add order on file R/ FALL CREEK REGIONAL WASTE DISTRICT A PO Box 59 9378 S. 650 West TOMORROW D 13-5015399 Pendleton, IN 46064-0059 778-7544 TODAY! Nº 2376 APPLICATION FOR SEWER PERMIT Date Permit Void 90 days from Date of Issuance Owner Name / ross MANN omm 133 Property Address Canterbur P.O. Bex Lot # , IN Zip Code Town yton 73-8683 City Water Well Phone ____ L S 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 Da au Date inspected 8122 Approved 🗸 Rejected Reason for rejection Date reinspected Approved Rejected Notes: Size Pipe ____ 3 ave North Type Pipe ____ Basement Yes No · House Sump Pump Yes NO 6"00 Downspout to Ground Yes No MY Septic Tank Pumped & filled Yes 450 Contractor Special Conditions Existing Home New Construction MH