FIELD EVALUATION SHEET

PRELIMINARY EVALUATION DATE 1-22-19, FIELD EVALUATION DATE 1-25-19
PROPERTY OWNER: William Hennessy PHONE
ADDRESS: 2842 180th St CITY,STATE,ZIP: Hudson WI 54016
LEGAL DESCRIPTION: 2.66 ac E 660 of SW of SW
PIN# 68-0-02702 SEC 20 T 29 R 20 TWP NAME Stanley
FIRE# LAKE/RIVER N/A LAKE CLASS / OHWL FT

DESCRIPTION OF SOIL TREATMENT AREAS

	AREA #1	AREA #2
DISTURBED AREAS	YES NO X	YES NO
COMPACTED AREAS	YES NO X	YES NO
FLOODING	YES NO X	YES NO
RUN ON POTENTIAL	YES NO X	YES NO
SLOPE %		
DIRECTION OF SLOPE	0	
LANDSCAPE POSITION	Level	
VEGETATION TYPES	grass yard	

REFERENCE BM ELEV. F
REFERENCE BM DESCRIPTION

DEPTH TO STANDING WATER OR MOTTLED SOIL: BORING# 1 , 1A In Spring, 2 , 2A

BOTTOM ELEVATION–FIRST TRENCH OR BOTTOM OF ROCK BED: #1 FT., #2 FT.

SOIL SIZING FACTOR: SITE # 1 .83, SITE #2

CONSTRUCTION RELATED ISSUES: 1650 combo to 10'x25' Rock Bed on 3' Sand Base

LIC# 2088 SITE EVALUATOR SIGNATURE: Bob Ball

SITE EVALUATOR NAME: TELEPHONE#

LUG REVIEW DATE

Comments:

SOIL BORING LOGS ON REVERSE SIDE

Form des 2/20/98

28-0-031702

SOILS CHARTS FOR BOTH PROPOSED AND ALTERNATE SITES

I'll do in spring after Ground thaws out

1 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR

2 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR

1 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR

2 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR

ADDITIONAL SOIL BORINGS MAY BE REQUIRED

28-0 - 031702 ~~031702~~

MOUND DESIGN WORK SHEET (For Flows up to 1200 gpd)

A. Average Design FLOW

Estimated 300 gpd *(see figure A-1)*
or measured _____ x 1.5 (safety *factor*) = _____ gpd

A-1: Estimated Sewage Flows in Gallons per Day

number of bedrooms	Class I	Class II	Class III	Class IV
2	300	225	180	60% of the values in the Class I, II, or III columns.
3	450	300	218	
4	600	375	256	
5	750	450	294	
6	900	525	332	
7	1050	600	370	
8	1200	675	408	

B. SEPTIC TANK Capacity

1650 com 60 gallons *(see figure C-1)*

C. SOILS *(refer to site evaluation)*

1. Depth to restricting layer = _____ feet 3' Sand
2. Depth of percolation tests = _____ feet
3. Texture _____ Base
   Percolation rate _____ mpi
4. Soil loading rate _____ gpd/sqft *(see figure D-33)*
5. Percent land slope _____ %

C-1: Septic Tank Capacities (in gallons)

Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal	Liquid capacity with disposal & lift inside
2 or less	750	1125	1500
3 or 4	1000	1500	2000
5 or 6	1500	2250	3000
7, 8 or 9	2000	3000	4000

D. ROCK LAYER DIMENSIONS

1. Multiply average design flow (A) by 0.83 to obtain required rock layer area.
   300 gpd x 0.83 sqft/gpd = 250 sqft
2. Determine rock layer width = 0.83 sqft/gpd x linear Loading Rate (LLR)
   0.83 sqft/gpd x _____ gpd/sqft = 10 ft
3. Length of rock layer = area ÷ width =
   250 sqft (D1) ÷ 10 ft (D2) = 25 ft

Mound LLR	
< 120 MPI	≤12
≥ 120 MPI	≤6

E. ROCK VOLUME

1. Multiply rock area (D1) by rock depth of 1 ft to get cubic feet of rock
   250 sqft x 1 ft = 250 cuft
2. Divide cuft by 27 cuft/cuyd to get cubic yards
   250 cuft ÷ 27 cuyd/cuft = 9 cuyd
3. Multiply cubic yards by 1.4 to get weight of rock in tons
   9 cuyd x 1.4 ton/cuyd = 13 tons

