#7561

Fall Creek Regional Waste District 9378 S 650 W, P.O. Box 59, Pendleton, IN 46064 765-778-7544

## **Agreement for Sanitary Sewer Service**

Regional Waste District ("District") andArbor Homes ("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 atMaplewood @ Huntzinger Farms Lot 152	
Street Address: 124 WINDING BE	ROOK WAY
<b>Now therefore,</b> 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:	
<ul> <li>and the District's construction standards. It before backfilling and final connection is provision will cause all lines and appurted Applicant's expense.</li> <li>The District shall have the right to enter upon the content of the content</li></ul>	ip and materials shall conform to all District ordinances District must accept and approve all work and materials made to the sewer mains. Any violation of this nances in violation to be removed and replaced at the upon the Applicant's premises at all reasonable times to
<ul><li>has an impact on said service.</li><li>3. The Applicant shall be responsible for all</li></ul>	monthly user rates, capacity charges, and tap fees. The result in a lien against the property and/or the
termination of service to the property, the but not limited to, all attorney's fees and contact the service to the property.	e cost of which will be borne by Applicant, including,
<ul> <li>unless said damages are due to default, ne</li> <li>If there is an available sanitary sewer with property owner shall be required to conne</li> <li>The Applicant and District agree that the property and the terms of this</li> </ul>	eglect or culpability on the part of the District. hin three hundred (300) feet of the property line, the
provisions.	tand the above provisions and agree to comply with said
FALL CREEK REGIONAL WASTE DISTRICT	APPLICANT
Signature	Signature
STATE OF INDIANA ) ) SS: COUNTY OF MADISON )	
SUBSCRIBED and sworn to before me this _	day of, 20
My Commission Expires:	Signature
	PrintedNotary Public
**********	Resident of County
Inspector Date Inspected 4/0-2. Reason for Rejecton	ApprovedRejected
	Approved Rejected
Basement <u>Yes No</u> Sump Pump <u>Yes No</u>	North
Downspout to Ground <u>Yes No</u> Septic Tank Pumped & Filled <u>Yes No</u> Contractor MASON EX	
Special Conditions  Existing Home  New Construction	

