FALL CREEK REGIONAL WASTE DISTRICT
Box 44, Pendleton, Indiana 46064

2-0007240.00

№ 001147

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date _Jan 8, 1986_

Permit Void 90 days from Date of Issuance

Owner Name _Edward Parker_

Property Address _509 Iny Lane_

Lot # _____ P.O. Box _____

Town _Anderson_ , IN Zip Code _46013_

Phone _644-4954_ 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 _Sandra L. Parker_

APPLICANT(S) SIGNATURE

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INSPECTOR _____

Date inspected _3-24_ Approved _____ Rejected _____

Reason for rejection _____

_____

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe _6_ "

Type Pipe _PVC_

Basement Yes ____ No _X_   TO DRAIN

Sump Pump Yes ____ No _X_

Downspout to Ground Yes ____ No _X_

Septic Tank Pumped & filled Yes _X_ No ____

Contractor _Ashton_

Special Conditions _____

_____

DRAIN

North

60