



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

10-23239.00

3-1023239.00

APPLICATION FOR SEWER PERMIT

Permit No. 6 Date 11-26-84
Permit Void 90 days from Date of Issuance
Owner Name Wm C. Robinson
Property Address 5th St behind Blues on right
Lot # _____ P.O. Box R #3, Box 155
Town Pendleton, IN Zip Code 46064
Phone 778-3223 Water Meter _____
\$ 150.00 Tap on Fee Paid
\$ 25.00 Inspection fee paid

140 W Central Way

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.

Mrs W.C. Robinson

APPLICANT(S) SIGNATURE

INSPECTOR [Signature]

Date inspected 11-29-84 Approved [Signature] Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6"

Type Pipe D3034-PVC

Basement Yes No X

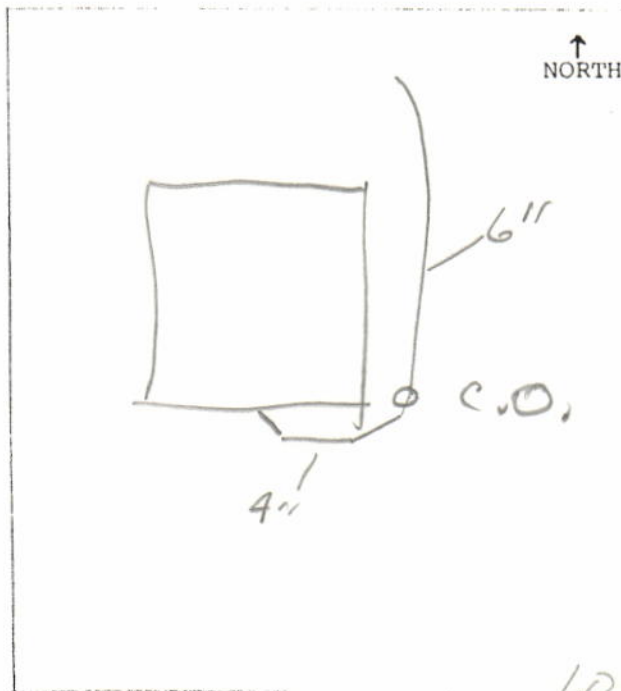
Sump Pump Yes No X

Downspout to Ground Yes No X

Septic Tank Pumped & filled Yes No X

Contractor Tony Russell

Special Conditions _____



NORTH