

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 I	Relocation	Relocation of Repair Are	a
Owner or Legal Representative Info	rmation:			
Name: JSJ Builders Inc				
Mailing address: 1135 Robeson St.	City: Fa	yetteville	State: NC Zip: 28305	
Phone: 910-483-0796	Email: kevinshortridge@	gmail.com		
Authorized Onsite Wastewater Eva	ustor Information:			WHITE WAS TAKE
Name: John Kase		Certificat	tion #: 10060E	Certification
Mailing address: PO Box 9321	City: Fa			Number 10060E
Phone: 910-539-5439				Certification Number 10060E
				" managan
Site Location Information:				
Site address: 263 Black Duck Lane	, Lillington, NC 27546			
Tax parcel identification number or	subdivision lot, block number	of property:		
Parcel # 010527001249 Ducks La	nding S/D Lot 94 (County: Harnet	tt	
Saprolite System: Yes Water Supply Type: Private Water Supply Type: Private Water Supply Type: Private Water Supply Type: Private Water Supply Type: Public Assembly Type of P	Public Water Supply S 6 Maximum # of Occup Sess and Basis for Flow:	Spring	Other:	
Required Attachments: Plat or Site Plan Evaluation of Soil and Site F	eatures by Licensed Soil Scien	tist		
Attest: On this the 3 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 3 day of June , 2030 Signature of Authorized Onsite Wastewater Evaluator: John kase				
		John kase	Dec 231 M.S 16 St 350-00	Party Colonia
Signature of Owner or Legal Representative:				
Disclosure: The owner may apply f required (if any) to the local health evaluator shall be transferable to a r	department. An onsite wastewa	ater system aut	thorized by an authorized of	onsite wastewater
Local Health Department Receipt A Signature of Local Health Department		E MAN	han Date:	8-5-25