



TOWN OF THOMSON

Thomson Town Hall
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\$25 Fee Paid

Gas Pressure Test Certification

This form must be completed in its entirety and returned to the Thomson Town Hall before a Certificate of Occupancy or final inspection will be approved.

Job address: _____ Permit #: _____

Owner's name: _____

Date of Test: _____ Test conducted by: _____

Piping installer's company name: _____

Test was conducted for: New piping Repair Conversion*

*Explain Conversion: _____

List new appliances served: _____

Existing appliances served: _____

For repairs, section of pipe repaired: _____

Pressure test start time: _____ Pressure in PSIG: _____

Pressure test stop time: _____ Pressure in PSIG: _____

Test medium used: _____

Leak detection used: Leak detector Soapy bubbles

By signing this form, I, _____ certify that the information on this
(Print name)

form is complete and accurate and that all testing was conducted in accordance with the 2015 Minnesota Fuel Gas Code.

Signature: _____ Date: _____

**On the day of the final inspection, all of the requirements were met. Any work completed by unauthorized person(s) on the appliances listed above and/or the natural gas supply system will void this inspection form.*

***IMPORTANT NOTICE - If converting from fuel oil to gas, the oil fill pipe must be removed from the exterior of the dwelling to prevent from accidentally filling in the future.**