

FALL CREEK REGIONAL WASTE DISTRICT

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

-7544 *26-05370.00*

add order on file

	TION FOR SEWER PERMIT	
	Date 11-29-00	
Permit Void 90 days from Date		
	sanders	
Property Address 10700	S. Lee St	
Lot #	P.O. Box	
TOWN Forteille	, IN Zip Code 4604	0
Phone	City Water	Well
s N/A Tap on	Fee Paid	
h1/1		
\$ /V/A Inspect	ion fee paid	
	hade for connection to the Fall	
Residential , Commercia	for the above listed property -	Permit Type: Governmental/
Institutional User	Information	•
All workmanship and mate	erials shall conform to the sta	indards of the
District Ordinance as descri	bed in Ordinance 84-2 and 84-3	as amended.
Acceptance and approval must authorized representative be	be made by the District inspectore backfilling and final conf	ctor or his duly
to the main sewer lines. Any	y violation of applicable regul	ations will
cause all lines and appurtent at the owners expense.	ances in violation to be remove	ed and replaced
The Fall Creek Regional	. Waste District is responsible nstallation techniques only.	for the inspection,
materials and installation as	nd any liabilities resulting for	rom same is the
sole responsibility of the p	roperty owner.	
I have read and fully u	inderstand the above provisions	and agree to
I have read and fully us comply by said provisions.	nderstand the above provisions	and agree to
I have read and fully us comply by said provisions.	nderstand the above provisions	and agree to
comply by said provisions.	ICANT(S) SIGNATURE	and agree to
comply by said provisions.	ICANT(S) SIGNATURE	and agree to
APPL:	ICANT(S) SIGNATURE	******
APPL: **********************************	ICANT(S) SIGNATURE	******
APPL:	ICANT(S) SIGNATURE	******
APPL: ************* Date inspected 11-29-00 App. Reason for rejection	ICANT(S) SIGNATURE ***********************************	******
Date inspected 11-29-00 App. Reason for rejection Date reinspected	ICANT(S) SIGNATURE ***********************************	******
Date inspected 11-29-00 App. Reason for rejection Date reinspected Notes:	ICANT(S) SIGNATURE ***********************************	*******
Date inspected 11-29-00 App Reason for rejection Date reinspected Notes: Size Pipe	ICANT(S) SIGNATURE ***********************************	*******
Date inspected 11-29-00 Approvisions. Date inspected 11-29-00 Approvisions.	ICANT(S) SIGNATURE ***********************************	*******
Date inspected 11-29-00 Approvisions. Date inspected 11-29-00 Approvisions. Date reinspected Notes: Size Pipe Type Pipe DVC 16 160 Basement Yes No	ICANT(S) SIGNATURE ***********************************	*******
Date inspected 11-29-00 App. Reason for rejection Date reinspected Notes: Size Pipe Type Pipe WC 16 160 Basement Yes No Sump Pump Yes No	ICANT(S) SIGNATURE ***********************************	*******
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Date inspected 11-29-00 App Reason for rejection Date reinspected Notes: Size Pipe Type Pipe WC 11 160 Basement Yes No Sump Pump Yes No Downspout to Ground Yes No	ICANT(S) SIGNATURE ***********************************	*******
APPL: APPL: Date inspected 11-29-00 Approvement Appr	ICANT(S) SIGNATURE INSPECTOR Jone Non Rejected Approved Reje	*******
Date inspected 11-29-00 App Reason for rejection Date reinspected Notes: Size Pipe Type Pipe Downspout to Ground Yes Septic Tank Pumped & filled Y Contractor Special Conditions Existing Home	ICANT(S) SIGNATURE INSPECTOR Jone Non Rejected Approved Reje	*******