



# FALL CREEK REGIONAL WASTE DISTRICT

9378 S. 650 West PO Box 59  
Pendleton, IN 46064-0059 778-7544

add order  
on file

## APPLICATION FOR SEWER PERMIT

Nº 2862

Date 8-11-00

Permit Void 90 days from Date of Issuance

Owner Name DENNIS & LEICA ROBINSON

Property Address 1002 YORK DR.

Lot # \_\_\_\_\_

P.O. Box \_\_\_\_\_

Town PENDLETON

, IN

Zip Code 46064

Phone 765-278-2340

City Water \_\_\_\_\_

Well ✓

\$ 2556.00 Tap on Fee Paid

grinder unit - paid

\$ \_\_\_\_\_ Inspection fee paid

Application is hereby made for connection to the Fall Creek Regional Waste District Sewer System for the above listed property - Permit Type: Residential ✓, Commercial \_\_\_\_\_, Industrial \_\_\_\_\_, or Governmental/Institutional \_\_\_\_\_. User Information \_\_\_\_\_.

All workmanship and materials shall conform to the standards of the District Ordinance as described in Ordinance 84-2 and 84-3 as amended. Acceptance and approval must be made by the District inspector or his duly authorized representative before backfilling and final connection is made to the main sewer lines. Any violation of applicable regulations will cause all lines and appurtenances in violation to be removed and replaced at the owners expense.

The Fall Creek Regional Waste District is responsible for the inspection, approval of materials, and installation techniques only. All costs for materials and installation and any liabilities resulting from same is the sole responsibility of the property owner.

I have read and fully understand the above provisions and agree to comply by said provisions.

D & L Robinson

APPLICANT(S) SIGNATURE

INSPECTOR B

Date inspected 9-20-00

Approved ✓

Rejected \_\_\_\_\_

Reason for rejection \_\_\_\_\_

Date reinspected \_\_\_\_\_

Approved \_\_\_\_\_

Rejected \_\_\_\_\_

Notes:

Size Pipe 4"

Type Pipe PVC

Basement Yes X No \_\_\_\_\_

Sump Pump Yes \_\_\_\_\_ No X

Downspout to Ground Yes X No \_\_\_\_\_

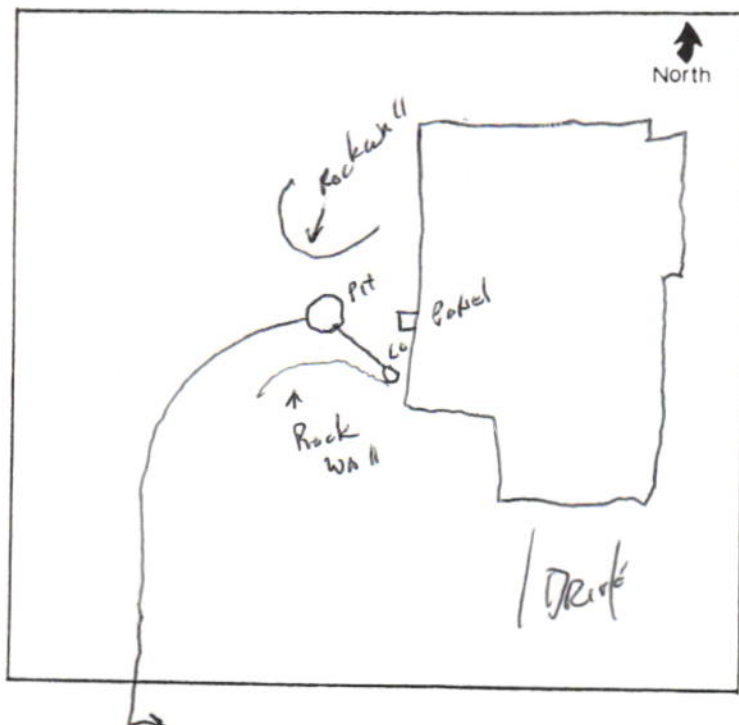
Septic Tank Pumped & filled Yes ✓ No \_\_\_\_\_

Contractor ONE SCARLE

Special Conditions \_\_\_\_\_

Existing Home X

New Construction \_\_\_\_\_



Fax: 765-778-7545

**INVOICE**

Customer					
Name	Dennis Robinson	Acct #	26-01974.00	Project Area #	E
Address	1002 York Drive			W.O. #	
City	Pendleton	State	IN	Zip	46064
Phone				Due Date	90 days

QTY	DESCRIPTION	UNIT PRICE	TOTAL
1	tap fee	\$400.00	\$400.00
1	capacity fee	\$2,156.00	\$2,156.00
		Sub-Total	\$2,556.00

DATE	PAYMENT	CHECK NUMBER	AMOUNT
	less payment of interim bill		437.60
	as of 5/24/00		
		Sub-Total	\$0.00

TOTAL	\$2,556.00
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Detach bottom portion and return with payment

**Cut here**

<b>Customer</b>					
Name	Dennis Robinson	Acct #	26-01974.00	Project Area #	E
Address	1002 York Drive			W.O. #	
City	Pendleton	State	IN	Due Date	90 days
Phone					
				<b>Amount Due</b>	<b>\$2,556.00</b>

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DENNIS L. ROBINSON 9-82  
LEILA C. ROBINSON  
1002 YORK DR PH 778-2340  
PENDLETON, IN 46064

71-167/749

3714

Date 8-11-00

Pay To The Order Of FCRWD \$ 3143.20  
Thirty one hundred forty three & 20/100 Dollars

STAR FINANCIAL BANK  
ANDERSON - ELWOOD - PENDLETON  
CARMEL - INDIANAPOLIS  
ANDERSON, IN 46015

For TAP & CAP FEE

DL Robinson MP

⑆074901672⑆ 3714⑈