



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: Superior Homes of the Sandhills
 Mailing address: 5 Dowd Cir Suite c, Pinehurst City: _____ State: NC Zip: 28374
 Phone: (910) 315-1822 Email: superiorhomesofthesandhills@gmail.com

Authorized Onsite Wastewater Evaluator Information:

Name: John Kase Certification #: 10060E
 Mailing address: 3325 Jones Lake Road City: Fuquay Varina State: NC Zip: 27526
 Phone: (910) 539-5439 Email: john@northlakesoil.com



Site Location Information:

Site address: Graham's Mill Lane, Cameron
 Tax parcel identification number or subdivision lot, block number of property: Lot 7
9575-00-2559.000 County: Harnett

System Information:

Wastewater System Type: IIB - Accepted (25% Reduction) - At-Grade w/ cover
 Daily Design Flow: 480
 Saprilit System: ☐ Yes ☒ No Subsurface Operator Required: ☐ Yes ☒ No
 Water Supply Type: ☐ Private Well ☒ Public Water Supply ☐ Spring ☐ Other: _____

Facility Type:

☒ Residential 4 # Bedrooms 8 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 15 day of April, 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 15 day of April, 2030.

Signature of Authorized Onsite Wastewater Evaluator: [Signature]

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: [Signature] Date: 5-9-25