



TOWNSHIP OF HARRISON

MUNICIPAL DRIVE - P.O. BOX 376
NATRONA HEIGHTS, PA 15065-0376

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COMMISSIONERS:

WILLIAM W. HEASLEY
Chairman

GARY MEANOR
Vice-Chairman

ERIC BENDEL

GARY J. LILLY

CHARLES DIZARD

RICHARD G. HILL, JR.
Township Manager

SUSAN K. MOTOSICKY
Executive Administrative Assistant

harrisontwp.com

TOWNSHIP OF HARRISON

Smoke or Dye Test and Inspection Application

This form shall be considered the Application for the Smoke or Dye Test Certification, required by Harrison Township, Ordinance No. 1870, that all properties tapped into the Harrison Township sanitary sewer system be required to undergo smoke or dye testing, and requiring certification of sanitary sewer compliance as a condition of the sale of real estate tapped into the Township sewer system.

By signing this Certification, the Registered Plumber or Home Inspector indicates that they have read and understood the Smoke or Dye Test procedures, and that all procedures have been adhered to.

CURRENT OWNER & ADDRESS

DATE TEST WAS PERFORMED

Satisfactory

Violation

Downspouts & Roof Drains

Area Drain Receiving Storm or
Surface Water (driveway, drains)

Satisfactory

Violation

Fresh Air Vent (Must be of a height
and location to prevent entry of
storm or surface water)

IF A VIOLATION IS FOUND, PLEASE CONTACT THE HARRISON TOWNSHIP PUBLIC WORKS
DEPARTMENT AT 724-224-5540. ALSO LIST THE LOCATION AND CIRCUMSTANCES OF
VIOLATION FOUND.

I hereby certify that the information contained in this report is true and correct in all respects,
to the best of my knowledge and belief:

Name & Address of Plumber or
Home Inspector

Phone Number

Date

ACCEPTANCE BY TOWNSHIP OFFICIAL

Accepted as proof of required testing

Date

Payment Date
