

# CITY OF DE PERE

335 South Broadway  
De Pere, WI 54115  
Fax No.: 920/339-4049  
Web: <http://www.de-pere.org>



## Affidavit of Plumbing Testing

With the inspector's permission, per SPS 382.21(1)(b)1b, complete entire form. Use of this form is not mandatory. This is a suggested format that a plumber may replace with their own affidavit. Print or type clearly. Call for your rough inspection and inform the inspector that you have completed the testing and the affidavit. Provide this completed form to the inspector prior to or at the time of the rough-in inspection.

Date of Test: \_\_\_\_\_

Responsible Master: \_\_\_\_\_

Responsible MP Number: \_\_\_\_\_

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

Owner and Site Information	
Owner's Name:	
Project Site Address:	
Project Site City:	

Type of project (check one):

☐ New installation      ☐ Remodel or addition      ☐ Repair      ☐ Other

If other, explain: \_\_\_\_\_

Testing Information	
Sanitary Building Sewer or Private Interceptor Main Sewer:	<input type="checkbox"/> Water test (10' for 15 minutes) <input type="checkbox"/> Air test (3 psig for 15 minutes)
Water Service or Private Water Main:	<input type="checkbox"/> Water test (Working pressure) <input type="checkbox"/> Air test (Working pressure)
Building Drain	<input type="checkbox"/> Water test (10' except for top 10' for 15 minutes) <input type="checkbox"/> Air test (5 psig for 15 minutes)
Drain & Vent System	<input type="checkbox"/> Water test (10' for 15 minutes) <input type="checkbox"/> Air test (5 psig for 15 minutes)
Water Distribution	<input type="checkbox"/> Water test (Working pressure) <input type="checkbox"/> Air test (Working pressure)
Air Admittance Valves	<input type="checkbox"/> Manometer test to 1" water column

\_\_\_\_\_  
Responsible Master Plumber – signature

\_\_\_\_\_  
Witness (not required) – signature