

## BOROUGH OF MILLVALE 501 LINCOLN AVENUE MILLVALE, PA 15209 PHONE: (412)821-2777 FAX: (412)821-2717

## DYE TEST CERTIFICATION

Property Address:	PROPERTY INFORMATION						
Address:	Property Address:				Zoning Distr	ict:	Ward:
City:	Owners Name:				Parcel Num	ber:	
TESTING FIRM INFORMATION         Name:	Address:				Phone: (	)	
Name:	City:	State:	Zip Code:		Fax∶ (	)	
Address:	TESTING FIRM INFORMATION						
Address:	News						
City:					Dhono /		
Date of Test:       / _ / _ / /							
Test Results:   Positive (Fail- smoke or dye present)       Negative (Pass- no smoke or dye present)         Number of positive (failed) downspouts:							
Number of positive (failed) downspouts:	Date of Test: /	/		Type of Test:	□ Smoke	🗆 Dy	e
Number of positive (failed) French and/or area drains:	Test Results: 🗆 Positive (F	ail- smoke or	dye present)	🗆 Neg	gative (Pass-	no smoke o	or dye present)
(Fresh air vents must be raised a minimum of 2" if water can drain into them.)         Image: Type of Remedial Action       Date of Removal         Image: Drained to dry well (sump)       ///         Image: Drained to box or efferenced property has been tested for stormwater infiltration to the sanitary sewer under the terms as set forth in Millvale Borough Code of Ordinances, Chapter 241, § 241-34 and that no violations exist.         Date:/       Allegheny County Health Department Registration Number:	Number of positive (failed)	downspouts:					
Drained to dry well (sump)//					hem.)		
□ Drained to BOROUGH Storm Sewer// □ Other (Must be pre-approved by BOROUGH ))// I hereby certify that the above referenced property has been tested for stormwater infiltration to the sanitary sewer under the terms as set forth in Millvale Borough Code of Ordinances, Chapter 241, § 241-34 and that no violations exist. Date:// Allegheny County Health Department Registration Number: Print Name Signature Monotor WRITE BELOW THIS LINE- BOROUGH USE ONLY) Permit No Invoice No Check No TOTAL FEE: \$ 50.00 The Document of Certification for this property was issued this date://	Type of Reme	edial Action		Date of R	emoval		
Conter (Must be pre-approved by <i>BOROUGH</i> ) Conter (Must be pre-approved by <i>BOROUGH</i> ) Conternation of the sanitary sever under the terms as set forth in Millvale Borough Code of Ordinances, Chapter 241, § 241-34 and that no violations exist. Date:// Allegheny County Health Department Registration Number: Print Name	□ Drained to dry w	vell (sump)		/	/		
I hereby certify that the above referenced property has been tested for stormwater infiltration to the sanitary sewer under the terms as set forth in Millvale Borough Code of Ordinances, Chapter 241, § 241-34 and that no violations exist.   Date: /   / /   Allegheny County Health Department Registration Number:   Print Name   Signature   (DO NOT WRITE BELOW THIS LINE- BOROUGH USE ONLY) Permit No.   Invoice No.   Check No.   TOTAL FEE:   \$ 50.00	□ Drained to BOR	ои <del>сн</del> Storm S	Sewer	/			
terms as set forth in Millvale Borough Code of Ordinances, Chapter 241, § 241-34 and that no violations exist.  Date:/ Allegheny County Health Department Registration Number: Print Name Signature  (DO NOT WRITE BELOW THIS LINE- BOROUGH USE ONLY)  Permit No Invoice No Check No TOTAL FEE: \$50.00 The Document of Certification for this property was issued this date://	□ Other (Must be	pre-approved	by <b>вогоидн</b> )	/	/		
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Permit No       Invoice No       Check No       TOTAL FEE:       \$ 50.00         The Document of Certification for this property was issued this date:       / /					6		
The Document of Certification for this property was issued this date://	(DO No	OT WRITE BI	ELOW THIS LI	NE- BOROUGH	USE ONLY)		
	Permit No Invoice No	·	Check No		TC	TAL FEE:	<b>\$</b> 50.00
	The Document of Cer	tification for t	his property wa	as issued this da	te:/	1	