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FALL CREEK REGIONAL WASTE DISTRICT

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

21-00180.00

APPLICATION FOR SEWER PERMIT

Nº 2504

Date 3/11/98

Permit Void 90 days from Date of Issuance

Owner Name Myron Dutton

Property Address 730 E Broadway

Lot # \_\_\_\_\_ P.O. Box 410

Town Ingalls, IN Zip Code 46048

Phone \_\_\_\_\_ City Water ☒ Well ☐

\$ 400.00 Tap on Fee Paid

\$ 2485.00 Capacity 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.

Myron Dutton  
APPLICANT(S) SIGNATURE

\*\*\*\*\*

INSPECTOR [Signature]

Date inspected 4-27-98 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 Wilson Construction  
Special Conditions \_\_\_\_\_  
Existing Home ☒  
New Construction \_\_\_\_\_

