



VILLAGE OF WAPPINGERS FALLS

BUILDING DEPARTMENT

OFFICE OF CODE ENFORCEMENT

OFFICE OF THE FIRE INSPECTOR

2582 SOUTH AVENUE

WAPPINGERS FALLS, NY 12590

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Distribution Piping Pressure Test Verification Affidavit

Name of Business : _____ Permit # _____

This certifies that the gas distribution piping and any appliances (circle all that apply) stove, water heater, boiler, clothes dryer, fireplace, other (specify) _____ installed inside the building:

LOCATED AT : _____

OWNER : _____

Have successfully passed a leakage test at a pressure of ____psi for a period of ____ hour(s) and has been installed per the Residential Code, Plumbing Code, Mechanical Code and/or the Fuel Gas Code of NYS.

On _____

(Date)

Note: See Section G2417.4.1 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 not be less than 10 minutes. Test medium shall be air or an inert gas. Oxygen shall not be used.

TEST PERFORMED BY

Plumber's Signature: _____

Print Name : _____

Plumbing /Mechanical Contractor : _____

Is Corrugated Stainless Steel Tubing (CSST) installed ? YES ___ NO ___ . If YES, I Certify that it has been bonded to the grounding electrode system of the building:

Installers Name : _____

Signature : _____ Date: _____

Company/Contractor Name: _____ Phone #: _____

Inspector's Name: _____ Municipality: _____

Inspector's Signature: _____ Date: _____

Has Central Hudson G&E installed Gas Meter and/or activated the gas to this premise?: YES ___ NO ___

Employee: _____ Date: _____

If NO, reason _____
