FALL CREEK REGIONAL WASTE DISTRICT

9378 S. 650 West PO Box 59

Pendleton, IN 46064-0059

add order on file TE DISTRICT × 59 778-7544 22-28400.00

Nº 2020 APPLICATION FOR SEWER PERMIT Date 3/8/94 Permit Void 90 days from Date of Issuance Owner Name Charles & Brenda Masters Property Address 6211 5. Red Fox Road P.O. Box Town Penaleton , IN Zip Code 46064 City Water Well V Phone ____ \$ 350.00 _ Tap on Fee Paid availability fee 2000.00 _ Inspection fee paid inter. line fee 1243.50 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. INSPECTOR Date inspected _____ Approved ___ Rejected Reason for rejection Date reinspected Approved Notes: Size Pipe Type Pipe _//C MAIN Basement Yes Sump Pump Yes Downspout to Ground Yes No 0.0 Septic Tank Pumped & filled Yes Now Contractor Sales Special Conditions Existing Home New Construction House