



Bar M Septic Services, LLC

P.O. Box 277
Montgomery, TX 77356
(936) 537 - 8994



This is a "testing and reporting" contact that states Bar M Septic Services, LLC will perform the inspections on the aerobic system at the designated address. There will be a required minimum number of inspections based on the county/agency requirements. Annual T.S.S. and B.O.D. testing if required by the county/agency will be an additional fee. The customer is responsible for the additional cost of collection, and testing. Copies of this contract and all reports will be submitted to the county/agency. The inspection generally includes aerator and/or air compressor operation, filter cleaning, irrigation pump operation, disinfection device, chlorine supply testing, alarm system function, spray field vegetation, sludge reading, sprinkler operation, and drip field flush. There will be a weather resistant tag indicating the inspection dates of service on the outside of the control panel. This contract does not include any inspection of lift stations on the designated address.

This agreement does not include any repairs or replacing of any malfunctioning equipment. The customer is responsible for any and all fees associated with the repairs. The customer will be responsible for always keeping the aerobic system in a state of TCEQ requirements. The customer will be responsible for all sludge hauling when needed. All parts installed are on loan until paid in full. Any outstanding invoices past designated date, parts associated will be subject to repossession.

All alarms or complaints will be handled within 2 business days. Any after hour/holiday emergencies will be charged at an emergency rate with a 2-hour minimum. Contracts are non-refundable or transferrable. The contract is assigned to the permit number. Upon payment of this contract the customer agrees to terms stated above.

☐ 1 Year ☐ 2 Year

Contract Start Date: _____

Contract End Date: _____

OSSF Brand: _____

Drip ☐ Spray ☐

Permit #: _____

County: _____

of Inspections: ____

Print Name
Address
City, State, Zip
Mailing address if different
Phone Number
Email Address
Signature
Date
Chance Montgomery MP0002536