#8422

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

## **Agreement for Sanitary Sewer Service**

This Agreement made and entered into this 10 Regional Waste District ("District") and Arbor Hor provision of sanitary sewer service, and the assignifacilities for the premises located at Cold Springs	mes ment of capaci	("Applicant") regarding the ity in and connection to, the District's
Street Address: 254 Cold Springs		
Now therefore, the parties, in consideration or receipt and sufficiency of which is hereby acknowledge.	f the mutual pr	
<ol> <li>The Applicant agrees that all workmanship and the District's construction standards. It before backfilling and final connection is reprovision will cause all lines and appurtent Applicant's expense.</li> <li>The District shall have the right to enter up inspect, repair, or replace any equipment up has an impact on said service.</li> <li>The Applicant shall be responsible for all refailure to pay any rate charge or fee may retermination of service to the property, the debut not limited to, all attorney's fees and content to the default, negonal said damages are due to default, negonal said designes, and transferees.</li> </ol>	District must acmade to the sevances in violate con the Applicated in connect monthly user result in a lien acceptation costs by damages as glect or culpability to the District to the District or covision of sand Agreement by	ccept and approve all work and materials wer mains. Any violation of this cion to be removed and replaced at the sant's premises at all reasonable times to tion with the District's service or which sates, capacity charges, and tap fees. The against the property and/or the will be borne by Applicant, including, a result of any failure to supply service will be part of the District. Sed (300) feet of the property line, the cet's sanitary sewer system.  Initiary sewer service touches and ind the District and Applicant and their
The parties hereto have read and fully understaprovisions.  FALL, ORLEH REGIONAL WASTE DISTRICT	and the above	provisions and agree to comply with said  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	
		ary Public ident of County
***********	*******	ident of County ********
Inspector Lyla Date Inspected 8/28/2	4Approved	Rejected
Reason for Rejecton	Approved	Reiected
Notes:		
Size Pipe 6 Type Pipe SOR 35	Γ	
Basement <u>Yes No</u> Sump Pump <u>Yes No</u>		North \[
Downspout to Ground Yes No		
Septic Tank Pumped & Filled Yes No		Drawn o
Contractor D.R. Watson		J. 222 " Y
Special Conditions Existing Home		Δ.
New Construction		7
		2 Protures
		attached





