

LaPORTE COUNTY REGIONAL SEWER and WATER DISTRICT
c/o JPR, 300 Nibco Parkway, Suite 250
Elkhart, IN 46516

Sewer Connection Permit Page 1 of 4 - Form A

SEWER CONNECTION AGREEMENT
(Please type or print clearly)

I (we) _____ am (are) Owner(s) of real
Name(s)
Property, within the boundaries of the LaPorte County Regional Sewer and Water District, Located at

(Property Address)

It is my (our) understanding that I (we) am (are) asking to connect my (our) residence, business, or occupied structure to the sanitary sewer collection system that has been constructed by the LaPorte County Regional Sewer and Water District. (LCRSWD)

I (we) hereby agree to grant the LCRSWD the right to inspect, test, measure flows or otherwise monitor each underground building sanitary sewer service to ensure compliance with all local and non-local regulations.

Payment of the required \$30 connection permit application and \$70 connection inspection fee for a total of \$100 is included herewith.

I (we) agree to pay the monthly sewer service charge assessed by the LCRSWD and understand that it is subject to adjustment from time to time pursuant to the adopted rate ordinance. This will begin upon the physical installation of the connection to the system discussed herein being complete, inspected, and approved by the LCRSWD or upon which time the sewer system becomes available for use.

It is understood that this commitment runs with the premises and therefore will be binding upon any subsequent landowner or successor in interest to said property.

Upon execution of this agreement pursuant to the terms and conditions stated above as well as those requirements and regulations contained in the LCRSWD Adopted Use and Rate Ordinances, I (we) agree to connect to the LCRSWD sanitary sewer collection & treatment system.

THIS AGREEMENT and commitment are entered into this _____ day of _____ 20__.

Mailing Address

Signature of Owner

City State Zip

Signature of Owner

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Sewer Connection Permit Page 2 of 4 – Form B

SEWER CONNECTION PERMIT APPLICATION

(Please type or print clearly)

Date: _____

Name of Property Owner: _____

Mailing Address: _____

Phone Number: _____

Installing Contractor: _____

Contractor Address: _____

Contractor Phone Number: _____

Contractor License Information: _____

Contractor County Registration enclosed (if required): _____

Property Address (if different from mailing address): _____

Type of Structure: _____

Proposed Date of Connection: _____

Permit fee enclosed: _____

Certificate of Insurance enclosed: _____

Permit Bond enclosed: _____

Before sewer excavation or construction begins, the owner or installing contractor must apply for a building sewer connection permit, submit all required insurance and bond information, and pay all applicable fees, charges, and costs payable to the LaPorte County Regional Sewer and Water District. Before a building sewer or sewer lateral may be buried or put into use, it must be inspected and approved by a District inspector as to be in compliance with minimum requirements for design, materials and workmanship.

A COMPLETED SKETCH must be included with this application form upon its return for approval. **Form C** listing required information, is attached for your use.

