#7568

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 12 day of 12 Regional Waste District ("District") and 15000000000000000000000000000000000000	ncity in and connection to, the District's
Street Address: 8au S 800 W, Pen	deton - Barn (sup from how
Now therefore, the parties, in consideration of the mutual receipt and sufficiency of which is hereby acknowledged, agre	promises set out in this Agreement, the
 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. 	saccept and approve all work and materials sewer mains. Any violation of this lation to be removed and replaced at the
2. The District shall have the right to enter upon the App inspect, repair, or replace any equipment used in connection 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 lie termination of service to the property, the cost of which but not limited to, all attorney's fees and collection co	ch will be borne by Applicant, including, sts.
 The District shall not be responsible for any damages unless said damages are due to default, neglect or culp If there is an available sanitary sewer within three hun 	as a result of any failure to supply service pability on the part of the District. Indred (300) feet of the property line, the
property owner shall be required to connect to the Dis 6. The Applicant and District agree that the provision of concerns the property and the terms of this Agreemen heirs, executors, administrators, personal representative designees, and transferees.	t bind the District and Applicant and their ves, successors, agents, attorneys, assigns,
The parties hereto have read and fully understand the abo provisions.	ve provisions and agree to comply with said
FALL CREEK REGIONAL WASTE DISTRICT Signature	APPLICANT <u>emailed</u> —see attached Signature
Signature STATE OF INDIANA)	emailed-see a Hacheci
Signature	emailed-see a Hacheci
Signature STATE OF INDIANA) SS:	emailed-see attached Signature
Signature STATE OF INDIANA) (SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of	emailed-see attached Signature
Signature STATE OF INDIANA)	Signature
Signature STATE OF INDIANA)	Notary Public Resident of County ************************************
Signature STATE OF INDIANA) SS: COUNTY OF MADISON) SUBSCRIBED and sworn to before me this day of My Commission Expires: Signature Printed ***********************************	Notary Public Resident of County ************************************
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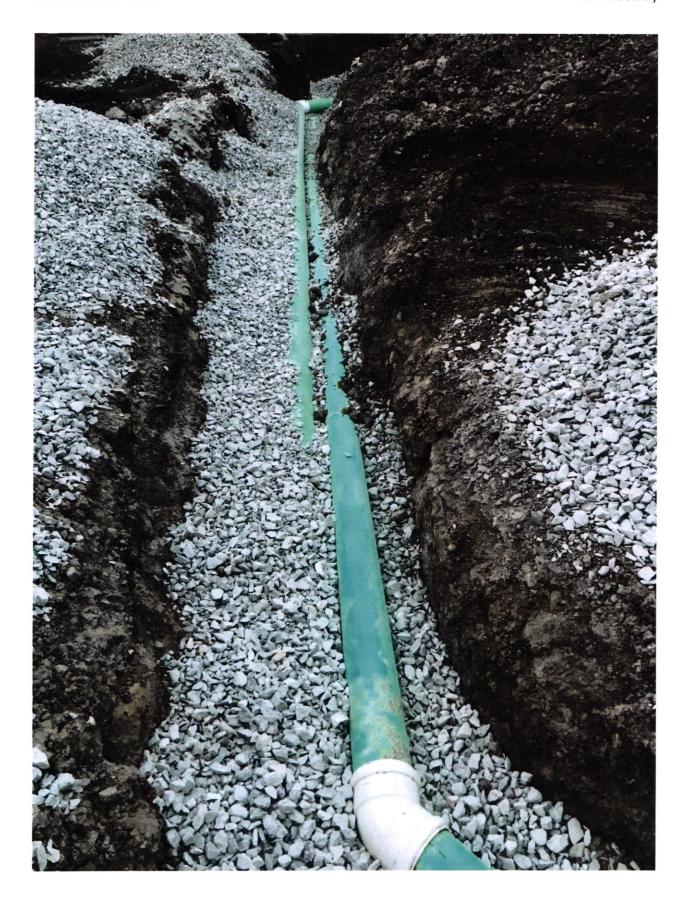
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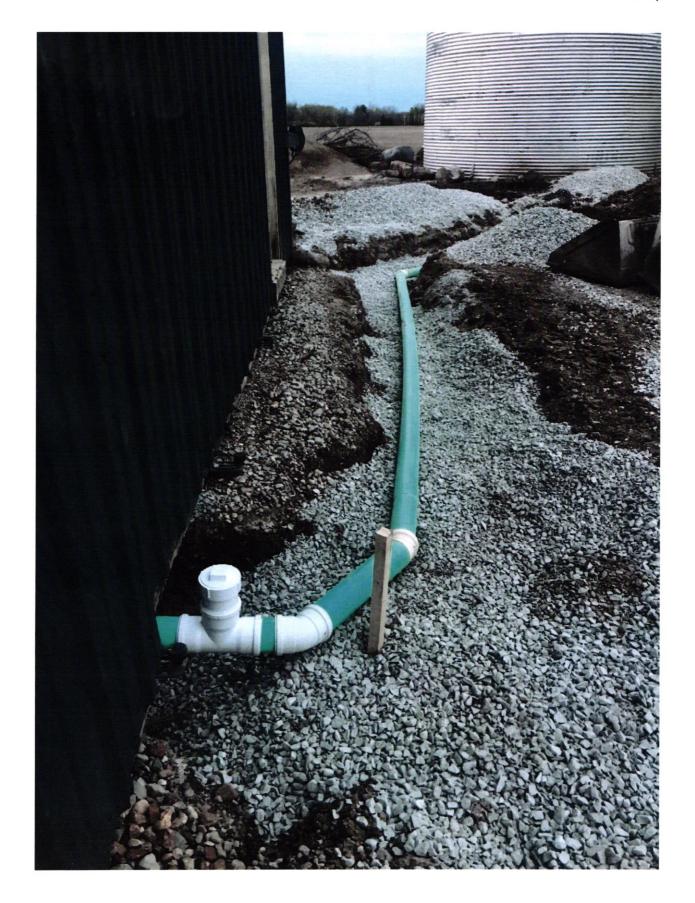
Agreement for Sanitary Sewer Service

