

21-00 808.00

# FALL CREEK REGIONAL WASTE DISTRICT

4540

9378 S 650 WEST, P.O. BOX 59, PENDLETON, IN 46064

765-778-7544

## AGREEMENT FOR SANITARY SEWER SERVICE

This Agreement made and entered into this 31<sup>st</sup> day of October, 2001, between FALL CREEK REGIONAL WASTE DISTRICT ("District") and Lowell Campbell ("Applicant") regarding the provision of sanitary sewer service, and the assignment of capacity in, and connection to, the District's facilities for the premises located at 101 N. Mainfold.

NOW THEREFORE, the parties, in consideration of the mutual promises set out in this Agreement, the receipt and sufficiency of which is hereby acknowledged, agree as follows:

1. The Applicant agrees that all workmanship and materials shall conform to all District ordinances and the District's construction standards. District must accept and approve all work and materials before backfilling and final connection is made to the sewer mains. Any violation of this provision will cause all lines and appurtenances in violation to be removed and replaced at the Applicant's expense.

2. The District shall have the right to enter upon the Applicant's premises at all reasonable times to inspect, repair, or replace any equipment used in connection with the District's service or which has an impact on said service.

3. The Applicant shall be responsible for all monthly user rates, capacity charges, and tap fees. The failure to pay any rate charge or fee may result in a lien against the property and/or the termination of service to the property, the cost of which will be borne by Applicant, including, but not limited to, all attorney's fees and collection costs.

4. The District shall not be responsible for any damages as a result of any failure to supply service unless said damages are due to default, neglect or culpability on the part of the District.

5. If there is an available sanitary sewer within three hundred (300) feet of the property line, the property owner shall be required to connect to the District's sanitary sewer system.

6. The Applicant and District agree that the provision of sanitary sewer service touches and concerns the property and the terms of this Agreement bind the District and Applicant and their heirs, executors, administrators, personal representatives, successors, agents, attorneys, assigns, designees, and transferees.

The parties hereto have read and fully understand the above provisions and agree to comply with said provisions.

FALL CREEK REGIONAL WASTE DISTRICT  
Robert Wilson  
Signature

APPLICANT

Signature

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF MADISON )

SUBSCRIBED and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

My Commission Expires:

Signature

Printed

Notary Public  
Resident of Madison County

\*\*\*\*\*  
INSPECTOR B DATE INSPECTED 10-31-1 APPROVED / REJECTED \_\_\_\_\_

REASON FOR REJECTION \_\_\_\_\_

DATE REINSPECTED \_\_\_\_\_ APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_

NOTES:  
SIZE PIPE 6 TYPE PIPE PVC

BASEMENT YES \_\_\_\_\_ NO X

SUMP PUMP YES \_\_\_\_\_ NO X

DOWNSPOUT TO GROUND YES Y NO \_\_\_\_\_

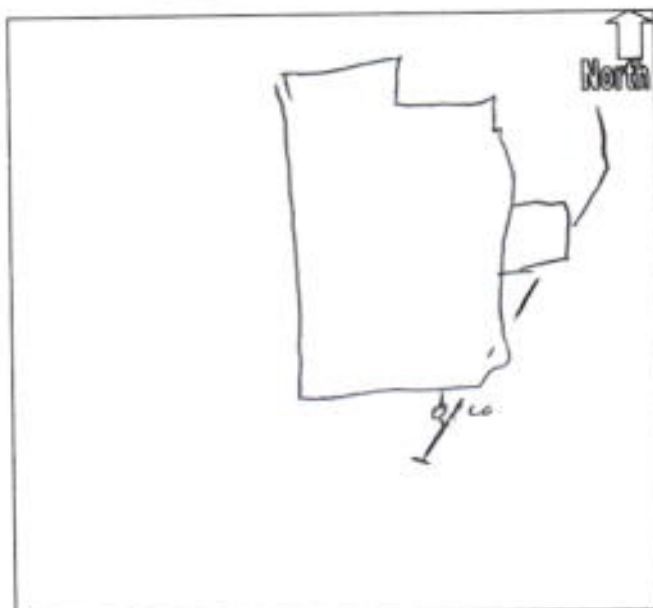
SEPTIC TANK PUMPED & FILLED YES \_\_\_\_\_ NO X

CONTRACTOR Wilson Conner

SPECIAL CONDITIONS \_\_\_\_\_

EXISTING HOME \_\_\_\_\_

NEW CONSTRUCTION X



add order  
on file



# FALL CREEK REGIONAL WASTE DISTRICT

9378 S. 650 West PO Box 59  
Pendleton, IN 46064-0059 778-7544

21-00808.00

No 2354

## APPLICATION FOR SEWER PERMIT

Date 4-4-96

Permit Void 90 days from Date of Issuance

Owner Name Cheryl Beckner

Property Address 101 N. MANifold

Lot # \_\_\_\_\_ P.O. Box \_\_\_\_\_

Town Ingalls, IN Zip Code 46048

Phone \_\_\_\_\_ City Water \_\_\_\_\_ Well \_\_\_\_\_

\$ 400.00 Tap on Fee Paid  
\$ \_\_\_\_\_ Capacity fee paid  
~~Inspection~~

Application is hereby made for connection to the Fall Creek Regional Waste District Sewer System for the above listed property - Permit Type: Residential ☒, Commercial \_\_\_\_\_, Industrial \_\_\_\_\_, or Governmental/Institutional \_\_\_\_\_. User Information \_\_\_\_\_

All workmanship and materials shall conform to the standards of the District Ordinance as described in Ordinance 84-2 and 84-3 as amended. Acceptance and approval must be made by the District inspector or his duly authorized representative before backfilling and final connection is made to the main sewer lines. Any violation of applicable regulations will cause all lines and appurtenances in violation to be removed and replaced at the owners expense.

The Fall Creek Regional Waste District is responsible for the inspection, approval of materials, and installation techniques only. All costs for materials and installation and any liabilities resulting from same is the sole responsibility of the property owner.

I have read and fully understand the above provisions and agree to comply by said provisions.

Cheryl Beckner

APPLICANT(S) SIGNATURE

INSPECTOR Tim

Date inspected 4-25-96 Approved ☒ Rejected \_\_\_\_\_

Reason for rejection \_\_\_\_\_

Date reinspected \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Notes:

Size Pipe 6"

Type Pipe SDR 35

Basement Yes ☒ No ☒

Sump Pump Yes ☒ No ☒

Downspout to Ground Yes ☒ No ☒

Septic Tank Pumped & filled Yes ☒ No ☒

Contractor Fall Creek

Special Conditions \_\_\_\_\_

Existing Home ☒

New Construction ☒

