C R W
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A CLEAN TOMORROW TODAY!

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

26-06540.00

APPLICATION FOR SEWER PERMIT

№ 2930

Date _11/7/2000_

Permit Void 90 days from Date of Issuance

Owner Name _JERRY M°Clintock_

Property Address _8953 W. ADELL ST._

Lot # _____   P.O. Box _____

Town _FORTVILLE_ , IN Zip Code _46040_

Phone _485-5825_   City Water_____ Well _X_

$ _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.

_____
APPLICANT(S) SIGNATURE

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INSPECTOR _B_

Date inspected _4-10-1_ Approved _✓_ _____ Rejected _____

Reason for rejection _____

Date reinspected _____   Approved _____ Rejected _____

Notes:
Size Pipe _6_ "

Type Pipe _35 Pr Bu_

Basement Yes ____ No _X_

Sump Pump Yes ____ No _X_

Downspout to Ground Yes _X_ No ____ _Fisk_

Septic Tank Pumped & filled Yes _X_ No ____

Contractor _Fisk_

Special Conditions _____

Existing Home _X_

New Construction _____

North

Rev 11/84