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

It is hereby agre	ed this day	y of Sapt nspector) and L	,202/ mas 5d	by and b	oetween _(client)
(Client) Name 8	Address Schoew				
Street Address		348th	ام		
City, State, Zip	Hall City	Minn	554	148	

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)

K 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).

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

X Check pumping system, including control panel and floats.			
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.			
X Inspect and clean laterals, if applicable.			
Sample effluent per Operating Permit monitoring requirements.			
(Cost of sampling and analysis is the responsibility of the Client)			
Other:			
DISPERSAL FIELD			
∑ 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:			

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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 Sept, 202
a	and Ending Sept, 2026
Cost for Maintenance Service	e, Monitoring and Inspection Contract is:
\$ <u>200</u> /yr. For _	5 years totaling \$ 1,000.00
service only under this contract. T	spection, monitoring and routine maintenance he Client remedies for breach of this contract the amounts paid in advance for service. This from the ending date.
Payment for all services shall be p	Inspector: Dave Lonce
Client:	Inspector: Dave Lance
Sign: \$\frac{1}{2}	Sign:
Print: Lucas Schoen	Print: bavid Longe
Date: 9/21/21	Date: 9/21 /202/