C R W
A CLEAN TOMORROW TODAY!
F D

FALL CREEK REGIONAL WASTE DISTRICT
9378 S. 650 West PO Box 59
Pendleton, IN 46064-0059 778-7544

26-05840.00

№ 2975

APPLICATION FOR SEWER PERMIT

Date DEC 4, 2000

Permit Void 90 days from Date of Issuance

Owner Name DALE A EMMONS

Property Address 8434 W. 1000 S.

Lot # _____ P.O. Box _____

Town FORTVILLE, IN Zip Code 46040

Phone (317) 485-6863 City Water _____ Well ✓

$ N/A Tap on Fee Paid

$ N/A 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.

Dale A Emmons
APPLICANT(S) SIGNATURE

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Date inspected 5-17-01 INSPECTOR Don

Approved ✓ Rejected _____

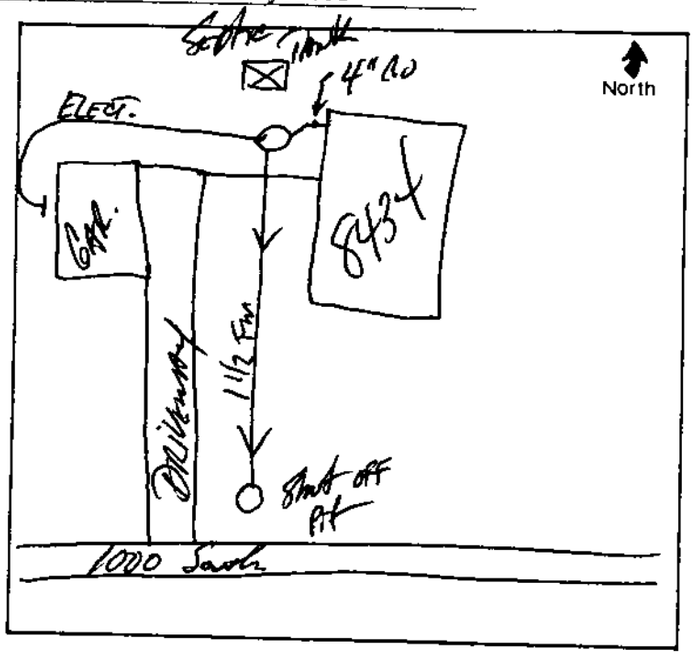
Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe 4" Lat. 1 1/2" FM
Type Pipe 35 / 160
Basement Yes _____ No ✓
Sump Pump Yes _____ No ✓
Downspout to Ground Yes ✓ No _____
Septic Tank Pumped & filled Yes ✓ No _____
Contractor H&R Exc.
Special Conditions _____

Existing Home ✓

New Construction _____



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