



TEXAS ASSOCIATION OF REALTORS®

INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT 114 Keanahalululu
Bastrop, TX 78602

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

- (1) Type of Treatment System: ☐ Septic Tank ☒ Aerobic Treatment ☐ Unknown
☐ _____
- (2) Type of Distribution System: 3 sprinklers ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: _____ ☐ Unknown

- (4) Installer: Claude Hoffman ☐ Unknown
- (5) Approximate Age: 8 years ☐ 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: Claude Hoffman's Funk-Septic
Phone: _____ contract expiration date: May 2012
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? May 2011
- (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.

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.



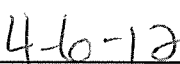
Signature of Seller
Alan Rheel



Date



Signature of Seller
Nicole Rheel



Date

Receipt acknowledged by:

Signature of Buyer
Date

Signature of Buyer
Date

DESIGN OF ON-SITE SEWERAGE FACILITY

For

ALAN & NICOLE RHEEL
114 KEANAHALULULU
BASTROP, TEXAS
BASTROP COUNTY

November 6, 2003

TAHITIAN VILLAGE SUBDIVISION

PREPARED BY
WEISHUHN ENGINEERING, INC.
JAMES W. WEISHUHN P.E.
BARBARA WEISHUHN R.S.
1026 SMITH RAU ROAD
COLUMBUS, TEXAS 78934
Phone/Fax: (979) 732-6997



James W. Weishuhn
11/6/03

SITE EVALUATION

A site evaluation indicated the following subsurface conditions.

Parameter	Description	Suitable/Unsuitable[a]
Topography	3 % Slope	Suitable
Test Hole 1 & 2	0"-12" below ground surface:	Suitable
	Class Ib Sand, No mottling	
	Crumb, Tan, Gritty, No ball or ribbon	
	12"-24" below ground surface:	Unsuitable
	Class Ia Gravel	
Flood Hazard	Site is not in 100-year floodplain.	Suitable

[a] Relative to a standard system.

Standard subsurface treatment and disposal methods cannot be utilized at this site because one or more of the site evaluation criteria categories were evaluated as unsuitable. Therefore the design will be for a non-standard system.

1. SYSTEM TYPE Non-standard

A standard system is not acceptable for soil conditions because 24-inches of Class I, II or III soil is not available between the bottom of a proposed conventional trench and ground water. Aerobic Treatment with Surface Irrigation Disposal

2. SYSTEM MANUFACTURER

Aquaklear, Inc.
870 N. Bierdeman
Pearl, MS 39208
(601) 936-7711

3. SYSTEM SIZE

Table III of 30 TAC Chapter 285 indicates that the daily flow rate for a three bedroom home with less than 2,500 sf is 240 gpd (gal /day).

4. SYSTEM CONFIGURATION

Pretreatment Tank: 500 gallon

Treatment System: Aquaklear Model AK500S96 (rated capacity 500 gallons/day)

Pump Tank: 755 gallons

Treated Effluent Disposal: Surface irrigation by sprinklers controlled by commercial irrigation timers for application between midnight and 5 a.m.

5. EFFLUENT QUALITY DATA

Biological Oxygen Demand (BOD) & Total Suspended Solids

30 day average	20 mg/L
7 day average	30 mg/L

Daily Maximum	45 mg/L
Single grab	65 mg/L
pH	6.0-9.0

6. EFFLUENT DISINFECTION

Treated effluent must be disinfected with chlorine prior to irrigation. A liquid chlorinator using sodium hypochlorite (bleach) will be used to disinfect the wastewater.

7. MAX SURFACE APPLICATION RATE, R_i

Maximum application rates for surface irrigation of treated effluent is 0.064 gallons/square foot/day from 30 TAC Chapter 285, Figure 1.

8. REQUIRED SURFACE AREA, A

$$A = Q/R_i = 240 \text{ gpd} / 0.064 \text{ gpd/sf} = 3,750 \text{ sf}$$

9. SPRINKLER HEAD SPECIFICATIONS

Nelson 6095 Series w/ # 7 LA nozzle

Trajectory = 11 degrees

Radius = 30 feet @ 35 psi

Flowrate = 3.1 gpm

$$\text{Coverage Area} = 3.14 * r^2 = 3.14 * 23 \text{ ft.} * 23 \text{ ft} = 1,661 \text{ sf}$$

10. Number of Sprinkler Heads

$$\text{Number of heads} = 3,750 \text{ sf} / 1,661 \text{ sf} / \text{head} = 2.3 \text{ Use 3 sprinkler heads}$$

11. SPRINKLER HEAD CONFIGURATION

Sprinkler heads will be placed as shown on the site plan drawing.

