

APPLICATION	V FOR SEWER PERMIT	Nº 000124
Permit No	Date 8-26-85	U
Permit Void 90 days from Date of		
Owner Name Charta	-nun Sa Corp	QU
Property Address	Murcur	add
Lot #	P.O. Box	/
Town Plexaliton	, IN Zip Code46064	
Phone 8-2604	Water Meter 70	"
\$ Tap on Fee	Paid 8 hon	is
\$ 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 _____.

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.

may D. munor			
APPLICANT(S)	SIGNATURE		

Date reinspected	Approved	Rejected	
Notes: Size Pipe" Type Pipe" Basement Yes No X Sump Pump Yes No X Downspout to Ground Yes X No Septic Tank Pumped & filled Yes X No ContractorA MCRCER Special Conditions			North