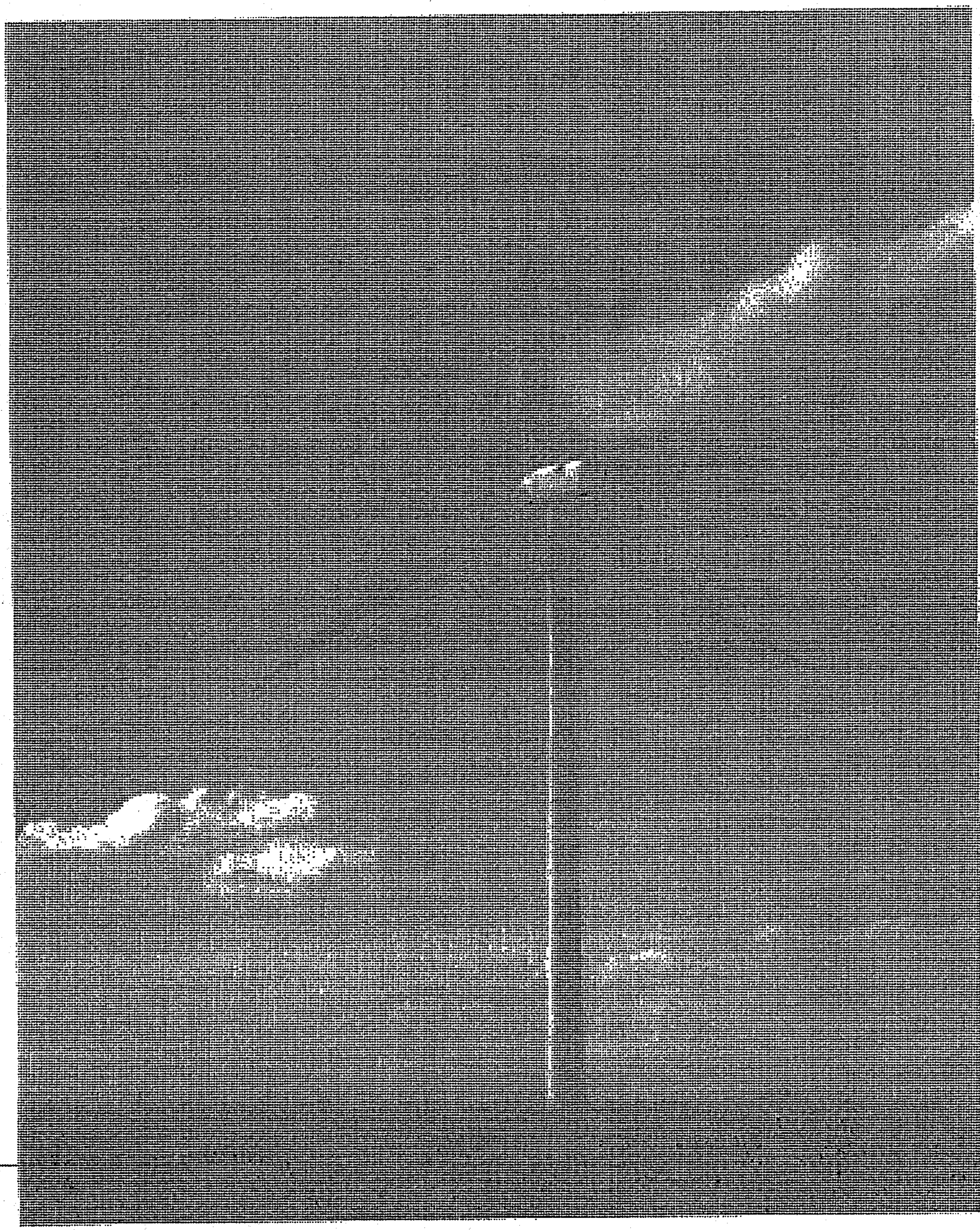
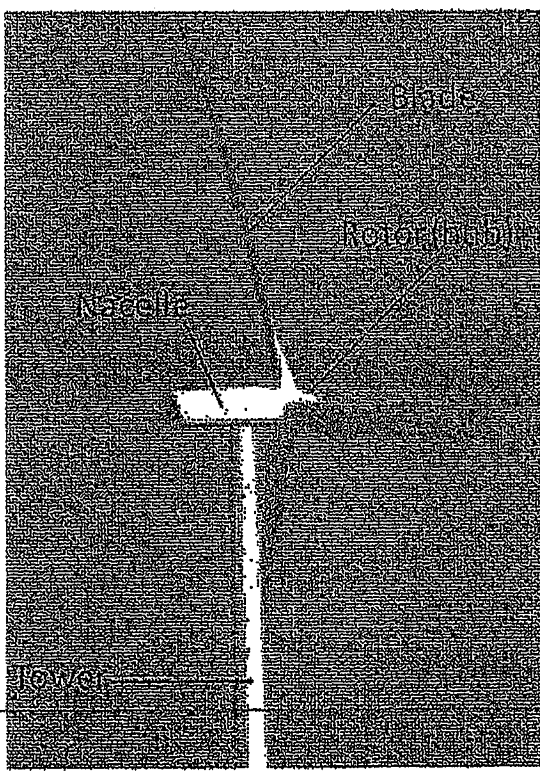


Most of us would agree that the modern wind turbine is a desirable alternative for producing electrical energy. One of the most highly touted ways to meet a federal mandate that 20 percent of all energy must come from renewable sources by 2020 is to install large numbers of utility-scale wind turbines. Evidence has been mounting over the past decade, however, that these utility-scale wind turbines produce significant levels of low-frequency noise and vibration that can be highly disturbing to nearby residents.

None of these unwanted emissions, whether audible or inaudible, are believed to cause hearing loss, but they are widely known to cause sleep disturbances. Inaudible components can induce resonant vibration in solids, liquids, and gases—including the ground, houses, and other building structures, spaces within those structures, and bodily tissues and cavities—that is potentially harmful to humans. The most extreme of these low-frequency (infrasonic) emissions, at frequencies under about 16 Hz, can easily penetrate homes. Some residents perceive the energy as sound, others experience it as vibration, and others are not aware of it at all. Research is beginning to show that, in addition to sleep disturbances, these emissions may have other deleterious consequences on health. It is for these reasons that wind turbines are becoming an important community health issue, especially when hosted in quiet rural communities that have no prior experience with industrial noise or urban hum.



Major components of a modern wind turbine.

The people most susceptible to disturbances caused by wind turbines may be a small percentage of the total exposed population, but for them the introduction of wind turbines in their communities is not something to which they can easily become acclimated. Instead, they become annoyed, uncomfortable, distressed, or ill. This problem is increasing as newer utility-scale wind turbines capable of generating 1.5-5 MWatts of electricity or more replace the older turbines used over the past 30 years, which produced less than 1 MWatt of power. These large wind turbines can have hub heights that span the length of a football field and blade lengths that span half that distance. The increased size of these multi-MWatt turbines, especially the blades, has been associated with complaints of adverse health effects (AHEs) that cannot be explained by auditory responses alone.

For this article, we reviewed the English-language, peer-reviewed literature from around the world on the topic of wind-turbine noise and vibration and their effects on humans. In addition, we used popular search engines to locate relevant online trade journals, books, reference sources, government regulations, and acoustic and vibration standards. We also consulted professional engineers and psychoacousticians regarding their unpublished ideas and research.

Sources of Wind-Turbine Noise and Vibration

Physically, a modern wind turbine consists of a tower; a rotor (or hub); a set of rotating blades—usually three, located upwind to the tower; and a nacelle, which is an enclosure containing a gearbox, a generator, and computerized controls that monitor and regulate operations (FIGURE 1). Wind speed can be much greater at hub level than at ground level, so taller wind towers are used to take advantage of these higher wind speeds. Calculators are available for predicting wind speed at hub height, based on wind speeds at 10 meter weather towers, which can easily be measured directly.

Mechanical equipment inside the nacelle generates some noise, but at quieter levels than older turbines. This mechanical sound is usually considered of secondary importance in discussions of annoyance from today's turbines. The main cause of annoyance is an aerodynamic source created by interaction of the turning blades with the wind. With optimal wind conditions, this aerodynamic noise is steady and commonly described as an airplane overhead that never leaves.

