



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-0005980

Nº 000669

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 11-18-85
 Permit Void 90 days from Date of Issuance
 Owner Name CARL SCOTT
 Property Address R4 Box 428 550 S
 Lot # _____ P.O. Box 1147 Rt. 550 S.
 Town Anderson, IN Zip Code 46013-9351
 Phone 643-2402 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.

Mrs. Carol Scott
 APPLICANT(S) SIGNATURE

INSPECTOR DL

Date inspected 12-6 Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6 "
 Type Pipe PVC
 Basement Yes _____ No ☒
 Sump Pump Yes _____ No ☒
 Downspout to Ground Yes ☒ No _____
 Septic Tank Pumped & filled Yes _____ No _____
 Contractor ROBT COLE
 Special Conditions _____

