



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

1-0001036.00

Nº 001341

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 2-24-86
Permit Void 90 days from Date of Issuance
Owner Name Wyveda Moore
Property Address 118 SWAIN St
Lot # _____ P.O. Box _____
Town Ingalls, IN Zip Code 46048
Phone 485-4431 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.

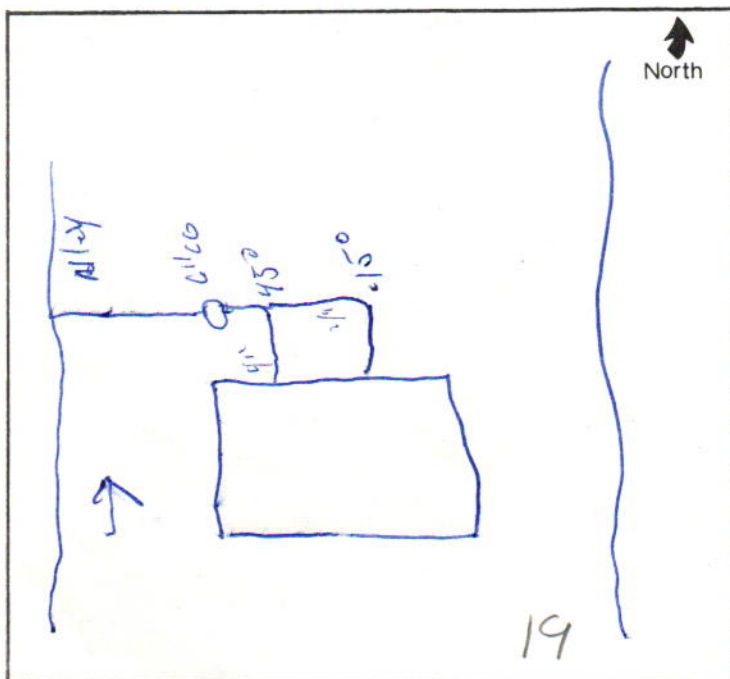
I have read and fully understand the above provisions and agree to comply by said provisions.

Wyveda Moore
APPLICANT(S) SIGNATURE

INSPECTOR Randy
Date inspected 6/24/86 Approved X 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 Lewis Keller
Special Conditions Owner will
Take care of Septic





FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

WAIVER UNTIL
4-30-86
J. H. H. H.

1-0001036.00

Nº 001155

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 1-9-86
Permit Void 90 days from Date of Issuance
Owner Name STEPHEN MOORE
Property Address 118 S. SWAIN ST
Lot # _____ P.O. Box _____
Town INGALLS, IN Zip Code _____
Phone _____ Water Meter N/A
\$ 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 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.

Stephen W. Moore
APPLICANT(S) SIGNATURE

INSPECTOR _____

Date inspected _____ Approved _____ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe _____"

Type Pipe _____

Basement Yes _____ No _____

Sump Pump Yes _____ No _____

Downspout to Ground Yes _____ No _____

Septic Tank Pumped & filled Yes _____ No _____

Contractor _____

Special Conditions _____