12. DISTRIBUTION PIPING

Distribution piping must be 1" Schedule 40 PVC.

13. PUMP SIZING

$$\text{Flow Rate} = 3 \text{ sprinkler heads} * 2.5 \text{ gpm} = 7.5 \text{ gpm Say 8 gpm}$$

Total Head Calculations

Assume Elevation Head = 4'

Pressure Head (Sprinkler Head) = 81' = 35 psi

Friction Head for 1" pipe = 1.2 * (150 ft supply line * 3.63'/100') = 7'

$$\text{Total Head} = 4' + 81' + 7' = 92'$$

The pump must be sized for 8 gpm @ 92' of head.

14. LANDSCAPE PLAN

The irrigated area must be continuously covered or seeded with Common Bermuda, St. Augustine, or Annual Rye grass. The area must initially be covered with sod or 15 pounds of Common Bermuda seed (an equivalent rate of approximately 100 lb./acre). After initial seed has germinated (approximately 2-3 weeks), bare spots must be seeded again. Should Bermuda or St. Augustine become dormant during winter months, irrigated area must be seeded again with 15 pounds of Annual Rye grass.

15. SYSTEM MAINTENANCE CONTRACT

The homeowner must maintain a valid signed maintenance contract with a valid maintenance company. The initial maintenance contract must be valid for a two-year period. Subsequent contracts must be submitted to the BASTROP County Designated Representative's (D.R.) within 30 days prior to the expiration date of the previous contract. The homeowner may change maintenance companies during a contract period, provided the D.R. is notified at least 30 days prior to the change.

16. INSPECTION, TESTING AND REPORTING

The maintenance company must inspect the wastewater treatment and disposal system three times per year. The maintenance company must report the results of any inspection and testing activities, including homeowner complaints, to the homeowner and the D.R. within 10 days. The test results must meet the following minimum standards:

- 1-BOD₅ and TSS Grab Sample per year < 65 mg/L
- 1-Chlorine Residual 1 mg/L
- Fecal Coliform 200 MPN/100 mL

It is recommended that the system pH be tested at each site visit and steps taken to ensure that the pH is maintained between 6.0-9.0. A sample testing and reporting form is attached.

17. AFFIDAVIT

The owner must file an affidavit with BASTROP County, deed recording that the property cannot be transferred to a new owner without:

- The new owner being advised that the property contains a surface application system for wastewater disposal;
- The permit is issued to the previous owner of the property being transferred to the new owner in accordance with 30 TAC 285.20(5) relating to general application requirements; and
- The new owner submitting a valid maintenance contract to the BASTROP County Designated Representative's Office.

18. LOCATION OF SYSTEM COMPONENTS

- All tanks must be located greater than or equal to 50 ft. from water wells, greater than or equal to 50 ft. from surface water bodies and greater than or equal to 5 ft. from utility easements, 5 feet from property lines and the foundation of any structure;
- The irrigated area must be located greater than or equal to 50 feet from surface water bodies, 100 ft. from water wells, and 10 ft. from property lines, public water supply lines, utility easements and the foundation of any structure;
- Irrigated areas cannot be used for growing food, gardens, orchards or crops used for human consumption; and
- Effluent must not be applied to unseeded bare ground under any circumstances.

19. CONSTRUCTION NOTES

- The irrigated area must be graded such that rain water will not stand or pond;
- All material installed as part of this system, including tanks, pipes, and controls must meet or exceed the construction standards specified in 30 TAC Chapter 285;
- A sampling port must be provided in the treated effluent line in the pump tank; and
- Sprinkler heads with low angle nozzles (13 degrees, or less) must be used to keep the spray stream low and to reduce aerosols. Maximum inlet pressure shall be 40 psi or less.

20. SYSTEM DESIGNER

James W. Weishuhn, P.E. & Barbara J. Weishuhn, R.S. 3568
1026 Smith Rau Road, Columbus, Texas 78934

21. ADDITIONAL NOTES

The system has been designed in accordance with 30 TAC Chapter 285 On-Site Sewage Facilities for the purposes of securing a permit for construction of the system for a 240 gpd flow and 140 mg/L BOD. Weishuhn Engineering, Inc. provides no process guarantee relative to system operation and performance.

