21-33024.00

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 _____, 20____, between Fall Creek Regional Waste District ("District") and ______ Arbor Homes _____ ("Applicant") regarding the provision of sanitary sewer service, and the assignment of capacity in and connection to, the District's

facilities for the premises located at ___Estes Park Lot 25

#7987

("Applicant") regarding the

Street Address:	8405	HULTON	RD.			
receipt and sufficiend	icy of which	is hereby acknow	wledged, agree			
and the Disti before backf provision wi	rict's constru filling and fir ill cause all li	uction standards. nal connection is	District must made to the s	ials shall conform to all District ordinances t accept and approve all work and materials sewer mains. Any violation of this lation to be removed and replaced at the		
2. The District inspect, repa	 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. 					
3. The Application failure to pay	•					
but not limite 4. The District	but not limited to, all attorney's fees and collection costs.					
5. If there is an property owr6. The Applica	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 heirs, execute	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, designees, and transferees.					
The parties hereto have read and fully understand the above provisions and agree to comply with said provisions.						
FALL CREEK REGI	ional wa	STE DISTRICT	-	APPLICANT		
STATE OF INDIANA)) SS: COUNTY OF MADISON)						
		before me this _	day of	, 20		
My Commission Exp	oires:		Signature			
			Printed			
Notary Public Resident of County ***********************************						
Inspector Ly (L Reason for Rejecton_	_ Date Inspe	ected 1/11/22	_ Approved_	Rejected		
Notes:			_ Approved	Rejected		
Size Pipe 6 Typ Basement Yes No		<u>- 3</u> 5		No. at 1	<u> </u>	
Sump Pump Yes N Downspout to Ground				North		
Septic Tank Pumped	& Filled Yes	(No)				
Special Conditions				Drawing		
Existing Home New Construction				+0		
	V			1 Picture		
				attached		



