



ODOR COMPLAINT FORM

A - Name

Please print

Name _____

Telephone Number _____

Address _____

Email Address _____

City, State and Zip code _____

Date _____

B - General

Where were you when you smelled the odor?

Location _____

Time _____ am/pm

Duration _____ hours _____ minutes

C - Intensity Rating

Check the appropriate boxes

Intensity Level (Choose one)

- 0 – No odor detected
- 1 – Odor is barely detected
- 2 – Odor is distinct and definite, any unpleasant characteristics recognizable
- 3 – Odor is objectionable enough or strong enough to cause attempts at avoidance
- 4 – Odor is so strong that a person does not want to remain present

D - Odor Description

Check the appropriate boxes

- | | | | |
|---|---|--|---------------------------------|
| <input type="checkbox"/> Ammonia | <input type="checkbox"/> Chemical/Solvent | <input type="checkbox"/> Cabbage-like | <input type="checkbox"/> Fishy |
| <input type="checkbox"/> Decaying Grass | <input type="checkbox"/> Burnt/Smoky | <input type="checkbox"/> Turpentine | <input type="checkbox"/> Manure |
| <input type="checkbox"/> Earthy/Moldy/Musty | <input type="checkbox"/> Rotten-Egg | <input type="checkbox"/> Sewer/Sewage-like | <input type="checkbox"/> Woody |
| <input type="checkbox"/> Other _____ | | | |

E - Additional Odor Information

Where do you think odor is coming from? _____

Who do you believe is responsible for causing or allowing odor? _____

Describe any distress or ill effects caused by the odor: _____

F - Weather Conditions

Check the appropriate boxes

- | | | |
|--|--|---|
| <input type="checkbox"/> Sunny | <input type="checkbox"/> Calm | <input type="checkbox"/> Strong Wind (15+ mph)* |
| <input type="checkbox"/> Overcast | <input type="checkbox"/> Light Breeze (1-5 mph)* | <input type="checkbox"/> Humid |
| <input type="checkbox"/> Temperature _____ F | <input type="checkbox"/> Moderate Wind (5-15 mph)* | |

* If you checked this box, please provide wind direction in check boxes below.

Wind Direction

Note direction wind is blowing from

- | | | | |
|--------------------------------|------------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> North | <input type="checkbox"/> Northeast | <input type="checkbox"/> East | <input type="checkbox"/> Southeast |
| <input type="checkbox"/> South | <input type="checkbox"/> Southwest | <input type="checkbox"/> West | <input type="checkbox"/> Northwest |

G - Miscellaneous Notes

I, _____, hereby certify that on ____/____/____, the above described odor(s) were experienced by myself.

Signature _____ Date _____

LAKE STEVENS SEWER DISTRICT

ODOR COMPLAINT FORM INSTRUCTIONS

A - Name: Print your name, address, email address (optional) and telephone number and also sign it when you are finished.

B - General: The "Location" refers to where you are when you smell the nuisance odor. That location is generally noticed by the name of the nearest intersection, landmark or home address if you are at your house at the time. PSCAA only allows nuisance odors to be reported from residence or place of business.

C - Intensity Rating: Please select the best intensity level.

D - Odor Description: Please select the best description for the odor or describe as "Other".

E - Additional Odor Information: Please provide your best guess of where odor is coming from and who may be causing it. If you feel any effects from the odor, please describe.

F - Weather Conditions: Please describe weather conditions and wind direction, if required.

Wind speed can be defined by referring to the following description:

Calm: Smoke rises vertically

1-5 mph: Wind is felt on face; leaves rustle; ordinary wind vane is moved by wind

5-15 mph: Leaves and twigs in constant motion; wind extends light flag; dust, loose paper, and small branches are moved

15+ mph: Small leaf trees begin to sway; large branches in motion; whistling in phone and electrical wires

G - Miscellaneous Notes: Please add any additional information, which may be helpful for determining location and type of odor. This section may also be used for additional ill effects from the odor.

Signature: In order for an odor complaint to be investigated, it is important to have a signed affidavit from complainants.

RETURN COMPLETED FORM TO:
7:30am to 5:30 pm, Monday - Friday
425-334-8588

Lake Stevens Sewer District
1106 Vernon Rd Suite A
Lake Stevens WA 98258

A completed form can also be emailed to: tchristoffersen@lkstevenssewer.org
Or faxed to (425)335-5947