

Aqua AIRE[®] Aerobic Treatment System Installation Checklist

Name of Owner: _____ Serial Number of Plant: _____
 Name of Resident (if different than owner): _____
 Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone: (Home) _____ (Business) _____
 () Residential () Commercial Number of Bedrooms: _____ DAF: _____ gpd
 Date of Installation: _____ Name of Installer: _____
 Service Provider: _____ Phone Number: _____

Description of Installation:
 Model of Aqua AIRE: _____ Design Treatment Capacity: _____ gpd
 Disinfection Provided: () Yes () No
 () Chlorination () Ultraviolet: _____ Salcor _____ The Disinfecter
 Pump Chamber Provided: () Yes () No
 Pump Brand: _____ Capacity: _____ HP Discharge: _____ inches
 () Effluent () Sewage Handling / 2" solids () Grinder
 Capacity of Pump Chamber: _____ gallons
 Post Aeration Provided (NPDES): () Yes () No
 Failsafe Alarm: () Yes () No Auto-dialer on Alarm: () Yes () No
 Other ancillary equipment (describe): _____
 Disposal (describe): _____

Excavation:
 Bottom level (+/- 1") () Yes () No
 Excavation free from rocks or sharp objects () Yes () No
 Bottom has compacted sand or undisturbed earth () Yes () No
 Inlet/Outlet pipes supported during backfill () Yes () No
 Backfill with sand or selected fill material () Yes () No

Tank Preparation:
 Air diffuser installed () Yes () No
 Inlet/Outlet pipes installed with sanitary tees () Yes () No
 Tank filled with water () Yes () No
 Access riser at least 3" above finished grade () Yes () No

Air Compressor:
 Located within 100 feet of treatment plant () Yes () No
 Compressor mounted in protective housing () Yes () No
 Airline is 3/4" Sch. 40 PVC () Yes () No

UV Disinfection:
 Electrical junction box above ground (if outside ATU) () Yes () No
 UV w/in 40' of power source ("The Disinfecter") () Yes () No
 Subassembly at right angle to inlet/outlet (Salcor) () Yes () No

Post-Aeration Basin:
 Air diffuser installed () Yes () No
 Compressor w/in 100 feet of basin () Yes () No
 Access riser at least 3 " above finished grade () Yes () No

Control/Alarm:

- Alarm located in visible location () Yes () No
- Air tube connected to pres. switch and compressor () Yes () No
- Control panel properly connected to main electrical panel () Yes () No
- Control/Alarm mounted above flood level (>6") () Yes () No
- Auto Dialer (if applicable) connected to phone line () Yes () No
- Fail-Safe (if applicable) connected to discharge pump () Yes () No

Inspected by: _____ Date Installed: _____