

PRESSURE TEST CERTIFICATION RESIDENTIAL/SMALL COMMERCIAL

CUSTOMER NAME: _____

SERVICE ADDRESS : _____

TEST INFORMATION:

TEST PRESSURE: _____ (10 PSIG MINIMUM)

TEST DURATION: _____ (10 MINUTES MINIMUM)

**I CERTIFY THAT THE GAS PIPING AT THE ABOVE ADDRESS HAS BEEN
PRESSURE TESTED FOR TIGHTNESS IN ACCORDANCE WITH SECTION 311 OF
THE STANDARD GAS CODE AND NO LEAKS WERE FOUND.**

COMPANY: _____

TESTED BY : _____

TEST DATE: _____

**THE CUSTOMER'S GAS PIPING MUST BE HOOKED UP TO THE METER AND
THIS PRESSURE TEST CERTIFICATION MUST BE DELIVERED TO LCUB GAS
ENGINEERING OR FAXED TO 865-986-0605 PRIOR TO THE GAS BEING TURNED
ON. REQUESTS FOR GAS INSPECTIONS SHOULD BE MADE TO 865-986-6591, EXT
1720.**

AUTHORIZED USE ONLY:

LCUB INSPECTOR: _____ **DATE INSPECTED:** _____

METER ORDER #: _____