

TOWN OF WAPPINGER



BUILDING DEPARTMENT
20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590-0324
(845) 297-6256
FAX: (845) 297-0579

Distribution Piping Pressure Test Verification

AFFIDAVIT

Name of Business: _____

This certifies that the gas distribution piping installed inside the building

LOCATED AT: _____

OWNER: _____

Has successfully passed a leakage test at a pressure of _____ psi for a period of _____ hour(s) and has been installed per the Residential Code and/or the Fuel Gas of NYS.

On _____
(Date)

Note: See Section G2416 RCNYS Test pressure shall not be less than one-and-one-half times the proposed working pressure, but not less than 3psig (20kPA gauge), irrespective of design pressure. Test duration shall be not less than 10 minutes. Test medium shall be air or an inert gas. Oxygen shall not be used.

Plumber's Signature: _____

Print Name: _____

Plumbing Contractor: _____