

MT. LEBANON MUNICIPALITY SANITARY SEWER SYSTEM INFLOW DYE TESTING

Public Works Department, 710 Washington Road, Pittsburgh, PA 15228 412-343-3403

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 Public Works Department. **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 Public Works Department 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 Public Works Department 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 PUBLIC WORKS DEPARTMENT *AT LEAST 10 BUSINESS DAYS PRIOR TO CLOSING DATE.*

A FAILED DYE TEST AND AN EXPLANATION OF WHY THE TEST FAILED WILL BE REPORTED TO THE MT. LEBANON INSPECTION DEPARTMENT BY THE PLUMBER CONDUCTING THE TEST. CORRECTIVE MEASURES MUST BE APPROVED BY THE INSPECTION DEPARTMENT. CONTACT THE INSPECTION DEPARTMENT AT 412-343-3408.

MT. LEBANON MUNICIPALITY SANITARY SEWER DYE TEST FORM

Return completed form to the Public Works Department, 710 Washington Road Pittsburgh, PA 15228
Email: mcantine@mtlebanon.org Phone: 412-343-3403 Fax: 412-343-3753

(PLEASE PRINT)

Number & Street Name _____ Zip _____

Owner's Name _____ Parcel # _____

Contact Person/Phone/Email _____

Comments: _____

Name of Plumber _____ Phone _____

Date of Test _____ Time of Test _____ H.P.I.D. # _____

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

Property Location: High Side Low Side

Types of Test: Smoke Dye

Interior French drain or sump: Yes No **If "Yes" must be tested**

Surface water in fresh air vent: Yes No Not Visible

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
- ∅ Fresh air vent
- + Drain runs into ground
- ? Runs, but doesn't show up in sanitary sewer

For complex property, attach sheet with details.

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(PLEASE PRINT)

Number & Street Name _____

- **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

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

Date