## add Order on file UCT 4409 064 26-035300

## FALL CREEK REGIONAL WASTE DISTRICT

9378 S 650 WEST, P.O. BOX 59, PENDLETON, IN 46064 765-778-7544

AGREEMENT FOR SANITARY SEWER SERVICE

	AGREEMENT FOR SAM		a c
REGIONAL WASTE DIS	made and entered into this 23 des STRICT ("District") and Ronal er service, and the assignment of cap 19 Julip St.	d Perana ("A	pplicant") regarding the
<b>NOW THEREFORE,</b> 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:			
the District's construction connection is made to the to be removed and replace  2. The District inspect, repair, or replace service.  3. The Applica The failure to pay any rate	ant agrees that all workmanship and a standards. District must accept and sewer mains. Any violation of this ed at the Applicant's expense.  shall have the right to enter upon any equipment used in connection and the shall be responsible for all more charge or fee may result in a light will be borne by Applicant, in	d approve all work and materia	ls before backfilling and final
4. The District shall not be responsible for any damages as a result of any faiture to supply service unless said damages are due to default, neglect or culpability on the part of the District.			
<ol><li>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.</li></ol>			
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.			
PALL CREEK REGIONAL WASTE DISTRICT		APPLICANT	
Signature		Signature	
STATE OF INDIANA COUNTY OF MADISON	) ) SS: ()		
SUBSCRIBED	and sworn to before me this do	ay of	200
			200
My Commission Expires:	Signatur	re	
PrintedNotary Public			
Resident of Madison County			
INSPECTOR B	DATE INSPECTED <u>5 -23-07</u>		
REASON FOR REJECTION			
	DATE REINSPECTED	_ APPROVED F	REJECTED
NOTES: 19	R H		ſ

TYPE PIPE SIZE PIPE 4 BASEMENT YES X NO NO × SUMP PUMP YES DOWNSPOUT TO GROUND YES X NO SEPTIC TANK PUMPED & FILLED YES NO CONTRACTOR\_ SPECIAL CONDITIONS EXISTING HOME ~

**NEW CONSTRUCTION** 

