



**LAKE STEVENS
SEWER DISTRICT**

WASTEWATER FACILITY ODOR COMPLAINT FORM

Your Name:

Your Address:

Your Email:

Phone Number

Location of odor (If different from your home address):

Time the odor is present:

How would you describe the odor?

Examples include ammonia, burnt/smoky, cabbage-like, sewer/sewage-like, chemical/solvent, earthy/moldy/musty, fishy, manure, decaying grass, rotten egg, turpentine, woody or other weather conditions.

How intense was the odor?

1 = Very Faint 8 = Very Strong

If you require follow up

Call Back

Email

None

24-hour Emergency Line 425.334.8588

Public Records Notice:

I understand that my comments here may be retained as public record and may be subject to Washington State Public Records Act.

Please email completed form to management@lkssd.org