

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

	2-0608000.00
APPLICATION FOR SEWER PERMIT	Nº 000653
1/ 10	J. Jam
Permit Void 90 days from Date of Issuance Owner Name Joseph A. CRAWFOR	5
Owner Name <u>JOSEPH H. CRHWFOR</u>	
Property Address 617 ERNie Lu AL	le
Lot # P.O. Box	1/10012
Town <u>HNDERSON</u> , IN Zip Code	
Phone <u>649-4013</u> Water Meter	
\$SOOO Tap on Fee Paid	
\$	
Application is hereby made for connection to the H Waste District Sewer System for the above listed proper Residential, Commercial, Industrial, Institutional User Information	rty - Permit Type:
All workmanship and materials shall conform to the District Ordinance as described in Ordinance 84-2 and 8 Acceptance and approval must be made by the District in authorized representative before backfilling and final	34-3 as amended. nspector or his duly connection is made
to the main sewer lines. Any violation of applicable recause all lines and appurtenances in violation to be reat the owners expense.	
The Fall Creek Regional Waste District is response approval of materials, and installation techniques only materials and installation and any liabilities resulting sole responsibility of the property owner.	y. All costs for
I have read and fully understand the above provisions comply by said provisions.	ions and agree to
my 2 Crowland	
APPLICANT(S) SIGNATURE	
***********	*****
Date inspected ////////////////////////////////////	ted
Reason for rejection INCOMPLETE - Right +	LATING LACT
30' TO TAD - MUST, BE RIMPED DOWN E	Sedde S
Date reinspected _///8/85 Approved	Rejected
Notes: Size Pipe 6 "	
Type Pipe JV.C.	North
Basement Yes No	
Sump Pump Yes No	
Downspout to Ground Yes No	
Contractor (CCL) (117	
Special Conditions	1
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ALL CREEK REGIONAL WASTE DISTRIC

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