



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

Buete
Line Brook

1-0000235.00

Nº 000231

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 10-3-85
Permit Void 90 days from Date of Issuance
Owner Name Kelly Fowler
Property Address 709 Jones St.
Lot # _____ P.O. Box _____
Town Ingles, IN Zip Code 46048
Phone 778-2743 Water Meter In
\$ 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.

K. Fowler

APPLICANT(S) SIGNATURE

INSPECTOR B

Date inspected 10-12-85 Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6"

Type Pipe PVC

Basement Yes _____ No ☒

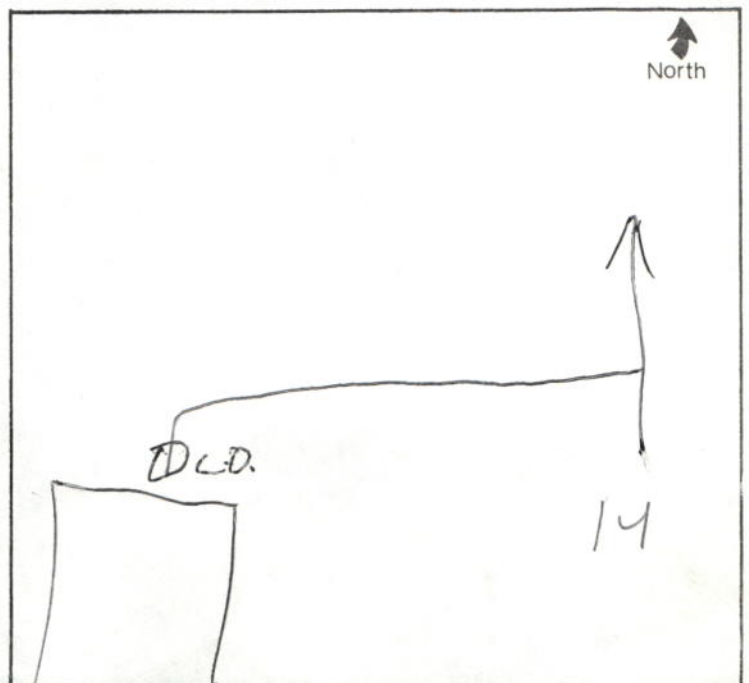
Sump Pump Yes _____ No ☒

Downspout to Ground Yes ☒ No _____

Septic Tank Pumped & filled Yes ☒ No _____

Contractor Jerry Cox

Special Conditions _____





FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

21-00235.02

APPLICATION FOR SEWER PERMIT

Nº 001625

Permit No. _____ Date 10-30-87
Permit Void 90 days from Date of Issuance
Owner Name Kelly Fowler
Property Address 709 Jones
Lot # _____ P.O. Box _____
Town Ingaills, IN Zip Code 46048
Phone _____ Water Meter _____
\$ 10000 Tap on Fee Paid Reconnect fee
\$ _____ 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.

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I have read and fully understand the above provisions and agree to comply by said provisions.

K Fowler
APPLICANT(S) SIGNATURE

INSPECTOR _____

Date inspected _____ Approved _____ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe _____

Type Pipe _____

Basement Yes _____ No _____

Sump Pump Yes _____ No _____

Downspout to Ground Yes _____ No _____

Septic Tank Pumped & filled Yes _____ No _____

Contractor _____

Special Conditions _____

