

add order  
on file  
4018

# FALL CREEK REGIONAL WASTE DISTRICT

9378 S 650 WEST, P.O. BOX 59, PENDLETON, IN 46064

765-778-7544

26 00215.00

## AGREEMENT FOR SANITARY SEWER SERVICE

This Agreement made and entered into this 5<sup>th</sup> day of Feb., 2001, between FALL CREEK REGIONAL WASTE DISTRICT ("District") and Mr. Harley Campbell ("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 6440 S 625 W.

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 [Signature]

APPLICANT

Signature [Signature]

STATE OF INDIANA )

) SS:

COUNTY OF MADISON )

SUBSCRIBED and sworn to before me this 5<sup>th</sup> day of February, 2001.

My Commission Expires:

2-20-2008

Signature [Signature]

Printed Deborah L. Wilson

Notary Public

Resident of Madison County

\*\*\*\*\*  
INSPECTOR B DATE INSPECTED 2-5-1 APPROVED ✓ REJECTED \_\_\_\_\_

REASON FOR REJECTION \_\_\_\_\_

DATE REINSPECTED \_\_\_\_\_

APPROVED \_\_\_\_\_

REJECTED \_\_\_\_\_

NOTES:

SIZE PIPE 6

TYPE PIPE PVC

BASEMENT YES \_\_\_\_\_

NO X

SUMP PUMP YES \_\_\_\_\_

NO X

DOWNSPOUT TO GROUND YES X NO \_\_\_\_\_

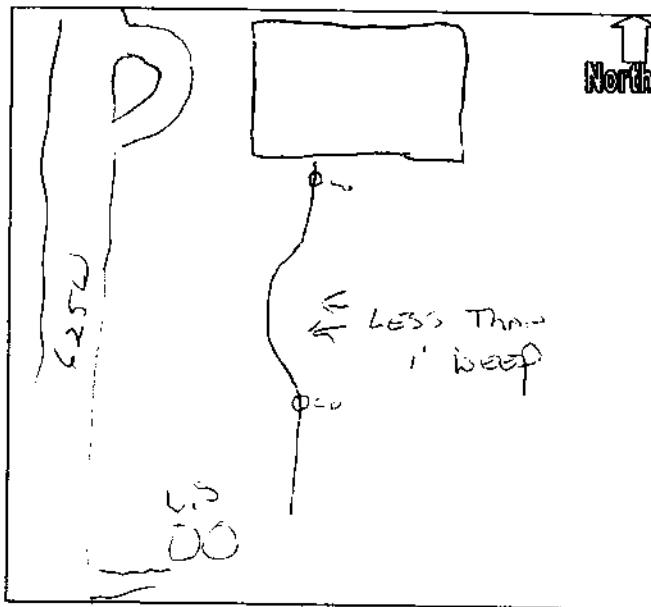
SEPTIC TANK PUMPED & FILLED YES X NO \_\_\_\_\_

CONTRACTOR Ned Craig

SPECIAL CONDITIONS \_\_\_\_\_

EXISTING HOME X

NEW CONSTRUCTION \_\_\_\_\_



HARLEY D. CAMPBELL 10-89  
JOAN CAMPBELL  
6440 S. 625 W.  
PENDLETON, IN. 46064

2592

71-553/749  
BRANCH 1

DATE 1-13-2001

PAY TO THE ORDER OF Ball Creek Regional Waste \$ 2556.00  
Two Thousand Five Hundred Fifty Six — 00 DOLLARS



Madison  
Community Bank



FOR

Permit

⑆074905539⑆

2592

Harley D. Campbell

© 1992



## FALL CREEK REGIONAL WASTE DISTRICT

P.O. Box 59 • 9378 S. 650 West • Pendleton, Indiana 46064-0059 • (765) 778-7544

October 31, 2000

Mr. Harley Campbell  
6440 S 625 W  
Pendleton, IN 46064

Dear Mr. Campbell:

In accordance with Indiana Code 13 and Fall Creek Regional Waste District Ordinance 84-2 pertaining to the Connection and Use of Public and Private Sewers, and Ordinance 84-3 pertaining to Rates & Charges, you are hereby notified that wastewater collection service is available for your home. Connection to the wastewater collection system is required by Indiana Law within 90 days of receipt of this letter.

Connection to the District collection system is the responsibility of the building owner and must comply with the Construction Standards as indicated on the enclosed sheet. Disposition of an existing septic tank is also the responsibility of the building owner. The tank shall be emptied of its contents, filled with granular material and disconnected from further use.

A residential wastewater grinder unit is necessary for connecting your facilities to the FCRWD Collection System. A grinder unit can be purchased from FCRWD for \$1024.80 or you can purchase one from the vendor of your choice. Arrangements to purchase a grinder unit from FCRWD can be made by contacting the Administration Office.

There is a residential tap-on fee of \$400.00 to the District for each hook-up. In addition, there is a capacity fee of \$2156.00. A permit will be issued to the building owner when the application for service has been completed and both the tap-on and capacity fees have been paid.

Please notify the District when the wastewater service connection is ready for inspection and connection to the District sewer line. This service is for wastewater only. Connections of roof downspouts, exterior footing drains, surface run-off groundwater connections or sump pumps are prohibited.

Application forms for service can be obtained at the Administrative Office of Fall Creek Regional Waste District, 9378 South County Road 650 West, Pendleton, IN 46064. Fees may be paid at the Administrative Office or by mail.

If you have any questions, please contact our office at 765-778-7544.

Respectfully,

  
J.F. Rowlett  
General Manager

Encl.: Construction Standard Sheet

Cc: Mr. Thom Carr  
Madison County Health Department

**SENDER:**

- ☐ Complete items 1 and/or 2 for additional services.  
☐ Complete items 3, 4a, and 4b.  
☐ Print your name and address on the reverse of this form so that we can return this card to you.  
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
☐ Write "Return Receipt Requested" on the mailpiece below the article number.  
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

**3. Article Addressed to:**

Mr. Harley Campbell  
6440 S 625 W  
Pendleton, IN 46064  
Harley Campbell  
Received By: (Print Name)  
Signature (Addressee or Agent)

**4a. Article Number**

7099 3400 0002 4121 5201

**4b. Service Type**

- ☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☐ Return Receipt for Merchandise ☐ COD

**7. Date of Delivery**

11-6-00

**8. Addressee's Address (Only if requested and fee is paid)**

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$ 1.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.98</b>

PENDLETON IN  
OCT 31 2000  
Postmark Here  
USPS - 46064

Name (Please Print Clearly) (to be completed by mailer)

Mr. Harley Campbell

Street, Apt. No., or PO Box No.

6440 S 625 W

City, State, ZIP+4

Pendleton, IN 46064

PS Form 3800, July 1999

See Reverse for Instructions