



### INFORMATION ABOUT ON-SITE SEWER FACILITY

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#### CONCERNING THE PROPERTY AT

956 Copacabana Dr.  
Crystal Beach, TX 77650

#### A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:

- (1) Type of Treatment System:  Septic Tank  Aerobic Treatment  Unknown
- (2) Type of Distribution System: See attached septic design.  Unknown
- (3) Approximate Location of Drain Field or Distribution System: See attached  Unknown
- (4) Installer: Lange's Aerobic SVC LLC  Unknown
- (5) Approximate Age: Installed May 2022  Unknown

#### B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility?  Yes  No  
If yes, name of maintenance contractor: Lange's Aerobic Service LLC  
Phone: 409-761-6112 contract expiration date: \_\_\_\_\_  
*Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard on-site sewer facilities.)*
- (2) Approximate date any tanks were last pumped? never pumped - system 1 yr old
- (3) Is Seller aware of any defect or malfunction in the on-site sewer facility?  Yes  No  
If yes, explain: \_\_\_\_\_
- (4) Does Seller have manufacturer or warranty information available for review?  Yes  No

#### C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

- (1) The following items concerning the on-site sewer facility are attached:  
 planning materials  permit for original installation  final inspection when OSSF was installed  
 maintenance contract  manufacturer information  warranty information
- (2) "Planning materials" are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.
- (3) It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.

956 Copacabana Dr.  
Crystal Beach, TX 77650

Information about On-Site Sewer Facility concerning \_\_\_\_\_

**D. INFORMATION FROM GOVERNMENTAL AGENCIES:** Pamphlets describing on-site sewer facilities are available from the Texas Agricultural Extension Service. Information in the following table was obtained from Texas Commission on Environmental Quality (TCEQ) on 10/24/2002. The table estimates daily wastewater usage rates. Actual water usage data or other methods for calculating may be used if accurate and acceptable to TCEQ.

<u>Facility</u>	<u>Usage (gal/day) without water-saving devices</u>	<u>Usage (gal/day) with water-saving devices</u>
Single family dwelling (1-2 bedrooms; less than 1,500 sf)	225	180
Single family dwelling (3 bedrooms; less than 2,500 sf)	300	240
Single family dwelling (4 bedrooms; less than 3,500 sf)	375	300
Single family dwelling (5 bedrooms; less than 4,500 sf)	450	360
Single family dwelling (6 bedrooms; less than 5,500 sf)	525	420
Mobile home, condo, or townhouse (1-2 bedroom)	225	180
Mobile home, condo, or townhouse (each add'l bedroom)	75	60

**This document is not a substitute for any inspections or warranties. This document was completed to the best of Seller's knowledge and belief on the date signed. Seller and real estate agents are not experts about on-site sewer facilities. Buyer is encouraged to have the on-site sewer facility inspected by an inspector of Buyer's choice.**

DocuSigned by:  
  
Signature of Seller \_\_\_\_\_ Date \_\_\_\_\_  
**Dale E. Williams**

 2/19/23  
Signature of Seller \_\_\_\_\_ Date \_\_\_\_\_  
**Dana Johnson Williams**

Receipt acknowledged by:

\_\_\_\_\_  
Signature of Buyer \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Buyer \_\_\_\_\_ Date \_\_\_\_\_

**Garry Gana Inc**  
**P.O. Box 315**  
**Rosharon, Texas 77583**  
**(281) 235-4201**

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May 19, 2021

Williams Manor Homes  
6710 Windsor Pkwy  
Beaumont, Texas 77706

Mr. Williams,

Thank you for allowing me to conduct the On-Site Sewage Facility Site Evaluation and Design for this project. You will find enclosed a **copy** of the application packet that was submitted to the Galveston County Health District for Approval and Permitting.

If you have any questions, or wish to discuss changes, please feel free to contact me at the number listed above.

Sincerely,



Garry Gana, R.S.

**Garry Gana Inc**  
**P.O. Box 315**  
**Rosharon, Texas 77583**  
**(281) 235-4201**

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## **Receipt for Services**

This receipt is for services through May 19, 2021

**To:**

Williams Manor Homes  
6710 Windsor Pkwy  
Beaumont, Texas 77706

1. OSSF Application Packet for 956 Copacabana Dr., Crystal Beach, Texas	\$500.00
2. Filing, Permitting, and Courier Fees	\$640.00
<b>Total Paid</b>	<b>\$1140.00</b>

Paid by Check # 2902

Affidavit to the Public

THE COUNTY OF GALVESTON §  
STATE OF TEXAS §

AFFIDAVIT

According to Texas Commission on Environmental Quality Rules for On-Site Sewage (OSSFs) Facilities, this document is filed in the Deed Records of Galveston County, Texas.

