

FALL CREEK REGIONAL WASTE DISTRICT

2.0009400.00

Box 44, Pendleton, Indiana 46064

APPLICATION FOR SEWER PERMIT	Nº 000738
Permit No Date	85
Permit Void 90 days from Date of Issuance	
Owner Name Septine Soldin	
Property Address 308 Mack for	
Lot # P.O. Box/	
Town Anderson, IN Zip Code 460	13
Phone 642-4402 Water Meter	
\$ Tap on Fee Paid	
\$	

Application is hereby made for connection to the Fall Creek Regional Waste District Sever 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		

Reason for rejection Date reinspected			
Notes: Size Pipe Type Pipe Basement Yes No X Sump Pump Yes No X Downspout to Ground Yes No Septic Tank Pumped & filled Yes No Contractor Special Conditions		Q Co	North
P. S. S.		2	