



**Borough of Chalfant  
Instructions for Dye Testing of Building Facilities  
and Private Lateral Time of Sale**

This form and inspections *must be completed* before a sale can be finalized.

This work should be completed *at least one month before closing*.

1. Hire a plumber to perform Dye Test and Lateral Inspection.
2. Completed form and \$300.00 check must be submitted to:

**The Borough of Chalfant  
144 Lynnwood Avenue  
East Pittsburgh, Pennsylvania 15112**

3. Completed copy of form and CCTV video footage in disk, flash drive, or other accepted media must be sent to:

**Glenn Engineering and Associates  
c/o Mr. Robert Zischkau  
14920 Route 30  
North Huntingdon, Pennsylvania 15642  
412-824-5672 (P)  
412-824-9587 (F)  
[Bobz@glennengr.com](mailto:Bobz@glennengr.com)**



# APPLICATION AND CERTIFICATE OF COMPLIANCE

ADDRESS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

ALLEGHENY COUNTY LOT & BLOCK NUMBER: \_\_\_\_\_  RESIDENTIAL  COMMERCIAL

## **TEMPORARY CERTIFICATION:**

A Temporary Certificate of Compliance is NOT issued.

A Temporary Certificate of Compliance is hereby issued until \_\_\_\_\_, 20\_\_\_\_\_.

## **IF FAILED:**

This is to certify that I, \_\_\_\_\_, a Registered Master Plumber, have

(Printed Name)

Made the repairs required, Re-Inspected (CCTV Only) the required Time of Sale Lateral Inspection required on all laterals located on the above addressed Property to determine if any additional repairs are required in accordance with Municipal Ordinance \_\_\_\_\_. Results of said Inspections along with the "Plumbing Inspection Report" issued by the Allegheny County Health Department have been supplied to the Municipality.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Allegheny County Health Permit (H.P)

\_\_\_\_\_  
Date

(\_\_\_\_) The submitted Lateral inspections and tests have been reviewed by the NASSCO certified representative of the Municipality and have been determined to have  Passed the requirements.

\_\_\_\_\_  
Authorized Municipal Representative Signature

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

## **WHEN PASSED:**

This Certificate of Compliance is hereby approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Authorized Municipal Representative Signature

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date