I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), §5.012 and §5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety Code, requires owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

II

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the property described as (insert full legal description and full location address):

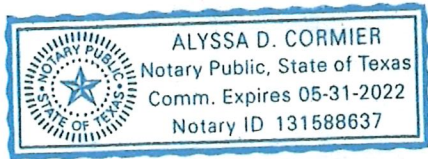
*956 Copa cabana Dr., Crystal Beach, TX 77650  
Lot 1, Blk 1, Copa cabana by the sea, Galveston County, Texas*

The property is owned by *Dale Edward Williams* *Dale Edward Williams*  
(insert owner's full name)

This OSSF shall be covered by a continuous service policy for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally under the guidelines of the regulatory authority.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF may be obtained from the Galveston County Health District.

WITNESS BY HAND(S) ON THIS *18<sup>th</sup>* DAY OF *April*, *2021*



*Dale Edward Williams*  
(Owner(s) signature(s))

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS *18<sup>th</sup>* DAY OF *April*, *2021*.

*Alyssa D. Cormier*  
Notary Public, State of Texas  
Notary's Printed Name: *Alyssa D. Cormier*  
My Commission Expires: *05-31-2022*

*(TC)*

Site Evaluation: \_\_\_\_\_  
Building Application: \_\_\_\_\_  
Drainage Plan: \_\_\_\_\_  
Floodplain Information: \_\_\_\_\_

Health District OSSF Permit# \_\_\_\_\_  
City/County Building Permit# \_\_\_\_\_  
Receipt Number# \_\_\_\_\_

**GALVESTON COUNTY HEALTH DISTRICT  
ON-SITE SEWAGE FACILITY  
APPLICATION AND INSPECTION REPORT**

NEW INSTALLATION  
 RENOVATION

1. PROPERTY OWNER'S NAME: Williams DALE Edward  
(LAST) (FIRST) (MIDDLE)

2. PERMANENT MAILING ADDRESS: 6710 WINDSOR PKWY BMT TX 77706  
(STREET/P.O. BOX) (CITY/STATE) (ZIP)

3. TELEPHONE NO. DURING DAY: 409 781-7774

4. SITE ADDRESS: 956 Copacabana DR. CRISTAL BEACH TX 77650  
(STREET) (CITY/STATE) (ZIP)

5. PROPERTY DESCRIPTION: Lot 1 Block 1 Sec. \_\_\_\_\_ Subdivision: COPACABANA By the Sea  
Lot Size: 118 x 86 **PROPERTY SURVEY OR SIMILAR DOCUMENT SHOULD BE ATTACHED.**

6. SOURCE OF WATER: \_\_\_\_\_ Private Well  Public Water Supply BPSUD  
(NAME OF SUPPLIER)

7. SINGLE FAMILY RESIDENCE: No. Of Bedrooms 4 Living Area (sq. ft.) 1930

8. ESTIMATED MAXIMUM DAILY WATER CONSUMPTION (gpd): 300  
WATER-SAVING DEVICES PROVIDED: (CIRCLE ONE)  YES  NO

9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: \_\_\_\_\_  
NO. OF EMPLOYEES/OCCUPANTS/UNITS: 0 DAYS OCCUPIED PER WEEK: 0

10. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 300 FEET?  YES  NO

11. Professional design required:  YES  NO If yes, professional design attached:  Yes  No  
DESIGNER: Garry Gana, R.S. REGISTRATION NO. 3207  
PHONE NO. (281) 235-4201 (PE or RS)

12. INSTALLER: Michael Blance REGISTRATION NO. 30935  
PHONE NO. (409) 781 8112

I. SEWER (House drain):  
TYPE AND SIZE OF PIPE: sch 40 pvc SLOPE OF SEWER PIPE TO TANK: 1/8" per 1'

II. TREATMENT TANKS:  
TANK #1 MAT'L conc NO. OF COMPARTMENTS 4 TYPE ATL SIZE 500 gals  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_  
#4 \_\_\_\_\_

III. SITE EVALUATION  
**NOTE: Information worksheet must be attached for review to be completed.**  
Soil Class/Texture 1b Load Rate 0.38  
Performed By Garry Gana, R.S. Registration NO. OS0010343 Phone No(281) 235-4201

IV. DISPOSAL AREA  
TYPE: Drip MINIMUM AREA REQUIRED 790 ft<sup>2</sup>  
EXCAVATION WIDTH \_\_\_\_\_ DISTANCE BETWEEN EXCAVATIONS 2ft  
TYPE/SIZE OF MEDIA = TYPE/DIAMETER OF PIPE geoflon pc  
TYPE OF BARRIER = EXCAVATION DEPTH 6"  
LANDSCAPE PLAN see design

V. PLOT PLAN

NOTE: This information must be attached for review to be completed.

