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FIRPLEAD SUR.

Fall Creek Regional Waste District

9378 S 650 W, P.O. Box 59, Pendleton, IN 46064 765-778-7544

Agreement for Sanitary Sewer Service

) (Agreement for Sa	initary Sewi	er service
faci	This Agreement made and entered into this gional Waste District ("District") and vision of sanitary sewer service, and the assignities for the premises located at Now therefore, the parties, in consideration eight and sufficiency of which is hereby acknowledge.	of the mutual	acity in and connection to, the District's
	provision will cause all lines and appurte Applicant's expense.	District must s made to the enances in vio	t accept and approve all work and materials sewer mains. Any violation of this lation to be removed and replaced at the
	has an impact on said service.	used in conne	licant's premises at all reasonable times to ection with the District's service or which
 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. 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. 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. 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.			
FAL	L CREEK REGIONAL WASTE DISTRICT		APPLICANT
Signature		Signature	
	TE OF INDIANA)) SS: INTY OF MADISON)		
,	SUBSCRIBED and sworn to before me this _	day of	, 20
Му (Commission Expires:	Signature	
		Printed	
Notary Public Resident of County ***********************************			
Inspector Date Inspected Approved Rejected			
Notes: Size Pipe Date Reinspected Approved Rejected Type Pipe			
Basement Yes No			Months
Sump Pump Yes No Downspout to Ground Yes No			
Septic Tank Panped & Filled Yes No			0.0 6 60.0
Special Conditions			0011 2-12
Existing Home New Construction			10011 88011

* LAteral Replacement *