SERVICE CONTRACT (Oregon)

AQUA SAFE® Advanced Waste Treatment System

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

(Address)	(City)	(State) (Zip)	(County)
(Home Phone)	(Work Phone)		
Permit Number:	Aqua Safe Model Number:	Serial Number:	
Permit Requirements:			
and examination fInspection, cleaningthat are out of ord	vinspection consisting of a visual cl for odors. ng, adjustment and servicing of any	·	
	ent of any component under warranger the settled solids in the aeration		g needs.
 Periodic sampling Other service item If any improper op 	ent of any component under warranger the settled solids in the aeration	to chamber to determine pumping be corrected during the inspect	ion visit,
 Periodic sampling Other service item If any improper op the user shall be r Schedule of Routine Servi Routine Inspection Air Filter Cleaning Compressor Diapl Compressor Replance Removal of Resid 	ent of any component under warrang of the settled solids in the aeration has: Deeration is observed, which cannot	be corrected during the inspect and the estimated date of correction	ion visit,

Additional service (as ordered), replacement of out-of-warranty components, laboratory test work, pumping
of treatment plant or pre-treatment tank will be done upon written authority from the customer and at an
additional charge (unless included under "other service items").

IMPORTANT: This warranty/service agreement does not cover the cost of service calls, labor or materials which are required due to "mis-use or abuse" of the system, failure to maintain electrical power to the system: sewage flows that exceed the hydraulic or organic design capabilities; disposal of non-biodegradable materials, chemicals, solvents, grease, oil, paint, etc.: or any usage contrary to the requirements listed in the owner's manual or as advised by the authorized service representative.

A schedule of charges for parts and additional service may be checked by phoning:

(Name, Address, Phone Number of Service Provider)

() INITIAL 2 YEAR WARRANTY		
(The initial warranty will include		
4 inspections made at 6 month	(Signature of Property Owner)	(Date)
Intervals.)		

() CONTINUING SERVICE AGREEMENT