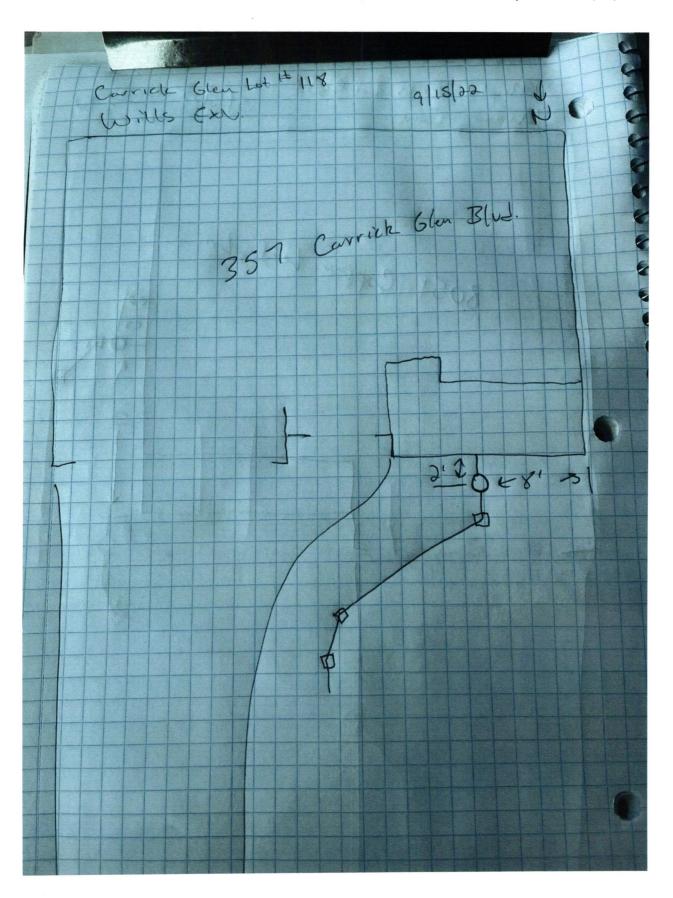
#7716

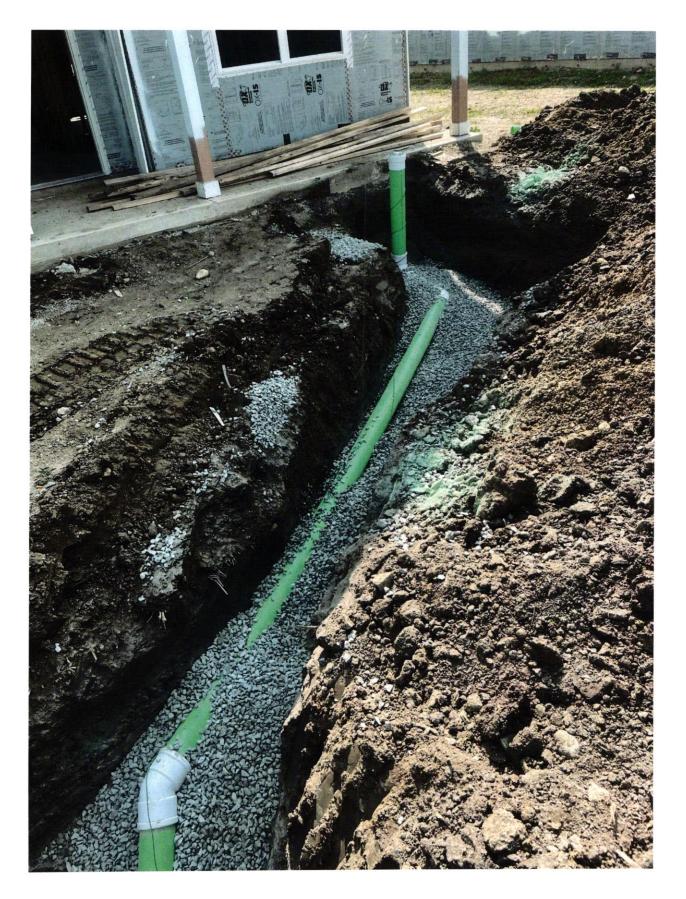
attached

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

Agreement for Sanitary Sewer Service

Regional Waste District ("District") and	nment of capacity in and connection to, the District's
Street Address: 357 Carrick	Chen Blud, Pendleton
Now therefore, the parties, in consideration receipt and sufficiency of which is hereby acknown.	of the mutual promises set out in this Agreement, the wledged, agree as follows:
and the District's construction standards. before backfilling and final connection is provision will cause all lines and appurte Applicant's expense.	District must accept and approve all work and materials made to the sewer mains. Any violation of this mances in violation to be removed and replaced at the
inspect, repair, or replace any equipment has an impact on said service.	upon the Applicant's premises at all reasonable times to used in connection with the District's service or which
tailure to pay any rate charge or fee may termination of service to the property, the	I monthly user rates, capacity charges, and tap fees. The result in a lien against the property and/or the cost of which will be borne by Applicant, including,
unless said damages are due to default, no	any damages as a result of any failure to supply service eglect or culpability on the part of the District.
If there is an available sanitary sewer wit property owner shall be required to conne	hin three hundred (300) feet of the property line, the ect to the District's sanitary sewer system.
concerns the property and the terms of th	provision of sanitary sewer service touches and is Agreement bind the District and Applicant and their representatives, successors, agents, attorneys, assigns,
	stand the above provisions and agree to comply with said
FALL CREEK REGIONAL WASTE DISTRICT	APPLICAND
	APPLICAND
Signature STATE OF INDIANA)) SS:	
Signature STATE OF INDIANA) (COUNTY OF MADISON)	Signature
Signature STATE OF INDIANA)) SS:	Signature
Signature STATE OF INDIANA) (COUNTY OF MADISON)	Signature
Signature STATE OF INDIANA) (SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this	Signature day of, 20 Signature Printed
Signature STATE OF INDIANA) SSS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this My Commission Expires:	Signature day of, 20 Signature
