FALL CREEK REGIONAL WASTE DISTRICT
9378 S. 650 West PO Box 59
Pendleton, IN 46064-0059 778-7544 21-01910.00

№ 2720

APPLICATION FOR SEWER PERMIT

Date 11/30/99

Permit Void 90 days from Date of Issuance

Owner Name Ingalls Fire Station

Property Address 243 N Meridian

Lot # _____ P.O. Box _____

Town Ingalls, IN Zip Code 46048

Phone _____ City Water ✓ Well _____

$ N/A Tap on Fee Paid

$ N/A 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

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INSPECTOR Tim / Ben.

Date inspected 11-8-99 Approved ✓ Rejected _____

Reason for rejection _____

_____

Date reinspected _____ Approved Rejected

Notes:

Size Pipe 6" "

Type Pipe PVC

Basement Yes No X

Sump Pump Yes No X

Downspout to Ground Yes X No

Septic Tank Pumped & filled Yes No X

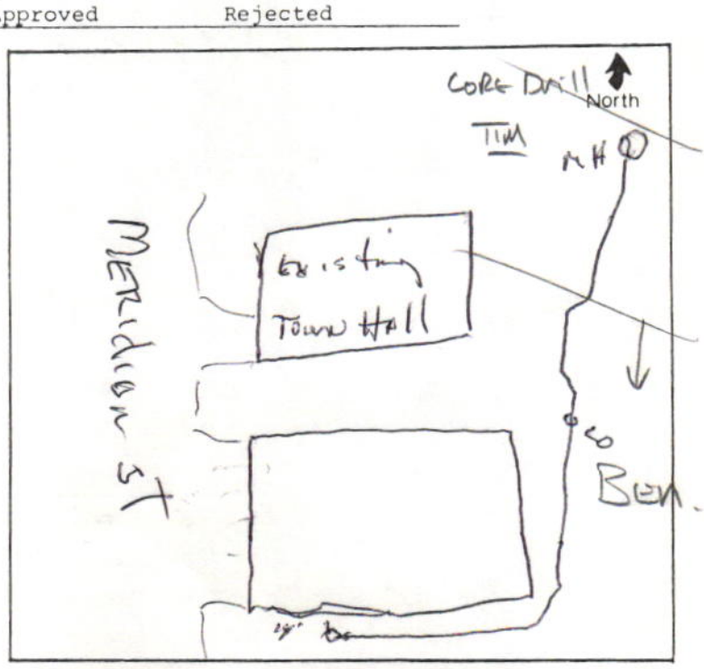
Contractor Spanky / Mark /

Special Conditions _____

_____

Existing Home _____

New Construction X



Rev. 11/84

243 Meridian Lateral repair 2025

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