

Collier Township
 SEWER DEPARTMENT
 2418 Hilltop Road Presto, PA 15142
 (O) 412-279-4941 (F) 412-278-2001
www.colliertownship.net



➤ DYE TEST REPORT FORM

PROPERTY ADDRESS _____ CITY, STATE, ZIP _____
 PROPERTY OWNER'S NAME _____ PHONE # _____

PLUMBER/PLUMBING COMPANY _____ PHONE # _____
 COMPANY ADDRESS- _____ CITY, STATE, ZIP _____
 PLUMBER'S NAME PERFORMING TEST- _____ HP # _____

INTERIOR INFO	# OF FIXTURES	# OF FIXTURES TESTED	PASS/FAIL
FLOOR DRAINS			
SHOWERS			
SINKS			
TUBS			
TOILETS			

Deduct Meter Reading:
 _____ [] N/A

EXTERIOR INFO (check all that apply)

Lateral Cleanout
 Lateral Fresh-Air Vent
 PVC Lateral
 ABS Lateral
 VCP Lateral
 Lateral Unknown
 Structure Below Street Level
 Structure Above Street Level
 New Construction
 Pre-Existing Construction
 All Rain Leaders Daylight

Notes/Comments/Violations:

Corrective Action Needed:

Date of Test: _____ 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.
 Signature of Tester: _____

Forms may be submitted to:
wdurisko@colliertwp.net

Township Permit # _____

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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 _____ CITY,STATE,ZIP _____
 PROPERTY OWNER'S NAME _____ PHONE # _____

PLUMBER/PLUMBING COMPANY _____ PHONE # _____
 COMPANY ADDRESS _____ CITY,STATE,ZIP _____
 PLUMBER'S NAME PERFORMING TEST _____ HP # _____

Length of Lateral	Lateral Pipe Size (inches)	Lateral Pipe Material	Access Point for CCTV	Survey Direction [] w/flow [] against flow

Infiltration/Obstructions Observed [] YES (explain in notes) [] NO	Sump Pump Connected [] YES [] NO	Foundation Drain Connected [] YES [] NO
Any Illegal Connections [] YES [] NO	All Fixtures Connected to Lateral [] YES [] NO	Weather/Ground Conditions

Notes/Comments/Violations:

 Corrective Action Suggested/Needed:

Date of Test: _____ CCTV 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: _____

Tests results may be submitted to:
wdurisko@colliertwp.net
 CCTV Video may be submitted electronically or on a flash drive and should contain the property address

Township Permit # _____