



FALL CREEK REGIONAL WASTE DISTRICT

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

26-00180.00

add order
on file

contractor: Steve Patterson

APPLICATION FOR SEWER PERMIT

Nº 2750

Date April 10, 2000

Permit Void 90 days from Date of Issuance

Owner Name Russell F. Day

Property Address 7233 S. 600 W.

Lot # _____ P.O. Box _____

Town Pendleton, IN Zip Code 46064

Phone (765) 778-3654 City Water _____ Well _____

\$ 2556.00 Tap on Fee Paid

\$ N/A Inspection fee paid

grinder unit \$1024.80

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.

Russell F. Day

APPLICANT(S) SIGNATURE

INSPECTOR JD

Date inspected 5-4-00 Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes: 4" 1 1/4"

Size Pipe PVC / 160 NEW PIPE

Type Pipe 35

Basement Yes ☒ No ☒

Sump Pump Yes ☒ No ☒

Downspout to Ground Yes ☒ No ☒

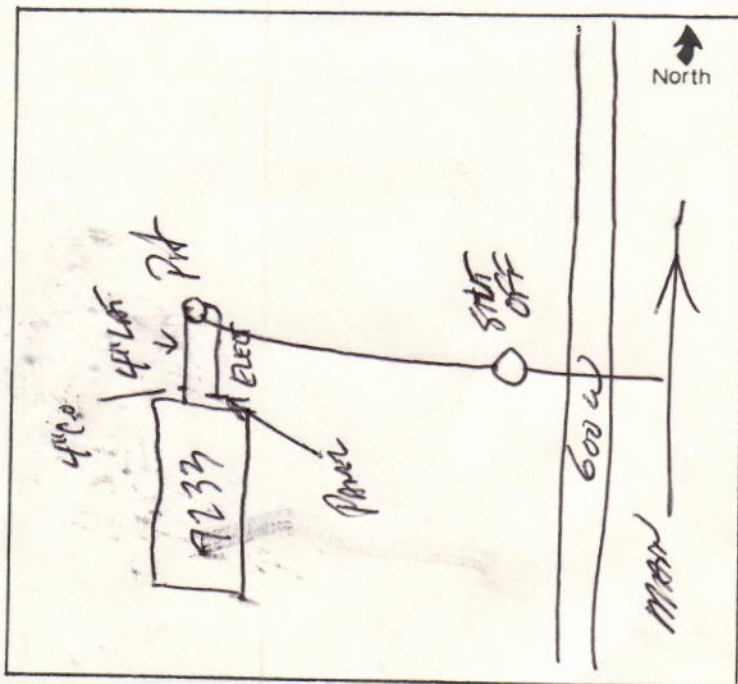
Septic Tank Pumped & filled Yes ☒ No ☒

Contractor Steve Patterson LLC

Special Conditions _____

Existing Home ☒

New Construction _____



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

INVOICE

Name	<u>Russell Day</u>	Acct #	<u>26-00180.00</u>
Address	<u>7233 S 600 W</u>		
City	<u>Pendleton</u>	State	<u>IN</u> Zip <u>46064</u>
Phone			

QTY	DESCRIPTION	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
		Sub-Total	\$0.00

Detach bottom portion and return with payment

Name	<u>Russell Day</u>	Acct #	<u>26-00180.00</u>
Address	<u>7233 S 600 W</u>		
City	<u>Pendleton</u>	State	<u>IN</u> Zip <u>46064</u>
Phone	<u> 0</u>		

Amount Due	\$2,556.00
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$$\begin{array}{r} 2556.00 \\ 1024.80 \\ \hline 3580.80 \end{array}$$

DAILY SUMMARY

CMD7-END

Account No 260018000 DAY, RUSSELL

7233 S 600 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	

Pd c