## FALL CREEK REGIONAL WASTE DISTRICT

## AGREEMENT FOR SANITARY SEWER SERVICE

378 S 650	WEST, P.O	BOX 59,	PENDLETON,	IN 46064				
765-778-7544								

22-10670.00 4564 Brian Cohen

This Agreement made and entered into this day of March, 2002, between FALL CREE REGIONAL WASTE DISTRICT ("District") and Waste District ("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 100 merch 2000 ("Applicant") regarding the premises located at 100 merch 2000 ("Applicant") regarding the premises located at 100 merch 2000 ("Applicant") regarding the premises located at 100 merch 2000 ("Applicant") regarding the premises located at 100 merch 2000 ("Applicant") regarding the premises located at 100 merch 2000 ("Applicant") regarding the premises located at 100 merch 2000 ("Applicant") regarding the premises located at 100 merch 2000 ("Applicant") regarding the premises located at 100 merch 2000 ("Applicant") regarding the premises located at 100 merch 2000 ("Applicant") regarding the premises located at 100 merch 2000 ("Applicant") regarding the premises located at 100 merch 2000 ("Applicant") regarding the premises located at 100 merch 2000 ("Applicant") regarding the 100 merch 2000 ("Applicant") regard	
NOW THEREFORE, the parties, in consideration of the mutual promises set out in this Agreement, the recand sufficiency of which is hereby acknowledged, agree as follows:	eipt
1. The Applicant agree the District's construction standard connection is made to the sewer to be removed and replaced at the District shall be a possible for all monthly user rates, capacity charges, and tap fees.  2. The District shall be a possible for all monthly user rates, capacity charges, and tap fees.	ation
The failure to pay any rate charge or fee may result in a lien against the property and/or the termination of service to property, the cost of which will be borne by Applicant, including, but not limited to, all attorney's fees and collection	the costs.
<ol> <li>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.</li> </ol>	
<ol> <li>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.</li> </ol>	
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  LUCUS WASTE DISTRICT  Signature  APPLICANT  Signature	
STATE OF INDIANA ) ) SS:	
SUBSCRIBED and sworn to before me this 2 day of March, 200 2	
My Commission Expires:  Signature Wholah G. Wilson  Printed Debotah L. Wilson  Notary Public	
Resident of Madison County  ***********************************	****
REASON FOR REJECTION	
DATE REINSPECTEDAPPROVED REJECTED	
NOTES: SIZE PIPE OC	Nord
BASEMENT YES NO	
SUMP PUMP YES NO X	
DOWNSPOUT TO GROUND YES NO	
SEPTIC TANK PUMPED & FILLED YES NO	

CONTRACTOR DU MC

SPECIAL CONDITIONS\_

NEW CONSTRUCTION\_

EXISTING HOME\_

WARD D. TOWNSEND D/B/A TOWNSEND CONSTRUCTION

813 STONER DRIVE PH. 765-610-4253 ANDERSON, IN 46013

71-553/749 603260

2432

DATE 3-12-62

PAY TO THE ORDER OF\_

\$ 263500

TWO THOUSAND SIX HUNDRED THIRTY FIVE TOOLLARS 1 STATE OF

Madison Community Bank

MEMO SEWER FEE 813 STONER

1:0749055391:

2432

6813 Sherman Street

Brian Cokin ousers 8/3 Stoxer Dr.

Toursend's 6813 Sherman St. STATIC INFORMATION INO

Account No 221070000

Name TOWNSEND, WARD Name TOWNSERD, MARCHAEL PR

Search Name TOWNSEND, WARD Serv Address 813 STONER DR

Address 2

Carrier Route

City St Zip ANDERSON IN 46013 3627 Search Address

Soc Sec No. 000000000 Phone 765 6104253 No. 813 Name STONER DR

Amount

Owners Information

BANK

Name

Number

Address

Account

City St Zip

00000 00000

Soc Sec No. 000000000 Phone 000 0000000

In/Out Pen Exempt Final Apartments

Last Bill 52402

Due..... 62002

Dates

Last Paid 51302 Start....

Legal

Description

CMD1-Nxt Act CMD2-Prv Act

CMD6-Billing CMD7-END

See attatched note.

I haven't changed anything

Jan

6-24-02

To Whom it May Concern: 6/20/02 Our service address is no longer 813 Stoner Dr. Due to new home construction on the corner lot next to own lot, we have been assigned a new mailing address. Our home is now 6813 Sherman St., Anderson, IN 46013. We are still in the same home. Please change your records & call if you have any questions. 643-5739 Thank you, Jody & Ward Townsend



## FALL CREEK REGIONAL WASTE DISTRICT Box 44, Pendleton, Indiana 46064

I .	TODAY!	44, Tellatero	i, illaralla 4	-					
Renter			2-	00/070	00.00				
Steve	Reeves APPL	ICATION FOR SEWE	R PERMIT	Nº 000	904				
	Permit No.	Date	Xec. 6	,1985					
	Permit Void 90 days from	0.0	, P.D. B	04264	201				
	Owner Name Kussel	197 Lipic	R clax	onship 46	2001				
	Property Address	3 Stox	er In		-				
	Lot #	P.O.		010	<b>-</b> %				
	Town Charles		Zip Code 4/6						
	Phone 124-307				-				
	\$ Tap on Fee Paid  \$ 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, Commercial, Industrial, or Governmental/ Institutional User Information								
	All workmanship and District Ordinance as des Acceptance and approval mauthorized representative to the main sewer lines. cause all lines and appurat the owners expense.	must be made by the before backfill	ance 84-2 and 8 the District in Ling and final of applicable 1	34-3 as amended.  Aspector or his du  connection is mad  regulations will	ily de				
	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		e above provis	ions and agree to					
	APPLICANT(S) SIGNATURE								
	**************								
	110.01	INSPECTOR							
	Date inspected 1-13-86			cted	_				
	Reason for rejection				-				
		7		Rejected	_				
	Date reinspected	AL	proved	Rejected					
	Notes: Size Pipe				North				
	Type Pipe Poc	_			10.1				
	Basement Yes No	_							
	Sump Pump Yes No X	_							
	Downspout to Ground Yes	No							
	Septic Tank Pumped & fil	led Yes No X							
	contractor + 19th	rd.	DC-0	D.					
	Special Conditions		7						
					<b>+</b>				
W11					1				
Rev.	11/84			5	6				