22-66137.00

Fall Creek Regional Waste District 9378 S 650 W, P.O. Box 59, Pendleton, IN 46064

765-778-7544

Agreement for Sanitary Sewer Service

			ered into this				20, betwee	en Fall Creek
Regional Waste						.М	("Applican	t") regarding the
provision of sani facilities for the	tary sewer premises lo	service, cated a	and the assignment 1236	nment W.	of capac HUN	rity in and co TSVILLE	RD.	the District's
Street Address:	1236	W.	HUNTSVI	ILLE	RD,	PENDLE	TON	

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 <u>Publica</u> f. McClinuch Signature	APPLICANT <u>Kyle Dishman</u> Signature
STATE OF INDIANA)) SS:	
COUNTY OF MADISON)	
SUBSCRIBED and sworn to before me this 3^{rd} day of	FEB. , 20 20
OFFICIAL SEAL REBECCA A. MCCLINTICK NOTARY PUBLIC-STATE OF INDIANA MADISON COUNTY MY COMMA EXPIRES MAY 18, 2024	Protectar f. McClirkich
Inspector Dow Date Inspected 9-8-20 Approved Reason for Rejecton	Rejected
Date Reinspected Approved_	Rejected
Notes: Size Pipe Type Pipe35	
Sump Pump <u>Yes No</u>	North
Downspout to Ground <u>Yes No</u> Septic Tank Pumped & Filled <u>Yes No</u> Contractor <i>ESTER</i>	2 clrawings
Special Conditions	+
Existing Home New Construction	5 pictures
	attached

#7103

n in the second s

nen der antener (* 1983) 18 die en der geheren (* 1985) - en e

> ABRICOLUS SAN REAL SALES SAN NOTALINE COLUMN SAN NOTALINE SAN NOTACINE SAN NOTACINE SAN NOTACINE SAN NOTACINE SAN

- in such















Х

FALL CREEK REGIONAL WASTE DISTRI 9378 S 650 W PO BOX 59 PENDLETON, IN 46064 765-778-7544

FALL CREEK REGIONAL WASTE DIST 0005560008022120839000

Date: 02/03/2020 11:14:17 AM

CREDIT CARD SALE

MASTERCARD Tap fee Signed pay agreement for capacity CARD NUMBER: *********0429 K TOTAL AMOUNT: \$570.00 APPROVAL CD: 026932 ECI: RECORD #: 000 CLERK ID: Rebecca capacit CUST CODE: Flat Rate SALES TAX: \$0.00 INVOICE #: 2-04318.02 (customer signed in front of me RAM, but it sent it with the customer)

Kyle Dishman

I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO THE CARD ISSUER AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER)

Thank you for your business!

Merchant Copy

AGREEMENT FOR PAYMENT OF CAPACITY FEES IN MONTHLY INSTALLMENTS

THIS AGREEMENT, made and entered into this <u>3rd</u> day of <u>FEBRUARY</u>, 20<u>20</u>, is between FALL CREEK REGIONAL WASTE DISTRICT ("District") and <u>KYLE DISHMAN</u> ("Applicant") and is regarding the provision of sanitary sewer service, and the assignment of capacity in, and connection to, the District's facilities for the property located at <u>1236</u> <u>W</u>. <u>HUNTSUILLE</u> <u>RD</u>., <u>PE</u>N DLETON</u> ("Property").

