



Date:

Re: *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, LLCs* specifications.

Pressure & Flow:

Pressures on *LOWeFLOW* headworks:

Dose (V1): G1____psi, G2= ____psi, G3= ____psi

Disc Flush (V2): G1____psi, G2= ____psi, G3= ____psi

Coil Flush(V3): G1____psi, G2= ____psi, G3= ____psi

Dose flow rate= ____ gpm

Installation:

LOWeFLOW:

LOWeFLOW level Y/N

Floats set correctly Y/N

Floats & Pump wired correctly Y/N

Splitter correct Y/N

Timer settings correct Y/N