HOUSE FUEL GAS LINE PRESSURE TEST FORM

CUSTOMER INFORMATION

Name: ________________________________

Address: ________________________________

Municipality: __________________ County: ____________ Zip: ____________

Type of Building:  □ Residential/Single  □ Commercial  □ Mobile Home

Type of Installation:  □ New  □ Renewed  □ Repaired

HOUSE LINE (Exposed Above Grade After Meter)

Test Pressure PSIG: __________________ Duration/Min: __________________

Installed and Tested By: __________________ Date: __________________

Installing Firm/Contractor: __________________ Permit#: __________________

Contact Person: __________________

Address: __________________ Phone #: __________________

Witness: __________________

Remarks: __________________

Note: Test pressure shall be not less than 1.5 times the proposed maximum working pressure but not less than 3 psig irrespective of design pressure. When test pressure exceeds 125 psig, the test pressure shall not exceed a value that produces a hoop stress in the piping greater that 50% of the specified minimum yield strength of the pipe installation shall comply with the ICC International Fuel Gas Code installation standards. Please return the completed form to the Trumbull County Building Department, 347 North Park Ave, Warren, OH 44481 prior to the final heating inspection request. Failure to return the form may hold up issuance of the Certificate of Occupancy. Please call 330-675-2469 if questions and thank you for your cooperation.

Revised 02/23/2010