

BOROUGH OF EDGEWOOD
2 Race Street
Edgewood, PA 15218
(412) 242-4824

APPLICATION FOR DYE TEST CERTIFICATE OF COMPLIANCE

APPLICANT: _____ DATE _____

OWNER: _____

ADDRESS: _____

PURCHASER: _____

This is to certify that I, (print name) _____, have inspected and performed the required dye and/or smoke testing of the above addressed facility/structure in accordance with the procedures as established and required by the Borough of Edgewood, in order to determine if any storm or surface water is illegally connected to the municipal sanitary system of the Borough of Edgewood.

() I certify that there are no storm or surface water drains connected to the municipal sanitary sewer system of the Borough of Edgewood.

() I certify that one or more storm or surface water connections are connected to the municipal sanitary sewer system of the Borough of Edgewood.

Signature Allegheny County Date
Health Permit #

Indicate specific location(s) of ALL illegal drain(s)/connection(s) below:

This is to certify that _____ was inspected on _____
and ALL illegal violations as identified have been satisfactorily removed from the Borough of
Edgewood municipal sanitary sewer system.

Authorized Borough Representative Date