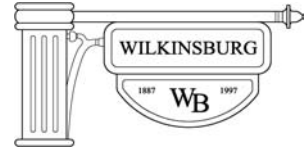


**Borough of Wilkinsburg**  
CODE ENFORCEMENT DEPARTMENT  
MUNICIPAL BUILDING  
605 ROSS AVENUE  
WILKINSBURG, PA 15221-2145  
PHONE: (412) 244-2923 - FAX: (412) 244-2922



**APPLICATION FOR DYE TEST CERTIFICATE OF COMPLIANCE**

(PLEASE PRINT)

Date of Application: \_\_\_\_\_

Property Address: \_\_\_\_\_ Lot & Block: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owners Address: \_\_\_\_\_

Buyers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Buyers Address: \_\_\_\_\_

**TO BE COMPLETED BY REGISTERED PLUMBER**

(PLEASE PRINT)

*This is to certify that I \_\_\_\_\_ have dye and smoke tested all roof drain pipes and area drains located on the above property to determine if any storm or surface water is illegally connected to the Borough's Sanitary Sewer System.*

*I find that no storm or surface water drains are connected to the sanitary sewer.*

\_\_\_\_\_  
Signature Allegheny County Date  
Health Permit No.

*I find that there is storm or surface water connected to the sanitary sewer.*

\_\_\_\_\_  
Signature Allegheny County Date  
Health Permit No.

Indicate location of illegal drain/drains. \_\_\_\_\_