When wind conditions are not optimal, such as during turbulence caused by a storm, the steady sounds are augmented by fluctuating aerodynamic sounds. Under steady wind conditions, this interaction generates a broadband whooshing sound that repeats itself about once a second and is clearly audible. Many people who live near the wind turbine find this condition to be very disturbing.

The whooshing sound comes from variations of air turbulence from hub to blade tip and the inability of the turbine to keep the blades adjusted at an optimal angle as wind direction varies. The audible portion of the whoosh is around 300 Hz, which can easily penetrate walls of homes and other buildings. In addition, the rotating blades create energy at frequencies as low as 1–2 Hz (the blade-passage frequency), with overtones of up to about 20 Hz. Although some of this low-frequency energy is audible to some people with sensitive hearing, the energy is mostly vibratory to people who react negatively to it.

Adverse Health Effects of Wind-Turbine Noise

Hubbard and Shepherd (1990), in a technical paper written for the National Aeronautics and Space Administration (NASA), were the first to report in depth on the noise and vibration from wind turbines. Most of the relevant research since that time has been conducted by European investigators, as commercial-grade (utility-scale) wind turbines have existed in Europe for many decades. Unfortunately, the research and development done by wind-turbine manufacturers is proprietary and typically has not been shared with the public, but reports of the distressing effects on people living near utility-scale wind turbines in various parts of the world are becoming more common.

Studies carried out in Denmark, The Netherlands, and Germany (Wolsink and Sprengers, 1993; Wolsink et al, 1993), a Danish study (Pedersen and Nielsen, 1994), and two Swedish studies (Pedersen and Persson Waye, 2004, 2007) collectively indicate that wind turbines differ from other sources of community noise in several respects. These investigators confirm the findings of earlier research that amplitude-modulated sound is more easily perceived and more annoying than constant-level sounds (Bradley, 1994; Bengtsson et al, 2004) and that sounds that are unpredictable and uncontrollable are more annoying than other sounds (Geen and McCown, 1984; Hatfield et al, 2002).

Annoyance from wind-turbine noise has been difficult to characterize by the use of such psychoacoustic parameters as sharpness, loudness, roughness, or modulation (Persson Waye and Öhrström, 2002). The extremely low-frequency nature of wind-turbine noise, in combination with the fluctuating blade sounds, also means that the noise is not easily masked by other environmental sounds.

Pedersen et al (2009), in a survey conducted in The Netherlands on 725 respondents, found that noise from wind turbines is more annoying than transportation or industrial noises at comparable levels, measured in dBA. They noted that annoyance from turbine sounds at 35 dBA corresponds to the annoyance reported for other common community-noise sources at 45 dBA. Higher visibility of the turbines was associated with higher levels of annoyance, and annoyance was greater when attitudes toward the visual impact of the turbines on the landscape were negative. However, the height of wind turbines means that they are also most clearly visible to the people closest to them and those who also receive the highest sound levels. Thus, proximity of the receiver to wind turbines makes it difficult to determine whether annoyance to the noise is independent of annoyance to the visual impact. Pedersen et al (2009) also found that annoyance was substantially lower in people who benefitted economically from having wind turbines located on their property.

Among audiologists and acousticians, it has been understood for many decades that sufficiently intense and prolonged exposure to environmental noise can cause hearing impairment, annoyance, or both. In essence, the view has been *what* you can hear can hurt you. In the case of wind turbines, it seems that *what* you can't hear can also hurt you. Again, there is no evidence that noise generated by wind turbines, even the largest utility-scale turbines, causes hearing loss. But there is increasingly clear evidence that audible and low-frequency acoustic energy from these turbines is sufficiently intense to cause extreme annoyance and inability to sleep, or disturbed sleep, in individuals living near them.

Jung and colleagues (2008), in a Korean study, concluded that low-frequency noise in the frequency range above 30 Hz can lead to psychological complaints and that infrasound in the frequency range of 5–8 Hz can cause complaints due to rattling doors and windows in homes.

The energy generated by large wind turbines can be especially disturbing to the vestibular systems of some people, as well as cause other troubling sensations of the head, chest, or other parts of the body. Dr. Nina Pierpont (2009), in her definitive natural experiment on the subject, refers to these effects as Wind-Turbine Syndrome (WTS). TABLE 1 lists the symptoms that, in various combinations, characterize WTS. Although hearing impairment is not one of the symptoms of WTS, audiologists whose patients report these symptoms should ask them if they live near a wind turbine.

It is well known that sleep deprivation has serious consequences, and we know that noncontinuous sounds and nighttime sounds are less tolerable than continuous and daytime sounds. Somewhat related effects, such as cardiac arrhythmias, stress, hypertension, and headaches have also been attributed to noise or vibration from wind turbines, and some researchers are referring to these effects as Vibroacoustic Disease, or VAD (Castelo Branco, 1999; Castelo Branco and Alves-Pereira, 2004). VAD is described as occurring in persons who are exposed to high-level (>90 dB SPL) infra- and low-frequency noise (ILFN), under 500 Hz, for periods of 10 years or more. It is believed to be a systemic pathology characterized by direct tissue damage to a variety of bodily organs and may involve abnormal proliferation of extracellular matrices.

Alves-Pereira and Castelo Branco (2007) reported on a family who lived near wind turbines and showed signs of VAD. The sound levels in the home were less than 60 dB SPL in each 1/3–octave band below 100 Hz. We have measured unweighted sound levels ranging from 60 to 70 dB Leq (averaged over 1 minute) in these low-frequency bands in Ontario homes of people reporting AHEs from wind turbines. A spectral analysis of sounds emitted at a Michigan site revealed that unweighted peak levels at frequencies under 5 Hz exceeded 90 dB SPL (Wade Bray, pers. comm., 2009).

Table 1. Core Symptoms of Wind-Turbine Syndrome

1	Sleep disturbance
2	Headache
3	Visceral Vibratory Vestibular Disturbance (VVVD)
4	Dizziness, vertigo, unsteadiness
5	Tinnitus
6	Ear pressure or pain
7	External auditory canal sensation
8	Memory and concentration deficits
9	Irritability, anger
10	Fatigue, loss of motivation

Source: Pierpont, 2009

Similar observations have been made in studies of people who live near busy highways and airports, which also expose people to low-frequency sounds, both outdoors and in their homes. Evidence is insufficient to substantiate that typical exposures to wind-turbine noise, even in residents who live nearby, can lead to VAD, but early indications are that there are some more-vulnerable people who may be susceptible. Because ILFN is not yet recognized as a disease agent, it is not covered by legislation, permissible exposure levels have not yet been established, and dose-response relationships are unknown (Alves-Pereira, 2007).

As distinguished from VAD, Pierpont's (2009) use of the term Wind-Turbine Syndrome appears to emphasize a constellation of symptoms due to stimulation, or overstimulation, of the vestibular organs of balance due to ILFN from wind turbines (see TABLE 1). One of the most distinctive symptoms she lists in the constellation of symptoms comprising WTS is Visceral Vibratory Vestibular Disturbance (VVVD), which she defines as "a sensation of internal quivering, vibration, or pulsation accompanied by agitation, anxiety, alarm, irritability, rapid heartbeat, nausea, and sleep disturbance" (p. 270).

Drawing on the recent work of Balaban and colleagues (i.e., Balaban and Yates, 2004), Pierpont describes the close association between the vestibular system and its neural connections to brain nuclei involved with balance processing, autonomic and somatic sensory inflow and outflow, the fear and anxiety associated with vertigo or a sudden feeling of postural instability, and aversive learning. These neurological relationships give credence to Pierpont's linkage of the symptoms of VVVD to the vestibular system.

