



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

9-19652.01

3-0919652.01

Nº 000047

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 7-29-85

Permit Void 90 days from Date of Issuance

Owner Name JOE Hunt

Property Address R2 Box 36 218 N. Garden Dr.

Lot # _____ P.O. Box _____

Town PENDLETON, IN Zip Code 46064-9802

Phone 778-3546 Water Meter NO

\$ 150⁰⁰ Tap on Fee Paid

\$ 25⁰⁰ 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.

JOE E Hunt
APPLICANT(S) SIGNATURE

INSPECTOR JK
Date inspected 7-30-85 Approved _____ Rejected X

Reason for rejection 4" FROM HOUSE TO CLEAMOUT IS NOT ACCEPTABLE - MUST BE 6"

Date reinspected 7-30-85 Approved X Rejected _____

Notes:
Size Pipe 6"
Type Pipe PVC

Basement Yes X No _____
Sump Pump Yes X No _____
Downspout to Ground Yes _____ No X

Septic Tank Pumped & filled Yes _____ No X

Contractor JERRY COX

Special Conditions \$ OWNER

OWNER WILL RECONNECT PIPING IN BASEMENT.



