26-00800-00

add order on file FALL CREEK REGIONAL WASTE DISTRICT

9378 S 650 WEST, P.O. BOX 59, PENDLETON, IN 46064 765-778-7544

13-29190.00

## AGREEMENT FOR SANITARY SEWER SERVICE

| - · · · · · · · · · · · · · · · · · · ·  |
|--|
| This Agreement made and entered into this 16th day of 20rd, 200/, between FALL CREEK   |
| REGIONAL WASTE DISTRICT ("District") and Joren Melles ("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 310 Ceffrey Lane.  |
| 71 111 1   |

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 here said provisions.  | eto have read and fully understand t | he above provisions and a            | gree to comply with                   |            |
|------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|------------|
| FALL CREEK REGIONAL WASTE DISTRICT |                                      | APPLICANT                            |                                       |            |
| Signature                          |                                      | Signature                            | · · · · · · · · · · · · · · · · · · · |            |
| STATE OF INDIANA                   | )<br>) SS:                           |                                      |                                       |            |
| COUNTY OF MADISO<br>SUBSCRIBED     | and sworn to before me this          | day of                               | , 200                                 |            |
| My Commission Expires              | s: Signat                            | иге                                  |                                       |            |
|                                    | Printed  DATE INSPECTED 4-13-1       | Notary Public Resident of Madison Co | *******                               | *****      |
| REASON FOR REJECT                  |                                      | ATTROVED_V                           | REJECTED                              |            |
|                                    | DATE REINSPECTED                     | APPROVED                             | REJECTED                              |            |
| NOTES:<br>SIZE PIPE                | TYPE PIPE 35 coly water              |                                      |                                       | North      |
| BASEMENT YES                       | NO 🗸                                 | ,                                    |                                       | trood data |
| SUMP PUMP YES                      | NO >                                 |                                      |                                       |            |
| DOWNSPOUT TO GRO                   | OUND YES X NO                        | ,   \ <sub>\dagger</sub>             | \                                     |            |
| SEPTIC TANK PUMPE                  | D & FILLED YES × NO                  |                                      | 2 4                                   |            |
| CONTRACTOR BA                      | izcus                                |                                      |                                       |            |
| SPECIAL CONDITION                  | S                                    |                                      |                                       |            |
| EXISTING HOMEX                     |                                      |                                      |                                       |            |
| NEW CONSTRUCTION                   | ١                                    |                                      |                                       |            |

| Form 3861 v2019.2 SUPF   | PLEMENTAL UTILITY CONFLICT INF                   | ORMATION   |                                       |  |  |
|--|--|--|---------------------------------------|--|--|
| PROPERTY/STREET/ALLEY CROSSED 3/   | D JEFFERY LANG                                   |  | N-2214                                |  |  |
| UTILITY LOCATE PERFORMED BY BUST   | COUNTY MADICAL                                   | DOCUMENT SIZE/DEPTH OF SEWERS PROPOSED GAS PIPELINE. | WHEN CROSSING WITH                    |  |  |
| DATE 6-26-23   | Sirying Sirying                                  | #1 #2  | #3 #4 #5 #6                           |  |  |
| ACTUAL PROTECTIVE METHOD(S) AGAINST SEWER TRAI   | NSECTIONS (LIST ALL THAT ADDIVI)                 | SEWER DIAMETER " "                                   |                                       |  |  |
| GAS MAIN GAS SVC   |  | SEWER DEPTH " "                                      | и и и                                 |  |  |
|  |  | GAS DEPTH " "  |                                       |  |  |
| PROTECTIVE METHO   | DS AGAINST SEWER TRANS (COLOS) INSTAULATION TYPE | sphe IMPRICATE                                       | LOCATION OF SEWER<br>FROM FIXED POINT |  |  |
| ***************************************  | B) OPEN TRENCH 3 (C) INSERTIO                    | IN INCATE ORTH                                       | #FEET #FFET                           |  |  |
| I NO FACILITIES 1  | NOT CILITIES 1 NO FACILIT                        |  | DIR DIR DEPTH ORIGIN ORIGIN (IN)      |  |  |
| 2 BORING SAFEGARDS 5   | OPEN EXCAVATION INSERTION                        | /CONDUIT   | a 3 ft. 83 ft. 79"                    |  |  |
| 4 STEEL CARRIER  |  | *  | b 3 FL 69 FL 72"                      |  |  |
|  | Clo %  |  | с 3 п.58 п. 69 "                      |  |  |
|  | · I  |  | d 3 гг. 48 гг. 48 "                   |  |  |
|  |  |  | е 3 п. 42п. 58"                       |  |  |
|  | 16   |  | f 2 11 231 28"                        |  |  |
| DEFFERY CANE   |  |  | g 2 г./О г. 22"                       |  |  |
|  |  |  | h ғ. ғ. "                             |  |  |
|  |  |  | i FT. FT. "                           |  |  |
| BORE REVIEW INSPECTOR  | COMPANY FOREMAN/O                                | CREW LEAD  | J FT. FT. " COMPANY                   |  |  |
|  | COMPANY DATE OF BO                               |  |                                       |  |  |
| SERVICE RECORD SKETCH  MAIN LOCATION FT. SERVICE TAP DIMENSIONS: X Y Z  CURRENT TOTAL LENGTH OF ACTIVE SERVICE SUPPLEMENTAL DIMENSIONS: A B C D E F  LENGTH OF TEST PIPE SERVICE TEST PRESSURE PSIG TEST DURATION  TEST PERFORMED BY |  |  |                                       |  |  |
| TEST FERFORIVED BY   | COMPANY NAME                                     |  | DATE                                  |  |  |
| 200000000000000000000000000000000000000  |  |  |                                       |  |  |
|  |  |  | INDICATE NORTH                        |  |  |
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| NOTES:   |  | ,  |                                       |  |  |
| CONSTRUCTED BY   | COMPANY NAME                                     | EMP. NO.   | DATE                                  |  |  |
| INSPECTED BY   | COMPANY NAME                                     | EMP. NO.   | DATE                                  |  |  |
| SUPERVISOR CARD REVIEW DATE  |  |  |                                       |  |  |