

Odor Information Summary

LCWSD is committed to helping you resolve odor issues related to wastewater collection and treatment. To help us serve you better, we ask that you please record the following information each time you are affected by odors. We apologize for any inconvenience this causes, but please be assured that this information is very helpful and will be used to help us resolve the issue.

Please email this form to Chris Richardson at cerichardson@comporium.net.

Name* <small>(to contact with any questions regarding this information)</small>	Date <small>(when odor was detected)</small>
Phone Number* <small>(to contact with any questions regarding this information)</small>	Time <small>(when odor was detected)</small>
Address <small>(address where odor was detected)</small>	Duration <small>(did the odor last 5 min, 1 hour, all day, etc.)</small>

* REQUIRED FIELDS FOR RESPONSE.

Wind Conditions	Wind From:	Strength	
	N	Still	<input type="checkbox"/>
	NE	Light Breeze	<input type="checkbox"/>
	E	Breezy	<input type="checkbox"/>
	SE	Strong	<input type="checkbox"/>
	S		
	SW		
	NW		

Odor Characterization	Rotten Eggs	<input type="checkbox"/>
	Fishy	<input type="checkbox"/>
	Skunk	<input type="checkbox"/>
	Cabbage	<input type="checkbox"/>
	Chemical	<input type="checkbox"/>
	Bleach(Swimming Pool)	<input type="checkbox"/>
	Fecal Matter	<input type="checkbox"/>
	Other	<input type="checkbox"/>
	Strength (1-10, 1 is the weakest)	<input type="checkbox"/>
<i>Description</i>		
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Thank you for your assistance!