| FALL CREEK REGIONAL WASTE DISTRIC | WASTE DISTRI | REGIONAL | CREEK | FALL | - |
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CLEAN OMORROW TODAY!

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Box 44, Pendleton, Indiana 46064

| APPLICATION FOR SEWER PERMIT<br>Date /-/5-86<br>ermit No Date /-/5-86<br>mer Name // D //  |  |   | 2-000                 |
|--|--|---|-----------------------|
| ermit Void 90 days from Date of Issuance<br>mer Name $PAU'P$ $PAUPPALL$<br>roperty Address $1/42$ $LiNcoln$ $St$ .<br>pt # P.O. Box<br>ANDERSON, IN Zip Code $460/3hone 642-4820 Water Meter150^{00} Tap on Fee Paid25^{00} Inspection fee paidApplication is hereby made for connection to the Fall Creek Regionalaste District Sewer System for the above listed property - Permit Type:esidential, Commercial, Industrial, or Governmental/hostitutional$   |  | APPLICATION FOR SEWER PERMIT                          | Nº 0011               |
| Image       DAU'D       CRANDALL         coperty Address $1/42$ $INCO/N$ $5t$ .         out #       P.O. Box   | Permit No.                             | Date  | 1-15-86               |
| coperty Address $7/42$ $L_NCO/N$ $St.$ out #       P.O. Box         own $ANDER50N$ , IN Zip Code $460/3$ none $642-4820$ Water Meter $150^{00}$ Tap on Fee Paid $25^{00}$ Inspection fee paid         Application is hereby made for connection to the Fall Creek Regional aste District Sewer System for the above listed property - Permit Type:         esidential $\checkmark$ , Commercial       , Industrial       , or Governmental/         nstitutional       .       User Information       .  | Permit Void 90 days                    | from Date of Issuance                                 |                       |
| p.o. Box<br>ANDERSON, IN Zip Code <u>460/3</u><br>ANDERSON, IN Zip Code <u>460/3</u><br>$APPIcation is hereby made for connection to the Fall Creek Regional Application is hereby made for connection to the Fall Creek Regional aste District Sewer System for the above listed property - Permit Type: esidential , Commercial , Industrial _, or Governmental/ institutional User Information$   | Owner Name                             | AUID CRANDA   | 111                   |
| ANDERSON       , IN Zip Code   | roperty Address                        | 7142 Lincoln  | St.                   |
| hone <u>642-4820</u> Water Meter<br><u>15000</u> Tap on Fee Paid<br><u>2500</u> Inspection fee paid<br>Application is hereby made for connection to the Fall Creek Regional<br>aste District Sewer System for the above listed property - Permit Type:<br>esidential <u>6</u> , Commercial <u>6</u> , Industrial <u>6</u> , or Governmental/<br>institutional <u>6</u> . User Information  | ot #                                   | P.O. Box  |                       |
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| 25 <sup>00</sup> Inspection fee paid<br>Application is hereby made for connection to the Fall Creek Regional<br>aste District Sewer System for the above listed property - Permit Type:<br>esidential, Commercial, Industrial, or Governmental/<br>institutional User Information  |  |   | "                     |
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| aste District Sewer System for the above listed property - Permit Type:<br>esidential, Commercial, Industrial, or Governmental/<br>nstitutional User Information   | 2500                                   | Inspection fee paid                                   |                       |
| the second s | Naste District Sewer<br>Residential, C | System for the above listed procommercial, Industrial | operty - Permit Type: |
| All workmanship and materials shall conform to the standards of the istrict Ordinance as described in Ordinance 84-2 and 84-3 as amended.  |  |   |                       |

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.

| Comply by said provisions           | and the above provisions and agree to |       |
|-------------------------------------|---------------------------------------|-------|
| APPLICANT (S                        | S) SIGNATURE                          |       |
|                                     | PECTOR BON                            |       |
| Date inspected 1-29-86 Approved     | C Rejected                            |       |
| Reason for rejection                |                                       |       |
| Date reinspected                    | Approved Rejected                     |       |
| Notes:<br>Size Pipe                 |                                       | North |
| Type Pipe PUC                       |                                       |       |
| Basement Yes No X                   |                                       | 7     |
| Sump Pump Yes No K                  |                                       |       |
| Downspout to Ground Yes X No        |                                       |       |
| Septic Tank Pumped & filled Yes X N | No                                    | 1     |
| Contractor FlatFord                 |                                       | 1     |
| Special Conditions                  | 000                                   |       |
|                                     |                                       |       |

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