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 910-835-4021
OWNER NAME Roots Management	PHONE
PHYSICAL ADDRESS 35 S Peggy	
	7373+6H Spring Lake NC 28390
MAILING ADDRESS (IF DIFFFERENT THAN PHYSICAL)	Roots Managemeent
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER	NAME
SUBDIVISION NAME A	ACT # 35 S Pegg\$TATE RD/HWY SIZE OF LOT/TRACT
SUBDIVISION NAME Anderson Creek LOT #/TF	ACT # 35 S Pegg\$TATE RD/HWY SIZE OF LOT/TRACT
Type of Dwelling: [] Modular 🗼 Mobile Hom	e [] Stick built [] Other
Number of bedrooms 3 [] Basement	
Garage: Yes [] No [ner: Yes [] No [] Garbage Disposal: Yes [] No [X
Water Supply: [] Private Well [] Comm	unity System [] County
D 6 130	
In order for Environmental Health to help you w	ith your repair, you will need to comply by completing the following:
	to your property" must be attached to this application. Please inform us of any
wells on the property by showing on your su	rvey map.
	on box will need to be uncovered and property lines flagged. After the tank is
	and utilities marked, and the orange sign has been placed, you will need to call
us at 910-893-7547 to confirm that your site	ance of the Improvement Permit or the time set within receipt of a violation
letter. (Whichever is applicable.)	ance of the improvement refinit of the time set within receipt of a violation
	nation is correct to the best of my knowledge. False information will result in
the denial of the permit. The permit is subject to rev	ocation if the site plan, intended use, or ownership changes.
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dromas Lew	7/17/2025
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 [X] NO Also, within the last 5 years have you completed an application for repair for this site? [] YES [x] NO Year home was built (or year of septic tank installation) Installer of system We will be using Clinton rd Septic Septic Tank Pumper Designer of System ____ # children 2 # adults # total 1. Number of people who live in house? 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? How often do you have it pumped? 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 [X] NO 9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy?] [] YES [X] NO If yes please list _ 10. Do you put household cleaning chemicals down the drain? [] YES_X[X] 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 [x] 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: [x] Power [X] Phone [x] Cable [X] Gas [X] Water 16. Describe what is happening when you are having problems with your septic system, and when was this first noticed? Clinton rd installed new system in the same area and mark wants new 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 [X] NO If Yes, please list