

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-0010820.00

APPLICATION	For sewer permit \mathbf{N} ? 0	00645
Permit No.	Date 11-18-85	
Permit Void 90 days from Date of	Issuance	
Owner Name Robert	KREDS	
Property Address 32	Stoner DR	
Lot #	P.O. Box	
Town Arderson.	, IN Zip Code 46013	
Phone 643-9937	Water Meter	
\$ Tap on Fee I	Paid	
\$ Inspection f	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 W. Preba APPLICANT (S)	SIGNATURE	
**************************************	**************************************	
	Rejected	
Date reinspected	Approved Rejected	
Notes: Size Pipe Type Pipe Basement Yes No X Sump Pump Yes No X Downspout to Ground Yes No Septic Tank Pumped & filled Yes X No Contractor Special Conditions		North