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

## **Agreement for Sanitary Sewer Service**

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This Agreement made and entered into this Regional Waste District ("District") and Arborovision of sanitary sewer service, and the assignme facilities for the premises located at Maple Trails Lo	or Homes ("Applicant") regarding the nt of capacity in and connection to, the District's
Street Address: 8194 Copper Leaf In	
Now therefore, the parties, in consideration of the receipt and sufficiency of which is hereby acknowled.	e mutual promises set out in this Agreement, the ged, agree as follows:
<ul> <li>and the District's construction standards. District before backfilling and final connection is made provision will cause all lines and appurtenance Applicant's expense.</li> <li>The District shall have the right to enter upon inspect, repair, or replace any equipment used has an impact on said service.</li> <li>The Applicant shall be responsible for all more failure to pay any rate charge or fee may resultermination of service to the property, the cost but not limited to, all attorney's fees and colled.</li> <li>The District shall not be responsible for any dunless said damages are due to default, neglecting there is an available sanitary sewer within the property owner shall be required to connect to the Applicant and District agree that the province concerns the property and the terms of this Agheirs, executors, administrators, personal repridesignees, and transferees.</li> </ul>	the Applicant's premises at all reasonable times to in connection with the District's service or which with the District's service or which at the against the property and/or the tof which will be borne by Applicant, including, action costs.  I amages as a result of any failure to supply service at or culpability on the part of the District.  There hundred (300) feet of the property line, the othe District's sanitary sewer system.
provisions.	and agree to comply with said
FALL CREEK REGIONAL WASTE DISTRICT Signature	APPLICANT Signature
STATE OF INDIANA )	S.B.M.
) SS: COUNTY OF MADISON )	
SUBSCRIBED and sworn to before me this	day of, 20
My Commission Expires: Sig	gnature
Pr	inted Notary Public Resident of County
Inspector   Cylor   Date Inspected   9/15/22 A  Reason for Rejecton   Date Reinspected   Ap	pproved Rejected
	proved Rejected
Notes: Size Pipe	Drawing
Existing Home New Construction	3 pictores attached







