Maryland
Department of
the Environment

Odor Assessment Form: SITE CONDITIONS

Facility Name: _____ **Composting Permit No:** _____

Odor Complaint Date: _____/_____/_____ **Odor Complaint Time** _____AM / PM
Is this form being completed because additional days are required to be reported beyond initial assessment, per the Department? **(Y / N)**
If yes, last date assessed_____/_____/_____

Odor Complaint Received By: _____

Approximate Weather Conditions:

Date (DD/MM/YY) *e.g. Day 0 = Previous Day Date* *Day 1 = Complaint Day Date*	Temperature *(°F)*	Cloudy *(Yes or No)*	Wind Direction and Speed *(e.g. North and 15 mph)*	Rainy *(Yes or No)*	Humidity *(%)*
Day 0 =					
Day 1 =					
Day 2 =					
Day 3 =					

Activities and Operating Conditions:

Date (DD/MM/YY)	**Activity (e.g. Mixing, Turning of pile, or Delivery etc.)** include rate of turn	**AM/PM**	**Extraordinary circumstance** *e.g. Spill, equipment breakdown, employee incident, odorous load*	**Noncompliance conditions** *e.g. Leachate, runoff violations etc.*
Day 0 =				
Day 1 =				
Day 2 =				
Day 3 =				

Inbound feedstocks

Date (DD/MM/YY)	**Feedstock or Material Type and approximate weight (Tons)** *e.g. Food Scraps (1000 tons)*	**AM/PM**	**Condition** *(Wet, Anaerobic, Odorous, etc.)*
Day 0 =			
Day 1 =			
Day 2 =			
Day 3 =			

Active Compost Piles

Date (DD/MM/YY)	**Material Type(s) and Approximate Volume Ratio**	**Condition (Wet, Anaerobic etc.)** *e.g. Wet **attach temperature and moisture daily log from CFOP*
Day 0 =		
Day 1 =		
Day 2 =		
Day 3 =		

Notes:

Initial Odor Complaint Date: _____/_____/_____ **Date submitted to MDE:** _____/_____/_____ LMA.WDD@maryland.gov