

# MBBRd 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 MBBRd 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: \_\_\_\_\_

## MBBRd 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 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 Seated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____	
Static Media Depth			Notes: _____	
Key Components Photographed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____	

## Blower and Mixing System Inspection

Blower VFD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hertz: _____
Blower	<input type="checkbox"/> Vent	<input type="checkbox"/> Comp	Notes: _____
Bubble Events per Cycle per Injector			Notes: _____
Air Bubbles Visible	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Large Bubbles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Describe Bubble Patterns and Surface Interaction with Media	Notes: _____ _____ _____ _____ _____		
Key Components Photographed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____

## Sludge Removal System Inspection

All System Electrical Connections Made	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Waterproof Wire Nuts Used in Splice Boxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
All Interior Electrical Cords Neatly Wrapped	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____

## Sludge Pump Power Supply

Unit/Pump	Static/Dynamic Voltage	Pump/Panel Amperage	Unit/Pump	Static/Dynamic Voltage	Pump/Panel Amperage
_____	/	/	_____	/	/
_____	/	/	_____	/	/

Key Components Photographed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
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## Control Panel Inspection

All Panel Electrical Connections Made	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
All Electrical Conduits Sealed Correctly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Internal Pump Overload Relay Operates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Variable Frequency Drives Operate (If Applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Automatic Alarm Operation Verified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Alarm Call-Out Verified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Current Sensor Range Verified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
MBBRd Blower Timer Mode Verified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Initial MBBRd Blower Timer Settings Recorded	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
MBBRd Blower Timer Settings	"On" Time, Min. _____ "Off" Time, Hrs _____		

## Carbon Feed

Carbon Feed Runs in Manual Mode	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Carbon Feed Runs in Auto Mode	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Peristaltic Pump Speed Percentage:	_____		
Chemical Used:	_____		
LLA Float Alarm Verified (If Applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
HLA Float Alarm Verified (If Applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes: _____
Storage Volume:	_____		

## Data Collection Information

Data Collected By: _____	Date: _____
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## Additional Information

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