

Land Use  
00-40000383

HARNETT COUNTY HEALTH DEPARTMENT

No 17183

IMPROVEMENT 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) Clyde Stanley Faircloth ☒ New Installation ☒ Septic Tank  
Property Location: SR# 1265 ☐ Repairs ☒ Nitrification Line  
(For Elvis Faircloth) Cool Spring Rd - West  
Subdivision \_\_\_\_\_ Lot # 7

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_  
Number of Bedrooms Proposed: THREE Lot Size: \_\_\_\_\_

Basement with Plumbing: ☐ Garage: ☒ Future  
Water Supply: ☐ Well ☒ Public ☐ Community  
Distance From Well: 50 ft.

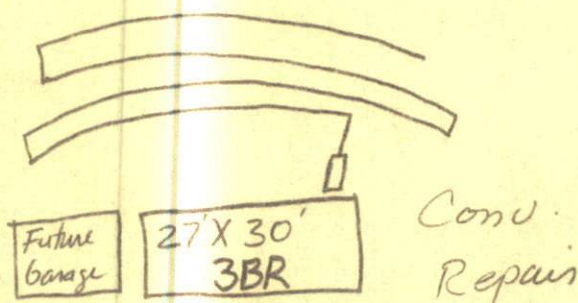
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☒ Conventional ☐ Other \_\_\_\_\_  
Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons  
Subsurface No. of exact length width of depth of  
Drainage Field ditches 1 of each ditch 450 ft. ditches 3 ft. ditches 18 in.  
French Drain Required: \_\_\_\_\_ Linear feet

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

Date: 18 April 2000  
Signed: Vernant R. Dyer  
Environmental Health Specialist

\* maintain setbacks  
\* use filter.





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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 # 17183. 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 \_\_\_\_\_

Name: Clyde Faircloth / Ellis Faircloth Telephone # 258-6549

Address: 219 Dickens Rd. Broadway, NC

Property Location: SR # 12B5 Road Name Cool Spring

New Installation ☐ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision \_\_\_\_\_ Lot # 7

Number of Bedrooms Proposed: THREE Lot size: \_\_\_\_\_

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 1 Length of lines 450 feet

Width of ditches 3 ft. Depth of ditches 18 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: Vincent R. Lee Date: 18 April 2000