



Complaint Petition

You and your neighbors can demand that the Bay Area Air Quality Management District prevent Pacific Steel Casting Company's odorous pollution! If we submit enough odor complaint petitions, then BAAQMD should investigate and regulate PSC's noxious emissions.

Each person enters information on both an EMISSION and a COMPLAINANT page (see the following). Send the emission and complainant pages together to the BAAQMD:

**Air Pollution Control Officer
Bay Area Air Quality Management District
939 Ellis Street
San Francisco, CA 94109**

How Testing Could Happen

When petitions totaling 10 or more odor complaints about multiple odor incidents at the facility are submitted within a 90 day period—regardless of whether or not an inspector can confirm the odor complaints—then the Bay Area Air Quality Management District should perform odor sampling and air testing regarding Pacific Steel Casting Company, 1333 Second Street, Berkeley, CA 94710. The facility would be reviewed to determine its compliance with emission standards, which would remain in effect for one year after the 10 complaints were submitted. If the BAAQMD Air Pollution Control Officer receives five or more odor complaints within another 90 day period after that year, the same testing and emission standards should be triggered for another year. Petitions complaining about the acrid odor like a burning pot handle or burnt brakes should lead to testing for PSC's violation of emissions limits.

**WANT TO KNOW MORE?
westberkeleyalliance@yahoo.com
<http://www.westberkeleyalliance.org/>**

Complaint by Petition

This is one page of "complaints received by petition," filed according to the Bay Area Air Quality Management District Compliance and Enforcement Division's March 1, 2004 Complaint Guidelines, (p. 3).

The petition is divided into EMISSION pages and COMPLAINANT pages.

Time of Emission

Date(s) alleged air emission was observed or is anticipated to take place: _____
Time when emission was observed: From _____ AM / PM to _____ AM / PM
During that time, the emission was: continuous <input type="checkbox"/> or intermittent <input type="checkbox"/>

Source of Emission (real or possible)

Address, if possible: _____
Suspected source Company name, if known: _____
Direction wind was blowing from , if noticed: N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW <input type="checkbox"/>

Description of Emission

Odor <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Asbestos <input type="checkbox"/> Other <input type="checkbox"/>
If Other , please describe: _____
If Odor , please describe: _____
Odor intensity: Very Strong <input type="checkbox"/> Strong <input type="checkbox"/> Easily Noticeable <input type="checkbox"/> Faint <input type="checkbox"/> Very Faint <input type="checkbox"/>

Impact of Emission

Description of harm, injury, annoyance, etc. (real or potential) suffered: _____
Other useful information, comments: _____
Will you testify in court? Yes <input type="checkbox"/> No <input type="checkbox"/>

Declaration

I declare under penalty of perjury that the above information is true and correct.	
Executed on: _____, 20____, at _____, California,	
<small>Month, Date</small>	<small>Address</small>
_____	_____
<small>Print Name</small>	<small>Signature</small>

<i>Person Making Complaint</i>		
Name:		
Home Address:		
Mailing Address:		
Home Phone:	Alternate Daytime Phone:	(cell? Yes <input type="checkbox"/> No <input type="checkbox"/>

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