



CCSEA

Cambria County Sewage Enforcement Agency

401 Candlelight Drive, Suite 220 Ebensburg PA 15931

Phone: (814) 471-0299 Fax: (814) 471-0101

E-mail: ccsea@co.cambria.pa.us

SEWAGE COMPLAINT FORM

All of the following information is to be supplied before an investigation can be conducted. Please complete all of the selections, as the information may be needed for legal proceedings.

Name: _____

Mailing Address: _____

Day Time Phone Number.: _____

Municipality: _____

NATURE OF COMPLAINT – Give a full description of problem:

NAME(S) OF INDIVIDUAL(S) AGAINST WHOM YOU ARE LODGING THE COMPLAINT:

Name: _____

Address: _____

Phone Number.: _____

Is the person or persons against whom the complaint is lodged the owner of the property?

Check one: YES NO If no, give the name of the party who owns the property.

Name: _____

Address: _____

Phone No.: _____

Please use other side of this form to provide detailed directions to get to the property. A sketched map would be helpful.

As part of the investigation, it may be necessary to dye test your sewage system, as well as other related property in the neighborhood.

Submitted By: _____ Date: _____

Forwarded By: _____ Date: _____

(Municipal Official)

Municipal Authorization for CCSEA investigation: YES NO