

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Air Resources, Region 9
700 Delaware Avenue, Buffalo, NY 14209
P: (716) 851-7130 | F: (716) 851-7009
www.dec.ny.gov

SMOKE NUISANCE LOG *(This log is to be used to identify when and how your comfortable enjoyment of life and property were compromised.)*

Please return completed forms to: NYSDEC, 700 Delaware Ave, Buffalo, NY 14203, Attention RAPCE or via email to RAPCE.R9@dec.ny.gov.

Name: _____ Phone #: _____ Email: _____

Address: _____ County: _____

Potential Source of Nuisance (Name & Address): _____

DATE	TIME	WEATHER (wind direction & speed, temp, conditions, etc.)	SMOKE DESCRIPTION, INTENSITY (black, white, thick, etc.)	HEALTH EFFECTS <u>Realized</u> (coughing, eye irritation, etc.) and <u>actions taken</u> to remedy effects (closed windows, left the house, etc.)