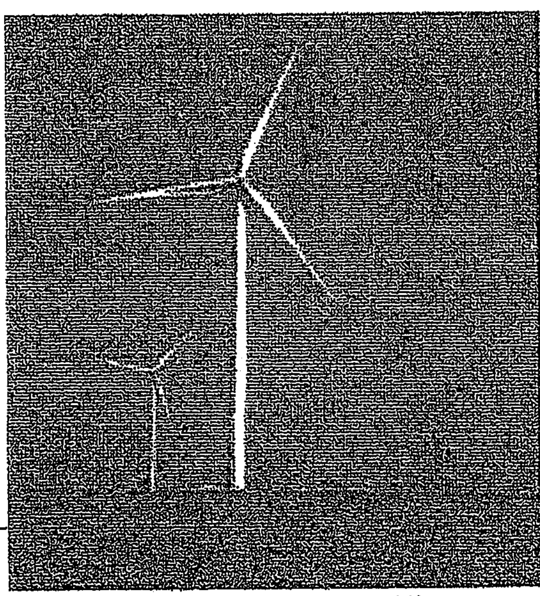
Todd et al (2008) demonstrated that the resonant frequency of the human vestibular system is 100 Hz, concluding that the mechano-receptive hair cells of the vestibular structures of the inner ear are remarkably sensitive to low-frequency vibration and that this sensitivity to vibration exceeds that of the cochlea. Not only is 100 Hz the frequency of the peak response of the vestibular system to vibration, but it is also a frequency at which a substantial amount of acoustic energy is produced by wind turbines. Symptoms of both VAD and VVVD can presumably occur in the presence of ILFN as a result of disruptions of normal paths or structures that mediate the fine coordination between living tissue deformation and activation of signal transducers; these disruptions can lead to aberrant mechano-electrical coupling that can, in turn, lead to conditions such as heart arrhythmias (Ingber, 2008). Ultimately, further research will be needed to sort out the commonalities and differences among the symptoms variously described in the literature as VAD, VVVD, and WTS.

Dr. Geoff Leventhall, a British scientist, and his colleagues (Waye et al, 1997; Leventhall, 2003, 2004) have documented the detrimental effects of low-frequency noise exposure. They consider it to be a special environmental noise, particularly to sensitive people in their homes. Waye et al (1997) found that exposure to dynamically modulated low-frequency ventilation noise (20–200 Hz)—as opposed to midfrequency noise exposure—was more bothersome, less pleasant, impacted work performance more negatively, and led to lower social orientation.

Leventhall (2003), in reviewing the literature on the effects of exposure to low-frequency noise, found no evidence of hearing loss but substantial evidence of vibration of bodily structures (chest vibration), annoyance (especially in homes), perceptions of unpleasantness (pressure on the eardrum, unpleasant perception within the chest area, and a general feeling of vibration), sleep disturbance (reduced wakefulness), stress, reduced performance on demanding verbal tasks, and negative biological effects that included quantitative measurements of EEG activity, blood pressure, respiration, hormone production, and heart rate.

Regarding work performance, reviewed studies indicated that dynamically modulated low-frequency noise, even when inaudible to most individuals, is more difficult to ignore than mid- or high-frequency noise and that its imperviousness to habituation leads to reduced available information-processing resources. Leventhall hypothesized that low-frequency noise, therefore, may impair work performance. More recently, as a consultant on behalf of the British Wind Energy Association (BWEA), the American Wind Energy Association (AWEA), and the Canadian Wind Energy Association (CANWEA), Leventhall (2006) changed his position, stating that although wind turbines do produce significant levels of low-frequency sound, they do not pose a threat to humans—in effect reverting to the notion that *what you can't hear can't hurt you.*

According to the World Health Organization guidelines (WHO, 2007), observable effects of nighttime, outdoor wind-turbine noise do not occur at levels of 30 dBA or lower. Many rural communities have ambient, nighttime sound levels that do not exceed 25 dBA. As outdoor sound levels increase, the risk of AHEs also increases, with the most vulnerable being the first to show its effects. Vulnerable populations include elderly persons; children, especially those younger than age six; and people with pre-existing medical conditions, especially if sleep is affected. For outdoor sound levels of 40 dBA or higher, the WHO states that there is sufficient evidence to link prolonged exposure to AHEs. While the WHO identifies long-term, nighttime audible sounds over 40 dBA outside one's home as a cause of AHEs, the wind industry commonly promotes 50 dBA as a safe limit for nearby homes and properties. Recently, a limit of 45 dBA has been proposed for new wind projects in Canada (Keith et al, 2008).



Utility-scale wind turbines located in Huron County, Michigan.

Much of the answer as to why the wind industry denies that noise is a serious problem with its wind turbines is because holding the noise to 30 dBA at night has serious economic consequences. The following quotation by Upton Sinclair seems relevant here: "It is difficult to get a man to understand something when his salary depends upon his not understanding it" (Sinclair, 1935, reprinted 1994, p. 109).

In recent years, the wind industry has denied the validity of any noise complaints by people who live near its utility-scale wind turbines. Residents who are leasing their properties for the siting of turbines are generally so pleased to receive the lease payments that they seldom complain. In fact, they normally are required to sign a leasing agreement, or gag clause, stating they will not speak or write anything unfavorable about the turbines. Consequently, complaints, and sometimes lawsuits, tend to be initiated by individuals who live near property on which wind turbines are sited, and not by those who are leasing their own property. This situation pits neighbor against neighbor, which leads to antagonistic divisions within communities.

Measurement of Wind-Turbine Noise

It is important to point out that the continued use of the A-weighting scale in sound-level meters is the basis for misunderstandings that have led to acrimony between advocates and opponents of locating wind turbines in residential areas. The dBA scale grew out of the desire to incorporate a function into the measurement of sound pressure levels of environmental and industrial noise that is the inverse of the minimum audibility curve (Fletcher and Munson, 1933) at the 40-phon level. It is typically used, though, to specify the levels of noises that are more intense, where the audibility curve becomes considerably flattened, obviating the need for A-weighting. It is mandated in various national and international standards for measurements that are compared to damage-risk criteria for hearing loss and other health effects. The A-weighted scale in sound-level meters drastically reduces sound-level readings in the lower frequencies, beginning at 1000 Hz, and reduces sounds at 20 Hz by 50 dB.

For wind-turbine noise, the A-weighting scale is especially ill-suited because of its devaluation of the effects of low-frequency noise. This is why it is important to make C-weighted measurements, as well as A-weighted measurements, when considering the impact of sound from wind turbines. Theoretically, linear-scale measurements would seem superior to C-scale measurements in wind-turbine applications, but linear-scale measurements lack standardization due to failure on the part of manufacturers of sound-level meters to agree on such factors as low-frequency cutoff and response tolerance limits. The Z-scale, or zero-frequency weighting, was introduced in 2003 by the International Electro-technical Commission (IEC) in its Standard 61672 to replace the flat, or linear, weighting used by manufacturers in the past.

State of Michigan Siting Guidelines

Michigan's siting guidelines (State of Michigan, 2008) will be used as an example of guidelines that deal only in a limited way with sound. These guidelines refer to earlier, now outdated, WHO and Environmental Protection Agency (EPA) guidelines to support a noise criterion that SPLs cannot exceed 55 dBA at the adjacent property line. This level is allowed to be exceeded during severe weather or power outages, and when the ambient sound level is greater than 55 dBA, the turbine noise can exceed that higher background sound level by 5 dB. These levels are about 30 dB above the nighttime levels of most rural communities. When utility-scale turbines were installed in Huron County, Michigan, in May 2008, the WHO's 2007 guidelines that call for nighttime, outside levels not to exceed 30 dBA were already in place. Based on measurements made by the authors, these turbines produce 40–45 dBA sound levels at the perimeter of a 1,000 ft radius under typical weather conditions, and the additive effects of multiple turbines produce higher levels. Many of the turbines have been located close enough to homes to produce very noticeable noise and vibration.

Kamperman and James (2009) have offered recommendations for change in the State of Michigan guidelines (2008) for wind turbines. Some of the more pertinent details of the Michigan siting guidelines are shown in the left-hand column of TABLE 2. The state of Michigan permits sound levels that do not exceed 55 dBA or L90 + 5 dBA, whichever is greater, measured at the property line closest to the wind-energy system. These guidelines make no provisions to limit low-frequency sounds from wind-turbine operations.

In consideration of the current WHO guidelines (2007), measurements made by the authors in Huron County, Michigan, indicate that the current Michigan guidelines do not appear adequate to protect the public from the nuisances and known health risks of wind-turbine noise. In fact, these guidelines appear to be especially lenient

Table 2. Current and Proposed Wind-Turbine Siting Guidelines

[illegible]	[illegible]

*Source: State of Michigan, 2008

**Source: Kamperman and James, 2009

in terms of tolerable sound levels. Sound levels that approach 20 dBA higher than natural ambient levels are considered unacceptable in most countries; Michigan permits 30 dBA increases.

In considering the health and well-being of people living near wind-turbine projects, the changes recommended by Kamperman and James (2009) would abandon the 55 dBA limit in favor of the commonly accepted criteria of L90 + 5 dBA, for both A- and C-scale readings, where L90 is the preconstruction ambient level. These recommendations also include a prohibition against any wind-turbine-related sound levels exceeding 35 dBA on receiving properties that include homes or other structures in which people sleep. Additional protections against low-frequency sound are given in the right-hand column of TABLE 2. These recommended provisions would protect residents by limiting the difference between C-weighted

People living near wind turbines may experience sleep disturbance.

