



JEFFERSON COUNTY
 COMMUNITY DEVELOPMENT
 621 Sheridan St., Port Townsend WA 98368
PLUMBING CERTIFICATION PRESSURE TEST

BUILDING OWNER _____ PERMIT # _____
 ADDRESS _____ DATE OF TEST _____
 PLUMBING CONTRACTOR _____ LICENSE # _____

ف GROUND WORK ف ROUGH-IN PLUMBING ف FINAL

DWV	WATER SERVICE
Air _____ PSI	Air _____ PSI
Water _____ Head	Water _____ Working Pressure
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	50# PSI – 15 Minutes

I hereby certify the information provided above is the result of the Plumbing System pressure test conducted by the undersigned 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.**

Signature _____ Date _____