



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-000324000

Nº 001433

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 3-24-86
Permit Void 90 days from Date of Issuance
Owner Name CINDY HASTINGS
Property Address 1006 Porto Bello Road
Lot # _____ P.O. Box _____
Town PENDLETON, IN Zip Code 46064
Phone 778-2437 Water Meter _____
\$ 15000 Tap on Fee Paid
\$ 2500 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 ☒, 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.

Bill Regan

APPLICANT(S) SIGNATURE

INSPECTOR TIM

Date inspected 3-27-86 Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 4"

Type Pipe _____

Basement Yes _____ No ☒

Sump Pump Yes _____ No ☒

Downspout to Ground Yes ☒ No _____

Septic Tank Pumped & filled Yes _____ No ☒

Contractor Bill Regan

Special Conditions _____

