

## FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-00/3200.00

Nº 001445 APPLICATION FOR SEWER PERMIT Date 9/1 Permit No. Permit Void 90 days from Date of Issuance Owner Name Megory Benny Property Address 6939 menial \_\_\_\_, IN Zip Code 46013 Town andersox Phone 649-7506 Water Meter 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 Date inspected & Approved \_\_\_\_\_ Rejected \_\_ Reason for rejection Approved Rejected Date reinspected

Approved Rejected North

Size Pipe
Type Pipe
Basement Yes
Sump Pump Yes

Downspout to Ground Yes No

Contractor A+A

Special Conditions

Septic Tank Pumped & filled Yes