

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

	1-0000826.00
APPLICATION FOR	SEWER PERMIT Nº 000499
Permit No.	ate 11-6-85
Permit Void 90 days from Date of Issue	ance
Owner Name ERIC Su	aN
Property Address 1/7 S. 1	NANIFOLD
Lot #P	.O. Box
Town Ingalla, :	IN Zip Code 46048
Phone 485-6890 Wa	ater Meter 10
\$ <u>/50 °C</u> Tap on Fee Paid	
\$ 25 Inspection fee paid	
Application is hereby made for connection to the Fall Creek Regional Waste District Sever 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.	
APPLICANT(S) SIGNATURE	

Date inspected 4-15 Approved Rejected Reson for rejection	
Date reinspected	Approved Rejected
Notes: 6	
Size Pipe	North
Type Pipe	
Basement Yes No X	
Sump Pump Yes No X	
Downspout to Ground Yes No	
Septic Tank Pumped & filled Yes No Contractor	
Special Conditions	
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