



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-0009820.00

APPLICATION FOR SEWER PERMIT

Nº 000088

Permit No. _____ Date _____
Permit Void 90 days from Date of Issuance
Owner Name Arthur Fowler
Property Address 6721 Jackson
Lot # _____ P.O. Box _____
Town Anderson, IN Zip Code 46013
Phone 643-0692 Water Meter 40"
\$ 150.00 Tap on Fee Paid
\$ 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.

✓ Anna Fowler

APPLICANT(S) SIGNATURE

INSPECTOR

BEN

Date inspected 12-30-85 Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6"

Type Pipe PVC

Basement Yes _____ No ☒

Sump Pump Yes _____ No ☒

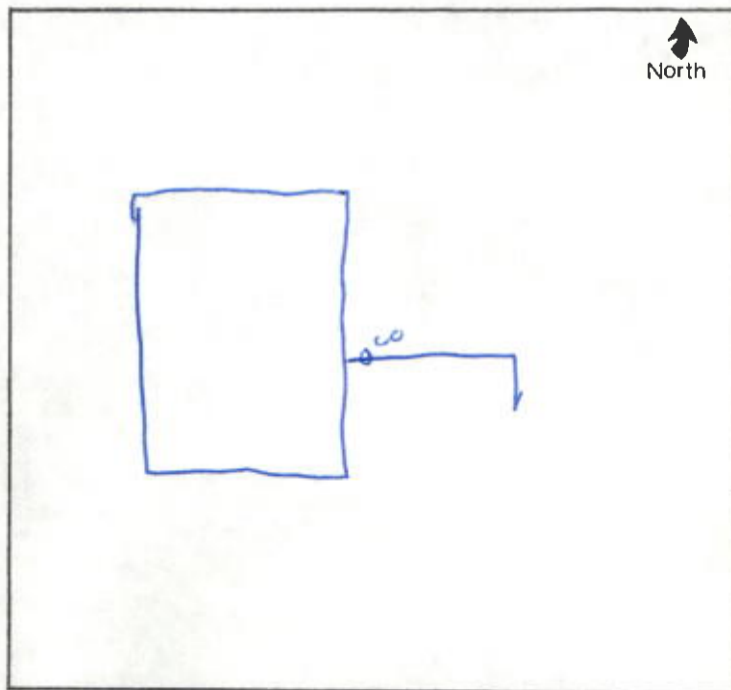
Downspout to Ground Yes ☒ No _____

Septic Tank Pumped & filled Yes ☒ No _____

Contractor KRIEG + SON

Special Conditions _____

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FALL CREEK REGIONAL WASTE DISTRICT

Box 24 Hamilton, Indiana 46004



2200000 1/2

FALL CREEK REGIONAL WASTE DISTRICT

Name: Arthur Fowler
 Address: 1231 Jackson
 City: Anderson
 State: IN
 Zip: 46013
 Phone: 413-042
 Date: 12-20-87
 Time: 2:00

I hereby certify that the above information is true and correct to the best of my knowledge and belief.
 Signature: [Signature]
 Title: [Signature]

All information furnished on this form is for the use of the Fall Creek Regional Waste District only. It is not to be distributed outside the District. The District assumes no responsibility for the use or misuse of this information by any person or organization.
 This form is to be used by the District to determine the location of the waste disposal site. It is not to be used for any other purpose.
 The District reserves the right to use this information for any purpose it deems appropriate.

I have read and fully understand the above information and agree to provide the information requested.
 Signature: [Signature]
 Title: [Signature]

Date: 12-20-87
 Time: 2:00
 Location: [Signature]

Name: [Signature]
 Address: [Signature]
 City: [Signature]
 State: [Signature]
 Zip: [Signature]

Name: [Signature]
 Address: [Signature]
 City: [Signature]
 State: [Signature]
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