

2 YEAR RENEWAL SERVICE POLICY WHITEWATER TREATMENT SYSTEM

In consideration of prepayment of the Service Contract cost, as indicated below, this authorized service company agrees to the following:

During the service period from: _____ to _____ make six (6) inspection calls on the Aerobic system with:

Owners Name: _____

Owners Address: _____

Phone: _____

Surface Application: _____

Subsurface Application: _____

Model#: _____

Purchase Date: _____

Serial#: _____

Installation Date: _____

Inspection calls will include:

- An effluent quality inspection consisting of a visual check for color and examination for odor.
- Adjustment and servicing of any mechanical and electrical components that are out of order.
- Periodic sampling of the settled solids in the aeration chamber.
- Additional service: Check chlorine residual at each inspection when applicable.
- If any improper operation is observed which cannot be corrected at that time, the user shall be notified of the condition.

The cost of the Service Contract will be \$300 and is to be effective from the date of installation and every 2 years thereafter. Our office is required to give all necessary information to your local Environmental Health office. To remain in compliance with the Texas Natural Resource Conservation Commission and Environmental office and to avoid possible fines of up to \$500 per day for non-compliance, this needs to be renewed as soon as possible.

Important: This service agreement does not cover the cost of service calls, labor or materials which are required due to misuse or abuse of the system; head replacement; failure to maintain electrical power to the system; disposal of non-biodegradable materials, chemicals, solvents, grease, oil, paint, etc; or any usage contrary to the requirements as stated in the "Operation Manual."

Additional service, as ordered including replacement of components, laboratory test work, and pumping of the unit, or pre-tank, will be done upon authority from the customer and at additional charge.

Chlorine costs for the chlorinator are the homeowner's responsibility. We have buckets available if needed.

Distributor: _____

Installer: Forest Fritcher

I agree to abide by the service policy as stated above:

Signed: _____

Date: _____

Please sign and date 1 copy with your renewal fee and return to:

Fritcher Plumbing

P.O. Box 219

Gunter, TX. 75058

Please keep one copy for your records. *This is State required.* If you have any questions, please call. Thank you.