26-00030.00



Rev. 11/84

FALL CREEK REGIONAL WASTE DISTRICT

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

Nº 2826 APPLICATION FOR SEWER PERMIT Date ____ 6/28/00 Permit Void 90 days from Date of Issuance Owner Name EDWARD EROTAS JR. Property Address 6699 S. 600 W P.O. Box TOWN PENDLETON , IN Zip Code 46064 Phone (765) 778-3881 City Water Well X grinder unit
pd 3/14/01 by Jim

111 Creek Regional McCurdy

12 - Permit Type: rec# 6911 \$ 2556.00 Tap on Fee Paid Inspection fee paid Application is hereby made for connection to the Fall Creek Regional 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. Swence Tropio . APPLICANT(S) SIGNATURE INSPECTOR BEN Date inspected 3-17-01 Approved V Rejected _____ Reason for rejection Date reinspected Approved Notes: Size Pipe 4" Type Pipe Puc Basement Yes X No > Sump Pump Yes No X Downspout to Ground Yes K No Septic Tank Pumped & filled Yes X No contractor I'm Mc Curdy Special Conditions Existing Home X New Construction

THE RESIDENCE OF THE PARTY OF T	EDWARD EROTAS, JR. D.D.S. ONE AMERICAN SQUARE, STE. 165 INDIANAPOLIS, IN 46282	20–667/740 1129188 DATE 6/2	102 8 <i>/2000</i>
	PAY TO THE Fall Creek Reger ORDER OF January Jana Hern	inal Weste	\$ 2,282.50 56/00 DOLLARS (1) 1000 1000 1000 1000 1000 1000 1000
	BANKANDIANAPOLIS Our City, Your Bank.		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MEMO :- 1:0740066741:	(Chrand)	SACTIFICATION AND THE

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					
Nome	- Customer	A a at # 26	00020 00	Project Area #			
Name Address	Dr. Edward Erotas Jr. 6699 S 600 W	Acct # <u>26-</u>	00030.00	Pioj	ect Area # E W.O. #		
City Phone		State IN	Zip <u>46064</u>		Due Date 90 day		
QTY	D	ESCRIPTION		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				\$246.15		
	as of 5/8/00 6/13/00				\$213.50		
				Out Total	8213.50		
			L	Sub-Total	- \$246.15		
				TOTAL	-\$2,309.85		
	– Cut here –	Detach bottom portio	n and return with paymen	<i>t</i>	\$2282.50		
Name	- Customer	Acct # 26-	00030,00	Project Area #	E		
Address	6699 S 600 W		· · · · · · · · · · · · · · · · · · ·	W.O. #	•		
City Phone		State IN	Zip 46064	Due Date	90 days		
1 110110			-1				

Account No	260003000	EROTAS,	DR. EDWARD	JR.	6699 S 600 W
Sel Date '	Tran Type	Total	Waste Wtr	Penalty	
4/12/99 4/26/99 5/20/99 5/26/99 6/25/99 6/30/99 7/26/99 8/27/99 9/16/99 9/24/99 10/25/99	BILLING PAYMENT BILLING PAYMENT BILLING BILLING PAYMENT BILLING BILLING PAYMENT BILLING BILLING BILLING BILLING BILLING BILLING	27.35 27.35 27.35 54.70 54.70 27.35 54.70 27.35 54.70 82.05	27.35 27.35 27.35 27.35 54.70 54.70 27.35 54.70 27.35 54.70		
	PAYMENT BILLING				

DAILY SUMMARY CMD7-END

Account No	260003000	EROTAS,	DR. EDWARD	JR.	6699	S	600	W
Sel Date 1	Tran Type	Total	Waste Wtr	Penalty				
1/24/00 2/17/00 2/25/00 3/16/00 3/24/00 4/26/00	PAYMENT BILLING BILL ADJ BILLING PAYMENT BILLING BILLING PAYMENT	27.35 109.40 1.23 136.75 27.35 136.75 164.10 27.35	27.35 109.40 1.23 136.75 27.35 136.75 164.10 27.35					