#8134

Fall Creek Regional Waste District 9378 S 650 W, P.O. Box 59, Pendleton, IN 46064 765-778-7544

Agreement for Sanitary Sewer Service

Regional Waste District ("District") and Arbor Homes provision of sanitary sewer service, and the assignment of ca	November , 20 21, between Fall Creek ("Applicant") regarding the pacity in and connection to the District's
facilities for the premises located at Maple Trails Lot 298	pacity in and connection to, the District s
Street Address: U808 Blachthorn	JR Pendleton
Now therefore, the parties, in consideration of the mutuareceipt and sufficiency of which is hereby acknowledged, agr	ree as follows:
 The Applicant agrees that all workmanship and mate and the District's construction standards. District mu before backfilling and final connection is made to the provision will cause all lines and appurtenances in vi Applicant's expense. 	st accept and approve all work and materials e sewer mains. Any violation of this olation to be removed and replaced at the
2. The District shall have the right to enter upon the Ap inspect, repair, or replace any equipment used in con has an impact on said service.	nection with the District's service or which
3. The Applicant shall be responsible for all monthly us failure to pay any rate charge or fee may result in a litermination of service to the property, the cost of which but not limited to all attorney's fees and collection of	en against the property and/or the ch will be borne by Applicant, including,
 but not limited to, all attorney's fees and collection of 4. The District shall not be responsible for any damages unless said damages are due to default, neglect or cul 5. If there is an available sanitary sewer within three hu 	as a result of any failure to supply service pability on the part of the District.
property owner shall be required to connect to the Di 6. The Applicant and District agree that the provision of concerns the property and the terms of this Agreement heirs, executors, administrators, personal representation designees, and transferees.	strict's sanitary sewer system. f sanitary sewer service touches and at bind the District and Applicant and their
The parties hereto have read and fully understand the aborerovisions.	we provisions and agree to comply with said
FALL CREEK REGIONAL WASTE DISTRICT	APPLICANT
diameter	
Signature	Signature
STATE OF INDIANA)	Signature
	Signature
STATE OF INDIANA)) SS:	
STATE OF INDIANA)) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature Printed	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature Printed	, 20
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature_ Printed *******************************	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature_ Printed *******************************	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature Printed ******************************	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature Printed ******************************	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature Printed ******************************	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature Printed *******************************	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature Printed ******************************	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature Printed *****************************	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature Printed *****************************	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of	





