### STALL CREEK REGIONAL WASTE DISTRICT
9378 S 650 WEST, P.O. BOX 59, PENDLETON, IN 46064
765-778-7544

ACREEMENT FOR THE POPULATION ACREEMENT FOR THE POPULATIO

765-778-7544
AGREEMENT FOR SANITARY SEWER SERVICE

AGREEMENT FOR SANT	
REGIONAL WASTE DISTRICT ("District") and	y of October, 200 5, between FALL CREEK ("Applicant")
regarding the provision of sanitary sewer service, and the assignacilities for the premises located at	nment of capacity in, and connection to, the District's
NOW THEREFORE, the parties, in consideration of and sufficiency of which is hereby acknowledged, agree as follows:	f the mutual promises set out in this Agreement, the receipt ows:
<ol> <li>The Applicant agrees that all workmanship and not the District's construction standards. District must accept and connection is made to the sewer mains. Any violation of this put to be removed and replaced at the Applicant's expense.</li> </ol>	
<ol><li>The District shall have the right to enter upon the inspect, repair, or replace any equipment used in connection w service.</li></ol>	
<ol> <li>The Applicant shall be responsible for all month!</li> <li>The failure to pay any rate charge or fee may result in a lien ag property, the cost of which will be borne by Applicant, including</li> </ol>	gainst the property and/or the termination of service to the
4. The District shall not be responsible for any dama unless said damages are due to default, neglect or culpability of	
5. If there is an available sanitary sewer within thre property owner shall be required to connect to the District's sa	
6. The Applicant and District agree that the provision concerns the property and the terms of this Agreement bind the administrators, personal representatives, successors, agents, at	e District and Applicant and their heirs, executors,
The parties hereto have read and fully understand the said provisions.	above provisions and agree to comply with
FALL/CREEK REGIONAL WASTE DISTRICT Signature	APPLICANT Micholson
STATE OF INDIANA )	
COUNTY OF MADISON)	A
SUBSCRIBED and sworn to before me this da	y of 10000, 200 5.
My Commission Expires: Signature	Lleborah S. Wilson
7-20-2008 Printed_	Deboah L. Wilson
	Notary Public Resident of Madison County
***************************************	SAPPROVED REJECTED
REASON FOR REJECTION	ATROVEDRESECTED
DATE REINSPECTED	APPROVED REJECTED
NOTES: 4" 1 1/2 TYPE PIPE 35/160	Month
BASEMENT YES NO	D. Self dil
SUMP PUMP YES NO	7404
DOWNSPOUT TO GROUND YES NO	
SEPTIC TANK PUMPED & FILLED YES NO	1
CONTRACTOR Sweepy	/6
SPECIAL CONDITIONS	
EXISTING HOME	(A) (B)

NEW CONSTRUCTION\_