



Certification of mound system test

Date: _____

Name and location of house being certified: _____

Pursuant to a system check of the mound system conducted at the above location, the
Mound system was functioning properly.

Mound pump was tested and functioned properly.

Mound alarm was tested, and functioned properly.

If you have any questions or require any additional information,

please contact _____

System tested by: _____

Signature: _____

Date: _____

pump voltage: _____