

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-00/2760.00

| APPLICATION FOR SEWER PERMIT Nº 000811 |
|--|
| Permit No. Date 9000 27/985 |
| Permit Void 90 days from Date of Issuance |
| Owner Name |
| Property Address 3/4 Joll Cill R So. |
| Lot # P.O. Box |
| Town anderson , IN Zip Code 46013 |
| Phone (644-7)) Water Meter " |
| |
| \$ |
| \$ |
| 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 |
| ************************************** |
| INSPECTOR PO |
| Date inspected /1-27-85 Approved Rejected |
| Reason for rejection |
| |
| Date reinspected Approved Rejected |
| Notes: |
| Size Pipe 6" Type Pipe PV C |
| |
| Basement Yes No X |
| Sump Pump Yes No X |
| Downspout to Ground Yes X No |
| Septic Tank Pumped & filled Yes X No |
| Contractor Etychols Cols |
| Special Conditions |
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