Procedures for Completing Point of Sale Dye Tests

Submission of Evidence of Compliance (the completed dye test form) and the fee ($50.00) must be made a **minimum of ten (10) business days** prior to the closing date. Upon receipt of the completed Evidence of Compliance form and fee, the dye test information provided by the plumber is reviewed by the Inspection Office. **Dye tests are good for 3 years.**

All violations, open permits, and dye testing requirements must be resolved before any letters will be released. The Inspection Office does not issue the no-lien letters; please contact the finance office @ 412-343-3920.

In the event of bad weather (such as freezing rain or deep snow) you may request an Interim Evidence of Compliance (temporary relief from compliance) you may also make this request in the event of a failed test. However, this request must be submitted a minimum of fourteen (14) business days prior to the closing date. Contact the Inspection Office for details.

Mt. Lebanon Municipality does not perform dye tests.

**THE PLUMBER YOU SELECT MUST BE REGISTERED AND LICENSED IN ALLEGHENY COUNTY**

Testing must include, but is not limited to any of the following:

- Dye-testing at each downspout
- Dye-testing at driveway and area drains
- Dye-testing by flooding negative slope driveways with fresh-air vents at the base of the driveway (surface water should be captured by an area drain and not the vent)
- Dye-testing at each roof drain on flat roofs where the rain leader is enclosed within the structure
- Dye-testing at interior French drains or sumps

**THE COMPLETED DYE TEST FORM AND FEE MUST BE RETURNED TO THE ATTENTION OF THE INSPECTION OFFICE AT LEAST 10 BUSINESS DAYS PRIOR TO CLOSING DATE.**
MT. LEBANON MUNICIPALITY
SANITARY SEWER SYSTEM INFLOW DYE TESTING FORM

Return completed form to the Inspection Office 710 Washington Road Pittsburgh, PA 15228
Email: nwenger@mtlebanon.org       Phone: 412-343-3408       Fax 412-343-3753

(PLEASE PRINT)

Number & Street Name ______________________________________________________________________________________

Date of Test __________________ Time of Test _________ Parcel # ____________________________

PLUMBER TO COMPLETE:

Name of Plumber ____________________________________________________________________________________________

Phone __________________________________________________________________________________________________ H.P.I.D # ________________________

Types of Test:  Smoke [ ] Dye [ ]

Property Location:  High Side [ ] Low Side [ ]

Interior French drain or sump:  Yes [ ] No [ ] If “Yes” must be tested

Surface water in fresh air vent:  Yes [ ] No [ ] Not Visible [ ]

Type of construction:  Ranch [ ] 1 ½ Story [ ] 2 Story [ ] Split Level [ ] Other [ ]

Sketch all structures at approximate location on lot
Show location of driveway
Show negative (down) slope of property using arrow (→) for direction of negative slope.
Show the following, using symbols indicated:
@ Approximate location of sanitary sewer
♦ Identify manhole
# Downstream test manhole, distance from property line
☐ Roof drain down spout location
☐ Yard drain location
△ Driveway drain location
● Roof drain connected to sanitary sewer
■ Yard drain connected to sanitary sewer
▲ Driveway drain connected to sanitary sewer
Ø Fresh air vent
+ Drain runs into ground
? Runs, but doesn’t show up in sanitary sewer

For complex property, attach sheet with details.
MT. LEBANON MUNICIPALITY
SANITARY SEWER SYSTEM INFLOW DYE TESTING FORM

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(PLEASE PRINT)

Property Address _________________________________________________ ZIP ____________
Owner’s Name ________________________________________________________________
Contact Person/Phone __________________________________________________________
Comments _________________________________________________________________

TO BE SIGNED BY PLUMBER REGISTERED AND LICENSED IN ALLEGHENY COUNTY

• This is to certify, I have dye tested all roof leaders, yard drains, driveway drains, french drains or other interior and exterior connections conveying surface storm water located on the above property to determine if any surface storm water is illegally connected to the municipality’s sanitary sewer system. I find that no surface storm water drains or other connections conveying surface storm water are connected to the sanitary sewer.

Plumber’s signature ___________________________ H.P.I.D # _____________ Date ____________

• I find that there is/are surface storm water drains connected to the sanitary sewer.
Indicate location of illegal surface storm water drain/drains or other connections:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Plumber’s signature ___________________________ H.P.I.D # _____________ Date ____________