

APPENDIX A - GAS PIPING PRESSURE AND LEAKAGE TEST



To: Service Supervisor

Account No. _____

Job# _____

I _____ certify that I have tested the gas piping system at _____

_____, the results of which are tabulated below.

Address of gas service installation

Size of pipe: _____ (inches), _____ (inches)

Length of pipe: _____ (feet), _____ (feet)

TEST DATE	TIME	GAUGE PRESSURE	READ BY	REMARKS

I further certify that the piping described above is free of any leaks, in accordance with Central Hudson's "Specifications and Requirements for Gas Installations", and adequate to serve gas to the appliances installed at the above-mentioned location.

Signature

Date

Please fax this form to the district office listed below and closest to your installation.

Catskill District - Commercial New Business Counselor: (518) 943-7099

Kingston District - Service Supervisor: (845) 338-5075

Poughkeepsie District - Service Supervisor (845) 486-5688

Fishkill District - Service Supervisor: (845) 897-6115

Newburgh District - Service Supervisor: (845)897-6115

Notes:

- 1) A minimum of two (2) readings shall be taken not less than 30 minutes apart. Test pressures shall be in accordance with the Fuel Gas Code of New York State
- 2) Submitting this form does not constitute a meter order.
- 3) The results of this test shall be deemed valid for a period of two (2) years from the date of the test barring any changes to the piping system.
- 4) In activating the service, an initial inspection by Central Hudson personnel will be done at no charge. If the piping system fails to meet our requirements, a fee may be applied for each subsequent re-inspection conducted, with payment to be made prior to the re-inspection.