



GAS PIPING TEST AFFIDAVIT

This form may be used in place of a physical inspection of this test by a Cooper Township inspector.

This form must be completed and returned to Cooper Township. This form does not waive the requirement for a final inspection.

1. Permit Information

Property Owner Name:	
Job Location Street Address:	City, State, ZIP:
Contractor Name:	Contractor Email:
Contractor Phone:	Permit Number:

2. Testing Information

<i>When installing new piping, please list the section of piping being tested.</i>			
Service to Appliance – List Appliance(s):		Existing Piping to Appliance(s):	
Date of Testing:			
Start Time:	Pressure in PSI / Inches of Water Column:	Stop Time:	Pressure in PSI / Inches of Water Column:
<i>When repairing existing piping, report the type of leakage test being performed.</i>			
<input type="checkbox"/> Leak Detector <input type="checkbox"/> Soapy Bubbles <input type="checkbox"/> Other (Describe)			

3. Certification

I, _____ (Print Name), certify that the above information is complete and accurate.

Signature

Date of Signing