



GAS PIPING TEST AFFIDAVIT MARCO ISLAND

This form must be completed in its entirety and uploaded into the 403 – Gas Piping Test Affidavit inspection before the Certificate of Completion can be issued.

Permit #: _____ Job Site Address: _____

Date of Test: _____

When installing new gas piping in existing system or replacing gas piping, please list the section of piping being tested:

Service to appliances, list appliances:

Existing piping, adding appliances, list appliances:

Time Started: _____ AM or PM Pressure in inches of water column: _____

Time Stopped: _____ AM or PM Pressure in inches of water column: _____

When testing tie-in to existing meter header, report the type of leakage test being performed:

Leak Detector Soapy Bubbles Other: _____

By signing this form I, _____,
license number: _____ certify that the information on this form is complete and accurate and any misrepresentation of the information is cause for the gas service and / or final certificate of inspection being revoked.

Signature: _____ Date: _____