



Valid from: Jan 1 to Dec.31, 2017

Septic Service Maintenance Agreement (MA)

Owner Name: _____ Email _____
 Address of Property: _____ City, Zip: _____ County _____
 Billing Address : _____
 Home Phone: _____ Cells Phone: _____
 Air Treatment Unit (ATU) Clearstream, Multi-Flo, Nyatic, Whitewater, Aqua Safe

Rogers Septic proposes to offer a service maintenance agreement on the septic system at the property listed above.

The MA consists of:

- Two service visits **spring & fall**. Water samples
- Collected if required. If no discharge a NDF (no discharge form) will be sent to county
- Check water level and sludge level in septic tank & ATU tank.
- Change diffusers & filters in oxygen aerator.
- Check / Test electric components (Aerator, Alarm system, UV Lite system, Lift pumps)
- Check bio filter / filter socks
- Check polishing filter (sand filter, mechanical filter, rock bed filter, etc.)
- Clean outlet discharge pipe (approx. 2-3ft of end if accessible)
- Check surge bowl & do settled solid test
- Check clarifying zone
- **A copy of this agreement, MA report, & water samples will be sent to the county health department and to you if an email address is provided**

Cost of non-agreement service. Homeowner Authorization required.

- Cleaning septic tank: \$250.00 (plus disposal fee \$85.00 per 1,000 gallons).
- Filter sock replacement \$250.00
- Any repairs to septic system. Time & material.

2 visits with no samples
\$350.00

2 visits with 2 samples
\$400.00

This agreement is renewable yearly for the life of the system. This contract does not hold the contractor liable for any malfunctions of the system. **PLEASE COMPLETE, SIGN, AND RETURN WITH PAYMENT** to above address, *and check payable to **R Rogers LLC.*** , or credit card info below.

Agreement accepted (owner' signature): _____ **Date:** _____

By signing this agreement, you are authorizing payment and Rogers Septic (R Rogers LLC) access to your property, to preform required maintenance to your septic system and to remain in compliance with the Iowa DNR chapter 69.

MC / Visa #s _____ exp. _____ 3 digits code on back _____
 Amount \$ _____

****PLEASE KEEP AREA MAINTAINED AND CLEARED SO OUR TECHNICIAN CAN ACCESS IT**
****RETURN VISIT FOR NON ACCESSABLE SYSTEMS WILL BE CHARGE A SERVICE CALL FEE**