



FALL CREEK REGIONAL WASTE DISTRICT
9378 S. 650 West PO Box 59
Pendleton, IN 46064-0059 778-7544

26-01220 add order on file
26-01225.00

APPLICATION FOR SEWER PERMIT

Nº 2751

Date 4-11-2000

Permit Void 90 days from Date of Issuance

Owner Name Giving Water Worship Center

Property Address 5260 S SR 67 5300

Lot # _____ P.O. Box _____

Town Anderson, IN Zip Code 46013-9711

Phone _____ City Water _____ Well _____

\$ _____ 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 DW

Date inspected 4-6-00 Approved ✓ Rejected _____

Reason for rejection 2-27-01

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe 6" "6"
Type Pipe PVC 35 6" SDR 26
Basement Yes _____ No ✓
Sump Pump Yes _____ No ✓
Downspout to Ground Yes ✓ No _____
Septic Tank Pumped & filled Yes mm No _____
Contractor Tom Davis Exc
Special Conditions SDR 35 TO TANK
SDR 26 2 ROAD
Existing Home _____
New Construction ✓✓

