

OSCAR-II Check List

Date: _____

Re: *OSCAR-II* installation at:

Address: _____

Tax #: _____

This letter is to confirm that the system installed at the above listed address was installed as per *Lowridge Onsite Technologies, Inc.s* specifications.

Pressure & Flow:

Pressures on the *OSCAR-II* headworks:

Dosing: G1 = ___ psi, G2= ___ psi, G3= ___ psi

Dose flow rate= _____ gpm

Installation:

OSCAR:

Correct number of coils: Yes: _____, No: _____

Correct coil arrangement: Yes: _____, No: _____

Inspection ports: Yes: _____, No: _____

Proper sand depth: Yes: _____, No: _____

Floats set correctly: Yes: _____, No: _____

Timer settings correct: Yes: _____, No: _____

Basal preparation according *OSCAR-II*

Installation manual: Yes: _____, No: _____

Certified Installers Signature: _____