



BioMicrobics Start-Up & Product Registration Report

(Aerobic & Alternative Treatment Systems)

1. Site & Owner Information

Installation Site Name: _____

Site Address: _____

City / State / ZIP: _____

County: _____ Permit No.: _____

Design Flow: _____ gallons per day

Owner (if different from site): _____

Owner Address: _____

Owner Phone / Email: _____

2. System Identification

Manufacturer / Product Line: ☐ BioMicrobics : _____

Model: _____ Model Size: _____

Serial Number: _____ Start-Up Date: _____

GPS Coordinates (if available): _____

3. Installation & Tank Verification

Tank Type: ☐ Concrete ☐ Polyurethane ☐ Other: _____

Anti-Flotation Installed: ☐ Yes ☐ No

Treatment Unit Installation Method: ☐ Lid Suspension ☐ Leg Support

Access Ports and Cleanouts Present and Accessible: ☐ Yes ☐ No

4. Electrical, Controls & Dosing

Control Panel Make / Model: _____

Dosing Type: ☐ Demand ☐ Time

Float Configuration: ☐ 2-float ☐ 3-float ☐ Other: _____

Float Settings (inches below top of tank):

Alarm: _____ On: _____ Off: _____ Other: _____

Timer Settings (if applicable): _____

Alarms Functional (audio/visual): ☐ Yes ☐ No

Blower Failure Test – Audible/Visual Alarm Functions: ☐ Yes ☐ No

Blower Failure Test – Pump Stops Operating: ☐ Yes ☐ No

Voltage / Phase: _____

5. Pumping & Hydraulics

Pump Chamber Size: _____ gallons per inch

Discharge Pump Make & Model: _____

Pump Delivery Rate (drawdown test): _____ gpm

Dose Volume: _____ gallons per dose

Floats Functioning Properly: ☐ Yes ☐ No

6. Blower & Air Delivery

Blower Make & Model: _____

Blower Operating Properly: ☐ Yes ☐ No

Blower On / Off Duration Time: _____

Power Supply: ☐ Single Phase ☐ Three Phase

Frequency: ☐ 50 Hz ☐ 60 Hz

Air Filter Present and Clean: ☐ Yes ☐ No

Air Delivery / Bubbling Even and Robust: ☐ Yes ☐ No

UV Unit (if applicable) Operating: ☐ Yes ☐ No ☐ N/A

UV Light Failure Test – Audible/Visual Alarm Functions: ☐ Yes ☐ No

UV Light Failure Test – Pump Stops Operating: ☐ Yes ☐ No

7. Distribution / Absorption Area (if applicable)

Laterals Accessible: ☐ Yes ☐ No

Number of Laterals: _____

Squirt Height: _____ feet

8. Operational Readiness

All Lids Secured: ☐ Yes ☐ No

Circuit Breakers On: ☐ Yes ☐ No

System Ready for Use: ☐ Yes ☐ No

9. Notes / Remarks / Sketch

10. Declarations & Signatures

Installer / Service Provider Name: _____

Certification No.: _____

Signature: _____ Date: _____

Print Name: _____