C R W
CLEAN
TOMORROW
TODAY!

FALL CREEK REGIONAL WASTE DISTRICT

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

13-30913.00

APPLICATION FOR SEWER PERMIT Date Permit Void 90 days from Date of Issuance Owner Name //eritage Homes Property Address ines P.O. Box Town PENDleton, IN zip Code City Water_ Phone ____ s 400 Tap on Fee Paid 9/10/96 Concidy Inspection fee paid 9/10/96 \$ 1900 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 IM Date inspected 8-8-96 Approved _____ Rejected _____ Reason for rejection Date reinspected Approved Rejected Notes: Size Pipe 6" Type Pipe SDR35 Basement Yes No Sump Pump Yes No Downspout to Ground Yes No Septic Tank Pumped & filled Yes No Contractor GIR CONCRETE Special Conditions 🔨 Existing Home New Construction