#8155

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

Agreement for Sanitary Sewer Service

Regional Waste District ("District") and Arbor Homes provision of sanitary sewer service, and the assignment of capa facilities for the premises located at Maple Trails Lot 337	, 20_21, between Fall Creek ("Applicant") regarding the acity in and connection to, the District's
Street Address: 8755 Clary La	
Now therefore, the parties, in consideration of the mutual receipt and sufficiency of which is hereby acknowledged, agree	ee as follows:
 The Applicant agrees that all workmanship and materi and the District's construction standards. District must before backfilling and final connection is made to the provision will cause all lines and appurtenances in vio Applicant's expense. 	t accept and approve all work and materials sewer mains. Any violation of this lation to be removed and replaced at the
The District shall have the right to enter upon the App inspect, repair, or replace any equipment used in conne has an impact on said service.	ection with the District's service or which
3. The Applicant shall be responsible for all monthly use failure to pay any rate charge or fee may result in a lieutermination of service to the property, the cost of which but not limited to all attorney's fees and collection are	n against the property and/or the ch 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 heirs, executors, administrators, personal representativ designees, and transferees.	bind the District and Applicant and their
The parties hereto have read and fully understand the above provisions. FALL REEK REGIONAL WASTE DISTRICT	
FARL WREEK REGIONAL WASTE DISTRICT	A DDI TO A STO
Cam	APPLICANT
Signature	Signature
Signature STATE OF INDIANA) SS: COUNTY OF MADISON)	
STATE OF INDIANA)) SS:	Signature
STATE OF INDIANA)) SS: COUNTY OF MADISON)	Signature
STATE OF INDIANA)) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of _ My Commission Expires: Signature_ Printed	Signature
STATE OF INDIANA)) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature Printed N	Signature
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Printed N Reference of the printed	Signature
STATE OF INDIANA)) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature Printed N	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature Printed Note: Date Inspected Approved Date Reinspected Approved Note: Approved	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of _ My Commission Expires: Signature_ Printed NR *****************************	Signature
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature Printed Note: Date Inspected Approved Date Reinspected Approved Note: Approved	Signature
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature_ Printed N Reserved_ Inspector Date Inspected Approved_ Reason for Rejecton Date Reinspected Approved_ Notes: Size Pipe Type Pipe PVC35 Basement Yes No Sump Pump Yes No Downspout to Ground Yes No	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of _ My Commission Expires: Signature_ Printed N ******************************	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of _ My Commission Expires: Signature Printed N Re **********************************	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of _ My Commission Expires: Signature_ Printed No Reference	
STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of _ My Commission Expires: Signature Printed N Re *******************************	Signature



