

lateral Replacement

**Fall Creek Regional Waste District**  
9378 S 650 W, P.O. Box 59, Pendleton, IN 46064  
765-778-7544  
**Agreement for Sanitary Sewer Service**

#6640

SHF

This Agreement made and entered into this 19 day of January, 2017, between Fall Creek Regional Waste District ("District") and Tod Shepherd ("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 223 Hollowell.

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

APPLICANT

Signature \_\_\_\_\_

Signature \_\_\_\_\_

STATE OF INDIANA )

) SS:

COUNTY OF MADISON )

SUBSCRIBED and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

My Commission Expires: \_\_\_\_\_

Signature \_\_\_\_\_

Printed \_\_\_\_\_

Notary Public

Resident of \_\_\_\_\_ County

\*\*\*\*\*

Inspector \_\_\_\_\_ Date Inspected 1.19.17 Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Reason for Rejection \_\_\_\_\_

Date Reinspected \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Notes:

Size Pipe \_\_\_\_\_ Type Pipe \_\_\_\_\_

Basement Yes \_\_\_\_\_ No \_\_\_\_\_

Sump Pump Yes \_\_\_\_\_ No \_\_\_\_\_

Downspout to Ground Yes \_\_\_\_\_ No \_\_\_\_\_

Septic Tank Pumped & Filled Yes \_\_\_\_\_ No \_\_\_\_\_

Contractor Brachney

Special Conditions \_\_\_\_\_

Existing Home \_\_\_\_\_

New Construction \_\_\_\_\_

North



See attached  
drawing

Gidw.

PROJECT \_\_\_\_\_

SHEET \_\_\_\_\_ OF \_\_\_\_\_

SUBJECT \_\_\_\_\_

DATE 1-19-17

JOB NO. Phase I SRI

BY Brackley

223 & 215 Hallowell Dr.



Split the laterals from 1 to 2 - 2017





# FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

3-1022746

Nº 000093

## APPLICATION FOR SEWER PERMIT

Permit No. \_\_\_\_\_ Date 8-13-85  
Permit Void 90 days from Date of Issuance  
Owner Name Thomas Dunn  
Property Address 223 Hollowell Dr.  
Lot # \_\_\_\_\_ P.O. Box \_\_\_\_\_  
Town Pendleton, IN Zip Code 46064  
Phone \_\_\_\_\_ Water Meter 5/8  
\$ 150.00 Tap on Fee Paid  
\$ 25.00 Inspection fee paid

Application is hereby made for connection to the Fall Creek Regional Waste District Sewer System for the above listed property - Permit Type: Residential ☒, Commercial \_\_\_\_\_, Industrial \_\_\_\_\_, or Governmental/Institutional \_\_\_\_\_. User Information \_\_\_\_\_.

All workmanship and materials shall conform to the standards of the District Ordinance as described in Ordinance 84-2 and 84-3 as amended. Acceptance and approval must be made by the District inspector or his duly authorized representative before backfilling and final connection is made to the main sewer lines. Any violation of applicable regulations will cause all lines and appurtenances in violation to be removed and replaced at the owners expense.

The Fall Creek Regional Waste District is responsible for the inspection, approval of materials, and installation techniques only. All costs for materials and installation and any liabilities resulting from same is the sole responsibility of the property owner.

I have read and fully understand the above provisions and agree to comply by said provisions.

Thomas Dunn  
APPLICANT(S) SIGNATURE

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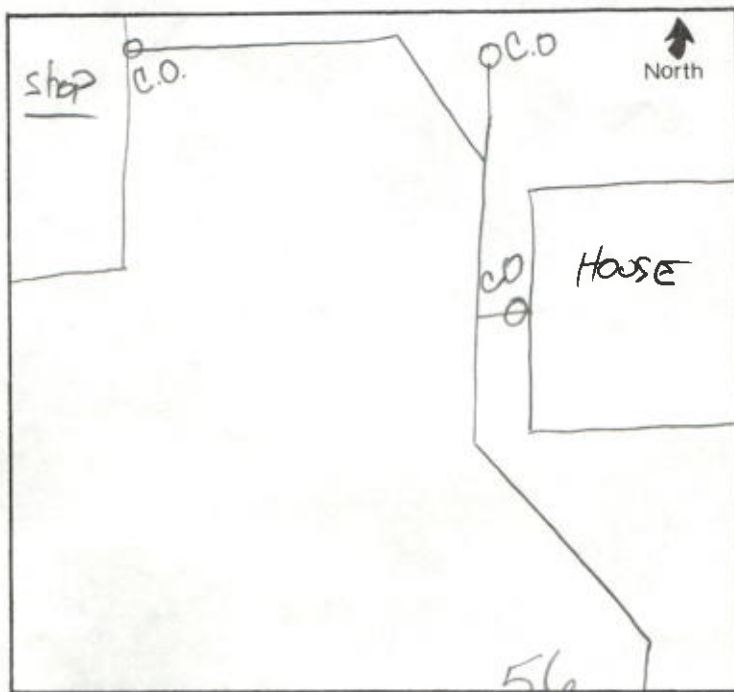
INSPECTOR TM

Date inspected 10-2-85 Approved ☒ Rejected \_\_\_\_\_

Reason for rejection \_\_\_\_\_

Date reinspected \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Notes:  
Size Pipe 6"  
Type Pipe PVC  
Basement Yes \_\_\_\_\_ No ☒  
Sump Pump Yes \_\_\_\_\_ No ☒  
Downspout to Ground Yes No \_\_\_\_\_  
Septic Tank Pumped & filled Yes No \_\_\_\_\_  
Contractor Tom Dunn  
Special Conditions \_\_\_\_\_





FALL CREEK REGIONAL WASTE DISTRICT

Box 44 Princeton, Indiana 46904

8-1033740  
No 000093

APPLICATION FOR WASTE TREATMENT

8-13-82

Plant No. \_\_\_\_\_  
Plant Name \_\_\_\_\_  
Plant Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
In the year \_\_\_\_\_  
Water Meter \_\_\_\_\_  
Top of the field \_\_\_\_\_  
Location of plant \_\_\_\_\_

Application is hereby made for connection to the Fall Creek Regional Waste District sewer system for the above named property. The property is located in the \_\_\_\_\_ section of the \_\_\_\_\_ township, \_\_\_\_\_ county, Indiana. The property is currently used for \_\_\_\_\_ purposes. The applicant is a \_\_\_\_\_ (owner/tenant) of the property. The applicant is requesting connection to the sewer system for the following reasons: \_\_\_\_\_

The Fall Creek Regional Waste District is responsible for the installation, operation, and maintenance of the sewer system. The applicant is requesting connection to the sewer system for the following reasons: \_\_\_\_\_

I have read and understand the above and agree to the terms and conditions of the application.

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Person for connection: \_\_\_\_\_

Water connection: \_\_\_\_\_

Water size: \_\_\_\_\_

Water type: \_\_\_\_\_

Backflow preventer: \_\_\_\_\_

Backflow preventer type: \_\_\_\_\_

Backflow preventer size: \_\_\_\_\_

Backflow preventer location: \_\_\_\_\_

