C R W
CLEAN
TOMORROW
TODAY!

FALL CREEK REGIONAL WASTE DISTRICT

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

CT OR SCHOOL CO

Nº 2797 APPLICATION FOR SEWER PERMIT Date 6-6-00 Permit Void 90 days from Date of Issuance Owner Name DAVID E. and DORIS BUTLER Property Address 7093 S 600 W P.O. Box -TOWN Pendleton ____, IN Zip Code 46064 Phone 765-778-4783 City Water Well 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. INSPECTOR Jon 3 Approved L Reason for rejection Date reinspected Approved Rejected Notes: Size Pipe / 12 Fm | 60 PM Fm Type Pipe Basement Yes W No Sump Pump Yes No Downspout to Ground Yes No Septic Tank Pumped & filled Yes No Contractor MANVAIN Special Conditions

Fur Directional X

Existing Home

New Construction

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		
	- Customer-			
Name	David Butler	Acct # 26-00100.00	Pro	ject Area# E
Address	7093 S 600 W			W.O. #
City Phone	Pendleton State IN	Zip 46064		Due Date 90 days
QTY	DESCRIPTION	ON	UNIT PRICE	TOTAL
1	tap fee		\$400.00	\$400.00
1	capacity fee		\$2,156.00	\$2,156.00
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		· · · · · · · · · · · · · · · · · · ·	Sub-Total	\$2,556.00
DATE	PAYMENT	···	CHECK NUMBER	AMOUNT
	less payment of interim bill		OHEOR WORLDER	\$410.25
	as of 6/1/00			\$710.20
			·	
<u> </u>		<u>.</u>		
			Sub-Total	\$410.25
			TOTAL	\$2,145.75
	Detach I	oottom portion and return with paymen		·
····	- Customer ————————————————————————————————————		,	
Name Address	David Butler A	Acct # <u>26-00100.00</u>	Project Area #	E
City Phone	Pendleton State IN	Zip 46064	W.O. # Due Date	90 days
			Amount Due	\$2,145.75

Account No 260010000 BUTLER, DAVID 7093 S 600 W

Sel	Date 1	Tran Type	Total	Waste Wtr	Penalty
	3/25/99	BILLING	27.35	27.35	
	4/16/99	PAYMENT	27.35	27.35	
	4/26/99	BILLING	27.35	27.35	
	4/30/99	PAYMENT	27.35	27.35	
	5/26/99	BILLING	27.35	27.35	
	6/02/99	PAYMENT	27.35	27.35	
	6/25/99	BILLING	27.35	27.35	
	7/26/99	BILLING	54.70	54.70	
	8/27/99	BILLING	82.05	82.05	
	9/24/99	BILLING	109.40	109.40	
	10/25/99	BILLING	136.75	136.75	
	11/02/99	PAYMENT	136.75	136.75	
	11/24/99	BILLING	27.35	27.35	
	12/01/99	PAYMENT	27.35	27.35	
	12/23/99	BILLING	27.35	27.35	

Account No 260010000 BUTLER, DAVID 7093 S 600 W

Sel	Date 1	ran Type	Total	Waste Wtr	Penalty
	1/04/00	PAYMENT	27.35	27.35	
	1/24/00	BILLING	27.35	27.35	
	2/08/00	PAYMENT	27.35	27.35	
	2/25/00	BILLING	27.35	27.35	
	3/01/00	PAYMENT	27.35	27.35	
	3/24/00	BILLING	27.35	27.35	
	4/03/00	PAYMENT	27.35	27.35	
	4/26/00	BILLING	27.35	27.35	
	5/01/00	PAYMENT	27.35	27.35	
	5/26/00	BILLING	27.35	27.35	
	6/01/00	PAYMENT	27.35	27.35	