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FALL CREEK REGIONAL WASTE DISTRICT

9378 S. 650 West PO Box 59
Pendleton, IN 46064-0059 778-7544 22-27190.00

APPLICATION FOR SEWER PERMIT

Nº 2086

Date May 24, 1994

Permit Void 90 days from Date of Issuance

Owner Name Leslie + Stephanie L. Young - Helon
Property Address 1955 Deer Crossing
Lot # _____ P.O. Box _____
Town Pendleton, IN Zip Code 46056 46064
Phone 778-4643 City Water _____ Well ☒

\$ 350.00 Tap on Fee Paid Avail. fee 2000.00
\$ 25.00 Inspection fee paid Int. line fee 1243.50 pd. 6/7/94

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.

Leslie M. Helon
APPLICANT(S) SIGNATURE

INSPECTOR Dor

Date inspected 5/26/94 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 PAV LESS
Special Conditions USED #4 STONE FOR BEDDING.
Existing Home ☒
New Construction _____

