



HOMESTEAD BOROUGH
221 East Seventh Avenue
Homestead, PA 15120
Phone: (412) 461-1340 Fax: (412) 461-4057

DYE TEST CERTIFICATION

PROPERTY INFORMATION

Property Address: _____
Owners Name: _____
Address: _____ Phone: () _____
City: _____ State: _____ Zip Code: _____ Fax: () _____

TESTING FIRM INFORMATION

Name: _____
Address: _____ Phone: () _____
City: _____ State: _____ Zip Code: _____ Fax: () _____

Date of Test: ____ / ____ / ____ Type of Test: ☐ Dye ☐ Smoke ☐ Video

Test Results: ☐ Fail (smoke or dye present;
complete the following
items below) ☐ Pass (no smoke or dye present)

Number of downspouts connected to sanitary sewer: _____

Number of area drains connected to sanitary sewer: _____
(Fresh air vents in paved areas must be raised a minimum of 2" if water can drain into them.)

Type of Remedial Action

Date of Removal

- | | |
|--|-----------------------|
| <input type="checkbox"/> Drained to dry well (rock sump) | _____ / _____ / _____ |
| <input type="checkbox"/> Drained to Borough Storm Sewer | _____ / _____ / _____ |
| <input type="checkbox"/> Other (Must be pre-approved by Borough) | _____ / _____ / _____ |

I, a registered master plumber in Allegheny County, hereby certify that the above referenced property has been tested for stormwater infiltration to the sanitary sewer under the terms as set forth in the Homestead Code of Ordinances, Chapter 18, Part 8, Dye Testing and that no violations exist.

Date: ____ / ____ / ____ Allegheny County Health Department Registration Number: **HP-** _____

Print Name

Signature

FEE SCHEDULE

Dye Test Fee	\$55.00
Scanning Document Storage Fee	\$5.00
TOTAL OF ALL FEES	\$60.00

(DO NOT WRITE BELOW THIS LINE- BOROUGH USE ONLY)

Permit No. _____ Invoice No. _____ Check No. _____

The Document of Certification for this property was issued this date: ____ / ____ / ____

Homestead Borough Building Code Official