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FALL CREEK REGIONAL WASTE DISTRICT
Box 44, Pendleton, Indiana 46064

3091924y

№ 000041

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date _____ 7-29-85 _____

Permit Void 90 days from Date of Issuance

Owner Name _____ Arabelle P. Knight _____

Property Address __ R2 Box 18 __ 860 S. Pendleton Ave.

Lot # _____ P.O. Box _____

Town ___ Pendleton ___, IN Zip Code 46064-9502

Phone ___ 778-3461 ___ Water Meter __ 5/8 __ "

$ ___ 150⁰⁰ ___ 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 ✓, 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.

✓ Mrs Arabelle P Knight

_____
APPLICANT(S) SIGNATURE

****

INSPECTOR __ Ron __

Date inspected 10-10-85 Approved ____✓____ Rejected _____

Reason for rejection _____

_____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe __ 6 __ "

Type Pipe __ PVC __

Basement Yes X No _____

Sump Pump Yes _____ No X

Downspout to Ground Yes X No _____

Septic Tank Pumped & filled Yes X No _____

Contractor __ Eral Davis __

Special Conditions _____

_____

North

C.O.

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