SYSTEM SUMMARY

Design Parameters

- 1 Wastewater Usage: <2,500 sf home with 3 bedrooms
- 2 Design Flow Rate: 240 gpd.
- 3 Irrigation Area Loading Rate: 0.064 gpd/sf.
- 4 Area Required: 3,750 sf
- 5 Area Designed: 4,983 sf
- 6 System Parameters

Pretreatment Tank: 500 gal.

Treatment Unit: AQUAKLEAR, AK500S96 (rated capacity 500 gallons/day)

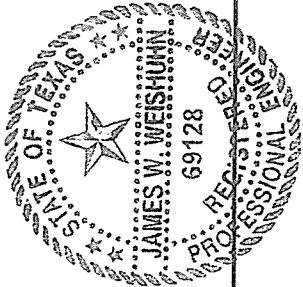
Pump Tank: 755 gallon capacity

Pump: 8 gpm @ 92' TDH

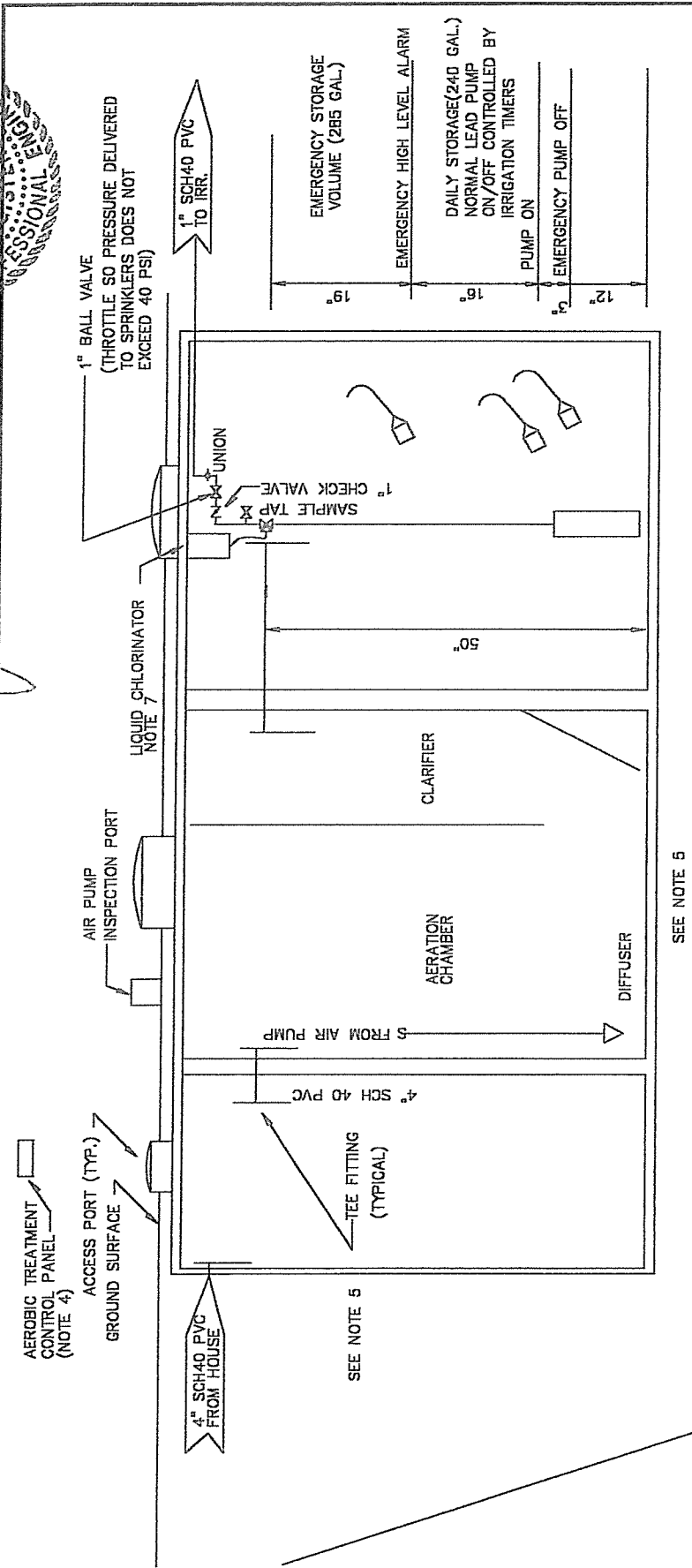
Chlorinator: Liquid Chlorinator, estimated bleach usage per month = 1.25 gallons.

7. Sprinkler Area: 4,983 square feet

8. Sprinkler Heads: 3 Nelson Pro 6095 series w/ #7 LA nozzle, 23' radius
2.5 gpm each @ 35 psi



James W. Weishuhn
11/6/03



R28653	R28651	WEISHUHN ENGINEERING, INC.
		1028 Smith-Rau Road
		Columbus, Texas 78934
		(979) 732-6997 Phone/Fax
		FIGURE 2
		SECTION
		ONSITE WASTEWATER SYSTEM
		ALAN & NICOLE FHEEL
		114 KEANAHULU
		BASTROP, TEXAS
		BASTROP COUNTY

- BACKFILL WITH CLASS IB SOIL OR PEA GRAVEL AND PROVIDE 4" OF SAME BACKFILL UNDERNEATH TANKS.
- ELECTRIC SUBMERSIBLE PUMP
AERMOTOR MODEL EF (20 GPM UNIT)
RATING: 8 GPM @ 92' TDH
1/2 HP, 120 VOLT, SINGLE PHASE
PROVIDE LEVEL SWITCH IN CHLORINATOR RESEVOIR TO DETECT & INDICATE LOW LIQUID LEVEL BY AUDIO & VISUAL ALARMS

- SET PANEL FOR NIGHT IRRIGATION.
3 DOSES OF 80 GALLONS @ 1 HOUR (MIN.) FREQUENCIES BETWEEN MIDNIGHT & 5 A.M.
- PROVIDE AUDIO & VISUAL ALARMS FOR AIR PUMP FAILURE IN AQUAKLEAR PANEL.

- TANKS MUST BE CONSTRUCTED IN ACCORDANCE WITH ASTM C 1227-93A.
- ELECTRICAL WIRING WILL BE IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE. CONNECTIONS SHALL BE IN WEATHER PROOF JUNCTION BOXES AND ALL WIRING WILL BE IN APPROVED ELECTRICAL CONDUIT, BURIED AND TERMINATED AT A MAIN CIRCUIT BREAKER PANEL.

ONSITE WASTEWATER TREATMENT SYSTEM SECTION

NOTES:

1. TANKS MUST BE CONSTRUCTED IN ACCORDANCE WITH ASTM C 1227-93A.

2. ELECTRICAL WIRING WILL BE IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE. CONNECTIONS SHALL BE IN WEATHER PROOF JUNCTION BOXES AND ALL WIRING WILL BE IN APPROVED ELECTRICAL CONDUIT, BURIED AND TERMINATED AT A MAIN CIRCUIT BREAKER PANEL.

3. SET PANEL FOR NIGHT IRRIGATION.
3 DOSES OF 80 GALLONS @ 1 HOUR (MIN.) FREQUENCIES BETWEEN MIDNIGHT & 5 A.M.

4. PROVIDE AUDIO & VISUAL ALARMS FOR AIR PUMP FAILURE IN AQUAKLEAR PANEL.

6. ELECTRIC SUBMERSIBLE PUMP
AERMOTOR MODEL EF (20 GPM UNIT)
RATING: 8 GPM @ 92' TDH
1/2 HP, 120 VOLT, SINGLE PHASE

7. PROVIDE LEVEL SWITCH IN CHLORINATOR RESEVOIR TO DETECT & INDICATE LOW LIQUID LEVEL BY AUDIO & VISUAL ALARMS

SEE NOTE 5

PRETREATMENT TANK
VOLUME: 500 GAL.
CONCRETE TANK

AEROBIC TREATMENT UNIT
AQUAKLEAR AK500S96
(OR EQUAL)

