

FALL CREEK REGIONAL WASTE DISTRICT

9378 S 650 WEST, P.O. BOX 59, PENDLETON, IN 46064

765-778-7544

AGREEMENT FOR SANITARY SEWER SERVICE

This Agreement made and entered into this 22<sup>ND</sup> day of March, 2001, between FALL CREEK REGIONAL WASTE DISTRICT ("District") and Joe Burch ("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 2580 Joel Lane Anderson

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

Signature

APPLICANT

Signature

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MADISON )

SUBSCRIBED and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

My Commission Expires:

Signature \_\_\_\_\_

Printed \_\_\_\_\_

Notary Public  
Resident of Madison County

\*\*\*\*\*

INSPECTOR B DATE INSPECTED 4.9.1 APPROVED ✓ REJECTED \_\_\_\_\_

REASON FOR REJECTION \_\_\_\_\_

DATE REINSPECTED \_\_\_\_\_ APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_

NOTES:

SIZE PIPE 6 TYPE PIPE 35 lb B

BASEMENT YES NO X

SUMP PUMP YES NO X

DOWNSPOUT TO GROUND YES X NO Later

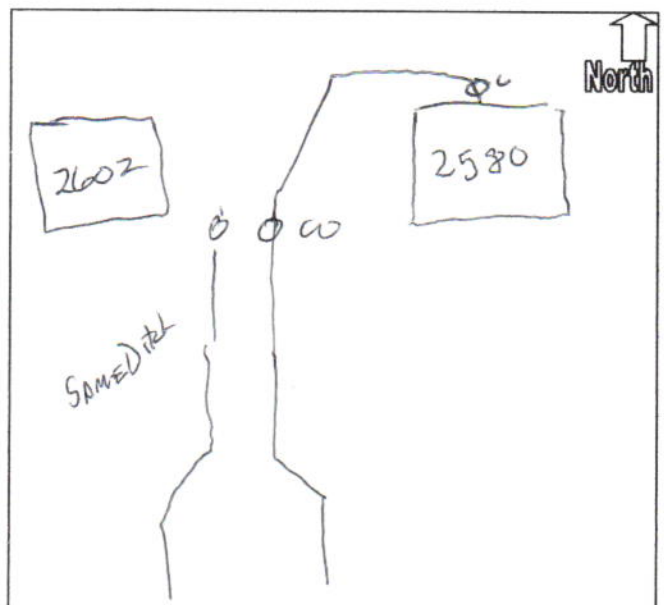
SEPTIC TANK PUMPED & FILLED YES NO

CONTRACTOR Hunter

SPECIAL CONDITIONS \_\_\_\_\_

EXISTING HOME X

NEW CONSTRUCTION \_\_\_\_\_



MARCUS J BURCH 10-78  
MADONNA BURCH  
2580 W TOD LN, PH (765) 778-2631  
ANDERSON, IN 46013-9738



5071

71-167/749  
BRANCH 10006

DATE 3/21/01

PAY TO THE  
ORDER OF

Fall Creek Regional Waste District \$ 1926<sup>95</sup>  
One thousand, nine hundred twenty six and 95/100 DOLLARS



GENERATIONS GOLD MEMBER

FOR

1:0749016721: 5071

Marcus J Burch MP

# Fall Creek Regional Waste District

9378 S 650 W  
Pendleton, IN 46064  
765-778-7544 fax 765-778-7545

## INVOICE

### Customer

Name HUNTER EXCAVATING  
Address 15085 LUCAS ROAD  
City BROOKVILLE State IN  
Phone 765-647-6515

Date 4/10/01  
Order No.  
Rep  
FOB

| Qty | Description  | Unit Price | TOTAL   |
|-----|--|------------|---------|
| 1   | 4/6/01 AFTER HOURS INSPECTION<br>2578 WOODLAWN DRIVE | \$50.00    | \$50.00 |
| 1   | 4/7/01 WEEKEND INSPECTION<br>2580 TOD LANE           | \$50.00    | \$50.00 |

### Payment Details

- ☐ Cash  
☒ Check  
☐ Credit Card

Name  
CC #  
Expires

|                     |                 |
|---------------------|-----------------|
| SubTotal            | \$100.00        |
| Shipping & Handling | \$0.00          |
| Taxes State         |                 |
| <b>TOTAL</b>        | <b>\$100.00</b> |

Office Use Only

Insert Fine Print Here

Insert Farewell Statement Here