W FALL CREEK REGIONAL WASTE D CLEAN D TOMORROW D Box 44, Pendleton, Indiana 460	
	2-000 7700
APPLICATION FOR SEWER PERMIT	Nº 000799
Permit No Date	25,1985
Permit Void 90 days from Date of Issuance Owner Name	
Lot # P.0. Box	
Town Condense, IN Zip Code 46 Phone 649-0042 Water Meter	013"
\$ Tap on Fee Paid	
s_2500 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.

*****	CANT(S) SIGNATURE	**************************************	***
Reason for rejection			-
Date reinspected	Approved	Rejected	
Notes: Size Pipe Type Pipe Basement Yes Sump Pump Yes No Sump Pump Yes No Septic Tank Pumped & filled Y Contractor Special Conditions	- / .	6" - DRY	North
	V		

F

FALL EREEK REGIONAL WASTE INSTRUCT

661.000 ANI

Marrie & 130