



SAN JUAN COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

135 Rhone Street, PO Box 947, Friday Harbor, WA 98250
(360) 378-2354 | (360) 378-2116

PLUMBING CERTIFICATION PRESSURE TEST

Name of Owner(s): _____	Permit #: _____	
Property Address: _____	Date of Test: _____	
Plumbing Contractor: _____	License #: _____	
Ground Work: _____	Rough-in Plumbing: _____	Final: _____

DWV		WATER SERVICE	
Air _____	PSI _____	Air _____	PSI _____
Water _____	Head _____	Water _____	Working Pressure _____
Time _____	Minutes _____	Time _____	Minutes _____

Note: Testing requirements (section 609.4 & 712.2 & .3 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

Printed Name

Date



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