

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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info@boroughofavalon.org

To be completed by applicant/plumber (The Dye Test Certification must be completed and signed by a registered Allegheny County 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 (Please ensure lateral is property connected to the Borough Sanitary Sewer System.)	_____	_____
Sanitary Manhole # observed (Contact Borough for manhole number.)	_____	_____

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 to the sanitary sewer and a properly connected sanitary lateral** under the terms of Article I of Chapter 303 of the Borough of Avalon Code and no violations or malfunctions are known to exist.

Name _____ (Print) Signature: _____ (Plumber) Date _____

Approved: _____ Rejected _____ Borough Inspector: _____ Date _____

NOTE: WATER CANNOT DRAIN AGAINST YOUR STRUCTURE OR DRAIN ONTO NEIGHBOR'S PROPERTY, OR ONTO THE SIDEWALK.

FAILURE TO COMPLETE THIS FORM COULD DELAY THE RELEASE OF MUNICIPAL LIEN LETTERS.