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: __________________________________________________________________

(11/18/2010)
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

- 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

TAP PERMIT ADDITION