



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

1-000 2335.00

Nº 000302

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 10-15-85
Permit Void 90 days from Date of Issuance
Owner Name Ingaels Ury Methodist Church
Property Address 301 Alforte
Lot # _____ P.O. Box 444
Town Ingaels, IN Zip Code 46048
Phone _____ Water Meter Inq.
\$ 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 _____, Commercial _____, Industrial _____, or Governmental/Institutional no. User Information 20 members.

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.

Horis Hennis Zuey

APPLICANT(S) SIGNATURE

INSPECTOR

Randy

Date inspected _____ Approved X Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe 6"
Type Pipe PVC
Basement Yes X No _____
Sump Pump Yes X No _____
Downspout to Ground Yes X No _____
Septic Tank Pumped & filled Yes _____ No _____
Contractor OWNER
Special Conditions Pump and fill by CONTRACTOR

