

THE BOROUGH OF EAST MCKEESPORT APPLICATION AND CERTIFICATE OF COMPLIANCE

FOR: DYE TESTING OF BUILDING FACILITIES
 PRIVATE LATERAL TIME OF SALE

BUYER(s) NAME: _____ DATE OF APPLICATION: _____
 SELLER(s) NAME: _____ PHONE NUMBER: _____
 ADDRESS: _____ E-MAIL ADDRESS: _____
 ALLEGHENY COUNTY LOT & BLOCK NUMBER: _____ RESIDENTIAL COMMERCIAL

DYE TESTING OF BUILDING FACILITIES

This is to Certify that I, _____, a Registered Master Plumber,
(Printed Name)
 have Inspected and Performed the required Dye Testing of all roof drain pipes and area drains located on the above addressed Facility Building(s) and property in order to determine if any Storm or Surface Water is illegally connected into the Municipal Sanitary Sewer System in accordance with Municipal Ordinance 803 of 2000, as amended.

- I Certify that there are no Storm or Surface Water Drains (Area Drains) or extraneous illegal waters connected to the Municipal Sanitary Sewer System.
- I Certify one or more Storm or Surface Water Drains (Area Drains) were illegally connected to the Municipal Sanitary Sewer System
- I Certify that ALL illegal connections have been removed from the Municipal Sewer System.

_____ Signature	_____ Allegheny County Health Permit (H.P.)	_____ Date
<input type="checkbox"/> Exemption Granted: Previous Test/Certification issued within allowable time. (_____ years)		
<input type="checkbox"/> Approved.		

_____ Authorized Municipal Representative Signature	_____ Printed Name / Title	_____ Date
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TIME OF SALE LATERAL TESTING

This is to Certify that I, _____, a Registered Master Plumber,
(Printed Name)
 have Inspected and Performed the required Time of Sale Lateral Testing in accordance with NASSCO requirements and all other conditions of this Ordinance required on all laterals located on the above addressed Property to determine if any repairs are required in accordance with Municipal Ordinance _____ and supplied the results of same to the Municipality.

_____ Signature	_____ Allegheny County Health Permit (H.P.)	_____ Date
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- The submitted Lateral inspections and tests have been reviewed by the NASSCO certified representative of the Municipality and have been determined to have Passed or Failed the requirements.

_____ Authorized Municipal Representative Signature	_____ Printed Name / Title	_____ Date
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THE BOROUGH OF EAST MCKEESPORT

APPLICATION AND CERTIFICATE OF COMPLIANCE

ADDRESS: _____ DATE OF APPLICATION: _____
ALLEGHENY COUNTY LOT & BLOCK NUMBER: _____ RESIDENTIAL COMMERCIAL

TEMPORARY CERTIFICATION:

- A Temporary Certificate of Compliance is NOT issued.
- A Temporary Certificate of Compliance is hereby issued until _____, 20__.

IF FAILED:

This is to Certify that I, _____, a Registered Master Plumber,
(Printed Name)
have made the repairs required, Re-Inspected (CCTV Only) the required Time of Sale Lateral Inspection required on all laterals located on the above addressed Property to determine if any additional repairs are required in accordance with Municipal Ordinance _____. Results of said Inspections along with the "Plumbing Inspection Report" issued by the Allegheny County Health Department have been supplied to the Municipality.

Signature Allegheny County Health Permit (H.P.) _____ Date

() The submitted Lateral inspections and tests have been reviewed by the NASSCO certified representative of the Municipality and have been determined to have Passed the requirements.

Authorized Municipal Representative Signature Printed Name / Title _____ Date

WHEN PASSED:

This Certificate of Compliance is hereby approved this _____ day of _____, 20__.

Authorized Municipal Representative Signature Printed Name / Title _____ Date