



**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:

BCWWS Representative: _____
(Print Name) (Date)

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

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

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

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

Engineer: _____
(Print Name) (Date)

(Signed) (Date)