#8004

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	
Street Address: 9816 CANYON LN.	
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:	
 The Applicant agrees that all workmanship and materiand the District's construction standards. District must before backfilling and final connection is made to the sprovision will cause all lines and appurtenances in viol Applicant's expense. The District shall have the right to enter upon the Applinspect, repair, or replace any equipment used in connections an impact on said service. 	saccept and approve all work and materials sewer mains. Any violation of this lation to be removed and replaced at the 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.	
FALL CREEK REGIONAL WASTE DISTRICT Signature	APRLICANT
STATE OF INDIANA)) SS: COUNTY OF MADISON)	V
SUBSCRIBED and sworn to before me this day of _	, 20
My Commission Expires: Signature_	
PrintedNo	otary Public
Resident of County ************************************	
Inspector Lyle Date Inspected S.4.22 Approved Reason for Rejecton Date Reinspected Approved	Rejected
Date Reinspected Approved Notes:	Rejected
Size Pipe Type Pipe Basement <u>Yes No</u> Sump Pump <u>Yes No</u>	North
Downspout to Ground <u>Yes No</u> Septic Tank Pumped & Filled <u>Yes No</u> Contractor Special Conditions	Drawing
Existing Home New Construction	+



