

XO2-B Checklist

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. II* specifications.

Pressure & Flow:

Pressures on the OSCAR headworks:

Dosing: G1 = ____ psi, G2= ____ psi, G3=____ psi
(pressures should be between 45-50 psi on G1 & G2, and between 40-50 on G3)

Dose flow rate= ____ gpm (Flow rate should be 2.6-3.0 gallons per minute)

XO2 (aerator)

Diffusers close to partition wall	Yes:____
Aerator in dry location	Yes:____
Aerator operable	Yes:____
Current sensor operable	Yes:____

Installation:

OSCAR:

Correct number of coils:	Yes: ____
Correct coil arrangement:	Yes: ____
Inspection ports:	Yes: ____
Proper sand depth:	Yes: ____
Floats set correctly:	Yes: ____
Timer settings correct:	Yes: ____
Basal preparation according to Installation manual:	Yes: ____

Certified Installers Signature: _____