



FALL CREEK REGIONAL WASTE DISTRICT

9378 S. 650 West PO Box 59
Pendleton, IN 46064-0059 778-7544

3-07990.02

APPLICATION FOR SEWER PERMIT

No 2667

Date 2/19/99

Permit Void 90 days from Date of Issuance

Owner Name Bruce Owens

Property Address 630 S. Broadway 323

Lot # _____ P.O. Box _____

Town Pendleton, IN Zip Code _____

Phone _____ City Water _____ Well _____

\$ N/A Tap on Fee Paid new line

\$ N/A Inspection fee paid lateral replacement

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.

APPLICANT(S) SIGNATURE

INSPECTOR Tim

Date inspected 2-20-99 Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6"

Type Pipe SDR 35

Basement Yes ☒ No _____

Sump Pump Yes _____ No _____

Downspout to Ground Yes ☒ No _____

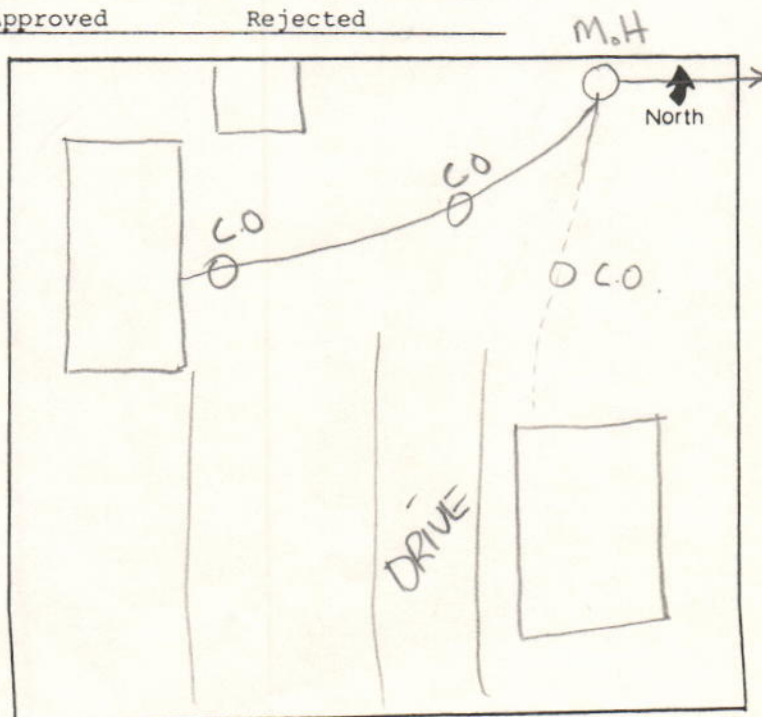
Septic Tank Pumped & filled Yes _____ No _____

Contractor Gerry FREDRICKS

Special Conditions _____

Existing Home ☒

New Construction _____



FALL CREEK REGIONAL WASTE DISTRICT

Nº 6369

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 _____ day of _____, 200____, between FALL CREEK REGIONAL WASTE DISTRICT ("District") and _____ ("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 _____.

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)

323 So Broadway

SUBSCRIBED and sworn to before me this _____ day of _____, 200____.

My Commission Expires: _____

Signature _____

Printed _____

Notary Public
Resident of Madison County

BRUCE OWENS

INSPECTOR TIM DATE INSPECTED ? APPROVED / REJECTED _____

REASON FOR REJECTION _____

DATE REINSPECTED _____ APPROVED _____ REJECTED _____

NOTES:
SIZE PIPE 6" TYPE PIPE SDR35

BASEMENT YES / NO _____

SUMP PUMP YES _____ NO /

DOWNSPOUT TO GROUND YES / NO _____

SEPTIC TANK PUMPED & FILLED YES _____ NO _____

CONTRACTOR EARL DAVIS / TED

SPECIAL CONDITIONS _____

EXISTING HOME /

NEW CONSTRUCTION _____

