

1140.00



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

3-0001140.00

Nº 000040

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 7-29-85
Permit Void 90 days from Date of Issuance
Owner Name Delbert Thuntzinger
Property Address R 2 Box 22 1033 S. Pend Ave
Lot # _____ P.O. Box _____
Town Pendleton, IN Zip Code 46064
Phone 778-3380 Water Meter no.
\$ 150.00 Tap on Fee Paid
\$ 25.00 Inspection fee paid

Application is hereby made for connection to the Fall Creek Regional Waste District Sewer System for the above listed property - Permit Type: Residential [checked], Commercial, Industrial, or Governmental/Institutional. User Information

All workmanship and materials shall conform to the standards of the District Ordinance as described in Ordinance 84-2 and 84-3 as amended. Acceptance and approval must be made by the District inspector or his duly authorized representative before backfilling and final connection is made to the main sewer lines. Any violation of applicable regulations will cause all lines and appurtenances in violation to be removed and replaced at the owners expense.

The Fall Creek Regional Waste District is responsible for the inspection, approval of materials, and installation techniques only. All costs for materials and installation and any liabilities resulting from same is the sole responsibility of the property owner.

I have read and fully understand the above provisions and agree to comply by said provisions.

[Signature] APPLICANT(S) SIGNATURE

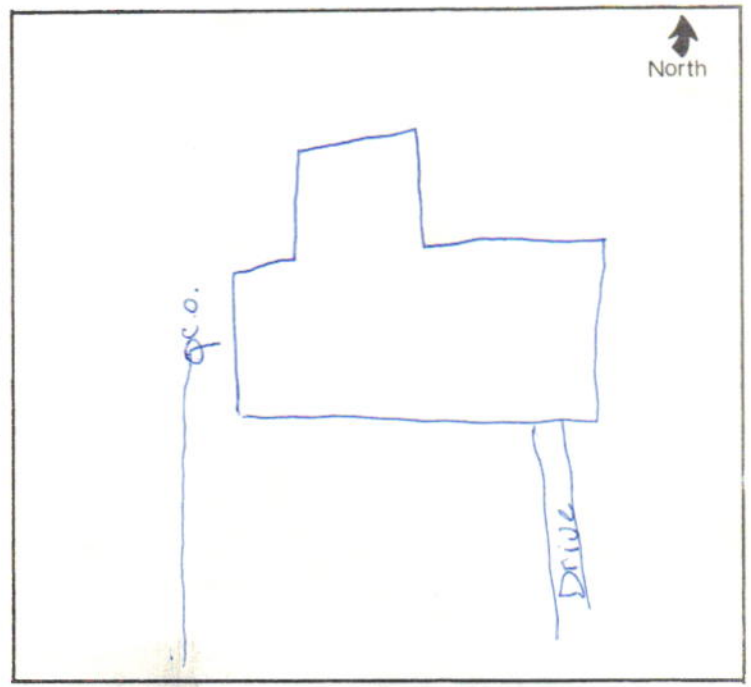
INSPECTOR _____

Date inspected _____ Approved _____ Rejected _____
Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe "
Type Pipe
Basement Yes No
Sump Pump Yes No
Downspout to Ground Yes No
Septic Tank Pumped & filled Yes No
Contractor
Special Conditions

INSURANCE Hooked up



● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Delbert Huntizinger

RR 02 Box 22

Pendleton, IN 46064

4. Article Number

P 035 498 830

Type of Service:

- ☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X *Delbert Huntizinger*

6. Signature — Agent

X

7. Date of Delivery

8-20-87

8. Addressee's Address (*ONLY if requested and fee paid*)

P 035 498 830

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	
Delbert Huntizinger	
Street and No.	
RR 02 Box 22	
P.O. State and ZIP Code	
Pendleton, IN 46064	
Postage	
Certified Fee	\$.22
Special Delivery Fee	.75
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	.70
Postmark or Date	

