

# TWO YEAR INITIAL MAINTENANCE CONTRACT

Inspected Date: \_\_\_\_\_

Permit # \_\_\_\_\_

Owner: \_\_\_\_\_

Our firm, \_\_\_\_\_, will inspect and maintain your "Aerobic" septic system for two (2) years after the date of inspection. There will be a minimum of three (3) inspections, one every four (4) months, to be made each year for this initial two (2) year period. Effluent quality inspection will include a visual inspection for color, turbidity, sludge build-up, scum overflow and odor. Mechanical and electrical inspection and service include inspections on aerator, air filter, alarm panel, and replacing or repairing any component not found to be functioning correctly.

This policy shall provide for **ALL** required testing and reporting. The report shall include any responses to owner complaints, the results of the maintenance company's findings, or the owner's findings, and the test results. The report shall be submitted to the permitting authority and the owner within 14 days after the date the test is performed.

All complaints by the property owner, regarding the operation of the system, will be responded to within \_\_\_\_\_ days.

**\*Non-single family residences, commercial, require one BOD and TSS grab sample per year.\***

Violations of contract include shutting off electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, (hydraulic/organic), introducing excessive amounts of harmful matter into the system or any other form of unusual abuse.

**\*OWNER/OCCUPANT IS RESPONSIBLE FOR MAINTAINING THE DISINFECTION UNIT.\***

Maintenance Operator:

Owner/Occupant:

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(mailing address)

\_\_\_\_\_  
(property address)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(signature)