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FALL CREEK REGIONAL WASTE DISTRICT

9378 S. 650 West PO Box 59

Pendleton, IN 46064-0059 778-7544 22-16410.00

№ 2166 APPLICATION FOR SEWER PERMIT Date 12/13/94 Permit Void 90 days from Date of Issuance owner Name Stephen & & terianne Vance Property Address 391 W 500 South _____ P.O. Box Town Anderson , IN Zip Code 46013 City Water Well \$ \$700.00 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 _______. 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 compay by said provisions. epled Parce RW.
APPLICANT(S) SIGNATURE INSPECTOR Date inspected 12-14-04 Approved _____ Rejected _____ Reason for rejection Date reinspected Approved Rejected Notes: Size Pipe Type Pipe PVC Basement Yes No Sump Pump Yes Downspout to Ground Yes / No Septic Tank Pumped & filled Yes No contractor Dick Golbon Special Conditions Existing Home New Construction____