Leq during turbine operation and the quietest A-weighted pre-operation background sound levels, plus 5 dB, to no more than 20 dB at the property line. This level should not exceed 55 dB Leq on the C scale, or 60 dB Leq for properties within one mile of major heavily trafficked roads, which sets a higher tolerance for communities that tend to experience slightly noisier conditions.

Implementation of the recommendations of Kamperman and James would result in siting wind turbines differently than what is currently planned for future wind-turbine projects in Michigan. This change would result in sound levels at nearby properties that are much less noticeable, and much less likely to cause sleep deprivation, annoyance, and related health risks. These sound-level measurements should be made by independent acoustical engineers or knowledgeable audiologists who follow ANSI guidelines (1993, 1994) to ensure fair and accurate readings, and not by representatives of the wind industry.

People living within a mile of one or more wind turbines, and especially those living within a half mile, have frequent sleep disturbance leading to sleep deprivation, and sleep disturbances are common in people who live up to about 1.25 miles away. This is the setback distance at which a group of turbines would need to be in order not to be a nighttime noise disturbance (Kamperman and James, 2009). It is also the setback distance used in several other countries that have substantial experience with wind turbines, and is the distance at which Pierpont (2009) found very few people reporting AHEs.

A study conducted by van den Berg (2003) in The Netherlands demonstrated that daytime levels cannot be used to predict nighttime levels and that residents within 1900 mile (1.18 mile) of a wind-turbine project expressed annoyance from the noise. Pierpont (2009) recommends baseline minimum setbacks of 2 kilometers (1.24 mile) from residences and other buildings such as hospitals, schools, and nursing homes, and longer setbacks in mountainous terrain and when necessary to meet the noise criteria developed by Kamperman and James (2009).

In a panel review report, the American Wind Energy Association (AWEA) and Canadian Wind Energy Association (CANWEA) have objected to setbacks that exceed 1 mile (Colby et al, 2009). A coalition of independent medical and acoustical experts, the Society for Wind Vigilance (2010), has provided a recent rebuttal to that report. The society has described the panel review as a typical product of industry-funded white papers, being neither authoritative nor convincing. The society accepts as a medical fact that sleep disturbance, physiological stress, and psychological distress can result from exposure to wind-turbine noise.

Wind turbines have different effects on different people. Some of these effects are somewhat predictable based on financial compensation, legal restrictions on free speech included in the lease contracts with hosting landowners, and distance of the residence from wind projects, but they are sometimes totally unpredictable. Planning for wind projects needs to be directed not only toward benefitting society at large but also toward protecting the individuals living near them. We believe that the state of Michigan, and other states that have adopted similar siting guidelines for wind turbines, are not acting in the best interest of all their citizens and need to revise their siting guidelines to protect the public from possible health risks and loss of property values, as well as reduce complaints about noise annoyance.

Wind-utility developers proposing new projects to a potential host community are often asked if their projects will cause the same negative community responses that are heard from people living in the footprint of operating projects. They often respond that they will use a different type of wind turbine or that reports of complaints refer to older-style turbines that they do not use. In our opinion, these statements should usually be viewed as diversionary.

Finally, it is important to note that there is little difference in noise generated across makes and models of modern utility-scale, upwind wind turbines once their power outputs are normalized. Kamperman (pers. comm., 2009), after analyzing data from a project funded by the Danish Energy Authority (Søndergaard and Madsen, 2008), has indicated that when the A-weighted sound levels are converted to unweighted levels, the low-frequency energy from industrial wind turbines increases inversely with frequency at a rate of approximately 3 dB per octave to below 10 Hz (the lowest reported frequency). Kamperman has concluded that the amount of noise generated at low frequencies increases by 3–5 dB for every MW of electrical power generated. Because turbines are getting larger, this means that future noise problems are likely to get worse if siting guidelines are not changed.

Conclusion

Our purpose in this article has been to provide audiologists with a better understanding of the types of noise generated by wind turbines, some basic considerations underlying sound-level measurements of wind-turbine noise, and the adverse health effects on people who live near these turbines. In future years, we expect that audiologists will be called upon to make noise measurements in communities that have acquired wind turbines, or are considering them. Some of us, along with members of the medical profession, will be asked to provide legal testimony regarding our opinions on the effects of such noise on people. Many of us will likely see clinical patients who are experiencing some of the adverse health effects described in this article.

As a professional community, audiologists should become involved not only in making these measurements to corroborate the complaints of residents living near wind-turbine projects but also in developing and shaping siting guidelines that minimize the potentially adverse health effects of the noise and vibration they generate. In these ways, we can promote public health interests without opposing the use of wind turbines as a desirable and viable alternative energy source.

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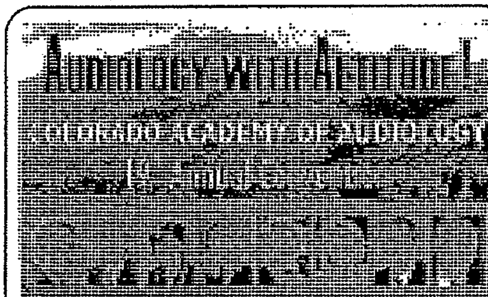

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Review Article

Responses of the ear to low frequency sounds, infrasound and wind turbines

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ABSTRACT

Infrasonic sounds are generated internally in the body (by respiration, heartbeat, coughing, etc) and by external sources, such as air conditioning systems, inside vehicles, some industrial processes and, now becoming increasingly prevalent, wind turbines. It is widely assumed that infrasound presented at an amplitude below what is audible has no influence on the ear. In this review, we consider possible ways that low frequency sounds, at levels that may or may not be heard, could influence the function of the ear. The inner ear has elaborate mechanisms to attenuate low frequency sound components before they are transmitted to the brain. The auditory portion of the ear, the cochlea, has two types of sensory cells, inner hair cells (IHC) and outer hair cells (OHC), of which the IHC are coupled to the afferent fibers that transmit "hearing" to the brain. The sensory stereocilia ("hairs") on the IHC are "fluid coupled" to mechanical stimuli, so their responses depend on stimulus velocity and their sensitivity decreases as sound frequency is lowered. In contrast, the OHC are directly coupled to mechanical stimuli, so their input remains greater than for IHC at low frequencies. At very low frequencies the OHC are stimulated by sounds at levels below those that are heard. Although the hair cells in other sensory structures such as the saccule may be tuned to infrasonic frequencies, auditory stimulus coupling to these structures is inefficient so that they are unlikely to be influenced by airborne infrasound. Structures that are involved in endolymph volume regulation are also known to be influenced by infrasound, but their sensitivity is also thought to be low. There are, however, abnormal states in which the ear becomes hypersensitive to infrasound. In most cases, the inner ear's responses to infrasound can be considered normal, but they could be associated with unfamiliar sensations or subtle changes in physiology. This raises the possibility that exposure to the infrasound component of wind turbine noise could influence the physiology of the ear.

1. Introduction

The increasing use of wind turbines as a "green" form of energy generation is an impressive technological achievement. Over time, there have been rapid increases in the size of the towers, blades, and generator capacity of wind turbines, as well as a dramatic increase in their numbers. Associated with the deployment of wind turbines, however, has been a rather unexpected development. Some people are very upset by the noise that some wind turbines produce. Wind turbine noise becomes annoying at substantially lower levels than other forms of transportation noise, with the exception of railroad shunting yards (Pedersen and Waye, 2004; Pedersen and Persson Waye, 2007; Pedersen et al., 2009). Some people with wind turbines located close to their homes have reported a variety of clinical symptoms that in rare cases are severe enough to force them to move away. These symptoms include sleep disturbance, headaches, difficulty concentrating, irritability and fatigue, but also include a number of otologic symptoms including dizziness or vertigo, tinnitus and the sensation of aural pain or pressure (Harry, 2007; Pierpont, 2009). The symptom group has been colloquially termed "wind turbine syndrome" and speculated to result from the low frequency sounds that wind turbines generate (Pierpont, 2009). Similar symptoms resulting from low frequency sound emissions from non-wind turbine sources have also been reported (Feldmann and Pitten, 2004).

