



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

22-04720.00

Flatford

2-0004720

Nº 000153

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 9-5-85

Permit Void 90 days from Date of Issuance

Owner Name Roy W Linder 5630 Cladwell

Property Address RR 4 Box 191 Rose Farms Dr.

Lot # _____ P.O. Box _____

Town Pendleton, IN Zip Code 46064

Phone 778-4102 Water Meter W

\$ 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 [checked], 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.

[Signature] APPLICANT(S) SIGNATURE

INSPECTOR [Signature]

Date inspected 12-20-85 Approved [checked] Rejected

Reason for rejection

Date reinspected Approved Rejected

Notes: Size Pipe 6" Type Pipe PVC Basement Yes No [checked] Sump Pump Yes No [checked] Downspout to Ground Yes [checked] No Septic Tank Pumped & filled Yes [checked] No Contractor Flatford Special Conditions

