

City of Muncie, Indiana
Muncie Sanitary District

Application for Sewer Tap/Grease Tap/Storm

Sewer Tap/Grease Trap Permit Number: _____

Date: _____

Type of Permit: Residential _____ Commercial _____ Industrial _____

Type of Tap: Sanitary _____ Grease _____ Storm _____

Address: _____

Size of Connection: _____ inch, Material: (PVC) _____ Other _____

Contractor Name: _____

Contractor Address: _____

Contractor Business Phone: _____ Cell Phone: _____

Person(s) responsible for sewage bill:

Name: _____

Address: _____

Phone: _____

- OFFICE USE ONLY -

Tap location: _____

Plans submitted & accepted: Yes _____ No _____ Date: _____

Accepted By: _____

SEWER TAP INSPECTION SHEET

Muncie Sanitary District
5120 Kilgore Avenue
Muncie, IN 47304 - 765-747-4879

THIS PERMIT VOID AFTER ONE (1) YEAR FROM DATE OF ISSUANCE.
The Contractor shall not backfill any pipe or structure without the approval of a District Inspector. If approval is not obtained the contractor WILL be required to expose the pipe or structure for inspection at their expense.
BEFORE COVERING TAP CALL: 747-4879

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- FOR INSPECTORS USE ONLY -

Date of installation _____ Size of Connection _____

Installed by: _____ (Show sketch of connection on the reverse side)
(Show distance to manhole on reverse side)

DISTRICT INSPECTOR

Card completed and sent to Sewage Collection on _____ by _____
Date Signature

Approved by State Board of Accounts for City of Muncie, 2004