

# Application Fee \$25

INSPECTIONS FOR SANITARY SEWER CERTIFICATION  
GIVE TO PLUMBER, PLUMBER RETURNS FORM TO BOROUGH



## BOROUGH OF AVALON

640 California Avenue

Avalon, PA 15202

Phone: 412-761-5820

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*To be completed by applicant/plumber*

Current Owner: \_\_\_\_\_

Plumbing Testing Firm: \_\_\_\_\_

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

Name of Plumber: \_\_\_\_\_

Address of Plumber \_\_\_\_\_

Phone: \_\_\_\_\_

Plumber Phone: \_\_\_\_\_

Type of Test: smoke \_\_\_\_\_ dye \_\_\_\_\_

HP Registration \_\_\_\_\_

	Satisfactory	Violation
Downspouts and Roof Leaders	_____	_____
Area drains receiving storm or surface water (driveway drains, apparent illegal French drains and connections, etc.)	_____	_____
Fresh air vent (must be of such a height and location as to prevent entry of storm or surface water.	_____	_____
House lateral	_____	_____
Manhole # observed	_____	_____

Explain below the location and circumstances of any violation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All corrections must be observed by the Borough Inspector prior to covering.**

I hereby certify that this property has been tested for storm water infiltration and inflow to the sanitary sewer under the terms of Ordinance #1246 and no violations or malfunctions are known to exist.

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Print) (Plumber)

Approved: \_\_\_\_\_ Rejected \_\_\_\_\_ Borough Inspector: \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: WATER CANNOT DRAIN AGAINST YOUR STRUCTURE OR DRAIN ONTO NEIGHBOR'S PROPERTY, BUT CAN DRAIN INTO THE STREET.**