

VARIABLE SPEED PUMP OPERATIONAL RANGE FORM

NOTE: Use one form for each VARIABLE SPEED pump.

Facility Name: _____

Facility Address: _____

Owner Name: _____

During operational hours set the RPM to maintain the flow rate between _____ **GPM** and _____ **GPM**.

PROGRAMMED OPERATIONAL HOURS	SPEED SETTINGS (RPM)	FLOW RATE (GPM)

Signature: _____ Date: _____

Print Name: _____ Title: _____

E-mail a signed copy of this sheet to EHS at EnvironmentalHealth@santacruzcounty.us

A Copy of this sheet must be laminated & posted in equipment room.