

# 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 (**WHICH INCLUDES SUMP PUMPS**) is illegally connected to the Township's Sanitary Sewer System.

1. I find that no storm, surface, subsurface water drains OR **SUMP PUMPS** are connected to the sanitary sewer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Allegheny County  
Health Permit No.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Allegheny County  
Health Permit No.

\_\_\_\_\_  
Date

**Indicate location of illegal drain/drains.**

**\* PROOF OF CURRENT ACHD LICENSE MUST ACCOMPANY ALL DYE TEST APPLICATIONS**

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**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, SUBSURFACE OR SUMP PUMP WATER IS ENTERING THE SANITARY SEWER SYSTEM FROM THIS PROPERTY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Allegheny County  
Health Permit No.

\_\_\_\_\_  
Date