F. SEWAGE ABSORPTION WIDTH

Absorption width equals absorption ratio (See Figure D-33) times rock layer width (D2)

10 x 1.5 ft = 15 ft

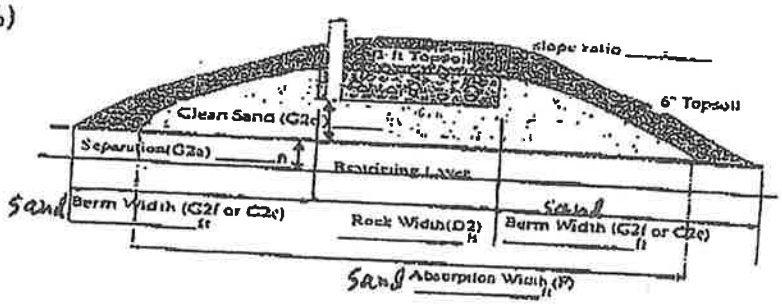
D-33: Absorption Width Sizing Table

Percolation Rate in Minutes per Inch (MPI)	Soil Texture	Loading Rate Gallons per day per square foot	Absorption Ratio
Faster than 5	Coarse Sand Medium Sand Loamy Sand Fine Sand	1.20	1.00
6 to 15	Sandy Loam	0.79	1.50
16 to 30	Loam	0.60	2.00
31 to 45	Silt Loam Silt	0.50	2.40
46 to 60	Sandy Clay Loam Silty Clay Loam Clay Loam	0.45	2.67
61 to 120	Silty Clay Sandy Clay Clay	0.24	5.00
Slower than 120*			

*System designed for these soils must be other or performance

28-0-03702

G. Mound Slope Width and Length (landslope less than or equal to 1%) <=1% land slope



1. Absorption width (F) 15 ft
2. Calculate mound size

a. Determine depth of clean sand fill at upslope edge of rock layer = 3 ft minus the distance to restricting layer (C1)

3 ft - 0 ft = 3 ft

b. Mound height at the upslope edge of rock layer = depth of clean sand for separation (G2a) at upslope edge plus depth of rock layer (1 ft) plus depth of cover (1 ft)

3 ft + 1ft + 1ft = 5 ft

c. Berm width = upslope mound height (G2b) times 4 *(4 is recommended, but could be 3-12)*

5 x 4 = 15 ft

d. The total landscape width is the sum of berm (G2c) width plus rock layer width (D2) plus berm w (G2c): 15 ft + 10 ft + 15 ft = 40 ft

e. Additional width necessary for absorption = absorption width (F) minus the landscape width (G2c

15 ft - ____ ft = 0 ft, *if number is negative (<0) skip to g*

f. Final berm width = additional width (G2e) plus the berm width (G2c)

____ ft + ____ ft = ____ ft

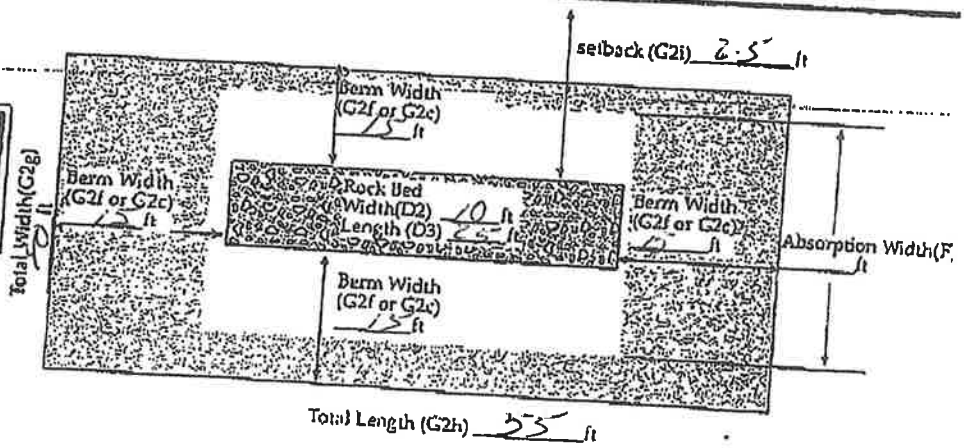
g. Total mound width is the sum of berm width (G2f or G2c) plus rock layer width (D2) plus berm width (G2f or G2c): 15 ft + 10 ft + 15 ft = 40 ft

h. Total mound length is the sum of berm (G2f or G2c) plus rock layer length (D3) plus berm (G2f or G2c): 15 ft + 25 ft + 15 ft = 55 ft

i. Setbacks from the rockbed are calculated as follows: the absorption width (F) minus the rock bed wi (D2) divided by 2: (15 ft - 10 ft) ÷ 2 = 2.5 ft

