

## Odor Information Summary

LCWSD is committed to receiving your feedback related to odor concerns impacting our service area. To help us serve you better, we ask that you please record the following information each time you feel odors are impacting you. We thank you for taking part in this process. This information will help us investigate your concerns and resolve the odors that are found to be under our control.

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

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

\* REQUIRED FIELDS FOR RESPONSE.

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

<b>Odor Characterization</b>	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)

*Description*

---



---



---

Thank you for your assistance!