

IMPROVEMENT PERMIT

01-5-1770

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) PRG Holdings LLC

New Installation Septic Tank

Property Location: SR# 11150 Docim

Repairs Nitrification Line

Subdivision Colonial Hills Lot # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (30 x 50) Lot Size: .613 ac

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 _____

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

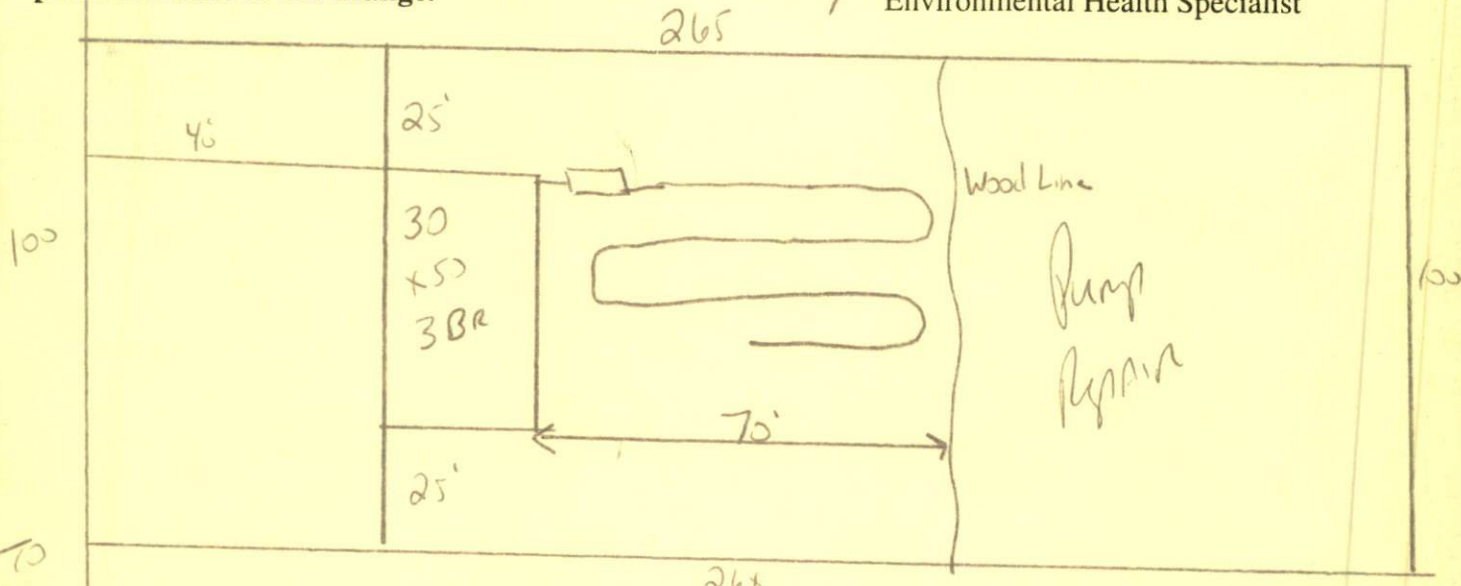
Subsurface Drainage Field No. of ditches 1 exact length 240 width of 3 depth of 18-30 in. of each ditch ft. ditches ft. ditches in.

French Drain Required: _____ Linear feet

Date: 4-23-01

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

Signed: Joe Waters Environmental Health Specialist



TO SR ↓

STUB out Plumbing shallow where shown or pump may be required. START Lines shallow & run to 30" turn & run back to 18" turn & run back to 30" maintain all set backs. Do not DRIVE OR PARK ON septic system. MUST meet onsite if plumbing not stubbed where shown.

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 # 18223. 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 PRG Holding

Name: _____ Telephone # 252-321-6230

Address: _____

Property Location: SR # 1116 Road Name Dozima

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Colonial Hills Lot # 3

Number of Bedrooms Proposed: 3 (3x501) Lot size: .617 ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ 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 240

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: Joe Williams Date: 04-27-04

(Revised 2/96) CNSTRCT.WPD