

The Borough of Osborne

P.O. Box 97

Sewickley, PA 15143

Office: 412-741-3775 - Fax 412-741-2778

Sanitary Sewer Inflow Certification

Property Address: _____

Property Owner: _____

Plumber's Name: _____

Business Name: _____ Phone Number: _____

Business Address: _____

Allegheny County Health Department License Number: _____

Date of Inspection: _____ Date of Certification: _____

Plumbing Connections dye tested: (please list all and state number tested)

Rain Leaders _____ Down Spouts _____ Gutters _____

Parking or Driveway Drains _____

Interior sumps _____ Exterior sumps _____

I certify that I am a registered master plumber licensed by the Allegheny County Health Department; that the information set forth above is true to the best of my knowledge; that on the date above I, or an employee in my control, examined and dye-tested such rain leaders, down spouts, parking lot and driveway drains, interior and exterior sumps and other plumbing drains capable of carrying rain, surface or storm water to the Osborne sanitary sewer system from the property in the Borough identified above to adequately support this opinion; and that, based on the inspection and dye testing, no rain leaders, down spouts, parking lot or driveway drains, interior or exterior sumps are connected to the sanitary sewer system. I acknowledge that false statements made in this certification are subject to the penalties of 18 Pa. C.S. section 4904 relating to unsworn falsification to authorities.

Signature of Licensed Plumber