

# LOWER SALFORD TOWNSHIP AUTHORITY

## REQUEST FOR SEWER CERTIFICATION

Lower Salford Township Authority - P.O. Box 243, Harleysville, PA 19438

Phone: 215-256-8676

Email: [lsta.sewer@lstasewer.org](mailto:lsta.sewer@lstasewer.org)

Lower Salford Township Authority **requires** that any property owner selling, refinancing or transferring real estate that is connected to the public sanitary sewer shall make application to obtain a Sewer Certification.

The Sewer Certification includes the following:

- Any outstanding sewer rental invoices
- Any outstanding tapping fees or sewer assessments

Also, as part of the Sewer Certification, **LSTA REQUIRES AN INSPECTION BE PERFORMED** by LSTA staff.

**To schedule the inspection, please call LSTA at 215-256-8676 between the hours of 7:00am & 3:30pm.**

**The Inspection / Certification Fee is \$100.00 & can be paid at settlement.**

- Inspection appointments are scheduled on **Fridays between the hours of 7:30am and 9:00am.**

**\*\*\* NO ONE NEEDS TO BE THERE AT THE TIME OF THE INSPECTION. \*\*\***

- Inspections will check for illegal connections to the sanitary sewer from roof or cellar drains, springs, sump pumps and French drains. In addition, the vent cap and vent stack will be inspected to insure compliance to the current specifications.

**INSPECTION DATE:** \_\_\_\_\_

**SETTLEMENT DATE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**FAX #:** \_\_\_\_\_

Is this a refinance?      Yes      No

**PROPERTY ADDRESS:** \_\_\_\_\_

**SELLER:** \_\_\_\_\_

**PARCEL #:** \_\_\_\_\_

**BUYER:** \_\_\_\_\_

**BUYER PHONE #:** \_\_\_\_\_

**BUYER EMAIL:** \_\_\_\_\_

Will property be occupied by the Buyer? \*      Yes      No

**\*If the property will not be occupied by the owner, please provide the mailing address & contact information:**

Buyers Mailing Address: \_\_\_\_\_

For all rental properties, the owner(s) MUST notify LSTA where to send all future quarterly sewer invoices (owner or tenant).

**If the tenant is to receive invoices, please provide LSTA with tenant(s) name(s) and contact information (below):**

Tenants(s) Name: \_\_\_\_\_

Tenants(s) Email & Phone #: \_\_\_\_\_

Please email or fax this document to [lsta.sewer@lstasewer.org](mailto:lsta.sewer@lstasewer.org) / 215-256-6070