



**ROSS TOWNSHIP**  
**1000 Ross Municipal Drive**  
**Pittsburgh, PA 15237**  
**Phone: (412) 931-7055 Fax: (412) 931-3508**

## DYE TEST CERTIFICATION

### PROPERTY INFORMATION

Property Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Ward: \_\_\_\_\_  
 Owners Name: \_\_\_\_\_ Parcel Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

### TESTING FIRM INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Date of Test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Type of Test:  Smoke  Dye

Test Results:  Positive (**Fail**- smoke or dye present)  Negative (**Pass**- no smoke or dye present)

Number of positive (**failed**) downspouts: \_\_\_\_\_

Number of positive (**failed**) French and/or area drains: \_\_\_\_\_  
 (Fresh air vents must be raised a minimum of 2" if water can drain into them.)

<u>Type of Remedial Action</u>	<u>Date of Removal</u>
<input type="checkbox"/> Drained to dry well (sump)	_____ / _____ / _____
<input type="checkbox"/> Drained to Township Storm Sewer	_____ / _____ / _____
<input type="checkbox"/> Other (Must be pre-approved by Township)	_____ / _____ / _____

I hereby certify that the above referenced property has been tested for stormwater infiltration to the sanitary sewer under the terms as set forth in Ross Township Code of Ordinances, Chapter 26, §104 and that no violations exist.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Allegheny County Health Department Registration Number: \_\_\_\_\_

\_\_\_\_\_ Print Name Signature

**(DO NOT WRITE BELOW THIS LINE- TOWNSHIP USE ONLY)**

Permit No. \_\_\_\_\_ Invoice No. \_\_\_\_\_ Check No. \_\_\_\_\_ TOTAL FEE: **\$ 50.00**

The Document of Certification for this property was issued this date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ Ross Township Building Code Official