



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

1-6602955.00

Nº 000278

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 10-10-85
Permit Void 90 days from Date of Issuance
Owner Name James H. Jones 40 Imman
Property Address Lot 26 - INMAN Estates
Lot # _____ P.O. Box 102
Town Ingalls, IN Zip Code 46048
Phone #778-3671 Water Meter Ingalls
\$ 150.00 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 comply by said provisions.

James H. Jones
APPLICANT(S) SIGNATURE

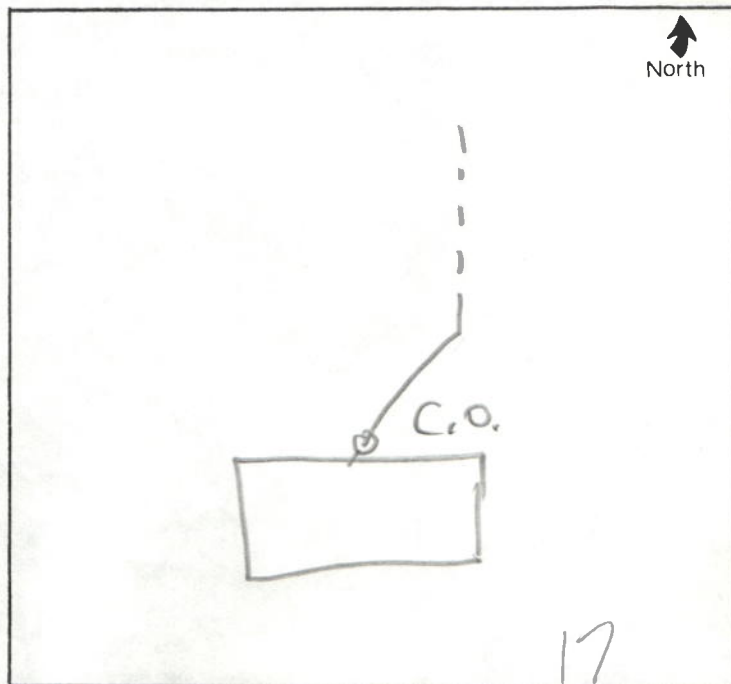
INSPECTOR [Signature]

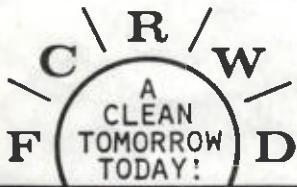
Date inspected 11-7 Approved _____ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe 6"
Type Pipe PVC
Basement Yes _____ No ☒
Sump Pump Yes _____ No ☒
Downspout to Ground Yes ☒ No _____
Septic Tank Pumped & filled Yes ☒ No _____
Contractor Koller
Special Conditions _____





FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

J1-02955.00

2102955.00

Nº 001810

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 10-3-91

Permit Void 90 days from Date of Issuance

Owner Name PATRICIA MATTHEWS

Property Address 40 INMAN DR.

Lot # _____ P.O. Box 336

Town Ingalls, IN Zip Code 46048

Phone 778-4179 Water Meter _____

\$ 100.00 Reconnect
Tap-on Fee Paid

\$ _____ Inspection fee paid

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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.

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I have read and fully understand the above provisions and agree to comply by said provisions.

Patricia A Matthews
APPLICANT(S) SIGNATURE

INSPECTOR B

Date inspected 10-3-91 Approved ☒ Rejected ☒

Reason for rejection No Clean out

Date reinspected 2-10-92 Approved ☒ Rejected ☐

Notes:

Size Pipe 6"

