



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

1-0001420.00

Nº 001218

APPLICATION FOR SEWER PERMIT

Permit No. \_\_\_\_\_ Date Jan. 17, 1986  
Permit Void 90 days from Date of Issuance  
Owner Name Dorothea P Burlingame % Mildred Margason  
Property Address 106 S. Randall St. Shurdish  
Lot # 560 P.O. Box \_\_\_\_\_ 1117 n  
Town Ellettsville, IN Zip Code 46048 Plainview  
Phone (317) 244-3613 Water Meter \_\_\_\_\_ Indianapolis  
\$ 150.00 Tap on Fee Paid 46224  
\$ 25.00 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 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.

APPLICANT(S) SIGNATURE

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INSPECTOR [Signature]

Date inspected May 9, 86 Approved [Signature] Rejected \_\_\_\_\_

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

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

Notes:  
Size Pipe 6 "  
Type Pipe PVC  
Basement Yes \_\_\_\_\_ No X  
Sump Pump Yes \_\_\_\_\_ No X  
Downspout to Ground Yes X No \_\_\_\_\_  
Septic Tank Pumped & filled Yes X No \_\_\_\_\_  
Contractor Flatford  
Special Conditions \_\_\_\_\_

