

JEFFERSON COUNTY COMMUNITY DEVELOPMENT

621 Sheridan St.; Port Townsend, WA 98368

PLUMBING CERTIFICATION PRESSURE TEST

ADDRESS	BUILDING OWNER		PERMIT #		
PLUMBING CONTRACTOR LICENSE # GROUND WORK ROUGH-IN PLUMBING FINAL DWV WATER SERVICE Air PSI Air PS Water Head Water Working Pressur Time Minutes Time Minutes NOTE: TESTING REQUIREMENTS (SECTION 318 UNIFORM PLUMBING CODE) MINIMUMS: Water Test – 10' Head – 15 Minutes Test at Working Pressure Air Test – 5# PSI – 15 Minutes I hereby certify the information provided above is the result of the Plumbing System pressure test conducted by the undersigne at the indicated address and date. Misrepresentation of this certification is a gross misdemeanor under RCW.9A.72.040 subject to a two-year statute of limitation. VISUAL SYSTEM INSPECTION IS REQUIRED BEFORE COVER.					
DWV Air					
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Signature Date	at the indicated address and date. Mi	isrepresentation of this certi	ification is a	gross misdemeanor under	RCW.9A.72.040 subject
	Signature		Date		