



North Huntingdon Township Municipal Authority

4130 Turner Valley Road, North Huntingdon, PA 15642
Phone 724-863-2860 Fax 724-863-5691 www.nhtma.org

Request for Lateral Inspection/Dye Test and/or Sewage No-Lien Letter

Check Only One:

SALE

REFINANCE

VIOLATION

(tests only required \$230 per unit)

Lateral Inspection/Dye Test
\$230 per unit
(Lateral Inspection \$170/Dye Test \$60)

No-Lien Letter
\$30 per parcel

The property owner is responsible for paying for the tests and the closing company, attorney or bank pays for the no-lien letter.

This request and full payment for testing must be received at least 14 days prior to the scheduled closing of a Sale or Refinance. Payment to NHTMA can be made by check, cash, money order or credit card (fee applies).

Owner Name(s): _____ Phone: _____

Email: _____ Type of Building: Residential Commercial

Address of Property: _____

Plan or Subdivision: _____ Lot #: _____

Closing Date: _____ Tax Map #: _____

Owner Forwarding Address: _____

How many buildings on this property? _____ How many buildings have sewage? _____

Type of System: Public Sewer Septic Is water available at premises? Yes No

If Public Sewer, does property have a Backflow Preventer? Yes No Grinder Pump? Yes No

Has premises been tested and/or inspected within the past five (5) years? Yes No

(N/A for refinance and violation)

Buyer Name(s): _____ Phone: _____

Buyer Current Address: _____

Future Billing Address: _____

Closing Company/Attorney/Bank: _____

Mailing Address: _____

Contact Person: _____

Phone Number: _____ Email: _____

Fax Number: _____ File # (if applicable): _____

Send the no-lien letter via: Mail Email Fax If by mail, please provide a self-addressed, stamped envelope.

Owner: _____ Property: _____

If this premises does not close on the date noted on the application, it is the Closing Agent's responsibility to contact the NHTMA, in writing, for an updated amount. You may fax your request to us at 724-863-5691. NHTMA cannot provide verbal updates.

The vent and/or cleanout must be visible and accessible for the inspection. Absence or inaccessibility of the vent and/or cleanout is an automatic failure.

Access to the building is necessary to perform a portion of the inspection and/or testing. Please indicate below the person to contact for entry and their phone number. A representative of NHTMA will call upon receipt of the application to schedule a date and time to perform the inspection. The inspection will be performed within ten (10) business days after receipt of the completed application and fee.

The inspection data will be reviewed by NHTMA personnel as quickly as possible, normally within 2 business days. The property owner (or his designated representative) will be notified by telephone if the test fails, and will be sent a copy of the failed test results by Certified Mail. It is the Owner's responsibility to obtain a permit from NHTMA (no cost), make all recommended repairs, and schedule a follow-up inspection (no cost) with our Authority.

Contact for scheduling: _____ Phone: _____

Contact for test results: _____ Phone: _____

If violations are indicated after inspection and/or testing of the premises, they must be corrected before the Document of Certification will be issued. If weather conditions or time constraints prevent the repairs from being made prior to closing, please contact the NHTMA office at 724-863-2860 for alternate procedures.

FOR AUTHORITY USE ONLY

Check Received: Date _____ Amount: _____ Check Number: _____

Tests Needed: Dye Test Lateral Account #: _____ Balance: \$ _____

Tests Date: _____ Re-test Date: _____

Results: _____ Results: _____

Date Letter Sent if Failed: _____

Comments: _____

