

# MBBRa System Start-Up

For systems using AdvanTex® secondary treatment units, use this form in conjunction with [System Start-Up, NFO-ATX-SSU-1](#). For systems with more MBBRa units, use additional sheets as necessary. When this form has been completed, attach it to *System Start-Up, NFO-ATX-SSU-1*, if applicable, along with any other applicable system start-up forms, and provide a copy of these forms to the system owner and the system operator.

## Project Information

Project name: \_\_\_\_\_

Date: \_\_\_\_\_

## MBBRa Unit Information

Unit number: \_\_\_\_\_

Unit serial number: \_\_\_\_\_

Unit number: \_\_\_\_\_

Unit serial number: \_\_\_\_\_

## Site and Unit Installation Inspection

Installation method	<input type="checkbox"/> Burial	<input type="checkbox"/> Partial burial	<input type="checkbox"/> Bermed	<input type="checkbox"/> Above grade
Depth and spacing	Burial depth to native soil: _____		Spacing between units: _____	
Bedding/backfill material(s) (select all that apply)	<input type="checkbox"/> Native fill	<input type="checkbox"/> Aggregate	<input type="checkbox"/> Other: _____	
Antiflotation installed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____	
Installed unit is level	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____	
Site grading checked	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____	
Site drainage checked	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____	
Lids accessible	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____	
Inlet plumbing correct and watertight	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____	
Outlet plumbing correct and watertight	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____	
Media retention plate(s) secured/sealed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____	
Water level at invert of outlet (calibration req.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____	
Static media depth	ORG1 _____	ORG2 _____	Notes: _____	
	NIT1 _____	NIT2 _____	Notes: _____	
Key site and unit components photographed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____	

## Aeration and Systems Inspection

Aeration manifold unions tightened	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Aeration gate valves open	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
High-level alarm verified (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Blower motor rotation confirmed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Pressure relief valve calibrated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Blower manifold piping inspected	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Manifold leaks found	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Manifold leaks resolved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Zones calibrated	<input type="checkbox"/> ORG1	<input type="checkbox"/> ORG2	<input type="checkbox"/> NIT1
			<input type="checkbox"/> NIT2
Key details photographed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____

## Blower Inspection

Blower setpoint frequency	Hz:		
Blower 1	Voltage:		Amperage: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>
Blower 2	Voltage:		Amperage: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>
Blower 2	Voltage:		Amperage: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>
Blower high setting	Amperage:	<span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>	
Blower low setting	Amperage:	<span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>	
Blower manifold pressure	psi:	<span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>	
"AUTO" operation confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	<span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>
Media mixing satisfactory	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	<span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>
Lowest mixing frequency	Hz:	<span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>	
Air leaks found	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	<span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>
Air leaks resolved	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	<span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>
Key blower components photographed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	<span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>

## Final Actions

All hatches/lids secured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	<span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>
Controls and equipment set to "AUTO"	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	<span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>

## Data Collection Information

Data collected by:  Date:

## Additional Information

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