



## Borough of West Homestead

456 West Eighth Avenue  
West Homestead, Pennsylvania 15120

### *Application and Certificate of Appliance*

**FOR:**  **DYE TESTING OF BUILDING FACILITIES**  
 **PRIVATE LATERAL TIME OF SALE**

**DATE OF APPLICATION:** \_\_\_\_\_

#### *Application Information*

**BUYER:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**SELLER:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**ALLEGHENY COUNTY PARCEL ID NUMBER:** \_\_\_\_\_

**RESIDENTIAL**  **COMMERICAL**

#### *Plumber Information*

Company \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Plumbers Name \_\_\_\_\_

License No. \_\_\_\_\_

**Office Hours: Monday - Friday 8:00am - 4:00pm**  
**Telephone: 412-461-1844 Fax: 412-461-0630**

**Dye Testing of Building Facilities**


This is to Certify that I, (Print Name) \_\_\_\_\_, a Registered Master Plumber, have Inspected and Performed the required Dye Testing of all roof drainpipes and area drains located on the above addressed Facility Building(s) and property in order to determine if any Storm or Surface Water is illegally connected into the Municipal Sanitary Sewer System in accordance with Municipal Ordinance 594 of 9/9/2003, as amended thereafter.

- I Certify that there are no Storm, Sump Pump, or Surface Water Drains (Area Drain) or extraneous illegal waters are connected to the Municipal Sanitary Sewer System. Fresh Air Vents (FAV) are a minimum of 1 inch above the surrounding ground surface.
- I Certify that one or more Storm, Sump Pump, or Surface Water Drains (Area Drain) were illegally connected to the Municipal Sanitary Sewer System.
- I Certify that ALL illegal connections have been removed from the Municipal Sewer System.

\_\_\_\_\_  
Signature Allegheny County Health Permit (H.P.) Date

- Exemption Granted: Previous Test/Certification issued within allowable time. (\_\_\_\_ years)
- Approved.

\_\_\_\_\_  
Authorized Municipal Representative (signature) Print Name / Title Date

<b>WEST HOMESTEAD DYE TEST INSPECTION REPORT</b>																
<b>PROPERTY ADDRESS:</b> _____																
<b>DATE:</b> _____					<b>REGISTEED PLUMBER</b> _____											
<b>START:</b> _____					<b>FINISH:</b> _____											
<b>SEWER SYSTEM:</b> M44 West Run OR M43 _____																
<b>UPSTREAM MANHOLE NO.</b> _____					<b>DOWNSTREAM MANHOLE NO.:</b> _____											
<b>TIME ELAPSED FROM FAV TO MANHOLE:</b> _____										<b>MINUTES, SECONDS</b> _____						
<b>THE RESULTS OF THE TEST ARE AS FOLLOWS:</b>																
DOWN-SPOUT	GALS. PER	DYE USED		PASS X	FAIL X	DRAIN TO SURFACE	ELAPSED TIME		DOWN-SPOUTS	GALS. PER	DYE USED		PASS X	FAIL X	DRAIN TO SURFACE	ELAPSED TIME
		Color	Gals.								Color	Gals.				
1									5							
2									6							
3									7							
4									8							
<b>AREA DRAIN - DRIVEWAY DRAIN - DESCRIPTION:</b>																
	GALS. PER	DYE USED		PASS X	FAIL X	DRAIN TO SURFACE	DRAIN TO SUMP									
		Color	Gals.					<b>TIME ELAPSED:</b> _____								
1								MINUTES, SECONDS								
2								MINUTES, SECONDS								
<b>FRESH AIR VENT(FAV):</b>																
<b>LOCATION:</b>																
<b>PASS:</b> <input type="checkbox"/>			<b>FAIL:</b> <input type="checkbox"/>			<b>UNABLE TO LOCATE:</b> <input type="checkbox"/>			<b>CLOGGED DRAIN:</b> <input type="checkbox"/>							
<b>REPAIR REQUIRED:</b> _____																
	Sump Pump		Size		Discharge		L: W: D:	Location:				Pass				
	No	Yes	HP	GPM	Daylight	Sump:						Fail				
<b>EXPLANATION OF WHERE STORMWATER PRESENTLY DRAINS:</b> _____																
<b>IF REPAIRS ARE REQUIRED (SUGGESTION OF HOW TO REPAIR PROBLEM): FRESH AIR VENTS REQUIRING HEIGHT ADJUSTMENTS CAN BE ACCOMPLISHED USING FERNCOS, PLASTIC PIPE OR A TRADITIONAL "PGH FRESH AIR VENT". ALL CONNECTION POINTS MUST BE SEALED WATERTIGHT</b>																
<b>SKETCHED LAYOUT OF HOUSE (FOOTPRINT) IDENTIFYING DOWNSPOUNTS/DRAINS BY NUMBER</b>																
												FAV	PASS	FAIL		

