



## FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

## APPLICATION FOR SEWER PERMIT

Nº 000965

Permit No. \_\_\_\_\_ Date Dec 12, 1985

Permit Void 90 days from Date of Issuance

Owner Name Victor StalupProperty Address RR 4 Box 464 500 S. (Alliance Rd)Lot # \_\_\_\_\_ P.O. Box 428 Rt. 500 S.Town Anderson, IN Zip Code 46011 9353Phone 644-1315 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.

X Victor R Stalup

APPLICANT(S) SIGNATURE

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INSPECTOR DonDate inspected 1-4-86 Approved ✓ Rejected \_\_\_\_\_

Reason for rejection \_\_\_\_\_

Date reinspected \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_

## Notes:

Size Pipe 6 "Type Pipe PVCBasement Yes \_\_\_\_\_ No XSump Pump Yes \_\_\_\_\_ No XDownspout to Ground Yes ✓ No \_\_\_\_\_Septic Tank Pumped & filled Yes X No \_\_\_\_\_Contractor A + A

Special Conditions \_\_\_\_\_

