

## **Construction Industry Communication #45**

**From:** Amit Ghosh, Chief Building Official  
**Re:** Alternative Plumbing System Testing  
**Date:** July 17, 2017

Due to recent changes in the Ohio Plumbing Code, Section 312 Tests and Inspections, the City of Columbus Department of Building and Zoning Services (BZS) has elected to implement an alternative self-certification process, specifically in regards to testing with air, per Ohio Building Code and the Residential Code of Ohio, Section 108.8.

This process will allow contractors to certify they have tested the following items only:

1. Sanitary Drain Waste and Vent (DWV) systems - underground or rough-in;
2. Chemical DWV systems - underground or rough-in;
3. Storm Drainage systems - underground or rough-in;
4. Shower Liner tests  
**Commercial is required.** Residential may be required by product manufacturer.  
Rough-in: **BZS inspection of the liner installation is required prior to covering with any other materials;**
5. Potable water distribution system - underground or rough-in;
6. Disinfection of the potable water distribution system.

If the self-certification process is chosen, a "Notification of Independent Test Certification" and a "Plumbing Test Form" must be completed, kept with the approved documents / inspection records and available for the plumbing inspector to review during the requested inspection.

This process only applies to testing of the installation. **The required final test shall be applied and witnessed by a BZS Plumbing Inspector for any project utilizing this alternative self-certification process.**

**Notification of Independent Test Certification**

**Instructions:**

Upon completion of the system installation (or sections thereof), required tests for drainage and vent piping, storm water piping and water supply system piping shall be conducted and certified by the contractor's representative and witnessed by a design professional or construction manager/builder for underground, rough-in, shower liner and water distribution piping, and disinfection of the potable water distribution system. The Building Official may also require that these tests be conducted in the presence of a Building and Zoning Services (BZS) Plumbing Inspector. All leaks and/or defects shall be corrected and the system shall be re-tested and certified before requesting an inspection by BZS staff.

This certificate shall be completed by the contractor's representative, signed by both the contractor's representative and the design professional or construction manager/builder and submitted to be included with the approved documents. Attach additional sheets as necessary to provide a complete record of the testing (i.e. for multiple story buildings). Incomplete information will result in the rejection of the submittal. Copies of the Plumbing Test Form(s) shall be made available to the BZS Plumbing Inspector at the time of the requested inspection. Please print legibly.

**Date:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **Parcel ID:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Representative:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
Signature

**Design Professional/Builder:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Representative:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
Signature

**Plumbing Systems to be certified by Contractor & Design Professional or Construction Manager/Builder:**

Type of Piping System	Construction Phase	Contractor Elects to Certify the Selected Tests		
Sanitary and/or Chemical Drainage and Vent System	Underground	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Sanitary and/or Chemical Drainage and Vent System	Rough-in	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Storm water piping	Underground	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Storm water piping	Rough-in	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Shower Liner Test (when required)	Rough-in	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Potable water distribution system	Underground	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Potable water distribution system	Rough-in	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Potable water distribution system	Disinfection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**Plumbing Test Form**

**Instructions:**

This form shall be completed by the contractor’s representative then signed by both the contractor’s representative and the design professional or construction manager/builder. Attach additional sheets as necessary to provide a complete record of the testing (i.e. for multiple story buildings). Incomplete information will result in the rejection of the submittal. Copies of the plumbing test form(s) shall be made available to the BZS Plumbing Inspector at the time of the requested inspection. Please print legibly. One form shall be completed and signed for each day a test(s) is performed.

**Permit #:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **Parcel ID:** \_\_\_\_\_

Type of Piping System	Specific Test	Code Section Reference	Date Test Conducted	RESULT	Area(s) Tested
Sanitary and/or Chemical Drainage and Vent System	Underground	OPC 312			
Sanitary and/or Chemical Drainage and Vent System	Rough-in	OPC 312			
Storm drainage system	Underground	OPC 312			
Storm drainage system	Rough-in	OPC 312			
Other	Shower liner (when required)	OPC 312			
Potable Water Distribution System	Underground	OPC 312			
Potable Water Distribution System	Rough-in	OPC 312			
Potable Water Distribution System	Disinfection	OPC 610.1			

**Contractor Certification**

I certify that the tests indicated in the plan approval/permit were performed in accordance with the Ohio Plumbing Code, the manufacturer’s testing requirements and that the system performed without leakage or defect.

**Contractor:** \_\_\_\_\_

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

**Representative:** \_\_\_\_\_ **Title:** \_\_\_\_\_

\_\_\_\_\_  
Signature

**Design Professional/Builder:** \_\_\_\_\_

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

**Representative:** \_\_\_\_\_ **Title:** \_\_\_\_\_

\_\_\_\_\_  
Signature