

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-00/0620,00

APPLICATION FOR SEWER PERMIT Nº 001259	
000 0111900	
Permit No. Date Date Of Issuance	
Owner Name Charles Q. Wallman	
Property Address 730 Stones Drivy	
Lot # P.O. Box	
Town andersox, IN Zip Code 46013	
Phone 6432873 Water Meter	
\$	
\$ 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.	ę.
I have read and fully understand the above provisions and agree to comply by said provisions APPLICANE(S) SIGNATURE	
INSPECTOR	
Date inspected 4-24 Approved Rejected	
Reason for rejection	
Date reinspected Approved Rejected	
Notes: Size Pipe 6 "	•
Type Pipe PVC	North
Basement Yes No X	
Sump Pump Yes No X	
Downspout to Ground Yes X No	
Septic Tank Pumped & filled Yes No	
Contractor A & A	
Special Conditions WATTE AT	
TAP	
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