

A ADVANCED SEPTIC
23122 Kobs Rd.
Tomball, TX 77377

Phone: (713) 553-4078
Fax: (866) 247-9163
aadvanced@comcast.net

Date: _____

To: _____

Permit Number: _____

Installed: _____

Contract Period

Start Date: _____

End Date: _____

3 inspections/yr - one every 4 months

Map Key: M

Phone: _____
Site: _____
County: _____
Installer: _____
Agency: _____
MFG: _____

Subdivision: _____

Advanced Septic will inspect and maintain the your aerobic septic system located at the above address for start and end dates indicated above. During this period we will conduct the required visual inspections, occuring within the stated regulations of the County/Agency that the property is located.

These inspections will consist of tests 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 condition. We will visually inspect the irrigation pump 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 testing. 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 t the requirements listed in the owner's manual or as advised by James Dyer, the Certified Manufacturer representative.

All testing and reporting is required by County and State regulations. Copies of the contract and all reports will be submitted to the County. This agreement is transferrable (new homeowner) and non-refundable.

Owner's Signature: _____ Date: _____

Date: _____

Maintenance Operator's Signature
License #:OS0023256

*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.