



FALL CREEK REGIONAL WASTE DISTRICT

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

add order
on file

APPLICATION FOR SEWER PERMIT

Nº 2782

Date May 25, 2000

Permit Void 90 days from Date of Issuance

Owner Name Daryl Goodwin

Property Address 6660 S. 675 W.

Lot # _____ P.O. Box _____

Town Pendleton, IN Zip Code 46064

Phone 778-7451 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.

Daryl Goodwin

APPLICANT(S) SIGNATURE

INSPECTOR T.

Date inspected 6-8-2000 approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6"

Type Pipe SDR 35

Basement Yes _____ No ☒

Sump Pump Yes _____ No ☒

Downspout to Ground Yes ☒ No _____

Septic Tank Pumped & filled Yes ☒ No ☒

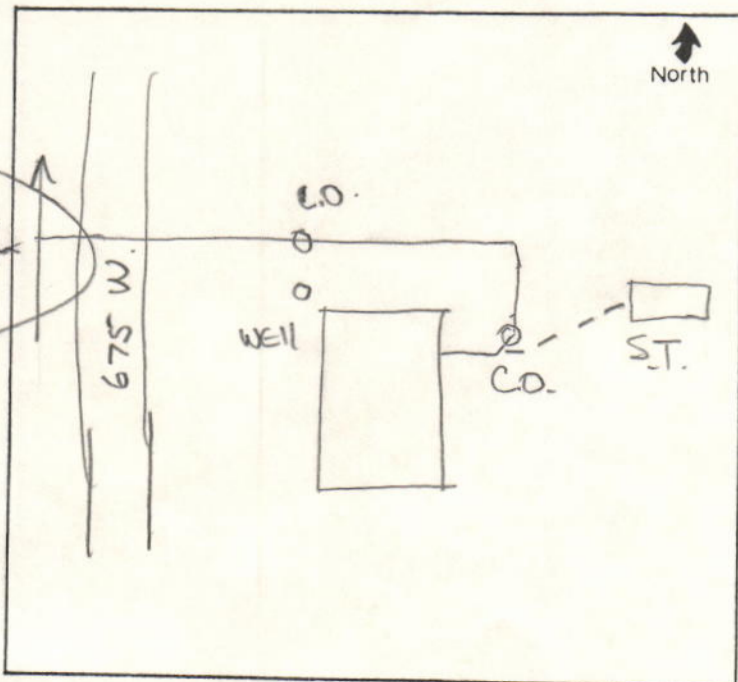
Contractor BRIAN BROWN

Special Conditions _____

Existing Home ☒

New Construction _____

Will
CALL
when
FILLED



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

INVOICE

Name	Daryl Goodwin	Acct #	26-00240.00
Address	6610 S 675 W		
City	Pendleton	State	IN Zip 46064
Phone			

Project Area #	D
W.O. #	9915
Due Date	90 days

DATE	PAYMENT	CHECK NUMBER	AMOUNT
		Sub-Total	\$0.00

Detach bottom portion and return with payment

Cut here

Name	Daryl Goodwin	Acct #	26-00240.00
Address	6610 S 675 W		
City	Pendleton	State	IN Zip 46064
Phone	0		

Project Area # D
W.O. # 9915
Due Date 90 days

Amount Due	\$2,556.00
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DAILY SUMMARY

CMD7-END

Account No 260024000 GOODWIN, DARYL

6610 S 675 W

Sel	Date	Tran Type	Total	Waste Wtr	Penalty
	3/25/99	BILLING	27.35	27.35	
	4/26/99	BILLING	54.70	54.70	
	5/19/99	BILL ADJ	.41	.41	
	5/26/99	BILLING	82.05	82.05	
	6/25/99	BILLING	109.40	109.40	
	7/26/99	BILLING	136.75	136.75	
	8/27/99	BILLING	164.10	164.10	
	9/24/99	BILLING	191.45	191.45	
	10/25/99	BILLING	218.80	218.80	
	11/24/99	BILLING	246.15	246.15	
	12/23/99	BILLING	273.50	273.50	
	1/24/00	BILLING	300.85	300.85	
	2/17/00	BILL ADJ	4.10	4.10	
	2/25/00	BILLING	328.20	328.20	
	3/24/00	BILLING	355.55	355.55	

4.10