## **Collier Township**

SEWER DEPARTMENT 2418 Hilltop Road Presto, PA 15142 (O) 412-279-4941 (F) 412-278-2001 www.colliertownship.net



## DYE TEST REPORT

To be completed by a registered Allegheny County Plumber. The Collier Township Sewer Department handles the processing of DYE & LATERAL TESTS ONLY. Jordan Tax Service must be contacted for issuance of lien letters.

PROPERTY ADDRESS _			PHONE#
PROPERTY OWNER		EMAIL	
PLUMBER/PLUMBING	COMPANY		PHONE #
COMPANY ADDRESS _		EMAIL	
(Check all that apply)			
[ ] Lateral Fresh-Air Ver (photo)	t [ ] Lateral Cleanout(s) (photo)		n Manhole [] Downstream Manhole noto) (photo)
[] PVC Lateral	[] ABS Lateral	[] VCP Lateral [] SDR	Lateral
[] New Construction	[] Pre-Existing Structure	[] All Rain Leaders Dayligh	t [] Rain Leaders into Storm System
[] Interior French Drair	/Sump Tested [ ] Fres	h-Air Vent above Grade	[ ] Deduct Meter (reading) (photo)
Notes/Comments/Viola	ations:		
Corrective Action Sugge	ested/Needed:		
	DYE TE	ST: [ ] Pass [ ] Fail	
Plumber Performing Te	st (please print)		Registered H.P. #
	vey surface storm water located		m are true and correct. I have dye tested all nined there are no illegal connections to the
Signature of Tester:			Date of Test:
forms/pictures may b wdurisko@colliertwp			

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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

CO=Cleanout

DD=Driveway Drain

FD=Foundation Drain

FLD=Floor Drain

G=Ground

UMH=Upstream Manhole DMH=Downstream Manhole RL=Roof Leader

SD=Stairwell Drain

SH=Shower SK=SINK

SP=Sump Pump SS=Sanitary Sewer ST=Site Tee

T=Tub
TO=Toilet
VE=Vent
WD=Walk Drain

WWD=Window Well Drain

<u>Results</u>

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		PHONE#								
PROPERTY OWNER		EMAIL								
PLUMBER/PLUMBING COMPANY_		PHONE #								
COMPANY ADDRESS		EMAIL								
Length of Lateral	(feet) Lateral Pipe Size (inches)	Lateral Pipe Material	Access Point for CCTV							
[]Y Any	tration/Obstructions Observed ES (explain in notes) [] NO Illegal Connections ES [] NO	Sump Pump Connected [] YES [] NO All Fixtures Connected t [] YES [] NO								
Notes/Comments/Violations:  Corrective Action Suggested/Ne	eeded:									
	CCTV LATERAL TEST	: [ ] Pass [ ] Fail								
Plumber Performing Test (please	print)	R	egistered H.P. #							
I certify that the information/pho			rue and correct. ate of Test:							
forms/pictures may be submitted wdurisko@colliertwp.net CCTV Video may be submitted flash drive and should identify	electronically or on a	of 3								