



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

200

2-0010340.00

APPLICATION FOR SEWER PERMIT

No 000946

Permit No. _____ Date Dec 10, 1985
Permit Void 90 days from Date of Issuance
Owner Name Margaret J. Swafford
Property Address 511 Stone Dr.
Lot # _____ P.O. Box _____
Town Anderson, IN Zip Code 46013
Phone 643-3597 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 ☒, 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.

Margaret J. Swafford
APPLICANT(S) SIGNATURE

INSPECTOR Ray
Date inspected 1/27/86 Approved _____ Rejected _____
Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe 6 "
Type Pipe PVC
Basement Yes _____ No ☒
Sump Pump Yes _____ No ☒
Downspout to Ground Yes _____ No ☒
Septic Tank Pumped & filled Yes ☒ No _____
Contractor Dary Johnson
Special Conditions _____

