

**Wokingham Borough Council**

**Enforcement and Safety Team**

**P.O. Box 153**

**Shute End, Wokingham**

**Berkshire RG40 1WN**

**Tel: (0118) 974 6000**

**e.mail:asb@wokingham.gov.uk**

**DATE:04/07/22- 15/07/22**

**URN:**

**Noise Monitoring Diary Form**

Alleged Source of the problem.

Name: A1 Group

Address: Highland Avenue, Silver Birches, Wokingham.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time Nuisance Started** (1) | **Time Nuisance Ended** (1) | **Type Of Nuisance** | Monitoring location |
| 04/07/22 | Nil |  |  |  |
| 05/07/22 | 10.36 | 10.45 | Loud banging of metal | Kent Close |
| 06/07/22 | NIL |  |  |  |
| 07/07/22 | NIL |  |  |  |
| 08/07/22 | 15.26 | 15.33 | Loud banging of metal | Tiffany Close |
| 11/07/22 | Nil |  |  |  |
| 12/07/22 | Nil |  |  |  |
| 13/07/22 | Nil |  |  |  |
| 14/07/22 | 14.18 | 14.25 | Crashing sound. Possibly scrap metal being unloaded from a tipper | Tiffany Close(alleyway) |
| 15/07/22 | Nil |  |  |  |
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I certify that the above is a true record of events.

Signed...................................................................Date..................................................................

(1) How often does it disturb you and for how long each time? (It is not sufficient to merely state every day or, every week)

(2) To what extent does the nuisance disturb you?

**Nuisance Diary Form Continuation**

Alleged Source of the problem Your Details

Name: Name:

Address: Address:

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| --- | --- | --- | --- | --- |
| **Date** | **Time Nuisance Started** (1) | **Time Nuisance Ended** (1) | **Type Of Nuisance** | **How The Nuisance Affects You/Your Household** (2) |
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