

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-0009920.00

APPLICATION FOR SEWER PERMIT Nº 000952
Permit No Date Date
Permit Void 90 days from Date of Issuance
Owner Name Oon allembalesh
Property Address 04 Sohol Count
Lot # P.O. Box
Town anderson, IN zip Code 46013
Phone 649-6826 Water Meter "
\$ 50,00 Tap on Fee Paid
\$ 05.00 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,
Comply by said provisions
APPLICANT(S) SIGNATURE

INSPECTOR BED
Date inspected 1-14-86 Approved Rejected
Reason for rejection
Date reinspected Approved Rejected
Notes: Size Pipe 6 "
Type Pipe PUC
Basement Yes No X
Sump Pump Yes No X
Downspout to Ground Yes / No \
Septic Tank Pumped & filled Yes No
Contractor A+A
Special Conditions
TAP
Omarhold

Rev. 11/84

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