

Rev. 11/84

## FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-0009960,00

APPLICATION FOR S	SEWER PERMIT
	1/ 20 0/
Owner Name Rober +	Det weiler
	Ner DR
Lot # P.	.0. Box
TOWN ANDERSON,	IN Zip Code
Phone 649-0936 Wa	ater Meter
\$ 730 Tap on Fee Paid	
\$Inspection fee pa	aid
Application is hereby made for co Waste District Sewer System for the ab Residential, Commercial, I Institutional User Information	Industrial , or Governmental/
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, Parily	
Date inspected Approved	Rejected
Reason for rejection	
Date reinspected 6-21-86	Approved Rejected
Notes: Size Pipe  "	<b>A</b>
Type Pipe	North
Basement Yes No X	
Sump Pump Yes No 🗸	
Downspout to Ground Yes No	T
Septic Tank Pumped & filled Yes No	
Contractor Janua Clar	
Special conditions OverHAS	
Senn	
0.0	SA
Thomas	07,70