

PLANNING & COMMUNITY
DEVELOPMENT

PLUMBING CERTIFICATION PRESSURE TEST

| BUILDING OWNER | | PERMIT # | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------|-----------------------------------|
| ADDRESSPLUMBING CONTRACTOR | | DATE OF TEST | |
| PLUMBING CONTRACTOR | | LICENSE # | |
| \square GROUND WORK | □ ROUGH-IN | PLUMBING | □ FINAL |
| DWV | | WATER SERVICE | |
| Air | PSI | Air | PSI |
| Water | Head | Water | Working Pressure |
| Time | Minutes | Time | Minutes |
| NOTE: TESTING REQUIREMENTS (SECT Water Test – 10' Head – 15 Minutes Air Test – 5# PSI – 15 Minutes | TION 318 UNI | FORM PLUMBING CO Test at Working Presure 50# PSI – 15 Minutes | |
| I hereby certify the information provided aboundersigned at the indicated address and date RCW.9A.72.040 subject to a two-year statute of COVER . | e. Misreprese | ntation of this certificat | tion is a gross misdemeanor under |
| Signature | | Date | |
| Signature | | Date | |
| NING & COMMUNITY DEVELOPMENT PLUMBING CERT | TIFICA | TION PRES | SSURE TEST |
| DUIL DING OWNED | | DED MIT # | |
| BUILDING OWNER_ | | PERMIT # | |
| ADDRESSPLUMBING CONTRACTOR | | LICENSE # | |
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