add order



FALL CREEK REGIONAL WASTE DISTRICT

9378 S. 650 West PO Box 59 Pendleton, IN 46064-0059 778-7544 21-03547.00

Nº 2483 APPLICATION FOR SEWER PERMIT Date Permit Void 90 days from Date of Issuance Owner Name Tom Roberts Property Address 96 Inman Crive P.O. Box , IN Zip Code 46048 City Water \$ 700.00 Tap on Fee Paid 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. Lauthgate Lames INSPECTOR TIME Date inspected 29 97 Approved _____ Rejected ___ Reason for rejection Date reinspected Approved Size Pipe 6 North Type Pipe SDR35 Basement Yes No Sump Pump Yes Downspout to Ground Yes Septic Tank Pumped & filled Yes Contractor Acors Special Conditions Existing Home New Construction