FALL CREEK REGIONAL WASTE DISTRICT
Box 44, Pendleton, Indiana 46064

1-2002355.00

№ 001041

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date _____

Permit Void 90 days from Date of Issuance

Owner Name _Cloyd A. Grimes_

Property Address _____

Lot # _____ P.O. Box _226 N. Alforte_

Town _Ingalls_ , IN Zip Code _46048_

Phone _no phone_ Water Meter _Ingalls_ "

$ _150⁰⁰_ Tap on Fee Paid   _7-18-85_

$ _25.⁰⁰_ 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.

Mrs. Cloyd A. Grimes

APPLICANT(S) SIGNATURE

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INSPECTOR _Dug_

Date inspected _10/30/85_ 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 _FLATFORD_

Special Conditions _____

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