21-06205.00 4593

FALL CREEK REGIONAL WASTE DISTRICT

4-3

NEW CONSTRUCTION X

9378 S 650 WEST, P.O. BOX 59, PENDLETON, IN 46064 765-778-7544

AGREEMENT FOR SANITARY SEWER SERVICE

This Agreement made and entered into this / day REGIONAL WASTE DISTRICT ("District") and C. P. Provision of sanitary sewer service, and the assignment of capa premises located at 985 W Quarter Moon)	
NOW THEREFORE, the parties, in consideration of and sufficiency of which is hereby acknowledged, agree as follows:	the mutual promises set out in this Agreement, the receipt ows:
 The Applicant agrees that all workmanship and method the District's construction standards. District must accept and connection is made to the sewer mains. Any violation of this per to be removed and replaced at the Applicant's expense. 	naterials shall conform to all District ordinances and approve all work and materials before backfilling and final rovision will cause all lines and appurtenances in violation
The District shall have the right to enter upon the inspect, repair, or replace any equipment used in connection wi service.	Applicant's premises at all reasonable times to th the District's service or which has an impact on said
3. The Applicant shall be responsible for all monthly. The failure to pay any rate charge or fee may result in a lien agreement, the cost of which will be borne by Applicant, including the cost of which will be borne by Applicant.	ainst the property and/or the termination of service to the
 The District shall not be responsible for any dama unless said damages are due to default, neglect or culpability or 	ges as a result of any failure to supply service the part of the District.
5. If there is an available sanitary sewer within three property owner shall be required to connect to the District's san	
6. The Applicant and District agree that the provision concerns the property and the terms of this Agreement bind the administrators, personal representatives, successors, agents, attorder.	District and Applicant and their heirs, executors,
The parties hereto have read and fully understand the a said provisions.	above provisions and agree to comply with
FALL CREEK REGIONAL WASTE DISTRICT Signature Signature	PPLICANT JONA GO
STATE OF INDIANA) SS: COUNTY OF MADISON)	
SUBSCRIBED and sworn to before me this // day of June ,2002. My Commission Expires: Signature New York L. Wilson Printed Deborah L. Wilson	
Notary Public Resident of Madison County ***********************************	
INSPECTOR BEN DATE INSPECTED 6-20-02	APPROVED _ REJECTED
REASON FOR REJECTION	
DATE REINSPECTED	APPROVED REJECTED
NOTES: SIZE PIPE 6 TYPE PIPE PUC	Klorada
BASEMENT YES NO X	
SUMP PUMP YES NO	
DOWNSPOUT TO GROUND YES NO	
SEPTIC TANK PUMPED & FILLED YES NO	
CONTRACTOR Buttz	Α'.
SPECIAL CONDITIONS	
EXISTING HOME	

C.P. MORGAN COMMUNITIES, LP

BANK ONE, INDIANA, NA INDIANAPOLIS, INDIANA 46277 20-1-740

6-10-02

PAY TO THE Fall Creek Regional Waste District \$ 47500 DOLLARS

MEMO Summeriake Club House

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