

New York State Department of Environmental Conservation

Air Pollution Odor, Smoke and Fallout Complaint Log



Joe Martens
Commissioner

INSTRUCTIONS

To report complaints of odors, smoke and/or dust or fallout on your property, please complete the following questionnaire, sign and date the form where indicated, and return the document to: NYSDEC, 270 Michigan Avenue, Buffalo NY 14203, Attention RAPCE. You may also send the form by electronic mail to the following address: region9@gw.dec.state.ny.us. Please attach additional sheets if necessary to provide further information or comments. If you have any questions, please call the NYSDEC at (716) 851-7130.

1. ODORS

Please provide the following information for any odors that you personally experienced that you found offensive and/or which have adversely impacted your health and/or unreasonably interfered with your comfortable use and enjoyment of your property:

- a. Date, time and duration of the odors. _____
- b. Location where you experienced the odors. _____
- c. Provide a detailed description of the odors experienced (nature of the odors; intensity; etc.). _____

2. SMOKE

Please provide the following information for any smoke you personally observed being emitted into the atmosphere by an action of an individual or business:

- a. Date, time and duration of the smoke. _____
- b. Location where you observed the smoke. _____
- c. Provide a detailed description of the smoke observed (color of smoke; thickness of smoke; etc.). Provide copies of any pictures of the smoke with this form. _____

3. DUST/FALLOUT

Please provide the following information for any dust/fallout you personally observed on your property which you believe to be caused by air pollution:

- a. Date, time and location where the dust/fallout was observed. _____

- b. Please provide a detailed description of the dust/fallout that was observed. Provide copies of any pictures of the dust or damage to your property which you believe was caused by the dust/fallout with this form. _____

4. IMPACT FROM ODORS/SMOKE/DUST/FALLOUT

- a. If the odors, smoke and/or dust/fallout adversely impacted your health, please provide a detailed description of any physical symptoms which you believe were caused by the odors, smoke and/or dust/fallout (including the severity of the symptoms and the duration of the symptoms). Attach additional sheets if necessary.

b. If the odors, smoke and/or dust/fallout unreasonably interfered with your comfortable use and enjoyment of your property, please provide a detailed description of the interference. Attach additional sheets if necessary.

c. Please provide a detailed description of the actions you took in response to the odors, smoke and/or dust/fallout and the duration of those actions. Attach additional sheets if necessary.

5. WEATHER CONDITIONS AT TIME OF EXPERIENCE. Please provide a description of the weather conditions (including wind direction and strength) at the time that the odors were detected and/or the smoke or dust/fallout was observed.

6. POTENTIAL SOURCE OF COMPLAINT. Please identify the possible source(s) of the odors, smoke and/or dust/fallout and the reason(s) for that belief.

IMPORTANT: If the NYSDEC begins legal action against the potential source, please indicate if you would be willing to provide sworn testimony as a witness in an enforcement action regarding the information outlined above. No __ Yes __

Complainant's Signature

Date

Printed Name

Address: _____

Telephone Number: Home: _____ Mobile: _____

E-mail address: _____

***Reminder, please return completed forms to: NYSDEC, 270 Michigan Avenue, Buffalo, NY 14203, Attention RAPCE or by electronic mail to region9@gw.dec.state.ny.us.**