

TOWNSHIP OF WILKINS

Receipt of Application _____
Date

APPLICATION FOR DYE TEST CERTIFICATE OF COMPLIANCE

Address: _____

Owner: _____

Purchaser: _____

This is to certify that I, _____, An Allegheny County Registered Plumber, have inspected and dye tested all roof drain pipes and area drains located on the above property to determine if any storm, surface or subsurface water is illegally connected to the Township's Sanitary Sewer System.

1. I find that no storm, surface or subsurface water drains are connected to the sanitary sewer.

Signature

Allegheny County
Health Permit No.

Date

2. I find that there is storm or surface or subsurface water connected to the sanitary sewer.

Signature

Allegheny County
Health Permit No.

Date

Indicate location of illegal drain/drains.

.....

THIS IS TO CERTIFY THAT I, _____, A REGISTERED ALLEGHENY COUNTY PLUMBER, HAVE CORRECTED AND/OR DISCONNECTED ALL ILLEGAL CONNECTIONS IDENTIFIED IN ITEM #2 ABOVE, AND THAT NO STORM, SURFACE OR SUBSURFACE WATER IS ENTERING THE SANITARY SEWER SYSTEM FROM THIS PROPERTY.

Signature

Allegheny County
Health Permit No.

Date