



Lift Station
Pump Manufacturer's Certification
of Proper Installation
(080818)

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

Date: _____

Pump Station ID: _____

Pump No. 1 _____

Serial No.: _____

Pump No. 2 _____

Serial No.: _____

Project No.: _____

Project Title: _____

I hereby verify that the above-referenced equipment/system has been:

(Check all that apply)

- Installed in accordance with Manufacturer's recommendations.
Pump seated properly.
Inspected, checked, and adjusted.
Serviced with proper initial lubricants.
Electrical and mechanical connections meet quality and safety standards.
All applicable safety equipment has been properly installed.
Functional tests successfully completed.
System has been performance tested, and meets or exceeds specified performance requirements.

Note: Attach any performance test documentation from the manufacturer

Comments:

Five horizontal lines for entering comments.

I, the undersigned Manufacturer's Representative, hereby certify that I am: (i) a duly authorized representative of the manufacturer, (ii) empowered by the manufacturer to inspect, approve, and operate his equipment and (iii) authorized to make recommendations required to assure that the equipment furnished by the manufacturer is complete and operational, except as may be otherwise indicated herein. I further certify that all information contained herein is true and accurate.

Date: _____

Manufacturer: _____

By Manufacturer's Authorized Representative: _____

(Authorized Signature)