



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-000 4100.00

No 001361

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date March 3, 1986
Permit Void 90 days from Date of Issuance
Owner Name Helen Cox
Property Address 3 Calle De Real
Lot # _____ P.O. Box _____
Town Pendleton, IN Zip Code 46064
Phone 778-3226 Water Meter "
\$ 150.00 Tap on Fee Paid
\$ 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 X, 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.

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.

X Helen Cox
APPLICANT(S) SIGNATURE

INSPECTOR TIM
Date inspected 3-22-86 Approved X Rejected _____
Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe 4"
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 Bill Regan
Special Conditions _____

