



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-0008320-00

Nº 000542

APPLICATION FOR SEWER PERMIT

Permit No. \_\_\_\_\_ Date Nov. 11, 1985  
Permit Void 90 days from Date of Issuance  
Owner Name Brenda Bogiowski  
Property Address 811 Annie St  
Lot # \_\_\_\_\_ P.O. Box \_\_\_\_\_  
Town Anderson, IN Zip Code 46013  
Phone 644-1183 Water Meter \_\_\_\_\_  
\$ 150.00 Tap on Fee Paid  
\$ 2500 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 X, 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.

X Mike Bogiowski  
APPLICANT(S) SIGNATURE

\*\*\*\*\*

INSPECTOR [Signature]  
Date inspected 11/18/85 Approved ✓ Rejected \_\_\_\_\_  
Reason for rejection \_\_\_\_\_

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

Notes:  
Size Pipe 6 "  
Type Pipe P.V.C.  
Basement Yes \_\_\_\_\_ No ✓  
Sump Pump Yes \_\_\_\_\_ No ✓  
Downspout to Ground Yes \_\_\_\_\_ No ✓  
Septic Tank Pumped & filled Yes \_\_\_\_\_ No ✓  
Contractor TERR/COX (JEA)  
Special Conditions \_\_\_\_\_



