

22-21040.00



# FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2.00 21040

Nº 000421

## APPLICATION FOR SEWER PERMIT

Permit No. \_\_\_\_\_ Date 10-28-85  
Permit Void 90 days from Date of Issuance  
Owner Name Jack Bucher  
Property Address R2, Box 305 8987 S. McGray Dr.  
Lot # \_\_\_\_\_ P.O. Box \_\_\_\_\_  
Town Pendleton, IN Zip Code 46064-9541  
Phone 778-3798 Water Meter \_\_\_\_\_  
\$ 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.

Jack M Bucher  
APPLICANT(S) SIGNATURE

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INSPECTOR Way  
Date inspected 11/4/85 Approved ☒ Rejected \_\_\_\_\_  
Reason for rejection \_\_\_\_\_

Date reinspected \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Notes:  
Size Pipe 6 "  
Type Pipe P.V.C  
Basement Yes \_\_\_\_\_ No ☒  
Sump Pump Yes \_\_\_\_\_ No ☒  
Downspout to Ground Yes \_\_\_\_\_ No ☒  
Septic Tank Pumped & filled Yes \_\_\_\_\_ No \_\_\_\_\_  
Contractor Ferry Excavating  
Special Conditions \_\_\_\_\_

