

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 9th day of March, 2001, between FALL CREEK REGIONAL WASTE DISTRICT ("District") and Linda Cook ("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 5754 Nobles Drive.

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

Signature Jan Carey

APPLICANT

Signature Bob Kumbarger

STATE OF INDIANA)

) SS:

COUNTY OF MADISON)

SUBSCRIBED and sworn to before me this 9th day of March, 2001.

My Commission Expires:

2-20-08

Signature Deborah L. Wilson

Printed Deborah L. Wilson

Notary Public

Resident of Madison County

INSPECTOR Steve DATE INSPECTED 3/30/01 APPROVED ✓ REJECTED _____

REASON FOR REJECTION _____

DATE REINSPECTED _____ APPROVED _____ REJECTED _____

NOTES:

SIZE PIPE 6" TYPE PIPE SDR 35

BASEMENT YES NO

SUMP PUMP YES NO

DOWNSPOUT TO GROUND YES NO

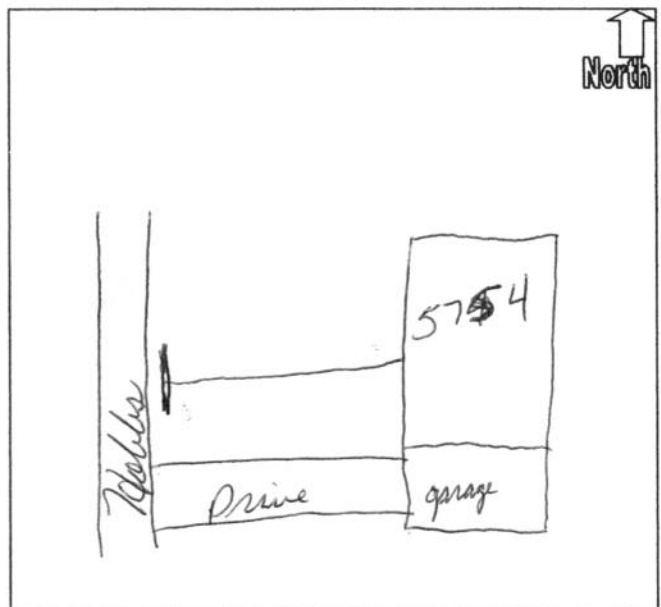
SEPTIC TANK PUMPED & FILLED YES Timdon NO

CONTRACTOR Gerry Medricks

SPECIAL CONDITIONS _____

EXISTING HOME ✓

NEW CONSTRUCTION _____



LINDA K. COOK
5754 HOBBS DRIVE
ANDERSON, IN 46013

THE HOME EQUITY

DATE 3-9-01

106

20-7043/27
871728951

PAY TO THE
ORDER OF

Fall Creek Regional Waste

\$ 1926.95

one thousand nine hundred twenty-six ⁹⁵/₁₀₀

DOLLARS



FIRST INDIANA[®] BANK
INDIANAPOLIS, INDIANA 46204

NOT VALID FOR LESS THAN \$100.00

MEMO

Linda K. Cook

⑆274070439⑆ 8717289519⑈ 810106

Fall Creek Regional Waste District

9378 S 650 W
Pendleton, IN 46064
765-778-7544 fax 765-778-7545

INVOICE

Customer

Name GERRY FREDERICKS
Address 4424 E 575 S
City MARKLEVILLE State IN 46056
Phone 779-4269

Date 4/25/01
Order No. _____
Rep _____
FOB _____

| Qty | Description | Unit Price | TOTAL |
|-----|--|------------|---------|
| 1 | 3/30/01 AFTER HOURS INSPECTION 5754 HOBBS DRIVE | \$50.00 | \$50.00 |
| 1 | 3/31/01 WEEKEND INSPECTION 2763 HICKORY DRIVE | \$50.00 | \$50.00 |

Payment Details

- ☐ Cash
☒ Check
☐ Credit Card

Name _____
CC # _____
Expires _____

| | |
|---------------------|-----------------|
| SubTotal | \$100.00 |
| Shipping & Handling | \$0.00 |
| Taxes State | |
| TOTAL | \$100.00 |

Office Use Only

Insert Fine Print Here

Insert Farewell Statement Here