#6692

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 12th day of Regional Waste District ("District") and Coronade provision of sanitary sewer service, and the assignment of facilities for the premises located at Falls of Pendleton	capacity in and connection to, the District's Lot 26
Street Address: 342 MALLARD DR., F	
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:	
 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. 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. 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. 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. 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. 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 alprovisions. FALL CREEK REGIONAL WASTE DISTRICT	bove provisions and agree to comply with said APPLICANT
Peterca J. McClintica Signature	Signature
STATE OF INDIANA)) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this 12 day o	
	e Revuca S. Mc Clintich
OFFICIAL SEAL	e Thomas, My umaco
REBECCA A. McCLINTICK Printed	
NOTARY PUBLIC-STATE OF INDIANA MADISON COUNTY MACOMM-EXPIRES MAY 18, 2024	Notary Public Resident of County
Inspector Date Inspected 5-13-20 Approve	Notary Public Resident of County
Inspector Date Inspected 5-13-20 Approve Reason for Rejecton Date Reinspected Approve Date Reinspected Approve	Notary Public Resident of County Rejected
Inspector Date Inspected 5-13-20 Approve Reason for Rejecton Date Reinspected Approve Date Reinspected Approve	Notary Public Resident of County Rejected
Inspector Date Inspected 5-13-20 Approved Date Reinspected Approved Approved Size Pipe Type Pipe WC 35 Basement Yes No	Notary Public Resident of County ed Rejected d Rejected
Inspector Date Inspected 5-13-20 Approved Reason for Rejecton Date Reinspected Approved Approved Notes: Size Pipe 6 Type Pipe 70 35 Basement Yes No Sump Pump Yes No	Notary Public Resident of County Rejected
Inspector Date Inspected 5-13-20 Approved Reason for Rejecton Date Reinspected Approved Approved Notes: Size Pipe 6 Type Pipe 75 Basement Yes No Downspout to Ground Yes No	Notary Public Resident of County ed Rejected d Rejected
Inspector Date Inspected 5-13-20 Approved Date Reinspected Approved Approve	Notary Public Resident of County ed Rejected d Rejected
Inspector Date Inspected 5-13-20 Approved Reason for Rejecton Date Reinspected Approved Approved Notes: Size Pipe Type Pipe WC 35 Basement Yes No Sump Pump Yes No Downspout to Ground Yes No Septic Tank Pumped & Filled Yes No Contractor Special Conditions	Notary Public Resident of County ed Rejected d Rejected
Inspector Date Inspected 5-13-20 Approved Reason for Rejecton Date Reinspected Approved Approved Notes: Size Pipe Type Pipe WC 35 Basement Yes No Sump Pump Yes No Downspout to Ground Yes No Septic Tank Pumped & Filled Yes No Contractor Special Conditions	Notary Public Resident of County ed Rejected d Rejected North
Inspector Date Inspected 5-13-20 Approved Date Reinspected Approved Approve	Notary Public Resident of County ed Rejected d Rejected

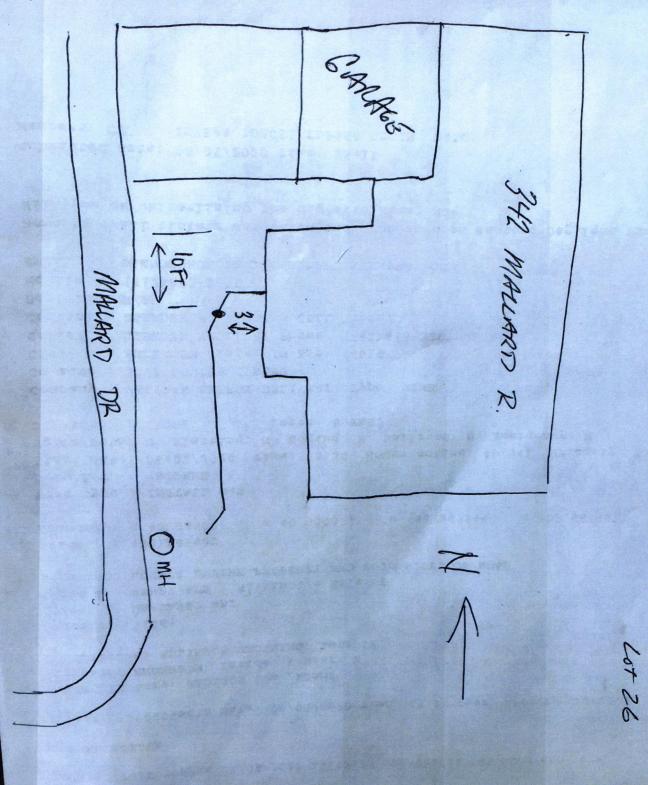
#6692

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

Agreement for Sanitary Sewer Service

0 7 7

This Agreement made and entered into this 12th day of MAY, 20 20, between Fall Creek Regional Waste District ("District") and Coronado Silver Hoene ("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 Falls of Pendleton Lot 26
Street Address: 342 MALLARD DR., PENDLETON
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:
 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. 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. 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. 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. 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. 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 Provided J. McClinich Signature APPLICANT Emailed for Signature
STATE OF INDIANA)) SS: COUNTY OF MADISON)
SUBSCRIBED and sworn to before me this day of, 20
My Commission Expires: Signature
Printed_
Notary Public Resident of County ***********************************
Inspector Date Inspected Approved Rejected Reason for Rejecton
Reason for Rejecton Approved Rejected Notes:
Size Pipe Type Pipe
Basement Yes No Sump Pump Yes No North
Downspout to Ground Yes No
Septic Tank Pumped & Filled <u>Yes No</u> Contractor
Special Conditions
Special Conditions Existing Home New Construction



5-13-20 Rows of 7-Tame Lot 26





FALL CREEK REGIONAL WASTE DISTRI 9378 S 650 W PO BOX 59 PENDLETON, IN 46064 765-778-7544

FALL CREEK REGIONAL WASTE DIST

Date: 05/12/2020

11:04:01 AM

CREDIT CARD SALE

VISA

CARD NUMBER:

********5166 K

THE FALLS & PENDLETON

Lot 26

TOTAL AMOUNT:

\$4,160.00

APPROVAL CD:

087859 000

RECORD #: CLERK ID:

Rebecca

CUST CODE:

Metered

SALES TAX: INVOICE #:

\$0.00
Tap & Capacity Fees

Thank you for your business!

Customer Copy