

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 Management

PHONE 910-814234

PHYSICAL ADDRESS 46 S Brenda 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) 2025

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: 
Antiosue Boardraye (Jun 10, 2025 11:24 EDT)

Email: ant.boardraye@rootsmg.com

46 S BRENDA REPAIR 61025

Final Audit Report

2025-06-10

Created:	2025-06-10
By:	Thomas Tew (tntairmaintenance@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA_c2ECknSP-e--JQ3YljQk08ZhzfKK5Ab

"46 S BRENDA REPAIR 61025" History



Document created by Thomas Tew (tntairmaintenance@gmail.com)
2025-06-10 - 2:04:21 PM GMT



Document emailed to ant.boardraye@rootsmg.com for signature
2025-06-10 - 2:04:25 PM GMT



Email viewed by ant.boardraye@rootsmg.com
2025-06-10 - 3:24:22 PM GMT



Signer ant.boardraye@rootsmg.com entered name at signing as Antiosue Boardraye
2025-06-10 - 3:24:40 PM GMT



Document e-signed by Antiosue Boardraye (ant.boardraye@rootsmg.com)
Signature Date: 2025-06-10 - 3:24:42 PM GMT - Time Source: server



Agreement completed.
2025-06-10 - 3:24:42 PM GMT



Adobe Acrobat Sign