

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

#6615

Agreement for Sanitary Sewer Service

This Agreement made and entered into this 14 day of Dec., 2016 between Fall Creek Regional Waste District ("District") and Marek Kaminiski ("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 862 E. Broadway St. Lagels, IN. 460048

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:

1. 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.
2. 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 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 termination of service to the property, the cost of which will be borne by Applicant, including, 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, designees, and transferees.

The parties hereto have read and fully understand the above provisions and agree to comply with said provisions.

FALL CREEK REGIONAL WASTE DISTRICT
Rachel E. Anderson
Signature

APPLICANT
Marek Kaminiski
Signature

STATE OF INDIANA)
) SS:
COUNTY OF MADISON)

SUBSCRIBED and sworn to before me this 14 day of Dec., 2016



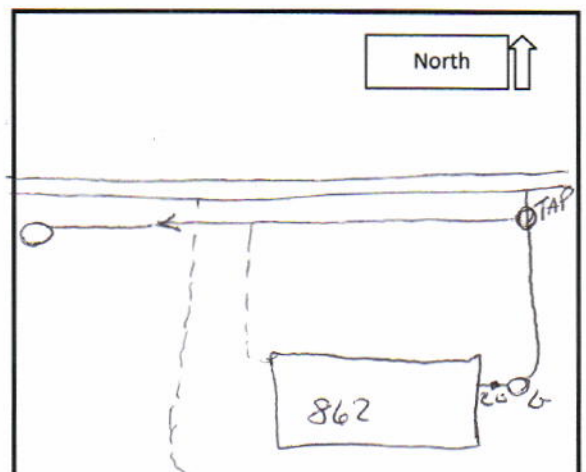
Signature Rachel E. Anderson
Printed Rachel E. Anderson
Notary Public
Resident of Madison County

Inspector SN Date Inspected 2/20/17 Approved ✓ Rejected _____
Reason for Rejection _____

Date Reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 4 1/2 Type Pipe 35 160PSF
Basement Yes No
Sump Pump Yes No
Downspout to Ground Yes No
Septic Tank Pumped & Filled Yes No
Contractor Gerry Fredrick
Special Conditions _____
Existing Home _____
New Construction ✓









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

FALL CREEK REGIONAL WASTE DIST
0005560008022120839000

Date: 12/14/2016 08:32:09 AM

CREDIT CARD SALE

MASTERCARD

CARD NUMBER: *****8648 K

TRAN AMOUNT: \$3,041.70

APPROVAL CD: 82220B

ECI:

RECORD #: 000

CLERK ID: Rachel

CUST CODE: meter

SALES TAX: \$0.00

INVOICE #: tap fee & grinder fee

x Marek Kaminski
marek kaminski

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Thank you for your business!

Merchant Copy

862 E Broadway

Grinder Unit \$2471.70
Tap fee \$570.00

Receipt # 10569

**AGREEMENT FOR PAYMENT OF
CAPACITY FEES IN MONTHLY INSTALLMENTS**

THIS AGREEMENT, made and entered into this 14 day of December, 2016, is between FALL CREEK REGIONAL WASTE DISTRICT ("District") and Marek Kaminski ("Applicant") and is regarding the provision of sanitary sewer service, and the assignment of capacity in, and connection to, the District's facilities for the property located at 862 E. Broadway St. ("Property").
Pendleton
Langels, IL 46048

WHEREAS, the District operates a wastewater collection and treatment system; and

WHEREAS, the District requires payment of the appropriate capacity fee from all customers connecting to its system; and

WHEREAS, the District desires to grant the Applicant the option to pay the applicable capacity fee in equal monthly installments for a period of 36 months; and

NOW, THEREFORE, the parties, in consideration of the mutual promises set out in this Agreement, the receipt and sufficiency of which are hereby acknowledged, agree as follows:

1. The Applicant will connect to the District's sewer system within ninety (90) days of receiving notice that the District's system is within three hundred (300) feet of the Property
2. The Applicant will pay the applicable capacity fee in the amount of \$2800 in 36 monthly installments which will be added to the Applicant's monthly service bill.
3. The Applicant agrees to pay an additional five percent (5%) fee to cover the cost of administering this payment plan. \$2800 capacity fee + \$140.00 administrative fee = \$2940.00
4. The Applicant shall pay a total of \$81.66 per month for 36 months which only includes the monthly payment for the five percent (5%) administrative fee and capacity fee. The Applicant is also responsible for the monthly service fee and any other fees duly enacted by the District. \$81.66 (pay agreement) + \$ monthly bill
5. All other fees, including, but not limited to, the tap fees and monthly service fees, must be timely paid by the Applicant.
6. In the event the Applicant defaults in the performance or observance of any of the terms, conditions, or obligations contained in this Agreement, the District shall be entitled to recover a ten percent (10%) penalty on the unpaid balance, interest at eighteen percent (18%), and all attorneys' fees and costs incurred in connection with enforcing this Agreement, including the cost of any and all litigation, post-judgment proceedings, and appeals.
7. In the event the Applicant sells or transfers the Property, the remaining balance on this Agreement shall become immediately due and owing.
8. This instrument contains and embodies the entire agreement and understanding of the parties with respect to the subject matter of this Agreement, and supersedes all prior agreements and understandings, oral or written, between them, relating to the subject matter of this Agreement. No modification or waiver of the terms and conditions contained herein shall be of any force and effect unless such modification or waiver shall be in writing and signed by the parties.
9. Attached hereto as Exhibit A is the legal description for the Property and the parties hereby agree that this Agreement touches and concerns the land and shall be binding upon the Applicant's successors and assigns.

FALL CREEK REGIONAL WASTE
DISTRICT

By: Rachel E. Anderson

Its: Rachel E. Anderson

STATE OF INDIANA)
) SS:
COUNTY OF Hamilton)

Before me, a Notary Public in and for said County and State, personally appeared Rachel Anderson, by me known and by me known to be the Administrative Assistant of Fall Creek Regional Waste District, who acknowledged the execution of the foregoing "Agreement for Payment of Capacity Fees in Monthly Installments" on behalf of Fall Creek Regional Waste District.

WITNESS my hand and Notarial Seal this 14 day of December 2014



Rebecca Lynn Hunter
Notary Public
Rebecca Lynn Hunter
(Printed Signature)

My Commission Expires:

My County of Residence:

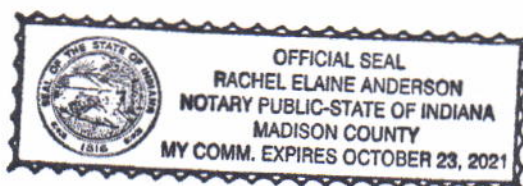
APPLICANT:

Sign Marek Kaminski
Print MAREK KAMINSKI

STATE OF INDIANA)
) SS:
COUNTY OF Madison)

Before me, a Notary Public in and for said County and State, personally appeared Marek Kaminski, who acknowledged the execution of the foregoing "Agreement for Payment of Capacity Fees in Monthly Installments" as his voluntary act or deed.

WITNESS my hand and Notarial Seal this 14 day of Dec. 2014



Rachel E. Anderson
Notary Public
Rachel E. Anderson
(Printed Signature)

My Commission Expires:

My County of Residence: