



COMPLAINT FORM C1

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CONCERNING ODOURS FROM AN EPA LICENSED FACILITY

If you have a complaint about odour from an EPA licensed activity please contact the facility directly in the first instance, preferably in writing. All EPA licensees are required to maintain a written record of all complaints received and the actions taken to deal with such complaints. Licensees are also required to inform the EPA of any pollution incidents that occur at their facilities. OEE staff from the EPA will assess how your complaint was dealt with during inspections and audits of the facility and will determine whether any further action is required.

If a licensee has failed to respond to your complaint or the odour problem persists, please fill out this form and submit the relevant details to:

Office of Environmental Enforcement
Environmental Protection Agency
P.O. Box 3000
Johnstown Castle Estate
Co. Wexford

Email: info@epa.ie

This form is to assist you in making a complaint to the OEE about odours from a facility that holds a licence from the EPA. Registers listing all EPA licence holders are available on the EPA website at www.epa.ie.

Your complaint should be presented clearly and concisely giving sufficient evidence that allows us to follow up on your concerns. The provision of the information requested in the form may be decisive for the proper handling of your complaint, and where appropriate taking enforcement action.

Having completed this form, please also send copies of any correspondence or other supporting information such as photographs and maps to the above address.



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Please complete this form in **BLOCK LETTERS**

1. Your Name: _____
2. Address: _____

3. Telephone Number: _____
4. Fax Number: _____
5. E-mail address: _____
6. Name and Address of the industry, site or facility to which the complaint relates:

7. Have you reported the odour to the company? Please provide details.

8. Fullest possible account of facts giving rise to the complaint.
Date(s) the odour was experienced: _____
Time(s) the odour was experienced: _____
Duration of the period when affected by the odours: _____



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Where were you affected by the odours? Inside (where, how) and/or outside (where/ how):

Description of **Extent** and **Intensity** of the odours (please circle the relevant number):

Extent

- 1 Local and impersistent (only detected during brief periods when wind drops)
- 2 Impersistent as above but detected away from site boundary
- 3 Persistent but localised (odour only within site boundary)
- 4 Persistent and pervasive up to 100m from site boundary
- 5 Persistent and widespread (detected >100m from site boundary)

Intensity

- 1 No detectable odour
- 2 Faint odour (barely detectable, need to stand still and inhale facing wind)
- 3 Moderate odour (easily detectable while walking and breathing normally, possibly offensive)
- 4 Strong odour (bearable, but offensive- will my cloths/ hair smell)
- 5 Very strong odour (unbearable, this is when you really wish you were somewhere else)

Weather conditions (including wind direction, if known):



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9. Have you contacted the EPA previously in relation to this complaint? If Yes, please provide details of most recent contact.

10. Details of any approaches already made to other authorities (e.g. Local or Planning Authority, HSA, Department of the Environment, Heritage and Local Government, Fisheries Board, European Commission):

11. Date and Signature of complainant:

DATE

SIGNATURE