

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

**Building Services** 

4432 George St, Box 100 Sydenham, ON K0H 2T0 613-376-3027

building@southfrontenac.net

Building Permit #: \_\_\_\_\_

## PLUMBING INSTALLER TO COMPLETE

DI	The Original Control of the Control
Plumbing Contractor: Project location/address:	
succes	ill confirm that the plumbing system for the above noted project has been tested and ssfully passed the requirements for testing under Section 7.3.6 and 7.3.7 of the Ontario Building as amended.
Α.	<ul> <li>DRAINAGE AND VENTING SYSTEMS:</li> <li>All components of the drainage and venting system have passed the following tests:</li> <li>1. Pressure test using air or water at the rough-in stage in accordance with OBC Section 7.3.6.1(I).</li> <li>2. Final test using smoke or air pressure after the installation of all fixtures, in accordance with OBC section 7.3.6.1(2)</li> <li>3. Ball tests on all building drains and building sewers in accordance with OBC Section 7.3.6.1(5)</li> </ul>
	<b>POTABLE WATER SYSTEMS:</b> 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).
relevar	ill also confirm that all components of the plumbing system are marked in accordance with the nt Canadian Standards Association (CSA) as detailed under Section 7.6.2.1(1), and all fixtures ne water efficiency requirements detailed under OBC section 7.6.4.
The plu	umbing system is complete and ready for operation by the building occupants.
I have	an Ontario "Certification of Qualification (C of Q)" in plumbing: Yes □ No □
Plumb	ing Company:
Name	( <i>Print</i> ) of Plumber:
	cure: