

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-000 3580 .00

APPLICATION FOR SEWER	Nº 001452	
	1 21 -1	
Permit No Date Permit Void 90 days from Date of Issuance		
Owner Name MARK Jo	ahlonsti	
Property Address //02 Pend	1/e Hill Ave	
D O PO	ov / /	
Town TENDIELON, IN Zi	ip Code 46064	
Phone 778-4873 Water M	Meter"	
\$ 15000 Tap on Fee Paid		
\$ J500 Inspection fee paid		
Application is hereby made for connect Waste District Sewer System for the above District Sewer	trial, or Governmental/	
All workmanship and materials shall construct Ordinance as described in Ordinance Acceptance and approval must be made by the authorized representative before backfilling to the main sewer lines. Any violation of cause all lines and appurtenances in violation of the the owners expense.	the District inspector or his duly and final connection is made applicable regulations will ation to be removed and replaced	
The Fall Creek Regional Waste District approval of materials, and installation tematerials and installation and any liability sole responsibility of the property owner.	ities resulting from same is the	
I have read and fully understand the comply by said provisions. Hark Jablonski APPLICANT(S) SIGNA	TATURE	

INSPECTOR	1100	
Date inspected 512-86 Approved X	Rejected	
Reason for rejection		
200	proved Rejected	
Date reinspected App	7.0000	_
Notes: L'	North	h
Type Pipe PVC	CT	
Basement Yes No No	ELEC. LINE	
Sump Pump Yes No X	Elec. LINE	
Downspout to Ground Yes No		
Septic Tank Pumped & filled Yes No		
Contractor Bill REGAN		
Special Conditions TITE Drawing	K	
at bottom of It:11		
Might be From S.T.	conctrol box	