

TAG # \_\_\_\_\_

PUTNAM COUNTY PLUMBING BOARD  
110 Old Route 6, Building #3, Carmel, NY 10512  
845-225-1958

**GAS TEST AFFIDAVIT**

**PLEASE PRINT**

Test Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ P.C. Plumbing Lic# \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_

**Job Location:** \_\_\_\_\_ **Town of:** \_\_\_\_\_

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Tax ID# \_\_\_\_\_

Liquid Propane Gas \_\_\_\_\_ Natural Gas \_\_\_\_\_

Alteration to Existing Service \_\_\_\_\_ New Service \_\_\_\_\_

**Type of Dwelling:**

\_\_\_\_\_ Single Family Home

\_\_\_\_\_ Commercial/Industrial

\_\_\_\_\_ Multiple Family Home

\_\_\_\_\_ Other \_\_\_\_\_

**Gas Servicing:**

\_\_\_\_\_ Boiler \_\_\_\_\_ Furnace \_\_\_\_\_ Hot Water Heater \_\_\_\_\_ Range \_\_\_\_\_ Stove \_\_\_\_\_ Bar-B-Que

\_\_\_\_\_ Air Handlers \_\_\_\_\_ Roof Units \_\_\_\_\_ Dryers \_\_\_\_\_ Other \_\_\_\_\_

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I, \_\_\_\_\_, Certify that header and gas piping has been tested for one (1) hour with 50 pounds of air without any drop in pressure.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Gas Inspectors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Mail completed form to address above within 5 days of test