

FALL CREEK REGIONAL WASTE DISTRICT Box 44, Pendleton, Indiana 46064 13-40170.00

add order on file

APPLICATION FOR S	EWER PERMIT	Nº 001925
Permit No Da	te 6-1-93	
Permit Void 90 days from Date of Issua	nce	·
Owner Name Deluxe	lomes A	seidel, David
Property Address 10 Villag	e Park Wa	ig
10	0. Box	
Town Pendleton, I	N Zip Code 46060	1
Phone Wa	ter Meter	
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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 comply by said provisions. APPLICANT(S) SIGNATURE	to
INSPECTOR Dod	****
Date inspected Approved Rejected	
Reason for rejection	
Date reinspected Approved Rejected	
Notes: Size Pipe	North