



# GAS PIPING TEST AFFIDAVIT

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: \_\_\_\_\_