



START-UP REPORT

This report is designed to ensure the customer that customer service and a quality product are the number one priority with HOMA Pump Technology. Please answer the following questions completely and as accurately as possible. Mail this form to:

**HOMA PUMP TECHNOLOGY
390 BIRMINGHAM BOULEVARD
ANSONIA, CT 06401
ATTN: SERVICE MANAGER**

**Receipt of completed report will initiate operational warranty.
Reports that are not returned can delay or void warranty.**

1.) Pump User's Name: _____
Site Location: _____
Site Contact: _____
Distributor: _____ Phone Number: _____
Contractor: _____ Phone Number: _____
Engineer: _____ Phone Number: _____
Owner: _____ Phone Number: _____

2.) HOMA Pumps Model _____ Serial No. _____
Voltage _____ Phase _____ Hertz _____ Horsepower _____
Method Used to Check Rotation (viewed from bottom) _____
Does Impeller Turn Freely By Hand: YES _____ NO _____

3.) Condition of Equipment: EXCELLENT _____ GOOD _____ AVERAGE _____
Condition of Cable Jacket: EXCELLENT _____ GOOD _____ AVERAGE _____
Resistance of Cable and Pump Motor (measured at pump control)
1 Phase: U1 – U2 _____ Ohms; U1 - Z2 _____ Ohms; U2 – Z2 _____ Ohms; T1 – T2 _____ Ohms
3 Phase: U - V _____ Ohms; V - W _____ Ohms; U -W _____ Ohms, T1 – T2 _____ Ohms
Single Phase Capacitor Sizes Installed: _____ Start Capacitor; _____ Run Capacitor
Resistance of Ground Circuit Between Control Panel and Outside of Pump _____ Ohms
MEG Ohm Check of Insulation:
U to Ground _____ V to Ground _____ W to Ground _____
Hour Meter installed in panel? _____
Chains/Cables for retrieval? _____
Date Code: _____

4.) Condition of Equipment at Start-Up: Dry _____ Wet _____ Muddy _____
Was Equipment Stored: _____ Length of Storage _____
Describe Station Layout _____
Wet Well Diameter _____ ft
Volume per Inch _____ Gal

5.) Liquid Level Controls: Model _____ Type _____
Is Control Installed Away From Turbulence? _____
Operation Check: (IF FLOAT SWITCHES SUPPLIED).
Tip lowest float (stop float), all pumps should remain off.
Tip second float (and stop float), one pump comes on.
Tip third float (and stop float), both pumps on (alarm on simplex).
Tip fourth float (and stop float), high level alarm on (omit on simplex).
Control Voltage: _____
VFD Manufacturer: _____
Soft Start Manufacturer: _____
Running Hz: _____
Phase Monitor Number: _____



6.) Electrical Readings:

Single Phase:

Voltage Supply at Panel Line Connection, **Pump Off**, U1-U2 _____ U1-Ground _____ U2-Ground _____
Voltage Supply at Panel Line Connection, **Pump On**, U1-U2 _____ U1-Ground _____ U2-Ground _____
Amperage: Load Connection, **Pump On**, U1 _____ U2 _____ Z2 _____
Voltage across Run Capacitor Terminals _____ volts (note: value will be over 300V)
Resistance across Thermal Switch leads T1-T2 _____ ohms (switches are NC 0.4 ohm is normal)
No Load Voltage: AB _____ AC _____ BC _____ AN _____ BN _____ CN _____
Full Load Amps: _____
Service Factor: _____

Three Phase:

Voltage Supply at Panel Line Connection, **Pump Off**, U-V _____ V-W _____ U-W _____
Voltage Supply at Panel Line Connection, **Pump On**, U-V _____ V-W _____ U-W _____
Amperage Load Connection, **Pump On**, U _____ V _____ W _____
Resistance Across Thermal Switch leads T1-T2 _____ ohms (switches are NC 0.4 ohm is normal)
Overloads: U _____ V _____ W _____
No Load Voltage: AB _____ AC _____ BC _____ AN _____ BN _____ CN _____
Full Load Amps: _____
Service Factor: _____

7.) Final Check:

Are Thermal Switches properly wired? _____ What Overtemperature Relay is being used? _____
Is Pump Seated On Discharge Properly? _____ Check For Leaks? _____
Does Check Valves Operate Properly? _____
Flow: Does Station Appear To Operate At Proper Rate _____
Vibration Level: Measured _____ Observed _____
Design Point: Flow _____ Head _____
Draw Down _____ inch Flow: _____ gpm Discharge: _____ psi Discharge: _____ ft
Static: _____ ft Friction loss: _____ ft Total Head: _____ ft

COMMENTS: _____

8.) Equipment Difficulties During Start-Up: _____

9.) I Certify this Report to be accurate.

Authorized Homa Service Representative:

(Signature) Phone # _____

DATE _____

Pump Station Owner/ Operator

(Signature) Phone # _____

DATE _____