

***AN ELIZABETH TOWNSHIP REPRESENTATIVE MUST BE ON SITE WHEN A DYE TEST IS BEING PERFORMED. PLEASE CONTACT THE SEWAGE PLANT SUPERVISOR AT 412-751-8180**

**ELIZABETH TOWNSHIP
APPLICATION FOR CERTIFICATE OF COMPLIANCE**

DATE OF APPLICATION _____
OWNERS NAME _____
ADDRESS _____
PHONE NUMBER _____

Applicant is to provide this application to a registered, licensed Allegheny County plumber who shall perform the Dye Test

The following Allegheny County registered plumber has performed an inspection and dye test on the undersigned property

COMPANY/CORPORATION NAME _____
PLUMBER NAME (PRINT) _____
REGISTRATION NO. _____
PLUMBER SIGNATURE _____

(I CERTIFY THAT THE INFORMATION ON THIS REPORT IS CORRECT)

PHONE NO. _____ **CELL PHONE NO.** _____
FAX NO. _____

ADDRESS OF PROPERTY TO BE DYE TESTED:

House Number	Street	Lot & Block I.D. #
(PLUMBERS DO NOT WRITE BELOW THIS LINE. MUST BE COMPLETED BY ETA REPRESENTATIVE)		

INSPECTION RESULTS (CHECK ONE)	PASSED	VIOLATION
DOWNSPOUTS AND ROOF LEADERS		
FRESH AIR VENT HEIGHT (SUFFICIENT TO PREVENT SURFACE WATER ENTRY)		
DRAINS CONTRIBUTING EXTRANEIOUS WATER I.E. INTERIOR BLEEDER, FOUNDATION, SUMP PUMPS AND YARD AREA DRAINS.		

MANHOLE NUMBER (Observed Test) _____ (From map provided by the Authority)

EXPLANATION OF VIOLATION: _____

DATE VIOLATION CORRECTED: _____

AUTHORITY REP. _____ (SIGNATURE) _____ (DATE)

WATERSHED _____

**** DRAW A SKETCH ON THE BACK OF THIS FORM OF THE LOCATION OF THE SEWER TAP (MANHOLE) IN RELATION TO THE HOUSE, ALL STORM WATER LOCATIONS, AND FRESH AIR (IF VISIBLE)**