* U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982



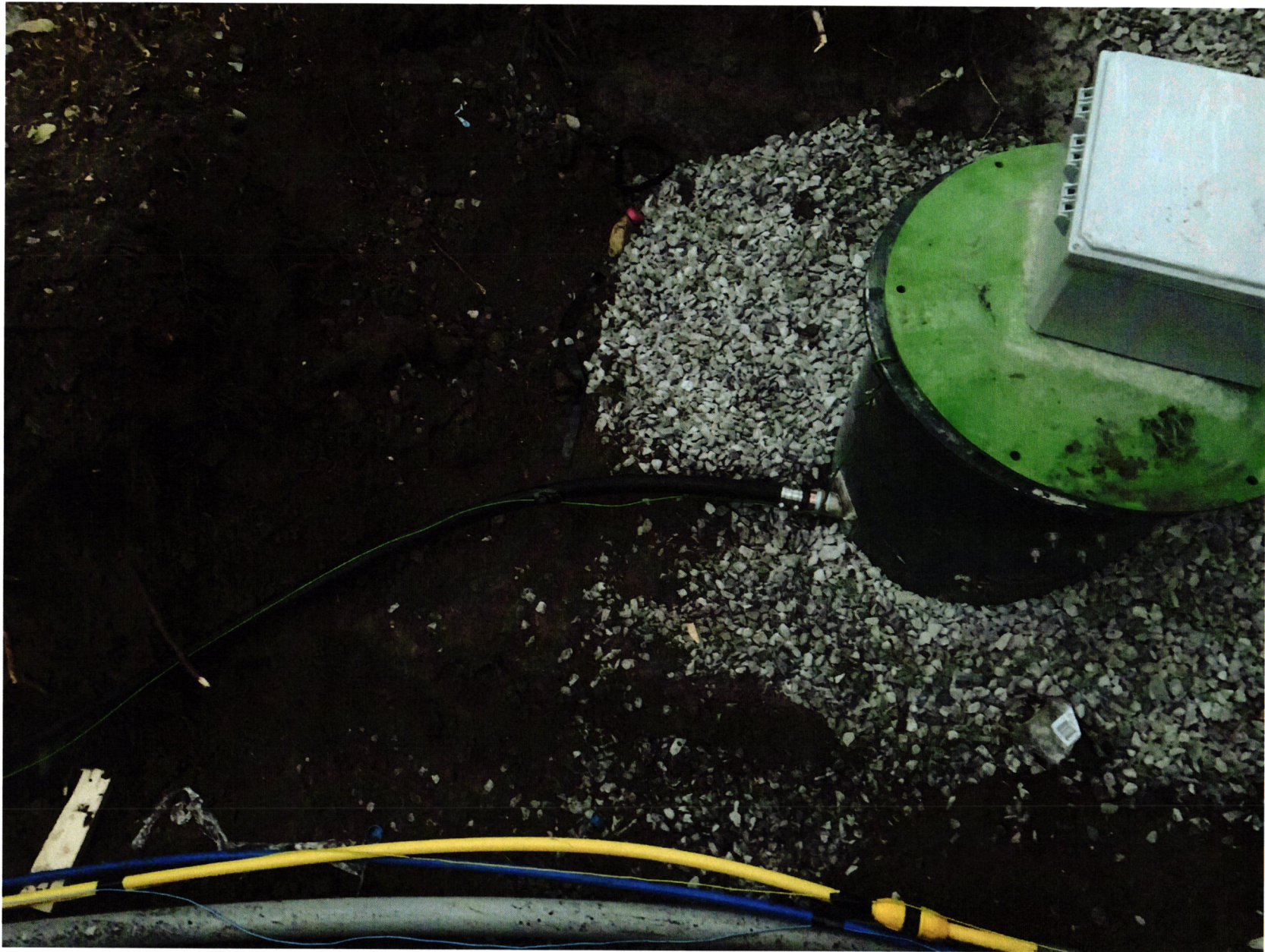


1033 S Pendleton Ave

Grinder Replacement

Kyle Cravens

11/21/2019



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