



IMPROVEMENT PERMIT (IP)

New

Expansion

Repair

System Relocation

Change of Use

Owner: Dream Finders Homes

Applicant: Dream Finders Homes

Property Location: 81 Blossom Trl (SR 1141)

PIN/Lot Identifier: 9596-59-1138

Subdivision: Magnolia Ridge

Lot #: 4 Block: _____ Section: _____

Facility Type: 30'x60' SFD Number of bedrooms: 3

Number of Occupants: 6 Other: _____

Design Daily Flow: 360 GPD

LTAR (Initial): .6 gpd/ft² LTAR (Repair): .6 gpd/ft²

Wastewater System Type: 25% reduction

(Initial)

Pump Required: Yes No May be required

Usable Depth to Limiting Condition (Initial): 48

Wastewater System Type: 25% reduction

(Repair)

Pump Required: Yes No May be required

Usable Depth to Limiting Condition (Repair): 48

Effluent Standard: DSE HSE Other: _____ Type of Water Supply: Private well Municipal Supply Other: _____

Permit conditions:

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

Authorized Agent's Printed Name: Mark Osborne REHS

Date: 10/30/2025

Authorized Agent's Signature:

Expiration Date: 10/30/2030

CONSTRUCTION AUTHORIZATION (CA)

New

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Number of Occupants: 6 Other: _____

Design Daily Flow: 360 GPD LTAR: .6 gpd/ft²

Effluent Standard: DSE HSE Other: _____ Type of Water Supply: Private well Municipal Supply Other: _____

Installation Requirements/Conditions

Wastewater System Type: 25% reduction

Pump Required: Yes No May be required

Septic Tank Size: 1000 gallons Total Trench Length: 150 feet

Trench Spacing: 9 feet on center

Pump Tank Size: 1000 gallons Maximum Trench Depth: 26 inches

Soil Cover: 6 inches

Trench Width: 36 inches

Distribution Method: Serial D-Box or Parallel Pressure Manifold Other: _____

Artificial Drainage Required: Yes No If yes, please specify details: _____

Management Entity Required: Yes No Minimum O&M Requirements: _____

Permit conditions:

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: Mark Osborne REHS

Date: 10/30/25

Authorized Agent's Signature:

Expiration Date: 10/30/2030

Owner/Legal Representative Signature: _____ Date: _____

*See attached site sketch

Harnett County Environmental Health

SITE SKETCH

PIN 9596-59-1138

Permit Number SFD2510-0131

Dream Finders Homes

Magnolia Ridge 4

Applicant's Name
Mark Osborne REHS

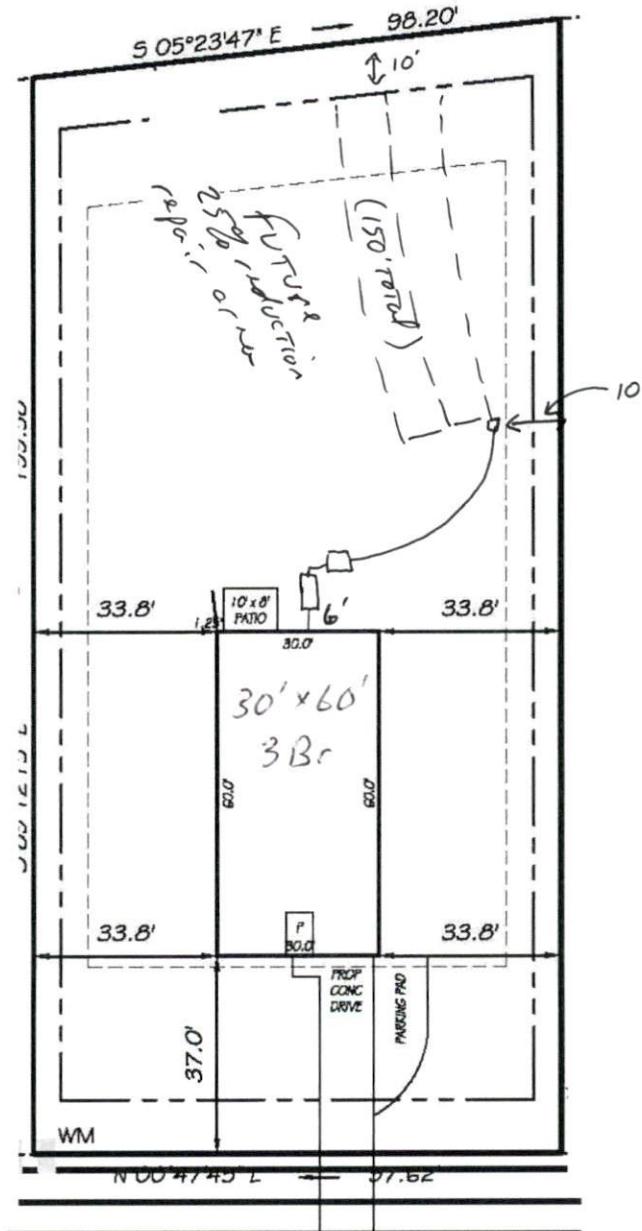
Subdivision/Section/Lot Number
10/30/2025

Authorized State Agent

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

Scale = NTS



BLOSSOM TRAIL
50' PUBLIC STREET AND UTILITY