

# 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](mailto: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                            | Type pipe:               |        |
| Serial No.:                       |       | Combined (piggy back)                | Pipe Size:               |        |
| Distance from important building: |       | Pressure/leak test:      Yes      No | Length:                  | Depth: |

REMARKS: \_\_\_\_\_

|                                    |                        |                     |   |  |
|------------------------------------|------------------------|---------------------|---|--|
| No. of outlets<br>Installed today: | Total # of<br>outlets: | #of outlets capped: | <b>Appliances in Building:</b> 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