



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

Waiver UNTIL 3-31-86
[Signature]

2-001160.00

Nº 001117

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date Jan 6, 1986
Permit Void 90 days from Date of Issuance
Owner Name Bobby Kidwell
Property Address 69180 Sherman
Lot # _____ P.O. Box _____
Town Anderson, IN Zip Code 46013
Phone 649-1481 Water Meter _____"
\$ 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 X, 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.

Bobby D. Kidwell

APPLICANT(S) SIGNATURE

INSPECTOR Fred

Date inspected 9/7/87 Approved ✓ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6"

Type Pipe PVC

Basement Yes _____ No X

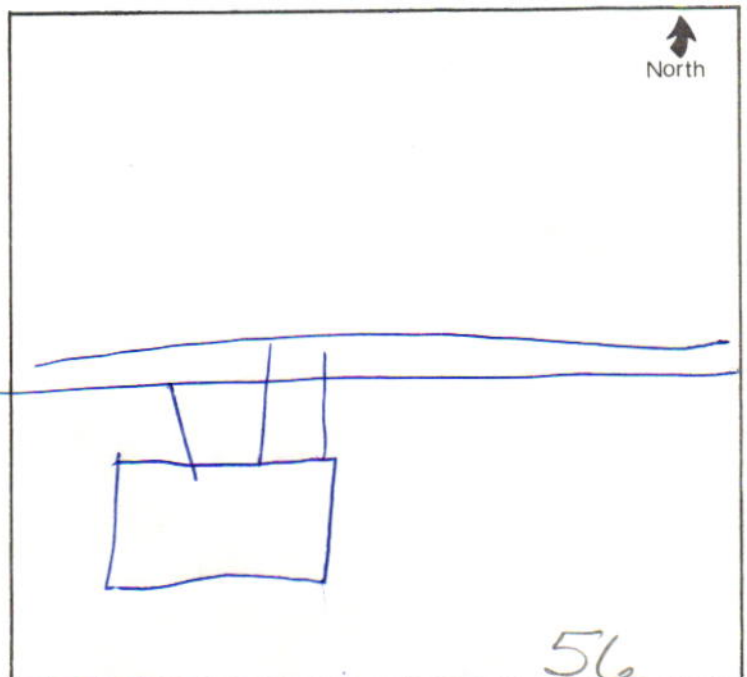
Sump Pump Yes _____ No X

? Downspout to Ground Yes _____ No _____

Septic Tank Pumped & filled Yes _____ No _____

Contractor SELF

Special Conditions _____



P 035 498 820

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

Sent to		Bobby Kidwell
Street and No. ⁶⁹¹⁸ 6819		Sherman
P.O., State and ZIP Code		Andreson, IN 46013
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		

PS Form 3800, Feb. 1982



● **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:

Bobby Kidwell
6918 Sherman

Anderson, IN 46013

did call 8/26/86

4. Article Number

P 035 498 820

Type of Service:

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

20 aug

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