

FALL CREEK REGIONAL WASTE DISTRICT

9378 S. 650 West PO Box 59
Pendleton, IN 46064-0059 778-7544 21-01266.00

Permit Void 30 days from Date of Issuance Owner Name  ARDIE F BELL  (RICKEY MARTIN)  Property Address CARDER RANDIEL WASHING FED  TOWN FUGALS  TOWN FUGALS  IN 21p Code 46040  S IN 21p Code 46040  Application is hereby made for connection to the Fall Creek Regional Waste District Sewer System for the above listed property - Permit Type: Residential C. 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 parth provisions.  APPLICANT(S) SIGNATURE  INSPECTOR  Reason for rejection  Date reinspected Approved Rejected  Approved Rejected  Reason for rejection  Date reinspected Approved Rejected  Notes: Sump Pump Yes No X  Downspout to Ground Yes X No Septic Tank Pumped s filled Yes NA Contractor TED ROWN Septical Conditions  Existing Home I  New Construction I	APPLICATION FOR SE	EWER PERMIT Nº 2845	
Permit Void 30 days from Date of Issuance Owner Name ANDE E BELL (RICKEY MARTIN) Property Address COLDER RANDALL WASHING FOR Lots 535+526+527 P.O. Box Town Ingalls In Ingastion fee paid  Application is hereby made for connection to the Fall Creek Regional Waste District Sever System for the above listed property - Permit Type: Residential Commercial Industrial Industrial Institutional User Information All workmanship and materials shall conform to the standards of the District Ordinance as described in Ordinance 84-2 and 84-1 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 sever 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 sand provisions.  APPLICANT(S) SIGNATURE  INSPECTOR  Approved Rejected  Approved Rejected  Approved Rejected  Approved Rejected  Approved Rejected  Approved Rejected  Section TED ROWN  Special Conditions  Existing Home 1	Da+	7-19-2000	
Owner Name Arbeit & Bell (Rickey Martin)  Property Address Carrier Randall + Washing fed  Lots 335+526+527 P.O. Box  Town Ingalls In Zip code Heart Well  \$ IN Zip code Heart Well  \$ Lispection 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 C., Commercial Institutional User Information or Covernmental 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 sadd provisions.  APPLICANT(S) SIGNATURE  INSPECTOR  Reason for rejection  Date reinspected Approved Rejected  Notes:  Size Pipe			
Property Address CANDER RANGE + Washing fee  Lots 338+526+527			
Town Tagalls , In Zip Code 46040  Phone 798-1033 , In Zip Code 46040  Samplication is hereby made for connection to the Fall Creek Regional Maste 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 sever 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  Date inspected Approved Rejected  Reason for rejection  Date reinspected Approved Rejected  Notes:  Size Pipe Available Approved Rejected  Sump Pump Yes No X  Sump Rumped & filled Yes No X  Contractor TeD Repubr			
Phone 778-773			
Phone 778-7133 City Water Well  \$ 2885.00 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 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 ny 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 and provisions.  APPLICANT(S) SIGNATURE  INSPECTOR  Date inspected 722-00 Approved Rejected  Notes:  Sump Pump Yes No X  Sump Pump Yes No X  Downspout to Ground Yes No  Semptic Tank Pumped & filled Yes No  Septic Tank Pumped & filled Yes No  Contractor TED Rowr  Special Conditions  Existing Home (	Town Fragalls , IN	V Zip Code 46048	
Tap on Fee Paid  S	Phone 778-7123	City Water Well	
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