

EXHIBIT "J"

GAS TURN-ON AFFIDAVIT

Complete All Sections that Apply

THIS CERTIFIES THAT THE GAS PIPING IN THE BUILDING INDICATED BELOW HAS SUCCESSFULLY PASSED A LEAKAGE TEST FOR  
HOUR(S)/ \_\_\_\_\_ MINUTES AT \_\_\_\_\_ PRESSURE.

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
Date

OWNER  
SIGNED \_\_\_\_\_

\_\_\_\_\_  
PLUMBING CONTRACTOR

CONTRACTOR TO CHECK APPROPRIATE CORRECTIVE CONDITION:

\_\_\_\_\_ I HAVE REPAIRED \_\_\_\_\_ REPAIRED (Check all that apply)

\_\_\_\_\_ Leak at gas equipment  
(specify unit) \_\_\_\_\_

\_\_\_\_\_ Control Valve

\_\_\_\_\_ Pilot Valve

\_\_\_\_\_ Appliance Valve

\_\_\_\_\_ Hood Draft

\_\_\_\_\_ Appliance Regulator

\_\_\_\_\_ Flue Connection(s)

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
THE CHIMNEY FLUE AND BASE:  
Have been cleaned from top to bottom

\_\_\_\_\_  
Signature of Contractor Date

Have been inspected and found to be clean

\_\_\_\_\_  
Signature of Contractor Date

Will Be Cleaned

\_\_\_\_\_  
Owner Date