



FALL CREEK REGIONAL WASTE DISTRICT

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

add order
on file

22-18750.00

APPLICATION FOR SEWER PERMIT

Nº 2894

Date 10-17-00

Permit Void 90 days from Date of Issuance

Owner Name Christopher & Jane Leech

Property Address 518 E 500 S

Lot # _____ P.O. Box _____

Town Anderson, IN Zip Code 46013-3962

Phone _____ City Water _____ Well ☒

\$ 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.

APPLICANT(S) SIGNATURE

INSPECTOR Ben

Date inspected 10-24-00 Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe 6 "

Type Pipe PVC

Basement Yes ☒ No _____

Sump Pump Yes _____ No ☒

Downspout to Ground Yes ☒ No _____

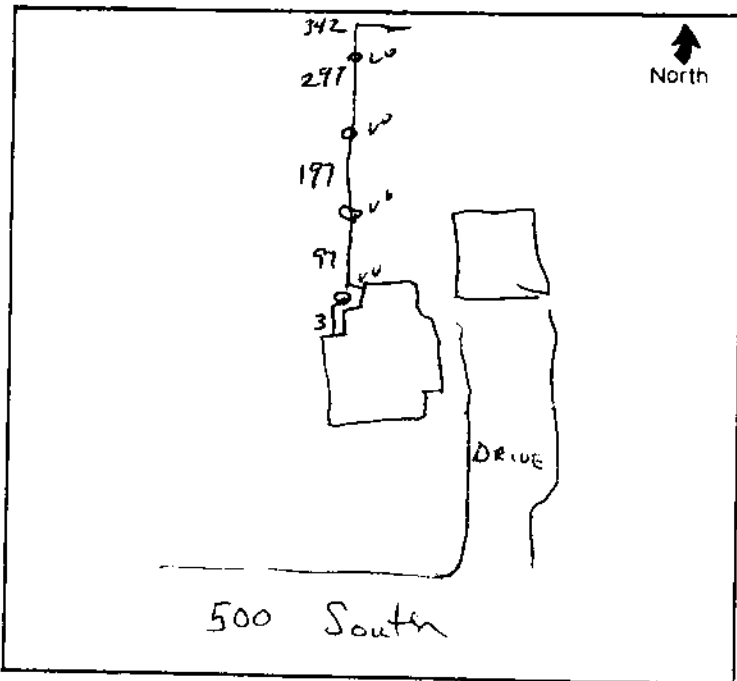
Septic Tank Pumped & filled Yes ☒ No _____

Contractor A-J Whitaker

Special Conditions _____

Existing Home ☒

New Construction _____





FALL CREEK REGIONAL WASTE DISTRICT

P.O. Box 59 • 9378 S. 650 West • Pendleton, Indiana 46064-0059 • (765) 778-7544

September 5, 2000

Mrs. Jane Leech
518 E 500 South
Anderson, IN 46013

Dear Mrs. Leech:

In accordance with Fall Creek Regional Waste District Ordinance 84-2 pertaining to the Connection and Use of Public and Private Sewers, and Ordinance 84-3 pertaining to Rates & Charges, you are hereby notified that wastewater collection service is available to your home. Connection to the wastewater collection system is required by District regulations within 90 days of receipt of this letter.

Connection to the District collection system is the responsibility of the building owner and must comply with the Construction Standards as indicated on the enclosed sheet. Disposition of an existing septic tank is also the responsibility of the building owner. The tank shall be emptied of its contents, filled with granular material and disconnected from further use.

There is a residential tap-on fee of \$400.00 to the District for each hook-up. In addition, there is a capacity fee of \$2156.00. A permit will be issued to the building owner when the application for service has been completed and both the tap-on and capacity fees have been paid.

You are required to notify the District when the wastewater service connection is ready for inspection and connection to the District sewer line. This service is for wastewater only. Connections of roof downspouts, exterior footing drains, surface run-off groundwater connections or sump pumps are prohibited.

Application forms for service can be obtained at the Administrative Office of Fall Creek Regional Waste District, 9378 South County Road 650 West of request by mail, P.O. Box 59, Pendleton, IN 46064. Fees may be paid at the Administrative Office or by mail.

If you have any questions, please contact our office at 765-778-7544.

Respectfully,


J.F. Rowlett
General Manager

cc: Mr. Thom Carr
Madison County
Health Department



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Respectfully,


J.F. Rowlett
General Manager

cc: Mr. Thom Carr
Madison County
Health Department

JANE LEECH 4/93
CHRISTOPHER LEECH
518 E 500 S 765/642-2527
ANDERSON, IN 46013-3962

3066

71-7257/2749

Date Oct 16, 2000

Pay to the
Order of

Fall Creek Regional Waste District \$ 2556.⁰⁰

Two thousand five hundred fifty six and ⁰⁰/₁₀₀ Dollars

Security Features
Included
Details on back

INDEPENDENT FEDERAL
CREDIT UNION

ANDERSON, INDIANA 46016

For CAPACITY & TAP ON FEES

Jane Leech MP

⑆ 274972579⑆

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mrs. Jane Leech

Postage

\$ 0.33

Certified Fee

1.40

Return Receipt Fee
(Endorsement Required)

1.25

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$2.98

Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or PO Box No.

City, State, ZIP+4

Postmark
Here



1086 4126 0002 3400 7099

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Mrs. Pru Luck
518 E 500 South
Aurora, Wn 40013

4a. Article Number

7099 3400 0002 4126 1086

4b. Service Type

- ☐ Registered ☐ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

9-9-00

5. Received By: (Print Name)

Prudence Luck

6. Signature (Addressee or Agent)

0002

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.