Jamon Dard 2:1. R /w FALL CREEK REGIONAL WASTE DISTRICT CLEAN OMORROW Box 44, Pendleton, Indiana 46064 D TODAY ! 2- 0021580 Nº 001133 APPLICATION FOR SEWER PERMIT Date Permit No. Permit Void 90 days from Date of Issuance Cd WR Owner Name Fairield Property Address P.O. Box Lot # NDIELON , IN Zip Code Town 7252 Water Meter 78-Phone 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 _____, Commercial _____, Industrial _____, or Governmental/ Residential ____, Commercial _____ 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

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.

***************************************	CANT(S) SIGNATURE	**************************************	
Date reinspected	Approved	Rejected	
Notes: Size Pipe Type Pipe Basement Yes No X Sump Pump Yes No X Downspout to Ground Yes No Septic Tank Pumped & filled Y Contractor Special Conditions	es NoK	GAS C.O.	North