



FALL CREEK REGIONAL WASTE DISTRICT

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

add order
on file

26-01520.00

APPLICATION FOR SEWER PERMIT

Nº 2804

Date 6-13-2000

Permit Void 90 days from Date of Issuance

Owner Name James Sullivan

Property Address 219 Ann AVENUE

Lot # _____ P.O. Box _____

Town PENDLETON, IN Zip Code 46064

Phone _____ City Water _____ Well X

\$ 2556.00 Tap on Fee Paid contractor-M & M EXCAVATING

\$ _____ 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.

APPLICANT(S) SIGNATURE

INSPECTOR BEN.

Date inspected 6-12-00 Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes: 4"

Size Pipe _____

Type Pipe PVC

Basement Yes _____ No X

Sump Pump Yes _____ No X

Downspout to Ground Yes X No _____

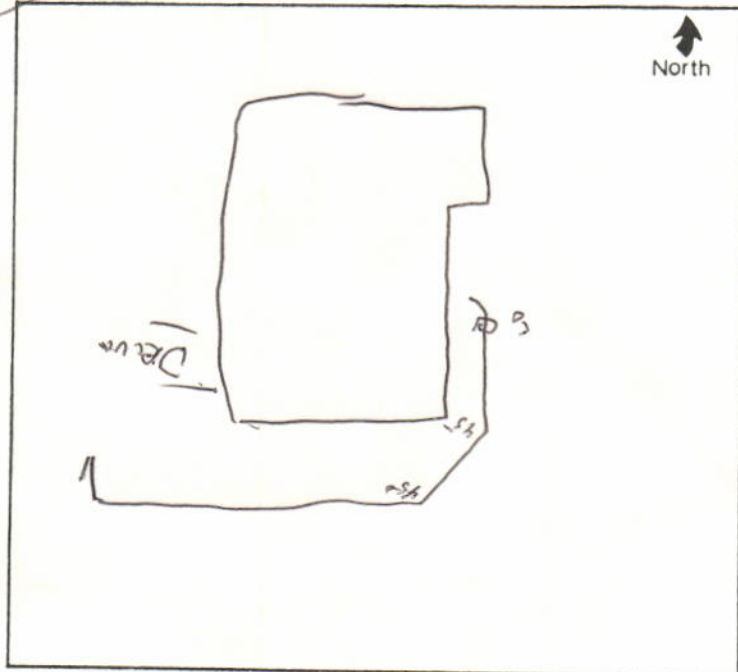
Septic Tank Pumped & filled Yes X No _____

Contractor M & M - FISHER

Special Conditions _____

Existing Home X

New Construction _____



Fax: 765-778-7545

Amount Due	\$2,173.10
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DAILY SUMMARY

CMD7-END

Account No 260152000 SULLIVAN, JAMES

219 ANN AVENUE

Sel	Date	Tran Type	Total	Waste Wtr	Penalty
	3/25/99	BILLING	27.35	27.35	
	4/26/99	BILLING	54.70	54.70	
	5/04/99	PAYMENT	27.35	27.35	
	5/18/99	PAYMENT	27.35	27.35	
	5/26/99	BILLING	27.35	27.35	
	6/07/99	PAYMENT	27.35	27.35	
	6/25/99	BILLING	27.35	27.35	
	7/06/99	PAYMENT	27.35	27.35	
	7/26/99	BILLING	27.35	27.35	
	8/19/99	PAYMENT	27.35	27.35	
	8/27/99	BILLING	27.35	27.35	
	9/08/99	PAYMENT	27.35	27.35	
	9/24/99	BILLING	27.35	27.35	
	10/11/99	PAYMENT	27.35	27.35	
	10/25/99	BILLING	27.35	27.35	

DAILY SUMMARY

CMD7-END

Account No 260152000 SULLIVAN, JAMES

219 ANN AVENUE

Sel	Date	Tran Type	Total	Waste	Wtr	Penalty
	11/18/99	PAYMENT	27.35		27.35	
	11/24/99	BILLING	27.35		27.35	
	12/13/99	PAYMENT	27.35		27.35	
	12/23/99	BILLING	27.35		27.35	
	1/13/00	PAYMENT	27.35		27.35	
	1/24/00	BILLING	27.35		27.35	
	2/10/00	PAYMENT	27.35		27.35	
	2/25/00	BILLING	27.35		27.35	
	3/14/00	PAYMENT	27.35		27.35	
	3/24/00	BILLING	27.35		27.35	
	4/10/00	PAYMENT	27.35		27.35	
	4/26/00	BILLING	27.35		27.35	
	5/08/00	PAYMENT	27.35		27.35	