

# 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: \_\_\_\_\_