



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

WAIVER TO 4-30-86

Miche

1-0002145.00

Nº 000493

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date Nov. 5, 1985

Permit Void 90 days from Date of Issuance

Owner Name ~~Robert~~ Peggy Hunt

Property Address 1237 N. Albion

Lot # _____ P.O. Box _____

Town Orion, IN Zip Code 46048

Phone 485-7488 Water Meter 5/8"

\$ 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 ☒ 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.

Peggy Hunt
APPLICANT(S) SIGNATURE

INSPECTOR Bow P

Date inspected 9-28-87 Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6"

Type Pipe PVC

Basement Yes _____ No ☒

Sump Pump Yes _____ No ☒

Downspout to Ground Yes ☒ No _____

Septic Tank Pumped & filled Yes _____ No ☒

Contractor Wilson Conyers

Special Conditions _____



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● **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.

4. Article Number

P 035 498 804

Type of Service:

☒ Registered
☐ Certified
☐ Express Mail

☐ Insured
☐ COD

Always obtain signature of addressee or agent and **DATE DELIVERED.**

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

Peggy Hunt
237 N Alfonde

Ingalls, IN 46048

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

8-30-89

DOMESTIC RETURN RECEIPT

P 035 498 804

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to	Peggy Hunt	
Street and No.	237 N Alfonte	
P.O., State and ZIP Code	Ingalls, IN 46048	
Postage	\$	22
Certified Fee		75
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to whom and Date Delivered		70
Return receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	167
Postmark or Date		