

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION  
307 W. CORNELIUS HARNETT BLVD.  
LILLINGTON, NC 27546  
910-893-7547 PHONE  
910-893-9371 FAX

## Application for Repair

EMAIL ADDRESS: Ant.boardraye@rootsmg.com

OWNER NAME Roots Managent

PHONE 910-818-4234

PHYSICAL ADDRESS 44 Betty Spring Lake NC

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) \_\_\_\_\_

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME Roots Management

SUBDIVISION NAME \_\_\_\_\_ LOT #/TRACT # \_\_\_\_\_ STATE RD/HWY \_\_\_\_\_ SIZE OF LOT/TRACT \_\_\_\_\_

Type of Dwelling:  Modular  Mobile Home  Stick built  Other \_\_\_\_\_

Number of bedrooms 3  Basement

Garage: Yes  No  Dishwasher: Yes  No  Garbage Disposal: Yes  No

Water Supply:  Private Well  Community System  County

Directions from Lillington to your site: \_\_\_\_\_

***In order for Environmental Health to help you with your repair, you will need to comply by completing the following:***

1. A **“surveyed and recorded map”** and **“deed to your property”** must be attached to this application. Please inform us of any wells on the property by showing on your survey map.
2. The outlet end of the tank and the distribution box will need to be uncovered and property lines flagged. After the tank is uncovered, property lines flagged, underground utilities marked, and the orange sign has been placed, you will need to **call us at 910-893-7547 to confirm that your site is ready for evaluation.**

Your system must be repaired within 30 days of issuance of the Improvement Permit or the time set within receipt of a violation letter. (Whichever is applicable.)

By signing below, I certify that all of the above information is correct to the best of my knowledge. False information will result in the denial of the permit. The permit is subject to revocation if the site plan, intended use, or ownership changes.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

## HOMEOWNER INTERVIEW FORM

It is important that you answer the following questions for our inspectors. Please do not leave any blanks if possible, and answer all questions to the best of your ability. Thank You.

Have you received a violation letter for a failing system from our office?  YES  NO

Also, within the last 5 years have you completed an application for repair for this site?  YES  NO

Year home was built (or year of septic tank installation) \_\_\_\_\_

Installer of system EASTERN

Septic Tank Pumper EASTERN

Designer of System COUNTY

1. Number of people who live in house? NEW # adults \_\_\_\_\_ # children \_\_\_\_\_ # total \_\_\_\_\_
2. What is your average estimated daily water usage? \_\_\_\_\_ gallons/month or day \_\_\_\_\_ county water. If HCPU please give the name the bill is listed in \_\_\_\_\_
3. If you have a garbage disposal, how often is it used?  daily  weekly  monthly
4. When was the septic tank last pumped? NA How often do you have it pumped? NA
5. If you have a dishwasher, how often do you use it?  daily  every other day  weekly
6. If you have a washing machine, how often do you use it?  daily  every other day  weekly  monthly
7. Do you have a water softener or treatment system?  YES  NO Where does it drain?  
\_\_\_\_\_
8. Do you use an "in tank" toilet bowl sanitizer?  YES  NO
9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy?  YES  NO If yes please list \_\_\_\_\_
10. Do you put household cleaning chemicals down the drain?  YES  NO If so, what kind?  
\_\_\_\_\_
11. Have you put any chemicals (paints, thinners, etc.) down the drain?  YES  NO
12. Have you installed any water fixtures since your system has been installed?  YES  NO If yes, please list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, toilets \_\_\_\_\_
13. Do you have an underground lawn watering system?  YES  NO
14. Has any work been done to your structure since the initial move into your home such as, a roof, gutter drains, basement foundation drains, landscaping, etc? If yes, please list \_\_\_\_\_
15. Are there any underground utilities on your lot? Please check all that apply:  
 Power  Phone  Cable  Gas  Water
16. Describe what is happening when you are having problems with your septic system, and when was this first noticed?  
\_\_\_\_\_  
\_\_\_\_\_
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, and household guests?)  YES  NO If Yes, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:**   
Antioise Boardraye (Jun 10, 2025 11:24 EDT)

**Email:** [ant.boardraye@rootsmg.com](mailto:ant.boardraye@rootsmg.com)







# 44 Betty REPAIR 61025

Final Audit Report

2025-06-10

Created:	2025-06-10
By:	Thomas Tew (tntairmaintenance@gmail.com)
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-  Document created by Thomas Tew (tntairmaintenance@gmail.com)  
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-  Document emailed to ant.boardraye@rootsmg.com for signature  
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-  Email viewed by ant.boardraye@rootsmg.com  
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