

Environmental Health

PO Box 228 | Jersey | JE4 9SS

| Date    | Time Started       | Time Stopped | Intensity *            | Offensiveness ** | Description of Odour *** | Weather Conditions (Include as much detail as possible such as wind speed and direction if known) | Location where odour was smelt**** | How it affects you and your use of your property ***** |
|---------|--------------------|--------------|------------------------|------------------|--------------------------|---|------------------------------------|--|
| 6/5/21  | Came home at 10.00 |              | Not as strong as usual | ✓<br>DISGUSTING  | boiled Cabbage           |   | Front + Back garden                | Do not go outside                                      |
| 12/5/21 | Came home at 9.00  |              | FULL ON                | "                | "                        |   | <del>FR</del> "                    | "  |
| 27/5/21 | 9.00               |              | FULL ON                | "                | "                        |   | "                                  | "  |
| 2/6/21  | 9.00               |              | "                      | "                | B/O                      |   | "                                  | "  |
|         |                    |              |                        |                  |                          |   |                                    |  |
|         |                    |              |                        |                  |                          |   |                                    |  |

The information given in this nuisance diary is correct to the best of my knowledge and accurately reflects and records incidents I have personally experienced.

Signed:

Print Name:

Date:



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|      |              |              |             |                  |                          |   |                                    |  |
|      |              |              |             |                  |                          |   |                                    |  |
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|      |              |              |             |                  |                          |   |                                    |  |
|      |              |              |             |                  |                          |   |                                    |  |
|      |              |              |             |                  |                          |   |                                    |  |
|      |              |              |             |                  |                          |   |                                    |  |

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