2-0006660
APPLICATION FOR SEWER PERMIT Nº 000538
Permit No DateDOV. 11,1985
Permit Void 90 days from Date of Issuance
Owner Name Alenx Q. COR
Property Address 831 Unu dang
Lot # P.O. Box
Town anderson, IN Zip Code 46013
Phone <u>693-9717</u> Water Meter "
\$ Tap on Fee Paid
\$ 25.00 Inspection fee paid

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

R/w

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CLEAN

TODAY!

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 _____.

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.

\propto	Madonna L. Cook
~	APPLICANT(S) SIGNATURE

INSPECTOR Beacher Rejected Rejected Rejected				
Date reinspected	Approved	Rejected		
Notes: Size Pipe <u><u><u></u></u> Type Pipe <u><u>P</u>/<u>C</u> Basement <u>Yes</u> <u>No</u> Sump Pump <u>Yes</u> <u>No</u> Sump Pump <u>Yes</u> <u>No</u> Septic Tank Pumped & filled <u>Yes X No</u> Contractor <u>Ashten</u> Special Conditions</u></u>			North	