



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

received
 3-4-26 DM

New Expansion Repair Relocation Relocation of Repair Area

Owner or Legal Representative Information:
 Name: Superior Homes of the Sandhills
 Mailing address: 171 Grant Street City: West End State: NC Zip: 27376
 Phone: _____ Email: Bailey@SuperiorHomesOTS.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: 295
 Site address: Strother Road, Aberdeen, NC 28315
 Tax parcel identification number or subdivision lot, block number of property: Lot 7
Strother Landing Subdivision County: Hoke

System Information:
 Wastewater System Type: IIIB - Pump to Accepted (25% Reduction)
 Daily Design Flow: 480
 Sapolite 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 9 day of February, 2026 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 9 day of February, 2031.
 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: 3/4/26