



# BOROUGH OF WILKESBURG

CODE ENFORCEMENT DEPARTMENT

ROOM 304 THIRD FLOOR

605 ROSS AVENUE

WILKESBURG PENNSYLVANIA 15221

PH 412-244-2923/FX 412-244-2922

## APPLICATION FOR DYE TEST CERTIFICATE OF COMPLIANCE

In accordance with Borough Codification Chapter 217 Sewers and Sewer Disposal

Date of Application \_\_\_\_\_

Property Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Lot & Block Number \_\_\_\_\_

Owner Name \_\_\_\_\_ Owner Phone Number \_\_\_\_\_

Owner E-mail Address \_\_\_\_\_

Buyer's Full Name \_\_\_\_\_ Buyer's Phone Number \_\_\_\_\_

Buyer's Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Buyer's E-mail Address \_\_\_\_\_

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**To be completed by plumber and returned to Code Enforcement Department**

This is to certify that I, \_\_\_\_\_ have dye and/or smoke tested all

**(Please print clearly. Illegible forms will be refused.)**

roof drain pipes and area drains located on the above mentioned property to determine if any storm or surface water is illegally connected to the Borough's Sanitary Sewer System.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Allegheny Co. Health Permit #

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Allegheny Co. Health Permit #

\_\_\_\_\_  
Date

Location of illegal drain/drains

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