1. Submit two (2) copies of the Galveston County Health District OSSF Application & Inspection Report.

The plot on the above mentioned form must include:

- a. Size and shape of lot or property.
- b. All structures on lot such as buildings, barns, pens, etc.
- c. Size and location of treatment tank(s),
- d. Size and location of wastewater disposal area,
- e. Distance of treatment tank(s) from house, property line, water well and wastewater disposal area,
- f. Distance of wastewater disposal area from house, property line, water well and treatment tank(s),
- g. Distance and direction to closest neighboring water well from treatment tank(s) and wastewater disposal area,
- h. Distance and direction to closer open water such as ponds, lakes, streams, etc.

[Signature]  
DESIGNERS SIGNATURE

3207  
REGISTRATION NO.

5-19-21  
DATE

This notice must be read and signed before these construction plans will be approved. AFTER APPROVAL A BUILDING PERMIT MUST BE SECURED FROM THE APPROPRIATE COUNTY OR CITY BUILDING INSPECTION DEPARTMENT. The final inspection is to assure the system has been constructed according to the submitted plan and is consistent with good public health engineering practices. The acceptance of this plan and approval of the final inspection, however, should not be construed to mean that the Galveston County Health District recommends, approves, certifies or guarantees On-Site Sewage Facility Systems or their satisfactory performance. In the Galveston County Facility Systems may not function satisfactorily at all times. This plan meets all State and local rules and laws including distance requirements.

[Signature]  
Property Owner

**HEALTH DISTRICT USE ONLY**

Authorization to Construct Approved/Disapproved by \_\_\_\_\_ DR# \_\_\_\_\_ Date \_\_\_\_\_  
 Inspection Requested by \_\_\_\_\_ Date \_\_\_\_\_  
 Date inspection requested for \_\_\_\_\_ Time \_\_\_\_\_ am/pm  
 Date inspection made \_\_\_\_\_ Time \_\_\_\_\_ am/pm  
 Construction Approved/Disapproved by \_\_\_\_\_ DR# \_\_\_\_\_ Date \_\_\_\_\_  
 Disapproval notice given to \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Site Evaluation Form

Date: 5-1-21

Client: Williams

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Legal Description:

Site Address: 956 Copacabana Dr

City/Area: CB

Subdivision: Copacabana by the Sea

Sec: \_\_\_\_\_ Lot: 1 Block: 1

Survey: \_\_\_\_\_

Abstract No.: \_\_\_\_\_

Property Size: 86 x 118

Acres: \_\_\_\_\_

Existing or proposed structure to be served: 4 Bed < 3500 sq ft SFR

## TOPOGRAPHY

Slope:

Flat: (under 2%)

Slight: (Under 4%) \_\_\_\_\_

Severe: (Over 5%) \_\_\_\_\_

Vegetation:

Grass/Brush:

Lightly Wooded: \_\_\_\_\_

Heavily Wooded: \_\_\_\_\_

Site Drainage:

Poor: \_\_\_\_\_ Adequate:  Good: \_\_\_\_\_ Other: \_\_\_\_\_

**Note:** If slope is severe a Topo Survey with half foot contours should be provided with this form on the design. If site drainage is poor or slope is flat then a detailed drainage plan should be provided on the design.

## FLOOD HAZARD

Property is located:

Outside 100 year flood plain: \_\_\_\_\_

In 100 year flood plain:

In 100 year flood plain and floodway: \_\_\_\_\_

**Note:** Attach a FEMA Flood Insurance Rate Map (FIRM) with property location identification or current survey with Flood Plain determination. Systems installed in flood plain must address tank floatation concerns.



### SOIL EVALUATION

(Based on at least two soil borings or two backhoe pits at opposite ends of the soil absorption area)

Profile Depth	Texture(USDA)	Color
------------------	---------------	-------

	_____		
	_____		
	_____		
	_____		
	0-12"	15	fqn
	_____		
	_____		

(Minimum depth is two feet below proposed excavation)

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Profile Depth	Texture(USDA)	Color
------------------	---------------	-------

	_____		
	_____		
	_____		
	_____	same	
	_____		
	_____		
	_____		

(Minimum depth is two feet below proposed excavation)

Normal Textures (USDA) course sand/gravel, loamy sand, sandy loam, loam, sandy clay, clay loam, silty clay, clay.  
**Note:** Location of bore holes must be shown on design or on a separate sheet of paper.

