



# FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

5851 S. Douglas Way  
Anderson IN 46013

22-22000.00

Nº 001822

## APPLICATION FOR SEWER PERMIT

Permit No. \_\_\_\_\_ Date 12-2-91  
Permit Void 90 days from Date of Issuance  
Owner Name RAYMOND L. GARDNER  
Property Address 7978 S. St. Rd 67  
Lot # \_\_\_\_\_ P.O. Box \_\_\_\_\_  
Town PENDLETON, IN Zip Code 46064  
Phone \_\_\_\_\_ Water Meter WELL"  
\$ 2880.00 Tap on Fee Paid  
\$ 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.

I have read and fully understand the above provisions and agree to comply by said provisions.

Raymond Gardner

APPLICANT(S) SIGNATURE

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INSPECTOR Don

Date inspected 12/2/91 Approved ☒ Rejected \_\_\_\_\_

Reason for rejection \_\_\_\_\_

Date reinspected \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_

### Notes:

Size Pipe 4" PVC  
Type Pipe WELL Plastic 114  
Basement Yes \_\_\_\_\_ No ☒  
Sump Pump Yes \_\_\_\_\_ No ☒  
Downspout to Ground Yes ☒ No \_\_\_\_\_  
Septic Tank Pumped & filled Yes \_\_\_\_\_ No \_\_\_\_\_  
Contractor EARL DAVIS  
Special Conditions \_\_\_\_\_