On the other hand, engineers associated with the wind industry maintain that infrasound from wind turbines is of no consequence if it is below the audible threshold. The British Wind Energy Association (2010), states that sound from wind turbines are in the 30–50 dBA range, a level they correctly describe as difficult to discern above the rustling of trees [i.e. leaves].

This begs the question of why there is such an enormous discrepancy between subjective reactions to wind turbines and the measured sound levels. Many people live without problems near

Abbreviations: CA, cochlear aqueduct; CM, cochlear microphonic; CSF, cerebrospinal fluid; cVEMP, cervical vestibular evoked myogenic potential; EP, endocochlear potential; IHC, inner hair cell(s); oVEMP, ocular vestibular evoked myogenic potential; OHC, outer hair cell(s); RW, round window; ST, scala tympani; SV, scala vestibuli.

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noisy intersections, airports and factories where sound levels are higher. The answer may lie in the high infrasound component of the sound generated by wind turbines. A detailed review of the effects of low frequency noise on the body was provided by Leventhall (2009). Although it is widely believed that infrasound from wind turbines cannot affect the ear, this view fails to recognize the complex physiology that underlies the ear's response to low frequency sounds. This review considers the factors that influence how different components of the ear respond to low frequency stimulation and specifically whether different sensory cell types of the inner ear could be stimulated by infrasound at the levels typically experienced in the vicinity of wind turbines.

2. The physics of infrasound

Sounds represent fluctuating pressure changes superimposed on the normal ambient pressure, and can be defined by their spectral frequency components. Sounds with frequencies ranging from 20 Hz to 20 kHz represent those typically heard by humans and are designated as falling within the audible range. Sounds with frequencies below the audible range are termed infrasound. The boundary between the two is arbitrary and there is no physical distinction between infrasound and sounds in the audible range other than their frequency. Indeed, infrasound becomes perceptible if presented at high enough level.

The level of a sound is normally defined in terms of the magnitude of the pressure changes it represents, which can be measured and which does not depend on the frequency of the sound. In contrast, for sounds of constant pressure, the displacement of the medium is inversely proportional to frequency, with displacements increasing as frequency is reduced. This phenomenon can be observed as the difference in vibration amplitude between a subwoofer generating a low frequency tone and a tweeter generating a high frequency tone at the same pressure level. The speaker cone of the subwoofer is visibly displaced while the displacement of the tweeter cone is imperceptible. As a result of this phenomenon, vibration amplitudes to infrasound are larger than those to sounds in the auditory range at the same level, with displacements at 1 Hz being 1000 times those at 1 kHz when presented at the same pressure level. This corresponds to an increase in displacement at a rate of 6 dB/octave as frequency is lowered.

3. Overview of the anatomy of the ear

The auditory part of the inner ear, the cochlea, consists of a series of fluid-filled tubes, spiraling around the auditory nerve. A section through the middle of a human cochlea is shown in Fig. 1A. The anatomy of each turn is characterized by three fluid-filled spaces (Fig. 1B): scala tympani (ST) and scala vestibuli (SV) containing perilymph (yellow), separated by the endolymphatic space (ELS)(blue). The two perilymphatic compartments are connected together at the apex of the cochlea through an opening called the helicotrema. Perilymph is similar in ionic composition to most other extracellular fluids (high Na^+, low K^+) while endolymph has a unique composition for an extracellular fluid in the body, being

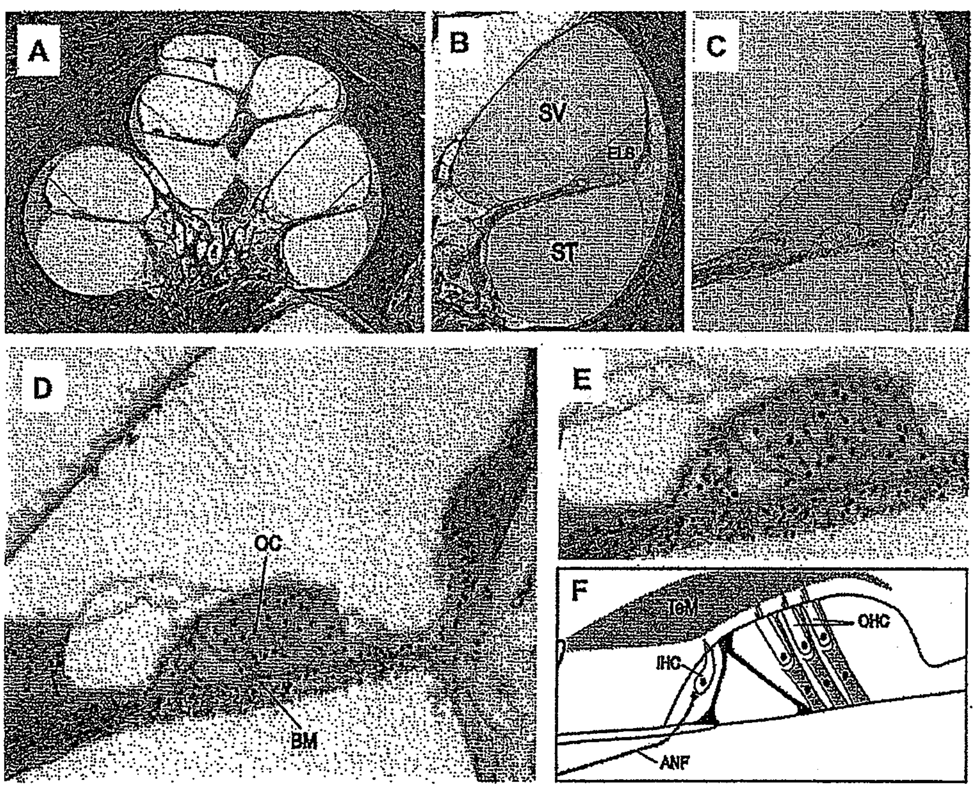

Fig. 1. Panels A–E Cross-section through the human cochlea shown with progressively increasing magnification. Panels B and C The fluid spaces containing perilymph have been colored yellow and endolymph blue. Panel D The sensory structure of the cochlea, the organ of Corti, is colored green. Panel F Schematic showing the anatomy of the main components of the organ of Corti. Abbreviations are: SV: scala vestibuli; ST: scala tympani; ELS: endolymphatic space; OC: organ of Corti; BM: basilar membrane; TeM: tectorial membrane; IHC: inner hair cell; OHC: outer hair cell; ANF: afferent nerve fiber. Original histological images courtesy of Saumil Merchant, MD, Otopathology Laboratory, Massachusetts Eye and Ear Infirmary and Harvard Medical School, Boston.

high in K^+ and low in both Na^+ and Ca^{2+}. It is also electrically polarized by about + 80 mV with respect to perilymph, which is called the endocochlear potential (EP). The main sensory organ of the cochlea (Fig. 1C–E, and shown colored green in Fig. 1D) lies on the basilar membrane between the ELS and the perilymph of ST and is called the organ of Corti. The organ of Corti, seen here in cross section, contains one row of inner hair cells (IHC) and three rows of outer hair cells (OHC) along the spiral length of the cochlea. As shown schematically in Fig. 1F, the sensory hairs (stereocilia) of the OHC have a gradation in length, with the tallest stereocilia embedded in the gelatinous tectorial membrane (TeM) which overlies the organ of Corti in the endolymphatic space (Kimura, 1975). This arrangement allows sound-evoked displacements of the organ of Corti to be converted to a lateral displacement of OHC stereocilia. In contrast, the stereocilia of the IHC do not contact the tectorial membrane, but remain within the fluid of the subtectorial space (Kimura, 1975; Lim, 1986). Because of this difference in how the hair cell stereocilia interact with the TeM, the two types of hair cell respond differently to mechanical stimuli. At low frequencies, the IHC respond according to the velocity of basilar membrane displacement, while OHC respond to the displacement itself (Russell and Sellick, 1983; Dallos, 1984).

The two types of hair cells also contact different types of afferent nerve fibers, sending information to the brain (Spoendlin, 1972; Santi and Tsuprun, 2001). Each IHC is innervated by multiple Type I afferent fibers, with each fiber innervating only a single IHC. The Type I afferents represent the vast majority (95%) of the fibers transmitting information to the brain and as a result it is generally believed that mammals hear with their IHC (Dallos, 2008). In contrast, the OHC contact Type II afferent fibers, which are unmyelinated and make synaptic contacts with a number of OHC. Type II afferents fibers are believed to be unresponsive to sounds and may signal the static position of the organ of Corti (Brown, 1994; Robertson et al., 1999). The OHC also receive substantial efferent innervation (from the brain) while the IHC receive no direct efferent innervation (Spoendlin, 1972).