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this My Commission Expires: Inspector 4 Date Inspected 9 15 2-3	Signature day of, 20 Signature Printed Notary Public Resident of County ***********************************
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this _ My Commission Expires: ###################################	Signature day of, 20 Signature Printed Notary Public Resident of County ***********************************
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this My Commission Expires: Inspector G Date Inspected 9 15 23 Reason for Rejecton Date Reinspected Notes: Size Pipe 6 Type Pipe 502 35	Signature day of, 20 Signature Printed Notary Public Resident of County ***********************************
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this My Commission Expires: Inspector G Date Inspected 9 15 23 Reason for Rejecton Date Reinspected Notes: Size Pipe Type Pipe SDR 35 Basement Yes No Sump Pump Yes No	Signature day of, 20 Signature Printed Notary Public Resident of County ***********************************
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this My Commission Expires: ***********************************	Signature day of, 20 Signature Printed Resident of County ***********************************
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this My Commission Expires: ***********************************	Signature day of, 20 Signature Printed Resident of County ***********************************
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this _ My Commission Expires: ***********************************	Signature day of, 20 Signature Printed Resident of County ***********************************







THIS CHECK IS PRINTED IN RED AND BLUE INK ON THE FACE ON CHEMICAL AND BLEACH REACTIVE PAPER WITH INVISIBLE FLUORESCENT FIBERS AND BASKETWEAVE ON BACK

D.R.HORTON

DRH Inc. Controlled Disb 1341 Horton Circle Arlington, TX 76011

JP Morgan Chase Bank, N.A. Syracuse, NY

50-937 213

Check Number Date Amount

\$*****760.00 03/02/22

2720128

Void after 6 months from date of issue

SEVEN HUNDRED SIXTY AND 00/100

Pay To The Order Of: FÄLL CREEK REGIONAL WASTE DISTRICT 9378 SOUTH 650 WEST PENDLETON IN 46064

D. L. Hacton

CG 118

1462075