

*Lateral replacement*  
**Fall Creek Regional Waste District**  
9378 S 650 W, P.O. Box 59, Pendleton, IN 46064  
765-778-7544  
**Agreement for Sanitary Sewer Service**

#8327

This Agreement made and entered into this 17 day of April, 2023 between Fall Creek Regional Waste District ("District") and Walt Earley ("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 \_\_\_\_\_.

Street Address: 706 Stoner Dr.

**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

STATE OF INDIANA    )  
                                  ) SS:  
COUNTY OF MADISON )

SUBSCRIBED and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

My Commission Expires: \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
Printed \_\_\_\_\_  
Notary Public  
Resident of \_\_\_\_\_ County

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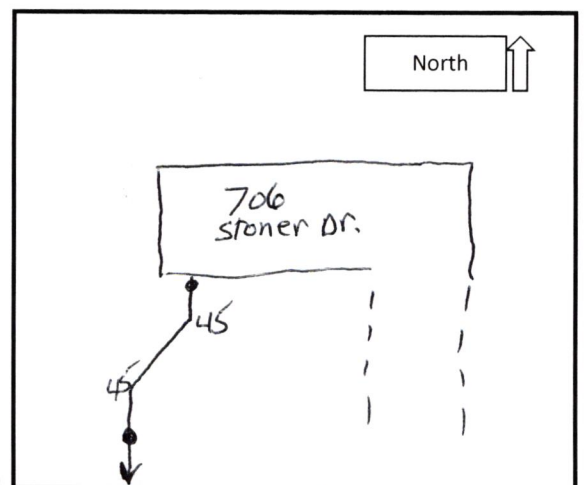
Inspector SN Date Inspected 4/17/23 Approved ✓ Rejected \_\_\_\_\_

Reason for Rejection \_\_\_\_\_  
Date Reinspected \_\_\_\_\_ Approved ✓ Rejected \_\_\_\_\_

Notes:  
Size Pipe 6" Type Pipe 35  
Basement Yes    No     
Sump Pump Yes    No     
Downspout to Ground Yes    No     
Septic Tank Pumped & Filled Yes    No     
Contractor Summers  
Special Conditions \_\_\_\_\_  
Existing Home ✓  
New Construction \_\_\_\_\_

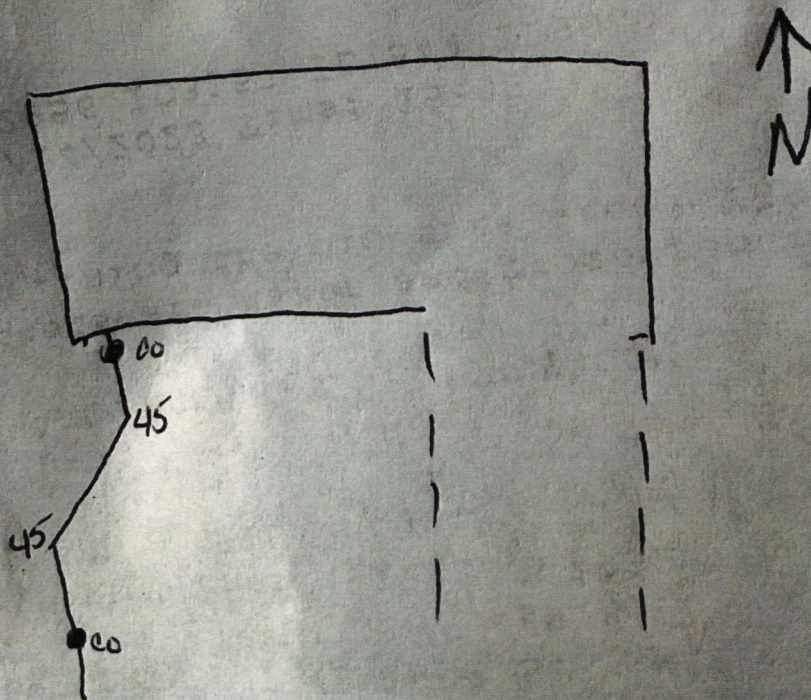
*Rerouted lateral*

*Drawing + 3 pictures attached*





706 Stoner Dr.  
4/17/23 (summers)



















FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2 - 0010540.00

APPLICATION FOR SEWER PERMIT

Nº 000981

Permit No. \_\_\_\_\_ Date Dec. 16, 1985  
Permit Void 90 days from Date of Issuance  
Owner Name Annella Carmany  
Property Address 706 Stokes Dr.  
Lot # \_\_\_\_\_ P.O. Box \_\_\_\_\_  
Town Anderson, IN Zip Code 46013  
Phone 642-0823 Water Meter \_\_\_\_\_"  
\$ 150.00 Tap on Fee Paid  
\$ 2500 Inspection fee paid

Application is hereby made for connection to the Fall Creek Regional Waste District Sewer System for the above listed property - Permit Type: Residential X, Commercial \_\_\_\_\_, Industrial \_\_\_\_\_, or Governmental/Institutional \_\_\_\_\_. User Information \_\_\_\_\_.

All workmanship and materials shall conform to the standards of the District Ordinance as described in Ordinance 84-2 and 84-3 as amended. Acceptance and approval must be made by the District inspector or his duly authorized representative before backfilling and final connection is made to the main sewer lines. Any violation of applicable regulations will cause all lines and appurtenances in violation to be removed and replaced at the owners expense.

The Fall Creek Regional Waste District is responsible for the inspection, approval of materials, and installation techniques only. All costs for materials and installation and any liabilities resulting from same is the sole responsibility of the property owner.

I have read and fully understand the above provisions and agree to comply by said provisions.

X Annella Carmany  
APPLICANT(S) SIGNATURE

\*\*\*\*\*

INSPECTOR [Signature]

Date inspected 12-18 Approved X Rejected \_\_\_\_\_  
Reason for rejection \_\_\_\_\_

Date reinspected \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Notes:  
Size Pipe 6"  
Type Pipe PVC  
Basement Yes X No \_\_\_\_\_  
Sump Pump Yes X No \_\_\_\_\_ TO DITCH  
Downspout to Ground Yes \_\_\_\_\_ No X  
Septic Tank Pumped & filled Yes \_\_\_\_\_ No X  
Contractor PRATER  
Special Conditions \_\_\_\_\_

