

AFFIDAVIT OF GAS PIPING TEST

Leroy Township
8156 4 Mile Road
East Leroy, MI 49051
Ph: 269-979-9421
Fax: 269-979-2775

Area Metropolitan Services Agency

Please make your check payable to and send it to, the appropriate jurisdiction noted.

Please mark box for appropriate jurisdiction.

Bedford Township
115 S Uldriks Drive
Battle Creek, MI 49017
Ph: 269-965-9096
Fax: 269-965-0908

Convis Township
19500 15 Mile Road
Marshall, MI 49068
Ph: 269-789-0654
Fax: 269-789-0657

Emmett Township
621 Cliff Street Battle
Creek, MI 49014
Ph: 269-968-0335
Fax: 269-968-0108

Newton Township
7988 G Drive South
Ceresco, MI 49033
Ph: 269-979-3212
Fax: 269-979-4470

Pennfield Township
20260 Capital Ave NE
Battle Creek, MI 49017
Ph: 269-968-4422
Fax: 269-968-2021

City of Battle Creek
10 N Division St, Ste 117
Battle Creek, MI 49014
Ph: 269-966-3382
Fax: 269-966-3654

City of Springfield
601 Avenue A
Springfield, MI 49015
Ph: 269-441-9273
Fax: 269-965-0114

This form must be completed in its entirety and returned to the Inspection Department before a certificate of final inspection will be issued.

Applicant Name _____ Phone Number _____

Job Address _____ Permit Number _____

Job Name _____

Date of Test _____

When installing new piping please list the section of piping being tested.

Service to Appliances: List Appliances _____

Existing piping to appliances: List Appliances _____

Pressure Test Start Time: _____ Pressure in Inches of Water Column _____

Pressure Test Stop Time: _____ Pressure in Inches of Water Column _____

When repairing existing piping please list the section of piping being tested: _____

When repairing existing piping, report the type of leakage test being performed.

Leak Detector _____ Soapy Bubbles _____ Other _____

NOTICE: If code violations are found at the time of inspection an order to repair will be issued. If repairs are not made within seven day, the gas service will be terminated.

By signing this form I _____ certify that the information on this form is complete and accurate.
(print name)

Signature _____ Date _____