

SECTION L: System information

What is the status of the residence? Please circle one: Complete, Under Construction or Not Started.

Installation Start Date _____/Date of Completion _____

How was system left? On or Off. Please Circle.

Serial # _____ Eliminite® Serial # _____ Pump
 Serial # _____ Panel Serial # _____ Flow Switch
 Serial # _____ Flow Switch

INSTALLER INFORMATION

_____ Name/Business
 _____ Physical Address
 _____ Mailing Address (if different than physical)
 _____ City, State, Zip
 _____ Phone _____ Cell
 _____ Fax _____ E-mail
 _____ Web-site

_____ Signature & Date _____ Printed Name

OWNER INFORMATION

_____ Name/Business
 _____ Physical Address
 _____ Mailing Address (if different than physical)
 _____ City, State, Zip
 _____ Legal Address (Subdivision/Lot/Block/Co/St)
 _____ Phone _____ Cell
 _____ Fax _____ E-mail
 _____ Web site

SECTION M: Technical Support

ecoSentry, LLC is a full service, Eliminite® Certified Operation and Maintenance Company with qualified onsite maintenance representatives in your state. ecoSentry, LLC assumes responsibility for all necessary maintenance for the life of the system. For ecoSentry’s contact information in your area, please visit www.ecosentry.com. ecoSentry, LLC provides an initial two-year service agreement with the purchase of the system.

IMPORTANT REQUIRED INFORMATION

Owners Information

Name: _____

Street: _____

City: _____

State: _____

Zip code: _____

Telephone: _____

Fax: _____

Cell: _____

System Data

Eliminite® serial number: _____

Permit number: _____

Date of installation: _____

System Installer Information

Name: _____

Company: _____

Street: _____

City: _____

State: _____

Zip code: _____

Telephone: _____

Fax: _____

Cell: _____

Installation Address

Subdivision name: _____

Lot number: _____

Street: _____

City: _____

State: _____

Zip code: _____

Eliminite® serial number: _____

Permit number: _____

Date of installation: _____

Electrician Information

Name: _____

Company: _____

Street: _____

City: _____

State: _____

Zip code: _____

Telephone: _____

Fax: _____

Cell: _____

FINAL CHECKLIST

Complete the checklist on the 3-part form by circling Yes or No.

1. Is the unit damaged in any way? Yes _____ No _____
2. Is the electrical service on? Yes _____ No _____
3. Is the wiring properly labeled? Yes _____ No _____
4. Do the pumps and the alarm have separate circuits from the main breaker panel? Yes _____ No _____
5. Is the water supply available? Yes _____ No _____
6. Do the floats operate properly? Yes _____ No _____
7. Do the pumps operate properly? Yes _____ No _____
8. Is all piping sloped to drain? Yes _____ No _____
9. Are all components properly bedded and back filled? Yes _____ No _____
10. Is the Pump 1 toggle switch turned to 'Auto'? Yes _____ No _____
11. Is the Pump 2 toggle switch turned to 'Auto'? Yes _____ No _____
12. Is the system cycle of 1 minute on, 12 minutes off, functioning properly? Yes _____ No _____
13. Is the vapor barrier installed in the conduit as required? Yes _____ No _____
14. Are float elevations from the bottom of the tank recorded? Yes _____ No _____
15. Do the Eliminite spray nozzles emit a vigorous spray? Yes _____ No _____
16. Is the time elapsed between 'On' and 'Off' on the drainfield pump recorded? Yes _____ No _____
17. Are the counters reset to '0'? Yes _____ No _____
18. Are all lids, accesses and manways closed, secured and fully accessible? Yes _____ No _____
19. Is the septic tank filled to outlet with clean water? Yes _____ No _____
20. Is the system information completed? Yes _____ No _____
21. Is the maintenance agreement completed? Yes _____ No _____
22. Is the Eliminite unit, septic tank and pump chamber insulated with approved sub-grade insulation? Yes _____ No _____
23. Is the Maintenance Agreement completed and delivered to Certified Maintenance Provider as required by Local/State Regulations and system manufacturer? Yes _____ No _____
24. Did you discuss the Maintenance Agreement with the system owner? Yes _____ No _____