

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-0015280.00

| APPLICATION FOR SEWER PERMIT | Nº 001431 |
|--|-----------|
| Permit No. Date Marc | h21,1986 |
| Permit Void 90 days from Date of Issuance | |
| Owner Name Baxdall & Rela | |
| Property Address 35 Orleans Ove | |
| Lot # P.O. Box | |
| Town andersox , IN Zip Code _ | 46013 |
| Phone 642-3194 Water Meter | |
| \$Tap on 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 | |
| ************** | |
| Date inspected 3-31-86Approved R | of oat od |
| | |
| Reason for rejection | |
| Date reinspected Approved | Rejected |
| Notes: | |
| Type Pipe PVC | North |
| Basement Yes No X | |
| Sump Pump Yes No X | |
| Downspout to Ground Yes 20 No | |
| Septic Tank Pumped & filled Yes X No | |
| Contractor Homeowner | |
| Special Conditions | |
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