



# BELMONT FIRE DEPARTMENT

Michael Newhall, Chief  
Deborah Black, Assistant Chief  
P.O. Box 837 – 14 Gilmanton Road  
Belmont, NH 03220  
“Our Town – Our People  
Our Responsibility”



## Gas Piping for Natural and LP Gas

Owner: \_\_\_\_\_ Site Address: \_\_\_\_\_

Installer: \_\_\_\_\_ Date: \_\_\_\_\_

### System Pressure Test

The Town of Belmont and NFPA 54, *National Fuel Gas Code*, require that pressure tests be conducted on ALL gas piping systems. In the event that piping is added as a result of repairs or additions, the piping involved shall be re-tested.

Pressure testing methods and procedures shall be conducted in compliance with applicable Codes and industry standards.

The pressure test duration shall meet **minimum Code requirements** without observable drop (other than normal atmospheric changes).

Pressure test start:	Date: _____	Time: _____	Pressure: _____ <i>Units</i>
Pressure test end:	Date: _____	Time: _____	Pressure: _____ <i>Units</i>

I attest under penalty of perjury that the information provided to the Belmont Fire Department regarding the pressure applied and duration of the above pressure test is accurate.

_____	_____	_____
Name of Person Conducting Test*	Signature	Date
<i>Please Print</i>		
Gas Fitters License #: _____		

**\* When test is completed, return this form with original signatures to the Belmont Fire Department at the address listed above.**

**NO:** gas appliance or tank inspection will be scheduled until a complete pressure test form is received by the Belmont Fire Department.

**NOTE:** Please provide adequate time between submission of this completed form and requesting any appliance or tank inspections. The Belmont Fire Department requires (2) business days notice in scheduling inspections.