

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

IF SO HOW AND LOCATION FROM
FIRST MANHOLE DOWN STREAM

DISTANCE FROM FIRST MANHOLE
DOWN STREAM TO DITCH AT
CURB LINE AND DEPTH-----

WAS LATERAL AT CURB?_____

WAS ATTACHED TO MAIN _____ NAME OF CONTRACTOR _____

SHOW BY DIAGRAM RELATION OF LATERAL TO WALL OF BUILDING SERVED.

ATION OF LATERAL TO WALL OF BUILDING SERVED.

6 feet deep

30 feet

ply 24 feet behind side walk

scale

Dinner in

SIGNED 11/12 FILED AT ENGINEER'S OFFICE

REMARKS _____

CUT-OFF

No 9002 ✓

OFFICE OF THE DIRECTOR OF PUBLIC SERVICE
PERMIT TO TAP SEWER

MASSILLON, OHIO,

Oct. 26

RECEIVED OF

East 30 Excausting

FEE OF \$

5.00

FOR WHICH PERMISSION IS GRANTED

Mass. City Hospital

CUT-OFF

TO TAP

Sanitary

SEWER ON THE

East

OF

Danville St. N.E.

AVE.

ST. TYPE OF STREET

City & local

THE PREMISES BEING LOT NO.

2051

HOUSE NO.

824

WORK TO BE DONE IN ACCORDANCE WITH ORDINANCE NO. 19-1971 DULY PASSED BY THE CITY COUNCIL, AND RULES OF THE DEPARTMENT OF PUBLIC SERVICE.

NAME OF CONTRACTOR

East 30

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

Indefinite
12-26-76