Porte 25 16/82

COMAL COUNTY SANITATION DEPARTMENT

RECEIPT NO. 45949

APPLICATION FOR HOUSEHOLD SEWAGE SYSTEM
NAME - LOCATION of Property where Sewage System is to be installed:

	NAME:	CANYOA	operty wher	e Sewage Sy	stem is to be	installed	l:
UNIT NO	BLOCK NO.				BARA	D.R	IVE
DIMENSION PROPERTY	V OF	?	PERCOLATION ATTACHED		NA L'U	, <u>, , , , , , , , , , , , , , , , , , </u>	
ZONE:	RECHARGE_		RESTRICTED		WATER QUALIT	Y	
	•	+DESCRIP	TION OF ST	RUCTURE AND	SYSTEM+		*
NO. BEDROOMS_	8	NO. BATHROOMS	8 D	ISPOSAL_	WASHIN MACHIN	g E Stuk	007 Se1
SIZE OF SEPTIC TA	NK 2, 250	NO. FT. LATERALS Z.	o o	THER C	DATE:	6/10	181
_i v	A-N OWNER	Peyton ((Sa)	YJE)	
871-7	ADDRES	CAICR 72/30 are minimum sugg	o'	CAS described	ADDRESS	TEL	APING FOR
		'IES," published					
NOTE: FO	OR the inform he requiremen	ation to be subm ts outlined in t 019COMAL COUN	nitted in c	onnection w	ith this Appl		
SEWAGE FACILITIES	· •		PERMIT	NO.459	49		
	LOCATION	(Subdivision)	915 15 1	1/1/29	mest BA	R/S A	R. D. D.
OWNER:	SAMO	ASAS.	UE)	Ċ	SAME	reet) ·AcA	Souls
INSPECTED	013	mul-		st. DATE	JANE	DRESS	
PERMIT Gra	ntedfor	5 Mr		inal Date // enewal Date []	_ <i>FF38</i> _Fe <i>58</i>	L }7	
RANSFER o	f PERMIT only period of Per	thru Comal Cour	nty Sanitat	ion Departm	ent by New O	wner for	