



Lift Station Engineer's Certification (101203)

Water and Wastewater Services
Water and Wastewater Engineering Division
2555 West Copans Road
Pompano Beach, FL 33069
Phone: (954) 831-0745
Fax: (954) 831-0798/0925

Pump Station ID: _____ Date: _____

Project Name: _____ Project Number: _____

Pump Manufacturer/Model: _____ Pump H.P.: _____

Control Panel Manufacturer: _____ Control Panel Max H.P.: _____

FPL Meter No.: _____ Account No.: _____

I hereby certify that the above referenced equipment/systems have been:

- Installed in accordance with the Contract Documents.
Manufacturer's Start-up has been witnessed.
Broward County approved sign installed.
Project appears to be complete and ready for operation.
O & M Manuals and training supplied

Comments:

Three horizontal lines for entering comments.

WWS Representative: _____ (Print Name) (Date)

WWOD Pump Station Representative: _____ (Print Name) (Date)

WWOD Electrical Representative: _____ (Print Name) (Date)

WWOD Instrumentation Representative: _____ (Print Name) (Date)

Contractor Representative(s): _____ (Print Name) (Date)

Engineer: _____ (Print Name) (Date)

(Signed) (Date)