PLUMBING AFFIDAVIT

Duff Leaver Inspections
Langlade UDC Inspections
W4104 Hwy 64
Bryant, WI 54418
Phone: (715) 882-2080

Company Name:_____ Address:_____ Lic/Cert#____ Client's Name: Job Location: Building Permit #:_____ Air tested at _____ PSI for ____ minutes Date: Did the drain, waste, and vent piping prove to be air tight? Yes No Signature:_____ Date:____