



## REPORT OF SEWER TEST & INSPECTION

The undersigned plumber, who is registered and licensed by the Allegheny County Health Department, has performed or supervised a dye test of the following property:

**Property Address:** \_\_\_\_\_  
\_\_\_\_\_

**This test was conducted on:** \_\_\_\_\_

**I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT.**

\_\_\_\_\_

SIGNATURE OF PLUMBER

\_\_\_\_\_

PRINTED NAME OF PLUMBER & REGISTRATION NUMBER

### THE RESULTS OF THE TEST ARE AS FOLLOWS:

#### Video Camera Inspection:

Any commonly accepted method of testing whereby a video camera is inserted into and travels throughout the private lateral sewer line of real property to determine if any illegal storm water, ground water, or surface water is entering the sanitary sewer system. **Are there any defects of NASSCO GRADE 3 THRU 5 in the private lateral, such as cracks, root intrusion, or open joints that may allow ground water to enter the sanitary sewer system that require repair?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DVD, USB or VHS available if needed? Yes \_\_\_\_\_ No \_\_\_\_\_

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Dye Test Inspection:

	SATISFACTORY COMPLIANCE	VIOLATION
DOWNSPOUTS AND ROOF LEADER:	<input type="checkbox"/>	<input type="checkbox"/>
AREA DRAINS RECEIVING STORM OR SURFACE WATER (DRIVEWAY, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>
FRESH AIR VENT	<input type="checkbox"/>	<input type="checkbox"/>
(Must be of such Height and Location as to prevent entry of storm or surface water)		
Location of Manhole Observed	<input type="checkbox"/>	

Explain below where the storm water presently drains and the location and circumstances of any violation.  
Use the space below for a sketch and for additional comments.

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SKETCH: Please show street, driveway, and location of downspouts and drains with arrow(s). Location of manhole if possible.

REAR PROPERTY LINE

FRONT OF BUILDING LINE

COMMENTS:

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