

INSCRIPTION CANYON RANCH SANITARY DISTRICT

P.O. Box 215 Chino Valley, AZ 86323

Grinder Pump/Effluent Pump Installation Certification

Owner Name: _____

Contractor Name: _____

Address
of Project _____

Parcel: _____

The undersigned certifies that a grinder pump/effluent pump has been installed in accordance with District requirements as specified on the District website:
www.icrsd.net

Pump Model No. _____ Effluent

Grinder

Certified by _____

Company/Owner _____

Date: _____

Send signed form to
ICR Sanitary District
PO Box 215,
Chino Valley, AZ 86326
or fax: 928-636-9771