

8-18411.01



FALL CREEK REGIONAL WASTE DISTRICT

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

APPLICATION FOR SEWER PERMIT

Nº 2896

Date 10-25-00

Permit Void 90 days from Date of Issuance

Owner Name Dennis HarmonProperty Address 652 W. Pendleton Ave

Lot # _____

P.O. Box _____

Town Pendleton, IN Zip Code 46064

Phone _____

City Water _____ Well _____

\$ N/A Tap on Fee Paid\$ N/A ~~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 _____.

All workmanship shall conform to the standards of the District Ordinance as amended. Acceptance and approval shall be given by an authorized representative of the District. The District shall not be responsible for the cause all lines and appurtenances at the owners expense.

TANK NOT
PUMPED

to the standards of the -2 and 84-3 as amended. The District inspector or his duly authorized representative shall make final connection is made in accordance with applicable regulations will be removed and replaced.

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.

APPLICANT(S) SIGNATURE _____

INSPECTOR DonDate inspected 10-25-00 Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6 "Type Pipe PVC 35Basement Yes _____ No ☒Sump Pump Yes _____ No ☒Downspout to Ground Yes ☒ No _____Septic Tank Pumped & filled Yes _____ No ☒Contractor TRUCKS CORP

Special Conditions _____

Existing Home ☒

New Construction _____

