

OSCAR-LOWeFLOW Check List

Date:

Re: OSCAR-LOWeFLOW 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 headworks:

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

Dose flow rate= _____ gpm

Flushing flow rate= _____ gpm.

Pressures on LOWeFLOW headworks:

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: _____

Headworks in soil: Yes: _____, No: _____

LOWeFLOW: Yes: _____, No: _____

LOWeFLOW level: Yes: _____, No: _____

Timer settings correct: Yes: _____, No: _____

Splitter correct: Yes: _____, No: _____

Floats set correctly: Yes: _____, No: _____

Splitter valve at 2 or 10 O'clock Yes: _____, No: _____

Basal preparation according OSCAR-LOWeFLOW Installation manual: Yes: _____, No: _____

Certified Installers Signature: _____