



GONZALES COUNTY

REPAIR PERMIT

Date:
Permit Number:
Original Permit:
Precinct:

Name of Property Owner: _____

Property Address: _____

Home Phone #: _____ Cell Phone: _____

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Reason: _____ Flood Plain: _____

Existing Tank Size: _____

Existing Drainfield: _____

Additional Tank Size: _____

Additional Drainfield: _____

.....

Comments: _____

Installer: _____ Date: _____

Installer License # _____

APPROVED BY JIMMY HARLESS, DR: _____ DATE: _____

OS0025225