The following must be completed for warranty consideration:
*If motor passes visual inspection in section "A", complete back side and fax or e-mail to the factory.*

Customer Location: ______________________________________________________________________

HP: ___________ VOLTS: 3/60/______ MODEL#: _________ Motor Dia. 6" / 8"

Make: CentriPro Hitachi Mfg#: ___________________________ Date Code: ________

PO#__________ Purchase Date: ___________________________

Date Installed: ___________________________ Date Failed: ____________________________

**A: General Condition:**

1 Sand Damage: Yes ( ) No ( )
2 Broken Shaft: Yes ( ) No ( )
3 Discolorization of can from heat: Yes ( ) No ( )
4 Motor Spline Damage: Yes ( ) No ( )

If any of questions 1 through 4 are answered Yes, the failure is not considered to be Warrantable.

Motors to be returned for inspection must have motor cable cut above splice.

**Returned motors must have a Texas Turbine issued RMA.**

**Other Comments:**
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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CENTRIPRO WARRANTY APPLICATION and INSTALLATION RECORD

Installation Location: __________________________________________________________ Well # ____________________

Installed by: __________________________________________________________________

Date Installed: ___________________________ Date Failed: ___________________________

Motor HP: ______________ Voltage: ______________ Diameter ______________

Motor Serial #: ___________________________ Date Code: ___________________________

INSTALLATION RECORD

1) Depth of Setting: ___________________________ Well Diameter: ___________________________
2) Static Water Level: ___________________________ Pumping Water Level: ___________________________
3) Water Temperature: ______________ °F Check Valve(s) at Feet: ___________________________
4) Pump Capacity GPM: ___________________________ Total Dynamic Head ___________________________

START UP DATA

1) Static Voltage Line 1 ______________ Line 2 ______________ Line 3 ______________
   1a) Load voltage Line 1 ______________ Line 2 ______________ Line 3 ______________
2) Amperage Line 1 ______________ Line 2 ______________ Line 3 ______________
3) Starter Size: ___________________________ Manufacturer ___________________________
4) Fuse Size: ___________________________ Ambient Compensated Heater Size: ______________
5) Cable Size: ___________________________ Length ______________ Temp Rating: ______________ °C
6) Flow Inducer Installed ___________________________ All Flow From Below Motor?: ______________
7) Motor Protection Device(s): ___________________________
8) Installed per IOM Instructions?: ___________________________
9) Installing Contractor ___________________________

Signed by: ___________________________

Date ___________________________

Returned motors must have a Texas Turbine issued RMA.

RMA # ___________________________

Section to be completed by factory and returned to requestor.