

Township of Richland

**RICHLAND TOWNSHIP**

**CERTIFIED INSPECTION REPORT**

ADDRESS OF PROPERTY TO BE CERTIFIED \_\_\_\_\_

House Number                      Street

\_\_\_\_\_  
Lot & Block Identification

Testing Firm (Must be Registered Licensed Plumber)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Registration No. (H.P.) \_\_\_\_\_

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 leader	_____	_____	_____
Area drains receiving storm or surface water (driveways, etc.)	_____	_____	_____
Fresh Air Vent (must be of such a height and location as to prevent entry of storm or surface water)	_____	_____	_____
Sump Pumps	_____	_____	_____
Smoke Testing of building drains	_____	_____	_____
Foundations and sewer laterals	_____	_____	_____

Location of manholes observed \_\_\_\_\_

SEWERS AND SEWAGE DISPOSAL

\*Use reverse side of form to explain and/or sketch where the stormwater 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.

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Date

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Signature of Plumber