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	☐	☐	☐
System is powered ON	☐	☐	☐
Water leaks detected	☐	☐	☐
Air leaks detected	☐	☐	☐
Test/silence switch operates	☐	☐	☐
High level alarm works	☐	☐	☐
Low air alarm works (comp #1)	☐	☐	☐
Low air alarm works (comp #2)	☐	☐	☐
Airlift recirculation pump works	☐	☐	☐
Pump rate	(burps/minute)_____		
Solenoid valve installed	☐	☐	☐
Timer settings	On_____	Off_____	
Biomedia installed	☐	☐	☐
Aeration works	☐	☐	☐
Effluent filter cartridge installed	☐	☐	☐
Conduits in controller sealed	☐	☐	☐
Desiccant bag in controller	☐	☐	☐
Wiring diagrams in controller	☐	☐	☐
'For Service Call' label on controller	☐	☐	☐
Homeowner provided owner's manual	☐	☐	☐
Homeowner educated	☐	☐	☐

Control panel serial #:_____

Compressor(s) serial #:_____

Telemetry serial #:_____

MRP pump serial#:_____

Optional equipment

Check the appropriate boxes	Yes	No	N/A
UV alarm works	☐	☐	☐
Pump on off float works	☐	☐	☐
Redundant off float works	☐	☐	☐
Peak override float works	☐	☐	☐
Mechanical recirculation pump works	☐	☐	☐
Pump OFF time_____(seconds)			
Pump ON time_____(seconds)			
System is Demand Dosed_____Timed Dosed_____			
Simplex effluent/discharge pump			
Effluent/discharge pump one works	☐	☐	☐
Pump OFF time_____(seconds)			
Pump ON time_____(seconds)			
Time meter reading_____			
Cycle counter_____			
Duplex effluent pump	☐	☐	☐
Effluent/discharge pump two works			
Pump OFF time_____(seconds)			
Pump ON time_____(seconds)			
Time meter reading_____			
Cycle counter_____			
UV light works	☐	☐	☐
Telemetry tested and works	☐	☐	☐
Monitoring form submitted	☐	☐	☐

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:**_____

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