

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

#8594

**Agreement for Sanitary Sewer Service**

This Agreement made and entered into this 9 day of Aug., 2024, between Fall Creek Regional Waste District ("District") and Anthony & Brittany McLean ("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 20421

Street Address: 6945 S. 50 W. Peru Madison County 6945 Meridian St. Anderson

**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.

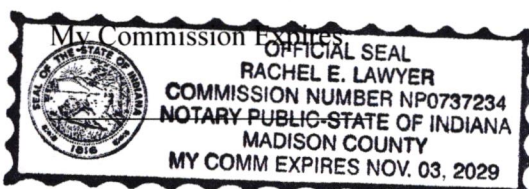
The parties hereto have read and fully understand the above provisions and agree to comply with said provisions.

FALL CREEK REGIONAL WASTE DISTRICT  
Signature Rachel Lawyer

APPLICANT  
Signature Anthony & Brittany McLean

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MADISON )

SUBSCRIBED and sworn to before me this 9 day of Aug., 2024



Signature Rachel Lawyer  
Printed Rachel Lawyer  
Notary Public  
Resident of Madison County

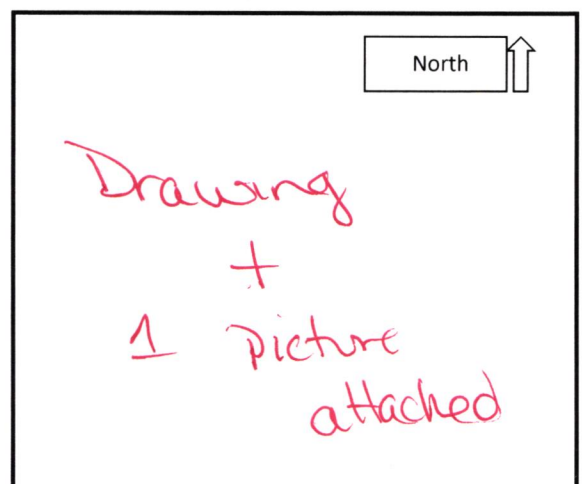
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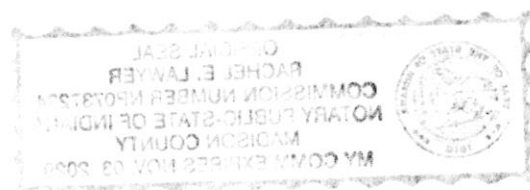
Inspector John Date Inspected 3/24/25 Approved X Rejected \_\_\_\_\_  
Reason for Rejection \_\_\_\_\_