Final Dimensions:

40 x 55



I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.

Bob Bartel (signature) 1-25-19 (license #) 2088 (date)

PRESSURE DISTRIBUTION SYSTEM 28-0-031702

1. Select number of perforated laterals 3

2. Select perforation spacing = 3 ft

3. Since perforations should not be placed closer than 1 foot to the edge of the rock layer (see diagram), subtract 2 feet from the rock layer length.

   25 (rock layer length) - 2 ft = 23 ft

4. Determine the number of spaces between perforations. Divide the length (3) by perforation spacing (2) and round down to nearest whole number.

   Perforation spacing = 23 ft ÷ 3 ft = 7 spaces

5. Number of perforations is equal to one plus the number of perforation spaces(4). *Check figure E-4 to assure the number of perforations per lateral guarantees <10% discharge variation.*

   7 spaces + 1 = 8 perforations/lateral

6. A. Total number of perforations = perforations per lateral (5) times number of laterals (1)

   8 perfs/lat x 3 lat = 24 perforations

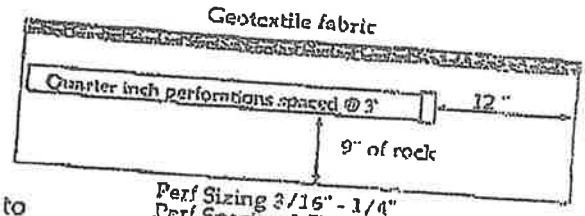
   B. Calculate the square footage per perforation.
   Should be 6-10 sqft/perf. *Does not apply to at-grades.*
   Rock bed area = rock width (ft) x rock length (ft)
   10 ft x 25 ft = 250 sqft
   Square foot per perforation = Rock bed area ÷ number of perfs (6)
   250 sqft ÷ 24 perfs = 10 sqft/perf

7. Determine required flow rate by multiplying the total number of perforations (6A) by flow per perforation *(see figure E-6)*

   24 perfs x .74 gpm/perfs = 18 gpm

8. If laterals are connected to header pipe as shown on upper example, to select minimum required lateral diameter; enter figure E-4 with perforation spacing (2) and number of perforations per lateral (5) Select minimum diameter for perforated lateral = 2 inches.

9. If perforated lateral system is attached to manifold pipe near the center, lower diagram, perforated lateral length (3) and number of perforations per lateral (5) will be approximately one half of that in step 8. Using these values, select minimum diameter for perforated lateral = ____ inches.



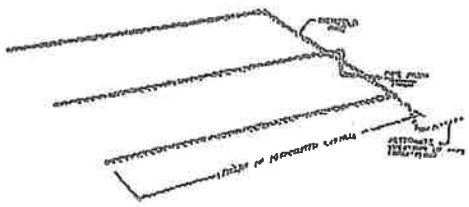
E-4: Maximum allowable number of 1/8-inch perforations per lateral to guarantee <10% discharge variation

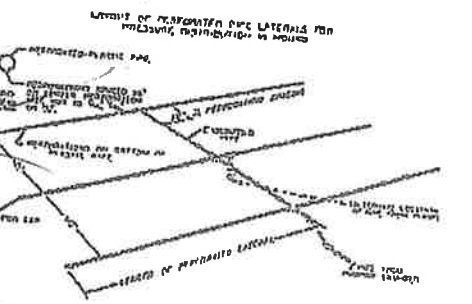
perforation spacing (feet)	1 inch	1.25 inch	1.5 inch	2.0 inch
2.5	8	14	18	28
3.0	8	13	17	26
3.3	7	12	16	25
4.0	7	11	15	23
5.0	6	10	14	22

E-6: Perforation Discharge in gpm

head (feet)	perforation diameter (inches) 1/8	3/16	7/32	1/4
1.0[a]	0.18	0.42	0.56	0.74
2.0[b]	0.26	0.59	0.80	1.04
5.0	0.41	0.94	1.26	1.65

[a] Use 1.0 foot for single-family homes.
[b] Use 2.0 feet for anything else.





