R/W CLEAN TOMORROW TODAY! D

## 26-09040.00

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

add order

Contra

ctor. Jury Frederick	لها		
APPLICATION FOR SEW	TIMORO OR	Nº 2785	
	-/31/00		
Date	9		
Permit Void 90 days from Date of Issuanc	e		
Owner Name Jon Maynard	1-11/2		
1	ress Drive		
Lot #			
	zip Code 4404		
Phone C:	ity Water	Well/_	
\$ 400 Tap on Fee Paid			
\$ 2156 Capacity fee paid	ı		
Application is hereby made for confusate District Sewer System for the above Residential, Commercial, Indicational User Information	re listed property dustrial, or	- Permit Type:	
All workmanship and materials shall District Ordinance as described in Ordin Acceptance and approval must be made by authorized representative before backfil to the main sewer lines. Any violation cause all lines and appurtenances in violation at the owners expense.	nance 84-2 and 84-3 the District inspe lling and final com of applicable regu	as amended.  ector or his duly  nnection is made  llations will	
approval of materials, and installation materials and installation and any liab sole responsibility of the property own.  I have read and fully understand tomply by said provisions.	ilities resulting er. he above provision	from same is the	
APPLICANT(S) SI	GNATURE		
*********	0 /	*****	
	R BEN/DON		
Date inspected 6-29-00 Approved			
Reason for rejection			
Date reinspected A	pproved ke	Jected	
Size Pipe"	\	. )	•
Type Pipe / V			North
Basement Yes No X	)		
Sump Pump Yes No Y			
Downspout to Ground Yes X No			
Septic Tank Pumped & filled Yes X No			
Contractor GERRY FREDRICKS		2	-
Special Conditions	1		19
Existing Home	st a	$\wedge \wedge \setminus$	) ()
New Construction	0.00		
	(		

## 26-09040:00

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colonial parties or union

## 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

	INVOICE					DICE —	
	— Customer————						
Name Address	Jon Maynard 6443 W Congress Drive	Acct #			Pro	oject Area # D	
City Phone	Pendleton	State IN	Zip <u>4</u> 6	5064		W.O. # 9915 Due Date 90 days	
QTY	T .	DESCRIPTION		UNIT	PRICE	TOTAL	
1	tap fee				0.00	\$400.00	
1	capacity fee				56.00	\$2,156.00	
					Sub-Total	\$2,556.00	
DATE		PAYMENT		CHECK	NUMBER	AMOUNT	
					Sub-Total	\$0.00	
					TOTAL	\$2,556.00	
		Detach bottom portion	n and return with pa	ayment -			
	Cut here						
r,	- Customer-						
Name Address	Jon Maynard 6443 W Congress Drive	Acct #		Proj	ject Area #		
City Phone	Pendleton	State IN	Zip46	064	W.O. # Due Date	9915 90 days	
1101.5				Arr	nount Due	\$2,556.00	