

**OSCEOLA COUNTY BUILDING DEPARTMENT MECHANICAL DIVISION
AFFIDAVIT OF GAS LINE TEST**

Date: _____ Mechanical Permit No: _____

Property Owner's Name: _____

Contractor and/or Company Name: _____

On the above date, a gas pipe system air test was conducted on the

CONCEALED PIPING

and was tested at a minimum of 3 lbs/sq.in. for 10 minutes (according to the procedures set forth in the International 2012 Fuel Gas Code Section 406.4.1 & 406.4.2) by:

Agent Name: _____ Signature: _____

Witnessed by: _____ Signature: _____

Mechanical Inspector: _____

On the above date, a gas pipe system air test was conducted on the

EXPOSED PIPING

and was tested at a minimum of 3 lbs/sq.in. for 10 minutes (according to the procedures set forth in the International 2012 Fuel Gas Code Section 406.4.1 & 406.4.2) by:

Agent Name: _____ Signature: _____

Witnessed by: _____ Signature: _____

Mechanical Inspector: _____