

# 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 SIDE 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) 920-1111 for alternative procedures.

**PLEASE RETURN YOUR COMPLETED APPLICATION AND COMPLETED TEST REPORT TO:**

**ROSSLYN FARMS, 421 KINGS HIGHWAY, CARNEGIE, PA 15106**

**BOROUGH OF ROSSLYNFARMS**

**REPORT OF TEST AND INSPECTION**

As required by Ordinance #328

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

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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.

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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: \_\_\_\_\_