Date Reinspected \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_

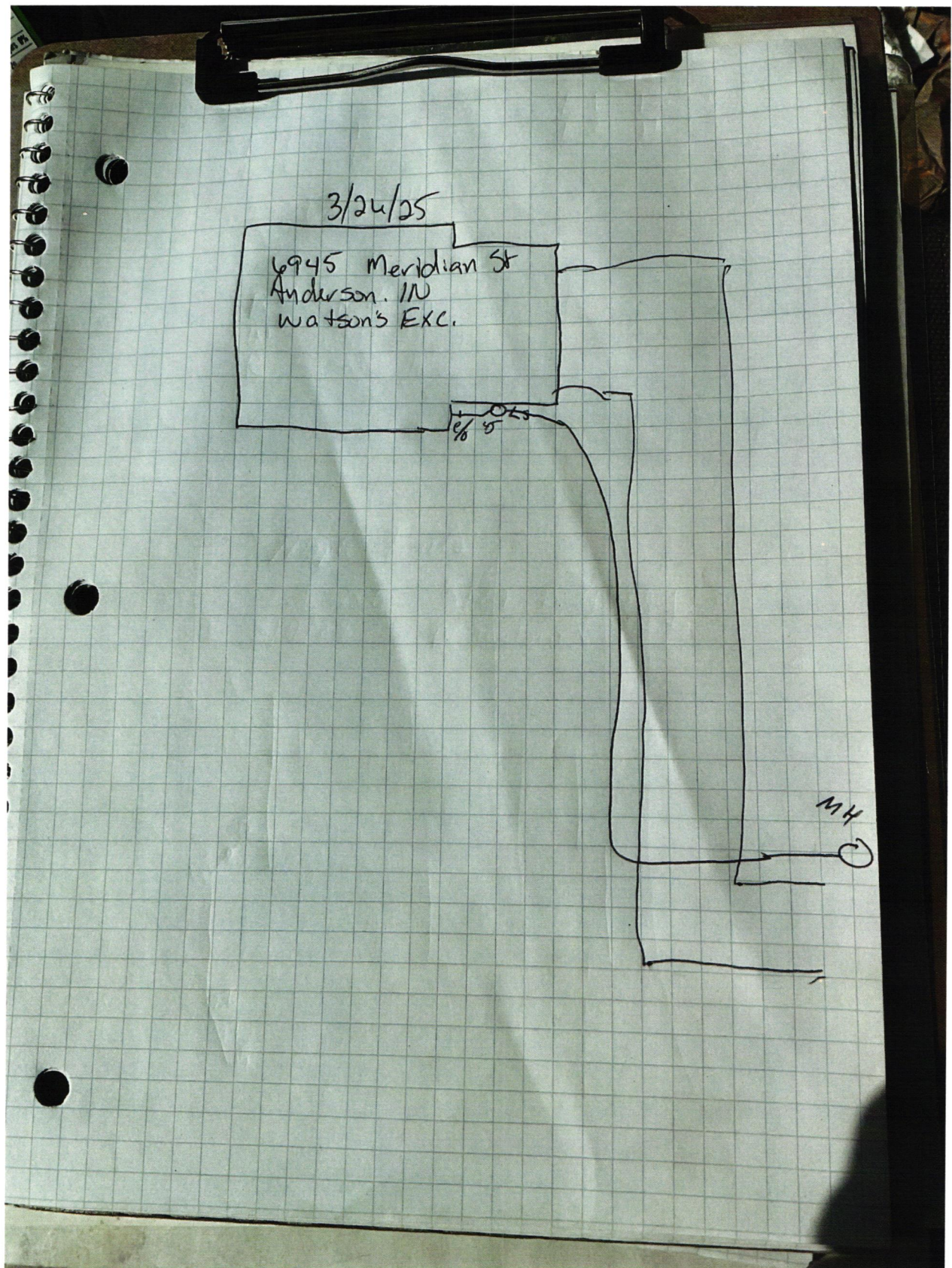
Notes:

Size Pipe 4" Type Pipe SDR  
Basement Yes No  
Sump Pump Yes No  
Downspout to Ground Yes No  
Septic Tank Pumped & Filled Yes No  
Contractor Watson Exc.  
Special Conditions \_\_\_\_\_  
Existing Home \_\_\_\_\_  
New Construction X













8/9/24, 1:53 PM

Receipt

FALL CREEK REGIONAL WASTE DISTRI  
9378 S 650 W  
PO BOX 59  
PENDLETON, IN 46064  
765-778-7544

FALL CREEK REGIONAL WASTE DIST

Date: 08/09/2024 01:49:43 PM

CREDIT CARD SALE

VISA

CARD NUMBER: \*\*\*\*\*1975 K

TOTAL AMOUNT: \$760.00

APPROVAL CD: 679416

RECORD #: 000

CLERK ID: Rachel

CUST CODE: TAP FEE

SALES TAX: \$0.00

INVOICE #: 8594

Rec # 012809

Thank you for your payment!

Customer Copy



## AGREEMENT FOR PAYMENT OF CAPACITY FEES IN MONTHLY INSTALLMENTS

THIS AGREEMENT, made and entered into this 01 day of March, 2025, is between FALL CREEK REGIONAL WASTE DISTRICT ("District") and Anthony & Brittany Mabon ("Applicant") and is regarding the provision of sanitary sewer service, and the assignment of capacity in, and connection to, the District's facilities for the property located at 6945 S 50th Anderson ("Property").  
Meridian ST

**WHEREAS**, the District operates a wastewater collection and treatment system; and

**WHEREAS**, the District requires payment of the appropriate capacity fee from all customers connecting to its system; and

