

PROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Becker Minerals

New Installation Septic Tank

Property Location: SR# 210

Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Office 4 employees 100gpd Lot Size: 103ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50+ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pump to conventional lines

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 110 ft. width of ditches 3 ft. depth of ditches 24 in.

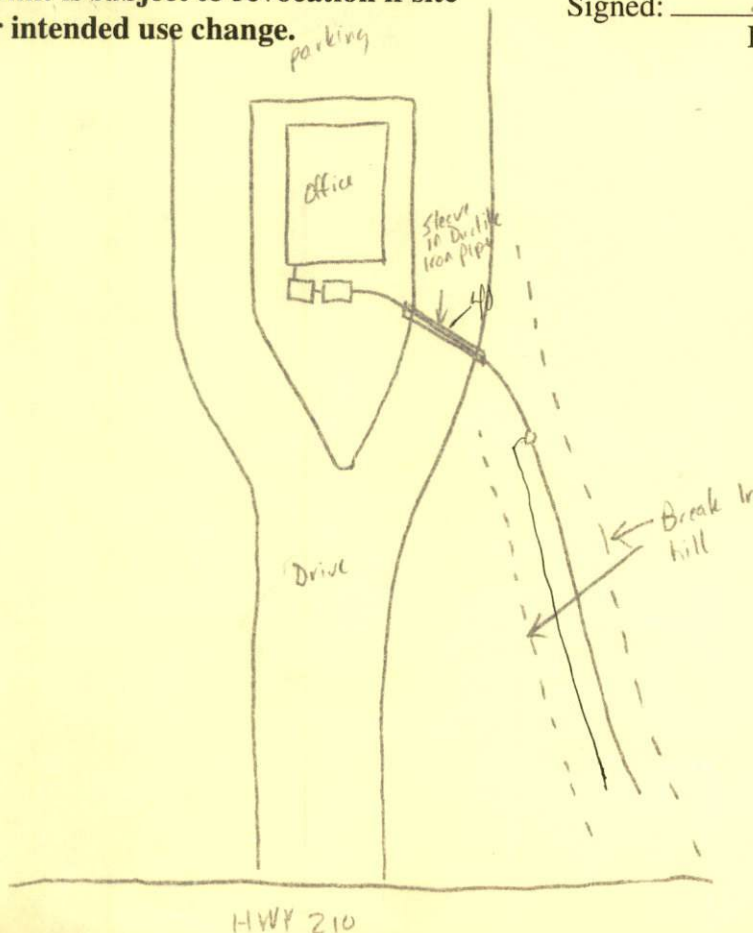
French Drain Required: _____ Linear feet

Date: 5-21-97

Signed: Thomas J. Boyer R.S.

Environmental Health Specialist

This permit is subject to revocation if site plans or intended use change.



Maintain Setbacks
 Contractor to meet on site prior to installing
 Supply line must be at least 36" deep and sleeved in ductile iron pipe
 Final layout may change
 D. Box may be on other end

**HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 12383. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.

Owner or Authorized Agent Becker Minerals

Name: Becker Minerals Telephone # 803-537-7882

Address: P.O. Box 848 Cheraw S.C. 29520

Property Location: SR # 210 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: ^{Office} 4emp. 100gpd Lot size: 103ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 50+ ft.

Type of System: Conventional Other Pump to conventional lines

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 110

Width of ditches 3 ft. Depth of ditches 40 inches

French Drain: Linear feet required _____ Depth of gravel _____

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued.

Authorized Agent for Harnett County Health Department

Name: Thomas J. Boyer R.S. Date: 5-21-97