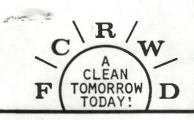


FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

1-6002855.00

120000	
APPLICATION FOR SEWER PERMIT	I? 000297
10-14-05	
Permit Void 90 days from Date of Issuance	1/24
Owner Name (ar) Coleman McCon	
Property Address 133 5. Houston	1000 x 4605.
Town P.O. Box Town Jegalls , IN Zip Code 46048	
\$Tap on Fee Paid	
\$Inspection fee paid	
Application is hereby made for connection to the Fall Creek R Waste District Sewer System for the above listed property - Permit Residential, Commercial, Industrial, or Governme Institutional User Information All workmanship and materials shall conform to the standards	Type:
District Ordinance as described in Ordinance 84-2 and 84-3 as amen Acceptance and approval must be made by the District inspector or authorized representative before backfilling and final connection to the main sewer lines. Any violation of applicable regulations cause all lines and appurtenances in violation to be removed and r at the owners expense.	ded. his duly is made will
The Fall Creek Regional Waste District is responsible for the approval of materials, and installation techniques only. All cost materials and installation and any liabilities resulting from same sole responsibility of the property owner. I have read and fully understand the above provisions and agreemply by said provisions.	ts for e is the
APPLICANT(S) SIGNATURE	
*************	*****
INSPECTOR	
Date inspected Approved Rejected	
Reason for rejection	
Date reinspected Approved Rejected	
Notes:	A
Size Pipe "	North
Type Pipe	
Basement Yes No	, 0.
Sump Pump Yes No ONTO GROVNO	701
Downspout to Ground Yes XNo	1
Septic Tank Pumped & filled Yes No	- ExisThe
Contractor LI KELLER	1/17
Special Conditions	
	100



FALL CREEK REGIONAL WASTE DISTRICT

JORN down mendon

Box 44, Pendleton, Indiana 46064

-000 2855.00

Nº 000290 APPLICATION FOR SEWER PERMIT Date Permit Void 90 days from Date of Issuance Owner Name (aR/ Coleman 133 5. Houston Property Address P.O. Box , IN Zip Code 485-4530 Water Meter 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. INSPECTOR Date inspected Approved Reason for rejection Date reinspected Approved Rejected Notes: Size Pipe North Type Pipe Basement Yes Sump Pump Yes Downspout to Ground Yes Septic Tank Pumped & filled Yes No Contractor _ Special Conditions

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