



8450 Cole Parkway ▪ Shawnee, KS 66227 ▪ Phone: 913-422-0707 ▪ Fax: 913-422-0808
 e-mail: onsite@biomicrobics.com ▪ www.biomicrobics.com ▪ 800-753-FAST (3278)

Warranty Registration & Start-Up Report

Please Circle or Highlight

Model: MicroFAST® HighStrengthFAST® RetroFAST® NitriFAST® LagoonFAST®
 Model Size: 0.25 0.375 0.5 0.75 0.9 1.0 1.5 3.0 4.5 9.0

Serial Number: _____ Date of Installation: _____

INSTALLATION SITE

| | |
|----------------|----------|
| NAME | Company: |
| ADDRESS | |
| CITY/STATE/ZIP | |
| PHONE/FAX | |

OWNER (if different than INSTALLATION SITE)

| | |
|----------------|----------|
| NAME | Company: |
| ADDRESS | |
| CITY/STATE/ZIP | |
| PHONE/FAX | |

BIO-MICROBICS' DISTRIBUTOR

| | |
|----------------|--------------------------------|
| NAME | Petersen Supply |
| ADDRESS | PO Box 340, 421 Wheeler Avenue |
| CITY/STATE/ZIP | Fredonia, WI 53021-0340 |
| PHONE/FAX | 262-692-2416 262-692-2418 |

INSTALLER

SERVICE PROVIDER

| | | |
|----------------|--|--|
| NAME | | |
| ADDRESS | | |
| CITY/STATE/ZIP | | |
| PHONE/FAX | | |

CONSULTING ENGINEER (if applicable)

| | |
|----------------|--|
| NAME | |
| ADDRESS | |
| CITY/STATE/ZIP | |
| PHONE/FAX | |

Please mail or fax completed form to Petersen Supply, PO Box 340, **over→**
 Fredonia, WI 53021 Tel: 888-455-6864 Fax: 800-669-1232. Thank you.

| | |
|----------|--------------------------------------------------------------------------------------|
| A | Complete this section ONLY if the FAST® was installed in tank at the jobsite. |
|----------|--------------------------------------------------------------------------------------|

Tank Manufacturer: _____ Tank Model No. _____

Working Liquid Volume in Trash Collector Chamber: _____

Working Liquid Volume in FAST Treatment Chamber: _____

FAST system installed using which method: _____ Lid Suspension
 (Check one - X) _____ Leg Support

FAST system installed into tank by whom: _____

| B | Tankage | Yes | No | Service & Access Ports | Yes | No |
|----------|---------------------------------------|------------|-----------|-----------------------------------|------------|-----------|
| | Concrete Tank | _____ | _____ | Trash Tank Clean Out Present | _____ | _____ |
| | Fiberglass Tank | _____ | _____ | FAST Chamber Clean Out Present | _____ | _____ |
| | Anti-Flotation Installed | _____ | _____ | Trash Tank Vent | _____ | _____ |
| | H ₂ O Loading Capabilities | _____ | _____ | Inspection Port Access to Grade | _____ | _____ |
| | Fill Over FAST Lid | _____ | _____ | | | |
| | Tank Level | _____ | _____ | | | |
| | Watertight Joints & Piping | _____ | _____ | | | |

| C | Alarm Panel/Piping | Yes | No | |
|----------|---------------------------|------------|-----------|------------------------------------|
| | Visual Element Operating | _____ | _____ | Length of Air Supply Line: _____ |
| | Audio Alarm Operating | _____ | _____ | Diameter of Air Supply Line: _____ |
| | Sensor Switch Installed | _____ | _____ | |

| D | Air Blower | Yes | No | |
|----------|----------------------------------------------------------|------------|-----------|-------------------------------------------------|
| | Filter Element Inside | _____ | _____ | Inlet and Outlet Pipe Installed Correctly _____ |
| | Blower Hood Installed | _____ | _____ | Blower Operates Correctly _____ |
| | Blower Hood Secure | _____ | _____ | Blower Area Subject to Flooding _____ |
| | Blower Area Ventilated | _____ | _____ | Blower Area Subject to Snow Load _____ |
| | Wired for High of Low Voltage (Circle one) | | | Blower Hood Vents Clear _____ |
| | Voltage: _____ | | | Single Phase or Three Phase: _____ |
| | Brand: _____ | | | 50 Hz or 60 Hz: _____ |

| E | Treatment Unit | Yes | No | |
|----------|-----------------------------|------------|-----------|--------------------------------------------|
| | Air Lift Operates Correctly | _____ | _____ | Remote or Inspection Port Vent _____ |
| | Module Insert Stable | _____ | _____ | Module Sealed & Bolted to Tank _____ |
| | 4" Outlet Pipe Placed | _____ | _____ | Air Line Connection Glued to Airlift _____ |
| | Length of Vent Line: _____ | | | Size of Vent Line Pipe: _____ |

| F | Treatment Unit | Yes | No | |
|----------|--------------------------|------------|-----------|---------------------------------------------|
| | Manuals Onsite for Owner | _____ | _____ | NSF Inspection Service Given to Owner _____ |
| | Warranty to Owner | _____ | _____ | After NSF Service Contract to Owner _____ |

| | |
|----------|---------------------------------------------------------------------------------------------------------------------------------|
| G | Remarks & Describe/Sketch Treatment System Components and Configurations (Attach Additional Sheets if Necessary) |
| | |

* Product Registration Report must be completed and returned to Bio-Microbics, Inc. to effect warranty.*