



CERTIFICATION OF INSTALLATION
for a New Interceptor, Separator, or Other Treatment Device

This form **must be completed and submitted after installation of and prior to covering the treatment device.** 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 the pre-treatment device(s) identified below has been installed in accordance with the design/construction document(s) submitted to and accepted by the City of Loveland for the above referenced business. The appropriate city codes, requirements, standards, and the manufactures recommendations/ specifications have been met.

All sources of mercury, fats, oil, grease, solids, sand, dirt, mud, petroleum laden waste, or similar wastes discharge to the appropriate treatment device. All components of the device(s) are in place and in proper working order.

<i>Indicate which treatment device(s) were installed and the capacity.</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
_____ #chairs	_____ gpm	_____ gallons	_____ gallons	_____ gallons
Other (specify type & capacity):				

Printed Name - Colorado Licensed Professional

License Number

City State Zip

Seal
(if applicable)

Signature - Colorado Licensed Professional

Date