

System Start-Up: Recirculation Tank(s)

Tank

Tank manufacturer: _____ Material: _____

Tank and Accessories

Watertight test performed: Yes No N/A

Tank anti-flotation measures: Yes No N/A

Notes: _____

Access Risers

Proper grading and drainage: Yes No N/A

Riser, riser adapters, grommets installed correctly: Yes No N/A

Riser lids secure: Yes No N/A

Notes: _____

Biotube Pump System

Cartridge is removable and handle is accessible: Yes No N/A Notes: _____

Discharge assembly orientation/access to union/cam and valve: Yes No N/A Notes: _____

Float cords neatly wrapped, cords long enough for removal: Yes No N/A Notes: _____

Floats are properly orientated and handle is accessible : Yes No N/A Notes: _____

Verify float and RSV settings and operation: Yes No N/A Notes: _____

MM/RSV model: _____ MM/RSV setting: _____ MM/RSV is removable: _____

Note: Refer to setting instructions for model used. RSV is typically set to approximately 80% of the tank depth or volume.

Tank invert of inlet from outside top of tank: _____

Float function Float setting (from outside top of tank)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Verify pump voltage and phase match control panel: Yes No N/A Notes: _____

Voltage/Phase: _____

Check pump operation in manual: Yes No N/A Notes: _____

Splice box is accessible, waterproof splices, conduit seal: Yes No N/A Notes: _____

Record Pump Voltage and Amperage at Control Panel

Pump #	Pump Model	Voltage		Amperage	
		Static	Dynamic	Pump	Panel

Notes: _____

Control Panel

Model: _____ Custom number: _____ TCOM phone/IP: _____

- Verify internal overloads and phase monitor (3 phase only): Yes No N/A Notes: _____
- Verify inputs from floats are communicating with control panel: Yes No N/A Notes: _____
- Verify automatic operation of pumps and alarms: Yes No N/A Notes: _____
- Verify range on current sensor: Yes No N/A Notes: _____
- Verify/calibrate pump gpm, enter it into control panel: Yes No N/A Notes: _____
- Verify timer mode: Yes No N/A Notes: _____

<u>Manual</u>	<u>Estimated Flow</u>	<u>Trend</u>
Time on: _____	Ret recirc ratio: _____	Ret recirc ratio: _____
Time off: _____	RT max off time: _____	RT Max off time: _____
Override on: _____	RT min off time: _____	RT Min off time: _____
Override off: _____	Est avg daily flow: _____	No. of days-Avg: _____
	Est peak daily flow: _____	

Verify pump & control breakers are "on" and system is in "auto":

Yes No N/A

Notes: _____

Verify correct phone number:

Yes No N/A

Notes: _____

Verify alarms are called out to operator:

Yes No N/A

Notes: _____

Verify remote connectivity:

Yes No N/A

Notes: _____

Notes:

Sampling Location(s)

Influent: _____

Effluent: _____

Photographs of Key Components

General site / component pictures: _____

Items needing correction: _____

General Comments

