



Keweenaw County Codes Department
5095 4th Street, Eagle River MI 49950

Plumbing / Mechanical Pressure Test Report

Job Name: _____ Date: _____

Plumbing Permit Number: _____ Mechanical Permit Number: _____

Description of Area Tested:

Pressure Test:

DWV: _____ FT/HEAD

Water Piping: _____ psi

Gas: _____ psi

Duration of Test: _____

_____ Pass _____ Fail _____ Retest

Signature: _____

Date: _____

Witness: _____

Date: _____