



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

12:30 (Don
Mower)
Bill
JACK
CHAPIN

22-04620.00

2-0004620

Nº 000511

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 11-8-85
Permit Void 90 days from Date of Issuance
Owner Name Earl Hiday 824 W 575 S
Property Address R4, Box 209 B 575 S. A block + half
Lot # _____ P.O. Box _____ Cast at
Town Pendleton, IN Zip Code 46064 Medison Ave
Phone 778-4814 Water Meter _____ on 575 S.
\$ 150.00 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.

✓ W. Earl Hiday
APPLICANT(S) SIGNATURE

INSPECTOR [Signature]
Date inspected 12-5 Approved [Signature] Rejected _____
Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe 6 "
Type Pipe PVC
Basement Yes _____ No X
Sump Pump Yes _____ No X
Downspout to Ground Yes X No _____
Septic Tank Pumped & filled Yes _____ No _____
Contractor BILL CANNELL
Special Conditions _____

