



Dye Tests/ Lateral Inspection

- A dye test is used to verify if the gutters, driveway drains, yard drains, or other stormwater collection devices are connected to a sanitary sewer that is intended to carry raw sewage only. No other waters, other than that which is discharged from installed internal plumbing may enter the sanitary sewer system. Any other illegal connections or infiltrations are not allowed and must be fixed before the sale of a property.
- Any person intending to sell or transfer property located within the Township of Collier more than two (2) years after the date of an approved dye test or five (5) years after the date of an approved sewer lateral inspection shall make application on a form furnished by the Township at least 20 days before the date of sale or transfer. (Ord. 698)
- Dye tests are required for all new construction and all exchange of property, including refinancing.
- Dye tests must be performed by an Allegheny County licensed plumber.
- A successful dye test and lateral inspection must be performed to obtain a no-lien letter from Collier Township.
- Dye tests are usually paid by the owner of the property.
- In case of dye test failure, the property owner is responsible for all repairs.
- All repairs must be inspected by a designated inspector from Collier Township before a no-lien letter can be issued.
- A no-lien letter can be issued for a property without a building (vacant lot). This does not require a dye test.

Collier Township

SEWER DEPARTMENT
2418 Hilltop Road Presto, PA 15142
412-279-4941
www.colliertownship.net



➤ DYE TEST REPORT

To be completed by a registered Allegheny County Plumber. The Collier Township Sewer Department handles the processing of DYE & LATERAL TESTS ONLY. Jordan Tax Service must be contacted for issuance of lien letters.

PROPERTY ADDRESS _____ PHONE# _____

PROPERTY OWNER _____ EMAIL _____

PLUMBER/PLUMBING COMPANY _____ PHONE # _____

COMPANY ADDRESS _____ EMAIL _____

(Check all that apply)

- Lateral Fresh-Air Vent (photo) Lateral Cleanout(s) (photo) Site Tee (photo) Upstream Manhole (photo) Downstream Manhole (photo)
- PVC Lateral ABS Lateral VCP Lateral SDR Lateral
- New Construction Pre-Existing Structure All Rain Leaders Daylight Rain Leaders into Storm System
- Interior French Drain/Sump Tested Fresh-Air Vent above Grade Deduct Meter (reading) _____ (photo)

Notes/Comments/Violations:

Corrective Action Suggested/Needed:

DYE TEST: Pass Fail

Plumber Performing Test (please print) _____ Registered H.P. # _____

I certify that the information/photos/video recordings I have provided with this form are true and correct. I have dye tested all connections which convey surface storm water located on the property and determined there are no illegal connections to the Township sanitary sewer system.

Signature of Tester: _____

Date of Test: _____

forms/pictures may be submitted to:
wdurisko@colliertwp.net

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➤ SKETCH FOR DYE AND LATERAL INSPECTIONS

PROPERTY ADDRESS _____ DATE OF TEST _____

PROPERTY OWNER'S NAME _____ PHONE# _____

Sketch of Property & Location of Legend Items

Legend

AD=Area Drain	SH=Shower
CO=Cleanout	SK=SINK
DD=Driveway Drain	SP=Sump Pump
FD=Foundation Drain	SS=Sanitary Sewer
FLD=Floor Drain	ST=Site Tee
G=Ground	T=Tub
UMH=Upstream Manhole	TO=Toilet
DMH=Downstream Manhole	VE=Vent
RL=Roof Leader	WD=Walk Drain
SD=Stairwell Drain	WWD=Window Well Drain

Results

A=Abandoned	R=Roadway
C=Clogged	S=Surface
D☀=Drains to Daylight	
E=Elevated	?=Undetermined
G=Ground	V=Violation
M=Maintenance	X=Cross Connection
O=Observed	
->-->--> = Flow	

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➤ LATERAL TEST REPORT

This form to be completed by a licensed plumber and submitted prior to any repair work, along with video inspection. Video shall be clear, well lit, in color, traveling no more than 20ft/min, hold for minimum of 5 seconds at defects/joints/connections, and record distances as it travels. There shall be no flow in the lateral if possible. Video may be rejected if not recorded to specifications.

PROPERTY ADDRESS _____ PHONE# _____

PROPERTY OWNER _____ EMAIL _____

PLUMBER/PLUMBING COMPANY _____ PHONE # _____

COMPANY ADDRESS _____ EMAIL _____

Length of Lateral (feet)	Lateral Pipe Size (inches)	Lateral Pipe Material	Access Point for CCTV

Infiltration/Obstructions Observed	Sump Pump Connected
<input type="checkbox"/> YES (explain in notes) <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any Illegal Connections	All Fixtures Connected to Lateral
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Notes/Comments/Violations:

Corrective Action Suggested/Needed:

CCTV LATERAL TEST: Pass Fail

Plumber Performing Test (please print) _____ Registered H.P. # _____

I certify that the information/photos/video recordings I have provided with this form are true and correct.

Signature of Tester: _____ Date of Test: _____

forms/pictures may be submitted to:
wdurisko@colliertwp.net
 CCTV Video may be submitted electronically or on a flash drive and should identify the property address