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All Natural...



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"Scientific Solution to Septic Pollution"

Recognized by Google and AOL as the first, and at present, the only
Scientific Inter-Tank, Non-Mechanical Aerobic Leachfield & Rejuvenation Process Maintenance Program

Date _____

MAINTENANCE CONTRACT Between AMERICAN SEPTIC SERVICE (hereinafter called the "Company") And

Name: _____ Phone #: _____
(hereinafter called the "Owner")

Mailing Address: _____ Property Address: _____

NON-MECHANICAL, INTER-TANK, MICRO-BACTERIAL AEROBIC WASTEWATER TREATMENT PROCESS. Owner is acquiring the non-mechanical inter-tank micro-bacterial aerobic wastewater treatment process, based on representations made by Owner set forth in Schedule "A".

| | | | |
|--------------------------|-----------------|--|----------------------------|
| <input type="checkbox"/> | PLAN I | Limited Lifetime Warranty (Base Price up to 1,000 gallon septic system) | \$49.72 |
| <input type="checkbox"/> | PLAN II | Non-Warranty Base Price Per Month | \$37.18 |
| <input type="checkbox"/> | PLAN III | Digless leaching field inter-tank, non-mechanical warranted leach field cleaning process | \$4,000.00 plus tax |

- A. FULL-SERVICE ("Hands Off") Monthly Maintenance by the Company YES NO If "Yes", the additional cost **\$73.95** per month
*Fuel surcharges may apply as market conditions dictate \$ _____
- B. 1250 gallon tank, add \$3.00 per month YES 1500 gallon tank, add \$4.00 YES 2000 gallon tank, add \$6.00 YES \$ _____
- C. Laundry through system, add \$3.00 per month YES NO Removing \$ _____
- D. If water softener backwash through system add \$4.00 per month YES NO Removing \$ _____
- E. Jacuzzis and whirlpool tubs of normal size add \$5.00 per month YES NO Removing \$ _____
- F. Two-family house with two separate septic tanks and systems: YES NO Base price for first tank plus added costs, PLUS 50% of the base price for second tank \$ _____
- G. Mother Daughter type home YES NO If yes, add \$8.00 per month \$ _____

Monthly Cost \$ _____

H. APPLICABLE TAX: County _____ Tax % _____ \$ _____

TOTAL MONTHLY COST INCLUSIVE OF MONTHLY PROCESS PROGRAM AMOUNT INCLUDING TAX \$ _____

SET UP COSTS (IF APPLICABLE)

- Service pumping (when necessary), testing and correct bacteria \$ _____
- Septic tank locating cost \$ _____
- Septic tank digging \$ _____
- Septic tank risers (18inch diameter @ \$5.00 per inch ; 24 inch diameter @ \$6.50 per inch ; 36" diameter @ \$9.50 per inch) \$ _____
- Septic tank lids (18" diameter plastic @ \$68.00 each; 24" diameter fiberglass @ \$107.00 each and 32" cast iron road grade @ \$452.00 each) \$ _____

PLAN III: Digless Regeneration Process (Money Back Warrantee; Limited Lifetime Warranty)
As long as customer remains on Plan I of the company's maintenance program \$ _____

Because this is considered a service, it is taxable Applicable Tax: _____ \$ _____

Total set up costs and/or Comments: _____ **PLAN III TOTAL ▶ \$** _____

Customer's Signature _____

Print Name _____

SCHEDULE A - BASIC OPERATING CONDITIONS.

Schedule A & B are part of the attached Maintenance Contract between Owner and Company

Single Family Residence Number of Bedrooms _____ Number of full or part time residents _____
 Multi- Family Residence Number of Apts. _____ Number of Bedrooms _____ Number of full or part time residents _____
 Is a business of any kind being run out of the home? Yes No If Yes, daily number of people on average _____
 Garbage Disposal? Yes No Removing? Yes No
 Greasetrap/Trash tank? Yes No If Yes, _____ Gallons Design Daily Flow (max.) _____ gallons per day
 Water Supply? Well Municipal pH/Chlorine Reading _____ (*if water meter is required, owner is responsible for cost of meter and installation.)
 Water Purification/Water Softner Chlorinator System in waste-stream? Yes No Removing? Yes No
 If Yes, _____ Gallons to Regenerate - Any antibacterial chemical products in discharge? Yes No Type _____
 Hot-tub, Spa, Whirlpool bath? Yes No If Yes, _____ Total Gallons Capacity

(*NOTE: Hot-tubs, Spas, and whirlpool baths must have the flow restricted to a maximum of 5 gallons per minute.)

Owner represents that all the information on this contract concerning the conditions at the Owner's property is true and complete and that this information reflects all of the anticipated wastewater discharges.

 Signature of Owner Date

 Print Name

 Home Phone Work Phone

 Cell Phone Fax Number

 Email Other

SLOBODA BROS., INC.
DBA
AMERICAN
SEPTIC
Service

Licensed Representative of
PEACE OF MIND SEPTIC, Inc.

Authorized Representative

Phone Number

SCHEDULE B - BASIC OPERATING CONDITIONS.

Number of Septic Tanks _____
 Tank 1 Size: _____ gallons Age _____: New Good Fair Poor Dangerous Material _____
 Tank 2 Size: _____ gallons Age _____: New Good Fair Poor Dangerous Material _____

The first Septic Tank is the Septic Tank covered in this maintenance program. Up to one (1) free pumping per year (12 mos.)

REGULATORY AGENCIES (if applicable)

Permit Number(s): _____
 Agency(ies): _____
 Contact Person: _____
 Phone #: _____ Cell #: _____

MONTHLY CONTACT

Name: _____
 Home #: _____ Cell #: _____
 Work #: _____ Fax #: _____
 Email: _____

Directions to site and other pertinent information: _____

