16-6271.00

#8553

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 Arbor Homes	eptember, 20_22, between Fall Creek ("Applicant") regarding the
provision of sanitary sewer service, and the assignment of capa	icity in and connection to, the District's
facilities for the premises located atCold Springs @ Huntzing	ger Farms Lot 166
Street Address: 1715 Fair Weather To	h, Pendleton
<b>Now therefore,</b> the parties, in consideration of the mutual receipt and sufficiency of which is hereby acknowledged, agree	
<ol> <li>The Applicant agrees that all workmanship and materia and the District's construction standards. District must before backfilling and final connection is made to the sprovision will cause all lines and appurtenances in viol Applicant's expense.</li> <li>The District shall have the right to enter upon the Appl</li> </ol>	accept and approve all work and materials sewer mains. Any violation of this ation to be removed and replaced at the
inspect, repair, or replace any equipment used in connection has an impact on said service.	
<ol> <li>The Applicant shall be responsible for all monthly user failure to pay any rate charge or fee may result in a lier termination of service to the property, the cost of which but not limited to, all attorney's fees and collection cost</li> </ol>	n against the property and/or the h will be borne by Applicant, including,
<ol> <li>The District shall not be responsible for any damages a unless said damages are due to default, neglect or culp</li> </ol>	as a result of any failure to supply service ability on the part of the District.
5. If there is an available sanitary sewer within three hund property owner shall be required to connect to the Dist	1 1 7
6. The Applicant and District agree that the provision of sconcerns the property and the terms of this Agreement heirs, executors, administrators, personal representative designees, and transferees.	sanitary sewer service touches and bind the District and Applicant and their
The parties hereto have read and fully understand the above provisions.	re provisions and agree to comply with said
FALL CREEK REGIONAL WASTE DISTRICT	APPLICANT
Signature	Signature
STATE OF INDIANA ) ) SS:	
/	
) SS:	, 20
) SS: COUNTY OF MADISON )  SUBSCRIBED and sworn to before me this day of _	, 20
) SS: COUNTY OF MADISON )  SUBSCRIBED and sworn to before me this day of _  My Commission Expires: Signature_  Printed_	
SUBSCRIBED and sworn to before me this day of _  My Commission Expires: Signature  Printed N	otary Public
) SS:  COUNTY OF MADISON )  SUBSCRIBED and sworn to before me this day of _  My Commission Expires: Signature_  Printed  N Reference of the second	otary Public esident of County
SUBSCRIBED and sworn to before me this day of  My Commission Expires: Signature  Printed  N Re**********************************	otary Public esident of County ************************************
SUBSCRIBED and sworn to before me this day of  My Commission Expires: Signature  Printed  Reserved Date Inspected Approved  Date Reinspected Approved  Notes:	otary Public esident of County ************************************
SUBSCRIBED and sworn to before me this day of  My Commission Expires: Signature  Printed  N  ****************************	otary Public esident of County ************************************
SUBSCRIBED and sworn to before me this day of  My Commission Expires: Signature  Printed No  ********************************	otary Public esident of County ************************************
SUBSCRIBED and sworn to before me this day of  My Commission Expires: Signature  Printed  Next	otary Public esident of County ********  X Rejected  Rejected
SUBSCRIBED and sworn to before me this day of  My Commission Expires: Signature  Printed  Next	otary Public esident of County ********  X Rejected  Rejected
SUBSCRIBED and sworn to before me this day of  My Commission Expires: Signature  Printed Printed No Septic Tank Pumped & Filled Yes No Special Conditions Signature No Special Conditions Signature No Special Conditions Signature Printed No Suppose Adaptive Approved Approved Approved Approved Special Conditions No Special Conditions Signature Approved Approved Approved Approved Approved Approved	otary Public esident of County ********  X Rejected  Rejected
SUBSCRIBED and sworn to before me this day of _  My Commission Expires: Signature_  Printed  NR  ****************************	otary Public esident of County ********  X Rejected  Rejected
SUBSCRIBED and sworn to before me this day of  My Commission Expires: Signature  Printed No  Name of No No  Sump Pump Yes No Downspout to Ground Yes No Special Conditions Existing Home Existing Home Existing Home No	otary Public esident of County ********  X Rejected  Rejected