This Agreement made and entered into this day of April, 2021, between Fall Creek Regional Waste District ("District") and Inomas Susan mathaus ("Applicant") regarding the provision of sanitary sewer service, and the assignment of consoits in the provision of sanitary sewer service.	
provision of sanitary sewer service, and the assignment of capacity in and connection to, the District's facilities for the premises located at	
Street Address: Savo S 800 W, Pendleton - Barn	
Now therefore, the parties, in consideration of the mutual promises set out in this Agreement, the receipt and sufficiency of which is hereby acknowledged, agree as follows:	
 The Applicant agrees that all workmanship and materials shall conform to all District ordinances and the District's construction standards. District must accept and approve all work and materials before backfilling and final connection is made to the sewer mains. Any violation of this provision will cause all lines and appurtenances in violation to be removed and replaced at the Applicant's expense. The District shall have the right to enter upon the Applicant's premises at all reasonable times to inspect, repair, or replace any equipment used in connection with the District's service or which has an impact on said service. The Applicant shall be responsible for all monthly user rates, capacity charges, and tap fees. The failure to pay any rate charge or fee may result in a lien against the property and/or the 	
 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 bind the District and Applicant and their heirs, executors, administrators, personal representatives, successors, agents, attorneys, assigns, 	
The parties hereto have read and fully understand the above provisions and agree to comply with said provisions.	
FALL CREEK REGIONAL WASTE DISTRICT Signature APPLICANT APPLICANT	
STATE OF INDIANA)	. `
COUNTY OF MADISON)	emailed
SUBSCRIBED and sworn to before me this day of	
My Commission Expires: Signature	
Printed	
Notary Public Resident of County	
Inspector Date Inspected Approved Rejected	
Date Reinspected	
Notes: Approved Rejected Size Pipe Type Pipe	
Basement Yes No	i
Sump Pump Yes No Downspout to Ground Yes No	
Septic Tank Pumped & Filled Yes No.	
Contractor	
Special Conditions	
Existing Home New Construction	
1	

8260 S 800 W - Barn Tim McCurdy



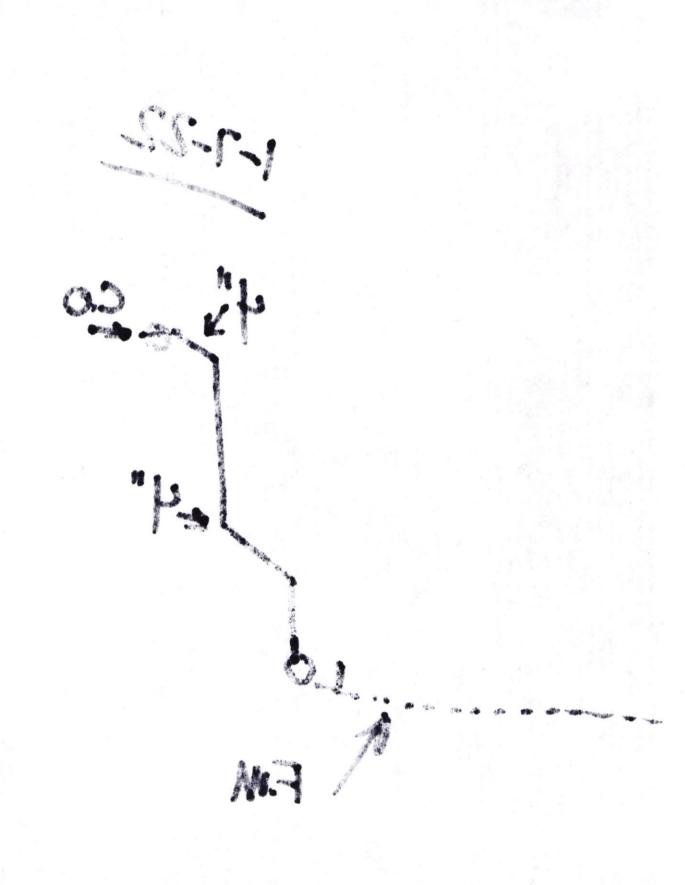
8260 S 800 W - Barn Tim McCurdy



8260 S 800 W - Barn Tim McCurdy







FALL CREEK REGIONAL WASTE DISTRI 9378 S 650 W PO BOX 59 PENDLETON, IN 46064 765-778-7544

FALL CREEK REGIONAL WASTE DIST

Date: 04/12/2021

01:30:09 PM

CREDIT CARD SALE

Discover

CARD NUMBER:

********9901 K

TOTAL AMOUNT:

\$760.00

APPROVAL CD:

01207R

RECORD #:

000

CLERK ID:

Rachel

CUST CODE:

FLAT

SALES TAX:

\$0.00

INVOICE #:

TAP FEE

Thank you for your payment!

Customer Copy