I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.

Bob Bartel (signature) 2087 (license #) 1-25-19 (date)

28-0-031762

PUMP SELECTION PROCEDURE

1. Determine pump capacity:

A. Gravity distribution

1. Minimum required discharge is 10 gpm
2. Maximum suggested discharge is 45 gpm. For other establishments at least 10% greater than the water supply rate, but no faster than the rate at which effluent will flow out of the distribution device.

B. Pressure distribution

See pressure distribution work sheet

From A or B Selected pump capacity: 18 gpm

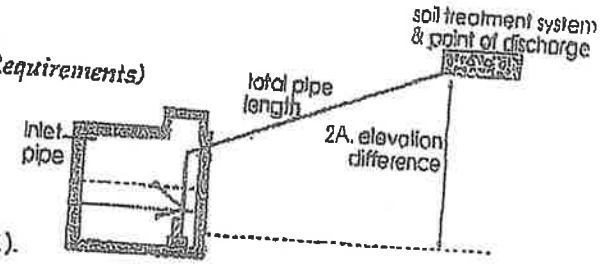
2. Determine pump head requirements:

A. Elevation difference between pump and point of discharge?

7 feet

B. Special head requirement? *(See Figure at right - Special Head Requirements)*

5 feet



Special Head Requirements	
Gravity Distribution	0 ft
Pressure Distribution	5 ft

C. Calculate Friction loss

1. Select pipe diameter 2 in
2. Enter *Figure E-9* with gpm (1A or B) and pipe diameter (C1). Read friction loss in feet per 100 feet from Figure E-9
   Friction Loss = .73 ft/100ft of pipe
3. Determine total pipe length from pump discharge to soil treatment discharge point. Estimate by adding 25 percent to pipe length for fitting loss. Total pipe length times 1.25 = equivalent pipe length
   30 feet x 1.25 = 38 feet
4. Calculate total friction loss by multiplying friction loss (C2) in ft/100 ft by the equivalent pipe length (C3) and divide by 100.
   = .73 ft/100ft x 38 ÷100 = .3 ft

D. Total head required is the sum of elevation difference (A), special head requirements (B), and total friction loss (C4)

7 ft + 5 ft + .3 ft =

Total head: 12.3 feet

E-9: Friction Loss in Plastic Pipe Per 100 feet			
	nominal pipe diameter		
flow rate gpm	1.5"	2"	3"
20	2.47	0.73	0.11
25	3.73	1.11	0.16
30	5.23	1.55	0.23
35	6.96	2.06	0.30
40	8.91	2.64	0.39
45	11.07	3.28	0.48
50	13.46	3.99	0.58
55		4.76	0.70
60		5.60	0.82
65		6.48	0.95
70		7.44	1.09

3. Pump selection

A pump must be selected to deliver at least 18 gpm (1A or B) with at least 13 feet of total head (2D)

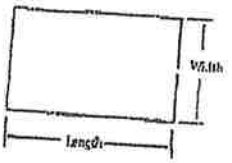
I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.

B.G Bath (signature) 2088 (license #) 1-25-19 (date)

DOSING CHAMBER SIZING

28-0-031701

1. Determine area
   A. Rectangle area = L x W
   _____ x _____ = _____ square feet
   B. Circle area = π (3.14) x radius in feet x radius in feet
   3.14 x _____ ft x ___ ___ ft = _____ sqft
   C. Get area from manufacturer ___ ___ sqft



2. Calculate gallons per inch
   There are 7.5 gallons per cubic foot of volume, therefore multiply the area (1A, B or C) times the conversion factor and divide by 12 inches per foot to calculate gallon per inch.
   Area x 7.5 ÷ 12 = _____ sqft x 7.5 ÷ 12 in/ft = 12.69 gallon per inch mfg.

