

Dye Test Request Form

	To: Public Works Department	Date:
	From: Building & Engineering Departments	
acu II	Subject: Dye Test Request a	t
Please dy	re test the	for the above mentioned address.
Mark the	location of the test on the property	and where the dye was found on the map attached.
Applicant		Homeowner
Name:		Name:
Phone #:		Phone #:
Email:		Email:
No digging i	is permitted until a dye test has bee	en completed.
Actions may be required as a result of this test and engineering bylaw fees may apply.		
This gives authorization for municipal crews to enter private property to undertake this test.		
Be advised	that Dye Testing will be carried out	within 5 business days.
I have read	and understand the above.	
		Signature of homeowner
	Result	Action Required
	Dye found in Storm Drain	No action required
	Dye found in Sanitary Sewer	Storm Drain Connection required
	Dye not found	Storm Drain Connection required
Tested by		Comments:
Tested by _		- Commence.
Tested by On	(dd/mm/yy)	
	(dd/mm/yy)	
On	ion with Permit #	
On	ion with Permit #	

NOTE: No person shall connect or allow to remain connected any storm sewer lateral or combined lateral to any public sanitary sewer or sanitary sewer connection.