



CERTIFICATION OF INSTALLATION
for an Existing Interceptor, Separator, or Other Treatment Device

This form **must be completed and submitted prior to an inspection request.**

Return to the Pretreatment Coordinator at the address below.

Project/Business Name: _____

Project Business Address: _____

Building Permit number: _____ - _____

As the **Colorado Licensed Professional of record for the above Permit**, I certify that ALL equipment, drains, and devices WITH THE POTENTIAL to discharge mercury, fats, oil, grease, solids, sand, dirt, mud, petroleum-laden waste, or similar wastes discharge to the existing and applicable treatment device.

All components of the device(s) are in place and in proper working order.

<i>Indicate which treatment device(s) were installed.</i>				
<input type="checkbox"/> Amalgam Separator	<input type="checkbox"/> Grease Trap w/ flow restrictor	<input type="checkbox"/> Grease Interceptor	<input type="checkbox"/> Sand/Oil Interceptor	<input type="checkbox"/> Solids Interceptor
Other (specify type): _____				

Printed Name - Colorado Licensed Professional

License Number

City State Zip

Seal
(if applicable)

Signature - Colorado Licensed Professional

Date