| | | 2-0 | 002260-00 |
|----------------|----------------------|---------------------|-----------|
| | APPLICATION F | OR SEWER PERMIT | Nº 001468 |
| Permit No. | | Date 4-4-86 | |
| Permit Void 90 | days from Date of Is | ssuance | |
| Owner Name | DAUID A. | ARthur | |
| | | CARRIAGE LANE | |
| Lot # | | P.O. Box | |
| TOWN PENI | pleton | , IN Zip Code 46064 | |
| Phone | 178-4606 | Water Meter | " |
| s | Tap on Fee Pa: | id | |
| s 250 | Inspection fee | e paid | |

R/w

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.

Institutional ____. User Information

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.

| APPLICANT(S) SIGNATURE | ************************************** | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------|
| Date reinspected Approved | Rejected | |
| Notes: Size Pipe Type Pipe Basement Yes No X Sump Pump Yes No X Downspout to Ground Yes No Septic Tank Pumped & filled Yes No Contractor Special Conditions | - deca | North |