

# 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<br>(driveways, etc.)                             | _____ | _____ | _____ |
| Fresh Air Vent (must be of a location and<br>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