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### EFFLUENT LOADING DETERMINATION

<u>Soil Class/Texture</u>	<u>Gallons per day per square foot</u>	
Ia/Gravelly Soil >30% Gravel	Too great for consideration	>0.5
Ib/ Sandy soils with < 30% gravel		0.38
II/ Sandy loams/loams		0.25
III/ Sandy clay/clay loams		0.20
IV/ Clay/silty clays	Unsuitable	0.10

Indication of seasonal water table:

Depth per field evaluation: 6"

#### SOIL STRUCTURE

**Class II & III soils must have soil structure analysis performed**

Soil structure is:

Massive: \_\_\_\_\_  
 Blocky: \_\_\_\_\_  
 Platy: \_\_\_\_\_  
 % Gravel: 0

Note: Massive and platy soils are considered unsuitable with respect to structure.

#### FINDINGS

Is soil suitable for standard subsurface disposal methods? (Circle one) Yes  No

Wastewater application rate 0.38 Gal/day/sq. ft.

I, Garry Gana, a registered Site Evaluator

did personally conduct the site evaluation on 5-1-21  
(Date)

I certify that these results are true and correct for the property evaluated.

[Signature]  
 Site Evaluator  
OS0010343  
 Registration Number

## PROPOSED OSSF DESIGN

**PROPERTY OWNER:** Dale Williams

**SITE ADDRESS:** 956 Copacabana Dr.  
Crystal Beach, Texas

**LEGAL DESCRIPTION:** Lot 1, Blk 1, Copacabana by the Sea

### DESIGN PERAMETERS:

**Structure:** 4 Bedroom, < 3500 ft<sup>2</sup> SFR w/ WSD

**Daily Flow:** 300 gallons

**Application Rate:** 0.38 gal/ft<sup>2</sup>/day

**Area Required:** 790 ft<sup>2</sup>

**Area Designed:** 1000 ft<sup>2</sup>

### **AEROBIC TREATMENT UNIT**

**Pre-treatment Tank (Trash Tank):** integral of Clearstream 500NC3T-500

**Treatment Unit (Aerobic):** Clearstream 500NC3T-500

**Pump Tank:** 500 gallon; integral of Clearstream 500NC3T-500

**Pump:** Meyers 2 NFL or equal

**Filter:** Geoflow AP4E100 or equal

**Supply Manifold:** 1" sch 40 pvc

**Return Manifold:** 1" sch 40 pvc

**Drainfield:** 500 linear feet of Geoflow Wasteflow PC

**# of Emitters per zone:** 250 emitters

**Emitter Flow Rate:** 0.53 GPH @ 20 psi

**Flow per Hour per Zone:** 132.5 GPH (2.2 GPM)

**Vacuum Breaker:** 2 per zone

**Flow Alternator:** Not Required

**Timer:** required (On 20 minutes, Off 120 minutes)

**Gallons per Dose:** 44

**Disinfection:** Not Required

**Depth of Installation:** 6 inches beneath top of mound

### IRRIGATION AREA:

1. **The homeowner shall be completely sod the irrigation area with St. Augustine or native grasses.** Grasses shall be cut as needed to promote healthy, normal growth.
2. Plants intended for human consumption shall not be grown inside the irrigation area.
3. **No surface improvements shall be constructed or placed inside the irrigation area or the future reserve area.**
4. **Area shall be graded to promote positive drainage and surface water runoff.**

### MAINTENANCE:

A maintenance contract shall be maintained for the life of the system. The property owner or occupant shall insure that the system is provided with electricity at all times and that the disinfection unit is supplied with chlorine tablets, if required. Any suspected malfunction shall be reported to the maintenance company as soon as possible. The property owner or occupant shall operate the on-site sewerage facility according to the owner's manual.

