



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

1-0000150.01

No 001349

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 2-25-86
Permit Void 90 days from Date of Issuance
Owner Name Ollie Griggs + Louise Petty
Property Address 605 N EAST ST
Lot # _____ P.O. Box _____
Town Ingalls, IN Zip Code 46048
Phone 643-7788 Water Meter _____
\$ 150.00 Tap on Fee Paid
\$ 25.00 Inspection fee paid

422 W 8th
ANDERSON
46016

Application is hereby made for connection to the Fall Creek Regional Waste District Sewer System for the above listed property - Permit Type: Residential [checked], 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.

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.

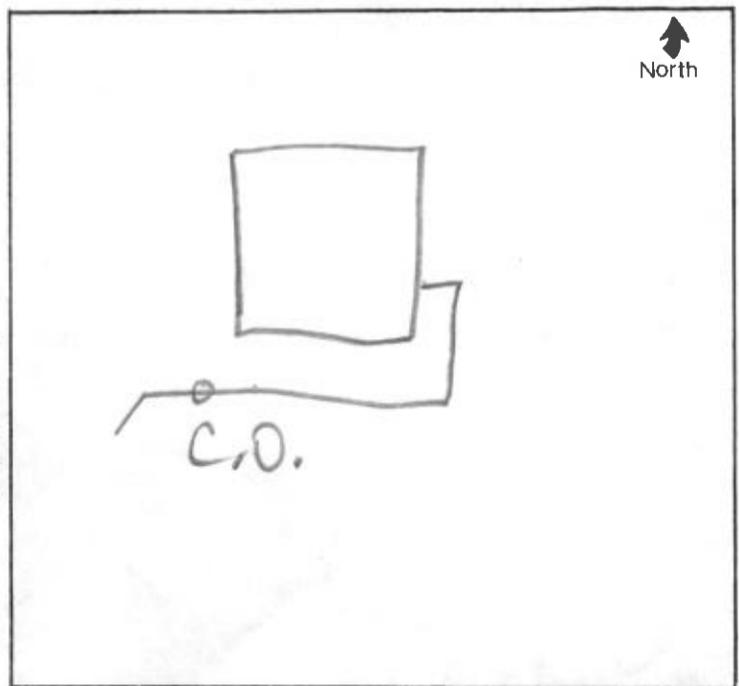
Louise Petty
APPLICANT(S) SIGNATURE

INSPECTOR [Signature]
Date inspected 11-3-87 Approved _____ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe 6"
Type Pipe PVC
Basement Yes No [checked]
Sump Pump Yes No [checked]
Downspout to Ground Yes [checked] No
Septic Tank Pumped & filled Yes No [checked]
Contractor Owner
Special Conditions BROKEN GAS
LINE AT STREET -
SHALLOW LINE - 1'±



FALL GREEN REGIONAL WASTE DISTRICT

Box 66, Madison, Indiana 46004



Y - 00020101

NO 001349

INVESTIGATION OF THE WASTE

WAS W 2 2
WAS W 2 2
WAS W 2 2

2-25-80

Name: Ellie Greider + Louise Betty Greider
 Address: 105 1/2 First St
 City: Madison
 State: IN
 Zip: 47001
 Phone: 443-7781
 Date: 2-25-80
 Investigator: [Signature]

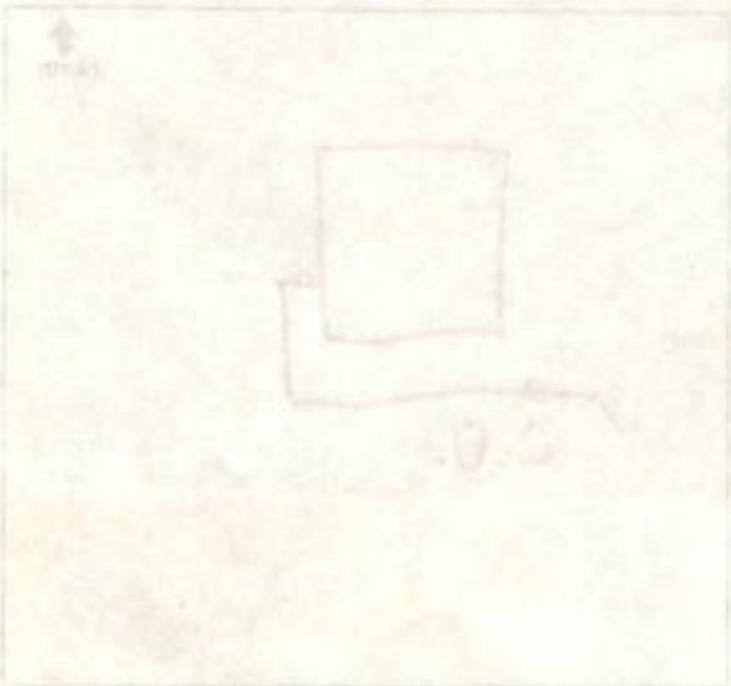
This investigation was conducted in accordance with the provisions of the Indiana Solid Waste Act, Chapter 13-15, Indiana Code. The purpose of this investigation is to determine the location and nature of the waste disposal site and to determine the appropriate regulatory requirements.

The waste disposal site is located at the address listed above. The waste disposal site is a residential property. The waste disposal site is located on the east side of the street.

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