



**HARNETT COUNTY HEALTH DEPARTMENT**  
**AUTORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 15471. 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 Clyde Fairclath, Jr

Name: \_\_\_\_\_ Telephone # 202 499-5681

Address: 213 Dickens Rd Broadway NC

Property Location: SR # 421 Road Name \_\_\_\_\_

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Number of Bedrooms Proposed: 4 employees Lot size: 1.5 ac

Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_

Water Supply: Well \_\_\_\_\_ Public ☒ Minimum Well Setback: 50+ ft.

Type of System: Conventional ☒ Other \_\_\_\_\_

Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons

**Nitrification Field Specifications**

Number of fields 1 Number of Lines per Field 2 Length of lines 45

Width of ditches 3 ft. Depth of ditches 18-30 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. Boyle R.S. Date: 9-24-98