

**Department of Environment and Natural Resources
Odor Logbook Form**

Return to: NCDAQ Washington Regional Office, 943 Washington Square Mall, Washington, NC, 27889
FAX (252) 975-3716

Please complete this information as carefully and completely as possible. Submit these forms to the Division of Air Quality at your Regional Office. PLEASE PRINT NEATLY

Locations of Complaint : Street Address _____

City, Zipcode : _____

Name of Complainant : _____

Daytime Telephone number : _____

Date, Time and Duration ¹	Wind Direction from the : (circle one)	Weather Pattern (circle all that apply)	Description of odor intensity ²	Other Information :
Date: _____ Time: _____	East South <i>West</i> North	<i>Hot</i> Cold <i>Humid</i> Foggy Calm Breezy		
Date: _____ Time: _____	East South West North	Hot Cold Humid Foggy Calm Breezy		
Date: _____ Time: _____	East South West North	Hot Cold Humid Foggy Calm Breezy		
Date: _____ Time: _____	East South West North	Hot Cold Humid Foggy Calm Breezy		
Date: _____ Time: _____	East South West North	Hot Cold Humid Foggy Calm Breezy		

¹ Duration can be a specific time period like 2 hours or can be a descriptor like "intermittent over 8 hours" or "constant for the entire morning"

² Examples: noticeable, mild, nuisance, very strong, and unbearable. If odors differ (like sulfur versus ammonia), please note the differences in the Other Information column.

Odor Log (Continued)

Date, Time and Duration ¹	Wind Direction from the : (circle one)	Weather Pattern (circle all that apply)	Description of odor intensity ²	Other Information :
Date: Time:	East South West North	Hot Cold Humid Foggy Calm Breezy		
Date: Time:	East South West North	Hot Cold Humid Foggy Calm Breezy		
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Signature: _____ Date: _____