



Wastewater System Maintenance Agreement

OFFICE: 281-351-9681 FAX: 281-351-5352

Phone:	_____
_____	_____
Email:	_____
_____	_____

AERO-SEPTIC MAINTENANCE will operate and maintain the sewerage treatment spray system located at _____ (address, city, state, zip)

Permit Number _____, for the period of _____ 1 _____ year beginning _____ and ending _____.

During the period we will conduct a total of _____ visual inspections, occurring within the months circled:

JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC

These inspections will consist of test for chlorine residual and pH. We will visually inspect treatment plant, effluent quality, color, turbidity, odor, and sludge and scum buildup. A mechanical visual inspection will include aerator, irrigation pump, lines and fittings, alarm tests and electrical controls conditions. We will visually inspect the irrigation pup station, spray heads, pressure lines, other tanks, pumps, filters and appurtenances.

All complaints by the property owner, regarding the operation of the system will be responded to within 2 business days at the site location listed above.

This agreement will not cover costs of unscheduled service calls, labor, materials, bod and tss test's. Also, failure to maintain electrical power to the system; sewage flows exceeding the hydraulic/organic design capabilities; disposal of sludge accumulate, chlorine tablets, solvents, grease, oil, paint, etc.; or any usage contrary to the requirements listed in the owner's manual or as advised by David Brounkowski the Certified Manufacturer Representative.

All testing and reporting is required by County and State regulations. Copies of this contract and all reports will be submitted to the County. The agreement is transferable (new homeowner) and non-refundable. _____ (initial here)

Owner's Signature: _____

Date: _____

Printed Name: _____

Maintenance Operator's Signature: _____

Date: _____

Maintenance Operator's License No: _____ 29833 _____

Plant Make, Model and Serial No.

- OWNER IS RESPONSIBLE FOR INSTALLING AND OR MAINTAINING TAMPER RESISTANT SCREWS TO PREVENT UNAUTHORIZED ENTRY.
- OWNER IS RESPONSIBLE FOR MAINTAINING THE DISINFECTING UNIT AND SHOULD READ WARNING LABELS BEFORE HANDLING CHLORINE TABLETS.