



## FALL CREEK REGIONAL WASTE DISTRICT

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

## APPLICATION FOR SEWER PERMIT

Nº 2892

Date 10/12/00

Permit Void 90 days from Date of Issuance

Owner Name Richard Best - INTEGRITY Building SystemsProperty Address 7644 W. 1050 S.Lot # 5 creekwood estate P.O. Box \_\_\_\_\_Town Fortville, IN Zip Code 46040Phone ~ City Water \_\_\_\_\_ Well ☒

\$ \_\_\_\_\_ Tap on Fee Paid

\$ \_\_\_\_\_ Inspection fee paid

grinder unit paid for by  
Integrity Building Systems 10/12/00

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.

Richard Best

APPLICANT(S) SIGNATURE

INSPECTOR BDate inspected 12-7-00 Approved ☒ Rejected \_\_\_\_\_

Reason for rejection \_\_\_\_\_

Date reinspected \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Notes:

Size Pipe \_\_\_\_\_"

Type Pipe \_\_\_\_\_

Basement Yes \_\_\_\_\_ No \_\_\_\_\_

Sump Pump Yes \_\_\_\_\_ No \_\_\_\_\_

Downspout to Ground Yes \_\_\_\_\_ No \_\_\_\_\_

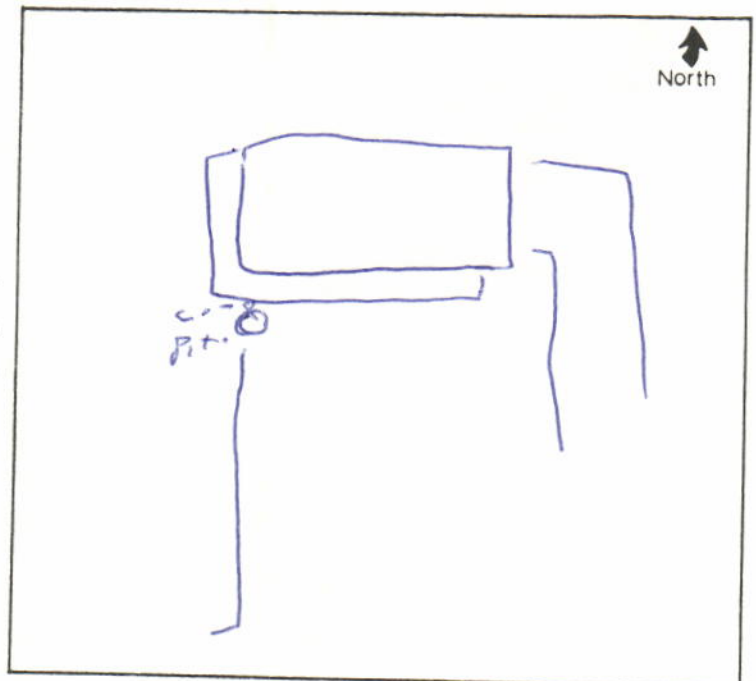
Septic Tank Pumped &amp; filled Yes \_\_\_\_\_ No \_\_\_\_\_

Contractor \_\_\_\_\_

Special Conditions \_\_\_\_\_

Existing Home \_\_\_\_\_

New Construction \_\_\_\_\_





## FALL CREEK REGIONAL WASTE DISTRICT

P.O. Box 59 • 9378 S. 650 West • Pendleton, Indiana 46064-0059 • (765) 778-7544

December 5, 2000

Mr. Richard Best  
12535 Richlane Drive  
Indianapolis, IN 46236

RE: 7644 W 1050 S  
Fortville, IN

Dear Mr. Best:

In accordance with Indiana Code 13 and Fall Creek Regional Waste District Ordinance 84-2 pertaining to the Connection and Use of Public and Private Sewers, and Ordinance 84-3 pertaining to Rates & Charges, you are hereby notified that wastewater collection service is available for your home. Connection to the wastewater collection system is required by Indiana Law within 90 days of receipt of this letter.

Connection to the District collection system is the responsibility of the building owner and must comply with the Construction Standards as indicated on the enclosed sheet. Disposition of an existing septic tank is also the responsibility of the building owner. The tank shall be emptied of its contents, filled with granular material and disconnected from further use.

A residential wastewater grinder unit is necessary for connecting your facilities to the FCRWD Collection System. A grinder unit can be purchased from FCRWD for \$1024.80 or you can purchase one from the vendor of your choice. Arrangements to purchase a grinder unit from FCRWD can be made by contacting the Administration Office.

There is a residential tap-on fee of \$400.00 to the District for each hook-up. In addition, there is a capacity fee of \$2156.00. A permit will be issued to the building owner when the application for service has been completed and both the tap-on and capacity fees have been paid.