4. Mechanics of low frequency stimulation

Infrasound entering the ear through the ossicular chain is likely to have a greater effect on the structures of the inner ear than is sound generated internally. The basic principles underlying stimulation of the inner ear by low frequency sounds are illustrated in Fig. 2. Panel A shows the compartments of a simplified, uncoiled cochlea bounded by solid walls with two parallel fluid spaces representing SV and ST respectively that are separated by a distensible membrane representing the basilar membrane and organ of Corti. It is generally agreed that the differential pressure between SV and ST across the basilar membrane is the important factor driving the motion of the basilar membrane (Von Békésy, 1960; Dancer and Franke, 1980; Nakajima et al., 2008; Merchant and Rosowski, 2008). In example A, all the boundaries of the inner ear are solid and noncompliant with the exception of the stapes. In this non-physiologic situation, the stapes applies pressures to SV (indicated by the red arrows) but as the fluid can be considered incompressible, pressures are instantaneously distributed throughout both fluid spaces and pressure gradients across the basilar membrane will be small. In panel B, the round window (RW) and the cochlear aqueduct (CA) have been added to the base of ST. For frequencies below 300 Hz the RW provides compliance between perilymph and the middle ear (Nakajima et al., 2008) and the CA provides fluid communication between perilymph and the cerebrospinal fluid (CSF). Under this condition, pressures applied by the stapes induce small volume flows between the stapes and

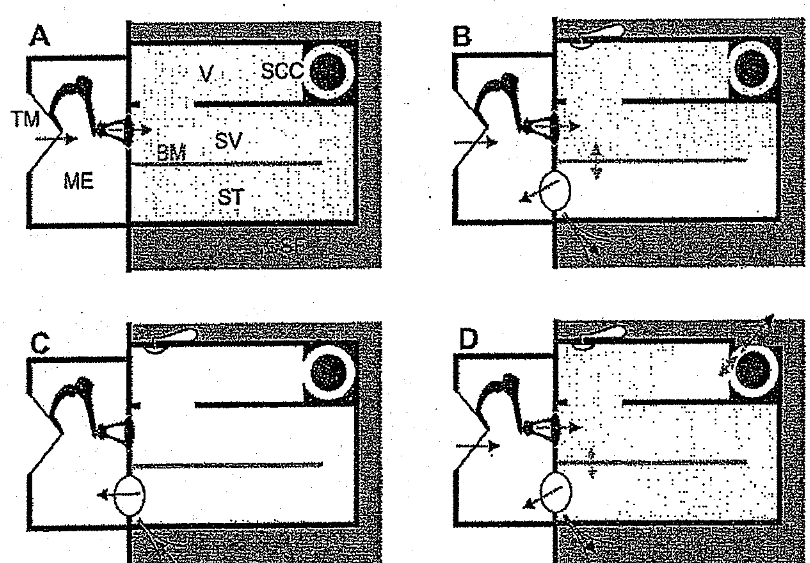

Fig. 2. Schematic representation of the uncoiled inner ear for four different mechanical conditions with low frequency stimulation. Red arrows indicate applied pressure and blue arrows indicate loss to compliant structures. A: indicates a hypothetical condition where the fluid space is rigidly bounded with no "windows" providing compliance. Sound pressure applied by the stapes causes uniform pressures (indicated by color shading) throughout the fluid space, so pressure difference across the basilar membrane and therefore stimulation is minimal. B: The normal situation with compliances provided by the round window and cochlear aqueduct at the base of scala tympani. Pressure differentials cause movement of fluid towards the compliant regions, including a pressure differential across the basilar membrane causing stimulation. C: Situation where low frequency enters scala tympani through the cochlear aqueduct. The main compliant structure is located nearby so pressure gradients across the basilar membrane are small, limiting the amount of stimulation. Infrasound entering through the cochlear aqueduct (such as from respiration and body movements) therefore does not provide the same degree of stimulation as that entering via the stapes. D: Situation with compromised otic capsule, such as superior canal dehiscence. As pressure gradients occur both along the cochlea and through the vestibule and semi-circular canal, the sensory structures in the semi-circular canal will be stimulated. Abbreviations: BM: basilar membrane; CA: cochlear aqueduct; CSF: cerebrospinal fluid; ES: endolymphatic duct and sac; ME: middle ear; RW: round window; SCC: semi-circular canal; ST: scala tympani, SV: scala vestibuli, TM: tympanic membrane; V: vestibule. The endolymphatic duct and sac is not an open pathway but is closed by the tissues of the sac, so it is not considered a significant compliance.

the site(s) of compliance (blue arrows) which requires a pressure gradient to exist along the system, as indicated by the shading. The pressure differential across the basilar membrane will displace it, causing stimulation of the IHC and OHC. This is the situation for external sounds entering the normal cochlea via the ossicular chain. In panel C the situation is compared for sounds originating in the CSF and entering the system through the CA. In this case, the compliant RW is situated close to the location of aqueduct entry, so the major fluid flows and pressure gradients occur locally between these structures. As the stapes and other boundaries in scala vestibuli and the vestibule are relatively noncompliant, pressure gradients across the basilar membrane will be lower than with an equivalent pressure applied by the stapes. For infrasonic frequencies, it was shown that responses to 1 Hz pressure oscillation applied to the fluid in the basal turn of ST were substantially increased when the wall of SV was perforated thereby providing greater compliance in that scala (Salt and DeMott, 1999).

The final condition in Fig. 2D shows the consequences of a "third window" on the SV/vestibule side of the cochlear partition. This causes an increased "air-bone gap" (i.e. an increase in sensitivity to bone conducted vibration and a decreased sensitivity to air conducted sounds, primarily at low frequencies; Merchant and Rosowski, 2008). It may also produce an abnormal sound-induced stimulation of other receptors in the inner ear, such as the hair cells in the ampulla of the semi-circular canal. This is the basis of the Tullio phenomenon, in which externally or internally generated sounds, such as voice, induce dizziness.

Receptors in other organs of the inner ear, specifically both the saccule and the utricle also respond to airborne sounds delivered by the stapes, as discussed in more detail below. The mechanism of hair cell stimulation of these organs is less certain, but is believed to be related to pressure gradients through the sensory epithelium (Sohmer, 2006).

5. Physiologic responses of the ear to low frequency stimuli

5.1. Cochlear hair cells

When airborne sounds enter the ear, to be transduced into an electrical signal by the cochlear hair cells, they are subjected to a number of mechanical and physiologic transformations, some of which vary systematically with frequency. The main processes involved were established in many studies and were summarized by Cheatham and Dallos (2001). A summary of the components is shown in Fig. 3. There are three major processes influencing the sensitivity of the ear to low frequencies. The first arises from the transmission characteristics of sounds through the ossicular structures of the middle ear, which have been shown to attenuate signals at a rate of 6 dB/octave for frequencies below 1000 Hz (Dallos, 1973). As the vibration amplitude in air increases at 6 dB/octave as frequency is lowered, this attenuation characteristic of middle ear transmission results in the displacement of middle ear structures remaining almost constant across frequency for sounds of constant pressure level. A second process attenuating low frequency sounds is the fluid shunting between ST and SV through the helicotrema. The helicotrema has been shown to attenuate frequencies below 100 Hz by 6 dB/octave (Dallos, 1970). The third filter arises from the demonstrated dependence of the IHC on stimulus velocity, rather than displacement (Dallos, 1984). This results in an attenuation of 6 dB/octave for frequencies below approximately 470 Hz for the IHC, and causes a 90° phase difference between IHC and OHC responses (Dallos, 1984). The combined results of these processes are compared with the measured sensitivity of human hearing (ISO226, 2003) in Fig. 3B. The three processes combine to produce the steep decline of sensitivity (up to

