

REPORT # _____

**TOWNSHIP OF SPRINGDALE
PLUMBER'S INSPECTION REPORT
ORDINANCE 379**

Owner's Name: _____

Testing Firm/Plumber: _____

Property Address: _____

Address: _____

Phone: _____

Date of Inspection: _____

NOTICE TO PLUMBER:

ANY BOX CHECKED "NO" MEANS FAILURE OF THE TEST AND CORRECTIONS MUST BE MADE BEFORE A "NO-LIEN" LETTER CAN BE ISSUED. FAILURE TO COMPLETE ANY PART OF THIS FORM REJECTS THE ENTIRE FORM. FALSIFYING ANY INFORMATION ON THIS FORM MAY RESULT IN THE PLUMBER WHO SIGNS THIS REPORT BEING HELD LIABLE FOR ANY AND ALL CORRECTIVE COSTS AND COULD ALSO RESULT IN PROSECUTION.

	YES	NO	HOW WAS TEST PERFORMED
1. All interior drains checked to verify connection to sanitary sewer			_____
2. All driveway drains checked to verify no connection to sanitary sewer.			_____
3. All downspouts checked to verify no connection to sanitary sewer.			_____
4. All exterior storm water drains checked to verify no connection to sanitary sewer.			_____
Recommended Repair: _____			_____
_____			_____

I, _____ have inspected the above referenced property and performed the necessary tests to insure that no illegal connections to the public sanitary sewer system exist on the property in violation of Township Ordinance #379, as amended, and to insure the truth of the answers made on this report, I verify and affirm the answers contained herein are true and correct upon my personal knowledge or information and belief.

This statement and verification is made under penalties of 18 PA. C.S.A. 4904 relating to unsworn falsifications to authorities, which provides that if I make false statements, I may be subject to criminal penalties. I may also be subject to fines of \$1,000.00 per day under Ordinance 379.

Print Name

Date

Signature

Allegheny County Health Permit No. _____