

FALL CREEK REGIONAL WASTE DISTRICT

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

Nº 2531 APPLICATION FOR SEWER PERMIT Date Permit Void 90 days from Date of Issuance Owner Name Chuck Clivenger Property Address Jalls Park Plaza II P.O. Box Pendletox , IN Zip Code 46964 City Water V Well Phone 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. APPLICANT(S) SIGNATURE Date inspected 715-98 Approved _____ Rejected ____ Reason for rejection Approved Rejected Date reinspected

Special Conditions House world wet Drive uny

North

Type Pipe WC Basement Yes Sump Pump Yes

Downspout to Ground Yes No

Contractor Mam EVC. INC.

Granity To South min. Existing Home /

New Construction

Septic Tank Pumped & filled Yes