



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

22-16325.01
~~3.00~~
Robert Cole Const
Sun Noon
12-5-85
3:30 to 4:00

Nº 000641

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date Nov. 16, 1985

Permit Void 90 days from Date of Issuance

Owner Name Mrs. Ray Martin

Property Address RR 4 Box 427 5505.

Lot # _____ P.O. Box 1148 Rt. 550 S.

Town Alexander, IN Zip Code 46013-9775

Phone 642-2203 Water Meter _____

\$ 150.00 Tap on Fee Paid

\$ 2500 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 X, 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.

Agnes Martin By Walter Bell
APPLICANT(S) SIGNATURE

INSPECTOR [Signature]

Date inspected 12-5 Approved _____ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6 "

Type Pipe PVC

Basement Yes _____ No X

Sump Pump Yes _____ No X

Downspout to Ground Yes _____ No X

Septic Tank Pumped & filled Yes _____ No X

Contractor ROBT COLE

Special Conditions ST IN

SPRING

