FALL CREEK REGIONAL WASTE DISTRICT
9378 S. 650 West PO Box 59
Pendleton, IN 46064-0059 778-7544

1-02618.05

№ 2725

APPLICATION FOR SEWER PERMIT

Date 1-12-2000

Permit Void 90 days from Date of Issuance

Owner Name Julie Waszak

Property Address 213 S. Main St.

Lot # _____ P.O. Box _____

Town _____, IN Zip Code _____

Phone _____ City Water _____ Well _____

$ N/A ~~Tap on Fee Paid~~ Lateral Replacement

$ N/A ~~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 Ben/Don

Date inspected 1-12-00 Approved ✓ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved Rejected

Notes:

Size Pipe 6 "

Type Pipe PVC

Basement Yes No X

Sump Pump Yes No X

Downspout to Ground Yes X No

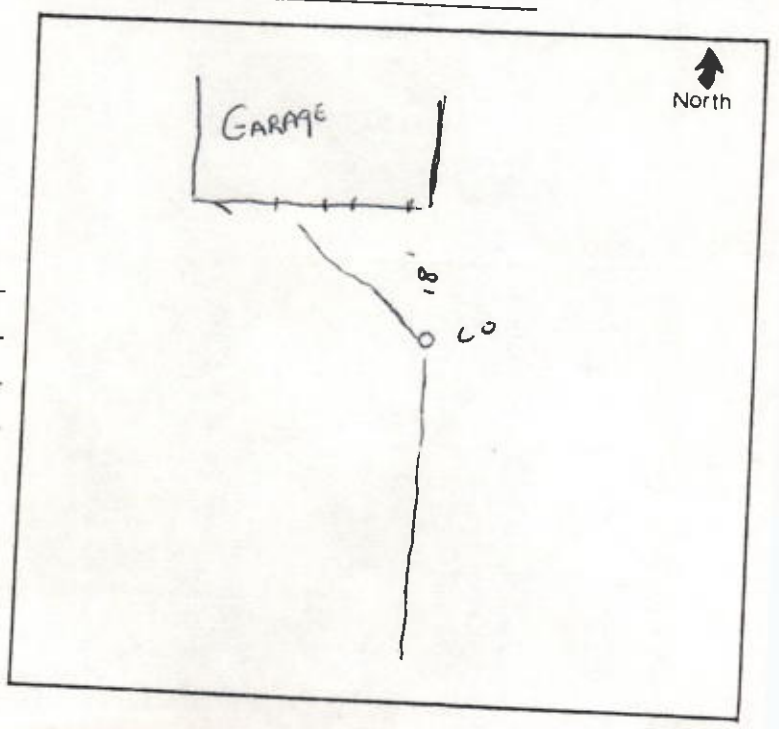
Septic Tank Pumped & filled Yes No X

Contractor John Long

Special Conditions _____

Existing Home X

New Construction _____



Rev 11/84

FALL CREEK REGIONAL WASTE DISTRICT

9378 S. 650 West PO Box 89

Pendleton, IN 46064-0089 778-7544

APPLICATION FOR SEWER PERMIT

Date 1-12-2000

Permit Void 90 days from Date of Issuance

Owner Name Julie Mozark

Property Address 219 S. Main St.

Lot # _____ P.O. Box _____

Town _____ IN Zip Code _____

Phone _____ City Water _____ Well _____

N/A Tap Permit Fee Lateral Replacement

N/A Inspection Fee

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 98-2 and 04-2 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.

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

_____

APPLICANT(S) SIGNATURE

.....

INSPECTOR Ben Lee

Date Inspected 1-12-00 Approved ✓ Rejected _____

Reason for rejection _____

_____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6"

Type Pipe PVC

Basement Yes _____ No X

Sump Pump Yes _____ No X

Downspout to Ground Yes X No _____

Septic Tank Pumped & filled Yes _____ No X

Contractor Zehr Leroy

Special Conditions _____

_____

Existing Home X

New Construction _____