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FALL CREEK REGIONAL WASTE DISTRICT

9378 S. 650 West PO Box 59 Pendleton, IN 46064-0059 778-7544 13-50493.99

Nº 2390 APPLICATION FOR SEWER PERMIT Date Permit Void 90 days from Date of Issuance Owner Name C1055MONN Comm. 132 Asbury Property Address *tarms* P. G. Box ____, IN Zip Code _ City Water ____ Phone (317) 573-8683 700.00 Tap on Fee Paid 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 The Approved 🗸 _____Rejected Reason for rejection Date reinspected Approved Rejected Notes: د.ع م Size Pipe Type Pipe Basement Yes Sump Pump Yes Downspout to Ground Yes No Septic Tank Pumped & filled Yes 450 Contractor C-W Wishow Special Conditions Existing Home ASBURY New Construction