

26-06065.00



## FALL CREEK REGIONAL WASTE DISTRICT

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

## APPLICATION FOR SEWER PERMIT

No 2893

Date

10/12/00

Permit Void 90 days from Date of Issuance

Owner Name Richard Best INTEGRITY BUILDING SYSTEMProperty Address 7698 W #0505Lot # 7 CREEKWOOD ESTATES P.O. Box \_\_\_\_\_Town Fortville, IN Zip Code 46040Phone \_\_\_\_\_ City Water \_\_\_\_\_ Well ☒

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

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

grunder 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.

APPLICANT(S) SIGNATURE

INSPECTOR

B

Date inspected 11-28-00 Approved ☒ Rejected \_\_\_\_\_

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

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

## Notes:

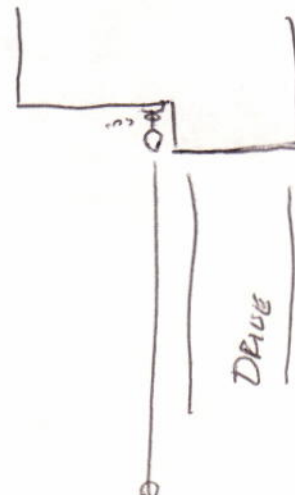
Size Pipe 4"Type Pipe PVCBasement Yes \_\_\_\_\_ No ☒Sump Pump Yes \_\_\_\_\_ No ☒Downspout to Ground Yes ☒ No \_\_\_\_\_Septic Tank Pumped & filled Yes \_\_\_\_\_ No ☒Contractor PRINTZ

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

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

New Construction ☒ Spec Home

North





## 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: 7698 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

REGULATIONS GOVERNING THE  
CONNECTION TO AND USE OF THE  
FALL CREEK REGIONAL WASTE DISTRICT  
WASTEWATER SYSTEM  
(PRESSURE SYSTEM)

1. **TAP-ON FEE:** There is a tap-on fee of \_\_\_\_\_ to the District for each hook-up, except industrial. The industrial tap-on fee shall be determined on a case-by-case basis.
2. **CAPACITY FEE:** The application for sewer permit requires that a capacity fee of \_\_\_\_\_ be paid to the District prior to issuance of the permission to connect.
3. **MATERIALS:** Building laterals from the building to the pump pit shall be 4" SDR 35 Gasketed Joint Pipe (no glue joints) including a clean-out within 3 feet of the building. The pump pit should be manufactured for the purpose of a grinder pump pit (if other type of tank is used it should be authorized by the District prior to use). The outlet pipe from pit to District main shall be 1 1/2" minimum well plastic 160 PSI with brass well adapters and secured with (2) two stainless steel clamps per fitting.
4. **LATERAL TRENCH:** Trenches shall be excavated only wide enough for adequate working space. The bottom of the trench shall be free from rocks, roots, foreign materials or water. The lateral pipe shall be carefully placed on a firm, uniform base of #8 stone with stone carefully placed above the haunches of the pipe, leaving the top of the pipe exposed for inspection. Backfill material shall also be free of large rocks, lumps, wood or foreign materials. The 1 1/2" minimum discharge pipe from the pump pit to the main shall be bedded with sand unless backfill material is free of rocks, roots, gravel, etc.
5. **BACKFILLING LATERAL TRENCH:** The Trench is not to be backfilled nor any pipe, fittings or connections covered until inspected by a representative of the Fall Creek Regional Waste District. Approval must be received from the District prior to backfill. Any covered items must be re-excavated and replaced at the contractors expense.

6. **CONNECTION TO DISTRICT SEWER MAIN:** Care must be taken when excavating lateral stub or the force main for connection to District sewer main. Any damage done to lateral pipes will be repaired by the contractor or the person doing the work at no cost to the District. Prior to making the connection to the District main, all water, mud, rocks, gravel, etc. must be removed from lateral trench. Entrance of these materials into the District Sewer will be the responsibility of the contractor or the person doing the work. Any costs to the District for cleaning or removing these materials will be paid by the contractor or person(s) doing the work. The grinder unit and all connections shall be water tight.
7. **SEPTIC TANK ABANDONMENT:** The owner is responsible for the disposition of the septic tank. The tank shall be emptied of its contents, filled with a granular material and disconnected from further use. No septage from the tank shall be emptied into the District System.
8. **FLOOR DRAINS – RESIDENTIAL:** Floor drains in residential structures are not to be connected to the customer's service lateral or to the customer's wastewater grinder unit.
9. **STORM WATER:** Indiana Law and District Ordinance 84-2 prohibit connection of any storm water or ground water into District sewers. No person shall make connection of roof downspouts, exterior footing drains, surface runoff, or any ground water connection into the District System.
10. **INSPECTION NOTIFICATION:** When the force main is laid and is hooked up to the District sewer main, they shall notify the District inspector. If the District cannot respond within four (4) District regular working hours of notice for final inspection, the customer may backfill. The permit application and inspectors are available at 778-7544, District office, 9378 S 650 West, Pendleton, Indiana. Mailing address: Fall Creek Regional Waste District, P.O. Box 59, Pendleton, Indiana 46064. District inspection hours are 7:30 A.M. – 3:30 P.M. Monday through Friday.

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 7 in Green Township, Madison County, Indiana, Unit#06, Parcel#06-0323-1-007, commonly known as 7698 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

200110712

9-  
Km  
5668  
ENW

**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 3460 0002 d121 5089

**4b. Service Type**

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

**7. Date of Delivery**

12-12-05

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

Richard Best

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



7099 3400 0002 4121 5089

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)	
<b>Total Postage &amp; Fees</b>	<b>\$2.98</b>

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

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

City, State, ZIP+4

