

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

3-0306026.00

APPLICATION FOR SEWER PERMIT	Nº 001713
Permit No Date 190	a dia second
Permit Void 90 days from Date of Issuance	
Owner Name Thelma West	
Property Address 658 5. Main St.	
Lot # P.O. Box	
TOWN PENDLETON, IN Zip Code 46064	1
Phone Water Meter PenD	11
\$ 500.00 Tap on Fee Paid 1-24-90	
\$25.00 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.

**************************************	Rejected
Date reinspected Approv	red Rejected
Notes: Size Pipe	
Type Pipe PUC	North
Basement Yes No X	my 3
Sump Pump Yes No X	p7 g
Downspout to Ground Yes Y No	
Septic Tank Pumped & filled Yes No X	20
Contractor _ Dick Golber	
Special Conditions (
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