

ATMOSPHERIC VACUUM RELIEF SYSTEM SVRS INSTALLATION and TEST CERTIFICATE

Installation Address

Owner : _____ Permit No. _____

Address:

SVRS Information

Type of SVRS installed : _____

Number of SVRS devices installed : _____ Number of pumps serving pool : _____

Number of pumps serving spa : _____

Does any single SVRS device serve more than one pump ? Yes _____ No _____

If yes, how many pumps does it serve ? _____

If yes, Attach SVRS specifications indicating it is acceptable for the SVRS to serve multiple pumps.

List serial number of each SVRS device installed: _____

Installation and Testing Information

Installer name _____ Date installed : _____

CT Electrical License No. _____ [Required if electronic device]

I hereby verify that I, _____ have installed each SVRS device in
Print Name

accordance with the manufacturers instructions, have performed the appropriate testing procedure(s), and have calibrated each SVRS device as outlined in the manufactures specifications, for the proper functioning of all of the above listed SVRS devices. On this date all SVRS devices were placed in proper working order and I discussed with the owner or owners designated representative the complete operational and testing procedure for each SVRS device.

This installation is also in accordance with the manufacturers specifications in regards to the permitted height of each SVRS device above or below the water level of the pool or spa.

Signature Date _____