

PLEASE GIVE TO PLUMBER

RICHLAND TOWNSHIP CERTIFIED INSPECTION REPORT

ADDRESS OF PROPERTY:

House No. _____ Street _____

Testing Firm (Must be Registered Licensed Plumber)

Name _____

Address _____

Phone # _____ Registration No. (HP) _____

The undersigned registered licensed plumber has performed a dye test of the above referenced property.

The dye test/re-test was conducted on _____ Date _____

The results of the test are as follows:

PASS

FAIL

NA

Downspouts and roof leaders _____ _____ _____

Area drain receiving storm or surface water
(driveways, etc.) _____ _____ _____

Fresh Air Vent (must be of a location and
height to prevent entry of storm/surface water) _____ _____ _____

Sump Pumps _____ _____ _____

Location of manholes observed _____

* Use reverse side of form to explain and/or sketch where the storm water presently drains and the location and circumstances of any illegal connections and/or leakages.

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

Date

Signature of Plumber

Richland Township Sewer Inspector