27-60574.00

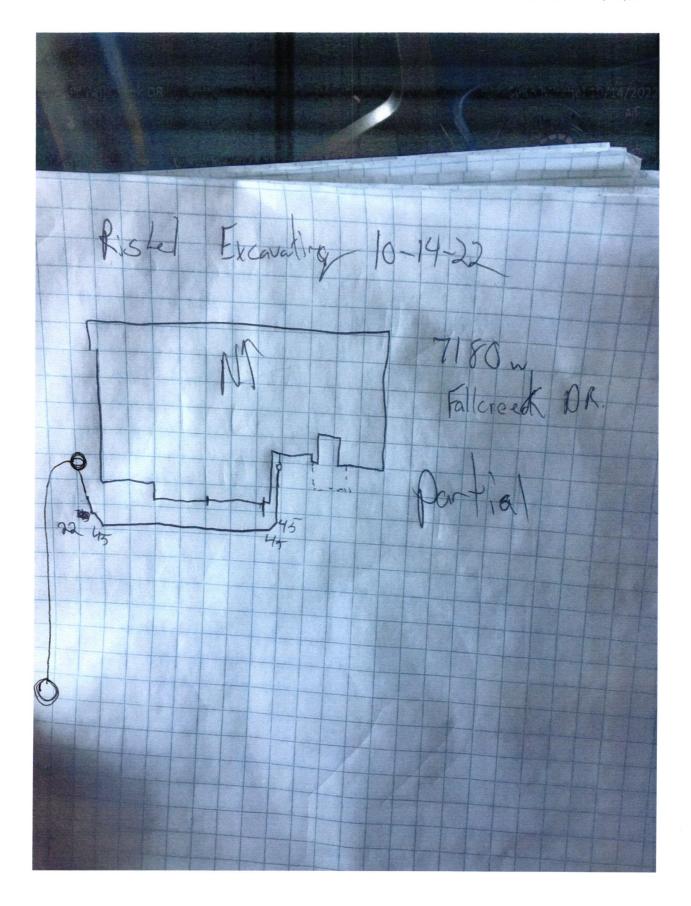
#8061

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

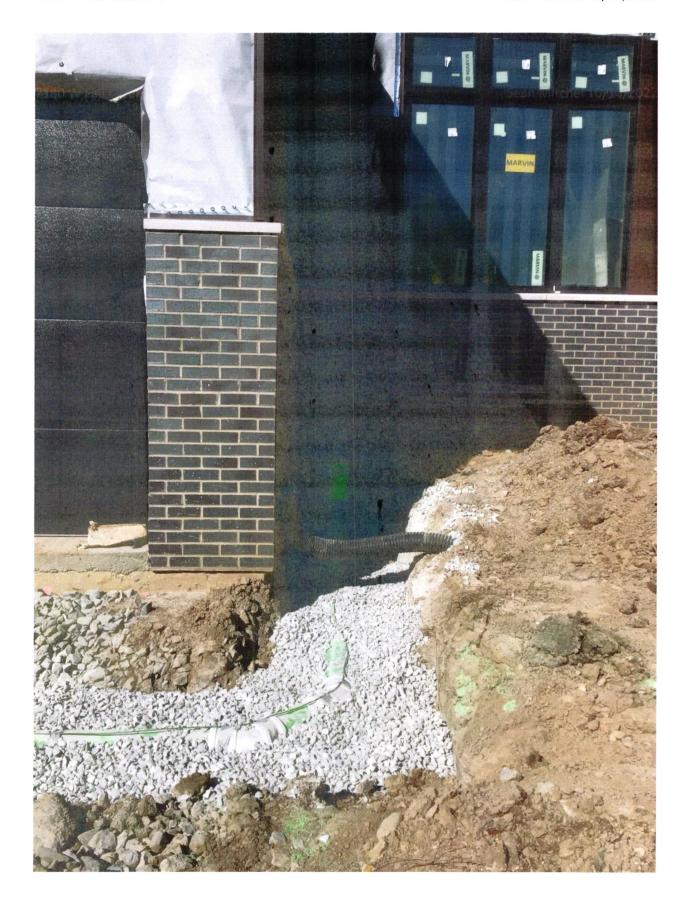
Agreement for Sanitary Sewer Service

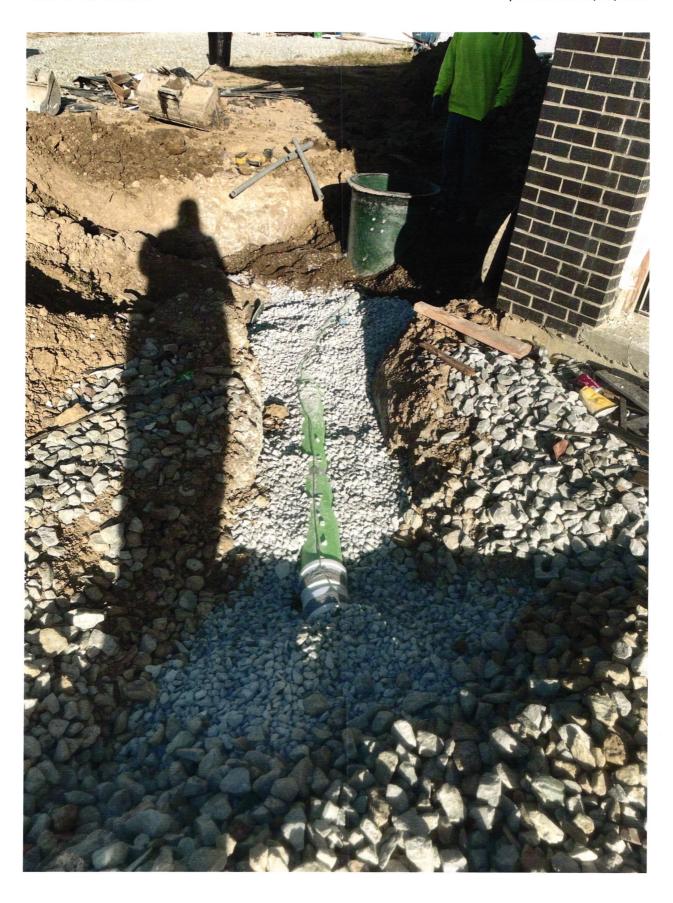
This Agreement made and entered into this 30 day of Sept, 2001, between Fall Creek	
Regional Waste District ("District") and LON LOWS (("Applicant") regarding the	
provision of sanitary sewer service, and the assignment of capacity in and connection to, the District's facilities for the premises located at	
Street Address: Fill Wall Crack Dry	
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:	
 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. 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. 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. 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. 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. 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.	
FAKDCREEK REGIONAL WASTE DISTRICT APPLICANT	
Signature	Signature
STATE OF INDIANA)	
) SS: COUNTY OF MADISON)	
COUNTY OF MADISON)	
SUBSCRIBED and sworn to before me this 30 day of 30 , 20	
My Commission Frances AL Signature Knew E. Whole	
RACHEL ELAINE ANDERSON NOTARY PUBLIC-STATE OF INDIANA Printed Pri	
MADISON COUNTY	tary Public
Resident of Walist County	
*****************	*******
Inspector Kyly Seen Date Inspected 10/14/22 Approved 1	
