|  |  |
| --- | --- |
| YEAR: | 20 \_ \_ |
|  DATE: Month/Day |  |  |  |  |  |  |  |  |  |  |  |  |
|  INITAILS: XX |  |  |  |  |  |  |  |  |  |  |  |  |

**TOUGH GREEN BATH** (If low add 0.5 Liters of Tough Green to every 5 Liters of DI water added)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| WATER ADDED |  |  |  |  |  |  |  |  |  |  |  |  |
| TOUGH GREEN ADDED |  |  |  |  |  |  |  |  |  |  |  |  |
| BRIX for Crest (0.9 - 1.3) |  |  |  |  |  |  |  |  |  |  |  |  |
|  BRIX for Branson 0.9 |  |  |  |  |  |  |  |  |  |  |  |  |

**D.I. WATER SYSTEM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HARDNESS TEST <2 |  |  |  |  |  |  |  |  |  |  |  |  |
| CHLORINE TEST 0 |  |  |  |  |  |  |  |  |  |  |  |  |
| CONDUCTIVITY <7  |  |  |  |  |  |  |  |  |  |  |  |  |
| PREFILTER INLET  |  |  |  |  |  |  |  |  |  |  |  |  |
| PREFILTER OUTLET PSI |  |  |  |  |  |  |  |  |  |  |  |  |
| CONCENTRATE 190-210 |  |  |  |  |  |  |  |  |  |  |  |  |
| PERMEATE FLOW GPM |  |  |  |  |  |  |  |  |  |  |  |  |
| CONCENTRATE FLOW GPM |  |  |  |  |  |  |  |  |  |  |  |  |

**CREST SYSTEM**

\*Tough Green tank has to be full, and then turn on the Pump to do the Filter Pressure Test reading.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*FILTER PRESSURE <12 |  |  |  |  |  |  |  |  |  |  |  |  |
| W.C GAGE <1 |  |  |  |  |  |  |  |  |  |  |  |  |
| TANK #1 TEMP. 140 |  |  |  |  |  |  |  |  |  |  |  |  |
| TANK #2 TEMP. 140 |  |  |  |  |  |  |  |  |  |  |  |  |
| TANK #3 TEMP. 140 |  |  |  |  |  |  |  |  |  |  |  |  |
| DRYER TEMP. 180 |  |  |  |  |  |  |  |  |  |  |  |  |
| WATER IN TEMP 150 |  |  |  |  |  |  |  |  |  |  |  |  |
| WATER FLOW .8 |  |  |  |  |  |  |  |  |  |  |  |  |
| WATER RESISTANCE 18  |  |  |  |  |  |  |  |  |  |  |  |  |

**WASH MAINTENANCE** \*Check if done, otherwise transfer the date it was last done!

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CHECK SALT (Weekly) |  |  |  |  |  |  |  |  |  |  |  |  |
| FLUSH R.O. (bi-Weekly) |  |  |  |  |  |  |  |  |  |  |  |  |
| CHANGE Tough Green (Every 3 Months) |  |  |  |  |  |  |  |  |  |  |  |  |
| CLEAN SALT BIN  (Yearly in May) |  |  |  |  |  |  |  |  |  |  |  |  |