



# CAMBRIA COUNTY SEWAGE ENFORCEMENT AGENCY

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website: [www.co.cambria.pa.us/ccsea](http://www.co.cambria.pa.us/ccsea)

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## SEWAGE COMPLAINT FORM

All of the following information is to be supplied before an investigation can be conducted. To the best of your knowledge, please thoroughly complete all of the sections. Such information may be needed for legal proceedings.

Your NAME: \_\_\_\_\_

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

Phone Number (day-time) : \_\_\_\_\_

NATURE OF COMPLAINT – Provide a full description of problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME(s) of person(s) against whom you are lodging the COMPLAINT:

Name : \_\_\_\_\_

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

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

Township / Borough : \_\_\_\_\_

Is the person(s) against whom the complaint is lodged the owner of the property? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please provide property owner information, if known:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

Please use other side of this form to provide detailed directions to locate the property. A site sketch displaying the complaint issue would also be helpful.

Please be advised that as part of the investigation, it may be necessary to inspect and/or dye test your sewage system, as well as other neighboring properties.

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Forwarded By: \_\_\_\_\_ Date: \_\_\_\_\_

(Municipal Official)