

DYE TEST COMPLIANCE FORM
For Sanitary and Storm Water Fixtures

Resident's Name: _____
Address: _____
Lot/Block: _____ Structure: New: _____ Old: _____

Has existing site TEE? Yes or No (Circle Answer)

Results of Sanitary Fixtures (Toilets/Sinks>Showers/Basement and Garage Floor Drains, etc) into sewer system:

(Circle One)

1st color dye seen in Sanitary Sewer System: POSITIVE TEST

1st color dye NOT seen in Sanitary Sewer System: NEGATIVE TEST

If no dye found, suspect sewage going into: _____

Results of Storm Water Fixtures (Downspouts/French Drains/Driveway Drains, etc) into sewer system:

(Circle One)

2nd color dye seen in Sanitary Sewer System: POSITIVE TEST

2nd color dye NOT seen in Sanitary Sewer System: NEGATIVE TEST

Note: Plumber to supply Clairton Municipal Authority with written repair list, if storm water found to be in sanitary sewers.

OWNER NAME: (please print) _____

PLUMBER FIRM: (please print) _____

Signature of Owner _____

Signature of Plumber _____

Date: _____

Date: _____

AUTHORITY USE ONLY -- Dye Test Fee: \$200 (Re-testing, if needed, is included in fee)

Paid by: _____ Check No. _____ Amount _____

PASS (Issue Certificate of Compliance) _____

FAIL (Deny Certificate of Compliance) _____

AUTHORITY Superintendent or Representative

CLAIRTON MUNICIPAL AUTHORITY
1 North State Street
Clairton, Pennsylvania 15025

Tel: 412-233-3246
Fax: 412-233-3249