### GENERAL NOTES:

1. The Homeowner is responsible for installing ultra low flow plumbing fixtures in the home.
2. Garbage disposals should not be used in conjunction with any on-site sewerage facility.
3. Grease, cigarette butts, personal hygiene products, and other trash shall be disposed of in the garbage.
4. Water conservation measures should be taken to help ensure the proper operation of the on-site sewerage facility.
5. Electrical wiring shall be in accordance with the current edition of the National Electric Code.
6. **Alarm shall be of the Audio and Visual type.**
7. **Pump and alarm shall be on separate circuits.**
8. **Pressure relief/sample valve shall be installed and directed downward inside the pump tank to provide agitation and help prevent extreme septic conditions inside the tank. *Pressure relief will also serve to elevate flow for proper filter function.***

### Special Notes for 100 Year Flood Plain Locations

1. **All mechanical and electrical components shall be elevated at least 18 inches above the 100 year flood elevation and/or waterproofed.**
2. All tank openings shall be sealed with RAM=NEK, or an equivalent sealant, to prevent contamination to flood waters.
3. **Septic and/or Aerobic treatment tanks shall be kept filled with sewage to prevent flotation. Pump tank is integral to the aerobic treatment unit and will not pose a flotation problem if the pretreatment and aerobic treatment tanks are kept full of fluid.**
4. This system, if installed and operated in accordance with this plan and State and Local rules and regulations, should not present a hazard to public health, or threaten adjacent water wells during flooding.

**PUMP TANK DESCRIPTION:**  
(Timed Pumping)

**500 Gallon Pump Tank**

**Volume:** 530 gallons

**Dimensions:** 60.0" x 47.0"  
depth below inlet 53.0"  
gallons per inch 10.0

**Float Settings (from bottom):**

<b>Static Volume:</b>	160.0 gallons	<b>pump off</b>	16.00"
<b>Dosing Volume:</b>	44.0 gallons	<b>pump on</b>	minimum tether, timer controlled
<b>Reserve Capacity:</b>	100.0 gallons	<b>alarm on</b>	43.00"

psi / hd-ft required

20 / 46.2

Total of 1" sch 40 PVC pipe

100 ft. max.

Flow

2.2 gpm

Friction Loss due to pipe

5.49 hd-ft./100ft. = 5.49 hd-ft.

Friction Loss including elbows & joints

5.49 hd-ft. x 1.2 = 6.6 hd-ft.

Depth of tank

6 feet

Total Head Required

58.8 feet @ 2.2 gpm

Pump Required

Meyers 2 NFL or equal

This system is designed to treat and dispose of up to 300 gallons/day. If the system is overloaded or not properly maintained, the designer is not responsible. Assumed loading rates are outlined on Calculation page, if these are exceeded; additional plant capacity, disposal area, etc. will need to be added by the owner at his expense. This system must be installed and maintained in accordance with all standards set by the Texas Commission on Environmental Quality and Local Authorities. This designer does not represent or warrant the material, installation, operation or proper performance of this system for any period of time. Every attempt has been made to accurately depict the location of lines, plant, tanks, sprinklers, etc. Construction realities may necessitate minor design changes. Any major changes will be submitted prior to construction.

Seal



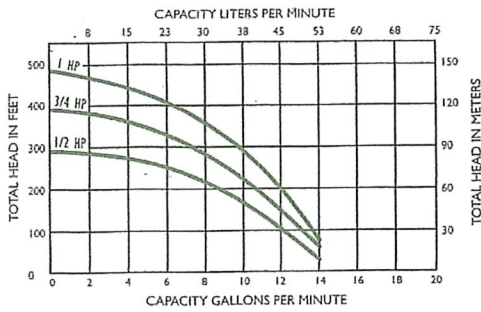
Garry Gana, R.S.

