

Property Address 608 1	MY LANE
Lot #	P.O. Box
TOWN ANDERSON	, IN Zip Code 46013
Phone 643-6763	Water Meter"
\$ Tap on Fee Pa	id
s 2500 Inspection fe	e 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..

- Barnell 7 Jugger	CANT(S) SIGNATURE		
***************************************	INSPECTOR	*****	
Date inspected //0/6_ App Reason for rejection	proved R	Rejected	
Date reinspected	Approved	Rejected	
Notes: Size Pipe"			North
Type Pipe <u><i>FV.C.</i></u> Basement Yes No /		1	
Sump Pump Yes No	62.0	8	
Downspout to Ground Yes No Septic Tank Pumped & filled Y	_ / /		
Contractor Verky (OX Special Conditions			
	121		

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