



GAS PRESSURE AFFIDAVIT

Eldridge City Hall, Dept of Building Safety
305 N 3rd Street
Eldridge Iowa, 52748

Job Address: _____ Eldridge, Iowa 52748

I, _____, Representing _____
(Authorized Company representative) (Permit Holder/Company Name)

having installed the gas piping system including the final connection to appliances where applicable, do hereby attest that a pressure test performed with air, CO2 or nitrogen has been performed on the gas piping system as installed on this day and the system has been shown to hold a pressure of 10 psi with no noticeable drop for a minimum time of 15 minutes as required by Section 1213.3 of the 2015 Iowa Plumbing Code.

Signature of Owner, Contractor or Authorized Agent

Date

Company Address _____

Phone: _____

E-Mail _____

Permit Number _____

Time/date Eldridge notified the gas supplier of this approval: _____ am/pm, _____

***** NOTE-** the use of CSST requires bonding of the gas piping system to the grounding electrode system. The bond must be made with an approved clamp and #6 copper or equivalent and be connected to metal pipe, metal pipe fitting or a metal CSST fitting designed for the purpose. (2015 International fuel Gas Code Section 310.1.1 - 310.1.1.5) The code does not state who must provide the bond, only that one must be provided.