

Municipal Authority of Buffalo Township  
707 South Pike Road  
Sarver, PA 16055  
Phone: (724) 295-2703  
Fax: (724) 295-9533  
[www.buffaloauthority.org](http://www.buffaloauthority.org)

PLUMBER'S CERTIFICATION FOR DOCUMENT OF CERTIFICATION

Date: \_\_\_\_\_

Current Owner(s): \_\_\_\_\_

Address of Property  
Being Tested: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_ MABT Acct#: \_\_\_\_\_

Pursuant to Ordinance #125 of the Township of Buffalo, you are hereby notified to acquire a Certification of Sanitary Sewer Status **PRIOR** to any transfer for value or refinancing of real estate. No property within the Township of Buffalo shall be transferred for value or refinanced without first obtaining a Document of Certification or Temporary Document of Certification from the office of the Municipal Authority of Buffalo Township.

To satisfy the requirements of the above referenced ordinance, a Plumber on the approved list of the Authority is required to complete the following tests to certify that the real estate to be transferred for value or refinanced has successfully passed this test and that no ground or rain water is being conveyed by the sanitary sewer connection.

The certification of the sanitary sewer connection should consist of but not be limited to the following:

1. Testing of ALL downspouts
2. Foundation drains (flooding or injecting)
3. Area wells and area ways
4. Lateral injection

In the event that the smoke or dye test inspection fails, the property owner/seller is responsible for any and all costs to correct the problem(s) and the property is to be retested after such work has been done to correct any discovered problem(s).

**NAME, ADDRESS, & TELEPHONE NUMBER of the Plumber performing the above work.**

\_\_\_\_\_

I, the above listed Plumber, do hereby certify that I have done the testing of the sanitary sewer connection at the above referenced property and there is NO inflow or infiltration of water other than household wastewater.

Plumber's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of MABT Representative: \_\_\_\_\_ DATE: \_\_\_\_\_