



## BOOTHBAY HARBOR SEWER DISTRICT

### ODOR COMPLAINT FORM

Complaint No. \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Complaint Received By: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Nature of Complaint:** Odor: \_\_\_\_\_ Other: \_\_\_\_\_

Do you smell the odor now? YES NO Time Odor Noticed: \_\_\_\_\_

Was the odor: Strong Moderate Faint

**How strong is the odor now?** Strong Moderate Faint Absent

**What did the odor smell like?** Rotten Eggs Low Tide Fishy Musty Propane  
Gasoline Burnt Rubber Garbage Cat Urine Can't Describe

#### Weather Conditions:

Wind Direction: \_\_\_\_\_ Estimate wind speed: \_\_\_\_\_ Gusty: \_\_\_\_\_ Moderate: \_\_\_\_\_ Calm: \_\_\_\_\_

Sunny Cloudy Foggy Rain Temp: \_\_\_\_\_

Report Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ Time Report Completed: \_\_\_\_\_

**ACTION TAKEN:**

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Employee Signature: \_\_\_\_\_