

## FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

	2-00	0/6440.09	
APPLICATION FOR SEWE	R PERMIT	Nº 00135	1
Dormit No.	Aob. 26	1986	
Permit No Date		, , , ,	
Owner Name Canal R. C	Baxi	DX.	
Property Address RB#4 BO	n 465		
	Box 412 -	24. 500 S.	
	Zip Code 46	_ / /	
Phone 317-643-8043 Water		"	
\$ 150.00 Tap on Fee Paid			
\$			
Application is hereby made for connection waste District Sewer System for the above Residential, Commercial, Industrict, User Information	listed property	y - Permit Type:	
All workmanship and materials shall district Ordinance as described in Ordinan Acceptance and approval must be made by the authorized representative before backfill to the main sewer lines. Any violation of cause all lines and appurtenances in violation at the owners expense.	nce 84-2 and 84- he District insp ing and final co f applicable re-	-3 as amended. pector or his duly onnection is made gulations will	
The Fall Creek Regional Waste Distri approval of materials, and installation t materials and installation and any liabil sole responsibility of the property owner	echniques only. ities resulting	All costs for from same is the	ion,
I have read and fully understand the comply by said provisions.	above provisio	ns and agree to	
APPLICANT(S) SIGN	ATURE		
**********		******	
INSPECTOR	B_		
Date inspected 2-25-% Approved	Reject	ed	
Reason for rejection			
Date reinspected App	proved R	ejected	
Notes: Size Pipe "			•
Type Pipe PUL			North
Basement Yes No Y	0	20	
Sump Pump Yes No	15		
Downspout to Ground Yes No			. 17
Septic Tank Pumped & filled Yes No /			
Contractor A+A			
Special Conditions	Pes		
	->		