

FIELD INSPECTION REPORT FOR ON-SITE SEWAGE FACILITIES

Applic	ation No
Inspec	tion:
Date_	9-21-05
Time_	11:30
Ву	4/three
Permi	ited 1/49

10.0						
ite Address	GUALL K	UN KOAU				
roperty Owner						
nstaller	GARRETTO	Cert. #	Cert. Type	Phone #	1942507	04
Distance: Septic Tank Disposal Area	Water Wells ft.	f	Founda t.	tion Walls ft.	Property L	ines ft.
eptic Tanks:	Inlet Relow Ton of T	ank i	l Capacity n. Outlet B	elow Top of Ta	ank 💪	_in.
Sub-Surface System	Pipe Type Trench Width Total Square F	Bed Li Trendeet e & Size	ch Depth Distance Betw	Linear Feet	228	
Aerobic Treatment	Manufacturer Surface Coverage A	rea	Model Square Feet	Treatmen	tC	3.P.D.
DO NOT PARK, DR	IVE OR CONSTRUC	4++= 0	INKS OR DISFO			
Market State of the State of th				- In Dowle !		



PO. BOX 2315 • WEATHERFORD, TEXAS 76086 Phone: 817-448-9467 Fax: 817-448-9347

Date: 9	-23-05	WOR	K ORDER	No:2	521
Bill To:					
Address			City		Zip
Home Own	er	Subdivision		Lot	Block
Address		RUMKO	City	County	Zip
Make	Installation		Repair 🗌		
	INSTACE	en (o	Monto	12 (
	50071	c 575	Jan Ton		
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					9
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				2	
			y3	-	
	Payment Method Visa or Mastercard ☐ Cash ☐ Check	Mater	ial		
	7,54 01	Other		Labor	
Date	Authorized by:	(Pr	int)	Tax	6
	Signature:			Total	359000



PARKER COUNTY HEALTH DEPARTMENT

APPLICATION/PERMIT #	ON SITE SEWAG	E FACILITY AP	PLICATION	DATE APPLIED
014741				9/15/05
Site Address 877	Quail Run Sireel Address	Rd.	Wpotherfund City	76088 Zip
Legal Description: Lot(s)	Black	Subdivision	····	
Acreage_	21	Address Clearly I	Marked on Property or Mailb	ox
Property Owner Pill	LyKins		Plione #	
Mailing Address 877	7 Qual Rus	RD	weg from	16088
Source of Water Supply: Prive Type of Structure: House				
No of Bedrooms3	_			
Directions/Landmarks/Gate Cod	des, etc. T 13	NKN AP/	·	
*******	**************************************	**********		*****
Granted <u>×</u> De	nied(Denial	Letter Attached)	Date Issued Sep	H 16,05
Tunn and Size of Sentic Syste	am Required Bosed on W	later Usage of 3		Dav:
Conventional System: Lin	near Feet of Absorptive T	rench: <u>375</u>	x 3 Trench Width	
Type of Alternative System:	Surface Application	Low Pres	isure Dosage E.	T _{ii} Bed
Design Required Affidavit Required	Design Attached Aff. Attached	Design Appro Service Contra	oved Cont	. Attached
Evapotranspiration Beds: Lin	er Required Sq. F	ootage		
The following apply to the in	stallation of this septic sy	stein:		
Design of this system If rock, soil mottling,	d with sand/sandy loam, must be submitted befor or groundwater is encour ole dug for Parker Count	itered, contact the	Parker County Health Dep	artment

Date of Site Inspection 9-16-05 Inspector P. KIVOS		
PARKER COUNTY HEALTH DEPARTMENT	817-599-6591	
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