



This document **MUST** be completed and signed by the Installer prior to your natural gas service being turned on by National Grid. We appreciate your cooperation.

## CUSTOMER OWNED GAS PIPING INSPECTION CERTIFICATE

The undersigned installation contractor hereby represents and warrants that all gas piping and related appliances, appurtenances and equipment installed at the premises described herein have been installed in accordance with all applicable codes, regulations and standards in effect as of the date of this Certificate including, but not limited to, the **Fuel Gas Code of New York State**, the **National Fuel Gas Code**, the **National Grid Blue Book** and the original equipment manufacturer's specifications, guidelines and installation instructions.

The undersigned installation contractor further represents and warrants that all gas piping installed at the premises described herein has been subjected to and passed the pressure test requirements as outlined in the **Fuel Gas Code of New York State** and **National Grid Specifications and Requirements for Gas Installations** as written in the Blue Book. The installation contractor **MUST** include a historical sketch of the underground piping location as required per the Blue Book, Section 8.4 with this Certificate.

The undersigned installation contractor acknowledges that National Grid is relying upon the installation contractor's representation and warranties, as well as the accuracy of the information contained in this Certificate, as a condition to turning on the natural gas services at the premises described herein.

Customer Name \_\_\_\_\_  
(Please print) Service \_\_\_\_\_

Location \_\_\_\_\_  
(Street - City)

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Contractor Name \_\_\_\_\_  
(Please print) (Authorized Signature)

Business Location \_\_\_\_\_  
(Street - City)

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ License # \_\_\_\_\_  
County: ☐ Suffolk ☐ Nassau

The installation contractor **MUST** check and complete the following information for all underground gas piping that has been installed at the subject premises in accordance with this Certificate. Please include the name of the pipe manufacturer, lot number of the pipe installed and the size of the pipe installed.

Installed Pipe Size \_\_\_\_\_ Pipe Installed at Minimum Depth of 18"? ☐ Yes ☐ No

**Plastic:** Pipe Manufacturer \_\_\_\_\_ Lot Number \_\_\_\_\_ SDR \_\_\_\_\_  
Mechanical Fittings Used? ☐ Yes ☐ No Plastic Fusions? ☐ Yes ☐ No # Made \_\_\_\_\_  
Tracer Wire Installed? ☐ Yes ☐ No Metallic Caution Tape? ☐ Yes ☐ No  
Non-Metallic Caution Tape? ☐ Yes ☐ No

Pressure Test @ \_\_\_\_\_ p.s.i. Duration Time \_\_\_\_\_ (Hrs/Min) Historical Sketch Provided? ☐ Yes ☐ No  
(Refer to Blue Book Appendix D, Section 5.0)

Local Municipality/Town Pressure Test Certificate Provided? ☐ Yes ☐ No Plumbing Permit # \_\_\_\_\_

**Coated Steel:** Anode(s) - Number/Weight \_\_\_\_\_ Cadweld ☐ Yes ☐ No

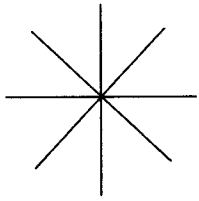
### Equipment / Appliances Installed:

Generator ☐ Yes ☐ No Pool Heater ☐ Yes ☐ No House Heat ☐ Yes ☐ No  
Barbecues ☐ Yes ☐ No Water Heater ☐ Yes ☐ No Meter Header ☐ Yes ☐ No  
Other (Specify) \_\_\_\_\_

### NATIONAL GRID USE ONLY

Technician/Responder \_\_\_\_\_ Meter Number \_\_\_\_\_  
(Employee Name/Number)

Turned On \_\_\_\_\_ Grid # \_\_\_\_\_ ☐ Residential ☐ Non-Residential  
(Date)



**SHOW NORTH  
ARROW**

**ADDRESS**

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**CPR #** \_\_\_\_\_

**STREET NAME** \_\_\_\_\_

**INSTRUCTIONS:**

1. SHOW METER IN RELATION TO BUILDING. **M**
2. SHOW UNDERGROUND PIPING AND INDICATED DIMENSIONS AND PIPING ROUTE.
3. SHOW LOCATION AND TYPE OF REMOTE APPLIANCE (GENERATOR, POOL, HEATER, ETC.)
4. INDICATE NORTH ARROW.
5. INDICATE STREET & ADDRESS.

**EXAMPLE**

