

FALL CREEK REGIONAL WASTE DISTRICT

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 3rd day of May, 200 1, between FALL CREEK REGIONAL WASTE DISTRICT ("District") and Malcolm Struett ("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 S466 S SR 67.

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)

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

My Commission Expires: _____

Signature _____

Printed _____

Notary Public
Resident of Madison County

INSPECTOR B DATE INSPECTED 5-3-01 APPROVED ✓ REJECTED _____

REASON FOR REJECTION _____

DATE REINSPECTED _____ APPROVED _____ REJECTED _____

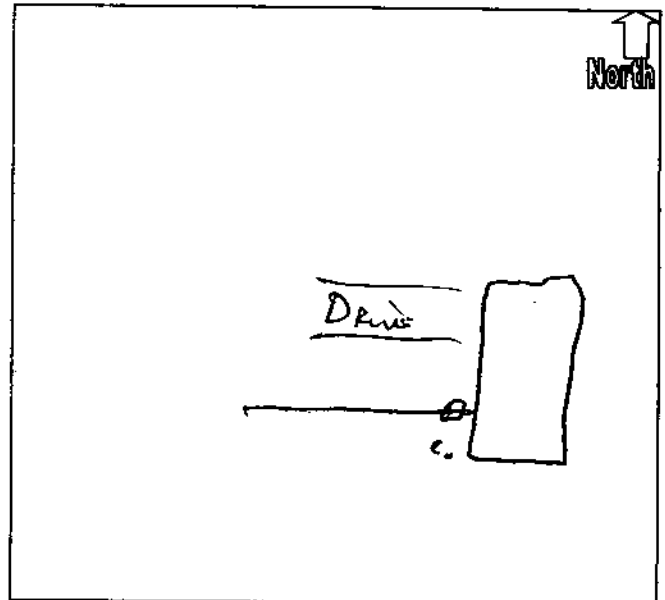
NOTES:
SIZE PIPE 6 TYPE PIPE 24

BASEMENT YES X NO _____SUMP PUMP YES _____ NO XDOWNSPOUT TO GROUND YES X NO _____SEPTIC TANK PUMPED & FILLED YES X NO _____CONTRACTOR Jackson

SPECIAL CONDITIONS _____

EXISTING HOME X

NEW CONSTRUCTION _____



SUPPLEMENTAL UTILITY CONFLICT INFORMATION

PROPERTY/STREET/ALLEY CROSSED

5466 IN 67

N-2214

LOT

CITY PENDLETON

COUNTY MADISON

UTILITY LOCATE PERFORMED BY

BUSTAMANTE Bayless-AGAN

DATE 7-17-23

DOCUMENT SIZE/DEPTH OF SEWERS WHEN CROSSING WITH PROPOSED GAS PIPELINE.

	#1	#2	#3	#4	#5	#6
SEWER DIAMETER	"	"	"	"	"	"
SEWER DEPTH	"	"	"	"	"	"
GAS DEPTH	"	"	"	"	"	"

ACTUAL PROTECTIVE METHOD(S) AGAINST SEWER TRANSECTIONS (LIST ALL THAT APPLY):

GAS MAIN _____ GAS SVC _____

PROTECTIVE METHODS AGAINST SEWER TRANSECTIONS

(A) BORING/PLOWING

1 NO FACILITIES

2 BORING SAFEGARDS

3 STEEL CONDUIT

4 STEEL CARRIER

INSTALLATION TYPE

(B) OPEN TRENCH

1 NO FACILITIES

5 OPEN EXCAVATION

INSERTION

1 NO FACILITIES

6 INSERTION/CONDUIT

INDICATE NORTH

LOCATION OF SEWER FROM FIXED POINT

POINT	#FEET N DIR ORIGIN	#FEET W DIR ORIGIN	DEPTH (IN)
a	2 FT.	126 FT.	126"
b	2 FT.	107 FT.	66"
c	2 FT.	93 FT.	55"
d	2 FT.	80 FT.	42"
e	2 FT.	67 FT.	31"
f	2 FT.	51 FT.	32"
g	2 FT.	34 FT.	42"
h	2 FT.	18 FT.	56"
i	2 FT.	8 FT.	64"
j	FT.	FT.	"

BORE REVIEW INSPECTOR

COMPANY

FOREMAN/CREW LEAD

COMPANY

BORE OPERATOR

COMPANY

DATE OF BORE REVIEW

SERVICE RECORD SKETCH

MAIN LOCATION _____ FT.

SERVICE TAP DIMENSIONS: _____ X _____ Y _____ Z

CURRENT TOTAL LENGTH OF ACTIVE SERVICE

SUPPLEMENTAL DIMENSIONS: _____ A _____ B _____ C _____ D _____ E _____ F

LENGTH OF TEST PIPE

SERVICE TEST PRESSURE _____ PSIG

TEST DURATION

TEST PERFORMED BY

COMPANY NAME

DATE

INDICATE NORTH

NOTES:

CONSTRUCTED BY

COMPANY NAME

EMP. NO.

DATE

INSPECTED BY

COMPANY NAME

EMP. NO.

DATE

SUPERVISOR CARD REVIEW

DATE