



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

20005740
Nº 000506

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 11-7-85

Permit Void 90 days from Date of Issuance

Owner Name James Cassidy City Rd.

Property Address R4 Box 433 - 550 S.

Lot # Anderson P.O. Box 1090 Jr. 550 S.

Town Pendleton, IN Zip Code 46013-9804

Phone 649-7378 Water Meter _____"

\$ 150.00 Tap on Fee Paid

\$ 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 , 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.

James S. Cassidy
APPLICANT(S) SIGNATURE

INSPECTOR Be
Date inspected 12-20-85 Approved Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 12 "

Type Pipe PVC

Basement Yes _____ No

Sump Pump Yes _____ No

Downspout to Ground Yes No _____

Septic Tank Pumped & filled Yes No _____

Contractor Platford & Son

Special Conditions _____

