



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-0008160.00

Nº 000654

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 11-18-85
Permit Void 90 days from Date of Issuance
Owner Name John Larry Hall
Property Address 713 Ernie Lu Ave
Lot # _____ P.O. Box _____
Town Anderson, IN Zip Code 46013
Phone 644-7324 Water Meter _____"
\$ 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.

✓ Betty M. Hall
APPLICANT(S) SIGNATURE

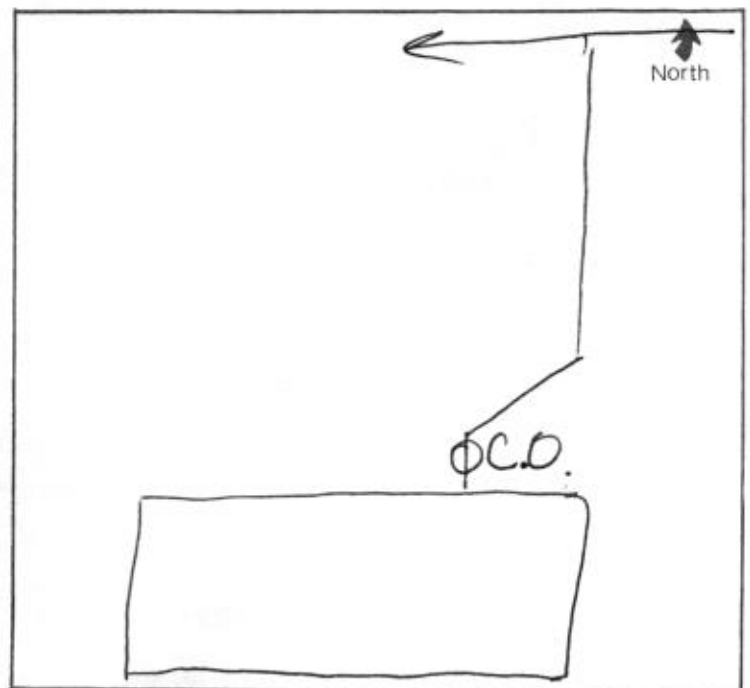
INSPECTOR Tim

Date inspected 12-27-85 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 J & A
Special Conditions _____



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Fountain, Indiana 46034



IN 000684

11-18-82

Project No. _____
 Date _____
 Name _____
 Address _____
 City _____
 State _____
 Zip _____
 Phone _____
 Fax _____
 E-mail _____

Project Description: _____
 Project Location: _____
 Project Status: _____

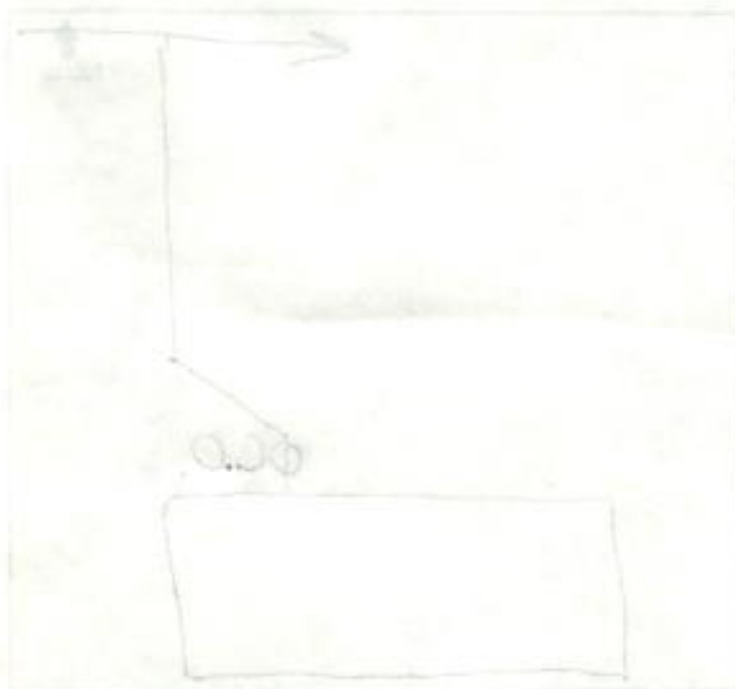
Project Objectives: _____
 Project Benefits: _____
 Project Risks: _____

Project Budget: _____
 Project Timeline: _____
 Project Team: _____

Project Sponsor: _____
 Project Manager: _____
 Project Coordinator: _____

Project Stakeholders: _____
 Project Partners: _____
 Project Advisors: _____

Project Deliverables: _____
 Project Milestones: _____
 Project Risks: _____



Project Name: _____
 Project Number: _____
 Project Status: _____
 Project Date: _____
 Project Location: _____
 Project Team: _____
 Project Sponsor: _____
 Project Manager: _____
 Project Coordinator: _____