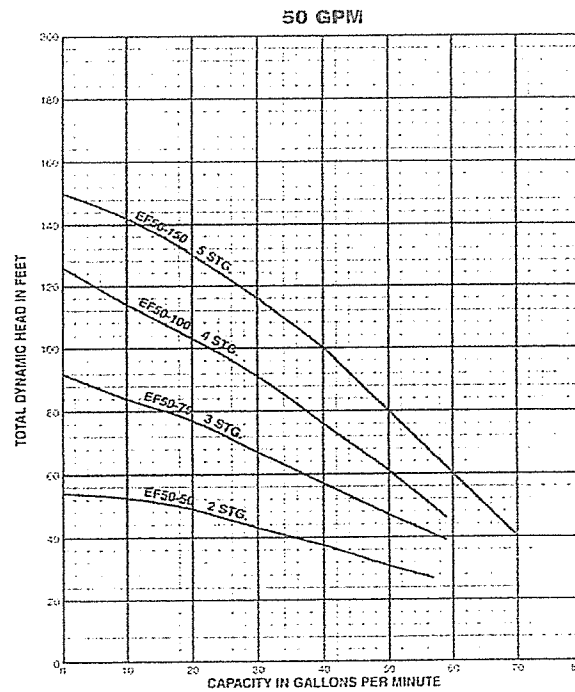
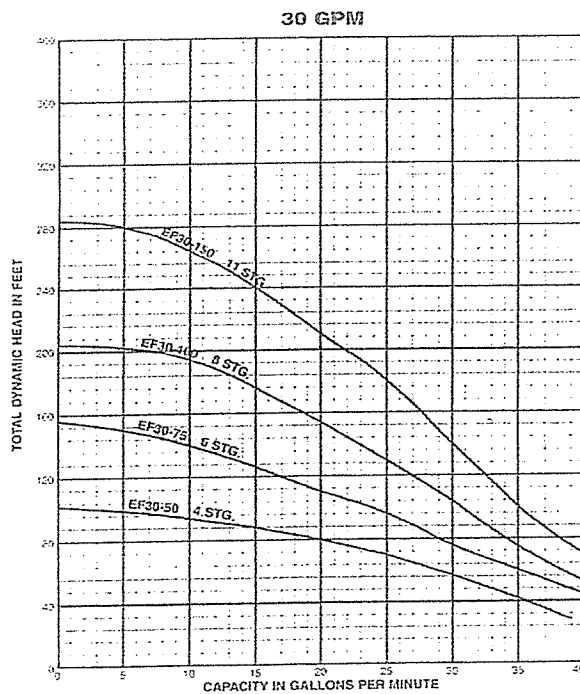
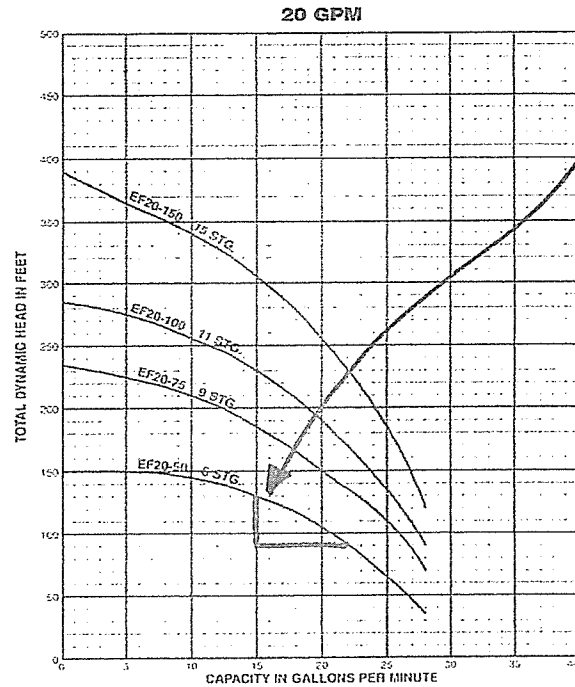
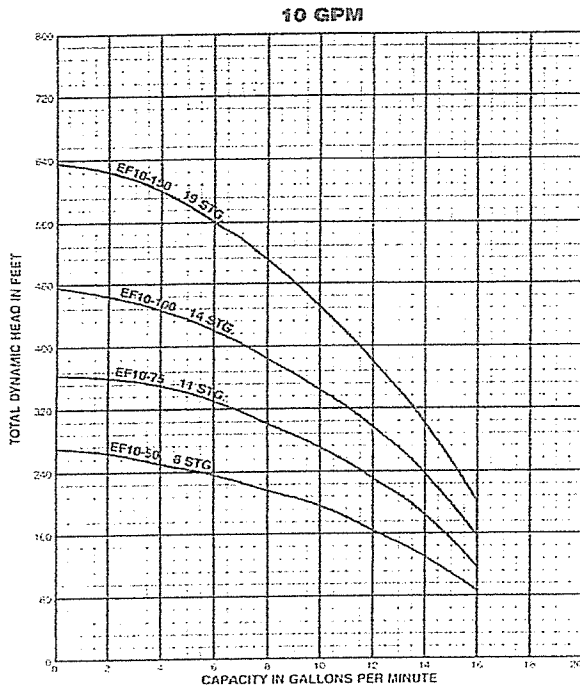
PUMP TANK
VOLUME: 755 GAL., CONCRETE TANK