**WHEREAS**, the District desires to grant the Applicant the option to pay the applicable capacity fee in equal monthly installments for a period of 36 months; and

**NOW, THEREFORE**, the parties, in consideration of the mutual promises set out in this Agreement, the receipt and sufficiency of which are hereby acknowledged, agree as follows:

1. The Applicant will connect to the District's sewer system within ninety (90) days of receiving notice that the District's system is within three hundred (300) feet of the Property
2. The Applicant will pay the applicable capacity fee in the amount of \$ 3400.00 in 36 monthly installments which will be added to the Applicant's monthly service bill.
3. The Applicant agrees to pay an additional five percent (5%) fee to cover the cost of administering this payment plan. \$ 3400.00 capacity fee + \$ 170.00 administrative fee = \$ 3570.00
4. The Applicant shall pay a total of \$ 99.17 per month for 36 months which only includes the monthly payment for the five percent (5%) administrative fee and capacity fee. The Applicant is also responsible for the monthly service fee and any other fees duly enacted by the District.
5. All other fees, including, but not limited to, the tap fees and monthly service fees, must be timely paid by the Applicant.
6. In the event the Applicant defaults in the performance or observance of any of the terms, conditions, or obligations contained in this Agreement, the District shall be entitled to recover a ten percent (10%) penalty on the unpaid balance, interest at eighteen percent (18%), and all attorneys' fees and costs incurred in connection with enforcing this Agreement, including the cost of any and all litigation, post-judgment proceedings, and appeals.
7. In the event the Applicant sells or transfers the Property, the remaining balance on this Agreement shall become immediately due and owing.
8. This instrument contains and embodies the entire agreement and understanding of the parties with respect to the subject matter of this Agreement, and supersedes all prior agreements and understandings, oral or written, between them, relating to the subject matter of this Agreement. No modification or waiver of the terms and conditions contained herein shall be of any force and effect unless such modification or waiver shall be in writing and signed by the parties.
9. Attached hereto as Exhibit A is the legal description for the Property and the parties hereby agree that this Agreement touches and concerns the land and shall be binding upon the Applicant's successors and assigns.

FALL CREEK REGIONAL WASTE  
DISTRICT

By: Rachel Lawyer

Its: Rachel Lawyer

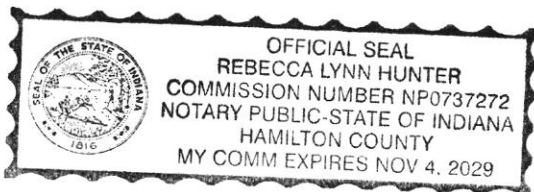
STATE OF INDIANA )

) SS:

COUNTY OF Madison )

Before me, a Notary Public in and for said County and State, personally appeared Rachel Lawyer, by me known and by me known to be the Administrative Assistant of Fall Creek Regional Waste District, who acknowledged the execution of the foregoing "Agreement for Payment of Capacity Fees in Monthly Installments" on behalf of Fall Creek Regional Waste District.

WITNESS my hand and Notarial Seal this 21 day of March, 2025



Rebecca Lynn Hunter  
Notary Public  
Rebecca Lynn Hunter  
(Printed Signature)

My Commission Expires:

My County of Residence:

APPLICANT:

Brittany D Malon  
Brittany D. malon

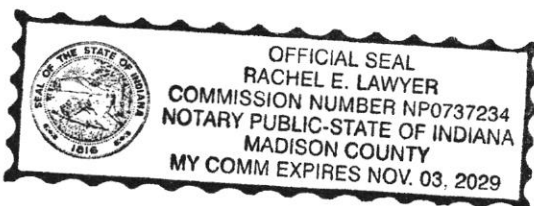
STATE OF INDIANA )

) SS:

COUNTY OF Madison )

Before me, a Notary Public in and for said County and State, personally appeared Brittany Malon, who acknowledged the execution of the foregoing "Agreement for Payment of Capacity Fees in Monthly Installments" as his voluntary act or deed.

WITNESS my hand and Notarial Seal this 21 day of March 2025



Rachel E. Lawyer  
Notary Public  
Rachel E. Lawyer  
(Printed Signature)

My Commission Expires:

My County of Residence: