

**TOWNSHIP OF COLLIER
CODES DEPARTMENT**

2418 Hilltop Road, Suite 100
Presto, PA 15142

Forms available online at:
www.colliertownship.net



FUEL GAS TESTING AFFIDAVIT

Property Address _____ Unit/Lot # _____

City, State, Zip _____

Before any system of piping is put in service or concealed, it shall be tested to ensure that it is gas tight

- Test pressure shall be measured with a manometer or with a pressure-measuring device designed and calibrated to read, record, or indicate a pressure loss caused by leakage during the pressure test period. The source of pressure shall be isolated before the pressure tests are made. Mechanical gauges used to measure test pressures shall have a range such that the highest end of the scale is not greater than five times the test pressure.
- Test Pressure to be used shall be not less than 1 ½ times the proposed maximum working pressure, but not less than 3 psig, irrespective of design pressure. Where the test pressure exceeds 125 psig, the test pressure shall not exceed a value that produces a hoop stress in the piping greater than 50 percent of the specified minimum yield strength of the pipe.
- Test Duration shall be not less than 1/2 hour for each 500 cubic feet (14 m3) of pipe volume or fraction thereof. When testing a system having a volume less than 10 cubic feet (0.28 m3) or a system in a single-family dwelling, the test duration shall be not less than 10 minutes. The duration of the test shall not be required to exceed 24 hours.

- Single family Dwelling Design operating pressure _____
- Commercial Building Design operating pressure _____
- Other: _____ Design operating pressure _____
- Welded pipe Yes _____, pipe size _____ No _____

Testing Device: _____

Test Pressure: _____ Test Duration: _____ Test Date: _____

I certify that the fuel gas lines installed at above address have been tested in accordance with the International Residential Code (one and two family dwellings) or the International Fuel Gas Code (Non-residential) as adopted by the Pennsylvania Uniform Construction Code and enforced by the Collier Township.

Testing Company: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Tester (print name clearly) _____

Welders certification _____

Tester Signature _____ Date: _____