



## **SEWER DEPARTMENT SANITARY CERTIFICATION LETTER INSTRUCTIONS**

Applicants will be required to complete the APPLICATION FOR SANITARY CERTIFICATION LETTER (below) along with payment of \$95.00; select their own plumber to complete the DYE TEST/LATERAL INSPECTION FORM(s) and submit the report to the Collier Sewer Department for review and approval. Plumbers performing the testing must be licensed in Allegheny County and are required to meet all requirements of the Sewer Department's specifications for dye testing and private laterals. The forms must be completed in their entirety. The dye test will remain valid for two (2) years and the lateral inspection for a period of (5) years upon proof of a successful test result.

Report forms can be submitted in person to the Collier Township Sewer Department or electronically to [CTSD@colliertwp.net](mailto:CTSD@colliertwp.net). All forms are to be legible and if submitted electronically shall be in PDF format.

The plumber will be responsible for dye testing all interior plumbing fixtures (sinks, laundry tubs, floor drains, showers and toilets) as well as exterior roof leaders (rainspouts) exposed stairwell drains, driveway drains, and other area drains located on the property. The plumber shall verify that all internal plumbing fixtures are properly connected to the sewer system and that there are no illegal connections. If any of the internal plumbing fixtures are not connected to the sewer system or if an illegal connection is discovered, it shall be the property owner's responsibility to correct the problem.

The plumber will be required to determine the existence and location of the site tee (if construction date is after 2004), sanitary fresh air vent(s) as well as the sanitary clean out(s) and to verify that none of these access points act as a conduit for surface water to enter the sanitary sewer system.

### **Photographs (electronic) of the following will be required along with submission of test report:**

- Fresh Air Vent
- Cleanout
- Site Tee (if applicable, 2004 and newer construction)
- Upstream & Downstream Manholes
- Deduct Meter Reading (if applicable)
- Open Trench photo of piping (new construction)

The property must also be inspected to determine if there is a sump pump or any basement pump and identify the discharge point thereof.

If the tests reveal that all internal plumbing fixtures are properly connected to the sewer system and there are no illegal connections, the property will be considered to have "passed" the test and no further action is required. However, if the test results in a failure and requires replacement or repairs, rehabilitation or alteration to meet compliance; such work must be inspected by a Sewer Department representative prior to the issuance of the Sanitary Certification Letter.

When a Municipal (Sanitary) Certification Letter application is submitted, the applicant shall pay a **fee of \$95.00**. Checks are to be made payable to "Collier Township Sewer Department". Upon submission of a properly completed application and accompanying fee, the applicant should arrange to retain a plumber to perform the dye testing/lateral inspection. To ensure sufficient time for review prior to any real estate closing date, please make sure the application is completed fully, your plumber has adequate time to complete the testing and submit the required materials to the Sewer Department.

We ask that you submit your application and fee to the Collier Township Sewer Department at least twenty (20) days prior to closing date. Once the testing has been completed and the reports submitted, reviewed and approved, the Sanitary Certification Letter will be issued.

**Required Procedure for Identified Failures**

Where dye tests or video inspections have identified failures (NASSCO condition failures, connection violations, missing pipes, etc.) and repairs/replacements to the resident’s plumbing system are required, the property owner or agent must file a plan for repairs with the ACHD Plumbing Division, including the payment of any filing fees. A copy of each of the following must be filed with Collier Sewer Department:

