

The Borough of Osborne  
P.O. Box 97  
Sewickley, PA 15143  
Office: 412-741-3775 Fax 412-741-2778

Property Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Plumber's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Allegheny County Health Dept. 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 penalties of 18 Pa. C.S. section 4904 relating to unsworn falsification to authorities.

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Signature of Licensed Plumber