



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

1-0001725.00

No 000149

APPLICATION FOR SEWER PERMIT

Permit No. \_\_\_\_\_ Date 9-4-85
Permit Void 90 days from Date of Issuance
Owner Name Minnie J. Webb
Property Address 436 N. Meridian
Lot # \_\_\_\_\_ P.O. Box \_\_\_\_\_
Town Ellettsville, IN Zip Code 46048
Phone 485-4505 Water Meter w/w
\$ 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 [checked], Commercial \_\_\_\_\_, Industrial \_\_\_\_\_, or Governmental/Institutional \_\_\_\_\_.

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.

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.

[Signature] APPLICANT(S) SIGNATURE

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INSPECTOR [Signature]
Date inspected 10/22/85 Approved [checked] Rejected \_\_\_\_\_
Reason for rejection \_\_\_\_\_

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

Notes:
Size Pipe 6"
Type Pipe P.V.C.
Basement Yes No [checked]
Sump Pump Yes No [checked]
Downspout to Ground Yes No [checked]
Septic Tank Pumped & filled Yes [checked] No
Contractor FIATFORD
Special Conditions \_\_\_\_\_

