



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 PRESSURE TESTED TO THE CRITERIA ABOVE. UPON COMPLETION OF THE PRESSURE TEST, THE GAS PIPING MAY BE TIED ON TO LCUB'S GAS METER. THIS PRESSURE TEST CERTIFICATION MUST BE DELIVERED TO THE LCUB GAS ENGINEERING OR EMAIL TO PPIERCE@LCUB.COM PRIOR TO THE GAS BEING TURNED ON. REQUESTS FOR GAS INSPECTIONS SHOULD BE MADE TO 1-844-687-5282.

AUTHORIZED USE ONLY:

LCUB INSPECTOR: _____ DATE INSPECTED: _____