AERMOTOR®

Sump - Sewage - Effluent

"EF" High Head Onsite Submersible Effluent Pump 4" High Head Performance Curves

Throttle Pump to operate @ 1.5gpm
Recycle 7.5 gallons in pump tank



110 Keanahulu Lane
Bastrop, TX

BASTROP COUNTY
ON-SITE SEWAGE FACILITY SOIL & SITE EVALUATION REPORT

FORM B

Property Owner Name Alan & Nicole Rheel
Site Evaluator Information: Name James W. Weishuhn
Address 1026 Smith Rau Road
City Columbus, TX
State TX Zip 78934
Phone (979) 732-6997
Cell Phone (979) 732-7843
Fax _____
Circle Type of Certification: RS/PR ☒ PE ☐ SE
Other: _____
SE License # P.E. 69128 Expires 1/04

Installer Information
Name _____
Address _____
City _____
State _____ Zip _____
Phone _____
Cell Phone _____
Fax _____
License Level: OSSF I _____ OSSF II _____
License # _____ Expires _____
3 bdrm < 2500sf Unit 5

Property Location
Subdivision Tahitian Lot(s) 15518 1552 Blk 27
Unincorporated Area ☒ YES or NO, City Bastrop, TX Zip _____

SITE EVALUATOR - INCLUDE SITE LOCATION MAP

Requirements:

At least two profile holes (excavations) must be dug at opposite ends of the proposed disposal area. Location of the profile holes must be shown on design. For subsurface disposal systems, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated. Describe EACH SOIL HORIZON and IDENTIFY ANY RESTRICTIVE FEATURES on this form. Indicate DEPTHS where features appear.

Excavation Number TH182

R29653
R29661

Depth (feet & inches)	Texture Class	Soil Texture	Gravel Analysis	Structure Drainage (mottles/water table)	Restrictive Horizon	Observations Noted
0 - Ground Surface	Ib	Sand	Not Present	No Mottling Crumb Structure	No	tan, gritty no ball or ribbon
1	Ia	Gravel	> 25% ~ 1" #	—	Yes	—
2						
3						
4						
5						

Excavation Number _____

Depth (feet & inches)	Texture Class	Soil Texture	Gravel Analysis	Structure Drainage (mottles/water table)	Restrictive Horizon	Observations Noted
0 - Ground Surface						
1						
2						
3						
4						
5						

FEATURES OF SITE AREA

Presence of flood plain Yes _____ No ☒
Presence of adjacent ponds, streams, water impoundments Yes _____ No ☒
Existing or proposed water well on-site Yes _____ No ☒
Existing or proposed water well on adjacent property Yes _____ No ☒
Organized sewage service available to property Yes _____ No ☒

IF YOU ANSWERED YES TO ANY OF THE ABOVE, ADDRESS THESE ISSUES WITHIN YOUR SITE PLANS.

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability, and in accordance with State and County guidelines.

James W. Weishuhn
Site Evaluator - Signature

P.E. 69128
License Number

11/5/03
Date

**OSSF CONSTRUCTION SITE PLAN
CHECKLIST FOR DESIGNER**

FORM C Cont.

- The installer or designer must complete this form and include it with the site plan and specifications.
- If installation differs from this report and the approved plans, a revised design, specification and checklist must be submitted and approved prior to any inspections.
- Do not begin construction without a "PERMIT TO CONSTRUCT".

