## FOLLOWING DATA TO BE ANSWERED BY INSPECTOR AND SIGNED WHEN RETURNED

| Date Inspected /25/80                  | I so how and location from first manhole down stream   |          |
|--|--|----------|
| House No.                              | Distance from first manhole down stream to ditch at  |          |
| Size of pipe used                      | curb line and depth  |          |
| Was lateral at curb?                   | Name of Contractor Sawa  | Transler |
| Was attached to main                   | Name of Contractor   |          |
| Show by diagram relation of lateral i  | to wall of building served.  |          |
| Show by diagram relation of lateral to |  |          |
|  | to wall of building served.  |          |
|  |  |          |
| Type of Samel                          |  |          |
| Type of Samel                          | Malary States  Jane States  Jan | 000      |

Nº 344

## PERMIT TO TAP SEWER

|                            | ir ngasser can won o<br>2458 nyob : 61242223<br>Many 2224 most sonst | Massillon, O.,      | 1/0~1           |                               |
|----------------------------|--|---------------------|-----------------|-------------------------------|
| Received of                | Village by soil of   | 70-1-1-1            |                 | _fee of \$4<br>source success |
| for which permission is gr | anted.   | Am frits            | ) G.L.          | <u> </u>                      |
| to tap                     | to possession in the same  | ewer, on the        | 1-1-10-14       | 17K)                          |
| of The Lawrence            | 1 Onta   | Ave., Type of l     | Street2         | Lines-A                       |
| the premises being Lot No  | 1776   | St.,<br>House       | No              | 1519                          |
| Work to be done in accord  |  | No. 2323, duly pass | sed by the City | y Council, s                  |
| the Department of Public   | Service.   | 1.                  |                 |                               |
| Name of Contractor         | 1, 7   | ////                |                 |                               |

NOTE. This permit covers work outside of building only. Any work inside walls of buils subject to Massillon Board of Health Regulations.