



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

1-0000705.00

Nº 000282

APPLICATION FOR SEWER PERMIT

Permit No. \_\_\_\_\_ Date 10-11-85
Permit Void 90 days from Date of Issuance
Owner Name William Cloud
Property Address 441 N. MANIFOLD
Lot # \_\_\_\_\_ P.O. Box \_\_\_\_\_
Town Ingalls, IN Zip Code 46048
Phone 485-7355 Water Meter Inq.
\$ 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 of Mr. William J. Cloud
APPLICANT(S) SIGNATURE

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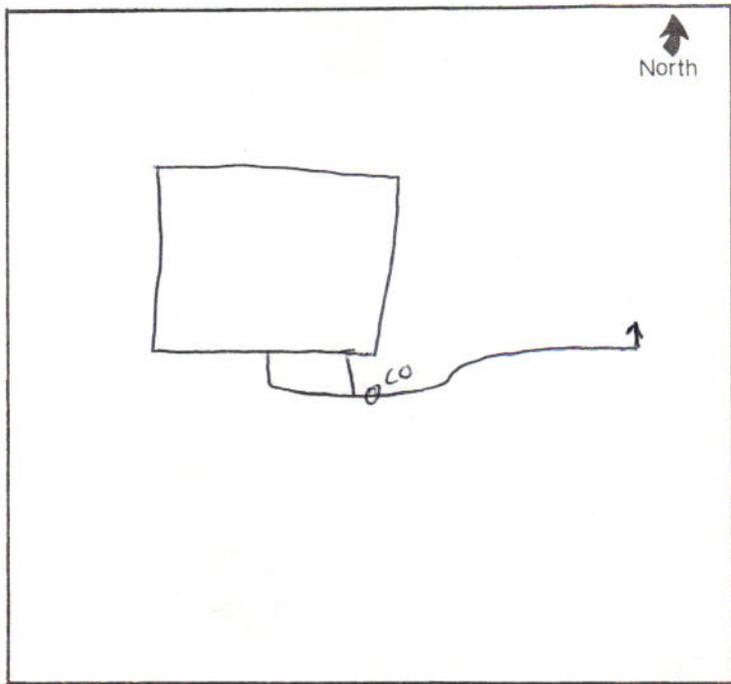
INSPECTOR Ben

Date inspected 10-24-85 Approved [checked] Rejected \_\_\_\_\_

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

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

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



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