

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

	2-0017440	.00
APPLICATION F	OR SEWER PERMIT Nº 000	957
Permit No.	Date 8/11/1985	
Permit Void 90 days from Date of I	ssuance	
Owner Name Kelly	Jable	_
Property Address 2610 Con	st 75th	-1
Lot #	P.O. Box	_
Town to anderson	, IN Zip Code 46013	- 3
Phone 644-2696	Water Meter	
\$	id	
\$ \$5.00 Inspection fe	e 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 _____.

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		
Reason for rejection		_
Date reinspected	Approved Rejected	_
Notes: Size Pipe Type Pipe Basement Yes No X Sump Pump Yes No X Downspout to Ground Yes X No Septic Tank Pumped & filled Contractor ELATES Special Conditions		North
	and the second sec	11