

**OSCEOLA COUNTY BUILDING DEPARTMENT MECHANICAL DIVISION  
AFFIDAVIT OF GAS LINE TEST**

Date: \_\_\_\_\_ Mechanical Permit No: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Contractor and/or Company Name: \_\_\_\_\_

On the above date, a gas pipe system air test was conducted on the

**CONCEALED PIPING**

and was tested at a minimum of 3 lbs/sq.in. for 10 minutes (according to the procedures set forth in the International 2012 Fuel Gas Code Section 406.4.1 & 406.4.2) by:

Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Mechanical Inspector: \_\_\_\_\_

On the above date, a gas pipe system air test was conducted on the

**EXPOSED PIPING**

and was tested at a minimum of 3 lbs/sq.in. for 10 minutes (according to the procedures set forth in the International 2012 Fuel Gas Code Section 406.4.1 & 406.4.2) by:

Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Mechanical Inspector: \_\_\_\_\_