WHEREAS, the District operates a wastewater collection and treatment system; and

WHEREAS, the District requires payment of the appropriate capacity fee from all customers connecting to its system; and

WHEREAS, the District desires to grant the Applicant the option to pay the applicable capacity fee in equal monthly installments for a period of <u>36</u> months; and

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

- 1. The Applicant will connect to the District's sewer system within ninety (90) days of receiving notice that the District's system is within three hundred (300) feet of the Property
- The Applicant will pay the applicable capacity fee in the amount of \$<u>1800</u> in <u>36</u> monthly installments which will be added to the Applicant's monthly service bill.
- 3. The Applicant agrees to pay an additional five percent (5%) fee to cover the cost of administering this payment plan. \$2000 capacity fee + \$140 administrative fee = \$2940
- The Applicant shall pay a total of \$______ bl.66_ per month for ______ be months which only includes the monthly payment for the five percent (5%) administrative fee and capacity fee. The Applicant is also responsible for the monthly service fee and any other fees duly enacted by the District.
- 5. All other fees, including, but not limited to, the tap fees and monthly service fees, must be timely paid by the Applicant.
- 6. In the event the Applicant defaults in the performance or observance of any of the terms, conditions, or obligations contained in this Agreement, the District shall be entitled to recover a ten percent (10%) penalty on the unpaid balance, interest at eighteen percent (18%), and all attorneys' fees and costs incurred in connection with enforcing this Agreement, including the cost of any and all litigation, post-judgement proceedings, and appeals.
- 7. In the event the Applicant sells or transfers the Property, the remaining balance on this Agreement shall become immediately due and owing.
- 8. This instrument contains and embodies the entire agreement and understanding of the parties with respect to the subject matter of this Agreement, and supersedes all prior agreements and understandings, oral or written, between them, relating to the subject matter of this Agreement. No modification or waiver of the terms and conditions contained herein shall be of any force and effect unless such modification or waiver shall be in writing and signed by the parties.
- Attached hereto as <u>Exhibit A</u> is the legal description for the Property and the parties hereby agree that this Agreement touches and concerns the land and shall be binding upon the Applicant's successors and assigns.

FAL	L CREEK REGIONAL	WASTE
DIST	TRICT	
By:	Pubecca f.	Milintich
lts:	COLLECTIONS	SPECIALIST

STATE OF INDIANA)
) SS:
COUNTY OF Hamilton	_)

Before me, a Notary Public in and for said County and State, personally appeared Bebeeca McClintex, by me known and by me known to be the <u>Collection Specialist</u> of Fall Creek Regional Waste District, who acknowledged the execution of the foregoing "Agreement for Payment of Capacity Fees in Monthly Installments" on behalf of Fall Creek Regional Waste District.

WITNESS my hand and Notarial Seal this <u>3</u> day of <u>February</u> 2020

IS STATE	OFFICIAL SEAL
8 AN	REBECCA LYNN HUNTER
The second secon	NOTARY PUBLIC-STATE OF INDIANA HAMILTON COUNTY
10 10 million	HAMILTON COUNTY
	MY COMM. EXPIRES NOV 19, 2023

My Commission Expires:

My County of Residence:

Rebecca Signer Stunte Rebecca Lynn Hunter

(Printed Signature)

APPLICANT:

Kyle Dishman

STATE OF INDIANA)) SS: COUNTY OF <u>MADISON</u>)

Before me, a Notary Public in and for said County and State, personally appeared KYLE DISHMAN, who acknowledged the execution of the foregoing "Agreement for Payment of Capacity Fees in Monthly Installments" as his voluntary act or deed.

WITNESS my hand and Notarial Seal this _____ day of ___ FEBRUARY 2020

OFFICIAL SEAL REBECCA A. McCLINTICK NOTARY PUBLIC-STATE OF INDIANA MADISON COUNTY MY COMM. EXPIRES MAY 18, 2024

Revecca f. Millintich **Notary Public**

(Printed Signature)

My Commission Expires:

My County of Residence:

This Instrument prepared by J. Christopher Janak, Attorney at Law, Bose McKinney & Evans LLP, 135 North Pennsylvania Street, Suite 2700, Indianapolis, Indiana 46204. 334278

OFFICIAL SEAL PORTICIAL SEAL NOTARY AUCTIC-STACE OF INDIANA MA STARIUS COUNTY MY COMM. EXPERIS MAY 18, 2024