

Gidw.

PROJECT Phase II SHEET _____ OF _____

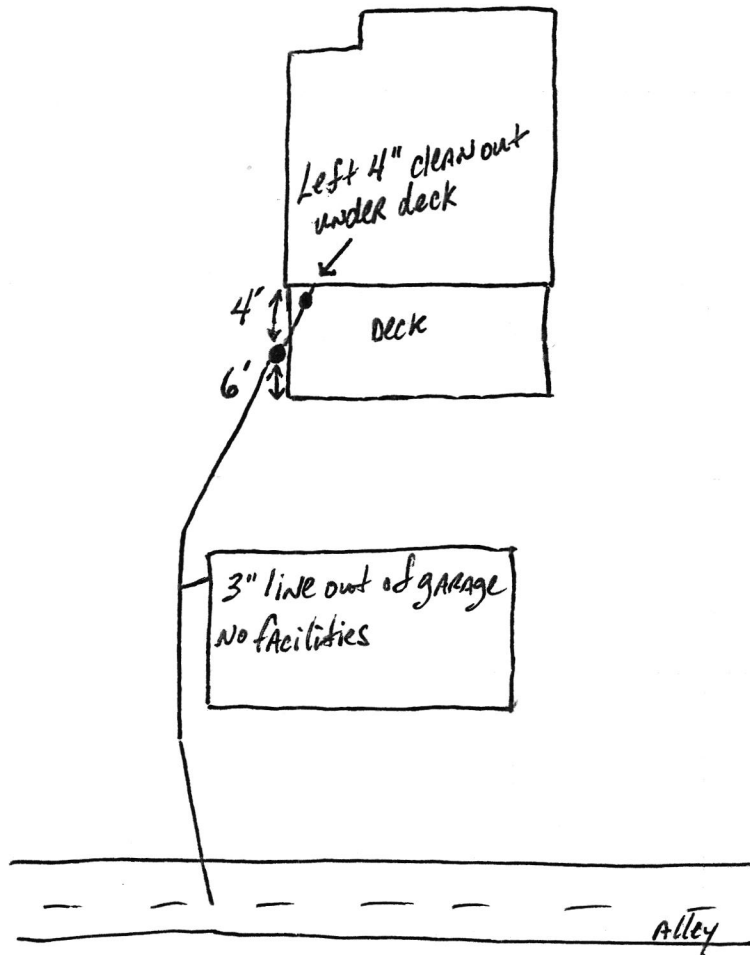
SUBJECT _____ DATE 4-26-18

JOB NO. 4447

BY Atlas

215 S. MAIN

MAIN



215 S Main

SRR
Phase II

5.3.18





FALL CREEK REGIONAL WASTE DISTRICT

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

1-02584.

APPLICATION FOR SEWER PERMIT

Nº 2754

Date 4/14/00

Permit Void 90 days from Date of Issuance

Owner Name Ruth Berline

Property Address 215 S Main Street

Lot # _____ P.O. Box _____

Town Pendleton, IN Zip Code 46064

Phone _____ City Water ☒ Well _____

\$ N/A Tap on Fee Paid

\$ N/A Inspection fee paid

lateral replacement

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 4-13-00 Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6 "

Type Pipe PVC

Basement Yes ☒ No _____

Sump Pump Yes ☒ No _____

Downspout to Ground Yes ☒ No _____

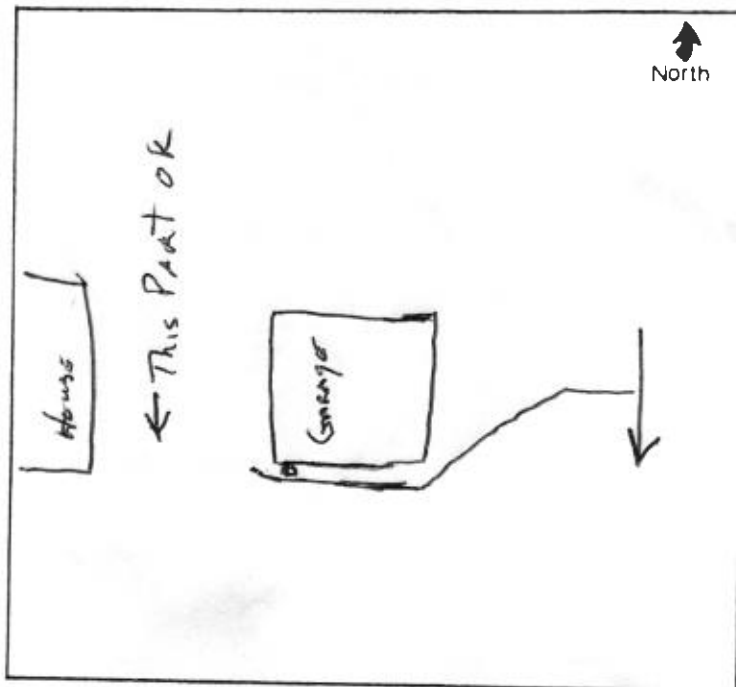
Septic Tank Pumped & filled Yes _____ No ☒

Contractor TED

Special Conditions _____

Existing Home ☒

New Construction _____





FALL CREEK REGIONAL WASTE DISTRICT
9378 St. 650 West PO Box 23
Bend, Oregon 97701-0023 738-3244

1-08214

No 272A

APPLICATION FOR DISCHARGE PERMIT

DATE 4/11/79
WATER TO BE DISCHARGED WATER
TO WHAT USE FOR IRRIGATION
FROM WHAT SOURCE 212 1/2 Main Street
TO WHAT POINT 1.5 miles
TO WHAT BODY OF WATER FOR IRRIGATION
TO WHAT USE FOR IRRIGATION

APPLICANT'S NAME FALL CREEK REGIONAL WASTE DISTRICT
ADDRESS 9378 St. 650 West PO Box 23
CITY BEND STATE OREGON ZIP 97701

ALL APPLICANTS must submit a copy of this application to the Oregon Department of Environmental Quality, 800 NE Oregon Street, Portland, Oregon 97232. The Oregon Department of Environmental Quality will review the application and issue a permit if the applicant meets the requirements of the Clean Water Act.

The Fall Creek Regional Waste District is responsible for the installation, operation, and maintenance of the waste treatment system. The district must ensure that the system meets the requirements of the permit.

I have read and fully understand the above provisions and agree to comply with them.

APPLICANT'S SIGNATURE _____

DATE _____

APPROVED BY _____

DATE _____

APPROVED BY _____

DATE _____

APPROVED BY _____

DATE _____

APPROVED BY _____

DATE _____

APPROVED BY _____

