

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-0017080.00

Nº 001253 APPLICATION FOR SEWER PERMIT Permit No. Permit Void 90 days from Date of Issuance Owner Name A. DEMETRIOU Property Address 120 E. 75th St P.O. Box ___ TOWN ANDERSON , IN Zip Code 46064 Phone 644-8303 Water Meter 15000 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 _____, 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 INSPECTOR Kon Date inspected 2-27-86 Approved Rejected Reason for rejection Date reinspected Approved Notes: Size Pipe Type Pipe TVC Basement Yes No X 4"0.06" No X Sump Pump Yes Downspout to Ground Yes No Septic Tank Pumped & filled Yes No Contractor Coold Special Conditions