

**ICR SANITARY DISTRICT**

P.O. Box 1963, Prescott, AZ 86302

## 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](http://www.icrsd.net)

Pump Mfg: \_\_\_\_\_ Effluent

Pump Model No. \_\_\_\_\_ Grinder

Certified by \_\_\_\_\_

Company/Owner \_\_\_\_\_

Date: \_\_\_\_\_

Send signed form to  
ICR Sanitary District  
PO Box 1963  
Prescott, AZ 86302  
or fax: 928-441-1895