

Borough of Charleroi

338 Fallowfield Ave., Charleroi, PA 15022

724-483-6011

APPLICATION FOR DYE TEST INSPECTION

Current Owner Name: _____ Closing Date: _____

Test Site Address: _____

Owner Phone: _____ Owner Email: _____

NOTICE: The dye test inspection process is intended to certify that the subject property is free from any Illegal Storm or Surface Water Connections or Discharges to the Sanitary Sewer System as prohibited by Charleroi Borough Ordinance 268 & 295, including, but not limited to, roof drain/leader/downspout yard drain, sump pumps, driveway drain, stairway area drain, or french drains/foundation drain, or any such drain connected thereto, and that there is no significant evidence of inflow and infiltration to the Sanitary Sewer System of any rain water, surface water, groundwater, or spring water from any source including, but not limited to, direct connections, broken or defective building connections, sewer pipes or building/other drain pipes, and that exterior cleanouts and vents are elevated above grade and have a water tight cap so as to not function as a drain for surface water.

Evidence of any such issues will result in a failed dye test and will require additional testing following remediation of the violations. Failure to remediate any such violations may result in enforcement actions, fees, and costs.

(CHARLEROI BOROUGH ADMINISTRATIVE USE ONLY – DO NOT write below this line)

INSPECTION REPORT

Date Received: _____ Dye Test Application Fee Paid: _____

Any outstanding liens, charges, or fees against Owner or Test Site? Yes ___/No ___

Total Balance of Monies Due Prior to Issuance of Dye Test Report: _____

Dye Test Report: APPROVED _____ / DENIED _____

Notes/Explanation: _____

Borough Rep. Signature: _____ Date: _____

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INSPECTION REPORT AND FINDINGS

<p>DIAGRAM OF PROPERTY: (Show and label every connection on diagram)</p> <div style="text-align: right; margin-top: 20px;">Rear Property Line</div> <hr style="border-top: 1px dashed black; margin: 10px 0;"/> <div style="text-align: right; margin-top: 20px;">Building Line</div> <hr style="border-top: 1px dashed black; margin: 10px 0;"/> <div style="text-align: right; margin-top: 20px;">Street Line</div> <hr style="border-top: 1px dashed black; margin: 10px 0;"/> <div style="text-align: right; margin-top: 20px;">Street Center Line</div>	<p style="text-align: center;">LEGEND</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>ITEM:</p> <p>SS - Sanitary Sewer</p> <p>MH - Manhole</p> <p>ST - Storm Drain</p> <p>CR - Creek</p> <p>CB - Catch Basin</p> <p>VE - Vent</p> <p>RL - Roof Leader</p> <p>SD - Stairwell Drain</p> <p>WD - Walk Drain</p> <p>DD - Driveway Drain</p> <p>FD - Foundation Drain</p> <p>WW - Window Well</p> <p>AD - Area Drain</p> <p>CO - Cleanout</p> <p>GC - Ground Conductor</p> </td> <td style="width: 50%; vertical-align: top;"> <p>RESULTS:</p> <p>V - Violation</p> <p>? - Undetermined</p> <p>X - Cross Connection</p> <p>O - Observed Visually</p> <p>T - Sound Out Tapping</p> <p>R - Road</p> <p>S - Surface</p> <p>E - Elevated</p> <p>G - Ground</p> <p>C - Clogged</p> <p>M - Maintenance</p> <p>A - Abandoned</p> </td> </tr> </table>	<p>ITEM:</p> <p>SS - Sanitary Sewer</p> <p>MH - Manhole</p> <p>ST - Storm Drain</p> <p>CR - Creek</p> <p>CB - Catch Basin</p> <p>VE - Vent</p> <p>RL - Roof Leader</p> <p>SD - Stairwell Drain</p> <p>WD - Walk Drain</p> <p>DD - Driveway Drain</p> <p>FD - Foundation Drain</p> <p>WW - Window Well</p> <p>AD - Area Drain</p> <p>CO - Cleanout</p> <p>GC - Ground Conductor</p>	<p>RESULTS:</p> <p>V - Violation</p> <p>? - Undetermined</p> <p>X - Cross Connection</p> <p>O - Observed Visually</p> <p>T - Sound Out Tapping</p> <p>R - Road</p> <p>S - Surface</p> <p>E - Elevated</p> <p>G - Ground</p> <p>C - Clogged</p> <p>M - Maintenance</p> <p>A - Abandoned</p>
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RESULTS: (Indicate test result for all connections shown on diagram) Weather: _____

Connection Tested	Pass	Fail	Photo #	Location of Dye

Inspection Notes/Findings _____

Inspection Result: PASS _____ / FAIL _____ **Signature:** _____

Test Date: _____ **Name/Title:** _____