Reason for Rejecton Date Reinspected Approved	Paiastad
Notes:	Kejected
Size Pipe 6"//'/2" Type Pipe SRR35/Poly	
Basement Yes No	North
Sump Pump <u>Yes No</u>	North
Downspout to Ground Yes No	
Septic Tank Pumped & Filled Yes No	
Contractor Dishel Exu.	Maria and a
Special Conditions Existing Home	nawing
New Construction	
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MY COUNT SELECTION OF THE R 93. 2011









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

FALL CREEK REGIONAL WASTE DIST 0005560008022120839000

Date: 09/30/2021

03:13:24 PM

CREDIT CARD SALE

MASTERCARD

CARD NUMBER:

*******3372 K

TOTAL AMOUNT:

\$4,160.00

APPROVAL CD:

09754J

ECI:

RECORD #:

000

CLERK ID:

Rachel

CUST CODE:

flat \$0.00

SALES TAX INVOICE, #

8061

MIKE MANSOUR

I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO THE CARD ISSUER AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER)

Thank you for your payment!

Merchant Copy

(ec#011866

Capacity \$3400 Tap \$760

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

FALL CREEK REGIONAL WASTE DIST

Date: 10/11/2022

12:32:44 PM

CREDIT CARD SALE

MASTERCARD

CARD NUMBER:

********3372 K

TOTAL AMOUNT:

\$5,162.75

APPROVAL CD:

07360Q

RECORD #:

000 Rachel

CLERK ID: CUST CODE:

GRINDER UNIT

SALES TAX:

\$0.00

INVOICE #:

GRINDER

Thank you for your payment!

Customer Copy



Unit \$482500 Tax \$337.75