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

765-778-7544

(317) 998-0532

## **Agreement for Sanitary Sewer Service**

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This Agreement made and entered into this 20 day of OCTO BER, 20 20, between Fall Creek
Regional Waste District ("District") and JOSE RODRIGUEZ ("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

Street Address:	187	W.	WASHINGTON	AVE.	INGALLS
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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:

- 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	APPLICANT /
Treecca f. McClintick	nen band
Signature	Signature
STATE OF INDIANA )	
) SS:	
COUNTY OF MADISON )	V
SUBSCRIBED and sworn to before me this 2	Bth day of OCIOBER, 20 20
My Commission Expires:	Signature Revecco f. Millilich
REBECCA A. McCLINTICK	Printed
MOTARY PUBLIC-STATE OF INDIANA MADISON COUNTY	Notary Public
MY COMM. EXPIRES MAY 18, 2024	Resident of County
<u></u>	
Inspector SN Date Inspected 8/9/21	_ Approved V Rejected
Reason for Rejecton	
Date Reinspected	Approved Rejected
Notes:	
Size Pipe <u>6</u> Type Pipe <u>35</u>	
Basement <u>Yes No</u> Sump Pump Yes No	North
Sump Pump <u>Yes No</u> Downspout to Ground <u>Yes No</u>	
Septic Tank Pumped & Filled Yes No	
Contractor Home owner	Drawing
Special Conditions	
Existing Home	
New Construction	t
New Construction	2 sinteres
New Construction	2 pictures

OFFICIAL SEAL REFERENCIA AL MEDINITION NOTARY FURENCE STATE OF INDIANA MAY COMMERINES MAY 18, 2024



187 Washington Ave

Steve Nicholson

Sean Mitchel 8/9/2021

1.15 187 W. Winshington Ave 8/9/21 Home owner Insau 1 - ar 187 w. Missing Ton -6 washington Ave





## 187 Washington Ave

-Sean Mitchel 8/9/2021

Steve Micholson



10/28/2020

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: 10/28/2020 11:43:44 AM

CREDIT CARD SALE

VISA

CARD NUMBER: \*\*\*\*\*\*\*\*3260 K

TOTAL AMOUNT: \$2,000.00

APPROVAL CD: 375943 ECI: RECORD #: 000 CLERK ID: Rebecca CUST CODE: Tap and Cap fee SALES TAX: \$0.00 INVOICE #: 1

Jose Rodriguez

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

Preceipt # 11418 \$ 760.00 Tap fee

Receipt # 11419 \$ 1240.00 Partial capacity fee payment