

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

1-0001993.00

APPL	ICATION FOR SEWER PERMIT	Nº 00145
Permit No.	Date 3	-31-86
Permit Void 90 days from		0
Owner Name GOR	DON Councell	be, AN
Property Address	126 N. M	eridian
Lot #	P.O. Box	
Town Tragalls	, IN Zip Code	46048
Phone 485-	6288 Water Meter	"
s 15000 Tap	on Fee Paid	
\$ 25.00 Insp	pection 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

Date inspected 5-26-87 Approved _ Reason for rejection	CTOR Bab		***
Date reinspected	Approved	Rejected	
Notes: Size Pipe 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			North