

Rev. 11/84

FALL CREEK REGIONAL WASTE DISTRICT 9378 S. 650 West PO Box 59 Pendleton, IN 46064-0059 778-7544

26-01350.00

| Nº 2773 | | | | | | | |
|--|--|--|--|--|--|--|--|
| APPLICATION FOR SEWER PERMIT | | | | | | | |
| Date 11/A49, 2000 | | | | | | | |
| Permit Void 90 days from Date of Issuance | | | | | | | |
| Owner Name MARK & LEIGH JONES | | | | | | | |
| Property Address 100 ANN AVENUE P.O. Box | | | | | | | |
| Town PENDLETON , IN Zip Code AGOGA , | | | | | | | |
| Phone 778-812/ City Water Well X | | | | | | | |
| | | | | | | | |
| \$ 2556.00 Tap on Fee Paid Contractor: Herry \$ | | | | | | | |
| 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. | | | | | | | |
| Mark Enco | | | | | | | |
| APPLICANT(S) SIGNATURE | | | | | | | |
| | | | | | | | |
| Date inspected 59-00 Approved Rejected | | | | | | | |
| Reason for rejection | | | | | | | |
| | | | | | | | |
| Date reinspected Approved Rejected | | | | | | | |
| Notes: Size Pipe | | | | | | | |
| Type Pipe WO North | | | | | | | |
| Basement Yes No | | | | | | | |
| Sump Pump Yes No | | | | | | | |
| Downspout to Ground Yes No | | | | | | | |
| Septic Tank Pumped & filled Yes No | | | | | | | |
| Contractor Grayla Transprois | | | | | | | |
| Special Conditions | | | | | | | |
| Existing Home / | | | | | | | |
| New Construction | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Fall Creek Regional Waste District

9378 S. CR 650 W. P.O. Box 59 Pendleton, IN 46064

Phone: 765-778-7544

Fax: 765-778-7545

| | | | <u> </u> | INV | DICE —— | | |
|-----------------|-----------------------------------|--------------------------------|--|--------------------------|--------------------|--|--|
| | - Customer- | | | | | | |
| Name Address | Mark Jones | Acct # 26-01350.00 | | | oject Area# E | | |
| City | 100 Ann Avenue Pendleton State II | 7in | 46064 | | W.O. # | | |
| Phone | State II | N Zip | 40004 | | Due Date 90 days | | |
| QTY | DESCRIF | PTION | | UNIT PRICE | TOTAL | | |
| 1 | tap fee | | | \$400.00 | \$400.00 | | |
| 1 | capacity fee | | | \$2,156.00 | \$2,156.00 | | |
| | | | | | | | |
| <u>.</u> | | · | | | | | |
| | | | - | | <u> </u> | | |
| | | | | Sub-Total | \$2,556.00 | | |
| DATE | PAYME | ENT | | CHECK NUMBER | AMOUNT | | |
| | less payment of interim bill | | | | \$355.55 | | |
| | as of 3/31/00 | · . | | | t 27.35 _ | | |
| | | | | | 3K2 90 | | |
| | | <u> </u> | | Sub-Total | \$355.55 362 | | |
| | Dote | | and the same and t | TOTAL | | | |
| | - Cut here | ch bottom portion and return v | With paymen | · | - 27.35 2173.10 | | |
| | - Customer | | | | | | |
| Name Address | Mark Jones 100 Ann Avenue | Acct # 26-01350.00 | | Project Area # W.O. # | Е | | |
| City Phone | Pendleton State IN | I Zip | 46064 0 | Due Date | 90 days | | |
| | | · - | | Amount Due | \$2,200.45 | | |

| Account No | 260135000 | JONES, | MARK | | 100 | ANN | AVENUE |
|--|---|--|--|---------|-----|-----|--------|
| Sel Date | Tran Type | Total | Waste Wtr | Penalty | | | |
| 4/07/99 4/26/99 5/17/99 5/26/99 6/14/99 6/25/99 7/12/99 7/26/99 8/02/99 8/27/99 9/07/99 9/24/99 10/11/99 | BILLING PAYMENT BILLING | 27.35 27.35 27.35 27.35 27.35 27.35 27.35 27.35 27.35 27.35 | 27.35 27.35 27.35 27.35 27.35 27.35 27.35 27.35 27.35 27.35 27.35 27.35 | | | | |
| | | | | | | | |

June 355.55 3-31-00 Account No 260135000 JONES, MARK

100 ANN AVENUE

| Sel Date Tran Type | e T otal | Waste Wtr | Penalty |
|--|-----------------|---|---------|
| 11/01/99 PAYMENT 11/24/99 BILLING 12/06/99 PAYMENT 12/23/99 BILLING 1/10/00 PAYMENT 1/24/00 BILLING 2/08/00 PAYMENT 2/25/00 BILLING 3/06/00 PAYMENT 3/24/00 BILLING 3/31/00 PAYMENT 4/26/00 BILLING | 27.35 | 27.35 27.35 27.35 27.35 27.35 27.35 27.35 27.35 27.35 27.35 27.35 | |