

Township of Moon

FUEL GAS PIPELINE TEST AND INSTALLATION

Inspection Address: _____
(No.) (Street) (Permit No.)

Subdivision/Project: _____
(Lot No.)

Builder/Agent: _____
(Phone No.)

(Mailing Address) (No.) (Street) (City) (State) (Zip)

Installing Firm: _____
(Phone No.)

(Mailing Address) (No.) (Street) (City) (State) (Zip)

Installer/Tested by: _____
(Print Name) (Phone No.)

By signing this form, the installer/tested by person named here within attest that prior to acceptance and operation all piping installations from the point of delivery, to the outlet of the equipment shutoff valves have been inspected and pressure tested by he/she the qualified professional installer/tester to determine that the materials, design, fabrication, and installation practices comply with the requirements of Moon Township Codes.

Test Pressure Duration: _____
(PSIG) (Minutes)

Installed and Tested by: _____ Date: _____
(Signature)

WHITE: On site with building permit

YELLOW: Installer / Tester