



PUMP CHAMBER CHECKLIST
AS-BUILT CERTIFICATION

PUMP CHAMBER VOLUME _____

PUMP MANUFACTURER _____

PUMP H.P. _____ RAIL SYSTEM _____ YES _____ NO

LIFT OUT CABLE OR CHAIN _____ YES _____ NO

CORROSION RESISTANT MATERIAL _____ YES _____ NO

ACCESS COVER(S) AT GRADE _____ YES _____ NO

ACCESS COVER(S)
WATERTIGHT AND SECURED _____ YES _____ NO

CHAMBER FLOOR ELEVATION _____

PUMP OFF ELEVATION _____

PUMP ON ELEVATION _____

ALARM ON ELEVATION _____

STORAGE CAPACITY _____

ADDRESS: _____

MAP/BLK/LOT: _____

PROPOSED PLAN APPROVAL DATE _____

UNION PRESENT _____ YES _____ NO

WEEP HOLE PRESENT _____ YES _____ NO

PUMP VOLTAGE _____
SIMPLEX / DUPLEX (Circle One)

COVER(S) MATERIAL _____ LOAD RANGE _____

FLOAT SYSTEM / PRESSURE TRANSDUCER (Circle One)
IF FLOAT SYSTEM: PROPERLY SECURED / SEPARATED
_____ YES _____ NO

LAG PUMP ON ELEVATION _____ (IF APPLICABLE)

LAG PUMP OFF ELEVATION _____ (IF APPLICABLE)

ELECTRICAL PERMIT # _____ *(Inspection)*
DATE _____

PLUMBING PERMIT # _____ *(Inspection)*
DATE _____

DOSING FREQUENCY _____ DOSING VOLUME _____
(1 or 4 times a day or other) *(Gallons)*

The undersigned Certifies that the Pump Chamber & All Associated Equipment have been installed according to the approved design plan & specifications, & meets all State & Local Regulations _____ yes _____ no

The undersigned certifies that the pump chamber & all associated equipment have been installed with *changes* to the approved design plan &/or specifications, but according to all State & local regulations. _____ yes _____ no **(Note: All location changes shall be reflected on the certified as-built plan & all engineer approved specification changes shall be listed on the reverse of this form.**

Engineer/Inspector's Name, Title, & Company _____ Date: _____

Engineer/Inspector Contact Number _____ Engineer/Inspector's Signature: _____