

add order
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FALL CREEK REGIONAL WASTE DISTRICT

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

22-27124.00

APPLICATION FOR SEWER PERMIT

Nº 2890

Date 10-4-00

Permit Void 90 days from Date of Issuance

Owner Name Janet & Chuck Warner

Property Address 6065 Red Fox Rd.

Lot # 62 P.O. Box _____

Town Pendleton, IN Zip Code _____

Phone 759-6166 City Water _____ Well ☒

\$ 400.00 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.

[Signature]
APPLICANT(S) SIGNATURE

INSPECTOR Jim

Date inspected 10-4-00 Approved _____ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6"

Type Pipe SR 35

Basement Yes ☒ No _____

Sump Pump Yes ☒ No _____

Downspout to Ground Yes ☒ No _____

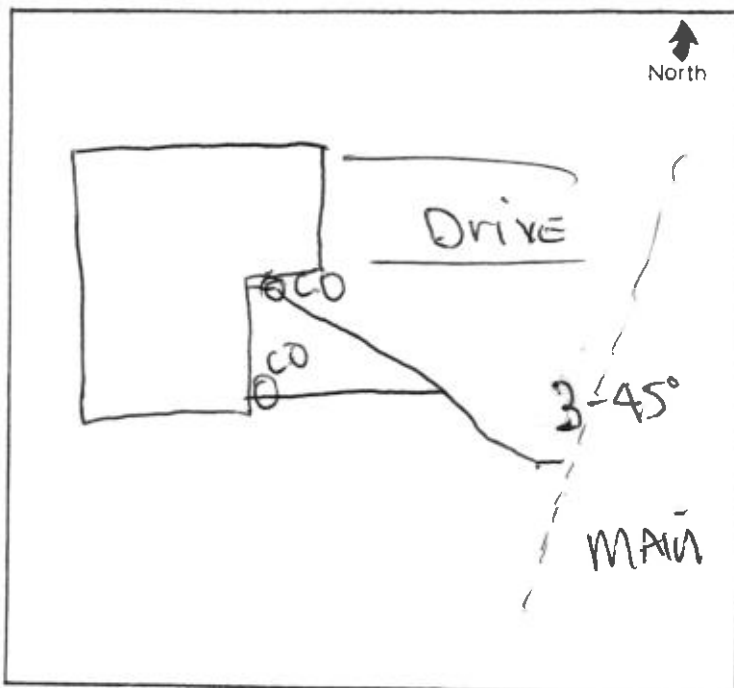
Septic Tank Pumped & filled Yes _____ No _____

Contractor _____

Special Conditions _____

Existing Home _____

New Construction ☒



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M-C CONTRACTORS INC 04-99
P O BOX 623
MUNCIE, IN 47308

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10-4-80

DATE

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