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FALL CREEK REGIONAL WASTE DISTRICT

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 16th day of April, 2001, between FALL CREEK REGIONAL WASTE DISTRICT ("District") and Joan Bibbdom ("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 113 Bass Blvd.

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

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 4-16-11 APPROVED ✓ REJECTED _____

REASON FOR REJECTION _____

DATE REINSPECTED _____ APPROVED _____ REJECTED _____

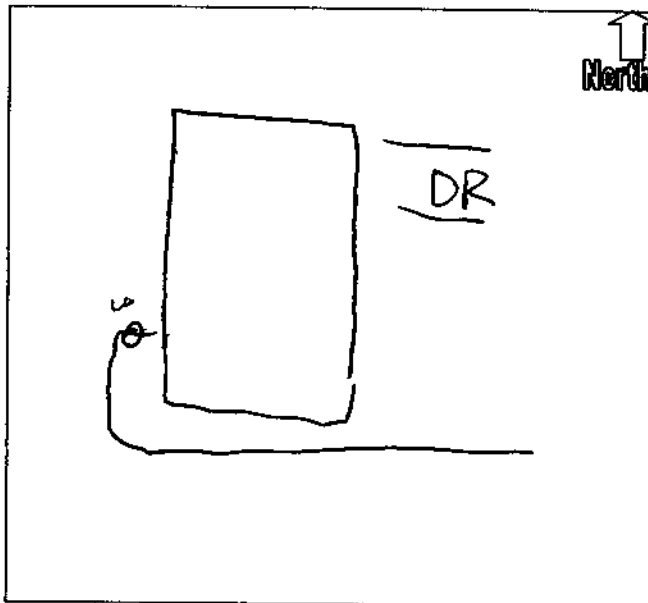
NOTES:

SIZE PIPE 6 TYPE PIPE 26BASEMENT YES _____ NO XSUMP PUMP YES _____ NO XDOWNSPOUT TO GROUND YES X NO _____SEPTIC TANK PUMPED & FILLED YES X NO _____CONTRACTOR D+R

SPECIAL CONDITIONS _____

EXISTING HOME X

NEW CONSTRUCTION _____



SUPPLEMENTAL UTILITY CONFLICT INFORMATION

PROPERTY/STREET/ALLEY CROSSED

113 BESS BLVD

N-2214

LOT

CITY

PENDLETON

COUNTY

MADISON

UTILITY LOCATE PERFORMED BY

BUSTAMANTE - BAYLESS

DATE

7-6-23

ACTUAL PROTECTIVE METHOD(S) AGAINST SEWER TRANSECTIONS (LIST ALL THAT APPLY):

GAS MAIN

GAS SVC

DOCUMENT SIZE/DEPTH OF SEWERS WHEN CROSSING WITH PROPOSED GAS PIPELINE.

	#1	#2	#3	#4	#5	#6
SEWER DIAMETER	"	"	"	"	"	"
SEWER DEPTH	"	"	"	"	"	"
GAS DEPTH	"	"	"	"	"	"

PROTECTIVE METHODS AGAINST SEWER TRANSECTIONS

(A) BORING/PLOWING

1 NO FACILITIES

2 BORING SAFEGARDS

3 STEEL CONDUIT

4 STEEL CARRIER

INSTALLATION TYPE

(B) OPEN TRENCH

1 NO FACILITIES

30 IN EXCAVATION

(C) INSERTION

1 NO FACILITIES

6 IN INSERTION/CONDUIT

INDICATE NORTH

LOCATION OF SEWER FROM FIXED POINT

POINT	#FEET N DIR ORIGIN	#FEET E DIR ORIGIN	DEPTH (IN)
a	69 FT.	16 FT.	93"
b	55 FT.	16 FT.	35"
c	41 FT.	16 FT.	34"
d	27 FT.	16 FT.	33"
e	12 FT.	16 FT.	29"
f	0 FT.	16 FT.	28"
g	FT.	FT.	"
h	FT.	FT.	"
i	FT.	FT.	"
j	FT.	FT.	"

BORE REVIEW INSPECTOR

COMPANY

FOREMAN/CREW LEAD

COMPANY

BORE OPERATOR

COMPANY

DATE OF BORE REVIEW

SERVICE RECORD SKETCH

MAIN LOCATION

FT.

SERVICE TAP DIMENSIONS:

X

Y

Z

CURRENT TOTAL LENGTH OF ACTIVE SERVICE

SUPPLEMENTAL DIMENSIONS:

A

B

C

D

E

F

LENGTH OF TEST PIPE

SERVICE TEST PRESSURE

PSIG

TEST DURATION

TEST PERFORMED BY

COMPANY NAME

DATE

INDICATE NORTH

NOTES:

CONSTRUCTED BY

COMPANY NAME

EMP. NO.

DATE

INSPECTED BY

COMPANY NAME

EMP. NO.

DATE

SUPERVISOR CARD REVIEW

DATE