

System Start-Up: AX-Max™ Units

Use this form in conjunction with NFO-ATX-SSU-1, *System Start-Up*. When completed, attach this form to NFO-ATX-SSU-1 along with other applicable system start-up forms and provide a copy of these forms to the system owner and to the system operator.

Project Information

Project Name: _____
Date: _____

Treatment Unit Information

Unit #	Serial #	Unit #	Serial #	Unit #	Serial #
1	_____	5	_____	9	_____
2	_____	6	_____	10	_____
3	_____	7	_____	11	_____
4	_____	8	_____	12	_____

Unit and Site Installation Inspection

Installation Method Burial Partial Burial Bermed Above-Grade

Depth and Spacing Burial Depth To Native Soil: _____ Spacing Between Units: _____

Bedding Material(s) (Select All Applicable) Native Fill Aggregate Other: _____

Anti-Flotation Installed Yes No Notes: _____

Unit(s) Installed Level Yes No Notes: _____

Site Grading Checked Yes No Notes: _____

Site Drainage Checked Yes No Notes: _____

Lids Accessible Yes No Notes: _____

Inlet Plumbing Correct and Watertight Yes No Notes: _____

Outlet Plumbing Correct and Watertight Yes No Notes: _____

Textile Correctly Installed Yes No Notes: _____

Key Components Photographed Yes No Notes: _____

Ventilation System Inspection

All System Electrical Connections Made Yes No Notes: _____

Waterproof Wire Nuts Used in Splice Boxes Yes No Notes: _____

All Vent Pipes Connected Yes No Notes: _____

Vent Inlets Installed Yes No Notes: _____

Vent Outlets Installed Yes No Notes: _____

Carbon Filters Installed (If Applicable) Yes No Notes: _____

Vent Fans Operate Yes No Notes: _____

Intake Airflow Verified Yes No Notes: _____

Exhaust Airflow Verified Yes No Notes: _____

Fan Alarm Operates Yes No Notes: _____

Key Components Photographed Yes No Notes: _____

Recirculation Pumping (Recirc) System Inspection

- All System Electrical Connections Made Yes No Notes: _____
- Waterproof Wire Nuts Used in Splice Boxes Yes No Notes: _____
- Float Switches Installed Yes No Notes: _____
- Float Switch Cords Neatly Wrapped Yes No Notes: _____
- Float Switch Tests Performed Yes No Notes: _____
- Manifolds Flushed Yes No Notes: _____
- Spray Nozzles Operate Yes No Notes: _____
- Spray Patterns Adequate Yes No Notes: _____

Manifold Pressure	Unit #	Manifold Pressure	Unit #	Manifold Pressure	Unit #	Manifold Pressure
	1	_____	5	_____	9	_____
	2	_____	6	_____	10	_____
	3	_____	7	_____	11	_____
	4	_____	8	_____	12	_____

- Recirc Pump(s) Operate in "Manual" Yes No Notes: _____
- Recirc Pump(s) Operate in "Auto" Yes No Notes: _____

Pump #	Voltage		Amperage		Pump #	Voltage		Amperage	
	Static	Dynamic	Pump	Panel		Static	Dynamic	Pump	Panel
1	_____	_____	_____	_____	13	_____	_____	_____	_____
2	_____	_____	_____	_____	14	_____	_____	_____	_____
3	_____	_____	_____	_____	15	_____	_____	_____	_____
4	_____	_____	_____	_____	16	_____	_____	_____	_____
5	_____	_____	_____	_____	17	_____	_____	_____	_____
6	_____	_____	_____	_____	18	_____	_____	_____	_____
7	_____	_____	_____	_____	19	_____	_____	_____	_____
8	_____	_____	_____	_____	20	_____	_____	_____	_____
9	_____	_____	_____	_____	21	_____	_____	_____	_____
10	_____	_____	_____	_____	22	_____	_____	_____	_____
11	_____	_____	_____	_____	23	_____	_____	_____	_____
12	_____	_____	_____	_____	24	_____	_____	_____	_____

- Key Components Photographed Yes No Notes: _____

AX-Max Discharge Pumping System Inspection

- Discharge Type Timed-Dose Pump Demand-Dose Pump Gravity Discharge
- All System Electrical Connections Made Yes No Notes: _____
- Waterproof Wire Nuts Used in Splice Boxes Yes No Notes: _____
- Float Switches Installed Yes No Notes: _____
- Float Switch Cords Neatly Wrapped Yes No Notes: _____
- Float Switch Tests Performed Yes No Notes: _____
- Discharge Pump(s) Connected Yes No Notes: _____
- Discharge Pump(s) Operate in "Manual" Yes No Notes: _____
- Discharge Pump(s) Operate in "Auto" Yes No Notes: _____

AX-Max Discharge Pumping System Inspection, cont.

Discharge Pump Volts and Amps

Pump #	Voltage		Amperage		Pump #	Voltage		Amperage	
	Static	Dynamic	Pump	Panel		Static	Dynamic	Pump	Panel
1					6				
2					7				
3					8				
4					9				
5					10				

Flow Meter Installed Yes No Notes: _____

Flow Meter Operates Yes No Notes: _____

Key Components Photographed Yes No Notes: _____

Control Panel Inspection

Control Panel Type TCOM Other: _____

Control Panel Identification Panel Serial Number: _____ Panel Phone/IP Number: _____

Control Panel Power Service Panel Voltage: _____ Service Panel Amperage: _____

Neutral-To-Ground Voltage Measured Yes No Notes: _____

All Panel Electrical Connections Made Yes No Notes: _____

Electrical Conduits Sealed Correctly Yes No Notes: _____

Internal Pump Overload Relay Operates Yes No Notes: _____

Phase Monitor Operates (3-Phase Systems) Yes No Notes: _____

Float Switch Inputs Communicate with Panel Yes No Notes: _____

Automatic Pump & Alarm Operation Verified Yes No Notes: _____

Alarm Call-Out Verified Yes No Notes: _____

Current Sensor Range Verified Yes No Notes: _____

Operator Phone #s Entered Into Panel Yes No Notes: _____

Pumps gpm Recorded In Control Panel Yes No Notes: _____

Recirc Pump Timer Mode Verified Yes No Notes: _____

Initial Recirc Timer Settings Recorded Yes No Notes: _____

Recirc Timer Settings

Manual	Estimated Flow	Trend
Time On: _____	Recirc-Return Ratio: _____	Recirc-Return Ratio: _____
Time Off: _____	RT Maximum Off Time: _____	RT Maximum Off Time: _____
Override On: _____	RT Minimum Off Time: _____	RT Minimum Off Time: _____
Override Off: _____	Est. Average Daily Flow: _____	Avg. # of Off Days: _____
	Est. Maximum Daily Flow: _____	

Final Timer Mode Manual Estimated Flow Trend

Discharge Pump Timer Mode Verified Yes No Notes: _____

Initial Discharge Timer Settings Recorded Yes No Notes: _____

Discharge Timer Settings Time On: _____ Time Off: _____ Override On: _____ Override Off: _____

Data Collection Information

Data Collected By: _____

Date: _____

Additional Information

Lined area for additional information with multiple horizontal lines.