

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

	2.0012400.00
APPLICA	TION FOR SEWER PERMIT Nº 000897
Permit No.	Date 12-6-85
Permit Void 90 days from Dat Owner Name John Property Address 691	9 Delaware
Lot #	P.O. Box , IN Zip Code 46013
Phone	Water Meter
\$ 15000 Tap on	Fee Paid
s 25 Inspect	tion fee paid
	nade for connection to the Fall Creek Regional

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			
Date inspected ///0/86 Ag Reason for rejection	pproved	Rejected	
Date reinspected	Approved	Rejected	
Notes: Size Pipe Type Pipe Basement Yes Sump Pump Yes No Sump Pump Yes No Sump Pump Yes No Septic Tank Pumped & filled Contractor Special Conditions	Yes No	6" Ou	North
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