



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

free

APPLICATION FOR SEWER PERMIT

N~~o~~ 000161

10-22576.00

Permit No. _____ Date _____
Permit Void 90 days from Date of Issuance
Owner Name Shirley BARKDILL
Property Address 217 NORTH EAST ST.
Lot # _____ P.O. Box _____
Town PENDLETON, IN Zip Code 46064
Phone _____ Water Meter _____"

TOWN OF PENDLETON 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 Doug Martin

Date inspected 9/3/85 Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6"

Type Pipe P.V.C.

Basement Yes _____ No ☒

Sump Pump Yes _____ No ☒

Downspout to Ground Yes _____ No _____

Septic Tank Pumped & filled Yes ☒ No _____

Contractor EARL DAVIS

Special Conditions _____

