



FALL CREEK REGIONAL WASTE DISTRICT

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

add order
on file

10-24335.00

APPLICATION FOR SEWER PERMIT

Nº 2422

Date 10/10/96

Permit Void 90 days from Date of Issuance

Owner Name Stere's Auto Care

Property Address 7335 S 300 West

Lot # _____ P.O. Box _____

Town Pendleton, IN Zip Code 46064

Phone _____ City Water ☒ Well _____

\$ 400 Tap on Fee Paid

\$ 1900 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.

[Signature]
APPLICANT(S) SIGNATURE

INSPECTOR _____

Date inspected _____ Approved _____ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe _____"

Type Pipe _____

Basement Yes _____ No _____

Sump Pump Yes _____ No _____

Downspout to Ground Yes _____ No _____

Septic Tank Pumped & filled Yes _____ No _____

Contractor _____

Special Conditions _____

Existing Home _____

New Construction _____



see attached



FALL CREEK REGIONAL WASTE DISTRICT

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

APPLICATION FOR SEWER PERMIT

~~No 2415~~

Date _____

Permit Void 90 days from Date of Issuance

Owner Name Lempeur

Property Address 300 West

Lot # _____ P.O. Box _____

Town Pendleton, IN Zip Code 46064

Phone _____ City Water _____ Well _____

\$ _____ Tap on Fee Paid

\$ _____ 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 _____.

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4536

F.M. →

APPLICANT(S) SIGNATURE

INSPECTOR Tim

Date inspected _____ Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe _____"

Type Pipe _____

Basement Yes _____ No _____

Sump Pump Yes _____ No _____

Downspout to Ground Yes _____ No _____

Septic Tank Pumped & filled Yes _____ No _____

Contractor _____

Special Conditions only Inspector

1"ld Force main Pit was Covered

Existing Home _____

New Construction _____

