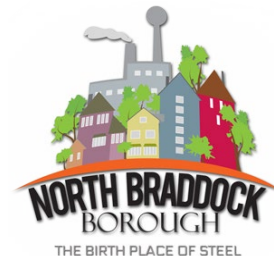


Borough of North Braddock  
600 Anderson Street  
North Braddock PA 15104  
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Email: northbraddock.codes@gmail.com



## **Application for Dye Test Certificate of Compliance**

**Fee: \$25**

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

**Property Address:** \_\_\_\_\_

**Lot & Block # :** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

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

**City/State/ZIP Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Buyer Name:** \_\_\_\_\_

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

**City/State/ZIP Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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### **To Be Completed by Registered Plumber**

*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*

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Allegheny County Health Permit No.:** \_\_\_\_\_

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

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Allegheny County Health Permit No.:** \_\_\_\_\_

**Location of illegal drain(s):** \_\_\_\_\_

\_\_\_\_\_