

**OSCAR-XO<sub>2</sub> Check List**

Date: \_\_\_\_\_

Re: OSCAR-XO<sub>2</sub> 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:**

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

Yes:\_\_\_\_, No: \_\_\_\_

**Discharge tank:**

Partition 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: \_\_\_\_\_