



BELMONT FIRE DEPARTMENT

Deborah Black, Chief
Donald Pickowicz, 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: _____
Units

Pressure test end: Date: _____ Time: _____ Pressure: _____
Units

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

Please Print

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.