and is collected for a successful or non-successful test, and if subsequent tests are required a new application fee is due. I understand that I am responsible for any engineering or legal fees associated with the dye testing inspection in accordance with Township adopted rate schedules.

Upon successful completion of the test, a certificate will be issued by the Township that will be valid for 1 year from the date of inspection.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Township Use Only:**

Received by: \_\_\_\_\_

**Application Fee: \$100.00**

Official Filing Date \_\_\_\_\_

\_\_\_\_\_  
Township Official Signature