

## FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-0017360.00

APPLICATION FOR SEWER PERMIT  Nº 001076
Permit No. Date Date 23, 1985
Permit Void 90 days from Date of Issuance
Owner Name  Owner Name  Owner Name
Property Address 039 C 75th Stragt Sath
Lot # P.O. Box
Town anderson, IN zip Code 460/3
Phone 219 - 447-7256 Water Meter "
\$
\$
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 V
Date inspected 2-25 Approved Rejected
Reason for rejection
Date reinspected Approved Rejected

Septic Tank Pumped & filled Yes No

No )

No )

Downspout to Ground Yes No

- 4"DRAIN

Notes: Size Pipe Type Pipe Basement Yes

Sump Pump Yes

Contractor FLAT Special Conditions