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FALL CREEK REGIONAL WASTE DISTRICT

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

22-24045.00

APPLICATION FOR SEWER PERMIT

Nº 2470

Date 8-7-97

Permit Void 90 days from Date of Issuance

Owner Name XAVIER CARRICO

Property Address 1024 Hepatica Dr. U.S. 36 (Trillium Woods)

Lot # 10 791 P.O. Box _____

Town Pendleton, IN Zip Code _____

Phone _____ City Water _____ Well _____

\$ _____ Tap on Fee Paid

\$ _____ Inspection fee paid

Application is hereby made for connection to the Fall Creek Regional Waste District Sewer System for the above listed property - Permit Type: Residential X, 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.

Xavier Carrico
APPLICANT(S) SIGNATURE

INSPECTOR DW

Date inspected 8-7-97 Approved ✓ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6 "

Type Pipe PVC

Basement Yes _____ No ✓

Sump Pump Yes _____ No ✓

Downspout to Ground Yes ✓ No _____

Septic Tank Pumped & filled Yes _____ No ✓

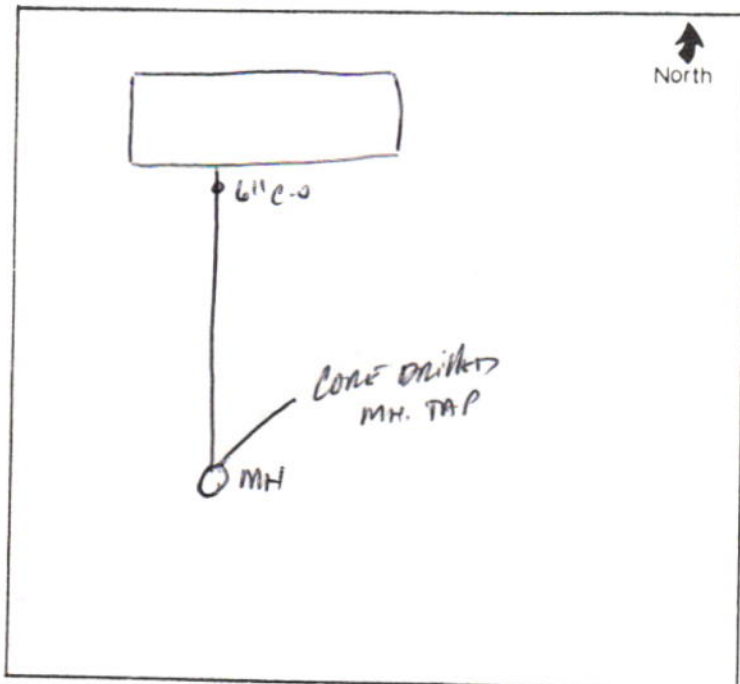
Contractor _____

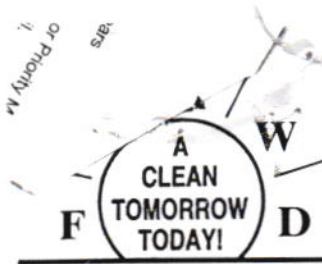
Special Conditions TAP INTO MH. WITH

CONCRETE DRILL

Existing Home ✓

New Construction _____





FALL CREEK REGIONAL WASTE DISTRICT

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

April 17, 2000

Mr. Xavier Carrico
1024 Hepatica Drive
Pendleton, IN 46064

Dear Mr. Carrico:

In accordance with 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 to 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.

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 you when the application for service has been completed and both the tap-on and capacity fees have been paid.

You are required to 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.

Application forms for service can be obtained at the Administrative Office of Fall Creek Regional Waste District, 9378 South County Road 650 West, Pendleton. 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

CC: Mr. Thom Carr
Madison County
Health Department

CARRICO CUSTOM HOMES 1-70
XAVIER E & S FRAN CARRICO
PH 765-778-4512
1024 HEPATICA DR IN TRILLIUM WOODS
PENDLETON, IN 46064

7220

71-553/749
BRANCH 1

July 18, 02

Date

Pay to the Order of Fall Creek Regional West District \$2556

Two thousand five hundred fifty-six and ^{no}/₁₀₀ Dollars



Security
Features
Details on
Back



Madison
Community Bank

For

Xavier Carrico

MP

⑆074905539⑆

220

© HARLAND PRESTIGE

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

Consult postmaster for fee.

3. Article Addressed to:

Mr. Xavier Carrico
 1024 Hepatica Drive
 Pendleton, IN 46064

4a. Article Number

7099 3400 0002 4123 5360

4b. Service Type

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

7. Date of Delivery

4-19-2000

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Xavier Carrico*