HOPEWELL TOWNSHIP WASHINGTON COUNTY EVIDENCE OF COMPLIANCE CERTIFICATE – DYE TESTING

Date of Application:	Washington County Parcel ID:		
Property Address:		Zip Code:	
Owner's Name:		Phone:	
Owner's Address:		Zip Code:	
Contact Name or Company:		Phone:	
E-Mail Address:			
Mailing Address for Approved Co	ertificate:		
Applicant Signature:			

Please return completed application along with a <u>self-addressed envelope</u> and check or money order for \$75.00 made payable to Hopewell Township: *This fee is for the application only. There will be a fee for the Dye Test itself. * A Dye Test application and fee must be submitted to the Washington County Sewage Council, 70 E. Beau St., Ste. 850, Washington, PA 15301. 724-223-0504.

THIS SECTION TO BE COMPLETED BY HOPEWELL TOWNSHIP

This is to certify that the property located at: _____

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Is **<u>NOT</u>** located in a sanitary sewer area and a dye test is **<u>NOT REQUIRED</u>**.

Is located in a sanitary sewer area and a dye test has been performed by the Township's Sewage Enforcement Officer. The Township's SEO has certified that there are <u>NO</u> storm or surface water drains connected to the sanitary sewer system.

Is located in a sanitary sewer area and a dye test has been performed by the Township's Sewage Enforcement Officer. The Township's SEO has certified that this property has failed the dye test. Corrective actions have been completed and the Township's SEO has certified that there are <u>NO</u> storm or surface water drains connected to the sanitary sewer system.

Notes:	
Reviewed by:	Seal:
Title:	
Signature:	Date:

This Evidence of Compliance Certificate shall expire three (3) years following the date of issuance.