



American Manufacturing Company, Inc.

P.O. Box 97, Elkwood, VA 22718
800-345-3132 ~ www.americanonsite.com

Owner: _____ Service Provider: _____
System Address: _____ Address: _____
PIN/Const. Permit/ Health Dept. ID: _____ Phone: _____
Tax Map No.: _____ Certification No.: _____
Sub Div.: _____ Lot No.: _____ Date: _____

~ PERC-RITE® INSTALLATION RECORD & OPERATIONAL LOG ~

Table with columns: American Perc-Rite® Drip Startup Log, USER, LOG. Rows include: Line No., As-Built Value, Description, Number of Zones, Date, Date, Date, Date. Includes rows for GALLONS PER DAY AVERAGE, GALLONS PER DAY PEAK, FLOW METER READING, USAGE, DOSING RUN TIME, ZONE 1-4 GPM DOSING FLOW RATE, and ZONE 1-4 GPM TOTAL FLUSHING FLOW.

Notes:

CONTRACTORS NAME & PHONE:

Signature _____ Date _____
Signature _____ Date _____