



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

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22-28250.00

APPLICATION FOR SEWER PERMIT

Nº 001986

Permit No. _____ Date 1/10/94
Permit Void 90 days from Date of Issuance
Owner Name Phillip A. Buck
Property Address 16405 Red Fox Road
Lot # 15 P.O. Box _____
Town Pendleton, IN Zip Code 46064
Phone 778-3875 Water Meter _____
\$ 350.00 Tap on Fee Paid availability fee 2,000.00
\$ 25.00 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.

Phillip A. Buck
APPLICANT(S) SIGNATURE

INSPECTOR B

Date inspected 3-28-94 Approved ☒ Rejected _____
Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6 "

Type Pipe PVC

Basement Yes _____ No ☒

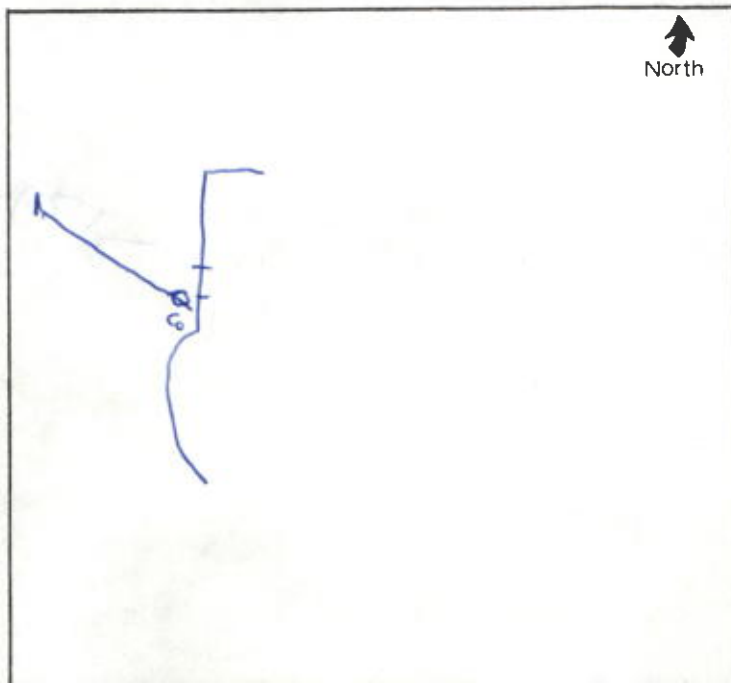
Sump Pump Yes _____ No ☒

Downspout to Ground Yes ☒ No _____

Septic Tank Pumped & filled Yes _____ No _____

Contractor TRC Company

Special Conditions _____





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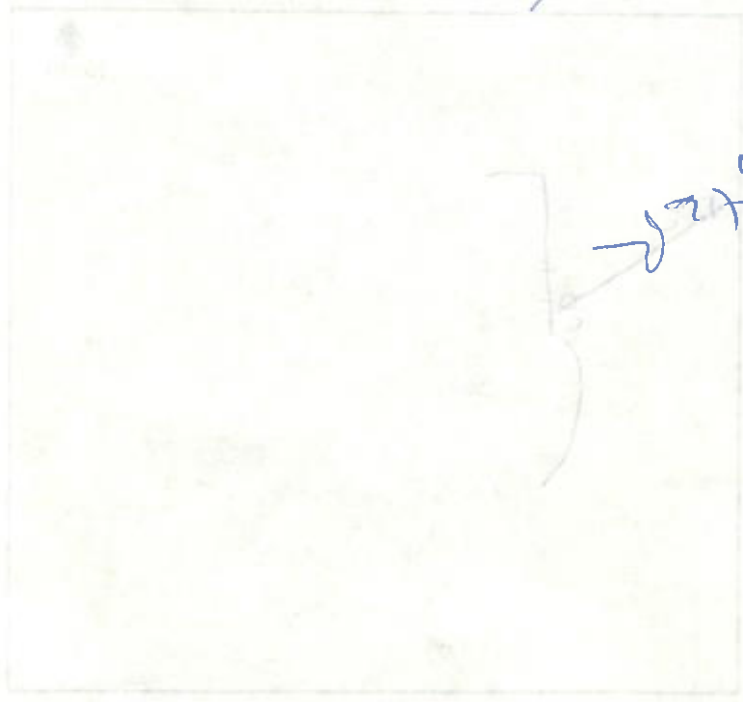
No. 001956

REGISTRATION AND INSPECTION

Permit No. _____
Permit Holder's Name _____
Company Name _____
Address _____
City _____
State _____
Zip _____
Phone _____
Fax _____
E-mail _____
Date of Issue _____
Expiration Date _____

The undersigned hereby certifies that the above information is true and correct to the best of his knowledge and belief, and that the permit holder is qualified to perform the work for which the permit is issued. This certification is made under penalty of perjury.

Date Inspected _____
Inspector's Name _____
Inspector's Title _____
Signature _____
Date _____



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