1. Repair Plan
2. ACHD permit
3. Final inspection report from ACHD

**Definitions**

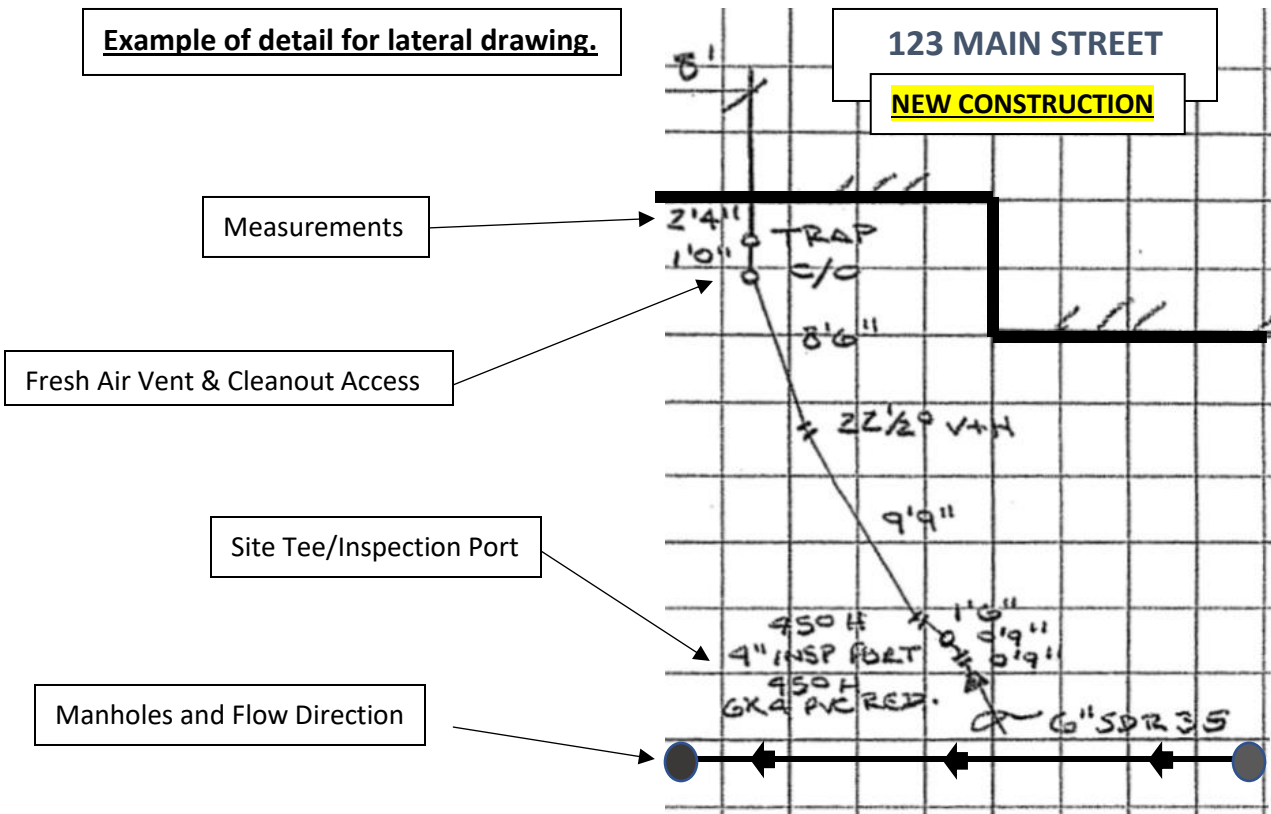
**ACHD** – Allegheny County Health Department

Allegheny County Health Department South Hills Plumbing Office  
 1100 Washington Avenue (Rear)  
 Carnegie, PA 15106  
 Telephone: (412) 278-2512  
 Fax: (412) 278-2521

**Common Lateral** – A lateral that collects sanitary drainage from more than one house/building/unit and conveys it to the public sewer in a singular lateral. It is a shared lateral between two or more units and a single point of connection to the sanitary sewer. Generally, this type of connection is not permitted by Collier Township.

**Deduct Meter** – A meter that records the amount of water that flows only to the exterior of your house and does not enter the sanitary sewer lines of Collier. In some cases, a sprinkler system and/or a swimming pool would warrant the use of a deduct meter.

Collier Township does not endorse or contract with any specific plumber or plumbing company.



**Collier Township**  
SEWER DEPARTMENT  
2418 Hilltop Road Presto, PA 15142  
(O) 412-279-4941 (F) 412-278-2001  
[www.colliertownship.net](http://www.colliertownship.net)



APPLICATION FOR  
SANITARY CERTIFICATION  
  
APPLICATION # \_\_\_\_\_

Return this application with a check made payable to COLLIER TOWNSHIP SEWER DEPARTMENT in the amount of \$95.00.

PROPERTY ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ PARCEL ID/TAX ID NUMBER \_\_\_\_\_  
PROPERTY OWNER(S) NAME \_\_\_\_\_

ADDRESS OF OWNER(S) IF DIFFERENT THAN ABOVE \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

PA WATER CO PREMISES ID NUMBER \_\_\_\_\_ CLOSING DATE \_\_\_\_\_  
CLOSING COMPANY INFORMATION \_\_\_\_\_  
FAX # \_\_\_\_\_ PHONE \_\_\_\_\_

PURCHASERS NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
PURCHASERS CURRENT ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PROPERTY INFO (check all that apply)

New Construction     Deduct Meter     Septic Tank (previous)     Shares Common Lateral     NONE

**APPLICANT RESPONSIBILITY**

I/we do hereby certify to Collier Township Sewer Department, the prospective purchasers of the property and to Allegheny County Health Department that there are no improper or illegal connections located on this property that discharge into the Collier Township Sewer Department sanitary sewer system. I/we do further certify that there are no roof drains, driveway drains, surface drains, trench drains, sump pumps, basement drains or other drains connected to the sanitary sewer system which would allow for extraneous water to enter the sewer system. I/we do certify that the property contains an exterior trap and separate clean out as required by the Allegheny County Health Department and that the lateral is properly connected to the sanitary sewer system by our lateral. (I/we) hereby apply to Collier Township Sewer Department for a Municipal Sanitary Lien Letter covering the above real estate and, as part of the application, provide information (I/we) know to be true.

