



**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: JSJ Builders Inc

Mailing address: 1135 Robeson St. City: Fayetteville State: NC Zip: 28305

Phone: 910-483-0796 Email: kevinshortridge@gmail.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: 309 Black Duck Lane, Lillington, NC 27546

Tax parcel identification number or subdivision lot, block number of property: _____

Parcel # 010527001252 Ducks Landing S/D Lot 97 County: Harnett

System Information:

Wastewater System Type: IIIb-Pump to Accepted Trenches with 25% reduction

Daily Design Flow: 360

Saprolite System: ☐ Yes ☒ No Subsurface Operator Required: ☐ 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 10 day of June, 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 10 day of June, 2030.

Signature of Authorized Onsite Wastewater Evaluator: john kase

Digitally signed by john kase
DN: cn=John Kase, email=john.kase@ncdhs.gov, o=North Carolina Department of Health and Human Services, ou=State of North Carolina
Date: 2025.06.10 10:25:00 -0400

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: 8-4-25