already inailed $R/_{T}$ FALL CREEK REGIONAL WASTE DISTRICT CLEAN TOMORROW Box 44, Pendleton, Indiana 46064 TODAY! 2-0013420.00 Nº 001637 APPLICATION FOR SEWER PERMIT Date 3-18-88 Permit No. Permit Void 90 days from Date of Issuance Owner Name Dale Fillurn Property Address 6517 D Main St - 4013 S. 50 %. 22-13420.00 P.O. Box Lot # anderson, IN zip code 46013 Town 644-4786 Water Meter Phone 100.00 Tap on Fee Paid - Reconnect 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 P Date inspected 3-18-88 Approved _____ Rejected _ Reason for rejection Rejected Date reinspected Approved Notes: Size Pipe North Type Pipe PJC Basement Yes No X Sump Pump Yes No X Downspout to Ground Yes X No NoX Septic Tank Pumped & filled Yes contractor FREd's Moble How Sove 16 000 Special Conditions New Const