

Borough of Bellevue

537 Bayne Ave, Bellevue, PA 15202

412-766-7453

REPORT OF TEST AND INSPECTION FOR STORM & GROUND WATER SEPARATION FROM BELLEVUE SANITARY SEWAGE SYSTEM

BUILDING OWNER: _____ DATE OF TEST: _____

MAILING ADDRESS & PHONE: _____

BUILDING ADDRESS: _____ OWNER'S PHONE: _____

PLUMBING FIRM: _____ TYPE OF TEST: DYE _____ VISUAL _____

FIRM'S ADDRESS: _____ PHONE: _____

PLUMBER'S NAME: _____ ACHD PERMIT NO. _____

DOWNSPOUTS & ROOF LEADERS PASS FAIL

AREA DRAINS RECEIVING STORM OR SURFACE WATER (DRIVEWAY
DRAINS, APPARENT ILLEGAL FRENCH DRAIN CONNECTIONS, ETC) PASS FAIL

FRESH AIR VENT (MUST BE OF SUCH A HEIGHT AND LOCATION SO AS
TO PREVENT ENTRY OF STORM OR SURFACE WATER) PASS FAIL

HOUSE LATERAL PASS FAIL

MANHOLE NO. OBSERVED OR LOCATION: _____

EXPLAIN LOCATION AND CIRCUMSTANCES OF VIOLATIONS NOTED: _____

ALL CORRECTIONS MUST BE OBSERVED BY A BOROUGH INSPECTOR PRIOR TO COVERING

I CERTIFY THAT THIS PROPERTY HAS BEEN TESTED FOR STORM WATER INFILTRATION AND INFLOW INTO
THE SANITARY SEWAGE SYSTEM AS REQUIRED BY BELLEVUE BOROUGH ORDINANCE 04-07 AND THAT ALL
STATEMENTS AND ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NAME: _____ (PRINT) SIGNATURE: _____ (PLUMBER)

RECEIVED BY BOROUGH INSPECTOR: _____ DATE: _____