



DELAWARE HEALTH AND SOCIAL SERVICES
 Division of Public Health
 Plumbing Permit and Inspection Program

Division of Public Health
 Thomas Collins Building
 540 South DuPont Hwy., Ste 5
 Dover, DE 19901
 Phone: 302-744-1220
 Fax: 302-739-1957

Thurman Adams State Service Center
 544 South Bedford Street
 Georgetown, DE 19947
 Phone: 302-515-3280
 Fax: 302-515-3281

TEST CERTIFICATION FORM
Plumbing Permit and Inspection Program

Permit Number: _____

Road Number and Name: _____

Development Name (if applicable) _____

Town _____

I hereby certify that the drainage, waste, and vent lines at the above-referenced property were tested on _____, in accordance with the requirements outlined in Section 312 of the 2015 International Plumbing Code, as amended by the Delaware Division of Public Health, and met, or exceeded, those requirements.

 Name of Building Permit Holder
(Print or Type)

 Signature of Permit Holder

 Date

 Name of Licensed Plumbing Permit Holder
(Print or Type)

 DE Plumbing License No.

 Signature of Licensed Plumber

 Date