

ELECTRICAL ASSURANCE FOR SEWAGE PUMP-UP SYSTEMS

Date Received:

The following form must be completed by the certified electrician who installed all electrical related components for the pump-up system which was installed at:

_____ (legal description)

in accordance with the sewage disposal permit numbered _____

This is to certify that the items marked as follows were carried out in the above installation:

- Controls, floats, terminations in the tank are rated for location as per Section 22 of the Canadian Electrical Code, C22.1 for wet and corrosive locations.
- Level control switches are provided for pump start, pump stop and high level alarm with water system shut down.
- The pump stop level control switch is positioned above the pump to ensure that the pump is always kept cool while running.
- The level control switches are supplied from a dedicated circuit separate from the pump circuit.
- The level control switches are mounted on a separate bracket or float tree so that they can be easily replaced and/or adjusted without removing the pump.
- The high level control switch automatically shuts off the power to the water supply pump in the building.
- The high level control switch also activates a warning light and an audible alarm.
- The high level warning light and audible alarm are wired separately from the pump. If outside, the audible alarm can be heard within a 30 m. radius.
- The warning light and audible alarm are placed in an appropriate location such that they can be readily seen and heard in order to alert the building occupants of the high level concern.
- The electrical components comply with the CSA 22.1-12. Control and junction boxes located outside the building are NEMA 4X.
- All electrical work was carried out under an electrical permit by a registered Class C electrical contractor (or higher) and was completed in accordance with the requirements of the Electrical Code of Canada, C22.1.
- All electrical systems including the pump switches and alarms have been satisfactorily tested.

Electrical Company: _____

Signature of electrician: _____ Print name: _____

Address: _____

Phone No. _____ Date signed: _____