

CITY OF



SAN FERNANDO

Public Works Department
117 Macneil Street
San Fernando, CA 91340-2993
(818) 898-1222

**SANITARY SEWER
DYE TEST REPORT**

Date _____

Name _____

Phone _____

Address to be tested _____

Requested date and time for test _____
(Confirm at this time with public works staff)

Certification to be mailed to _____

Prepared by: _____

**ON _____ A SEWER DYE TEST WAS
CONDUCTED AT THE ABOVE LOCATION AND IT WAS FOUND
THAT THE SANITARY SEWER SERVICE FOR THIS PROPERTY**

is is not

CONNECTED TO THE PUBLIC SANITARY SEWER SYSTEM.

Inspected by _____

\$250.00 FEE PAID: _____ CASH _____ CHECK
(Res. No. 6122)

Treasurer's Receipt No. _____

_____ *(Fill in all street names)* _____

SKETCH

FORM-023.PW