

OSCAR-XO2 Check List

Date: _____

Re: OSCAR-XO2 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

Treatment tank:

Patrician tee baffle bottom/by-pass hole at 40-60% of liquid depth

Yes:___, No: ___

Discharge tank:

Patrician by-pass hole at 18" to 27" above floor

Yes:___, No: ___

Aeration:

Diffusers close to partition wall Yes:___, No: ___

Aerator in dry location Yes:___, No: ___

Aerator operable Yes:___, No: ___

Current sensor operable Yes:___, No: ___

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

Installation manual: Yes: _____, No: _____

Certified Installers Signature: _____