44 Commercial Street Raynham, MA 02767

Tel: (508) 880-0233 Fax: (508) 880-7232

INSPECTION AND TESTING AGREEMENT

Agreement entered into by and between Wastewater Treatment Services, Inc. (herein called WTS) and the FAST® System OWNER (herein called OWNER) for the inspection by WTS of certain equipment of OWNER which is described below

which i	s described below.
Upon a	cceptance of this agreement at WTS's office, WTS will render the following services only:
	nent will be inspected at least 4 times per year for the first year (then reduces to 2 times) with the first ions beginning These inspections will include:
1)	Testing of the sludge depth in the septic tank.
2)	Inspection, power testing and clean/replace intake filter of the air blower.
3)	Inspection of the alarm system.
4)	Inspect overall condition of FAST® System.

- 5) Notify **OWNER** of any problems encountered.
- 6) Service other than routine maintenance will be billed at an hourly rate, plus travel and parts.

WTS shall notify the local Board of Health and Department of Environmental Protection in writing within 24 hours of a system failure or alarm event including corrective measures that have been taken.

OWNER will be billed standard **WTS** charges for any parts used in repairs or maintenance. Any additional labor time will be billed to the **OWNER** at current labor rates.

Emergency service between regular inspections will be provided at standard labor rates during normal business hours; at time and one-half after 5:00 PM and on Saturdays; and at double time on Sundays and holidays. Emergency service charges will include a minimum four (4) hours of labor, plus standard WTS charges for parts, plus mileage and travel charges. The annual rate includes routine maintenance, but does not include repairs required for damages caused by abuse, accident, theft, acts of third persons, forces of nature, or alterations made to the equipment. WTS shall not be responsible for failure to render the agreed services if caused by strikes, labor disputes, non-cooperation by OWNER, or other factors beyond the control of WTS.

OWNER understands and agrees that **WTS** is not responsible for special, incidental or consequential damages, including but not limited to loss of time, injury to person or property, or equipment failure.

OWNER agrees that **WTS** may enter **OWNER's** property and have acceptable access to all areas deemed by **WTS** to be necessary or appropriate for **WTS** to perform its duties hereunder.

Current WTS practice is to send OWNER approximately 10 days before expiration of the term of the current contract an invoice for one year of service. It is OWNER's responsibility to timely return the payment. WTS must receive the payment before expiration of the current contract year to assure continuous contract coverage.

warranties, at the election		assign this contract v	f the contract and/or nullification of without the prior written consent of ther at the address given herein.		
MANUFACTURER Bio-Microbics	MODEL NO. MicroFAST	LOCATION , MA	ANNUAL RATE \$780.00* (I st Year) General-Denite \$440.00* (After I st Year)		
EQUIPMENT OWN	<u>er</u>	Wastewater Treatment Services, Inc.			
*Signed by OWNER:_		G! 4-			
		Signed:	NAMES OF THE PROPERTY OF THE P		
		44 C	4		
		44 Commercial Stre	1988 P. C.		
		Raynham, MA 0276 Tele: (508) 880-023			
		Fax: (508) 880-723	**************************************		
		rax. (300) 000-123	2		
Telephone:		Effective Date of A	greement		
E-mail:					
			y commencing on the effective date set		
	AND UNDERSTAND THE FO		oject to change based on current WTS		
Field Testing					
demonstrate that the sy	stems are operating at a secondar		ear thereafter. Results will be used to of 30 mg/L of BOD5 and TSS. The		
following will be performed: 1) Visual examination of the effluent for color, turbidity and effluent solids.					
	I to determine if the waste water				
	Oxygen, 2mg/L or more, to ensur				
	less than or equal to 40 NTU.	o titte the by steril is a	, portura.		
If the effluent does not Results sent to state and access to effluent for fi- such laboratory sample	meet effluent quality standards, and local Agencies as well as the O eld testing and/or to enable a gra	WNER. OWNER in the backen is sample to be taken sponsible for charges	collected for laboratory analysis. s responsible for providing acceptable for laboratory testing performed. If incurred. IF REQUIRED, THE		
Effluent Testing State requirements are	four (4) grab samples per vear fo	r the first year and 2	times per year thereafter for Nitrate,		
Nitrite, and TKN at a c		•	· ·		
*Approval for Testing					
Ft	Owner's Signatur	е			

*Annual Rate includes Onsite Field Testing; quarterly for the first year, twice per year thereafter

Michael Moreau (508) 880-0233

Operator assigned:

Telephone: