FALL CREEK REGIONAL WASTE DISTRICT 22-15626.00 R/w EAN 9378 S. 650 West PO Box 59 \mathbf{F} TOMORROW D 46064-0059 778-7544 Pendleton, IN TODAY ! Nº 2412 APPLICATION FOR SEWER PERMIT

	Date 8/22/96
Permit Void 90 days from I Owner Name Muslin A	ate of Issuance
Owner Name ///www.	
Property Address///	WEstatt
Lot # 69, Village Colox	ЦуР.О. Вох
Town anderson	IN Zip Code 46013
Phone	City Water Well
\$ Tap of	on Fee Paid
\$ 2156.00 Capa	city setion 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

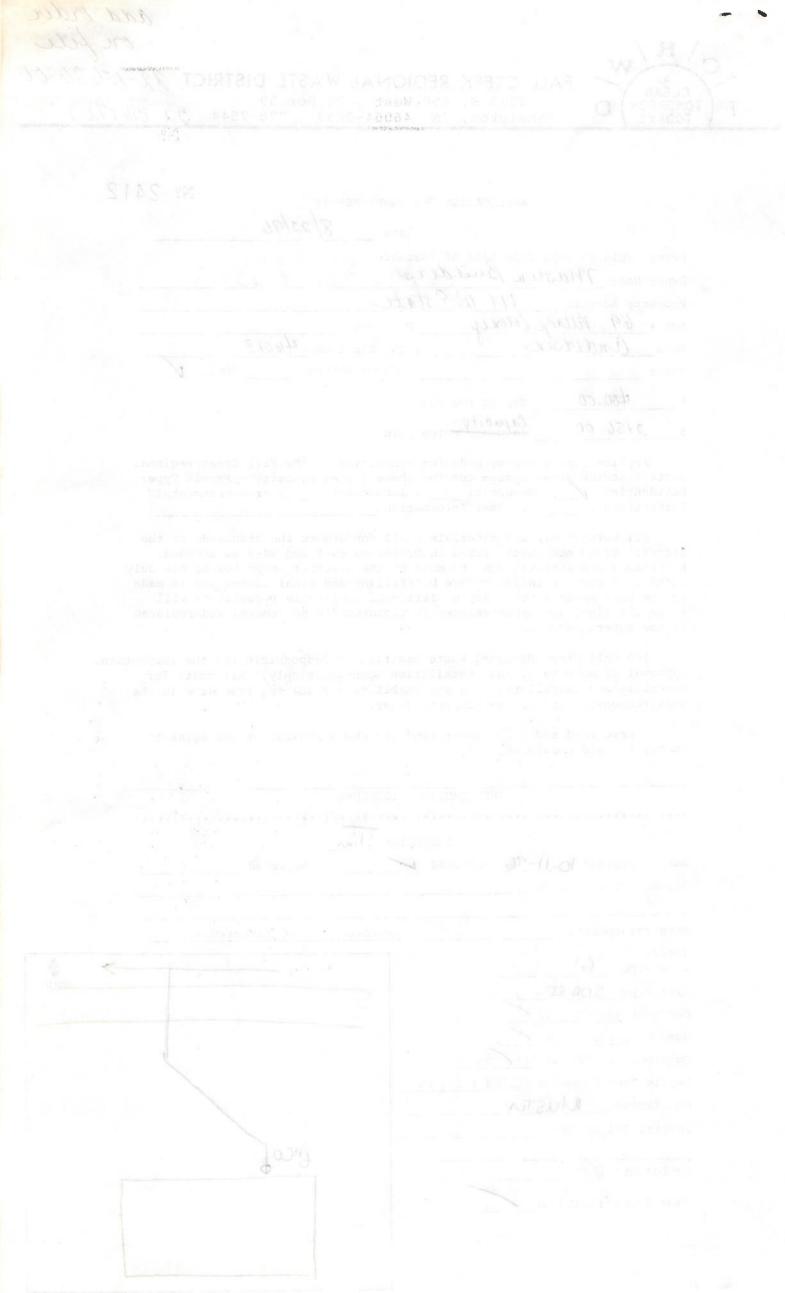
All workmanship and materials shall conform to the standards of the District Ordinance as described in Ordinance 84-2 and 84-3 as amended. Acceptance and approval must be made by the District inspector or his duly authorized representative before backfilling and final connection is made to the main sewer 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		10
**************************************	CTOR Time	*******	*
Date inspected 10-11-96 Approved	<u> </u>	Rejected	
Reason for rejection			
Date reinspected	Approved	Defense a	
Notes: Size Pipe "	Approved	Rejected	> 1
Type Pipe SDR 35			North
Basement Yes No			
Sump Pump Yes No			
Downspout to Ground Yes No		J	
Septic Tank Pumped & filled Yes No		/	
Contractor MUSTIA			
Special Conditions			
Existing Home	-	6"CO[
New Construction			
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