GAS PIPING PRESSURE AND LEAKAGE TEST

To: Service Supervisor

Job			
I		cert	ify that I have tested the gas piping system at
	Address of gas service installation		, the results of which are tabulated below.
	Size of pipe :	(inches),	(inches)
	Length of pipe :	(feet),	(feet)

TEST DATE	TIME	GAUGE PRESSURE	READ BY	REMARKS

I further certify that the piping described above is free of any leaks, in accordance with the Watertown City Code and the National Fuel Code's "Specifications and Requirements for Gas Installations", and adequate to service gas to the appliances installed at the above-mentioned location.

Signature

Date

Please fax, mail, or deliver this form to the Watertown Municipal Utilities Department listed below.

Watertown Municipal Utilities 901 4th Ave SW Watertown SD 57201 Fax 605 882 6238

Notes:

- 1) A minimum of two (2) readings shall be taken not less than 30 minutes apart. Test pressures shall be in accordance with the National Fuel Code.
- 2) Submitting this form does not constitute a meter order.
- 3) The results of this test shall be deemed valid for a period of two (2) years from the date of the test barring any changes to the piping system.
- 4) In activating the service, and initial inspection by the Watertown Municipal Utilities will be done at no charge. The person(s) requesting the inspection must be present at the time of inspection.
- 5) The gas service will not be activated until inspected and passed.
- 6) <u>Submitting this form does not relieve the contractor from any liability for the installation.</u> Installation must comply with the manufacturer's specifications and in accordance with the National Fuel Code and City Codes.