3. Calculate total tank volume
   A. Depth from bottom of inlet pipe to tank bottom _____ in
   B. Total tank volume = depth from bottom of inlet pipe to tank bottom (3A) x gal/in (2)
   = _____ in x _____ gal/in = _____ gal

Legal Tank:
500 gallons or
100% the Daily flow
or
Alternating Pumps

4. Calculate gallons to cover pump (with 2-3 inches of water covering pump)
   (Pump and block height (inch) + 2 inch) x gallon/inch
   (12 in +2 in) x 12.69 gal/in = 178 gallon

A-1: Estimated Sewage Flows in Gallons per Day

number of bedrooms	Class I	Class II	Class III	Class IV
2	300	225	180	60% of the values in the Class I, II, or III columns
3	450	300	210	
4	600	375	255	
5	750	450	294	
6	900	525	332	
7	1050	600	370	
8	1200	675	408	

5. Calculate total pumpout volume
   A. Select pump size for 4-5 does per day. Gallon per dose = gpd (see *figure A-1*)
   / doses per day = 300 gpd ÷ 4 doses/day = 75 gallons
   B. Calculate drainback
      1. Determine total pipe length, 30 feet
      2. Determine liquid volume of pipe, .17 gal per ft (see *figure E-20*)
      3. Drainback quantity = 30 ft (5B1) x .17 gal per ft (5B2) = 5 gal
   C. Total pump out volume = dose volume (5A) + drainback (5B3)
   75 gal + 5 gal = 80 Total gallon

E-20: Volume of Liquid in Pipe

Pipe Diameter inches	Gallons per foot
1	0.045
1.25	0.078
1.5	0.11
2	0.17
2.5	0.25
3	0.38
4	0.66

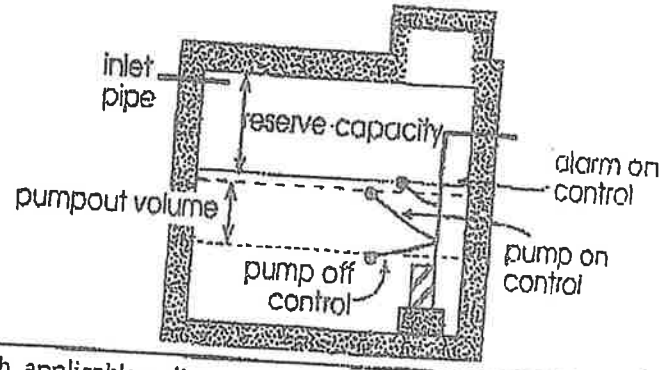
6. Float separation distance (using total pumpout volume)
   Total pumpout volume (5C) ÷ gal/inch (2)
   80 gal ÷ 12.69 gal/in = 6 inch

7. Calculate volume for alarm (typically 2 to 3 inches)
   Alarm depth (inch) x gallon/inch (2) = 2 in x 12.69 gal/in) = 25 gal

8. Calculate total gallon = gallons over pump (4) + gallons pumpout (5C) + gallons alarm (7)
   178 gal + 80 gal + 25 gal = 293 gallons

9. Total Tank Depth = total gallon (8) ÷ gallon/inch (2)
   293 gal ÷ 12.69 gal/in = 23 in

Recommended:
Calculate reserve capacity (75% the daily flow)
Daily flow x .75 = 300 x .75 = 225 gallons



I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.

B & C Backhoe (signature) 2088 (license #) 1-25-19 (date)

28-0-631-08

Maintenance Log

Activity	Date Accomplished									
Check frequently:										
Leaks: check for plumbing leaks										
Soil treatment area check for surfacing										
Lint filter: check, clean if needed										
Effluent screen: if owner-maintained										
Water usage rate (monitor frequency _____)										
Check annually:										
Caps: inspect, replace if needed										
Sludge & Scum/Pump										
Inlet & Outlet baffles										
Drainfield effluent leaks										
Pump, alarm, wiring										
Flush & clean laterals if cleanouts exists										
Other: _____										
Other: _____										

