



# HARRISON TOWNSHIP

*Allegheny County, Pennsylvania*

One Municipal Drive, Natrona Heights, PA 15065

Phone 724-226-1393 Fax 724-224-5541

www.harrisontwp.com

## 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 dye testing, and requiring certification on 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. Please provide a

CURRENT OWNER & ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE TEST WAS PERFORMED: \_\_\_\_\_ BLOCK AND LOT: \_\_\_\_\_

	Satisfactory	Violation
Downspouts & Roof Drains	_____	_____
Area Drain Receiving Storm or Surface Water (driveway, drains)	_____	_____
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 AND INCLUDE THE LOCATION AND CIRCUMSTANCES OF THE 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/Inspector: \_\_\_\_\_

Allegheny County License # \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Signature: \_\_\_\_\_

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### ACCEPTANCE BY TOWNSHIP OFFICIAL

Accepted as proof of required testing \_\_\_\_\_ Date: \_\_\_\_\_

Form of payment: \_\_\_\_\_ Payment Date: \_\_\_\_\_