



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

BUILDING OWNER _____
 ADDRESS _____
 PLUMBING CONTRACTOR _____

PERMIT # _____
 DATE OF TEST _____
 LICENSE # _____

GROUND WORK

ROUGH-IN PLUMBING

FINAL

DWV

Air _____ PSI
 Water _____ Head
 Time _____ Minutes

WATER SERVICE

Air _____ PSI
 Water _____ Working Pressure
 Time _____ Minutes

NOTE: TESTING REQUIREMENTS (SECTION 318 UNIFORM PLUMBING CODE) MINIMUMS:

Water Test – 10’ Head – 15 Minutes
 Air Test – 5# PSI – 15 Minutes

Test at Working Pressure
 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 _____