

# Harmar Township

701 Freeport Road  
724-274-4550 724-274-4551 Fax: 724-274-9522

## DYE TESTING AND INSPECTION APPLICATION CERTIFICATE OF COMPLIANCE, DYE TESTING PROCEDURES-VIOLATIONS

DATE ISSUANCE: \_\_\_\_\_ PERMIT NO: \_\_\_\_\_

FEE: \$ \_\_\_\_\_ CHECK NO: \_\_\_\_\_

\_\_\_\_\_  
ZONING OFFICER/ TOWNSHIP SECRETARY

**\$60.00** Fee Shall be paid before this inspection report is turned into Harmar  
Township

THIS DYE TEST FORM SHALL BE TURNED IN TO HARMAR TOWNSHIP  
BEFORE A CERTIFICATE OF OCCUPANCY CAN BE ISSUED

IF ANY VIOLATION IS FOUND AFTER THIS TEST IS PERFORMED A MINIMUM  
FINE OF \$500 EACH DAY THAT SUCH VIOLATION OCCURS.

This Form shall be considered the APPLICATION for a dye test CERTIFICATE OF  
COMPLIANCE, and by signature of the Township Official, EVIDENCE OF  
COMPLIANCE with the Township Ordinance No. 356, and may be amended at any  
time, as they see fit by the Board Supervisors.

By signing the Certification located on this form for that purpose, the registered plumber  
hereby indicates that they have read and understand the Dye Testing Procedures-  
Violations as adopted under Ordinance No. 356 and that all procedures have been  
adhered to in the performance of the dye test.

SITE ADDRESS: \_\_\_\_\_

CURRENT OWNER: \_\_\_\_\_

PARCEL No: \_\_\_\_\_

BUYERS NAME: \_\_\_\_\_

PLUMBER NAME: \_\_\_\_\_

OFFICE No: \_\_\_\_\_ Cell: \_\_\_\_\_

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The results of the test(s) are as follows: **Please check off accordingly To Finding**

	SATISFACTORY NO CONNECTION TO SANITARY SEWER	IN VIOLATION
DOWNSPOUT AND DRAINS	_____	_____
AREA DRAIN RECEIVING STORM OR SURFACE WATER (DRIVEWAY DRAINS, ETC	_____	_____
FRESH AIR VENT (Shall be a height And location as to prevent entry of storm Or surface Water)	_____	_____

- 1) All downspout that are connected to sanitary shall be plugged and covered over with concrete
- 2) All Driveway drains that are connected to sanitary shall be pumped to a gravel pit 8x8x8 filled with number 4 stone
- 3) If vents are lower than the ground surface vent shall be raised 2" above ground surface

EXPLAIN BELOW THE LOCATION AND CIRCUMSTANCES OF ANY VIOLATIONS FOUND, AND STEPS TAKEN TO REMEDY THE VIOLATION (STATE DATES OF REMEDIAL WORK):

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I HEREBY CERIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT IN ALL RESPECTS, TO THE BEST OF MY KNOWLEDGE AND BELIEF:

JOB SITE ADDRESS: \_\_\_\_\_

DATE TEST PERFORMED: \_\_\_\_\_

PLUMBING COMPANY NAME: \_\_\_\_\_  
PRINT NAME

PLUMBER ADDRESS: \_\_\_\_\_

PLUMBER PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

PLUMBER NAME WHO PERFORMED TEST

\_\_\_\_\_  
PRINT NAME PLUMBER LICENSE NUMBER

\_\_\_\_\_  
(SIGNATURE)

**Plumbing Co. Name who Repaired test violation (If the same plumber please sign again)**

\_\_\_\_\_ Print Name \_\_\_\_\_ PLUMBER LICENCE NUMBER  
PLUMBERS ADDRESS: \_\_\_\_\_

PLUMBER PHONE NO: \_\_\_\_\_

PLUMBERS SIGNATURE \_\_\_\_\_

\_\_\_\_\_