#8429

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 Ho provision of sanitary sewer service, and the assign facilities for the premises located at Cold Spring:	mes ment of ca s @ Huntzi	coacity in and connection to, the District's nger Farms Lot 42
Street Address: 276 COLD SPRING	JS DR	IVE
<b>Now therefore,</b> the parties, in consideration of receipt and sufficiency of which is hereby acknown		
<ul> <li>and the District's construction standards. It before backfilling and final connection is provision will cause all lines and appurter Applicant's expense.</li> <li>2. The District shall have the right to enter us inspect, repair, or replace any equipment of has an impact on said service.</li> <li>3. The Applicant shall be responsible for all failure to pay any rate charge or fee may retermination of service to the property, the but not limited to, all attorney's fees and continues and damages are due to default, need.</li> <li>4. The District shall not be responsible for an unless said damages are due to default, need.</li> <li>5. If there is an available sanitary sewer with property owner shall be required to conneed.</li> <li>6. The Applicant and District agree that the property and the terms of this concerns the property and the terms of this concerns.</li> </ul>	District mu made to the nances in vi pon the Ap used in con monthly us result in a li cost of wh collection c my damages glect or cul in three hu ct to the Di provision o s Agreemen	plicant's premises at all reasonable times to nection with the District's service or which er rates, capacity charges, and tap fees. The en against the property and/or the ich will be borne by Applicant, including, osts.  It as a result of any failure to supply service pability on the part of the District. Indred (300) feet of the property line, the strict's sanitary sewer system.  If sanitary sewer service touches and the introduction of the District and Applicant and their ves, successors, agents, attorneys, assigns,
FALL GREEK REGIONAL WASTE DISTRICT Signature		APPLICANT Signature
STATE OF INDIANA ) ) SS:		
COUNTY OF MADISON )  SUBSCRIBED and sworn to before me this _	day of	, 20
My Commission Expires:	Signature	
		Notary Public  Resident of County  ***********************************
Inspector <u>Lyl</u> Date Inspected <u>9/9/24</u>		
Reason for Rejecton		
Date Reinspected Notes:	Approved	Rejected
Size Pipe Type Pipe SDV 35  Basement Yes No  Sump Pump Yes No  Downspout to Ground Yes No  Septic Tank Pumped & Filled Yes No  Contractor D. V. Watsov  Special Conditions  Existing Home		Drawing +
New Construction		1 side



