

MISSISSIPPI LIQUEFIED COMPRESSED GAS DIVISION

Report of Installation, replacement, and/or repair of liquefied compressed gas system, containers, equipment or appliances.

This installation report must be completed and e-mailed to the L.C. Gas Division within 15 days after installation, replacement or repair has been done.

Please use this space to give directions to premises either by sketch or brief statement or both.

EMAIL TO: L.C. Gas Division: legas@mid.ms.gov

PHONE: L.C. Gas Division Office: (601) 359-1064

Toll Free: 1-800-595-6504

Items denoted by an * are required

*INSPECTOR: _____ *COUNTY: _____

CUSTOMER: _____ ADDRESS: _____ (City)

Date of Completion: _____ New Installation Existing Installation Replace Tank Only

Installer's name: _____ Installer's No.: _____ Temporary Approval Tag: _____

Domestic Manufactured Home Commercial Rental Tank Other: _____

Work Performed: _____

TANK INFORMATION		REGULATOR INFORMATION		SERVICE LINE INFORMATION	
Tank Mfg.:	Size:	Two Stage Combined (piggy back)		Type pipe:	
Serial No.:				Pipe Size:	
Distance from important building:		Pressure/leak test:	Yes	No	Length:
					Depth:

REMARKS: _____

No. of outlets Installed today:	Total # of outlets:	#of outlets capped:	Appliances in Building: room heaters: _____ range: _____			
			clothes dryer: _____	unit heaters: _____	water heater: _____	fire logs: _____
			duct furnace: _____	other: _____		

Is a manual shut-off valve installed 6 ft. upstream of appliance: Yes No Type vent material: _____

Was CSST Used: Yes No

CSST Bonded: Yes No CSST Installed Dy< _____ Date<' _____

No distributor of L.C. Gas or other person shall fill, cause to be filled or permit to be filled any L.C. Gas container unless the installation first has been inspected and approved by a L.C. Gas Inspector or installed by a person holding a valid installer's certificate issued by the L.C. Gas Division. Any person, firm or corporation who shall violate the provisions of the paragraph may be punished by a fine of not less than one thousand dollars (1,000.00) nor more than five thousand (5,000.00). It is requested by the undersigned that the L.C. Gas Division send an inspector to further inspect the installation.

*COMPANY NAME< _____ ADDRESS< _____

FORM COMPLETED BY< _____ DATE< _____

SECTION BELOW FOR L.C. GAS INSPECTOR'S USE

I have inspected the above installation, it is: Approved Disapproved Condemned

REMARKS: _____

L.C. Gas Inspector Date