



CITY OF ELBERTON
230 N. McIntosh St.
ELBERTON, GA 30635
Customer Service
706.213.3278

Certificate of pressure test completion

Address of pressure test: _____		
City	State	Zip
Print Name of person conducting test: _____		
Current Phone Number: #() --		
State of Georgia Plumbers/HVAC License Number: _____		
Test Pressure	Duration of testing: Date On _____ Date Off _____	
10psi 15psi 20psi	Time: Pressure ON _____ <input type="checkbox"/> am.	Pressure OFF _____ <input type="checkbox"/> am
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> pm.	<input type="checkbox"/> pm
Signature: _____		Date: _____

By signing this form I certify that all testing conducted has been followed in accordance with the International Fuel Gas code section 406 Inspection, Testing and purging.

Please return this copy to customer service for gas service to be reactivated. Customer/Plumber will need to be at the address site or contacted to meet on site for the gas department to unlock and turn gas on.

Customer/Plumber will be responsible for lighting their own pilot lights and ensuring that all gas appliances are working properly.

The mission of the City of Elberton is to provide our community with services essential for growth, development, and enhancement of its quality of life. We will be professional, courteous, efficient, showing genuine concern for individual's needs and well being.