



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-0016860.00

Nº 000687

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 11-19-85
Permit Void 90 days from Date of Issuance
Owner Name Keith HAMMOND
Property Address 201 LADINO LANE
Lot # _____ P.O. Box _____
Town PEND, IN Zip Code 46064
Phone 778-2934 Water Meter _____
\$ 150.00 Tap on Fee Paid
\$ 25.00 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.

Sharon Hammond

APPLICANT(S) SIGNATURE

INSPECTOR Nobody

Date inspected 8-26 Approved ☒ Rejected _____
Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6"

Type Pipe PVC

Basement Yes ☒ No _____

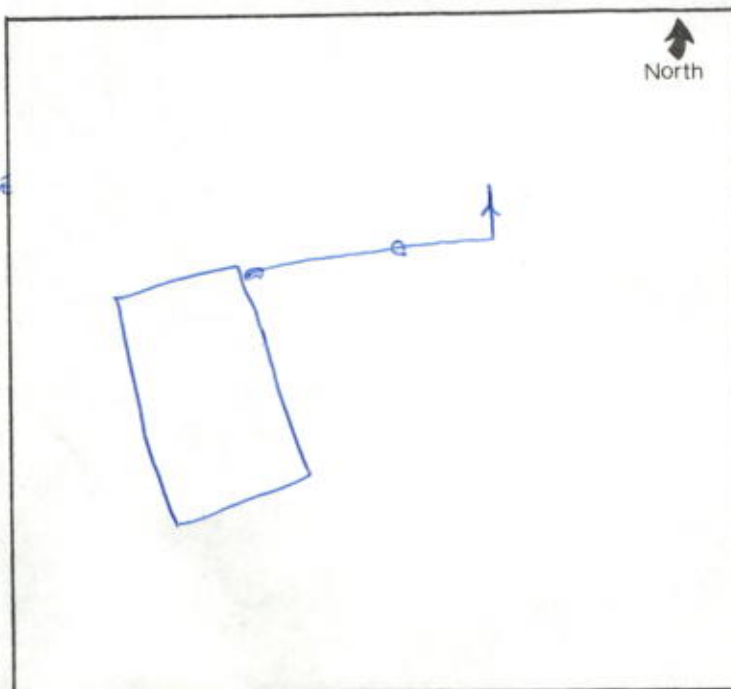
Sump Pump Yes ☒ No up pump connected

Downspout to Ground Yes ☒ No _____

Septic Tank Pumped & filled Yes _____ No ☒

Contractor Self

Special Conditions _____





FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

Nº 000687

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 11-19-85
Permit Void 90 days from Date of Issuance
Owner Name Keith Hammons
Property Address 201 LADINO LANE
Lot # _____ P.O. Box _____
Town PEND, IN Zip Code 46064
Phone 778-2934 Water Meter _____
\$ 150.00 Tap on Fee Paid
\$ 25.00 Inspection fee paid

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I have read and fully understand the above provisions and agree to comply by said provisions.

Sharon Hammons

APPLICANT(S) SIGNATURE

INSPECTOR _____

Date inspected _____ Approved _____ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6"

Type Pipe galv. SDR 36

Basement ☒ Yes ☐ No

Sump Pump Yes ☒ No

Downspout to Ground ☒ Yes ☐ No

Septic Tank Pumped & filled Yes ☒ No

Contractor KEITH HAMMONS

Special Conditions installed by me on Sat July 25th

