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FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-0008720.00
APPLICATION FOR SEWER PERMIT Nº 0012
Permit No Date /- 24-86
Permit Void 90 days from Date of Issuance
Owner Name GARY BRAGE
Property Address 8/6 Slack DR
Lot # P.O. Box
TOWN ANDERSON, IN Zip Code 46013
Phone 644-7381 Water Meter
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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.

Jun Bragg Applicant(s) SIGNATURE				
*************************************			* * *	
Date reinspected	Approved	Rejected		
Notes: Size Pipe Type Pipe Basement Yes No / Sump Pump Yes No / Downspout to Ground Yes / No Septic Tank Pumped & filled Yes Contractor Special Conditions	No		North	

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TO DATE 3-7-88 TIME 10 3 = M OF a PHONE 30 URGENT! EPHONED E CALL WILL CALLAGAIN CALLE O SEE YOU SEE YOU RETURNED YOUR CALL YOU'LL KNOW MESSAGE (ALD A lass, OPERATOR: NOTES AMPAD 23-016 CHECK HERE IF ADDITIONAL NOTES ON OTHER SIDE