Notes: _____

_____

_____

_____

Mitigation/corrective action plan: _____

_____

_____

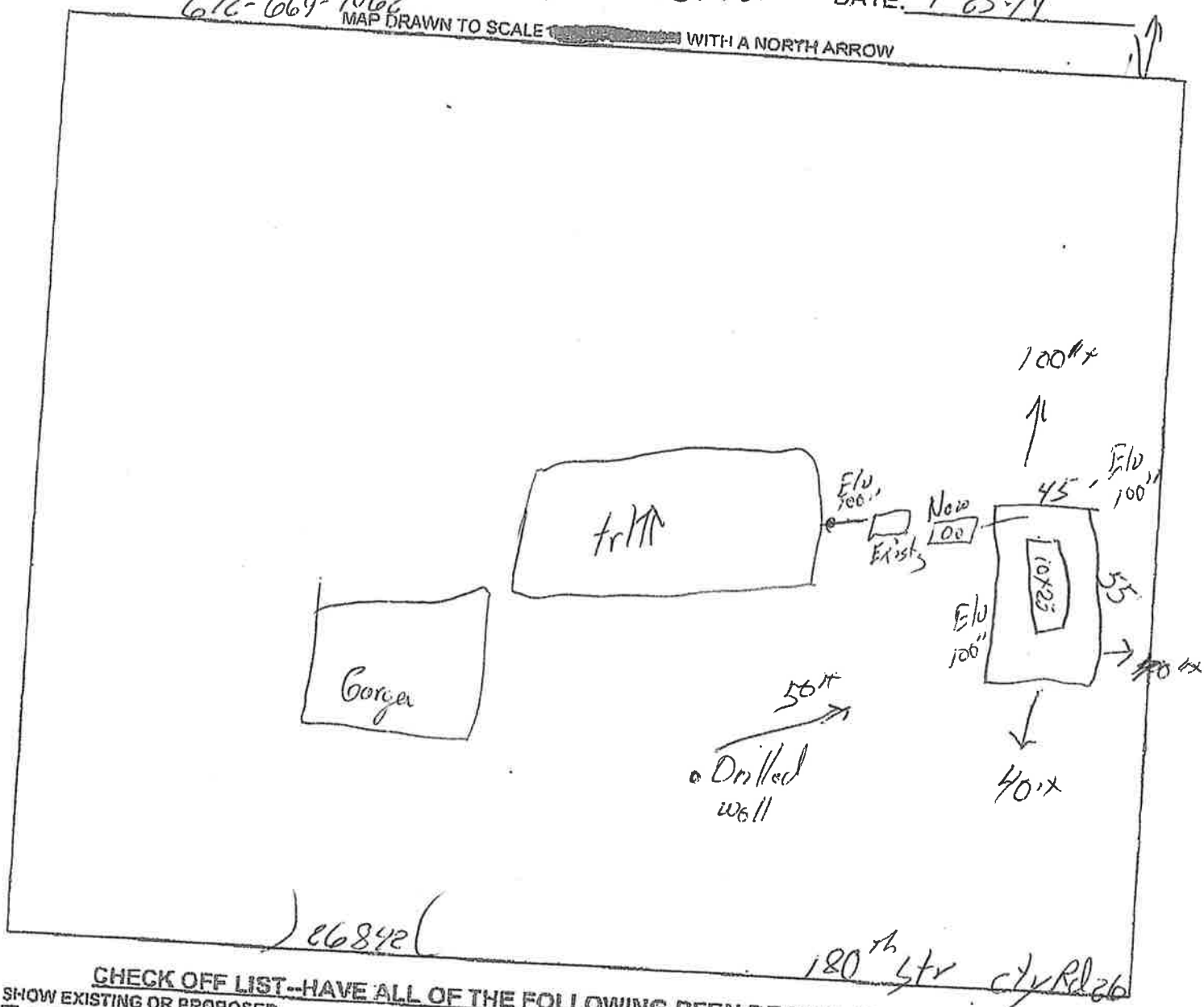
_____

_____

CLIENT: Larry (New owner) SKETCH SHEET

612-669-7062 28-0-031761 DATE: 1-25-19

MAP DRAWN TO SCALE [redacted] WITH A NORTH ARROW



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CHECK OFF LIST--HAVE ALL OF THE FOLLOWING BEEN DRAWN ON THE MAP??

