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OREGON REGULATORS FINAL INSPECTION CHECKLIST

MicroFAST® Wastewater Treatment Systems

INSTALLATION					AUTHORIZED SERVICE PROVIDER			
Installation Address:					Name:			
					Street:			
Owner Name:					Mail Address:			
Mail Address:					Wall Address.			
City State Zip					City	State Zip		
Phone Fax					Phone Fax			
e-mail					e-mail			
INSTALLATION INFORMATION								
Model No. Blower B				Serial No.			Date of System Start-Up	
	012							
EQUIPMENT		T		DETAILED COMMENTS OF SITE AND				
OPERATION		YES		NO	DRAINFIELD CONDITIONS - MAINTENANCE			
					PERFORMED OR REQUIRED			
Electrical Panel(s)								
Visual Alarm Operating								
Audio Alarm Operating								
Blower(s):								
Air Inlet Filter Clean								
Blower Hood Vents Clear								
Excessive Noise								
Excessive Vibration					A40.4			
Blower <100 ft from Unit								
Airline less than 4 – 90's								
Wiring < 150 ft from source								
Treatment Unit(s):								
Installed on feet								
Hanging from tank lid								
Tank level with 1" on all								
Sides								
System Vent:								
Proper size pipe with								
Rodent screen						1		
REGULATOR	URE		***************************************		II	NSPECTION DATE		

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