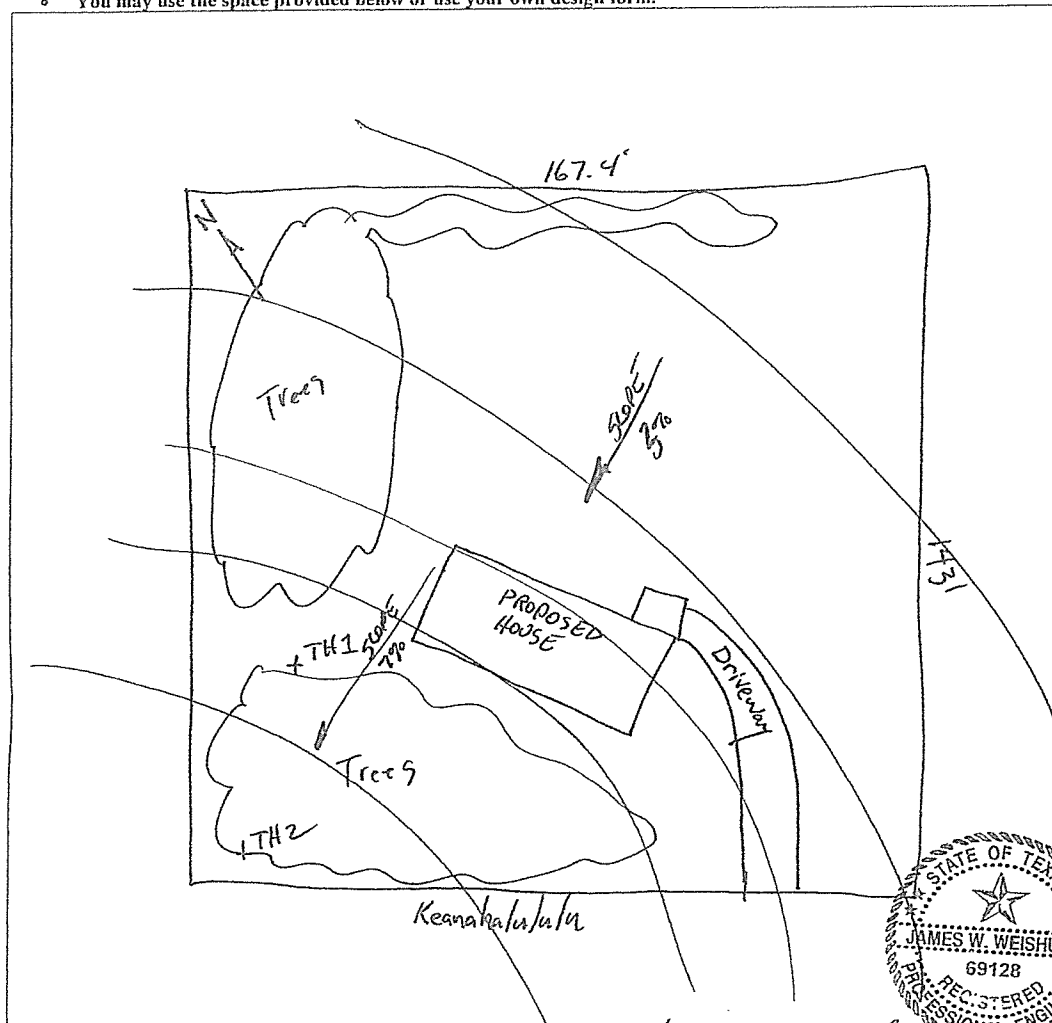
Property Owner: Alan & Nicole Rhee Location/911 Address: 114 Keanah / ululu

SYSTEM TYPE:

SYSTEM DIMENSION:

Rock & Pipe	☐ Trench	☐ Bed	Number Of Tanks	<u>1 AquaKlear Single Tank Aerobic Unit</u>
ET			Capacity/#Comp.	<u>500 gpd / 3 compartment</u>
Leaching Chamber			Excavation Width	<u>—</u>
Gravelless 8"			Excavation Length	<u>—</u>
LPD			Excavation Depth	<u>—</u>
Spray Application		☒	Linear Feet	<u>—</u>
Drip			Square Footage	<u>4,985 sf</u>
Other:			Flow – gpd	<u>240</u>
			Application Rate	<u>0.064 gpd/sf</u>

- Drawing of OSSF and related issued must be drawn to scale.
- Indicate scale.
- Indicate North (direction).
- Refer to and address all points made on Review Page "Form C" concerning site plan.
- You may use the space provided below or use your own design form.



Designer Print Name: James W. Weishuhn Signature: James W. Weishuhn
 License Number: P.E. 69128 Check: ☐ OSSF I ☐ OSSF II ☐ SE ☐ PE ☐ RS

Funk Septic
175 POPE BEND ROAD SOUTH
CEDAR CREEK TEXAS 78612

512-559-5208

Aerobic One-Year Monitoring Agreement.

