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CLEAN TOMORROW TODAY ! D		IONAL WASTE DI West PO Box 59 46064-0059 778-		
	APPLICATION FOR	SEWER PERMIT Date <u>9/2//98</u>	Nº 262	1
Owner Name	D days from Date of Issu Michael Sizem ess 2811 Hunts	lore		
Lot #	F	P.O. Box		
Town		IN Zip Code		
Phone		City Water	Well_/	
\$/A	Tap on Fee Paid			

s_N/A 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	
7-//-//	ctor	
Date inspected Approved Reason for rejection	Rejected	
Date reinspected	Approved Rejected	
Notes: Size Pipe		*
Type Pipe		North
Basement Yes 📈 No 🎽	1	
Sump Pump Yes No 🔀		
Downspout to Ground Yes No		
Septic Tank Pumped & filled Yes No	900	
Contractor Mtm	- / //	
Special Conditions		
Existing Home	_	
New Construction		