



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

10-24114.00

APPLICATION FOR SEWER PERMIT

Nº 001803

Permit No. _____ Date 9-26-91
Permit Void 90 days from Date of Issuance
Owner Name Pendleton Health Center
Property Address 350 J.H. Walker Dr
Lot # _____ P.O. Box _____
Town Pendleton, IN Zip Code 46064
Phone _____ Water Meter Pend "
\$ 500.00 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 X. 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.

Bill Fink
APPLICANT(S) SIGNATURE

INSPECTOR B

Date inspected 10-22-91 Approved ✓ SEE Below Rejected _____
Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6 "

Type Pipe PVC

Basement Yes _____ No X

Sump Pump Yes _____ No X

Downspout to Ground Yes X No _____

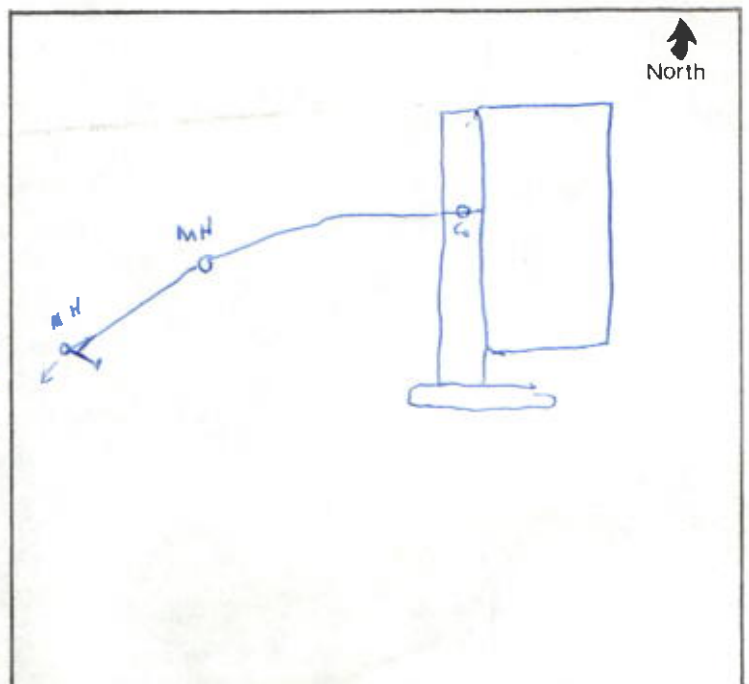
Septic Tank Pumped & filled Yes _____ No X

Contractor Federal Corp

Special Conditions skied Pipe + Grade

Will NOT GUARANTEE Depth of Pipe
IN DRIVEWAY For Collapse or

Freeze - WAS Design
Problem By Lowering
Lot So Low





FALL CREEK REGIONAL WASTE DISTRICT

Box 100, Benton, Ark 72815

No 001203

FALL CREEK REGIONAL WASTE DISTRICT

Property Address: 3504 W. Main St.
City: Benton, Ark.
State: Ark.
Zip: 72815

Phone: 325-0000
Fax: 325-0000

Installation: ☒ Industrial
Waste District: ☐ Other

History: This waste management facility was established in 1985 to serve the Fall Creek Regional Waste District. It is a 10-acre site located in Benton, Arkansas. The facility is owned and operated by the Fall Creek Regional Waste District. It is a Class II landfill and is used for the disposal of solid waste. The facility is in compliance with all applicable state and federal regulations. It is a member of the National Solid Waste Management Association (NSWMA).

The Fall Creek Regional Waste District is responsible for the proper disposal of solid waste in the Fall Creek Regional Waste District. The Fall Creek Regional Waste District is a member of the National Solid Waste Management Association (NSWMA).

I have read and understand the above information and agree to the terms and conditions of this agreement.

Bill Fink
Signature

Witness: *Bill Fink*
Signature

Date: 10-25-91

Witness: *Bill Fink*
Signature

Date: 10-25-91

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