



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

3-0818955

Nº 000051

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 7-30-85
 Permit Void 90 days from Date of Issuance
 Owner Name Shirley Veterinary Hospital
 Property Address At the Falls 414 N. Pendleton Ave.
 Lot # _____ P.O. Box P2 Box 364 A
 Town Pendleton, IN Zip Code 46064-9544
 Phone 778-2610 Water Meter Pipe"
 \$ 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.

APPLICANT(S) SIGNATURE

INSPECTOR

Ben ParkerDate inspected 8-7-85 Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6"Type Pipe PVCBasement Yes _____ No ☒Sump Pump Yes _____ No ☒Downspout to Ground Yes ☒ No _____Septic Tank Pumped & filled Yes ☒ No _____Contractor EARL DAVIS

Special Conditions _____

