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0		00					
~	CLEAN	FALL CREEK	REGIONAL	WASTE D	ISTRICT		
F	TOMORROW TODAY!	Box 44	, Pendleton, Ir	ndiana 460	064	22-054	60.02

	1 contraction of the second seco	- 000-5460
APPLICATION FO	R SEWER PERMIT	Nº 000770
Permit No.	Date 7100. 22, 198	5
Permit Void 90 days from Date of Is:	suance	
Owner Name OHN DROUGT	htow	A
Property Address RR4 Box	216 5624	5 Rowera Ct.
Lot #	P.O. Box	
Town ten She TON	, IN Zip Code 46064	
Phone 778-3143	Water Meter	
\$ Tap on Fee Paid	đ	
\$ 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.

John Brow APPLICAS	****			
	NSPECTOR Tree	_ Rejected		
Date reinspected	Approved	Rejected		
Notes: Size Pipe 6" " Type Pipe Pice		7 1	N	orth
Basement Yes No Sump Pump Yes No		-+/	1	T
Downspout to Ground <u>Yes No</u> Septic Tank Pumped & filled <u>Yes</u>	No		-	
Contractor				-
	K			7