

APPLICATION FOR PERMIT TO TAP SEWER

(Print or Type)

Owner MRS. ARTHUR BRUNS
Address 1109 SHEFFIELD
Contractor MARVIN BEHNFELDT
Address R#4 NAPOLEON Tel. 758-3198

NO. _____
BLDG. PERMIT _____
PERMIT FEE \$ _____
DATE PAID _____
for office use only

LOCATION OF CONNECTION

Street and No. 1109 SHEFFIELD Sanitary _____ Storm _____
Lot No. _____ Subdivision _____ Size of Tap 6"
Size and Type of Sewer 4" Orange plastic ALL WORK MUST BE INSPECTED

I certify that the sewer will be used only as indicated and no other Drainage will be connected.

Date 6-28-79 Signature Marvin Behnfelt
owner-builder agent

do not write below this line

INSPECTION RECORD

Date Inspected 6-28-79 Size and Type of Sewer 4" PVC
Location FRONT Depth 2 1/2' dp Type of Test N/A
Inspected and Approved By: Amie Whitchurch Date 6-28-79
Inspector
Additional Information Septic tank FILLED w/ SAND

Send copy to: _____

SKETCH OF INSTALLATION

