

Pd grinder 6-18-01

26-08280.00

4441

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 18th day of June, 2001, between FALL CREEK REGIONAL WASTE DISTRICT ("District") and Sonny Clark ("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 6049 Fosters Dr. Drive, Lot 29-Fosters Branch Woods

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 6-19-0 APPROVED ✓ REJECTED _____

REASON FOR REJECTION _____

DATE REINSPECTED _____ APPROVED _____ REJECTED _____

NOTES:

SIZE PIPE 4 TYPE PIPE PVC

BASEMENT YES X NO _____

SUMP PUMP YES _____ NO X

DOWNSPOUT TO GROUND YES X NO _____

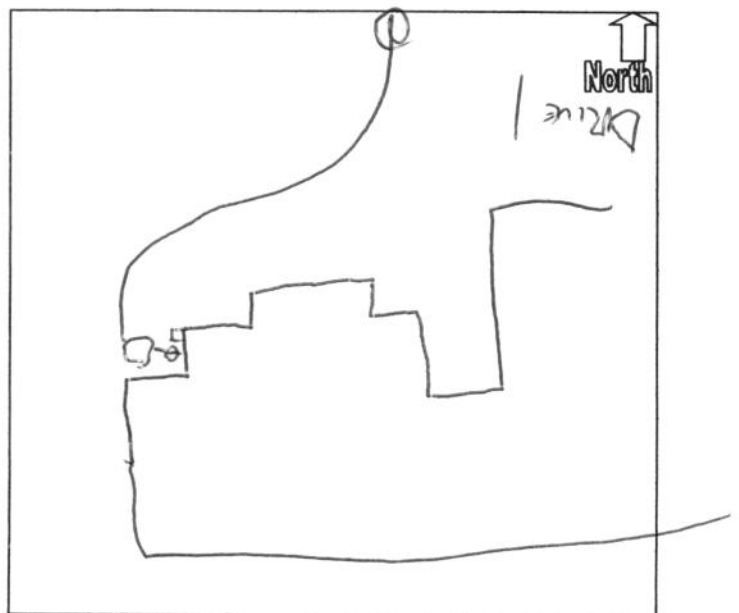
SEPTIC TANK PUMPED & FILLED YES _____ NO X

CONTRACTOR Fessler

SPECIAL CONDITIONS _____

EXISTING HOME _____

NEW CONSTRUCTION X





SIGNATURE PLUMBING CO., INC. 06-00
PO BOX 69
MARKLEVILLE, IN 46056-0069
765-533-2287

1324

6-18-01

DATE

71-553/749
BRANCH 1

PAY TO THE
ORDER OF

FCRWD

\$ 1024.80

ONE THOUSAND Twenty FOUR Dollars 80/100

DOLLARS



Security
Features
Details on
Back.



Madison
Community Bank

FOR

⑆074905539⑆ 894 631 0⑆

1324

© HARLAND

CAMPBELL CUSTOM HOMES, INC.
6302 W. FOSTER BRANCH DR.
PENDLETON, IN 46064

71-553/749
7005105

3515

DATE

6/19/2001

PAY TO THE
ORDER OF

FALL CAPRICE WASTE

\$ 2550.00

XH

TWO THOUSAND FIVE HUNDRED FIFTY DOLLARS

DOLLARS

1

Security Features
Included
Details on Back



Madison
Community Bank

MEMO

LOT 29

[Signature]

⑆074905539⑆ 700 510 511 3515

CUSTOMER OUT

ACCOUNT NUMBER : _____ CODE: _____
CUSTOMER NAME : _____ OWNER _____ RENTER _____
SERVICE ADDRESS : _____ SOLD _____ RENTED _____
PHONE#: _____
FORWARD ADDRESS : _____
OWNER (IF RENTED) : _____ PHONE#: _____
ADDRESS : _____
OUT DATE : _____ DATE FINAL SENT: _____
SEWAGE ARREARS _____
PENALTY BALANCE _____
OTHER _____
TO _____
TO _____
TO _____
BALANCE DUE ON FINAL BILL _____
OVERRIDE AMOUNT _____
OTHER INFORMATION: _____

CUSTOMER IN

ACCOUNT NUMBER : 26-08280.00 CODE: 3 OWNER 3 RENTER
CUSTOMER NAME : Sony Clark
SS#(S) : _____
SERVICE ADDRESS : 6049 Justice Br. Drive PHONE#: _____
Pendleton, IN 46064 lot 29
MAILING ADDRESS : _____
IN DATE : _____
CALCULATIONS : 3/16 TO 4/16 Nov 01 9/16-10/16 OVERRIDE AMOUNT: _____
MONTH ADDED : May 02 MINIMUM AMOUNT: 34.95
OTHER INFORMATION: permit #4441 6/18/01
inspected 6/19/01 - Ben