

BOROUGH OF SWISSVALE
7600 EVANS STREET
SWISSVALE, PENNSYLVANIA 15218
Phone: 412/ 271-7101
FAX: 412/ 271-5441

Date of Application

BOROUGH OF SWISSVALE
FACILITY AND STRUCTURE DYE TESTING
APPLICATION FOR CERTIFICATION OF COMPLIANCE

Applicant: _____

Owner: _____

Address: _____

Purchaser: _____

This is to Certify that I, _____ have inspected and performed the required Dye Testing of the above addressed facility(s) in accordance with the procedures as established and required by the Borough of Swissvale, in order to determine if any storm or surface water is illegally connected into the Municipal Sanitary Sewer System of the Borough of Swissvale.

I certify there are no storm or surface water drains connected to the Municipal Sanitary Sewer System of the Borough of Swissvale.

I certify that one or more storm of surface water connections is connected to the Municipal Sanitary Sewer System of the Borough of Swissvale.

Signature

Allegheny County Health
Permit (H.P.)

Date

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

To be completed by the Borough of Swissvale

This is to certify that _____ was inspected on _____ and ALL illegal violations as identified have been satisfactorily removed from the Borough of Swissvale Municipal Sanitary Sewer System.

Authorized Municipal Representative

Permit # _____

This Certificate of Compliance is only good 60 days from Inspection Date