SIGNATURE OF OWNER(S): \_\_\_\_\_ DATE: \_\_\_\_\_

\*If not signed by the Owner(s), the requesting party agrees to assume all liability of the Owner(s), including the liability of correcting any violations determined to exist by or during the inspection.

RESPONSIBLE PARTY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_ DATE: \_\_\_\_\_

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➤ DYE TEST REPORT FORM

PROPERTY ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
 PROPERTY OWNER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PLUMBER/PLUMBING COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_  
 COMPANY ADDRESS- \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
 PLUMBER'S NAME PERFORMING TEST- \_\_\_\_\_ HP # \_\_\_\_\_

INTERIOR INFO	# OF FIXTURES	# OF FIXTURES TESTED	PASS/FAIL
FLOOR DRAINS			
SHOWERS			
SINKS			
TUBS			
TOILETS			

Deduct Meter Reading:  
 \_\_\_\_\_ [ ] N/A

EXTERIOR INFO (check all that apply)

Lateral Cleanout   
  Lateral Fresh-Air Vent   
  PVC Lateral   
  ABS Lateral   
  VCP Lateral  
 Lateral Unknown   
 Structure Below Street Level   
 Structure Above Street Level  
 New Construction   
 Pre-Existing Construction   
 All Rain Leaders Daylight

Notes/Comments/Violations:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Corrective Action Needed:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Test: \_\_\_\_\_ Dye Test:  Pass     Fail

Plumber Performing Test (please print) \_\_\_\_\_ Registered H.P. # \_\_\_\_\_  
 I certify that the information/photos/video recordings I have provided with this form are true and correct.  
 Signature of Tester: \_\_\_\_\_

Forms may be submitted to:  
[wdurisko@colliertwp.net](mailto:wdurisko@colliertwp.net)

Township Permit # \_\_\_\_\_

# Collier Township

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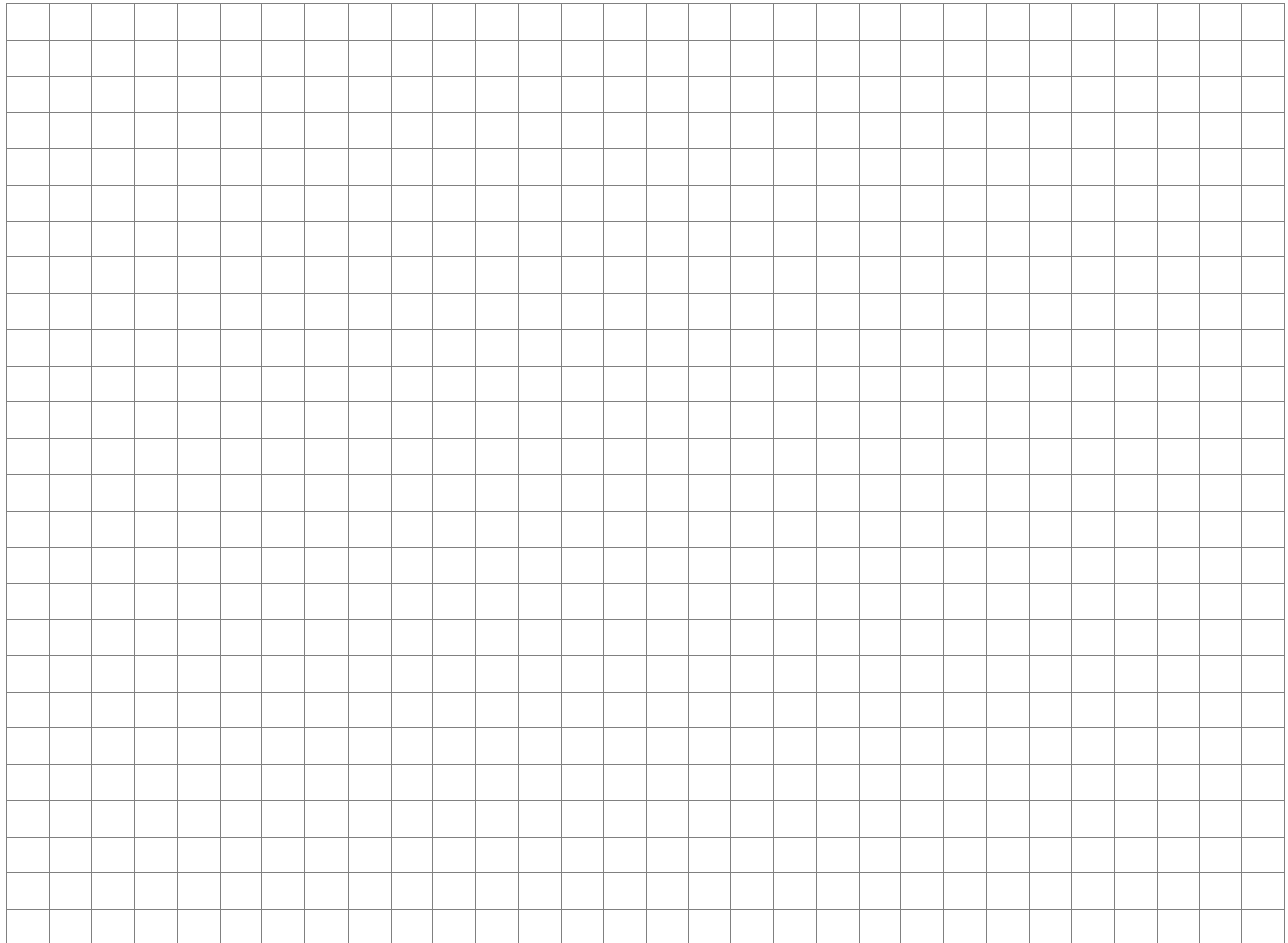


