

Air Pollution (Smoke)Record Log

Please complete the Air Pollution Record Log below and detail any instances of the air pollution nuisance over a 14-day period.

For Council to investigate an air pollution complaint, you must produce evidence of a reoccurring and regular incidents.

This form provides you with a guide on what to capture and record.

The information you provide in this log may be presented in court should the complaint not be resolved informally.

Your name and address: _____

Address where smoke pollution is coming from: _____

Source of smoke e.g., wood fired heater, open pile burn, industrial source: _____

Date	Time smoke		Approximate length of visible plume (meters)	Your Location (e.g., room you observed the smoke from)	Describe the Smoke Pollution (e.g., Backyard Burning, Wood-Fire smoke)	Briefly describe how the smoke affected you, state whether the windows were open or closed (e.g., disturbed sleep, effects breathing, cannot work/study)
	Started	Ended				



Wyong Administration Building: 2 Hely St / PO Box 20 Wyong NSW 2259

P 02 4306 7900 | W centralcoast.nsw.gov.au | ABN 73 149 644 003

Date	Time smoke		Approximate length of visible plume (meters)	Your Location (e.g., room you observed the smoke from)	Describe the Smoke Pollution (e.g., Backyard Burning, Wood-Fire smoke)	Briefly describe how the smoke affected you, state whether the windows were open or closed (e.g., disturbed sleep, effects breathing, cannot work/study)
	Started	Ended				



Wyong Administration Building: 2 Hely St / PO Box 20 Wyong NSW 2259

P 02 4306 7900 | **W** centralcoast.nsw.gov.au | ABN 73 149 644 003

Date	Time smoke		Approximate length of visible plume (meters)	Your Location (e.g., room you observed the smoke from)	Describe the Smoke Pollution (e.g., Backyard Burning, Wood-Fire smoke)	Briefly describe how the smoke affected you, state whether the windows were open or closed (e.g., disturbed sleep, effects breathing, cannot work/study)
	Started	Ended				

I solemnly and sincerely declare that the information above was written by me and is a true and correct record of the observations I made, and the smoke pollution referred to in this complaint.

Signed: _____

of address: _____

Date: _____

Please return the completed log by:

Mail: Environment and Public Health, Central Coast Council, PO Box 20, Wyong NSW 2259

Email: ask@centralcoast.nsw.gov.au

Or Hand deliver to one of our customer service centres: Gosford (91-99 Mann St) or Wyong (2 Hely St)



Wyong Administration Building: 2 Hely St / PO Box 20 Wyong NSW 2259

P 02 4306 7900 | **W** centralcoast.nsw.gov.au | ABN 73 149 644 003