



Dye Test Date: _____ Tributary Area: _____ Map No: ____
 Address: _____ Building Type: _____ No. of Floors: ____
 Flat Roof: _____ Downspouts: _____
 Building Access Provided By: _____ Over 18: _____ Sump Pump: _____

Is there a basement: _____ Basement Plumbing Fixtures: _____
 Do all the basement plumbing fixtures connect to the same service connection? _____

Do all the building pipes connect to the same service connection? _____

Multiple service connections exiting the building? _____

Fixture Tested: _____

Front of Building Plan View	Front of Building Profile View
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Observations

Dye Test Results:

Sewer Manhole ID: _____ Dye Observed: ____
 Drain Manhole ID: _____ Dye Observed: ____
 Other Manhole ID 1: _____ Dye Observed: ____ Other Manhole 1 Type: _____
 Other Manhole ID 2: _____ Dye Observed: ____ Other Manhole 2 Type: _____

Testing Company: _____ Technicians' Names: _____

Comments: _____

Feature ID:
 Address ID: