



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-0007780.00

your permit number
is 607, and when
ready for inspection,
Nº 000607

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date Nov. 14, 1985

Permit Void 90 days from Date of Issuance

Owner Name Louis Ricci

Property Address 433 Crane Ln Ave

Lot # _____ P.O. Box _____

Town Anderson, IN Zip Code 46013

Phone 643-3988 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.

APPLICANT(S) SIGNATURE

INSPECTOR Rong

Date inspected 11/23/85 Approved ✓ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6" "

Type Pipe P.V.C.

Basement Yes _____ No ✓

Sump Pump Yes _____ No ✓

Downspout to Ground Yes _____ No ✓

Septic Tank Pumped & filled Yes _____ No ✓

Contractor LINDY SHACK

Special Conditions Will Pump

DOWN AT A LATER DATE

