TOMORROW

FALL CREEK REGIONAL WASTE DISTRICT 1 = 31-02076.00

9378 S. 650 West PO Box 59 Pendleton, IN 46064-0059 778-7544 2= 21-02077.00

add orders

Nº 2052 APPLICATION FOR SEWER PERMIT Permit Void 90 days from Date of Issuance Owner Name Youll Campbell Property Address 33 N. Kick Cruk Dr. ___, IN Zip Code ____46048 City Water Tap on Fee Paid 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 . 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 Be Date inspected 4-20-94 Approved _____ Rejected _____ Reason for rejection Date reinspected Approved Rejected Notes: Size Pipe Type Pipe Basement Yes No 🗡 Sump Pump Yes No 🗡 Downspout to Ground Yes (No Septic Tank Pumped & filled Yes Contractor D+R Special Conditions

Existing Home___

New Construction