14-60850.00

#8437

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") and Arb	ssignment of capacity in and connection to, the District's
	RITA LN.
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:	
and the District's construction standa before backfilling and final connection	inship and materials shall conform to all District ordinances rds. District must accept and approve all work and materials on is made to the sewer mains. Any violation of this auttenances in violation to be removed and replaced at the
2. The District shall have the right to en	ter upon the Applicant's premises at all reasonable times to tent used in connection with the District's service or which
 The Applicant shall be responsible for failure to pay any rate charge or fee in termination of service to the property but not limited to, all attorney's fees at the District shall not be responsible from unless said damages are due to default of the said damages are due to default of the said damages are due to default of the said damages. If there is an available sanitary sewer property owner shall be required to concerns the property and the terms of the said damages. 	r all monthly user rates, capacity charges, and tap fees. The nay result in a lien against the property and/or the the cost of which will be borne by Applicant, including, and collection costs. For any damages as a result of any failure to supply service lt, neglect or culpability on the part of the District. Within three hundred (300) feet of the property line, the connect to the District's sanitary sewer system. The provision of sanitary sewer service touches and off this Agreement bind the District and Applicant and their conal representatives, successors, agents, attorneys, assigns,
The parties hereto have read and fully un provisions.	derstand the above provisions and agree to comply with said
FALL CREEK REGIONAL WASTE DISTR	ICT APPLICANT
Signature	Signature
STATE OF INDIANA)) SS: COUNTY OF MADISON)	
SUBSCRIBED and sworn to before me to	his day of, 20
My Commission Expires:	Signature
	Printed
Notary Public Resident of County ***********************************	
Inspector <u>hyle</u> Date Inspected <u>1/30</u> Reason for Rejecton	24 Approved Rejected
Date Reinspected	Approved Rejected
Notes: Size Pipe 6 ' Type Pipe 5072 35	
Basement Yes No	[K}
Sump Pump <u>Yes</u> No	North
Downspout to Ground Yes No	1
Septic Tank Pumped & Filled Yes No	Drawing
Contractor D.R. (exctson	
Special Conditions Existing Home	

New Construction _____



