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

Agreement for Sanitary Sewer Service

Regiona	is Agreement made and entered into this _al Waste District ("District") andon of sanitary sewer service, and the assign	day of	, 20_, between Fall Creek ("Applicant") regarding the
provision facilitie	on of sanitary sewer service, and the assign s for the premises located at	nment of capacity in an	d connection to, the District's
	w therefore, the parties, in consideration of and sufficiency of which is hereby acknown		
	The Applicant agrees that all workmanshi and the District's construction standards. before backfilling and final connection is provision will cause all lines and appurter Applicant's expense. The District shall have the right to enter u	District must accept an made to the sewer mainances in violation to b	nd approve all work and materials ns. Any violation of this e removed and replaced at the
	inspect, repair, or replace any equipment that an impact on said service.	used in connection with	h the District's service or which
	The Applicant shall be responsible for all failure to pay any rate charge or fee may retermination of service to the property, the	result in a lien against to cost of which will be b	he property and/or the
4.5.	but not limited to, all attorney's fees and of The District shall not be responsible for an unless said damages are due to default, ne If there is an available sanitary sewer with	ny damages as a result eglect or culpability on hin three hundred (300)	the part of the District.) feet of the property line, the
6.	property owner shall be required to conne The Applicant and District agree that the property and the terms of this heirs, executors, administrators, personal designees, and transferees.	provision of sanitary ses Agreement bind the l	ewer service touches and District and Applicant and their
The provisio	e parties hereto have read and fully understons.	tand the above provision	ons and agree to comply with said
FALL C	CREEK REGIONAL WASTE DISTRICT	APPL	ICANT
Signatur	re	Signat	ture
STATE	OF INDIANA)		
COUNT) SS: TY OF MADISON)		
SU	BSCRIBED and sworn to before me this _	day of	, 20
My Con	mmission Expires:	Signature	
X/N		Printed	
*****	Paul Replacement X	Notary Pub Resident of	lic ECounty ********
	for Rejecton Date Inspected	Resident of	County ************************************
Reason	for Rejecton Date Reinspected Date Reinspected	Resident of	County ************************************
Reason Notes: Size Pipe Baseme Sump Pe	Date Inspected 1011 for Rejecton Date Reinspected E Type Pipe W 35 ent Yes No ump Yes No	Resident of	County ************************************
Reason Notes: Size Pipe Baseme Sump Pe Downsp Septic T Contrace	Date Inspected 1011 for Rejecton Date Reinspected Type Pipe PC 35 ent Yes No	Resident of	County ******** Rejected ejected



PROJECT MASEIL		SHEETOF
SUBJECT		DATE 5-22-18
	5	JOB NO 4447
		BY Atlas

356 S. EAST "

