



FALL CREEK REGIONAL WASTE DISTRICT

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

22-27650.00

add order
or file

APPLICATION FOR SEWER PERMIT

Nº 2658

Date 11-24-98

Permit Void 90 days from Date of Issuance

Owner Name Austin Bleds. Gary Schuster

Property Address 1686 W. RACCOON WAY

Lot # 99 P.O. Box

Town PENDLETON, IN Zip Code

Phone 644-8502 City Water Well ☒

\$ 400.00 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.

Gary Schuster

APPLICANT(S) SIGNATURE

INSPECTOR

Date inspected 2-5-99 Approved ☒ Rejected ☐

Reason for rejection

Date reinspected Approved Rejected

Notes:

Size Pipe 6" "

Type Pipe PVC

Basement Yes ☒ No

Sump Pump Yes No ☒

Downspout to Ground Yes ☒ No

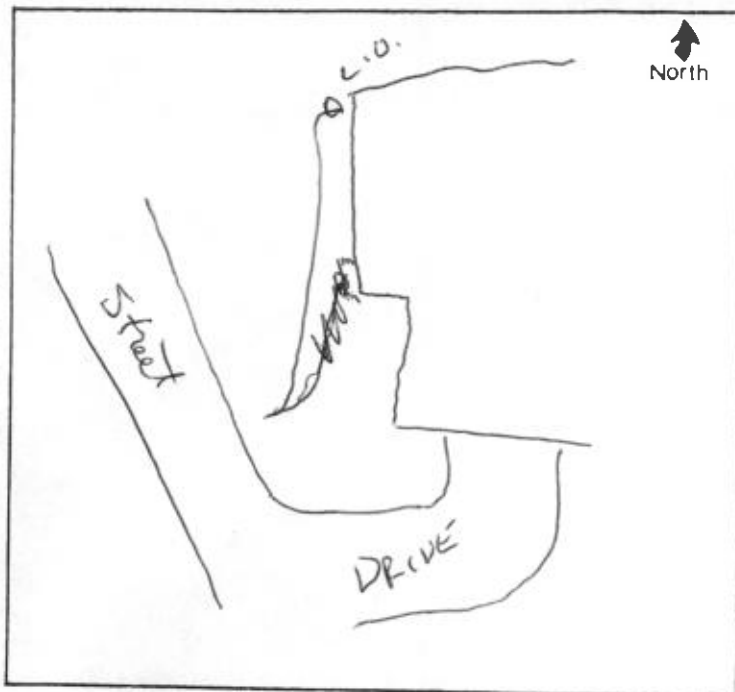
Septic Tank Pumped & filled Yes No ☒

Contractor Bolton

Special Conditions

Existing Home

New Construction ☒



144-1111
11-24-92

22-3788 CO

FALL CREEK REGIONAL WASTE DISTRICT
507 S. 5th Street, PO Box 90
Burlington, IA 52601-0090 319-252-7574



IN 2658

APPLICATION FOR WASTE TREATMENT

Date 11-24-92

Project Name: Fluorine HCO₂ (and) Fluorine
Property Address: 1280 W. Racoon Way
City: Fluorine
State: IA
Zip: 52601
Applicant: Fluorine HCO₂
Phone: 319-252-7574
Fax: 319-252-7574

Applicant is hereby certifying that the information provided on this application is true and correct to the best of their knowledge and belief. The applicant understands that the information provided on this application will be used by the District to determine the appropriate waste treatment and disposal method for the waste. The applicant also understands that the information provided on this application will be used by the District to determine the appropriate waste treatment and disposal method for the waste.

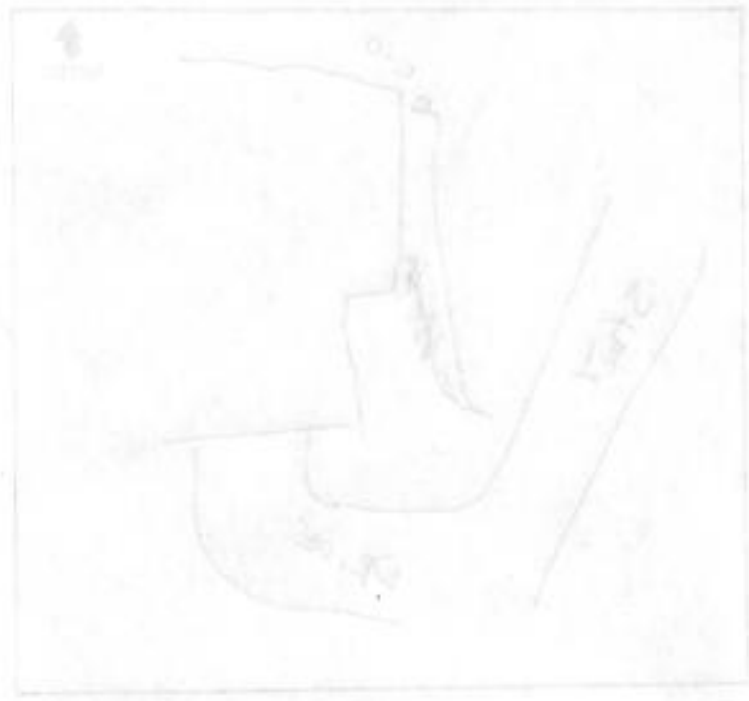
The Fall Creek Regional Waste District is responsible for the treatment, storage, and disposal of solid waste. The District is not responsible for the collection, transportation, or treatment of waste. The District is not responsible for the collection, transportation, or treatment of waste.

I have read and fully understand the above provisions and agree to comply with them.

Shirley M. Hagan
DISTRICT MANAGER

Date: 11-24-92
Signature: *[Signature]*
Title: Owner

Waste Description: Fluorine HCO₂



Waste Treatment Facility: Fluorine HCO₂
Waste Treatment Method: Fluorine HCO₂
Waste Treatment Location: Fluorine HCO₂
Waste Treatment Date: 11-24-92
Waste Treatment Time: 11:00 AM
Waste Treatment Status: Completed