SHOW EXISTING OR PROPOSED

- ☐ WATER WELLS WITHIN 100 FT OF TREATMENT AREAS
- ☐ PRESSURE WATER LINES WITHIN 10 FT OF TREATMENT AREAS
- ☐ STRUCTURES
- ☐ LOT IMPROVEMENTS
- ☐ ALL SOIL TREATMENT AREAS
- ☐ ALL ISTS COMPONENTS
- ☐ HORIZONTAL AND VERTICAL REFERENCE
- ☐ POINT OF SOIL BORINGS
- ☐ DIRECTION OF SLOPE
- ☐ LOT EASEMENTS
- ☐ ALL LOT DIMENSIONS
- ☐ DISTURBED/ COMPACTED AREAS
- ☐ SITE PROTECTION--LATHE AND RIBBON EVERY 15 FT
- ☐ ACCESS ROUTE FOR TANK MAINTENANCE

REQUIRED SETBACKS

- ☐ STRUCTURES
- ☐ PROPERTY LINES
- ☐ OHWL

COMMENTS:

DESIGNER SIGNATURE Bob Barth

LICENSE# 2088

DATE 1-25-19

INDICATE ELEVATIONS

BENCHMARK 100"

ELEVATION OF SEWER LINE @ HOUSE 88"

ELEVATION @ TANK INLET 88"

ELEVATION @ BOTTOM OF ROCK LAYER 136"

ELEVATION @ BOTTOM OF BORING OR RESTRICTIVE LAYER TBD

ELEVATION OF PUMP 72"

ELEVATION OF DISTRIBUTION DEVICE 145"

28-0-031700

Subsurface Sewage Treatment System Management Plan

Property Owner: _____ Phone: _____ Date: _____

Mailing Address: _____ City: _____ Zip: _____

Site Address: 26842 180th St Ct City: McGrath Zip: 56350

This management plan will identify the operation and maintenance activities necessary to ensure long-term performance of your septic system. Some of these activities must be performed by you, the homeowner. Other tasks must be performed by a licensed septic service provider.

System Designer: check every _____ months.
Local Government: check every _____ months.
State Requirement: check every 36 months.

(State requirements are based on MN Rules Chapter 7080.2450, Subp. 2 & 3)

My System needs to be checked every _____ months.

Homeowner Management Tasks

Leaks – Check (look, listen) for leaks in toilets and dripping faucets. Repair leaks promptly.

Surfacing sewage – Regularly check for wet or spongy soil around your soil treatment area.

Effluent filter – *Inspect and clean twice a year or more.*

Alarms – Alarm signals when there is a problem. Contact a service provider any time an alarm signals.

Event counter or water meter – Record your water use.

-recommend meter readings be conducted (*circle one:* DAILY WEEKLY MONTHLY)

Professional Management Tasks

- [x] Check to make sure tank is not leaking
- [x] Check and clean the in-tank effluent filter
- [ ] Check the sludge/scum layer levels in all septic tanks
- [ ] Recommend if tank should be pumped
- [x] Check inlet and outlet baffles
- [ ] Check the drainfield effluent levels in the rock layer
- [ ] Check the pump and alarm system functions
- [ ] Check wiring for corrosion and function
- [ ] Check dissolved oxygen and effluent temperature in tank
- [ ] Provide homeowner with list of results and any action to be taken
- [ ] Flush and clean laterals if cleanouts exist

"I understand it is my responsibility to properly operate and maintain the sewage treatment system on this property, utilizing the Management Plan. If requirements in the Management Plan are not met, I will promptly notify the permitting authority and take necessary corrective actions. If I have a new system, I agree to adequately protect the reserve area for future use as a soil treatment system."

Property Owner Signature: _____ Date: _____

Designer Signature: Bob Bold Date: 1-25-19

See Reverse Side for Management Log

AITKIN COUNTY ENVIRONMENTAL SERVICES

APPLICATION for an OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

PERMITTEE William Hennessy PARCEL NUMBER 28-0-031702

ADDRESS 28842 180th Str. McGrath

LEGAL DESCRIPTION SW of SW

TELEPHONE # Larry (Newsgiver) 612-669-9062 GIS LOCATION _____

A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM: (Attach ISTS site evaluation and design; estimated cost of system construction, operation, monitoring, service, component replacement, and management; anticipated system life, hydraulic and organic loading rates)

Flows : Soperation

B. MONITORING PLAN AND REPORTING FREQUENCY:

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
FLOW	300 gpd	event counter	monthly		Annually
5-DAY BOD					
TOTAL NITROGEN					
TOTAL PHOSPHORUS					
TSS					
FATS,OILS AND GREASE					
FECAL COLIFORM					
SEPARATION DISTANCE	3'	Drainfield			Annually

_____ will perform the monitoring of this septic system.

C. MAINTENANCE PLANS

PARAMETER	LOCATION	FREQUENCY

D. MITIGATION PLAN:

I hereby certify with my signature as the designer, that all data for the operating permit application is true and correct to the best of my knowledge. I agree to indemnify and hold Aitkin County harmless from loses, damages, costs and charges that may be incurred by the County because of the information submitted with this application.

