TOMORROW | TO TODAY!

FALL CREEK REGIONAL WASTE DISTRICT

9378 S. 650 West PO Box 59
Pendleton, IN 46064-0059 778-7544 22-30280.00

add order on file

Nº 2291 APPLICATION FOR SEWER PERMIT Date 10/10/95 Permit Void 90 days from Date of Issuance Owner Name Lovided apple Property Address 2087 11 6005 P.O. Box _ Town Anderson, IN Zip Code 46013 Phone MANA City Water Well $\sqrt{}$ \$ 2700 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. Applicant(s) SIGNATURE INSPECTOR B Date inspected 10-10-35 Approved _ Reason for rejection No 48 Steve BACK Fr 11 Date reinspected 10-11-95 Approved & Notes: Size Pipe ___ Type Pipe PJC Basement Yes No 🛠 Sump Pump Yes No ❤ Downspout to Ground Yes X No Septic Tank Pumped & filled Yes Contractor Royal Flush Gredont Special Conditions Existing Home – New Construction Rev. 11/84