

DYE TEST FORM

**Borough of Aspinwall**  
217 Commercial Avenue  
Aspinwall, PA 15215  
412-781-0213

This form is for certification that a property is free of storm water connections to the sanitary sewer system.  
**This certification must be provided to the Borough of Aspinwall prior to release of a no lien letter.**

Property Location \_\_\_\_\_ Date \_\_\_\_\_

Current Owner \_\_\_\_\_

Current Owner's Address \_\_\_\_\_

Current Owner's Phone \_\_\_\_\_

Testing Firm \_\_\_\_\_

Testing Firm Address \_\_\_\_\_

Name of Person Performing Test \_\_\_\_\_ Date of Test \_\_\_\_\_

TEST RESULTS

No. of Downspouts _____	Positive	Negative
Driveway Drain	Positive	Negative
Other (Explain) _____		
_____		

Date of Removal/ Correction \_\_\_\_\_

TYPE OF ACTION

Drained to Surface <input type="checkbox"/>	Drained to Municipal Storm Sewer <input type="checkbox"/>
Drained to Sump <input type="checkbox"/>	Repaired/Replaced Lateral <input type="checkbox"/>
Other (Explain) _____	
_____	

CERTIFICATION

I, Hereby certify that this property has been tested for storm water infiltration to the sanitary sewage system under the terms of Ordinance §18 - Part 6 and that no violation exists.

\_\_\_\_\_  
Authorized Signature for Testing Firm

\_\_\_\_\_  
Printed Name

Borough of Aspinwall Witness \_\_\_\_\_