add order on file R /w FALL CREEK REGIONAL WASTE DISTRICT EAN OMORROW 22-06124.00 D Box 44, Pendleton, Indiana 46064 TODAY !

| | APPLICATION FOR SEWER PERMIT | Nº 001984 |
|-----------------|--|-----------|
| Permit No. | DateDate | |
| Owner Name Robe | From Date of Issuance A E 4 Sue A. Bryant 978 W. Huntsville Road | |
| Lot # | P.O. Box | |
| Town Penaleton | n, IN zip code 46064 | |
| Phone | Water Meter | |
| \$ 700.00 | Tap on Fee Paid availability for | 2000.00 |
| \$ 25.00 | 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.

| Date inspected <u>1-10-94</u> Appro Reason for rejection | Ved | ************************************** | * * * |
|--|----------|--|-------|
| Date reinspected | Approved | Rejected | |
| Notes: Size Pipe <u>6</u> Type Pipe <u>SDR 35</u> Basement Yes <u>No</u> Sump Pump Yes <u>No</u> Downspout to Ground <u>Yes</u> <u>No</u> Septic Tank Pumped & filled <u>Yes</u> Contractor <u>Jim</u> <u>Baker</u> Special Conditions <u>ColD</u> | NO O | 6" 0.0 "C.O "C.O | North |

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