



Request for Pump Evaluation Analysis Hydraulic Test

Account Name: _____ Mailing Address: _____

Contact Person: _____ City: _____ State: _____

Phone Number: _____

Cell Number: _____ Email: _____ Zip: _____

Is this reclaimed water? Yes No Any repairs or adjustments since last year? Yes No

Plant Designation	Service	Account #	HP	Pump Size, Type, Stages	Annual Operating Hours	Description of Repairs / Modification
	Location	Meter #		Design Head & Capacity		

All pumps on the system as directed by the customer.

Disclaimer: I, hereby request Pump Check to make a hydraulic test on each of the pumping units described on this letter. I, hereby give you permission to enter upon my property to perform these tests, disclaiming any right to payment for any damage to my equipment, crops, and/or property which may arise as a result of these tests, unless caused by negligence of your employees in making the tests. I, hereby agree to provide personnel knowledgeable in the operation of the equipment and water system to assist you in making the tests and to insure that all controls and valves are returned to normal setting at the completion of the tests.

Return To:
PUMP CHECK
 Office 951-684-9801
 Fax 951-653-1950
jon@pumpcheck.com
 P.O. Box 5646
 Riverside, CA 92517

Authorized Signature

Date

Title