Signature **License Number** **Date**

Name (please print) **Address** **Telephone #**

c:operatpermit.doc

MAINTENANCE SERVICE, MONITORING AND INSPECTION CONTRACT
FOR INDIVIDUAL SEWAGE TREATMENT SYSTEM

It is hereby agreed this 31st day of January, 2019 by and between _____ (Inspector) and _____ (client)

(Client) Name & Address

_____

Street Address _____

City, State, Zip _____

That in consideration of the payments provided herein, the Inspector shall provide services to perform Preventative Maintenance, Monitoring and Inspection of the Individual Sewage Treatment System (ISTS) located at the property described in the Aitkin County Operating Permit.

Each inspection includes an examination of the ISTS followed by a written report to the client. This inspection report shall contain recommendations for operation and maintenance for failure-preventative measures, if any are deemed appropriate by the inspector and a list of recommended corrective measures or replacement parts. The Inspector is authorized to submit a copy of the report to the Aitkin County Environmental Services Department.

This contract does not assume any responsibilities or obligations, which are normally the responsibilities of the Client, as related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this contract.

The Inspector can only contract or subcontract for parts or labor after authorization. Billings for service calls shall be made on a case by case basis. This contract only covers maintenance, monitoring and inspection services per current Aitkin County Operating Permit and does not cover alarm calls of any kind.

The Inspector shall be provided access to the site and the system in order to perform the following services:

SEPTIC TANK AND LIFT STATIONS INSPECTION

(check the boxes needed to fill the requirements of the Operating Permit)

X Check septic tank and compartments for solids buildup and general appearance. If necessary, have tanks pumped (cost of pumping is the responsibility of the client).

____ Check effluent filter for buildup and clean, if applicable.

X Check pumping system, including control panel and floats.

X Record and date the readings of the elapsed time meter and cycle counter(s), if applicable.

____ Check dosing settings (in the control panel, if applicable).

____ Other: _____

_____

**If the septic tank or lift stations need pumping to be in compliance with the operating permit the cost of the pumping is the responsibility of the Client.

TREATMENT DEVICE

____ Inspect pretreatment unit (aerobic tank, sand filter, etc.) per manufacturer's recommendations, if applicable.

____ Inspect and clean any parts per manufacturer's recommendations.

____ Inspect and clean laterals, if applicable.

____ Inspect the appearance of the wastewater inside the unit for color, turbidity and examination of odors.

____ Sample effluent per Operating Permit monitoring requirements.

(Cost of sampling and analysis is the responsibility of the Client)

____ Other: _____

_____

DISPERSAL FIELD

X Inspect for visible signs of failure (surface discharge, soggy ground, wet spots, settling, etc.)

____ If liquid level monitors are installed, levels will be observed and recorded.

____ Flush filters and clean cartridges, if applicable.

____ Check field control unit solenoid operations or manual control, if applicable.

____ Other: _____

_____

In no event shall the Inspector be responsible for special or consequential damages, including but not limited to, loss of time, injury to personal property or any other consequential damages or incidental or economic loss due to equipment failure or for any other reason. This contract does not assume any responsibilities or obligations, which are normally, the responsibility of the Client or as, related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this contract.

This contract shall be effective: Beginning at End of completion of system

and Ending 1 yr Later

Cost for Maintenance Service, Monitoring and Inspection Contract is:

$_____/yr. For _____ years totaling $_____

The Inspector agrees to provide inspection, monitoring and routine maintenance service only under this contract. The Client remedies for breach of this contract shall be limited to refund of any of the amounts paid in advance for service. This contract may be renewed 30 days from the ending date.

Payment for all services shall be paid _____.

Client:	**Inspector:**
Sign: _____	Sign: Bob Buttel
Print: _____	Print: Bob Buttel
Date: _____	Date: 1-27-09