

Date received at township _____

Forwarded to:

MDEQ _____

MDCH _____

Other _____

LYON TOWNSHIP ODOR SURVEILLANCE FORM

Complainant Name: _____

Complainant Phone Number (for any follow-up): _____

Address where odor is occurring/occurred: _____

ODOR INFORMATION:

Date of odor: _____ Time detected: _____ Duration: _____

Odor descriptor (circle all that apply):

- A ammonia
- B burning leaves or brush
- C citrus
- D cut grass
- E diesel exhaust
- F fishy
- G garlic
- H gasoline
- I house (interior) paint
- J lawn/garden treatment chemicals
- K livestock manure
- L metallic
- M mint
- N mothballs
- O natural gas (propane, etc.)
- P paint thinner
- Q plastic
- R sewer or septic gas
- S spray paint (fumes)
- T sulfur (rotten eggs)
- U swimming pool
- V tar/asphalt
- W urine
- X vinegar
- Z other (please describe in Comments)

Odor Intensity (no fractions):

- 0 Just detectable
- 1 Easily noticed by can detect other smells/odors
- 2 Can't smell anything else

Comments (description other than what is listed, weather conditions, other information):

Please return forms to Lyon Township or call in your complaint information. Additional copies of this form are available at the Township offices. The township may share these forms with state or local agencies for purposes of complaint investigations. Agencies will protect personal identifying information to the extent permitted by law.