Approved by: _____ Date: _____

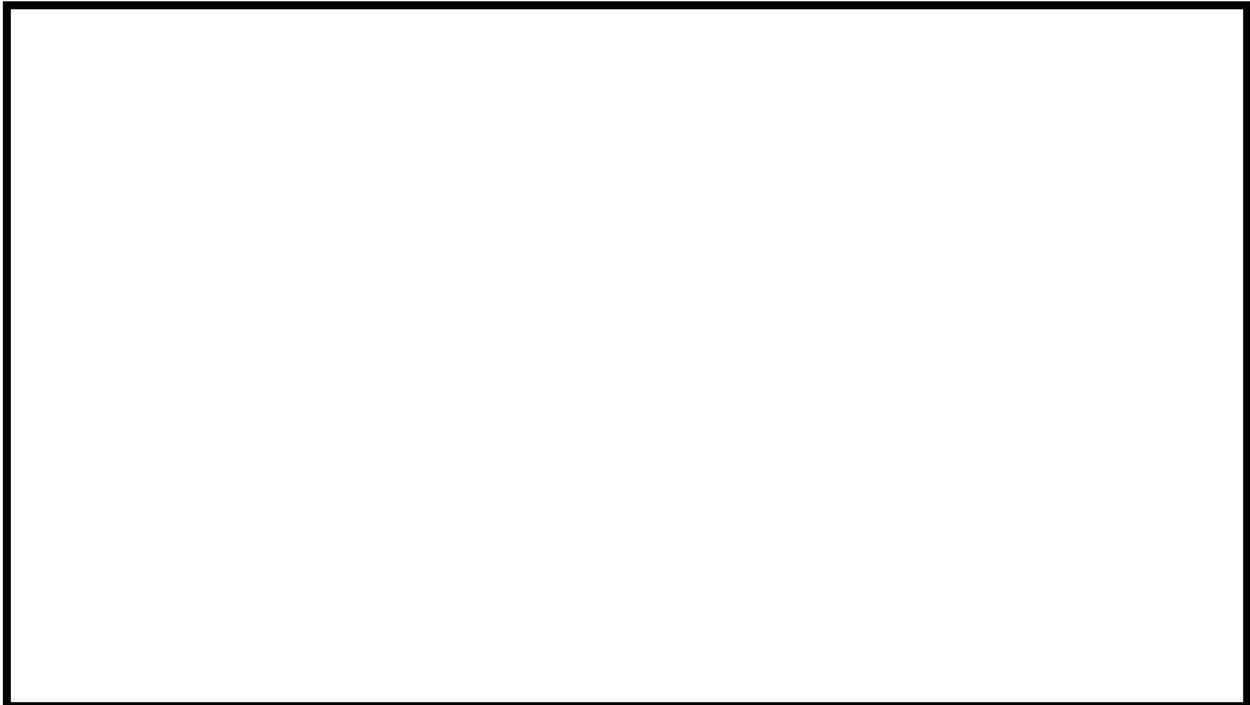
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Sewer Connection Permit Page 3 of 4 - Form C

SEWER LOCATION SKETCH
(Please type or print clearly)

Name: _____

Property Address: _____



SHOW ON SKETCH:

1. Indicate North direction with arrow.
2. Locate streets and alleys.
3. Locate any potable wells on the property.
4. Locate building on lot.
5. Show lot size.
6. Sketch location of proposed building sewer from the building to the grinder station, location of the grinder station, and location of the sewer lateral to the sewer main. (see Figure 2)
7. If applicable, sketch the location of the building sewer from the building to the private ejector pit. Sketch the pressure sewer lateral, including size, from ejector pit to grinder ejector pit. Sketch the pressure sewer lateral, including size, from ejector pit to grinder station.
8. Indicate proposed location of cleanouts.
9. Indicate length and pipe material of any gravity or pressure sewer runs.
10. Approximate depth of the gravity, force main and low-pressure pipe runs.

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Sewer Connection Permit Page 4 of 4 - Form D

SEWER CONNECTION CERTIFICATE OF APPROVAL

To Be Completed by a duly authorized representative of the LCRSWD only

Name(s) of Property Owner: _____ Date: _____

Address of Property: _____

Contact Phone Number: _____

Check if complete

- _____ Septic tank abandoned (attach documentation)
- _____ Clean out installed
- _____ Internal grey water lines re-routed to sewer
- _____ Surface and groundwater lines re-routed elsewhere
- _____ Bedding material under laterals
- _____ Piping and fixtures are in satisfactory condition or have been corrected to meet the rules and regulations of the District
- _____ Lateral & gasket installed
- _____ Flexible coupling on the outlet
- _____ Results of piping pressure tests attached
- _____ Material used for lateral if not installed by Contractor
- _____ All 4 Permit Forms Complete, signed, and fees paid

This approval does not release the contractor or property owner from any responsibility or liability related to workmanship or functionality.

The connection to the LCRSWD public sanitary sewer system associated with this permit has been installed pursuant to the spirit and intent of the local and non-local ordinances and regulations that apply to the same, and the installation has been inspected in the field by a duly authorized representative of the LCRSWD accordingly. Approval of this connection is hereby granted.

By: _____

Print Name: _____

Date: _____