



# Waste Water Start-up Report

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Servicing Company: \_\_\_\_\_  
 Servicing Technician: \_\_\_\_\_

**CAUTION: DO NOT OPERATE EQUIPMENT WITHOUT PROPER GUARDING INSTALLED**

This checklist *is not* a substitute for reading and implementing the safety measures and precautions set forth in the manufacturer's Installation & Operation Manual (IOM). Regardless of manufacturer, the instruction manual should be read and thoroughly understood before starting equipment.

**WASTE WATER SYSTEM INFORMATION:**

Tag: \_\_\_\_\_ Location: \_\_\_\_\_ Panel Serial Number: \_\_\_\_\_ Motor HP: \_\_\_\_\_  
 Voltage: \_\_\_\_\_ Phase: \_\_\_\_\_ Simplex or Duplex: \_\_\_\_\_ Mechanical Float or Other: \_\_\_\_\_

WASTE WATER PUMP SYSTEM   CHECK WHEN COMPLETE	
All venting and discharge piping complete.	
All construction debris removed from fiberglass basin or concrete pit.	
Floats installed and untangled.	
Lifting chains installed and properly secured (if applicable).	
Guide rail system functional (if applicable).	
Control panel installed and powered.	
Power from building to control panel complete.	
Power from pumps to control panel complete.	
Control panel enclosure has been cleared of dust and debris.	
Wires from remote panel to main control panel are inspected for damage (if applicable).	
Water level control landed and terminated.	
BMS communication wiring terminated.	

WATER LEVEL CONTROL TESTING			
Pumps checked and wired for correct pump motor orientation.			
Low-water condition simulated and float switch tested.			
First pump operational and corresponding float switch functional.			
Second pump operational and corresponding float switch functional.			
High-water condition simulated and float switch tested.			
AMP READING		VOLTAGE READING	
L1		L1, L2	
L2		L2, L3	
L3		L1, L3	
		L1 to Ground	
		L2 to Ground	
		L3 to Ground	

Comments: \_\_\_\_\_

If more space is needed, please use an additional piece of paper. If supported photos are required, please submit with report.

Tech name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Disclaimer: All paperwork, including pre-startup checklist must be submitted within two weeks of service date. Failure to submit completed paperwork will result in non-payment.**

Please complete all fields and return to: [wdservice@walesdarby.com](mailto:wdservice@walesdarby.com)

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