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FALL CREEK REGIONAL WASTE DISTRICT

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

26-05410.00

APPLICATION FOR SEWER PERMIT

Nº 2915

Date 3 Nov 2000

Permit Void 90 days from Date of Issuance

Owner Name ROBERT + MARTHA WALLACE

Property Address 10763 S. Lee St.

Lot # _____ P.O. Box _____

Town Fortville, IN Zip Code 46040

Phone 485-4146 City Water NO Well YES

\$ _____ 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/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.

Martina L. Wallace

APPLICANT(S) SIGNATURE

INSPECTOR Ben

Date inspected 12/1/00 Approved B Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6"

Type Pipe SDR 20

Basement Yes _____ No X

Sump Pump Yes _____ No X

Downspout to Ground Yes X No _____

Septic Tank Pumped & filled Yes X No _____

Contractor Long + Kupper

Special Conditions _____

Existing Home X

New Construction _____

