



**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**

**BOROUGH OF CHALFANT
APPLICATION AND CERTIFICATE OF COMPLIANCE**

**FOR: DYE TESTING OF BUILDING FACILITIES
 PRIVATE LATERAL TIME OF SALE**

BUYER(S) NAME: _____ **DATE OF APPLICATION:** _____
SELLER(S) NAME: _____ **PHONE NUMBER:** _____
ADDRESS: _____ **E-MAIL ADDRESS:** _____
ALLEGHENY COUNTY LOT & BLOCK NUMBER: _____ **RESIDENTIAL** **COMMERCIAL**

DYE TESTING OF BUILDING FACILITIES

This is to certify that I, _____, a Registered Master Plumber, have
(Printed Name)
Inspected and Performed the required Dye Testing of all roof drain pipes and area drains located on the above addressed Facility Building(s) and property in order to determine if any Storm or Surface Water is illegally connected into the Municipal Sanitary Sewer System in accordance with Municipal Ordinance 393 of 2004, as amended.

- (____) I **Certify** that there are no Storm or Surface Water Drains (Area Drains) or extraneous illegal waters connected to the Municipal Sanitary Sewer System.
- (____) I **Certify** one or more Storm or Surface Water Drains (Area Drains) were illegally connected to the Municipal Sanitary Sewer System.
- (____) I **Certify** that ALL illegal connections have been removed from the Municipal Sanitary Sewer System.

Signature Allegheny County Health Permit (H.P) _____ Date

- Exemption Granted: Previous Test/Certification issued within allowable time. (_____ years)
- Approved.

Authorized Municipal Representative Signature Printed Name/Title _____ Date

TIME OF SALE LATERAL TESTING

This is to certify that I, _____, a Registered Master Plumber, have
(Printed Name)
Inspected and Performed the required Time of Sale Lateral Testing in accordance with NASSCO requirements and all other conditions of this Ordinance required on all laterals located on the above addressed Property to determine if any repairs are required in accordance with Municipal Ordinance _____ and supplied the results of the same 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 or Failed the requirements.

Authorized Municipal Representative Signature Printed Name/Title _____ Date

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