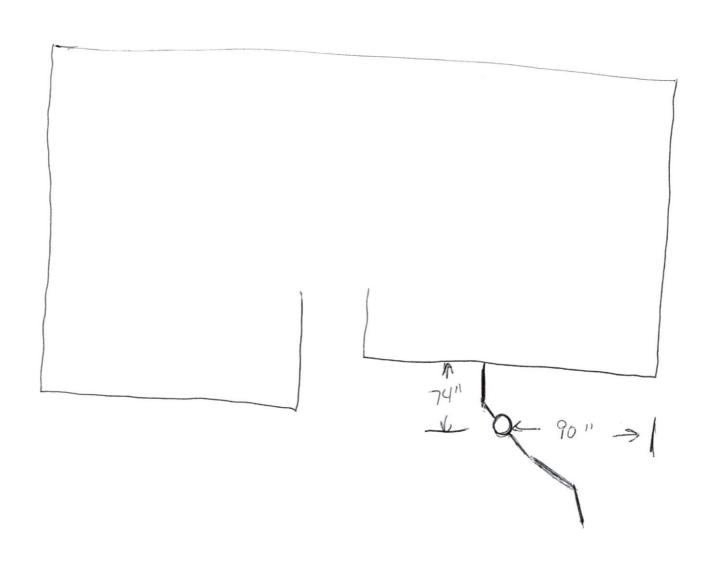
Fall Creek Regional Waste District 9378 S 650 W, P.O. Box 59, Pendleton, IN 46064 765-778-7544

Agreement for Sanitary Sewer Service

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This Agreement made and entered into this Regional Waste District ("District") and Arbor Hoprovision of sanitary sewer service, and the assign facilities for the premises located at Maple Trail	omes	U	("Applicant") regarding the				
	Silverby						
Now therefore, the parties, in consideration o receipt and sufficiency of which is hereby acknow	of the mutual p ledged, agree	promises set as follows:	out in this Agreement, the				
 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 appurten 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, not limited to an available sanitary sewer with property owner shall be required to connect. The Applicant and District agree that the property owners the property and the terms of this heirs, executors, administrators, personal redesignees, and transferees. 	District must a made to the se ances in viola pon the Applicated in connect monthly user the sult in a lien cost of which collection costs by damages as glect or culpal in three hundred to the District or ovision of sats Agreement by	execute and appropriate the reaction with the rates, capacing against the puill be borned. a result of a poility on the red (300) feed ct's sanitary sewer and the District of the puill be borned.	prove all work and materials Any violation of this moved and replaced at the ses at all reasonable times to e District's service or which ty charges, and tap fees. The property and/or the e by Applicant, including, any failure to supply service part of the District. t of the property line, the sewer system. r service touches and rict and Applicant and their				
The parties hereto have read and fully understaprovisions.	and the above	provisions a	and agree to comply with said				
FALL CREEK REGIONAL WASTE DISTRICT Signature		APPLICA Signature	Watson				
STATE OF INDIANA)) SS:							
COUNTY OF MADISON)	S 1 c (4)	۸ .	2019				
SUBSCRIBED and sworn to before me this 30 day of 40, 2019 My Commission Expires: Signature							
iviy Commission Expires.	Signature						
	PrintedNo	tary Public					
*************	Res	sident of	County				
Inspector Date Inspected 9 23/19 Reason for Rejecton Date Reinspected	Approved	✓ Reje	cted				
Date Reinspected	Approved	Rejec	ted				
Notes: Size Pipe 6 Type Pipe <u>SDR 3</u> 5							
Basement <u>Yes Nø</u> Sump Pump <u>Yes Nø</u>			North				
Downspout to Ground Yes No							
Septic Tank Pumped & Filled Yes (No Contractor DR () at Son		Drai	DIN 8.				
Special Conditions		4					
Existing Home New Construction/	1 7	picture					
		_ (attached				
			arian acc.				



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8341 Silverbush LN Maple Trails Lot 54 Kyle Cravens 9/23/2019

