

ATMOS ENERGY  
1-888-852-2424

## CERTIFICATE OF TEST

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Presently Occupied By: \_\_\_\_\_

Check One: Residence \_\_\_\_\_ Commercial \_\_\_\_\_

Gas Piping Installed By:

\_\_\_\_\_

I certify that the gas piping in the building described above has been tested for leaks and has satisfactorily supported a column of Mercury \_\_\_\_\_ inches in height, or

\_\_\_\_\_ PSIG, for at least \_\_\_\_\_ minutes.

\_\_\_\_\_ or \_\_\_\_\_  
Authorized Inspector Licensed Plumber/Gas Fitter

I certify that the gas piping in the building described above has been tested for leaks as outlined in Atmos Energy Gas Standards.

\_\_\_\_\_  
Atmos Energy Employee

\_\_\_\_\_  
Resident Witness

\_\_\_\_\_  
Service Order No.

Original- Atmos Energy

Copy-Inspector