4:00

12

1-000066.00

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

 $R/_{x}$

D

CLEAN TOMORROW TODAY!

F

Nº 000311 APPLICATION FOR SEWER PERMIT 10-15-85 Date Permit No. Permit Void 90 days from Date of Issuance Rechard Owner Name 525 m Property Address anda P.O. Box Lot # 46048 gall , IN Zip Code Town 4408 Phone Water Meter 10 200 Tap on Fee Paid 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 IM Date inspected -22-85 Approved χ Rejected Reason for rejection Date reinspected Approved Rejected Notes: Size Pipe 1 North Type Pipe Basement Yes No Sump Pump Yes No V Downspout to Ground Yes No X Septic Tank Pumped & filled Yes No PASSMORE Contractor ____ dD Special Conditions

2953 How 2461 560