

Robins Engineering
1491 S TL Townsend Dr., Suite 119
Rockwall, TX 75032

Phone: (972) 771-1607

Date Printed: 9/9/2024
ID: 112

www.robinsengineering.com info@robinsengineering.com

To: **Brett & Leslie Wilson**
535 E Cullins
Rockwall, TX 75032

Permit: 9708097

County: Rockwall

535 E Cullins Rd, Rockwall, TX 75032

Installed: 8/28/1997

Phone: (972) 467-3955

Start: **8/15/2024**

191

End: **8/15/2025**

Total Fee: \$210.00

Last Emailed

4/29/2024

Rockwall

Customer's Email: bret@wilsoninvestmentservices.com

Dear Valued Customer,

Our records indicate that the maintenance contract on your septic system will or may have already expired. In order to stay in compliance with state law your contract must be renewed with the County Health Dept or governing authority 30 days prior to the date of expiration.

Enclosed you will find your standard maintenance agreement. Inspections are performed at least every 4 months for all contracts, unless noted otherwise. ** There will be an extra charge for Norweco, Modad, and Cajun systems. **

Some customers, especially those with drip systems, prefer monthly visits. If you would like this option, please call our office.

All Residents under these jurisdictions are required to pay these yearly fees to their respective direct representative: : Grayson (\$20), Hunt (\$25), Kaufman (\$25), McClendon Chisholm (\$30), Van Zandt County (\$30)

If a jurisdiction fee applies to your contract, the fee was added in to the total price. Our company will forward the fee on your behalf along with your contract.

To ensure that we can reach you if necessary for any repairs or inspections, make sure that all the information listed is correct. Please include email address, cross streets, directions to your property, gate codes, or any other information that may be necessary for our inspectors or technicians to know.

Payment options for your contract:

Online: www.robinsengineering.com

Zelle: payments@robinsengineering.com

By Phone: 972-771-1607

Return the *signed* contract as soon as possible so it can be sent to the County Health Department and processed in a timely manner. Please do not hesitate to call our office at 972-771-1607 if you have any questions or concerns. We thank you for continuing service with us.

Pay to: **Robins Engineering**
1491 S TL Townsend Dr., Suite 119
Rockwall, TX 75032

Please return this portion with payment and the signed Contract

☐ Please check here if Address is incorrect. Indicate changes on reverse side.

Contract Amount Due: \$210.00

Phone: (972) 771-1607

Amount Paid:

Customer/ID: Brett & Leslie Wilson 112

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\$210.00

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535 E Cullins Rd, Rockwall, TX 75032

To: Brett & Leslie Wilson
535 E Cullins
Rockwall, TX 75032

Area: OAK

Customer ID: 112
County: Rockwall
Subdivision: W W Ford
Main Phone
(972) 467-3955

Customer's Email: bret@wilsoninvestmentservices.com

Last Emailed 4/29/2024

Permit #: 9708097

Agency: Rockwall

Installed by: Robins Engineering
Contract with: Robins Engineering
Treatment Type: Aerobic With Chlorine / Disposal: Surface Application
MFG: / Brand: Aqua Safe / S#: /
Disinfectant: Chlorine

Install: 8/28/1997
Warranty End: 8/28/1999

Contract Period

8/15/2024

through

8/15/2025

3 visits per year - one every 4 months

MAINTENANCE AGREEMENT

Robins Engineering agrees to service and maintain the aerobic waste water system for a period of one (1) year at **\$210/year**.

According to the current requirements of the T.C.E.Q., the maintenance program shall include the following areas.

Three (3) inspections per year (every 4 months) provided by a TCEQ licensed provider, performed by one of the following: Nathaniel Merrill MT0002111, Jose Alfredo Diaz MT 0002110;

Dylan Doherty MT 0002787 or William Brown MT 0002596.

Check system operations: Chlorine residue level of the sump, tank air filter condition and efficiency, clean air filter if required, Check aerator operation, clean and service motor component when necessary.

Additional repairs to restore operation is charged separately. This does not include any repair and trip charge cost or scheduled appointments after 5pm Monday thru Friday.

Documents findings, report of these findings are sent to the Authorized Agency where the record is maintained and readily available for health industry.

Per TCEQ, make sure all components are accessible to our technicians, free of shrubs, flowers and trees. **Owner is responsible for chlorine.**

Robins Engineering agrees to stock and make available all replacement components to service the waste water system. Emergency response to be within 48 hours. service calls other than routine maintenance will result in a service call charge. Abuse, improper use, acts of nature, ants/rodents which damage the system or someone something hitting or breaking equipment is not covered under warranty. We are not responsible for excessive discharge of foreign material. Management practice is extremely important. Please treat for ants and rodents at/around your system on a regular basis.

If terminating this agreement, TCEQ requires that you give a 30 day notice of written termination to your maintenance provider. TCEQ requires that a contract be submitted to the Authorized Agency 30 days before your contract renewal.

Samuel A Mota Samuel A Mota MIP #0002607

Owner: Bret A Wilson Date: 8-28-24
Site Address: 535 CULLINS RD Phone: 972-467-3955
City/Zip: Rockwall, TX 75032 Cell: _____
Signature: [Signature] Fax: _____
E-mail: bretwilson12@gmail.com Alternative #: _____
Additional Information (mailing address, gate codes, any information which can help us serve you)

39241

BUSINESS NAME: 1405 1/2
ADDRESS: 1405 1/2 PHONE: 17090
CITY: 1405 1/2 COUNTY: 1405 1/2
WASTE REMOVED FROM: 1405 1/2 GREASE TRAP
1405 1/2 CHEMICAL/PORTABLE TOILET
1405 1/2 SEPTIC TANK
WASTE TANK OR TRAP CAPACITY: 1405 1/2 GALLONS
I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS
GENERATOR/REPRESENTATIVE NAME: (PRINT) 1405 1/2
1405 1/2 (DATE SERVICED) 1405 1/2 (GENERATOR/REPRESENTATIVE SIGNATURE)

BUSINESS NAME: TWIN OAKS SEPTIC
ADDRESS: 13001 CR 2148 PHONE: 903-498-5323
TCEQ REGISTRATION NO: 21957 VEHICLE PERMIT NO: _____
GALLONS REMOVED: 1000
I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT, AND THAT ONLY THE WASTE CERTIFIED FOR
REMOVAL BY THE GENERATOR IS CONTAINED IN THE SERVICING VEHICLE. I AM AWARE THAT FALSIFICATION OF THIS
TRIP TICKET MAY RESULT IN PROSECUTION.
DRIVER NAME: (PRINT) JOE J. JONES SAMPLE NO: _____

(DATE & TIME WASTE TRANSPORTED) (DRIVER SIGNATURE)

BUSINESS NAME: _____

ADDRESS: _____ PHONE: _____

PERMIT NO: _____

I CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE STATE OF TEXAS TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT
I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION.

SITE OPERATOR NAME: (PRINT) _____

(DATE & TIME WASTE DISPOSED) (OPERATOR SIGNATURE)