



## FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

22-05800.00

400  
Robert Cole

2-0005800

## APPLICATION FOR SEWER PERMIT

Nº 000892

Permit No. \_\_\_\_\_ Date 12-6-85

Permit Void 90 days from Date of Issuance

Owner Name EMERSON BURNSProperty Address R4 Box 419 - 5505-Lot # \_\_\_\_\_ P.O. Box 1240 Rt. 550 S.Town Anderson, IN Zip Code 46013-9351Phone 642-6881 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.

Emerson Burns  
APPLICANT(S) SIGNATURE

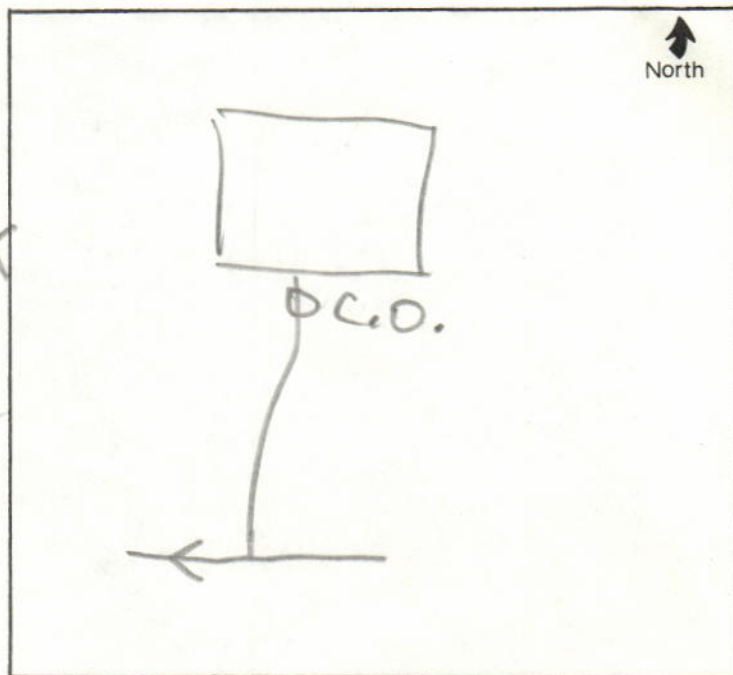
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INSPECTOR [Signature]  
Date inspected 12-12 Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Reason for rejection \_\_\_\_\_

Date reinspected \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_

## Notes:

Size Pipe 6 "Type Pipe PVCBasement Yes \_\_\_\_\_ No ☒Sump Pump Yes \_\_\_\_\_ No ☒Downspout to Ground Yes ☒ No \_\_\_\_\_Septic Tank Pumped & filled Yes \_\_\_\_\_ No ☒Contractor ROBERT COLESpecial Conditions Call toPUMP S.T. LATER

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