

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: _____