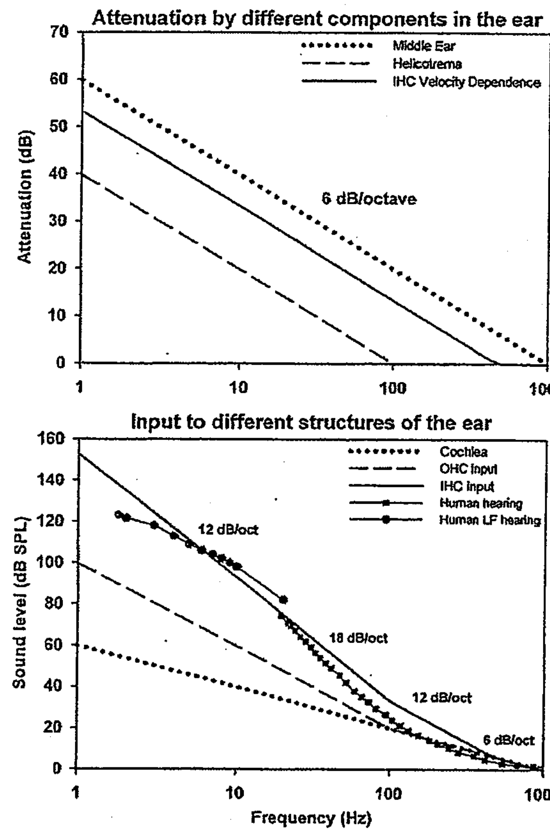

Fig. 3. Upper panel: Estimated properties of high-pass filter functions associated with cochlear signal processing (based on Cheatham and Dallos, 2001). The curves show the low frequency attenuation provided by the middle ear (6 dB/octave below 1000 Hz), by the helicotrema (6 dB/octave below 100 Hz) and by the fluid coupling of the inner hair cells (IHC) resulting in the IHC dependence on stimulus velocity (6 dB/Octave below 470 Hz). Lower panel: Combination of the three processes above into threshold curves demonstrating: input to the cochlea (dotted) as a result of middle ear attenuation; input to the outer hair cells (OHC) as a result of additional filtering by the helicotrema; and input to the IHC as a result of their velocity dependence. Shown for comparison is the sensitivity of human hearing in the audible range (ISO226, 2003) and the sensitivity of humans to infrasounds (Møller and Pederson, 2004). The summed filter functions account for the steep (18 dB/octave) decrease in sensitivity below 100 Hz.

18 dB/octave) in human hearing for frequencies between 100 and 20 Hz. This steep cutoff means that to hear a stimulus at 5 Hz it must be presented at 105 dB higher level than one at 500 Hz. This reflects the fact that the predominant, type I afferent fibers are stimulated by the IHC and that mammals hear with their IHC (Dallos, 2008). However, an important consequence of this underlying mechanism is that the OHC and IHC differ markedly in their responses to low frequency stimuli. As the OHC respond to displacement, rather than velocity, they are not subject to the 6 dB/octave attenuation seen by IHC, so at low frequencies they are stimulated by lower sound levels than the IHC. In theory, the difference between IHC and OHC responses will increase as frequency decreases (becoming over 50 dB at 1 Hz), but in practice, there is interaction between the two types of hair cells which limits the difference as discussed below.

The measured response phase of OHC, IHC and auditory nerve fibers is consistent with the above processes. The cochlear microphonics (CM) recorded in the organ of Corti with low frequency stimuli are in phase with the intracellular potentials of the OHC. This supports the view that the low frequency CM is dominated by

OHC-generated potentials, which follow the displacement of the basilar membrane (Dallos et al., 1972). In contrast, intracellular responses from the IHC lead the organ of Corti CM response by an amount which approaches 90° as frequency is reduced to 100 Hz (Dallos, 1984) corresponding to maximal basilar membrane velocity towards SV (Nuttall et al., 1981). As frequency is lowered, the intracellular potentials of IHC and afferent fiber responses show phase changes consistent with the IHC no longer responding to the increasingly attenuated velocity stimulus, but instead responding to the extracellular potentials generated by the OHC (Sellick et al., 1982; Cheatham and Dallos, 1997). A similar change of phase as frequency is lowered was reported in human psychophysical measurements (Zwicker, 1977) with masking patterns differing by approximately 90° for frequencies above and below 40 Hz. This transition from a response originating from mechanical stimulation of the IHC, to one originating from electrical stimulation of the IHC by large extracellular responses from the OHC may account for the transition of low frequency sensitivity in humans from 18 dB/octave above 20 Hz to 12 dB/octave below 10 Hz (Møller and Pederson, 2004) (Fig. 3B). Near 10 Hz the IHC transition to become primarily stimulated by the more sensitive OHC responses. It can be inferred that if extracellular voltages generated by the OHC are large enough to electrically stimulate the IHC at a specific frequency and level, then the lowest level that the OHC respond to at that frequency must be substantially lower. Based on this understanding of how the sensitivity of the ear arises, one conclusion is that at low frequencies the OHC are responding to infrasound at levels well below those that are heard. On the basis of the calculated input to OHC in Fig. 3B, it is possible that for frequencies around 5 Hz, the OHC could be stimulated at levels up to 40 dB *below* those that stimulate the IHC. Although the OHC at 1 kHz are approximately 12 dB less sensitive than IHC (Dallos, 1984), this difference declines as frequency is lowered and differences in hair cell sensitivity at very low frequencies (below 200 Hz) have not been measured.

Much of the work understanding how the ear responds to low frequency sounds is based on measurements performed in animals. Although low frequency hearing sensitivity depends on many factors including the mechanical properties of the middle ear, low frequency hearing sensitivity has been shown to be correlated with cochlear length for many species with non-specialized cochleas, including humans and guinea pigs (West, 1985; Echteler et al., 1994). The thresholds of guinea pig hearing have been measured with stimulus frequencies as low as 50 Hz, as shown in Fig. 4A. The average sensitivity at 125 Hz for five groups in four studies (Heffner et al., 1971; Miller and Murray, 1966; Walloch and Taylor-Spikes, 1976; Prosen et al., 1978; Fay, 1988) was 37.9 dB SPL, which is 17.6 dB less sensitive than the human at the same frequency and is consistent with the shorter cochlea of guinea pigs. In the absence of data to the contrary, it is therefore reasonable to assume that if low frequency responses are present in the guinea pig at a specific level, then they will be present in the human at a similar or lower stimulus level.

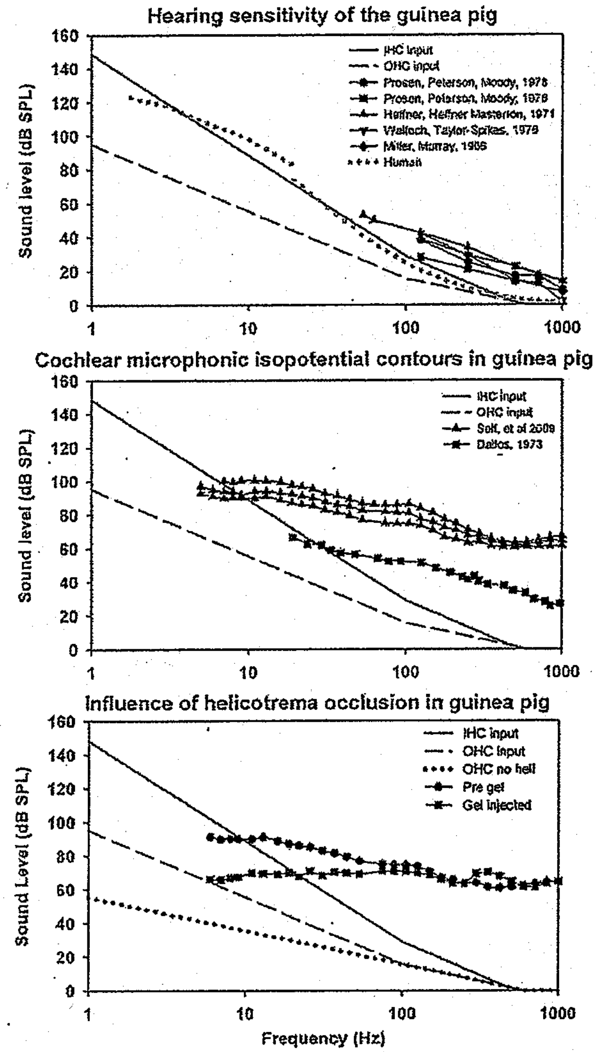

Fig. 4. Upper panel: Similar filter functions as Fig. 3, with parameters appropriate for the guinea pig, and compared with measures of guinea pig hearing. At 125 Hz the guinea pig is approximately 18 dB less sensitive than the human (shown dotted for comparison). Middle panel: Cochlear microphonic isopotential contours in the guinea pig show no steep cutoff below 100 Hz, consistent with input to the OHC being maintained at lower levels than the IHC for low frequencies. Lower panel: Influence of helicotrema occlusion in the guinea pig, produced by injecting 2 μL of hyaluronate gel into the cochlear apex, on the CM isopotential function. Also shown for comparison is the estimated input sensitivity for the OHC with the attenuation by the helicotrema excluded. CM sensitivity curves both have lower slopes than their predicted functions, but the change caused by helicotrema occlusion is comparable.

