



FALL CREEK REGIONAL WASTE DISTRICT

9378 S. 650 West PO Box 59
Pendleton, IN 46064-0059 778-7544

add order
on file

413 21-00938.00
415 21-00937.00

Nº 2398

APPLICATION FOR SEWER PERMIT

Date 8

Permit Void 90 days from Date of Issuance

Owner Name Jim Phillips

Property Address 413 + 415 N Swain Street

Lot # _____ P.O. Box _____

Town Ingalls, IN Zip Code 46048

Phone _____ City Water ☒ Well _____

\$ 400 Tap on Fee Paid 11/12/96

\$ 4970 capacity inspection fee paid 11/12/96

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 Tim

Date inspected 6-14-96 Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe 6"
Type Pipe SDR 35
Basement Yes ☒ No _____
Sump Pump Yes ☒ No _____
Downspout to Ground Yes ☒ No _____
Septic Tank Pumped & filled Yes ☒ No _____
Contractor D&R
Special Conditions DUPLEX
Hpt to main tap
Existing Home _____
New Construction ☒

