add order on file FALL CREEK REGIONAL WASTE DISTRICT FAN PO Box 59 9378 S. 650 West TOMORROW D 22-014l 778-7544 Pendleton, IN 46064-0059 Nº 2063 APPLICATION FOR SEWER PERMIT Date Permit Void 90 days from Date of Issuance Roy King Owner Name 4652 5. Property Address P.O. Box Lot # TOWN ANDERSON 46013 , IN Zip Code City Water ____ Well_ Phone s 100.00 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 _____, 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 Date inspected 42894 Approved L______ Rejected ______ Reason for rejection Date reinspected Approved Rejected Notes: Size Pipe _4" 7 North Type Pipe PLL Basement Yes k No Sump Pump Yes X No to to L RIVE Downspout to Ground Yes NO Septic Tank Pumped & filled Yes NO Contractor EAR DAM Special Conditions Existing Home New Construction_____