

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

1-6600276.00

APPLICATION FO	DR SEWER PERMIT	
Permit No.	Date 10-14-85	
Permit Void 90 days from Date of Is	ssuance	
Owner Name Michael	Davis	
Property Address 621 (Jones St.	
Lot #	P.O. BOX 246	
Town Ingaels	, IN Zip Code 46048	
Phone 636-7821	Water Meter 10 "	
\$ \langle \int 5000 Tap on Fee Pai	id	
\$ 2500 Inspection fee		
Waste District Sewer System for the	connection to the Fall Creek Regional e above listed property - Permit Type: _, Industrial, or Governmental/ mation	
District Ordinance as described in Acceptance and approval must be mad authorized representative before batto the main sewer lines. Any viola	shall conform to the standards of the Ordinance 84-2 and 84-3 as amended. de by the District inspector or his duly ackfilling and final connection is made ation of applicable regulations will in violation to be removed and replaced	
approval of materials, and installa	District is responsible for the inspection, ation techniques only. All costs for liabilities resulting from same is the yowner.	
comply by said provisions	and the above provisions and agree to $10 - 14 - 85$	
APPLICANT (S	5) SIGNATURE	

INSP	PECTOR KEUD	
Date inspected /2/24/87 Approved	Rejected	
Reason for rejection		
Date reinspected	Approved Rejected	
Notes: Size Pipe		•
Type Pipe		North
Basement Yes No V		
Sump Pump Yes No V	0.50	
Downspout to Ground Yes No	1	
Septic Tank Pumped & filled Yes N	lo	1
Contractor GREV HOLT		
Special Conditions Safette	7.	

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Michael David St.

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