Please notify the District when the wastewater service connection is ready for inspection and connection to the District sewer line. This service is for wastewater only. Connections of roof downspouts, exterior footing drains, surface run-off groundwater connections or sump pumps are prohibited.

Fees may be paid at the Administrative Office or by mail. If you have any questions, please contact our office at 765-778-7544.

Respectfully,

  
J.F. Rowlett  
General Manager

Encl.: Construction Standard Sheet

Cc: Mr. Thom Carr  
Madison County Health Department

SEWER LIEN

To: Integrity Building Systems  
12535 Richlane Drive  
Indianapolis, IN 46236

You are hereby notified that Fall Creek Regional Waste District (hereinafter called "Claimant") whose address is 9378 South County Road 650 West, P.O. Box 59, Pendleton, Indiana intend(s) to hold a Sewer Lien on the following described real estate:

Creekwood Estates Lot 5 in Green Township, Madison County, Indiana, Unit#06, Parcel#06-0323-1-005, commonly known as 7644 W 1050 S, Fortville, Indiana and all improvements thereon, for the amount of Two Thousand Five Hundred Fifty-Six Dollars and 00/100 (\$2556.00) for sewer services furnished by Claimant for said real estate.

The undersigned individual executing this instrument having been duly sworn upon his oath, under the penalties of perjury hereby states that Claimant intends to hold a Sewer Lien upon the above described real estate and that the facts and matters set forth in the foregoing statement are true and correct.

Dated 5-2-01

Signature Teresa K. Hutton

Printed Teresa K Hutton

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MADISON )

Before me, a Notary Public in and for said County and State, personally appeared Teresa K. Hutton, who acknowledged the execution of the foregoing Sewer Lien, and who, having been duly sworn, under the penalties of perjury, stated that the facts and matters therein set forth are true and correct.

Witness my hand and Notarial Seal this 2nd day of May, 2001.

My Commission Expires:  
2-20-2008

Signature Deborah L. Wilson

Printed Deborah L. Wilson

Notary Public

Resident of Madison County

This instrument was prepared by J. Christopher Janak, Attorney at Law.

RECEIVED FOR RECORD

01 MAY -8 PM 2:32

CATHERINE SUTTON  
MADISON COUNTY RECORDER

200110711

9-  
Km  
5668  
ENV.

ROWLAND TITLE CO. OF MADISON COUNTY, LLC

GENERAL ACCOUNT  
1003 JACKSON ST.  
ANDERSON, IN 46016  
(765)644-8712

STAR FINANCIAL BANK  
71-167-749

5/6/2002

2764

PAY TO THE ORDER OF FALL CREEK REGIONAL WASTE DISTRICT

\$ \*\*2,556.00

Two Thousand Five Hundred Fifty-Six and 00/100

DOLLARS

FALL CREEK REGIONAL WASTE DISTRICT  
P.O. BOX 59  
9378 SOUTH 650 WEST  
PENDLETON, IN 46064-0059

MEMO

7644 WEST 1050 SOUTH, FORTVILLE IN

⑈002764⑈ ⑈074901672⑈



MP

ROWLAND TITLE CO. OF MADISON COUNTY, LLC

FALL CREEK REGIONAL WASTE DISTRICT

02R0219/SEWER LIEN

5/6/2002

2764

2,556.00

STAR-GENERAL AC 7644 WEST 1050 SOUTH, FORTVILLE IN

2,556.00

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- ☐ Complete items 1 and/or 2 for additional services.  
Complete items 3, 4a, and 4b.  
☐ Print your name and address on the reverse of this form so that we can return this card to you.  
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
☐ Write "Return Receipt Requested" on the mailpiece below the article number.  
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

**3. Article Addressed to:**

Mr. Richard Best  
12535 Richlane Dr.  
Indianapolis, IN 46236

**4a. Article Number**

7099 3400 0002 4121 5119

**4b. Service Type**

- ☐ Registered ☐ Certified  
☐ Express Mail ☐ Insured  
☐ Return Receipt for Merchandise ☐ COD

**7. Date of Delivery**

12-12-02

**5. Received By: (Print Name)**

Richard Best

**8. Addressee's Address (Only if requested and fee is paid)**

**6. Signature (Addressee or Agent)**

Richard Best

7099 3400 0002 4121 5119

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

*Mr. Richard Best*

Postage

\$ 0.33

Certified Fee

1.40

Return Receipt Fee  
(Endorsement Required)

1.25

Restricted Delivery Fee  
(Endorsement Required)

**Total Postage & Fees**

\$2.98

Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or PO Box No.

City, State, ZIP+4

