



OAKDALE BOROUGH

DYE TEST APPLICATION FOR CERTIFICATE OF COMPLIANCE (Required for the sale or transfer of any improved real property within the borough)

CLOSING COMPANY: _____

CONTACT PERSON: _____

ADDRESS: _____

NUMBER: _____

E-mail: _____

SELLER: _____

CLOSING DATE: _____

LOT & BLOCK #: _____

BUYER: _____

PROPERTY ADDRESS: _____

TEST REPORT

The results of the test are as follows:

	Violation	Date Violation Corrected	Date Found Satisfactory
Downspouts and Roof Leader			
Yard area drains receiving storm or surface water			
Driveway drains			
Stairway drains			
Fresh Air Vents (must be such a height to prevent Entry of storm or surface water)			

Manhole No. or location description observed: _____

Describe the location and circumstances of any violation: (attach a sketch of all points evaluated) _____

PLUMBER'S CERTIFICATION

I hereby certify that the information contained in this report is true and correct.

Signed: _____

Date: _____

Plumber's Name: _____

Registration No.: _____

Phone: _____

Business/Company Name: _____

Borough Official Use Only

Paid by: Cash / Check \$20.00

Comments: _____