5-19-21

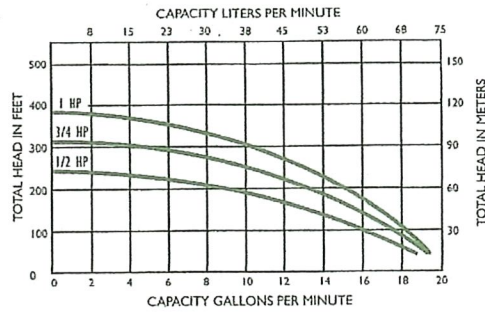
EFFLUENT PUMPS

# 2NFL AND J-BE SERIES PERFORMANCE

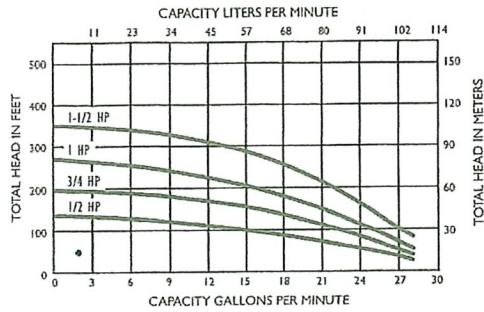
8 GPM



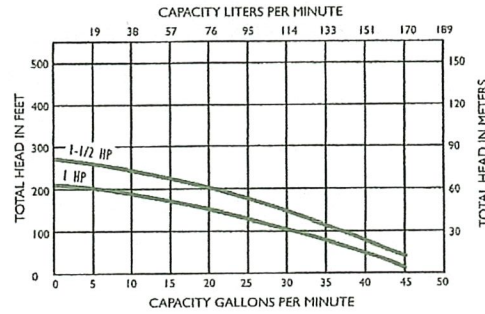
12 GPM



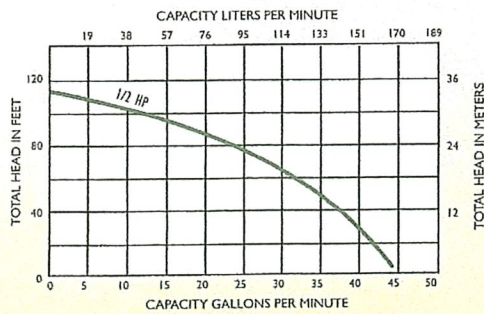
20 GPM



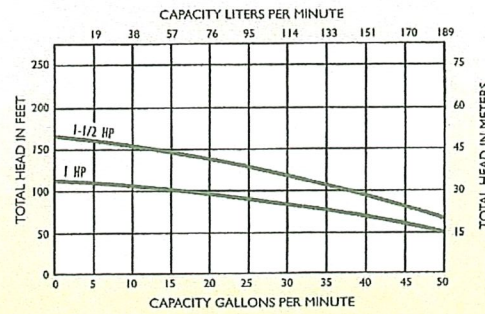
25 GPM



