

**UNION TOWNSHIP ELRAMA SEWERAGE SYSTEM
APPLICATION FOR DYE TEST**

Date of Application: _____

Applicant / Contact Name and Address:

Address of Property to Be Tested:

Telephone: _____

Contact Name/Number to arrange entry:

Parcel ID No: _____

AREA BELOW FOR PLUMBER'S REPORT

Date Dye Test Performed: _____ Plumber Signature: _____

License No. _____ Lic. Expiration Date: _____

Name and Address of Plumber: _____

DYE TEST RESULTS: Passed _____ Failed _____

DYE FOUND IN SANITARY SEWER LATERAL FROM (Check Mark below the source of where you suspect the dye is entering the lateral.):

- | | |
|---|--|
| <input type="checkbox"/> Roof Leaders (Gutters/Downspouts) | <input type="checkbox"/> Broken Cap/Piping of Site Tee |
| <input type="checkbox"/> Trap Vent Grille = Too Low / Taking on Water | <input type="checkbox"/> Suspected French Drain(s) |
| <input type="checkbox"/> Storm Sewer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Driveway Drain(s) | _____ |

Comment: _____

Make a sketch below of the structure and the nearest sanitary sewer.