add order on file R/ FALL CREEK REGIONAL WASTE DISTRICT PO Box 59 9378 S. 650 West TOMORROW 778-7544 21-03118.00 F D Pendleton, IN 46064-0059 TODAY ! spec home Nº 2176 APPLICATION FOR SEWER PERMIT Date 2-15-95 Permit Void 90 days from Date of Issuance Owner Name Tod Owens Property Address 7334 W Reformatory Road P.O. Box Lot # , IN Zip Code 46040 Town Fortville City Water ____ Well Phone s 300.00 Tap on Fee Paid \$ 200.00 credit from permit # 1916 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. have read) and fully understand the above provisions and agree to comply by said provisions. angella lot APPLICANT(S) SIGNATURE *********** INSPECTOR him Date inspected 2-15-95 Approved _____ Rejected _____ Reason for rejection Date reinspected Approved Rejected Notes: Size Pipe ______ Type Pipe SDR 35 North Basement Yes No -Sump Pump Yes No / Downspout to Ground Yes No Septic Tank Pumped & filled Yes No contractor Dick Godhe. Special Conditions TGP Fe 6.00 not Payed Existing Home New Construction