Our firm Funk Septic & Construction Company will inspect and test your Aerobic septic system for one year from the start date below - **for the following services only**. A total of (3) inspection visits (scheduled once every (4) months over the one year period.) **Funk Septic representative shall have full and unobstructed access to check system**, during which the electrical, mechanical and other applicable components are inspected and adjusted. This includes but not limited to, inspecting control panels, air compressor and filters, diffuser operation, and checking the chlorine residual. An Effluent quality inspection consisting of a visual assessment for color, turbidity, and scum overflow, and an odor assessment for proper operation are performed on your unit and a report of findings shall be given to Owner then County and a copy for inspection company.

Initials _____

1. If access cannot be gained due to locked gates, dogs, changed codes or any other reason. **A rescheduling fee of \$30.00 will be charged at the time of re inspection.** An inspection report will be filed with the local permitting authority with reason of non-access. Then a report will be filed when a re inspection is done.

Initials _____

2. A notice shall be given without delay to the County & owner/operator of any improper operation that cannot be corrected at the time of inspection. (FAILED REPORT) An estimated cost of repair can be obtained from our company. We can perform any needed repair work that is not a part of the inspection contract, at a reasonable price for materials and labor. This work will be **Payable immediately at the time of completion.**

Initials _____

3. Owner is responsible for keeping chlorine tablets or liquid chlorine in the chlorination device. (Disinfect ion unit) at all times. **If no Chlorine is noted in unit at time of inspection a FAILED report will be left for the owner and a re inspection will have to be done at the cost of \$30.00.** If Chlorine alarms are tied up or tampered with in any way the offence will be noted in report and turned into County. Any damages done due to owner's failure to service and keep chlorine in system shall be the responsibility of the property owner. **This contract does not include pumping any sludge from any part of the aerobic unit. Owner is responsible for any pumping charges. Funk Septic can request pumping. (Owner will be notified when these services are required.)**

Initials _____

4. Owner is also responsible for keeping **ANT BAIT** around Septic Unit. Ants are drawn to the vibration of the Electrically currant and can cause costly repairs. Also owner should check for **WASP** nests around control box and Air Compressor. If either is present at the time of inspection our personal will leave a report stating reason of **NO inspection** and a **Rescheduling fee will be charged of \$30.00.**

Initials _____

5. This system **may have** a County Commissioner Court mandated visual and audible alarm and also a pump Shut down so that if the Chlorination fails do to **NO CHLORINE, improper function, or is not operating properly, or timely, the pump will Not operate and the alarm will engage.** Continued usage of the system after alarm has engaged can result in The backflow of raw and untreated sewage. This condition will pose a health threat to the occupants and **is the sole responsibility of the owner.**

Initials _____

6. **Customer must call promptly:** In the event of any failure in the operation of this system and also any alarming, Funk Septic will be on call at 512-303-0339, and will respond within 48 hours. Service call fee is \$65.00 during Regular working hours, **(Monday thru Friday 8am to 5pm)** after hours and holidays is \$85.00 then hourly after that.

Initials _____

Permit# _____

7. If homeowner allows anyone other than Funk Septic to look at, fix, change, or replace any component of the aerobic Treatment unit or effluent distribution system this contract will be voided without refund. Funk Septic will not be liable for any damages due to malfunction of said system.

Initials _____

8. In accordance with State Laws and T.C.E.Q. A signed contract must be in place 30 days prior to current Contract expiration date. Someone must check and maintain system.

Initials _____

9. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal Or Unenforceable in any respect, such invalidity, illegality or unenforceability shall not effect any other provision thereof and This agreement shall be construed as if such invalid, illegal or unenforceable Provisions had never been contained herein.

Initials _____

10. This agreement constituted the sole and only agreement of the parties hereto and supersedes any prior understanding or Written or oral agreements between the parties respecting them within the subject matter.

Initials _____

11. I the undersigned understand all of these conditions fully.

Property Owner: _____ Permit # _____

Property Address: _____

City, State & Zip Code: _____

County: _____

Phone # _____ Cell or Alternate # _____

System Brand: _____ Model # _____ Serial # _____

Spray: _____ Drip: _____ Other: _____

Chlorination Type: _____ Tablet- _____ Liquid- _____

Property Owners signature: _____ Date: _____

D.L.#: _____ State: _____

Certified Service Provider: Charles Funk Sr. Class 2 OSSF# OS6249

Service Provider Signature: _____

Contract Start Date: _____

Contract End Date: _____

Comments: _____

*THIS CONTRACT IS NON REFUNDABLE *