



CERTIFICATION OF INSTALLATION

For an EXISTING Interceptor, Separator, or Other Treatment Device

This form **must be completed after installation** of the treatment device and/or **prior to covering the device**. Return to: Pretreatment Coordinator at the above address.

Project/Business Name: _____

Loveland Business Address: _____

Building Permit number: _____ - _____

As the **Colorado Licensed Professional of record for the above Permit**, I certify that the pretreatment 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>				
☐ Amalgam Separator	☐ Grease Trap w/ flow restrictor	☐ Grease Interceptor	☐ Sand/Oil Interceptor	☐ 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