



FALL CREEK REGIONAL WASTE DISTRICT

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

APPLICATION FOR SEWER PERMIT

Nº 2574

Date _____
Permit Void 90 days from Date of Issuance
Owner Name Margie Barkdull (Jack)
Property Address 6536 S SR67
Lot # _____ P.O. Box _____
Town _____, IN Zip Code _____
Phone _____ City Water _____ Well _____
\$ _____ Tap on Fee Paid
\$ _____ 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 _____. 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.

APPLICANT(S) SIGNATURE _____

INSPECTOR Bes

Date inspected _____ Approved ☒ Rejected _____
Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 4"
Type Pipe PVC
Basement Yes ☒ No _____
Sump Pump Yes _____ No ☒
Downspout to Ground Yes ☒ No _____
Septic Tank Pumped & filled Yes ☒ No _____
Contractor EARL DAVIS
Special Conditions _____
Existing Home ☒
New Construction _____

