



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

10-23273.02

3-1023273.00

APPLICATION FOR SEWER PERMIT

Permit No. 10 Date 11-30-84  
Permit Void 90 days from Date of Issuance  
Owner Name Dale A. Craig 133 W Central Way  
Property Address 4th Ave. just below - West side  
Lot # \_\_\_\_\_ P.O. Box 133 W. Central 153A  
Town Pendleton, IN Zip Code 46064  
Phone 778-2477 Water Meter NO WATER  
\$ 150.00 Tap on Fee Paid R3 Box 153A  
\$ 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.

Dale A. Craig

APPLICANT(S) SIGNATURE

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INSPECTOR [Signature]

Date inspected 12-3-84 Approved ☒ Rejected \_\_\_\_\_

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

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

Notes:

Size Pipe 6"

Type Pipe ASTM D 3034

Basement Yes \_\_\_\_\_ No ☒

Sump Pump Yes \_\_\_\_\_ No ☒

Downspout to Ground Yes \_\_\_\_\_ No ☒

Septic Tank Pumped & filled Yes \_\_\_\_\_ No ☒

Contractor TONY RUSSELL

Special Conditions \_\_\_\_\_

