

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

3-1023545.00

APPLICATION F	OR SEWER PERMIT Nº 00	1022
	2 41 00	
Permit No.		
Permit Void 90 days from Date of I		Cutual
Owner Name 1 Corma	Clary 1/2 E	-Believe War
Property Address Centru-	st whitehouse on right past	Arcie
	P.O. BOX R3 Bry 145	_
275 11-5	_, IN Zip Code	
\$ \\ \sqrt{5000} \tag{Tap on Fee Pa} \\ \sqrt{-22-8} \\ \sqrt{1 \tag{500} \tag{1000} \ta	S	
Waste District Sewer System for the	r connection to the Fall Creek Region e above listed property - Permit Type _, Industrial, or Governmental/ mation	:
District Ordinance as described in Acceptance and approval must be made authorized representative before be to the main sewer lines. Any violation	shall conform to the standards of the Ordinance 84-2 and 84-3 as amended. de by the District inspector or his dackfilling and final connection is mation of applicable regulations will in violation to be removed and replace	duly de
approval of materials, and install	District is responsible for the inspation techniques only. All costs for liabilities resulting from same is ty owner.	c - 14
comply by said provisions.	and the above provisions and agree to	>
	*****	**
Date inspected 5-10-85 Approved	PECTOR But out	
	Rejected	_
Reason for rejection		-
Data waingnosted	Approved Rejected	_
Date reinspected	Approved Rejected	
Size Pipe 6""		North
Type Pipe PUC		
Basement Yes No		
Sump Pump Yes No		
Downspout to Ground Yes / No		
Septic Tank Pumped & filled Yes + 1	No No	
Contractor Days		
Special Conditions		
	/	