



## FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

1-0001998.00

Nº 000113

## APPLICATION FOR SEWER PERMIT

Permit No. \_\_\_\_\_ Date \_\_\_\_\_  
Permit Void 90 days from Date of Issuance  
Owner Name OSCAR OAKS  
Property Address 109 MERIDIAN  
Lot # \_\_\_\_\_ P.O. Box \_\_\_\_\_  
Town Ingalls, IN Zip Code 46048  
Phone \_\_\_\_\_ Water Meter no  
\$ 150.00 Tap on Fee Paid 8-20-85  
\$ 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.

## APPLICANT(S) SIGNATURE

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INSPECTOR TimDate inspected 10-24-85 Approved X Rejected \_\_\_\_\_

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

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

## Notes:

Size Pipe 6"Type Pipe PVCBasement Yes \_\_\_\_\_ No XSump Pump Yes \_\_\_\_\_ No XDownspout to Ground Yes \_\_\_\_\_ No XSeptic Tank Pumped & filled Yes X No \_\_\_\_\_Contractor FLATFORD

Special Conditions \_\_\_\_\_

