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FALL CREEK REGIONAL WASTE DISTRICT

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

26-01410.00

APPLICATION FOR SEWER PERMIT

Nº 2807

Date 6-16-00

Permit Void 90 days from Date of Issuance

Owner Name DOUGLAS F. & SHARON A ROBINSON

Property Address 206 ANN AVE

Lot # _____ P.O. Box _____

Town PENDLETON, IN Zip Code 46064

Phone 778-2809 City Water _____ Well X

\$ 2556.00 Tap on Fee 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.

Sharon A Robinson
APPLICANT(S) SIGNATURE

INSPECTOR B

Date inspected 6-21-00 Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6"

Type Pipe PVC 160

Basement Yes _____ No X

Sump Pump Yes _____ No X

Downspout to Ground Yes X No _____

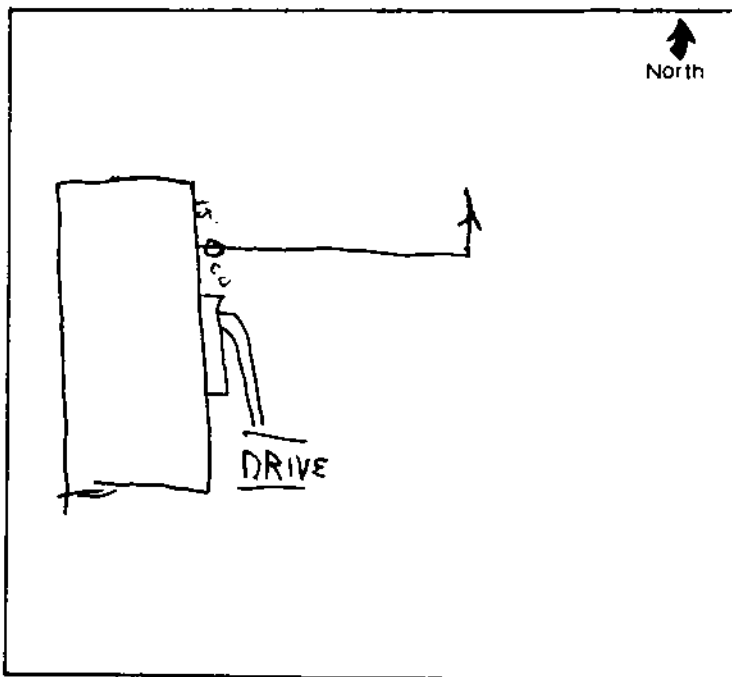
Septic Tank Pumped & filled Yes _____ No _____

Contractor Gerry Fredericks

Special Conditions _____

Existing Home ☒

New Construction _____



9378 S. CR 650 W.
P.O. Box 59
Pendleton, IN 46064
Phone: 765-778-7544

INVOICE

Customer			
Name	Douglas Robinson	Acct #	26-01410.00
Address	206 Ann Avenue		
City	Pendleton	State	IN Zip 46064
Phone			
		Project Area #	E
		W.O. #	
		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		\$355.55
	as of 4/6/00		
		Sub-Total	\$355.55

TOTAL	\$2,200.45
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Detach bottom portion and return with payment

Cut here

Customer					
Name	Douglas Robinson	Acct #	26-01410.00	Project Area #	E
Address	206 Ann Avenue			W.O. #	
City	Pendleton	State	IN	Due Date	90 days
Phone		Zip	46064		
			0		
				Amount Due	\$2,200.45

DAILY SUMMARY

CMD7-END

Account No 260141000 ROBINSON, DOUGLAS 206 ANN AVENUE

Sel	Date	Tran Type	Total	Waste Wtr	Penalty
	3/25/99	BILLING	27.35	27.35	
	4/07/99	PAYMENT	27.35	27.35	
	4/26/99	BILLING	27.35	27.35	
	5/13/99	PAYMENT	27.35	27.35	
	5/26/99	BILLING	27.35	27.35	
	6/08/99	PAYMENT	27.35	27.35	
	6/25/99	BILLING	27.35	27.35	
	7/13/99	PAYMENT	27.35	27.35	
	7/26/99	BILLING	27.35	27.35	
	8/13/99	PAYMENT	27.35	27.35	
	8/27/99	BILLING	27.35	27.35	
	9/14/99	PAYMENT	27.35	27.35	
	9/24/99	BILLING	27.35	27.35	
	10/06/99	PAYMENT	27.35	27.35	
	10/25/99	BILLING	27.35	27.35	

Total pd 355.55

Last pymt 4-6

DAILY SUMMARY

CMD7-END

Account No 260141000 ROBINSON, DOUGLAS 206 ANN AVENUE

Sel	Date	Tran Type	Total	Waste Wtr	Penalty
	11/01/99	PAYMENT	27.35	27.35	
	11/24/99	BILLING	27.35	27.35	
	12/02/99	PAYMENT	27.35	27.35	
	12/23/99	BILLING	27.35	27.35	
	1/04/00	PAYMENT	27.35	27.35	
	1/24/00	BILLING	27.35	27.35	
	2/08/00	PAYMENT	27.35	27.35	
	2/25/00	BILLING	27.35	27.35	
	3/09/00	PAYMENT	27.35	27.35	
	3/24/00	BILLING	27.35	27.35	
	4/06/00	PAYMENT	27.35	27.35	
	4/26/00	BILLING	27.35	27.35	