IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Complaint Form

Date & Time Received: 2-15-1

Program Affected: (Circle One) **OSWP** **FLI** **SMOKING**

COMPLAINANT: Name _____ Telephone: _____

Address: _____ City: _____

COMPLAINT: Sewage Smell

SITE ADDRESS: 110 Turnberry Lane

Directions to Complaint Site: St. Andrews 1st House on Right

PROPERTY OWNER: Name Troy Mullis Telephone: _____

Address: _____ City: _____

EHS Investigating: M. Dotson Date of Initial Visit: 3/2/2011

* Conditions Found / Initial Action Taken: Drainfield (all lines) are saturated Owner says 7 people live in House 3/4/2011 Owner had Massey pumpout ST & they are coming back next week to do Terra lift.

* Additional Visits, Dates & Actions: Did soil work & laid out 300ft (4 lines) of Repair if Terra lift doesn't work. Advise owner to divert surface water from Golf Course away from Drainfield.

* Final Disposition / Resolution: _____

_____ Date: _____

Referral to Another Agency: _____

Complaint Conclusion: (Circle One) Justified Not Justified Undetermined

* Use back if needed

Signed: _____ REHS