

Rev. 11/84

FALL CREEK REGIONAL WASTE DISTRICT

9378 S. 650 West PO Box 59 Pendleton, IN 46064-0059 778-7544

Nº 2520 APPLICATION FOR SEWER PERMIT Date 6-29-98 Permit Void 90 days from Date of Issuance Owner Name Thomas + DeAnn Wehner Property Address 604 N. Pendleton Ave Lot #_____ P.O. Box _ , IN Zip Code 46064 Town Pendleton Phone 765778-3704 City Water Well / \$______ Tap on Fee Paid paid 2/25/00 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. APPLICANT(S) SIGNATURE INSPECTOR D Date inspected 1-8-0 (Approved ______ Rejected ____ Reason for rejection Date reinspected Approved Notes: Size Pipe 4" Type Pipe PVC North Basement Yes X No Sump Pump Yes No K Downspout to Ground Yes X No LATER Septic Tank Pumped & filled Yes NoX Contractor DAVIS FED Special Conditions Existing Home X New Construction