CRW
F C R W D
A CLEAN TOMORROW TODAY!

FALL CREEK REGIONAL WASTE DISTRICT
Box 44, Pendleton, Indiana 46064

1-0001736.00

Nº 001098

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date _12/31/85_

Permit Void 90 days from Date of Issuance

Owner Name _DENNIS & CATHY TRUITT_

Property Address _420 NORTH MERIDIAN ST_

Lot # _____ P.O. Box _____

Town _INGALLS_ , IN Zip Code _46048_

Phone _485-5660_ Water Meter _____ "

$ _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 _X_ , 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.

Charles R. Seger
APPLICANT(S) SIGNATURE

****

INSPECTOR _Ron_

Date inspected _4-7-86_ Approved _✓_ Rejected _____

Reason for rejection _____

_____

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe _6_ "

Type Pipe _PVC_

Basement Yes _____ No _X_

Sump Pump Yes _____ No _X_

Downspout to Ground Yes _X_ No _____

Septic Tank Pumped & filled Yes _X_ No _____

Contractor _A + A_

Special Conditions _____

_____

North

Rev. 11/84

5