

COMPOST ODOR COMPLAINT FORM

This form is to report green waste or compost odors only. Please print, fill out and email to us at: <u>zoning@casscountyne.gov</u>

If you suspect a code violation on private property, please reach out to our office and let us know that you are calling to report a code violation.

Date and time you experienced the odor

Where did you experience the odor? Provide the approximate address and street name

How long did you experience the odor?

- O Less than 5 minutes
- O 5 to 15 minutes
- O 15 to 30 minutes
- O 30 minutes to 1 hour
- O 1 to 2 hours
- O More than 2 hours
- O Currently experiencing the odor
- O Other

Describe the odor. Check all that apply.

- O Acrid (sharp/bitter/sour)
- O Burnt
- O Earthy/Musty
- O Fishy
- O Grassy
- O Manure/Farm Animals
- O Rotten Eggs
- O Sewer
- O Solvent/Chemicals
- O Trash
- O Woody
- O Other please describe:

How intense was the odor?

- O 1 Weak: the odor was detectable but at a very low level.
- O 2-Distinct: the odor was detectable but not uncomfortable.
- O 3 Moderate: the odor was uncomfortable.
- O 4- Strong: the odor was irritating and could not be tolerated for very long.
- O 5 Overwhelming: the odor was very strong and impossible to tolerate for more than A few seconds.

Please provide additional information or comments:

Contact information is required and will be kept confidential We will contact you if further information is needed and we will provide you with a summary of investigation findings.

Full name:

First Name

Last Name

Phone:

Email: