

FALL CREEK REGIONAL WASTE DISTRICT 9378 S. 650 West PO Box 59

Pendleton, IN

46064-0059

: 59 778-7544 4-09724.

APPLICATION FOR	Nº 2317
AFFEICATION FOR	SEMER PERMIT
D	ate 11/14/95
Permit Void 90 days from Date of Issu	ance
Owner Name Leroy Starp	rer
Property Address 310	5 East Street
Lot # P	.0. Box
Town Pendleton	IN Zip Code
Phone	City Water Well
\$ Tap on Fee Paid	lateral replace ment
\$	

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	
*******	*******	
INSPEC Date inspected 11-16-96 Approved v Reason for rejection	Rejected	
Date reinspected	Approved Rejected	
Notes: Size Pipe		
Type Pipe	EAST ST.	-NAME
Basement Yes No	0	
Sump Pump Yes No	1.03	
Downspout to Ground Yes No	House	
Septic Tank Pumped & filled Yes No	_	
Contractor (MALBS	_	
Special Conditions	_	
	_	
Existing Home		
New Construction		
	Alla	