

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

1-0000840.00

ADDI TOMOTON, DOD, OF	7	Nº 000209
APPLICATION FOR SI	0 070	7 ~
Permit No Dat	- 1	S
Permit Void 90 days from Date of Issuar	nce	
Owner Name Shilma	Righolds	
	nin St.	
Lot # P.C		
Town Sigalls, IN	Zip Code 46048	
Town Jigaels, IN Zip Code 46048 Phone 485-7655 Water Meter Jig "		
\$Tap on Fee Paid		
\$Inspection fee pai	d	
Application is hereby made for connection to the Fall Creek Regional Waste District Sever 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. Thelmu Payrolds APPLICANTS) SIGNATURE		

INSPECTOR BEN		
Date inspected 10-1-85 Approved Rejected		
Reason for rejection		
Date reinspected A	pproved Rejected	
Notes: Size Pipe Type Pipe PU "P' ""		4
Type Pipe Pu		North
Basement Yes X' No	c.	
Sump Pump Yes X No	П	
Downspout to Ground Yes X No	7	
Septic Tank Pumped & filled Yes No	L	1 ()
Contractor Louis KEIIER		1XX
Special Conditions Supe Dung		111