Nº 5366

FOLLOWING DATA TO BE ANSWERED BY INSPECTOR AND SIGNED WHEN RETURNED

| 14 |
|----|
| 48 |
| 1 |

| DATE INSPECTED 10-11-49 | IF SO HOW AND LOCATION FROM FIRST MANHOLE DOWN STREAM | |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HOUSE NO | | |
| SIZE OF PIPE USED | DISTANCE FROM FIRST MANHOLE DOWN STREAM TO DITCH AT CURB LINE AND DEPTH | 7. Leefs |
| WAS LATERAL AT CURB? / C C | | |
| WAS ATTACHED TO MAIN Y = 5 | | |
| SHOW BY DIAGRAM RELATION OF LATE | | |
| 23 RO ST / | V. W- | |
| | 7don, | |
| N | e de la companya della companya della companya de la companya della companya dell | |
| | 7800 | and the second s |
| , en | The second secon | · · · · · · |
| SIGNED John Ehm | FILED AT ENGINEER'S OFFICE 10-11 | and help of |
| INSPECTOR FOR CITY | , and the state of | terrinal triutyle it it is to the trium in the constant |
| REMARKS: | | |

Nº 5366

OFFICE OF THE DIRECTOR OF PUBLIC SERVICE PERMIT TO TAP SEWER

| | Massillon, Ohio, | 11 fio | 19/4 |
|--------------------------------------------|---------------------|------------------|-----------------|
| RECEIVED OF TOTAL | MASSILLON, ONIO, | FEE OF | 3 |
| FOR WHICH PERMISSION IS GRANTED | Hartma | m) | |
| TO TAPSEWE | R, ON THE | L. A. ad | SIDE |
| ор <u>23,1000 ду</u> е., тү | PE OF STREET | dert | |
| THE PREMISES BEING LOT NO. 3732 | , House No | 105 | |
| WORK TO BE DONE IN ACCORDANCE WITH ORDINAN | CE No. 2323. DULY 1 | PASSED BY THE CI | TY COUNCIL, AND |
| Name of Contractor | | - e | |

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