

# New York State Department of Environmental Conservation

## Air Pollution Odor, Smoke and Fallout Complaint Log



Basil Seggos  
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@dec.ny.gov. 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: \_\_\_\_\_

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

# New York State Department of Environmental Conservation



## AIR POLLUTION ODOR AND FALLOUT - COMPLAINT LOG

1) Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone No: (Bus.) \_\_\_\_\_ (Home) \_\_\_\_\_

2) Have you personally experienced any of the following symptoms which you think might be related to odors?  
 No Yes (Circle) If yes, identify suspected source and complete the following:

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

Wind Direction (from) \_\_\_\_\_ Wind strength: Strong \_\_ Medium \_\_ Light \_\_ None \_\_

Discomfort Symptoms	<u>Severe</u>	<u>Mild</u>	<u>Date and Time (A.M. or P.M.)</u>		Began
Ended					

a) Eye irritation	_____	_____	_____	_____	
b) Sneezing	_____	_____	_____	_____	
c) Coughing	_____	_____	_____	_____	
d) Nausea	_____	_____	_____	_____	
e) Other _____	_____	_____	_____	_____	

Actions Taken	<u>Date</u>	<u>Time (A.M. or P.M.)</u>
a) Went indoors and shut doors and windows	_____	_____
b) Curtailed activity	_____	_____
c) Took medication	_____	_____
d) Sought medical treatment	_____	_____
e) Called Dept. of Environmental Conservation	_____	_____
f) Called other state or local agency	_____	_____
g) Other _____	_____	_____

3) Have you noticed damage or soiling on your property which you believe to be caused by air pollution?  
 No Yes (Circle) If yes, identify suspected source and complete the following:

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

Date damage/soiling observed \_\_\_\_\_

Describe damage or soiling \_\_\_\_\_  
 \_\_\_\_\_

4) IMPORTANT: If the State begins legal action against the source, would you be willing to give sworn testimony and to be cross-examined? Yes No (Circle)

5) Signature of complainant \_\_\_\_\_ Date \_\_\_\_\_

\*Please make additional copies if necessary.

\*Please return completed forms to: New York State Department of Environmental Conservation,  
 270 Michigan Avenue, Buffalo, New York 14203