

Township of Central Frontenac
Building Department
PO Box 89,
Sharbot Lake, Ont., K0H 2P0
Telephone: 613-279-2935, Fax: 613-279-242
Plumbing Test Certificate



Date: _____ Permit #: _____
Project name: _____
Address: _____

This will confirm that the plumbing system for the above noted project has been tested and successfully passed the requirements for testing under section 7.3.6 and 7.3.7 of the Ontario Building Code o. Reg. 413/90 as amended.

A. Drainage and Venting Systems:

All components of the drainage and venting system have passed the following tests:

1. Pressure test using air or water at the rough-in stage in accordance with OBC section 7.3.6.1.(1).
2. Final test using smoke or air pressure after the installation of all fixtures, in accordance with OBC section 7.3.6.1.(2).
3. Ball tests on all building drains and building sewers in accordance with OBC, section 7.3.6.1.(5).

B. Potable Water System:

The entire potable water system has passed the pressure test using water or air on the complete system after the installation of all fixtures, in accordance with OBC, section 7.3.7.1.(1).

This will also confirm that all components of the plumbing system are marked in accordance with the relevant Canadian Standards Association (CSA) as detailed under section 7.6.2.1.(1)., and all fixtures meet the water efficiency requirements detailed under OBC section 7.6.4.

The plumbing system is complete and ready for operation by the building occupants.

I have an Ontario "Certificate of Qualification (C of Q) in plumbing

YES NO

Contractor Info

Name: _____ Business Name (Opt.): _____
Address: _____ Phone #: _____
Email Address: _____ Cell # (Opt.) _____

Date

Signature