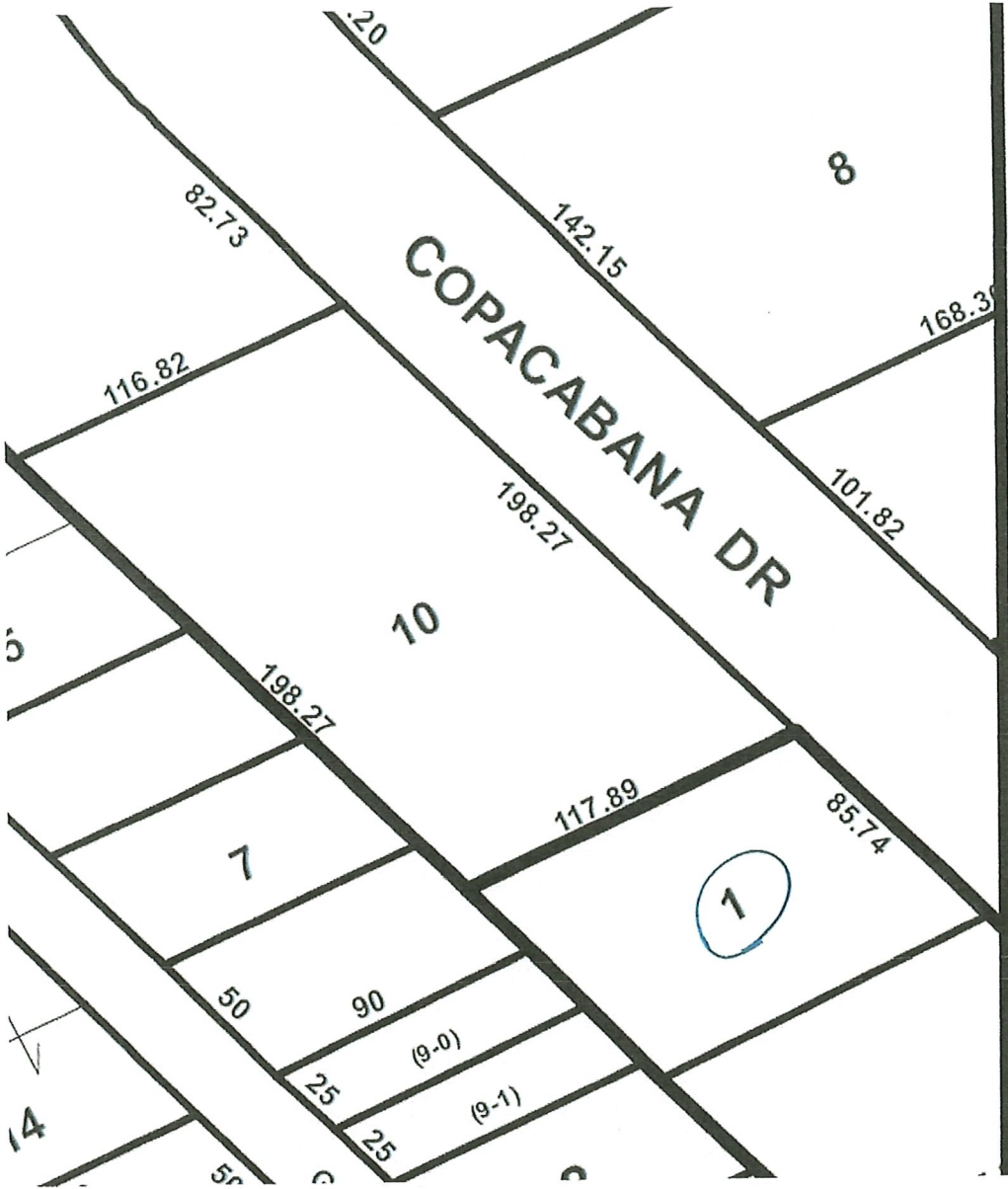
30 GPM



35 GPM



M9027SSE

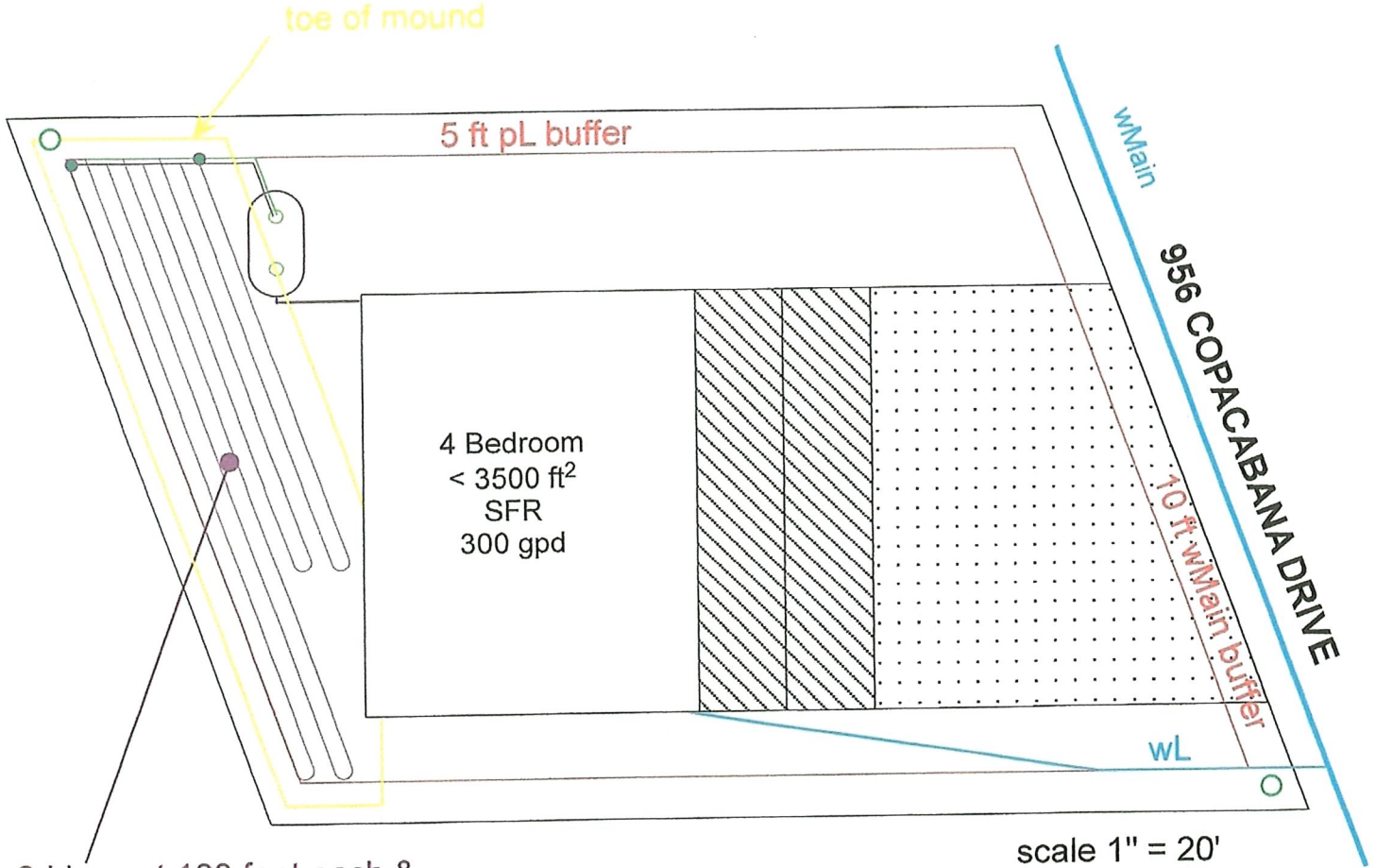


Water main was located using BPSUD provided maps and is greater than 10 ft from any part of the OSSF. All water lines must be 10 ft from any part of the OSSF. Installer must call for Utility Provider to mark main prior to digging.

