



FALL CREEK REGIONAL WASTE DISTRICT

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

10-24/29.00

APPLICATION FOR SEWER PERMIT

Nº 2312

Permit Void 90 days from Date of Issuance
Date 10-31-95
Owner Name Bob's CAR WASH
Property Address 7000 S. SR 67
Lot # _____ P.O. Box _____
Town _____, IN Zip Code _____
Phone _____ City Water _____ Well _____
\$ NA Tap on Fee Paid
\$ NA Inspection fee paid Reinspect.

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 Tim

Date inspected 10/31/95 Approved _____ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6"

Type Pipe SDR35

Basement Yes ☒ No ☒

Sump Pump Yes _____ No _____

Downspout to Ground Yes _____ No _____

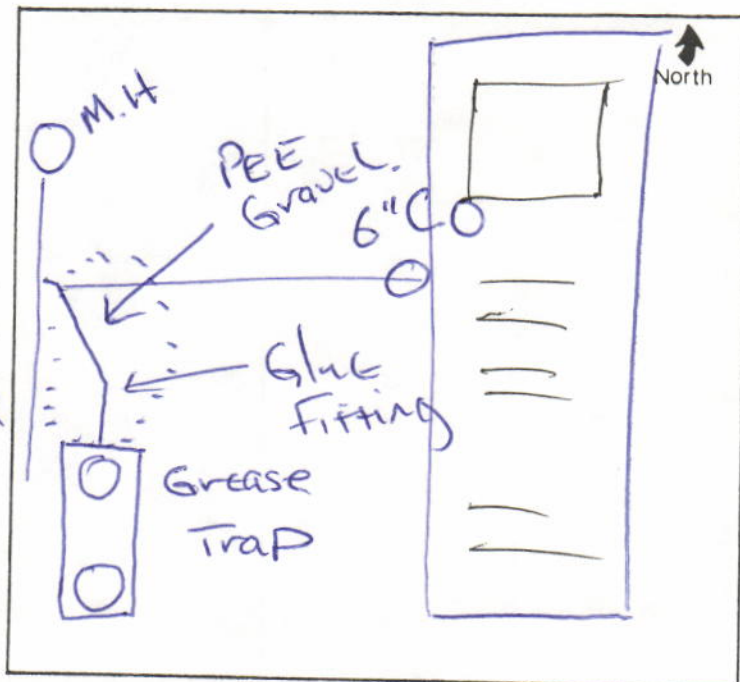
Septic Tank Pumped & filled Yes _____ No _____

Contractor Todd Perkins

Special Conditions AGLUE Fitting WAS USED coming out of tank

Existing Home _____

New Construction ☒





FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

3-1024129.00

Nº 000341

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 10/18/85

Permit Void 90 days from Date of Issuance

Owner Name Bob PerkinsProperty Address 1011 E. 53rd

Lot # _____

P.O. Box _____

Town AndersonIN Zip Code 46013Phone 644-8977Water Meter 58\$ 300.00

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 X, or Governmental/Institutional _____. User Information _____.

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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.

Bob Perkins

APPLICANT(S) SIGNATURE

INSPECTOR BeDate inspected 4-25-86 Approved ✓ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6 "Type Pipe PVCBasement Yes _____ No XSump Pump Yes _____ No XDownspout to Ground Yes X No _____Septic Tank Pumped & filled Yes _____ No XContractor Bob Perkins

Special Conditions _____

New Building NoOld TAN