#7862

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	day of	between Fall Creek
Regional Waste District ("District") and provision of sanitary sewer service, and the assign facilities for the premises located atMaple Trails	ment of capaci	("Applicant") regarding the
Street Address: 8353 Juniper	La	·
Now therefore, the parties, in consideration of receipt and sufficiency of which is hereby acknow	of the mutual pr ledged, agree a	romises set out in this Agreement, the us follows:
 The Applicant agrees that all workmanshi and the District's construction standards. I before backfilling and final connection is 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 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 continues a said damages are due to default, negonal from the property owner shall be required to connected. If there is an available sanitary sewer with property owner shall be required to connected. The Applicant and District agree that the property and the terms of this heirs, executors, administrators, personal redesignees, and transferees. 	District must accommade to the severances in violation on the Application of the Applicat	cept and approve all work and materials wer mains. Any violation of this ion to be removed and replaced at the ant's premises at all reasonable times to ion with the District's service or which ates, capacity charges, and tap fees. The gainst the property and/or the will be borne by Applicant, including, a result of any failure to supply service ility on the part of the District. Ed (300) feet of the property line, the t's sanitary sewer system.
The parties hereto have read and fully understaprovisions.	and the above p	provisions and agree to comply with said
FALL CREEK REGIONAL WASTE DISTRICT		APPLICANT
Signature		Signature
STATE OF INDIANA)) SS:		
COUNTY OF MADISON)		
SUBSCRIBED and sworn to before me this _	day of	, 20
My Commission Expires:	Signature	
****************		ry Public dent of County

Approved___

_ Date Inspected 7-13-23 Approved ____ Rejected_ Notes: Size Pipe Type Pipe Basement Yes No Sump Pump Yes No Downspout to Ground Yes Septic Tank Pumped & Filled Yes LVNAR Contractor _ Special Conditions _ Existing Home

New Construction _

North

Rejected_