This property does lie within the 100 year floodplain

This property exhibits less than 1% slope across its entire area

- = soil test site by Site Evaluator
- = vacuum breaker



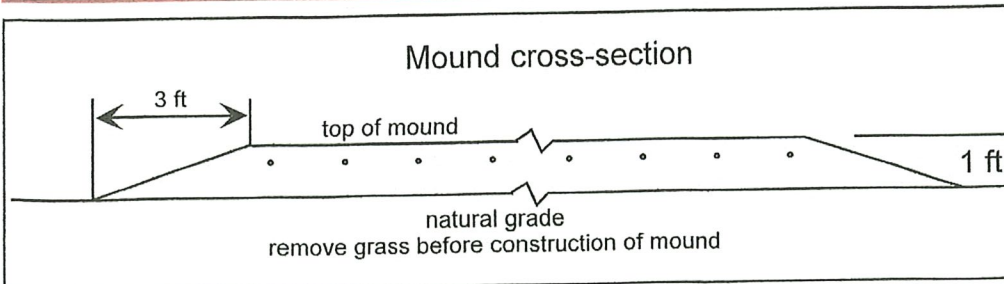
2 Lines at 100 feet each &  
2 Lines at 150 feet each

**Note:**  
The OSSF drainfield is a 12 inch high mound of class 1b loamy sand. Prior to construction of the structure, it is required that the footprint of the structure be filled with the same amount of soil to prevent drainage problems

**Note:**  
The OSSF drainfield is to be completely sodded by the property owner prior to operation of the system



*Handwritten signature and date: 5-19-21*







Customer: \_\_\_\_\_

Phone: \_\_\_\_\_

Maint Prov #: 2011

OSSF INS #: 30935

**WASTEWATER SYSTEM MAINTENANCE AGREEMENT**

Lange's Aerobic Service will operate and maintain the On Site Sewage Facility at:

956 Copacabana Dr., Crystal Beach, TX 77650

Permit # \_\_\_\_\_, For a period of 2 year(s), for the amount of \$ 0

Beginning \_\_\_\_\_ and ending \_\_\_\_\_

During this period, Lange's Aerobic Service will conduct a total of 6 visual inspections. These inspections may consist of testing for Chlorine Residual and PH. We will visually inspect the treatment plant, effluent quality, color, turbidity, odor, sludge, and scum buildup. A mechanical visual inspection will include aerator, irrigation pump, lines, fittings, alarm test, and electrical control conditions. We will visually inspect the irrigation pump station, spray heads, pressure lines, other tanks, pumps, filters, and appurtenances. Lange's Aerobic Service will respond within 48 hours of notification of a problem.

This agreement will not cover the cost of service calls, labor or materials which are due to abuse or miss-use of the system; failure to maintain electrical power to the system at all times; mechanical failure of pumps; sewage flows exceeding the hydraulic/ organic design capabilities; disposal of non-biodegradable materials, condoms, feminine products, powdered detergents, chemicals, solvents, grease, oil, paint, etc; or any usage contrary to the requirements listed in the owners manual or as advised by an authorized service representative. Use of an in-sink disposal will void your manufactures warranty and foul your system resulting in costly repairs. Failure to renew contract within 30 days of expiration could result in additional fees to the homeowner.

Copies of this contract and all reports will be submitted to the local regulatory agency.

Lange's Aerobic Service must have safe access to the system and all components. Non-payment for any repair, parts and/or labor, will void this contract and if necessary be grounds for further legal action if so decided by Lange's Aerobic Service. Homeowner is responsible for any labor and material charges involved with supplying chlorine to their system. Homeowner is responsible for maintaining ant poisoning around tank lids, control box, and air compressor. Ant damage is not covered under the warranty.

Dale Edward Hill

4-18-21

Date: MARCH 2021 @ email

(Owners signature and date)

(Owners email address)

6710 WINDSOR PKWY BMT TEXAS 77706

(Owners mailing address)

(Owners phone #)

Minah Jauge

(Maintenance Operator)

(Date)

(Plant make)

(Model)

(Serial #)