12.00

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

1-0002705.00

№ 000344

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date __10-18-85__

Permit Void 90 days from Date of Issuance

Owner Name __Roy Sanders__

Property Address __521 N. Houston__

Lot # _____ P.O. Box _____

Town __Ingalls__, IN Zip Code __46048__

Phone __no__ Water Meter __Jrg__ "

$ __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.

__Roy Sanders__
APPLICANT(S) SIGNATURE

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INSPECTOR __Tim__

Date inspected __11-16-85__ Approved __X__ Rejected _____

Reason for rejection _____

_____

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe __6'__ "

Type Pipe __PVC__

Basement Yes __X__ No _____

Sump Pump Yes _____ No __X__

Downspout to Ground Yes _____ No __X__

Septic Tank Pumped & filled Yes _____ No __X__

Contractor __Passmore__

Special Conditions _____

_____

North

Rev. 11/84

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