

2 - 3/4 mile away South
1 - North 3/4 mile

Wind Turbine Complaint Form

Complainant Name: [REDACTED]

Complainant phone number: 765- [REDACTED]

Complainant Street Address: [REDACTED], Elwood 46036

Complainant Email Address: _____

Nature of Event (check all that apply) Frequency Location (examples: inside home, yard)

Sound 10mph from south loudst in/out

Light Flicker morning East windows

Pressure Change _____ _____

Vibration _____ _____

Other (Describe): _____

Impact of Observed effects on your household
(check all that apply)

Frequency

Sleep Disturbance- waking frequently every night now

Sleep Disturbance- inability to fall asleep _____

Loss of appetite _____

Headache _____

Inability to concentrate _____

Anxiety _____

Nausea _____

Changes in pet/animal behavior dog has started in barking

that windows open.

Area Conditions

Are road conditions in the area satisfactory? Yes

No

Comments: Drive out of way 2 miles the 3 to avoid the street.

Are field tiles working properly and is drainage satisfactory? Yes

No

Comments: No turbines on their farmland.

Additional Comments:

truck
from Texas
a month ago

Wind Turbine Complaint Form

Complainant Name: ~~_____~~ Complainant phone number: 765 ~~_____~~

Complainant Street Address: ~~_____~~ Wierka G

Complainant Email Address: _____

Nature of Event (check all that apply) Frequency Location (examples: inside home, yard, etc.)

Sound *steady howl on windy days* clapper concern inside as well as outside

Light Flicker morning _____

Pressure Change when blowing hard makes migraines worse - taking more medication

Vibration _____

Other (Describe): _____

in middle of house - wish
could shut it - how to get out of wind farm - AT
million headset for friends

Impact of Observed effects on your household (check all that apply) Frequency

Sleep Disturbance- waking frequently _____

Sleep Disturbance- inability to fall asleep _____

Loss of appetite _____

Headache lasting longer - got bed + get up with headache
migraines worse - taking more medication

Inability to concentrate _____

Anxiety _____

Nausea _____

Changes in pet/animal behavior dog upset when blowing hard

Area Conditions

Are road conditions in the area satisfactory? Yes No

Comments: detours pushed to side

Are field tiles working properly and is drainage satisfactory? Yes _____ No _____

Comments: water stays longer - not doing across the way

Additional Comments:

Best from Roads - Not willing Use the back of this form for additional space
White Trucks complaint 2 days

Wind Turbine Complaint Form

Turbin 5
Came on 2nd
batch

Complainant Name: [Redacted] Complainant phone number: 763- [Redacted]
Complainant Street Address: [Redacted], Edwood 46036
Complainant Email Address: [Redacted]

Nature of Event (check all that apply) Frequency Location (examples: inside home, yard)

Sound constant, subtle (whole house) inside + outside
evening
 Light Flicker 30 min when sun out blades on facing center way
 Pressure Change feels in chest blades on facing center way shows up
Nov + Dec in the W side
 Vibration if outside feel in chest blades on facing center way (dining room)
more so when blades hard outside
 Other (Describe): Shy 15 outside

2 Turbin
1400ft
1700ft
W +
SW

begin
with
vsc

Impact of Observed effects on your household (check all that apply) Frequency

Sleep Disturbance- waking frequently unrel so in morning
 Sleep Disturbance- inability to fall asleep hears turn on by furnace
 Loss of appetite _____
 Headache _____
 Inability to concentrate _____
 Anxiety _____
 Nausea _____
 Changes in pet/animal behavior Cat won't go outside - meaning all the time
Sunday mornings were off she will go outside
only when off

thought a light
bulb was going
when
sitting in
the living
room -
away from
window

Area Conditions

Are road conditions in the area satisfactory? Yes No
Comments: on highway 13 - avoids ripped out roads

Are field tiles working properly and is drainage satisfactory? Yes No
Comments: culvert had to be replaced @ Pendemy from heavy trucks they says
it - because dip in road

