



Community Monitoring Zone	Mark Top 4 Priorities	Monitoring Type (select one)		Location	Sources	Pollutants (select any/all that apply)				
		Continuous Monitoring (all the time, everyday)	Intermittent Monitoring (certain times of day, or days a week)			Exhaust	Smoke	Dust	Odor	Other
10										
11										
12										
13										
14										
15										

**Pollutant Descriptions:**

<b>Exhaust</b>	Can vary depending on fuel combusted (Natural Gas, Bio Mass, Bunker Fuel, Gasoline, Diesel) : Nitric Oxides (NO, NO <sub>2</sub> , NO <sub>x</sub> ), Carbon Monoxide (CO), Sulfurs (SO <sub>2</sub> & H <sub>2</sub> S), Volatile Organic Compounds (VOCs), Benzene/Toluene/Ethylbenzene/ Xylenes (BTEX), PM2.5, Black Carbon (Diesel Particulate Smoke)
<b>Smoke</b>	Clean Dry Wood: PM10 & PM2.5 Trash or Other Materials: PM10 & PM2.5
<b>Dust</b>	PM10 & PM2.5
<b>Odor</b>	Volatile Organic Compounds (VOCs), Benzene/Toluene/Ethylbenzene/Xylenes (BTEX), Sulfurs (H <sub>2</sub> S & SO <sub>2</sub> )
<b>Other</b>	Please be as descriptive as possible if not clearly identifiable. Smell, color, weather conditions when you notice it, time of day, etc. the more information the better.