



FALL CREEK REGIONAL WASTE DISTRICT

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

APPLICATION FOR SEWER PERMIT

No 2912

Date 11-3-00

Permit Void 90 days from Date of Issuance

Owner Name BRUCE FAITH

Property Address 8249 W 1000 S

Lot # _____ P.O. Box _____

Town FORTVILLE, IN Zip Code 46040

Phone 317 485 5373 City Water _____ Well _____

\$ N/A 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 _____

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.

Bruce Faith
APPLICANT(S) SIGNATURE

INSPECTOR IIM

Date inspected 6-11-01 Approved Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 4" / 1 1/2"

Type Pipe SDR35 / 160 PSI

Basement Yes _____ No

Sump Pump Yes _____ No

Downspout to Ground Yes _____ No _____

Septic Tank Pumped & filled Yes _____ No

Contractor SELF

Special Conditions check valve was installed in value pit

Existing Home

New Construction _____

