

2-03182.99



FALL CREEK REGIONAL WASTE DISTRICT

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

No 2642

APPLICATION FOR SEWER PERMIT

Date 10/27/98

Permit Void 90 days from Date of Issuance

Owner Name DUANE REAVIS

Property Address ADAMS STREET 236

Lot # PT. 60 + PT. 61 P.O. Box _____

Town PENDLETON, IN Zip Code 46064

Phone 765-724-0012 City Water Well _____

\$ 400 Tap on Fee Paid

\$ 1900 Capacity 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.

Duane Reavis
APPLICANT(S) SIGNATURE

INSPECTOR [Signature]

Date inspected 11-19-98 Approved Par Tim Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

- Notes:
- Size Pipe 4 "
- Type Pipe PVC
- Basement Yes _____ No
- Sump Pump Yes _____ No
- Downspout to Ground Yes No _____
- Septic Tank Pumped & filled Yes _____ No
- Contractor Self
- Special Conditions _____

Existing Home _____
New Construction

Backfilled Prior to Seaming