**Time of Sale Lateral Testing**

This is to Certify that I, (Print Name) \_\_\_\_\_, a Registered Master Plumber, have Inspected and Performed the required Time of Sale Lateral Testing in accordance with NASSCO requirements and all other conditions of this Ordinance required on all laterals located on the said addressed Property to determine if any repairs are required in accordance with Municipal Ordinance 721 of 4/12/2022, as amended thereafter and supplied the results of same to the Municipality.

\_\_\_\_\_  
Signature Allegheny County Health Permit (H.P.) Date

The submitted Lateral inspections and tests have been reviewed by the NASSCO certified representative of the Municipality and have been determined to have  Passed or  Failed the requirements.

I certify that a Fresh Air Vent (FAV) is present and a minimum of 1 inch above the surrounding ground surface.

\_\_\_\_\_  
Authorized Municipal Representative (signature) Print Name / Title Date

**Temporary Certification**

- A Temporary Certificate of Compliance is NOT issued.
- A Temporary Certificate of Compliance is hereby issued until \_\_\_\_\_, 20\_\_.

**IF FAILED**

This is to Certify that I, (Print Name) \_\_\_\_\_, a Registered Plumber, have made the repairs required, Re-Inspected (CCTV Only) the required Time of Sale Lateral Inspection required on all laterals located on the above addressed Property to determine if any additional repair is required in accordance with Municipal Ordinance #721. Results of said Inspections along with the "Plumbing Inspection Report" issued by the Allegheny County Health Department have been supplied to the Municipality.

\_\_\_\_\_  
 Signature Allegheny County Health Permit (H.P.) Date

The submitted Lateral inspections and tests have been reviewed by the NASSCO certified representative of the Municipality and have been determined to have  Passed the requirements.

\_\_\_\_\_  
 Authorized Municipal Representative Print Name / Title Date  
 (signature)

**WHEN PASSED**

This Certificate of Compliance is hereby approved this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
 Authorized Municipal Representative Print Name / Title Date  
 (signature)

Temporary Certificate of Compliance

- For:  DYE TESTING OF BUILDING FACILITIES
- PRIVATE LATERAL TIME OF SALE

The Borough of West Homestead hereby issues this Temporary Certificate of Compliance to:

BUYER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SELLER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ALLEGHENY COUNTY PARCEL ID NUMBER: \_\_\_\_\_

- RESIDENTIAL  COMMERICAL

Until the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ to comply with Dye Test Ordinance 608 of 2005 as amended, and Private Lateral Time of Sale Ordinance 721 of 2022 based on the following criteria:

- Written Proof of Escrow Account in a Bona Fide Lending Institution.  
(In an amount to be determined by the Municipality but Not less than \$5,000),  
~AND~
- Inclement weather conditions preclude any required corrective action work to be performed.  
~AND~
- A Written detailed explanation of the need for the Temporary Certificate.  
~AND~
- An executed agreement by the purchaser/transferee accepting responsibility for ALL costs in excess of the cash security (Escrow).  
~AND~
- A written easement or other license executed by the purchaser/transferee permitting the Municipality to enter upon the property in order to complete the work in case of default by the applicant.

This Temporary Certificate of Compliance is hereby approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Authorized Municipal Representative  
Signature

\_\_\_\_\_  
Printed Name / Title

\_\_\_\_\_  
Date