



## 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
Tank Installed (Per MicroSepTec Specifications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	
Biomedia 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"/>
Tank serial #: _____			
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"/>
Solenoid Valve/ MRP 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 _____			

Startup and Installation form must be submitted to MicroSepTec in order to validate warranty. If an Authorized Installer also performed the startup, the absence of the Installation Form, and the submittal of the completed Startup Form will fulfill the requirements for warranty. By signing this form, you acknowledge the above system, and components have been installed per MicroSepTec specifications, you have reviewed the checklist, and all responses are complete, true, and verified

Service provider's name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_