

# Town of Ramapo Building Department

## Plumbing Test Certification Form

(Per NYS Residential and Plumbing Codes — Sections P2503 and 312)

### Project Information

Property Address: \_\_\_\_\_  
Building Permit No.: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Contractor / Plumbing Company: \_\_\_\_\_  
Plumber's Name (Print): \_\_\_\_\_  
License No. & Jurisdiction: \_\_\_\_\_  
Phone / Email: \_\_\_\_\_

### Test Information

Type of Test	Code Reference	Test Pressure / Head	Duration	Result	Inspector Witnessed
<input type="checkbox"/> Drainage & Vent (Water)	RCNYS P2503.5.1 / PCNYS 312.2	____ ft head	15 min	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Drainage & Vent (Air)	RCNYS P2503.5.2 / PCNYS 312.3	____ psi	15 min	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Water Supply System	RCNYS P2503.7 / PCNYS 312.5	____ psi	15 min	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Building Sewer	RCNYS P2503.4 / PCNYS 312.6	____ psi or ft	15 min	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Shower Pan / Liner	RCNYS P2503.6 / PCNYS 312.9	2 in. head	15 min	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Gas Piping (Air)	FG G2417 / PCNYS 312.10	____ psi	15 min	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Test	Code Reference	Test Pressure / Head	Duration	Result	Inspector Witnessed
<input type="checkbox"/> Backflow Assembly	PCNYS 312.10 / DOH Regs	Per device spec	—	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (Describe): _____					

## Certification Statement

I, the undersigned, hereby certify that the plumbing systems described above have been tested in accordance with the **2020 New York State Residential Code (RCNYS §P2503)** and/or **Plumbing Code of New York State (PCNYS §312)**, and that all tests have been performed in compliance with code requirements and approved plans.

All systems tested held the required pressure or water head for the specified duration **without evidence of leakage or defect**.

Plumber's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## For Building Department Use Only

Reviewed By (Inspector): \_\_\_\_\_  
Date Reviewed: \_\_\_\_\_  
Accepted:  Yes  No  
Comments: \_\_\_\_\_