➤ SKETCH FOR DYE AND  
LATERAL INSPECTIONS

PROPERTY ADDRESS \_\_\_\_\_ DATE OF TEST \_\_\_\_\_

PROPERTY OWNER'S NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

### Sketch of Property & Location of Legend Items



#### **Legend**

AD=Area Drain	SH=Shower
CO=Cleanout	SK=SINK
DD=Driveway Drain	SP=Sump Pump
FD=Foundation Drain	SS=Sanitary Sewer
FLD=Floor Drain	ST=Site Tee
G=Ground	T=Tub
UMH=Upstream Manhole	TO=Toilet
DMH=Downstream Manhole	VE=Vent
RL=Roof Leader	WD=Walk Drain
SD=Stairwell Drain	WWD=Window Well Drain

#### **Results**

A=Abandoned	R=Roadway
C=Clogged	S=Surface
D☀=Drains to Daylight	
E=Elevated	?=Undetermined
G=Ground	V=Violation
M=Maintenance	X=Cross Connection
O=Observed	
->-->--> = Flow	

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➤ LATERAL TEST REPORT

This form to be completed by a licensed plumber and submitted prior to any repair work, along with video inspection. Video shall be clear, well lit, in color, traveling no more than 20ft/min, hold for minimum of 5 seconds at defects/joints/connections, and record distances as it travels. There shall be no flow in the lateral if possible. Video may be rejected if not recorded to specifications.

PROPERTY ADDRESS \_\_\_\_\_ CITY,STATE,ZIP \_\_\_\_\_  
 PROPERTY OWNER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PLUMBER/PLUMBING COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_  
 COMPANY ADDRESS \_\_\_\_\_ CITY,STATE,ZIP \_\_\_\_\_  
 PLUMBER'S NAME PERFORMING TEST \_\_\_\_\_ HP # \_\_\_\_\_

Length of Lateral	Lateral Pipe Size (inches)	Lateral Pipe Material	Access Point for CCTV	Survey Direction [ ] w/flow [ ] against flow

Infiltration/Obstructions Observed [ ] YES (explain in notes) [ ] NO	Sump Pump Connected [ ] YES [ ] NO	Foundation Drain Connected [ ] YES [ ] NO
Any Illegal Connections [ ] YES [ ] NO	All Fixtures Connected to Lateral [ ] YES [ ] NO	Weather/Ground Conditions

Notes/Comments/Violations:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Corrective Action Suggested/Needed:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Test: \_\_\_\_\_ CCTV TEST: [ ] Pass [ ] Fail  
 Plumber Performing Test (please print) \_\_\_\_\_ Registered H.P. # \_\_\_\_\_

I certify that the information/photos/video recordings I have provided with this form are true and correct.  
 Signature of Tester: \_\_\_\_\_

Tests results may be submitted to:  
[wdurisko@colliertwp.net](mailto:wdurisko@colliertwp.net)  
 CCTV Video may be submitted electronically or on a flash drive and should contain the property address

Township Permit # \_\_\_\_\_