FALL CREEK REGIONAL WASTE DISTRICT

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

23-02000.00

№ 2583

APPLICATION FOR SEWER PERMIT

Date 8-13-98

Permit Void 90 days from Date of Issuance

Owner Name Don Driskill

Property Address 6762 So. State Rd 67 So

Lot # _____ P.O. Box _____

Town _____, IN Zip Code 46064

Phone 765-7783347 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 ____. 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.

Don Driskill

APPLICANT(S) SIGNATURE

****

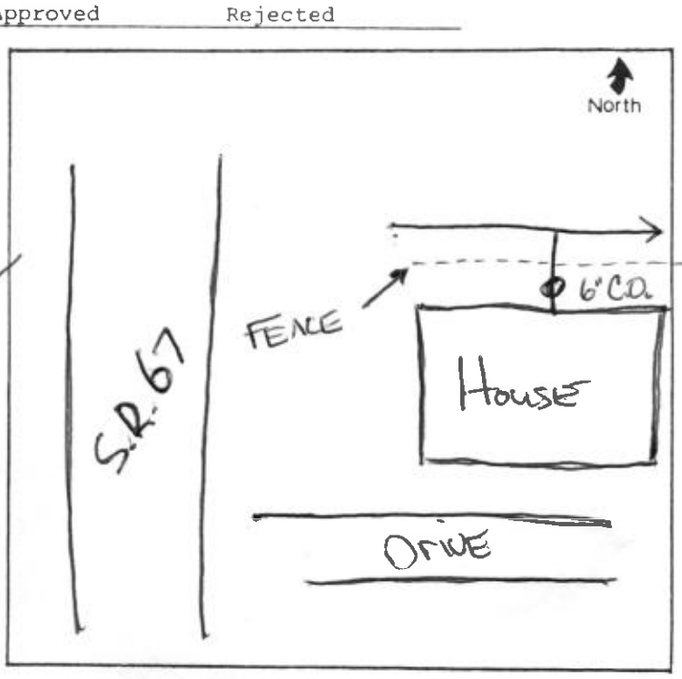
INSPECTOR Tim

Date inspected 8-31-98 Approved ✓ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe 6"
Type Pipe SDR 21 Class 200
Basement Yes ✓ No ____
Sump Pump Yes ✓ No ____
Downspout to Ground Yes ✓ No ____
Septic Tank Pumped & filled Yes ~~No~~ N/A ✓
Contractor Self
Special Conditions Less than 10' of Lateral SDR 21
Existing Home ✓
New Construction ____



Rev 11/84