

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

1-6000665.00

Permit Void 90 days from Date of Issuance Owner Name	
Permit Void 90 days from Date of Issuance Owner Name Property Address Lot # P.O. Box Town J. In Zip Code 46.048 Phone 485-493 Water Meter " \$	
Downer Name	
Description Address Lot # P.O. Box Town	
Town	
Phone 485-4593 Water Meter " \$ 15000 Tap on Fee Paid \$ 2500 Inspection fee paid Application is hereby made for connection to the Fall Creek Regional Waste District, Sewer System for the above listed property - Permit Type: Residential A., 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 inspectio 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. APPLICADIOS SIGNATURE INSPECTOR Rejected Rejected Reason for rejection Approved Rejected Repicted Approved Rejected Notes: Size Pipe " Type Pipe NO Basement Yes No Downspout to Ground Yes No	
Phone #85- #85 Approved Purple Paid S	
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Date inspected 10-23-85 Approved Rejected Reason for rejection Date reinspected Approved Rejected Notes: Size Pipe	
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Size Pipe	
Sump Pump Yes No No No No	
Sump Pump Yes No No No No No No	N
Downspout to Ground Yes No	
Downspout to Ground Yes No	
Septic Tank Pumped & filled Yes No	
Contractor	
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Special Conditions	
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1062/15

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	day of MARCH, 2011, between Fall Creek
Regional Waste District ("District") and provision of sanitary sewer service, and the assig facilities for the premises located at	("Applicant") regarding the niment of capacity in and connection to, the District's
	of the mutual promises set out in this Agreement, the
and the District's construction standards. before backfilling and final connection is provision will cause all lines and appurte Applicant's expense. 2. The District shall have the right to enter to inspect, repair, or replace any equipment has an impact on said service. 3. The Applicant shall be responsible for all failure to pay any rate charge or fee may termination of service to the property, the but not limited to, all attorney's fees and 4. The District shall not be responsible for a unless said damages are due to default, no 5. If there is an available sanitary sewer with property owner shall be required to conne 6. The Applicant and District agree that the concerns the property and the terms of the	District must accept and approve all work and materials a made to the sewer mains. Any violation of this mances in violation to be removed and replaced at the upon the Applicant's premises at all reasonable times to used in connection with the District's service or which a monthly user rates, capacity charges, and tap fees. The result in a lien against the property and/or the ecost of which will be borne by Applicant, including, collection costs. In any damages as a result of any failure to supply service eglect or culpability on the part of the District. The hin three hundred (300) feet of the property line, the ect to the District's sanitary sewer system. Provision of sanitary sewer service touches and is Agreement bind the District and Applicant and their representatives, successors, agents, attorneys, assigns,
provisions.	tand the above provisions and agree to comply with said
FALL CREEK REGIONAL WASTE DISTRICT	
Signature	Signature
STATE OF INDIANA)) SS: COUNTY OF MADISON)	
SUBSCRIBED and sworn to before me this _	day of, 20
My Commission Expires:	Signature
	Printed
Elshand Raphoement X	Notary Public Resident of County ***********************************
nspector Down Date Inspected 3-21-11 Reason for Rejecton	_ Approved Rejected
	Approved Rejected
Basement <u>Yes No</u>	North
Sump Pump <u>Yes No</u> Downspout to Ground Yes No	
Septic Tank Pumped & Filled Yes No	52.6
Contractor When the S	A CHANGE
special Conditions	0.00
New Construction	4