Wisconsin Department of Safety and Professional Services
Division of Industry Services
1400 East Washington Avenue
PO Box 7302
Madison WI 53707-7302

Phone: 608-266-2112
Web: http://dsps.wi.gov
Email: dsps@wisconsin.gov

Scott Walker, Governor
Laura Gutierrez, Secretary

Affidavit of Plumbing Testing

With the inspector's permission, per SPS 382.21(1)(b)1b, complete entire form. Use of this form is not mandatory. This is a suggested format that a plumber may replace with their own affidavit. Print or type clearly. Call for your rough inspection and inform the inspector that you have completed the testing and the affidavit. Provide this completed form to the inspector prior to or at the time of the rough-in inspection.

Date of test: _____ Responsible Master: _____

Responsible MP Number: _____

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Owner and Site Information	
Owner's Name:	
Project Site Address:	
Project Site City:	

Type of project (check one):

New plumbing installation ☐ Remodel or addition ☐ Repair ☐ ☐ Other

If other, explain: _____

_____

Testing Information	
Sanitary Building Sewer or Private Interceptor Main Sewer	☐ Water test (10' for 15 minutes) ☐ Air test (3 psig for 15 minutes) (air test not recommended for plastic pipe)
Water Service or Private Water Main	☐ Water test (Working pressure) ☐ Air test (Working pressure)
Building Drain	☐ Water test (10' except for top 10' for 15 minutes) ☐ Air test (5 psig for 15 minutes)
Drain & Vent System	☐ Water test (10' for 15 minutes) ☐ Air test (5 psig for 15 minutes)
Water Distribution	☐ Water test (Working pressure) ☐ Air test (Working pressure)
Air Admittance Valves	☐ Manometer test to 1" water column

_____ _____

Responsible Master Plumber - signature Witness (not required) - signature

SBD-10605(R2/17)