



North Carolina Onsite Wastewater Contractor Inspector Certification Board
Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems
Notice of Intent (NOI) to Construct

New Expansion Repair Relocation Relocation of Repair Area

Owner or Legal Representative Information:

Name: Dream Finders Homes LLC
Mailing address: 3709 Raeford Road Suite 200 City: Fayetteville State: NC Zip: 28304
Phone: 910-670-7774 Email: tamaragreen@dreamfindershomes.com

Authorized Onsite Wastewater Evaluator Information:

Name: John Kase Certification #: 10060E
Mailing address: PO Box 9321 City: Fayetteville State: NC Zip: 28311
Phone: 910-539-5439 Email: john@southeasternsoil.com



Site Location Information:

Site address: 622 Blossom Trail, Lillington
Tax parcel identification number or subdivision lot, block number of property: _____
Magnolia Ridge Lot 51 - PIN 9596-46-8385 County: Harnett

System Information:

Wastewater System Type: IVd-Alternating Dual Fields with pressure dosed gravity distribution

Daily Design Flow: 360 gpd

Saprolite System: Yes No Subsurface Operator Required: Yes Yes No

Water Supply Type: Private Well Public Water Supply Spring Other: _____

Facility Type:

Residential 3 # Bedrooms 6 Maximum # of Occupants

Business Type of Business and Basis for Flow: _____

Public Assembly Type of Public Assembly and Basis for Flow: _____

Required Attachments:

Plat or Site Plan

Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 4 day of Nov. , 2025 by signature below I hereby attest that the information required to be included with this NOI to Construct is accurate and complete to the best of my knowledge. Furthermore, I hereby attest that I have adhered to the laws and rules governing onsite wastewater systems in the state of North Carolina.

This NOI shall expire on 4 day of Nov. , 2030.

Signature of Authorized Onsite Wastewater Evaluator:

Signature of Owner or Legal Representative: _____

Disclosure: The owner may apply for a building permit for the project upon submitting a complete NOI to Construct and the fee required (if any) to the local health department. An onsite wastewater system authorized by an authorized onsite wastewater evaluator shall be transferable to a new owner with the consent of the authorized onsite wastewater evaluator.

Local Health Department Receipt Acknowledgement:

Signature of Local Health Department Representative:

Date: 11-20-25