



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

1-0002310.00

Nº 000363

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 10-22-85
Permit Void 90 days from Date of Issuance
Owner Name JOSE F. Martinez
Property Address 407 N. Alfonte
Lot # _____ P.O. Box 347
Town Ingalls, IN Zip Code 46048
Phone 485-4309 Water Meter Inj
\$ 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.

Jose F. Martinez
APPLICANT(S) SIGNATURE

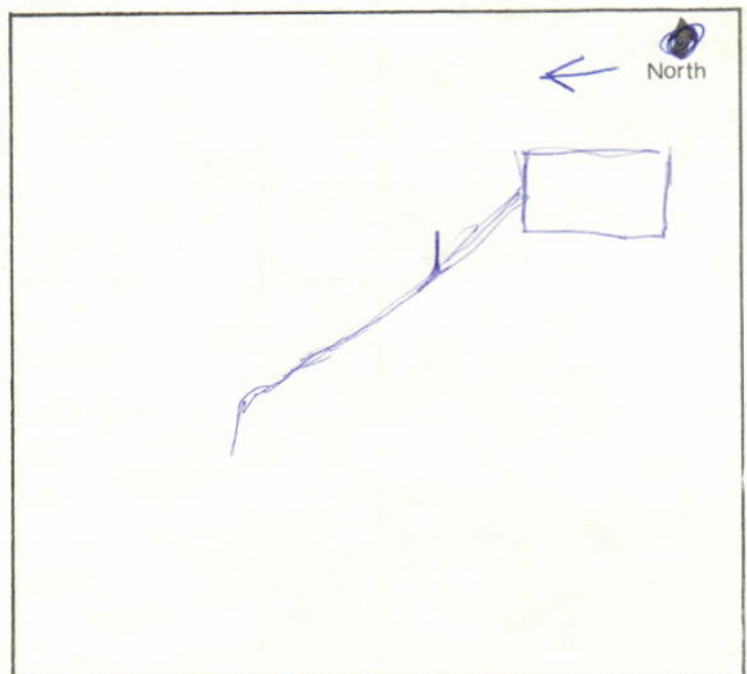
INSPECTOR 7-1

Date inspected 10/16/87 Approved ☒ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:
Size Pipe 8"
Type Pipe PVC
Basement Yes ☒ No ☒
Sump Pump Yes ☒ No ☒
Downspout to Ground Yes ☒ No ☒
Septic Tank Pumped & filled Yes ☒ No ☒
Contractor Willson Conner
Special Conditions _____



● **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:

Jose Martinez
407 N Alfonte
Ingalls, IN 46048

4. Article Number
P 035 498 802

Type of Service:

☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

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

5. Signature — Addressee

X

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

6. Signature — Agent

X

7. Date of Delivery

880-87

P 035 498 802

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 Jose Martinez	
Street and No. 407 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 	