FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date _____

Permit Void 90 days from Date of Issuance

Owner Name AL CROFT

Property Address 114 ADAMS

Lot # _____ P.O. Box _____

Town PENDLETON, IN Zip Code _____

Phone _____ Water Meter _____"

$ 0 Tap on Fee Paid

$ 0 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

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INSPECTOR _____

Date inspected 11-3-86 Approved _____ Rejected _____

Reason for rejection _____

_____

Date reinspected _____ Approved Rejected

Notes:

Size Pipe 6 "

Type Pipe PVC

Basement Yes X No

Sump Pump Yes No X

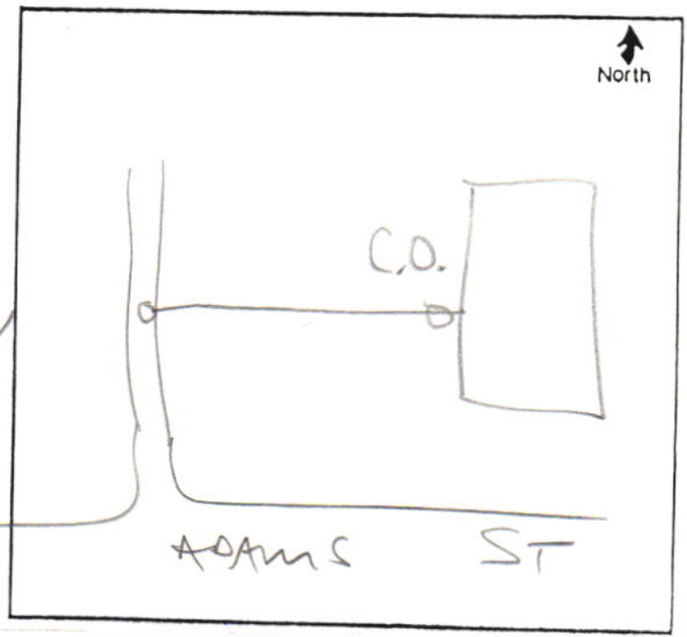
Downspout to Ground Yes X No

Septic Tank Pumped & filled Yes N/A No

Contractor EARL DAVIS

Special Conditions RE CONNECTION

_____



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