

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

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Nº 000591

| APPLICATION FOR SEWER PERMIT | 14. 0000 |
|---|----------|
| Permit No Date | |
| Permit Void 90 days from Date of Issuance | |
| Owner Name Eugene BROWN | |
| Property Address 408 Slack DR | |
| Lot # P.O. Box | |
| Town Anderson, IN Zip Code 460, | 13 |
| Phone 643-0836 Water Meter | " |
| \$ 150 00 Tap on Fee Paid | |
| \$ 2500 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 ************************************ | | | | | |
|---|------------|----------|-------|--|--|
| Date inspected 17-31-85 Approved | X | Rejected | | | |
| Date inspected 23-85 Approved Rejected | | | | | |
| | | | | | |
| Date reinspected | Approved | Rejected | | | |
| Notes: Size Pipe" | | | North | | |
| Type Pipe PYC Basement Yes No X | | | | | |
| Sump Pump Yes No Pump Yes No Pump Yes No | x | φ c.o | | | |
| Septic Tank Pumped & filled Yes Contractor Evitchison | <u>No/</u> | | | | |
| Special Conditions | | | | | |
| | | | | | |
| 5 | | | | | |
| Q. | | | | | |