Recirculating Media Filters

INSTALLATION & STARTUP CHECKLIST

I. PROJECT INFORMATION - COMPLETED BY INSTALLING CONTRACTOR

JOB NAME: _______________________________________________________  LOCATION: ________________________________________________________

ENGINEER:  _______________________________________________________  PHONE:  ___________________________________________________________

CONTRACTOR: ___________________________________________________  PHONE:  ___________________________________________________________

HEALTH DEPARTMENT: _____________________________________________  PHONE:  ___________________________________________________________

INSTALLATION DATE: ______________________________________________  START-UP DATE: ___________________________________________________

II. EQUIPMENT INFORMATION - COMPLETED BY INSTALLING CONTRACTOR

MEDIA FILTER SIZE:  ___ 10' X 10'   ___ 10' X 15' ________________OTHER  DISCHARGE TYPE: ___ GRAVITY DISCHARGE ____ PUMP DISCHARGE

DOSING PUMP: P/N________________ MODEL NO.__________________ VOLTAGE_______ PHASE____ HP_____ RATED FLA______ MFR. DATE______________

MEDIA FILTER SUMP BASIN: P/N______________ MODEL NO.______________ VOLTAGE_____ PHASE___ HP___ RATED FLA______ MFR. DATE______________

III. INSTALLER CHECKLIST

THE FOLLOWING SHOULD BE COMPLETED DURING START-UP
BY A TRAINED, QUALIFIED TECHNICIAN.

SEPTIC TANK

☐ PIPING COMPLETE FROM BUILDING TO SEPTIC TANK
☐ PROPER FALL IN LINE
☐ CLEAN OUT IN BUILDING LINE
☐ RISERS PROPERLY SEALED TO SEPTIC TANK
☐ FILTER INSTALLED ON SEPTIC TANK DISCHARGE LINE
☐ DISCHARGE AT PROPER HEIGHT
☐ SEPTIC TANK WATERTIGHT

DOsing TANK

☐ PIPING COMPLETE FROM SEPTIC TANK TO DOSING TANK
☐ PROPER FALL IN LINE
☐ RISERS PROPERLY SEALED TO DOSING TANK
☐ DOSING PUMP INSTALLED AND PIPED
☐ PUMP WIRING COMPLETE TO CONTROLLER
☐ JUNCTION BOX WIRED AND SEALED
☐ LOW WATER AND ALARM FLOATS INSTALLED AND ADJUSTED
☐ DISCHARGE PIPE AND WIRING SEALED THROUGH RISER
☐ DOSING TIMER ADJUSTED _________ON _________OFF
☐ PUMP OPERATING PROPERLY
☐ DISCHARGE PIPE TO MEDIA FILTER COMPLETE
☐ DOSING TANK WATERTIGHT

MEDIA FILTER GRAVITY DISCHARGE

☐ PROTECTIVE UNDERLAY BLANKET USED
☐ PROPER LINER FRAME INSTALLED IN EXCAVATED AREA
☐ LINER IN PLACE WITH ALL PENETRATIONS SEALED
☐ 4" DRAIN LINE ASSEMBLED AND IN PLACE
☐ PROPER FILTER MEDIA INSTALLED - SIZE ________________
☐ MANIFOLD AND DISTRIBUTION PIPING ASSEMBLED AND GLUED
☐ ORIFICE SHIELDS INSTALLED IN PROPER LOCATIONS
☐ CLEANOUT RISERS FOR DISTRIBUTION PIPING INSTALLED
☐ HORIZONTAL PROTECTIVE BARRIER INSTALLED
☐ GRAVEL LAYER OVER DISTRIBUTION PIPING
☐ PIPING COMPLETE FROM MEDIA FILTER TO SPLITTER SYSTEM
☐ PROPER FALL IN LINE
☐ SPLITTER SYSTEM INSTALLED AND PROPERLY ADJUSTED
☐ ACCESS PIPE TO SPLITTER SYSTEM INSTALLED
☐ PIPING COMPLETE, WITH PROPER FALL, BACK TO PUMP TANK
☐ PIPING COMPLETE, WITH PROPER FALL, TO ABSORPTION FIELD
☐ SYSTEM FLUSHED OUT PROPERLY
☐ DISTAL PRESSURE ADJUSTED TO____________FEET (3' - 5')

CONTINUED ON BACK PAGE
IV. ELECTRICAL READINGS AT PANEL

DOSING TANK:
- VOLTAGE SUPPLY (PUMP OFF) L1 - L2 ______ V.
- VOLTAGE SUPPLY (PUMP ON) L1 - L2 ______ V.
- AMP DRAW (PUMP ON) L1 ______ A.

MEDIA FILTER SUMP:
- VOLTAGE SUPPLY (PUMP OFF) L1 - L2 ______ V.
- VOLTAGE SUPPLY (PUMP ON) L1 - L2 ______ V.
- AMP DRAW (PUMP ON) L1 ______ A.

V. ABSORPTION FIELD

Absorption field to be installed per site conditions, local codes and appropriate government regulations.

VI. SUMMARY

COMMENTS: ____________________________________________________
______________________________________________________________
______________________________________________________________

I CERTIFY THIS START-UP REPORT TO BE ACCURATE:

_________________________________________________________ __________
NAME DATE

OTHERS PRESENT DURING START-UP:
- ENGINEER _____________________________________________________
- CONTRACTOR _________________________________________________
- HEALTH DEPT. _______________________________________________
- HOME OWNER _______________________________________________