Type Pipe PVC

Basement Yes ☐ No ☒

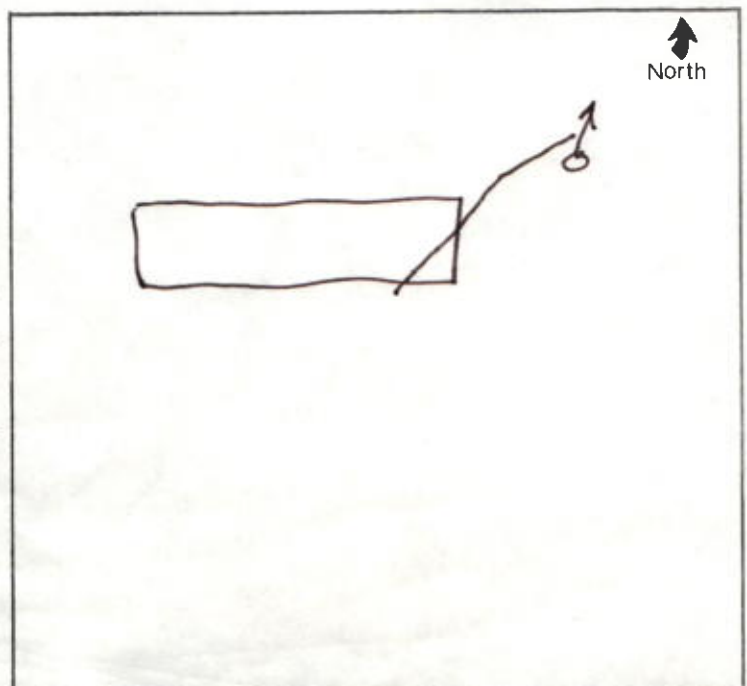
Sump Pump Yes ☐ No ☒

Downspout to Ground Yes ☒ No ☐

Septic Tank Pumped & filled Yes ☐ No ☒

Contractor _____

Special Conditions New Conat



EXPENSE

- CLEAN-OUT
- RE EXCAVATE to resp JOINT



1 AL EBER REGIONAL WASTE DISTRICT
Box 44, Lexington, Indiana 46051

210292200

2% 001810

10-3-71

PATRICIA

40 INMAN DR

390

Lexington, Indiana

4178-4117

100.00

100.00

Enclosed for Patricia are 100.00 in cash and 100.00 in check. The cash is for the balance of the account and the check is for the balance of the account.

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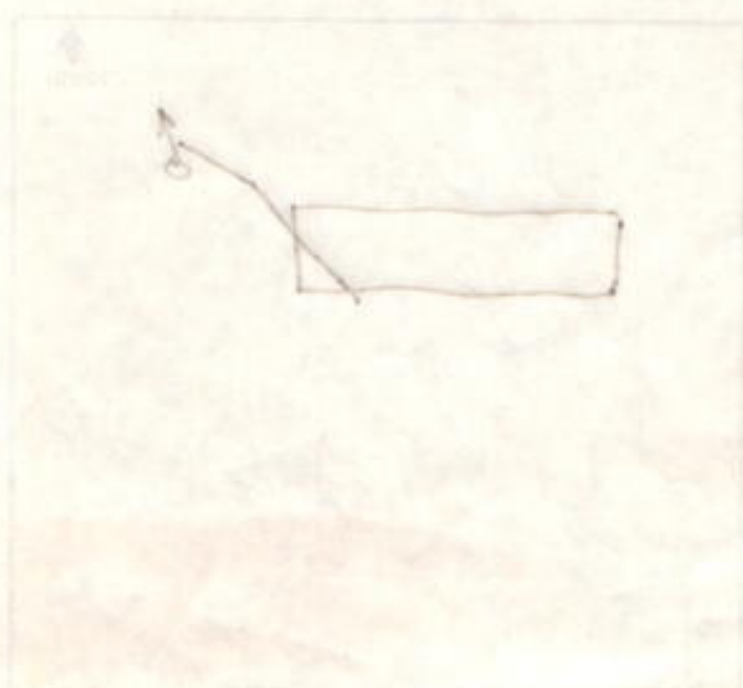
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Patricia A. M. Allen

10-3-71

10-3-71

10-3-71



10-3-71

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