

BOROUGH OF ROSSLYN FARMS

APPLICATION FOR DOCUMENT OF CERTIFICATION

(Please type or print clearly. An illegible application will be rejected)
THIS IS A (2) TWO SIDED APPLICATION

Date of Application: _____

Applicant's Name: _____
(Present Owner)

Address: _____

Phone Number: _____ Contact Person: _____

Phone No.: _____

Address of property to be certified (Purchased)

House No.	Lot No.	Lot & Block No.
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It is essential that property be positively identified.

Purchaser's name: _____

Address: _____

Phone No.: _____

Applicant is to provide the attached report of test and inspection to a licensed plumber who shall perform the tests thereon. Applicant shall return completed test and inspection report together with a fee of Twenty-Five Dollars (\$25) and this application to receive Document of Certification.

Date

Applicant

If violations are indicated on the test and inspection report, they must be corrected before Document of Certification will be issued. If weather conditions prevent dye testing or hardship could result in corrective measure, please contact the Borough Secretary at (412) 279-8108 for alternative procedures.

**PLEASE RETURN YOUR COMPLETED APPLICATION AND COMPLETED TEST REPORT TO:
ROSSLYN FARMS BOROUGH, 200 ROSSLYN ROAD, CARNEGIE, PA 15106**

BOROUGH OF ROSSLYN FARMS

REPORT OF TEST AND INSPECTION
As required by Ordinance #328 & #329

THE UNDERSIGNED LICENSED PLUMBER has performed or supervised a dye test of the following property:

This test was conducted on _____
(Date)

The results of this test are as follows:

CHECK ONE

Satisfactory

Violation

Down spouts and roof leaders

Area drains receiving storm or surface
Water (driveway drains, etc.)

Fresh air vent (must be of such a height and
location as to prevent entry of storm or
surface water)

Manhole No. observed: _____

Watershed: _____

Explain below the location and circumstances of any violation.

I hereby certify that the information contained in this report is true and correct.

Date Name (Please print)

Signature Title

BOROUGH OF ROSSLYN FARMS
SEWER SYSTEM EVALUATION SURVEY
RAINFALL SIMULATION DYE TEST DATA SHEET

OWNER'S NAME: _____ INDIVIDUAL PERFORMING TEST: _____

ADDRESS: _____ FIRM NAME: _____

_____ DATE: _____

-SKETCH- NO SCALE

DYE POURED AT: _____

DYE OBSERVED AT: _____

TESTING WAS NOT NECESSARY. ALL FACILITIES DISCHARGE TO GROUND SURFACE

SUMP PUMP SURVEY

DOES THE BUILDING HAVE A SUMP PUMP?

YES NO VERBAL

IS THE PUMP UNIT CONNECTED TO THE SANITARY SEWER?

YES NO UNABLE TO DETERMINE UNABLE TO REVIEW

COMMENTS:

VIOLATIONS AT LOCATIONS:

_____ DOWNSPOUT: _____

_____ STAIRWELL DRAIN: _____

_____ AREA DRAIN: _____

_____ LOW LYING VENT: _____

_____ DRIVEWAY DRAIN: _____

_____ STORM DRAIN: _____

_____ OTHER: _____