

Affidavit of Plumbing Testing

With the inspector's permission, per SPS 382.21(1)(b)1b, complete entire form. Use of this form is not mandatory. This a suggested format that a plumber may replace with their own affidavit. Print or type clearly. Call for your rough inspection and inform the inspector that you have completed the testing and the affidavit. Provide this completed form to the inspector prior to or at the time of the rough-in inspection.

Date of test: type date Responsible Master: type your name
 Responsible MP Number: Enter your number

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Owner and Site Information	
Owner's Name:	<u>type owner 1 last name</u>
Project Site Address:	<u>type owner 1 street or PO box #</u>
Project Site City:	<u>type owner 1 city</u>

Type of project (check one):

New plumbing installation Remodel or addition Repair Other

If other, explain: _____

Testing Information	
Sanitary Building Sewer or Private Interceptor Main Sewer:	<input type="checkbox"/> Water test (10' for 15 minutes) <input type="checkbox"/> Air test (3 psig for 15 minutes) (air test not recommended for plastic pipe)
Water Service or Private Water Main:	<input type="checkbox"/> Water test (Working pressure) <input type="checkbox"/> Air test (Working pressure)
Building Drain	<input type="checkbox"/> Water test (10' except for top 10' for 15 minutes) <input type="checkbox"/> Air test (5 psig for 15 minutes)
Drain & Vent System	<input type="checkbox"/> Water test (10' for 15 minutes) <input type="checkbox"/> Air test (5 psig for 15 minutes)
Water Distribution	<input type="checkbox"/> Water test (Working pressure) <input type="checkbox"/> Air test (Working pressure)
Air Admittance Valves	<input type="checkbox"/> Manometer test to 1" water column

 Responsible Master Plumber - signature

 Witness (not required) - signature