HTE# 10-5-24498

Authorized State Agent_

Harker County Department of Public mealth

PERMIT # <u>2-6 \</u>	New Installation Septic Tank Nitrification Line	21545 □ Repair □ Expansion
Name: (owner) <u>k</u> System Installer: _ Basement with plumb	PROPERTY LOCATION: MARKS K-D SUBDIVISION ASNEFORD OTIS STRICKLAND Registration #	LOT # <u>\</u>
	Community Public Well Distance from well 100 feet	
System Type:	Types V and VI Systems expire in 5 years.	
(In accordance with T	Owner must contact Health Department 6 months prior to expiration for perm	iit renewal.
This system has been insta	led in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and C	onstruction Authorization.
	ASIEFOND MAY) BOUNENLIAN AT SECTION OF THE SECTIO	
PERMIT CONDITIONS: Performance: I. Monitoring: II. Maintenance: V. Operation:	System shall perform in accordance with Rule .1961. As required by Rule .1961. Other: Subsurface system operator required? Yes No	
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. Other:		
]	D-Box Pump Alarm H20Line	PWR Line
	Conventional Conve	of On
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