#7918

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 Regional Waste District ("District") and provision of sanitary sewer service, and the assign facilities for the premises located at Maple Trails	Arbor Homes ment of capac	("Applicant") regarding the
Street Address: 8161 COPPERLEAF LN.		
Now therefore, the parties, in consideration o receipt and sufficiency of which is hereby acknow	of the mutual p ledged, agree	promises set out in this Agreement, the as follows:
 The Applicant agrees that all workmanship and the District's construction standards. I before backfilling and final connection is a provision will cause all lines and appurtent Applicant's expense. The District shall have the right to enter up inspect, repair, or replace any equipment up has an impact on said service. The Applicant shall be responsible for all a failure to pay any rate charge or fee may retermination of service to the property, the but not limited to, all attorney's fees and c The District shall not be responsible for an unless said damages are due to default, neg If there is an available sanitary sewer with property owner shall be required to connec The Applicant and District agree that the property of this heirs, executors, administrators, personal redesignees, and transferees. 	District must a made to the se ances in violar pon the Applicated in connect monthly user result in a lien a cost of which ollection costs by damages as glect or culpable in three hundred to the Distriction of sa se Agreement b	accept and approve all work and materials ewer mains. Any violation of this ation to be removed and replaced at the icant's premises at all reasonable times to ction with the District's service or which rates, capacity charges, and tap fees. The against the property and/or the will be borne by Applicant, including, ts. Is a result of any failure to supply service ability on the part of the District. Ired (300) feet of the property line, the pict's sanitary sewer system. In anitary sewer service touches and bind the District and Applicant and their
The parties hereto have read and fully understa provisions. FAOL CREEK REGIONAL WASTE DISTRICT	and the above	e provisions and agree to comply with said APPLICANT
Signature Signature		Signature
STATE OF INDIANA)		
) SS: COUNTY OF MADISON)		
SUBSCRIBED and sworn to before me this _	day of	, 20
My Commission Expires:	Signature	
	Printed	
***************************************	Res ************************************	otary Public esident of County ************************************
Inspector Von Date Inspected 6-1-12 Reason for Rejecton	Approved_\bullet	Rejected
Date Reinspected	Approved	Rejected
Notes: Type Pipe 75	г	
Basement Yes No		North
Sump Pump <u>Yes No</u> Downspout to Ground <u>Yes</u> No		
Septic Tank Pumped & Filled <u>Yes No</u>		
Contractor 1)12 WaTSow Special Conditions		
Existing Home		
New Construction		



