

**CITY OF ST. PETERSBURG  
WATER RESOURCE DEPARTMENT  
AIR QUALITY COMPLAINT FORM**

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

**CALLER'S INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**EMPLOYEE**

Name: \_\_\_\_\_  
Location: \_\_\_\_\_

**WEATHER CONDITIONS AND WIND DIRECTION**

- |   |                                |                             |                               |
|---|--------------------------------|-----------------------------|-------------------------------|
| <input type="checkbox"/> Sunny              | <input type="checkbox"/> Hot   | <input type="checkbox"/> NE | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Partly Sunny       | <input type="checkbox"/> Cold  | <input type="checkbox"/> SE |                               |
| <input type="checkbox"/> Overcast           | <input type="checkbox"/> Humid | <input type="checkbox"/> NW |                               |
| <input type="checkbox"/> Precipitation/Rain | <input type="checkbox"/> Dry   | <input type="checkbox"/> SW |                               |

**draw arrow of wind direction**

**INTENSITY SCALE 1 (VERY FAINT) – 10 (VERY STRONG)**

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 | <b>5</b>                 | <b>6</b>                 | <b>7</b>                 | <b>8</b>                 | <b>9</b>                 | <b>10</b>                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**ODOR DESCRIPTION:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Ammonia           | <input type="checkbox"/> Fecal           | <input type="checkbox"/> Wastewater        |
| <input type="checkbox"/> Sewage Like       | <input type="checkbox"/> Fishy           | <input type="checkbox"/> Decayed Cabbage   |
| <input type="checkbox"/> Chemical /Solvent | <input type="checkbox"/> Manure/Farmyard | <input type="checkbox"/> Putrid/Rotting    |
| <input type="checkbox"/> Chlorine          | <input type="checkbox"/> Rotten Egg      | <input type="checkbox"/> Putrid/Nauseating |
| <input type="checkbox"/> Diesel Exhaust    | <input type="checkbox"/> Sulfide Like    | <input type="checkbox"/> Unpleasant        |

**SPECIFIC COMPLAINT AND/OR COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EQUIPMENT AND PLANT STATUS:**

- |  |   |
|--|---|
| <input type="checkbox"/> ODOR CONTROL SYSTEM ON    | <input type="checkbox"/> EQUIPMENT OUT OF SERVICE: (EXPLAIN)        |
| <input type="checkbox"/> GRAVITY BELT THICKENER ON | _____   |
| <input type="checkbox"/> BELT PRESSES ON           | <input type="checkbox"/> TANKS AND BASINS OUT OF SERVICE: (EXPLAIN) |
| <input type="checkbox"/> BIOSET RUNNING            | _____   |
| <input type="checkbox"/> FULL RAG DUMPSTER         | <input type="checkbox"/> OTHER: (EXPLAIN)                           |
| <input type="checkbox"/> FULL GRIT DUMPSTER        | _____   |

**ACTION REQUIRED AND/OR ACTION TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please forward a completed copy to the Plant Chief Operator and Cynthia.Pierce@stpete.org  
File the copy on the Pdrive with the DMRs using the naming convention: WRF\_\_ report odor yyyymmdd