Additional Comments: the INDOT fixed it - because dip in road

Use the back of this form for additional space

on 13



EW

Wind Turbine Complaint Form

Complainant Name: [REDACTED] Complainant phone number: 765 [REDACTED]

Complainant Street Address: [REDACTED] Windfall, IN 46076

Complainant Email Address: [REDACTED]

Nature of Event (check all that apply)	Frequency	Location (examples: inside home, yard)
<input checked="" type="checkbox"/> Sound	Daily-constant	inside, outside, anywhere on property
<input type="checkbox"/> Light Flicker	_____	_____
<input type="checkbox"/> Pressure Change	_____	_____
<input type="checkbox"/> Vibration	_____	_____
<input type="checkbox"/> Other (Describe):	Red lights visible at night. Flashing red lights drive me nuts.	

Impact of Observed effects on your household
(check all that apply)

Frequency

<input checked="" type="checkbox"/> Sleep Disturbance- waking frequently	2 or 3 times a week
<input checked="" type="checkbox"/> Sleep Disturbance- inability to fall asleep	to _____
<input type="checkbox"/> Loss of appetite	_____
<input type="checkbox"/> Headache	_____
<input checked="" type="checkbox"/> Inability to concentrate	3 or 4 days/wk
<input checked="" type="checkbox"/> Anxiety	daily
<input type="checkbox"/> Nausea	_____
<input checked="" type="checkbox"/> Changes in pet/animal behavior	no pets. Wildlife basically gone

Area Conditions

Are road conditions in the area satisfactory?

Yes

No

Comments:

Absolutely terrible. Just destroyed the roads. Used to like to take drives. Can't do anymore.

Are field tiles working properly and is drainage satisfactory?

Yes

No

Comments:

Been in farming all life. Can tell the fields, tiles are broken. Water just stands.

Additional Comments:

Constant always there to cause stress in your life

Use the back of this form for additional space

Sinus problems. Can't get away from pollen. Used to be able to open windows. Pollen & dust in air all the time.

Salem

Wind Turbine Complaint Form

Complainant Name: [REDACTED] Complainant phone number: 765 [REDACTED]

Complainant Street Address: [REDACTED] WINDFALL, IN

Complainant Email Address: _____

Nature of Event (check all that apply)	Frequency	Location (examples: inside home, yard)
<input checked="" type="checkbox"/> Sound	SUCCESSIVE SOUND	EARLY MORNING - NIGHT
<input checked="" type="checkbox"/> Light Flicker	TOWER LIGHTS, ALL TIMES, AT NIGHT	
<input type="checkbox"/> Pressure Change	_____	_____
<input type="checkbox"/> Vibration	_____	_____
<input type="checkbox"/> Other (Describe):	DOOR BELLS GO OFF ALL DEER IN AREA HAVE DISAPPEARED AFTER OURS DOG HOWLS AT SUCCESSIVE SOUNDS	

Impact of Observed effects on your household (check all that apply)	Frequency
<input type="checkbox"/> Sleep Disturbance- waking frequently	CONCERNED ON LONG TERM HEALTH AFFECTS.
<input type="checkbox"/> Sleep Disturbance- inability to fall asleep	_____
<input type="checkbox"/> Loss of appetite	_____
<input type="checkbox"/> Headache	_____
<input checked="" type="checkbox"/> Inability to concentrate	_____
<input type="checkbox"/> Anxiety	_____
<input type="checkbox"/> Nausea	_____
<input checked="" type="checkbox"/> Changes in pet/animal behavior	DOG HOWLS, DEER GONE
CAUSES TENSION IN NEIGHBORHOOD	

Area Conditions

Are road conditions in the area satisfactory? Yes No
Comments: _____

Are field tiles working properly and is drainage satisfactory? Yes No
Comments: CONCERNED ON RESALE VALUE OF HOME
WHAT WILL HAPPEN WHEN THEY ARE NO LONGER FUNCTIONAL

Additional Comments: [REDACTED]

INTRUSIVE, ESPECIALLY IN SUNLIGHT & AT NIGHT



Wind Turbine Complaint Form

Complainant Name: ~~XXXXXXXXXX~~ Complainant phone number: 765 ~~XXXXXXXXXX~~

Complainant Street Address: ~~XXXXXXXXXX~~

Complainant Email Address: ~~XXXXXXXXXX~~

Nature of Event (check all that apply) Frequency Location (examples: inside home, yard)

Sound _____

Light Flicker *can't see them - no problems* _____

Pressure Change _____

Vibration _____

Other (Describe): _____

Impact of Observed effects on your household
(check all that apply)

Frequency

Sleep Disturbance- waking frequently _____

Sleep Disturbance- inability to fall asleep *- different hours - have to get up at 3 AM for jobs* _____

Loss of appetite _____

Headache *used hearing aids + tinnitus* _____

Inability to concentrate _____

Anxiety _____

Nausea _____

Changes in pet/animal behavior *Dec or Jan* _____

(Vertigo) - never had before - have serious problem _____

Are road conditions in the area satisfactory? Yes

Comments:

Are field tiles working property and is drainage satisfactory? Yes

Comments:

Additional Comments:

Use the back of this form for additional space

When away in KY began to feel better

Wind Turbine Complaint Form

Complainant Name: [REDACTED] Complainant phone number: 317-[REDACTED]

Complainant Street Address: [REDACTED]

Complainant Email Address: [REDACTED]

Nature of Event (check all that apply)	Frequency	Location (examples: inside home, yard)
<input checked="" type="checkbox"/> Sound	<u>everyday</u>	<u>inside/outside</u>
<input checked="" type="checkbox"/> Light Flicker	<u>everyday</u>	<u>in home/outside</u>
<input type="checkbox"/> Pressure Change	<u>No</u>	<u>constant noise</u>
<input type="checkbox"/> Vibration	<u>NO</u>	
<input checked="" type="checkbox"/> Other (Describe): <u>DOAP BARK MORE</u>		

Impact of Observed effects on your household (check all that apply)	Frequency
<input type="checkbox"/> Sleep Disturbance- waking frequently	
<input checked="" type="checkbox"/> Sleep Disturbance- inability to fall asleep	<u>once get to sleep /ok</u>
<input type="checkbox"/> Loss of appetite	
<input checked="" type="checkbox"/> Headache	<u>daughter has headaches</u>
<input type="checkbox"/> Inability to concentrate	
<input type="checkbox"/> Anxiety	
<input type="checkbox"/> Nausea	
<input checked="" type="checkbox"/> Changes in pet/animal behavior	<u>Bark's more</u>

Area Conditions

Are road conditions in the area satisfactory? Yes No
Comments: east of us is bad
grave roads

Are field tiles working properly and is drainage satisfactory? Yes No

Additional comments: [REDACTED] 6/2/2013



Section (2)

Wind Turbine Complaint Form

Complainant Name: [REDACTED] Complainant phone number: 765 [REDACTED]Complainant Street Address: [REDACTED]

Complainant Email Address: _____

Nature of Event (check all that apply)

Frequency

Location (examples: inside home, yard)

 SoundEvery day/night Bedroom all in my feet Light Flicker|| Pressure Change|| Vibration|| Other (Describe):fighterphone service - They didn't bury line300N + 600E Had no phone service -Roads still gravel instead of paved.Impact of Observed effects on your household
(check all that apply)

Frequency

 Sleep Disturbance- waking frequentlyEvery night Sleep Disturbance- inability to fall asleep Loss of appetite Headache Inability to concentrate AnxietyHates Wind Farm Nausea Changes in pet/animal behaviordogs bark

Area Conditions

Are road conditions in the area satisfactory?

Yes

Comments:

They said EOH would fix when snow was goneRoad was paved +

Are field tiles working properly and is drainage satisfactory?

Yes

Comments:

No

they want (cont) reprove

Additional Comments:

[REDACTED]6-9-13

Use the back of this form for additional space