

Customer Name : _____

SERVICE AGREEMENT

Date: _____

Inspected By: _____

☐ **ADDITIONAL PARTS/ATTENTION NEEDED**

Station Name: _____

Contact Person: _____ Phone Number: _____

	Pump 1	Pump 2
Make		
Model		
Serial Number		
Horse Power		
RPM		
Date Code		
Impeller Code		
Volts		
Phase		
FLA's		
Discharge Size		
Amp Draws		
Meg		
Impeller Condition		
Wear Ring Condition		
Oil Condition		
Pump Cord Condition		
Hour Meter Readings		

Additional Comments: _____

Control Panel Manufacturer: _____ Model: _____ S/N: _____

HP Rating: _____ Start Capacitor: _____ Run Capacitor: _____ Start Relay: _____

Alternator: _____ Phase Monitor: _____

Starter Manufacturer : _____ Starter Size : _____ Lightning Arrestor: _____

Overload Manufacturer : _____ Type : _____ Number : _____ Rating : _____

Leak Detection/Overtemp Relay: Y / N Make : _____ Model: _____

☐ Floats ☐ Transducer: _____ Cellular Dialer : _____ Panel Heater: _____

Additional Pump Information

Pump Chains – Condition: _____ Length: _____ Material: _____

Pump Clevis' – Condition: _____ Size: _____

Pump Handle – Condition: _____ Style: _____

Flow(GPM): _____ Total Dynamic Head(TDH): _____

Lift Station Information (For Rehabs)

Station Type: Wetwell / Drywell Valve Vault: Yes / No

Access Hatch Condition: _____ Dimensions: _____

Safety Gate: Yes / No If no, Dimensions: _____

Guide System Type: _____ Guide Pipe Diameter: _____

Structure Depth: _____ Structure Diameter: _____

Piping Size: _____ Conduit: Yes / No Type/Size: _____

Gate Valves: _____ Check Valves: _____

Station Layout

