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| **A picture containing text  Description automatically generated**  **DIARY OF DISTURBANCES – FUMES OR GASES** | | | | | | **Page No:** 1 of 3 |  | |
| **Requester:**  **Requester Address:** | |  |
| **Return details:**  Telford and Wrekin Council  Environmental Protection Team  Darby House  Lawn Central  Telford  TF3 4JA  [EPevidencereturn@telford.gov.uk](mailto:EPevidencereturn@telford.gov.uk) | | | | | **Date:** | **Request Location:** | | |
| **Ref No:** |
| Date | Time Started | Time Stopped | Where affected | | Nature of Nuisance, **\***Intensity, **\*\***Offensiveness, Weather Conditions and Wind Direction | Describe How You Were Disturbed | | |
| *Example* | *15.20* | *17.30* | *Living room, bedroom, garden etc...* | | *Fumes/gases from manufacturing business, 3, -2, dry, warm weather, South Westerly wind.* | *I had to shut the windows, could not sit in my garden, made my eyes water, made me cough etc…* | | |
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| **A picture containing text  Description automatically generated**  **DIARY OF DISTURBANCES – FUMES OR GASES** | | | | | | **Page No:** 2 of 3 |  | |
| **Ref No:** | |  |
| Date | Time Started | Time Stopped | Where affected | | Nature of Nuisance | Describe How You Were Disturbed | | |
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|  | | | | **This statement is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true. I acknowledge that in making this statement that I am willing to support my complaint in Court.** | | | | | |
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**Person keeping diary:**

**Name:** ……………………………………………

**Signature:** ………………………………… **Date:** ………………………………………

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| **DIARY OF DISTURBANCES – FUMES OR GASES Score Reference**   |  | | --- | | **\*\*Offensiveness Score** | | +4 Very pleasant  +3 Pleasant  +2 Moderately pleasant  +1 Mildly pleasant  0 Neutral odour / no odour  -1 Mildly unpleasant  -2 Moderately unpleasant  -3 Unpleasant  -4 Very unpleasant |  |  | | --- | | **\*Intensity Score** | | 0 No odour  1 Very faint odour  2 Faint odour  3 Distinct odour  4 Strong odour  5 Very strong odour  6 Extremely strong odour | |  | | |