

21-02500.



FALL CREEK REGIONAL WASTE DISTRICT  
Box 44, Pendleton, Indiana 46064

APPLICATION FOR SEWER PERMIT

Permit No. \_\_\_\_\_ Date 1/31/94  
Permit Void 90 days from Date of Issuance  
Owner Name Gary Gardner  
Property Address 210 S. Alford St., Dr  
Lot # \_\_\_\_\_ P.O. Box \_\_\_\_\_  
Town Pendleton, IN Zip Code 46048  
Phone \_\_\_\_\_ Water Meter \_\_\_\_\_  
\$ 100.00 ~~Tap on Fee Paid~~ re-connect fee  
\$ \_\_\_\_\_ 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 Gardner  
APPLICANT(S) SIGNATURE

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INSPECTOR \_\_\_\_\_  
Date inspected \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_  
Reason for rejection \_\_\_\_\_

Date reinspected \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Notes:  
Size Pipe \_\_\_\_\_"  
Type Pipe \_\_\_\_\_  
Basement Yes \_\_\_\_\_ No \_\_\_\_\_  
Sump Pump Yes \_\_\_\_\_ No \_\_\_\_\_  
Downspout to Ground Yes \_\_\_\_\_ No \_\_\_\_\_  
Septic Tank Pumped & filled Yes \_\_\_\_\_ No \_\_\_\_\_  
Contractor \_\_\_\_\_  
Special Conditions \_\_\_\_\_

