

Rough Inspection Date _____

Tag # _____

Year _____ Pass Fail

TOWN OF PATTERSON
1142 Route 311, P.O. Box 470 Patterson, NY 12563
Phone (845) 878-6500 Fax (845) 878-2019
PRESSURE TEST/LEAK TEST AFFIDAVIT
NATURAL GAS, PROPANE OR FUEL OIL

Installation Contractor: _____ PC License # _____

Company Address: _____

Company Phone # _____ Cell # _____ Email: _____

Job Location:

Owner Name: _____ Tax Map # _____

Address: _____ Phone # _____

Type of Structure:

Single Family Home _____ Commercial/Industrial _____

Multiple Family Home _____ Other _____

Gas Servicing:

Boiler (Heating System) _____ Furnace _____ Hot Water Heater _____ Range _____ Stove _____ Dryer _____

Bar-B-Que _____ Air Handler _____ Roof Units _____ Fireplace _____ Generator _____ Other _____

Liquid Propane Natural Gas Fuel Oil

Pipe Installation: Underground _____ Above Ground _____

Tank Removal: Underground _____ Above Ground _____ GALLONS _____

Tank Installation: Underground _____ Above Ground _____ GALLONS _____

I, _____, certify that header and gas piping has been tested for (1) hour with 25 pounds of air without any drop in pressure.

Or, I have tested same as above for (1) hour with a Magnehelic gauge (0 to 15 psi, testing to equal 5 psi minimum) or a Magnehelic gauge (0 to 150") in water column, testing to equal 5 psi.

Company Installer's Signature

Date

Building Inspector

Date