



EnviroServer® ES Startup Form

Service provider information

Company name: _____
Company contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of start-up: _____

Project information

Job name: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of installation: _____
Installer: _____

Base system

Check the appropriate boxes	Yes	No	N/A
Inflow & outflow works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System is powered ON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water leaks detected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air leaks detected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test/silence switch operates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High level alarm works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low air alarm works (comp #1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low air alarm works (comp #2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airlift recirculation pump works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump rate (burps/minute) _____			
Solenoid valve installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timer settings On _____ Off _____			
Biomeida installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aeration works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent filter cartridge installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduits in controller sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desiccant bag in controller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiring diagrams in controller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
'For Service Call' label on controller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner provided owner's manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner educated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control panel serial #: _____			
Compressor(s) serial #: _____			
Telemetry serial #: _____			
MRP pump serial#: _____			

Optional equipment

Check the appropriate boxes	Yes	No	N/A
UV alarm works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump on off float works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redundant off float works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peak override float works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical recirculation pump works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump OFF time _____ (seconds)			
Pump ON time _____ (seconds)			
System is Demand Dosed _____ Timed Dosed _____			
Simplex effluent/discharge pump			
Effluent/discharge pump one works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump OFF time _____ (seconds)			
Pump ON time _____ (seconds)			
Time meter reading _____			
Cycle counter _____			
Duplex effluent pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent/discharge pump two works			
Pump OFF time _____ (seconds)			
Pump ON time _____ (seconds)			
Time meter reading _____			
Cycle counter _____			
UV light works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telemetry tested and works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring form submitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flow meter reading _____			
Return flush meter reading _____			

This form and tank installation form must be submitted to MicroSepTec in order to validate warranty. By signing this form, you acknowledge the above system has been started up according to MicroSepTec specifications, you have reviewed the checklist, and all responses are complete, true, and verified

Service provider's name (printed): _____ Signature: _____