

# Illinois Environmental Protection Agency

## AIR POLLUTION ODOR LOG

<b>PLEASE READ INSTRUCTIONS CAREFULLY ON REVERSE SIDE</b>	
1. Complainant Name:	Send Completed form to:
Address:                      City/State/Zip:	Illinois Environmental Protection Agency Office of Community Relations 1021 North Grand Avenue, East PO Box 19276 Springfield, IL 62794-9276 EPA.Pollution.Complaints@illinois.gov
Telephone No.: Email address:	

2. Date	3. Time		4. Location odor is observed.	5. Name and/or location of suspect odor source.	6. Odor Type	7. Severity of Odor	8. Interference or injury to life or property.	9. Wind		10. Weather	
	From	To						Direction	Speed	Temp	Conditions
	AM	AM									
	PM	PM									
	AM	AM									
	PM	PM									
	AM	AM									
	PM	PM									
	AM	AM									
	PM	PM									
	AM	AM									
	PM	PM									
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	AM	AM									
	PM	PM									
	AM	AM									
	PM	PM									
	AM	AM									
	PM	PM									

Your identity will not be publicly disclosed absent your signature below authorizing the Illinois EPA to release, to a requestor, a copy of this form, and/or information relating to your identity contained herein, consistent with the Illinois Freedom of Information Act. \_\_\_\_\_ **COMPLAINANT**

## GENERAL INSTRUCTIONS FOR ODOR LOG

Each number below corresponds to the number on the log sheet. Complete the odor log by filling in a line each time you observe odors using a separate line for each occurrence. Mail or email the completed odor log to the Illinois Environmental Protection Agency at the address provided on the form.

1. Complainant name: Please print your name, address, email address, and telephone number.
2. Date: Provide the month, date and year of each odor observation.
3. Time: Accurately record the time during which you observe odors being sure to indicate whether the time is A.M. or P.M.
4. Location: Print the location at the time you observed odor using the most accurate information available, whether it be a specific business name, home or business address, mile marker, intersections, indoors or outdoors, etc.— Additionally, briefly state your activity when odor was observed.
5. Suspected Source: Please provide the name and address of the suspected source of odor.
6. Type of Odor: Describe odor briefly: such as rotten eggs, coal, tar, rotting food or garbage, gasoline, sewage odors, “chemical” odors, etc. Additionally, please state whether any visible form of air pollution was contemporaneously observed with the odor including, but not limited to, smoke, dust, cloud formation, etc.
7. Severity of Odor: Please rate the strength of the odor on a scale of 1 to 5. As odor intensity may fluctuate during your observation, please describe the odor in a range of intensity over time, if appropriate. You may use the following scale:  
1-Mild, very faint    2-Slight    3-Moderate    4-Severe, strong    5-Unbearable, very strong
8. Effect on life, health, or property: Briefly describe any injury to or interference with your life, health or property caused by the observed odor. Examples include, but are not limited to, as follows:
  - Had to close windows    ▪ had to run air conditioner    ▪ caused headaches    ▪ nausea    ▪ had to go inside    ▪ could not use backyard
9. Wind: Please indicate the wind direction and speed at the time odor is observed.
10. Weather Conditions: Please identify weather conditions during the time period you observe odor.  
The following abbreviations may be used:  
SU = Sunny    C = Cloudy    SW = Snowing    PC = Partly Cloudy    R = Rain    SL = Sleet
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COMPLAINANT