Nº

5843

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 day of REGIONAL WASTE DISTRICT ("District") and service, and the assignment facilities for the premises located at	ment, of capacity in, and connection to, the District's
NOW THEREFORE, the parties, in consideration of the and sufficiency of which is hereby acknowledged, agree as follows:	he mutual promises set out in this Agreement, the receipt vs:
1. The Applicant agrees that all workmanship and ma the District's construction standards. District must accept and ag connection is made to the sewer mains. Any violation of this pro to be removed and replaced at the Applicant's expense.	pprove all work and materials before backfilling and final
2. The District shall have the right to enter upon the A inspect, repair, or replace any equipment used in connection with service.	
3. The Applicant shall be responsible for all monthly the failure to pay any rate charge or fee may result in a lien again property, the cost of which will be borne by Applicant, including	inst the property and/or the termination of service to the
4. The District shall not be responsible for any damag unless said damages are due to default, neglect or culpability on	
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 a said provisions.	bove provisions and agree to comply with
FALL CREEK REGIONAL WASTE DISTRICT	PPLICANT Suman
Signature	gnature
STATE OF INDIANA)	*
) SS: COUNTY OF MADISON)	
SUBSCRIBED and sworn to before me this 20 day	of October , 2005.
My Commission Expires: Signature	Deborah J. Welson
2-20-3008 Printed	X - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Deborah L. Wilson
	otary Public
	esident of Madison County
Re	esident of Madison County
INSPECTOR SN DATE INSPECTED 12-16-05	esident of Madison County
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NEW CONSTRUCTION_