



FALL CREEK REGIONAL WASTE DISTRICT

9378 S. 650 West PO Box 59
Pendleton, IN 46064-0059 778-7544

add order
on file

26-06050.00

Contractor - one source
underground

No 2977

APPLICATION FOR SEWER PERMIT

Date DEC. 5, 2000

Permit Void 90 days from Date of Issuance

Owner Name ROBERT L. RHADS JR

Property Address 8997 W10005

Lot # _____ P.O. Box MAIL TO PO BOX 13

Town FORTVILLE, IN Zip Code 46040-0013

Phone 317-485-5273 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.

Robert Rhads Jr
APPLICANT(S) SIGNATURE

INSPECTOR Ben

Date inspected 12/8/00 Approved ✓ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 4"

Type Pipe PVC

Basement Yes ✓ No _____

Sump Pump Yes _____ No ✓

Downspout to Ground Yes ✓ No _____

Septic Tank Pumped & filled Yes ✓ No ✗

Contractor ONE SOURCE

Special Conditions _____

Existing Home ✓

New Construction _____

Fisher
1-24-1