5.2. Cochlear microphonic measurements

Cochlear microphonics (CM) to low frequency tones originate primarily from the OHC (Dallos et al., 1972; Dallos and Cheatham, 1976). The sensitivity of CM as frequency is varied is typically shown by CM isopotential contours, made by tracking a specified CM amplitude as frequency is varied. Fig. 4B shows low frequency CM sensitivity with two different criteria (Dallos, 1973: 3 μV; Salt et al., 2009: 500 μV). The decrease in CM sensitivity as frequency is lowered notably follows a far lower slope than that of human hearing over the comparable frequency range. In the data from Salt et al. (2009), the stimulus level differences between 5 Hz and 500 Hz average only 34 dB (5.2 dB/octave), compared to the 105 dB difference (15.8 dB/octave) for human hearing over the same range. Although these are suprathreshold, extracellular responses, based on an arbitrary amplitude criterion, these findings are consistent with the OHC having a lower rate of cutoff with frequency than the IHC, and therefore responding to lower level stimuli at very low frequencies.

The measured change in CM sensitivity with frequency may include other components, such as a contribution from transducer adaptation at the level of the OHC stereocilia (Kros, 1996). Kennedy et al. (2003) have suggested that adaptation of the mechano-electrical transducer channels is common to all hair cells and contributes to driving active motion of the hair cell bundle. Based on their measurements in cells isolated from the apical turns of neonatal rats, they estimated that the adaptation caused high-pass filtering with a low frequency cutoff frequency of 2/3 of the best frequency for the cochlear location. This type of adaptation, however, does not appear to provide additional attenuation at very low frequencies, as inferred from CM sensitivity curves measured down to 5 Hz. On the contrary, the CM sensitivity curve appears to flatten below 10 Hz, a phenomenon which is currently under investigation in our laboratory.

Fig. 4C shows the influence of plugging the helicotrema with gel on CM sensitivity with frequency, recorded from the basal turn of a guinea pig with a 500 µV criterion (Salt et al., 2009). These relative sensitivity changes, combined with a 90° phase shift in responses, replicate those of Franke and Dancer (1982) and demonstrate the contribution to attenuation provided by the helicotrema for frequencies below approximately 100 Hz. This contrasts with a prior suggestion that the helicotrema of the guinea pig was less effective than that of other species (Dallos, 1970). While the above CM measurements were made with the bulla open, measurements made in both the bulla open/closed conditions with closed sound-field stimulation suggest there is no pronounced frequency dependence of the difference between these conditions below 300 Hz although there may be a level difference of 5–15 dB (Dallos, 1973; Wilson and Johnstone, 1975).

5.3. Low frequency biasing, operating point, and distortion generation

As a result of the saturating, nonlinear transducer characteristic of cochlear hair cells (Russell and Sellick, 1983; Kros, 1996), the fidelity of cochlear transduction depends highly on the so-called operating point of the cochlear transducer, which can be derived by Boltzmann analysis of the CM waveform (Patuzzi and Moleirinho, 1998; Patuzzi and O'Beirne, 1999). The operating point can be regarded as the resting position of the organ of Corti or its position during zero crossings of an applied stimulus (which may not be identical, as stimulation can itself influence operating point). Small displacements of operating point have a dramatic influence on even-order distortions generated by the cochlea ($2f$, f_2–f_1) while having little influence on odd-order distortions ($3f$, $2f_1$–f_2) until displacements are large (Frank and Kössl, 1996; Sirjani et al., 2004). Low frequency sounds (so-called bias tones) have been shown to modulate distortion generated by the ear by their displacement of the operating point of the organ of Corti (Brown et al., 2009). In normal guinea pigs, 4.8 Hz bias tones at levels of 85 dB SPL have been shown to modulate measures of operating point derived from an analysis of CM waveforms (Brown et al., 2009; Salt et al., 2009). This is a level that is substantially below the expected hearing threshold of the guinea pig at 4.8 Hz. In animals where the helicotremea was occluded by injection of gel into the perilymphatic space at the cochlear apex, even lower bias levels (down to 60 dB SPL) modulate operating point measures (Salt et al., 2009). These findings are again consistent with the OHC being the origin of the signals measured and the OHC being more responsive to low frequency sounds than the IHC. A similar hypersensitivity to 4.8 Hz bias tones was also found in animals with surgically-induced endolymphatic hydrops (Salt et al., 2009). This was thought to be related to the occlusion of the helicotrema by the displaced membranous structures bounding the hydropic endolymphatic space in the apical turn. In some cases of severe hydrops, Reissner's membrane was seen to herniate into ST. As endolymphatic hydrops is present both in patients with Meniere's disease and in a significant number of asymptomatic patients (Merchant et al., 2005), the possibility exists that some individuals may be more sensitive to infrasound due the presence of endolymphatic hydrops.

In the human ear, most studies have focused on the $2f_1$–f_2 distortion product, as even-order distortions are difficult to record in humans. The $2f_1$–f_2 component has been demonstrated to be less sensitive to operating point change (Sirjani et al., 2004; Brown et al., 2009). Using different criteria of bias-induced distortion modulation, the dependence on bias frequency was systematically studied in humans for frequencies down to 25 Hz, 6 Hz and 15 Hz respectively (Bian and Scherrer, 2007; Hensel et al., 2007; Marquardt et al., 2007). In each of these studies, the bias levels required were above those that are heard by humans, but in all of them the change of sensitivity with frequency followed a substantially lower slope than the hearing sensitivity change as shown in Fig. 5. Again this may reflect the OHC origins of acoustic emissions, possibly combined with the processes responsible for the flattening of equal loudness contours for higher level stimuli, since the acoustic emissions methods are using probe stimuli considerably above threshold. Although in some regions, slopes of 9–12 dB/octave were found, all showed slopes of 6 dB/octave around the 20 Hz region where human hearing falls most steeply at 18 dB/octave. It should also be emphasized that each of these studies selected a robust modulation criterion and was not specifically directed at establishing a threshold for the modulation response at each frequency. Indeed, in the data of Bian and Scherrer (2007) (their Fig. 3), significant modulation can be seen at levels down to 80 dB SPL at some of the test frequencies. In one of the studies (Marquardt et al., 2007) equivalent measurements were performed in guinea pigs. Although somewhat lower slopes were observed in guinea pigs it is remarkable that stimulus levels required for modulation of distortion were within 5–10 dB of each other for guinea pigs and humans across most of the frequency range. In this case the guinea pig required lower levels than the human. Although the threshold of sensitivity cannot be established from these studies, it is worth noting that for distortion product measurements in the audible range, "thresholds" typically require stimulus levels in the 35–45 dB SPL range (Lonsbury-Martin et al., 1990). In the Marquardt study, the bias tone level required at 500 Hz is over 60 dB above hearing threshold at that frequency.

5.4. Feedback mechanisms stabilizing operating point

The OHC not only transduce mechanical stimuli to electrical responses, but also respond mechanically to electrical stimulation

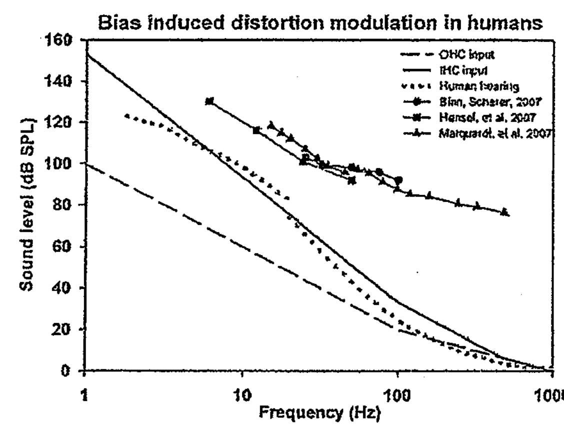

Fig. 5. Frequency dependence of low frequency bias-induced modulation of the $2f_1$–f_2 distortion product measured in the external ear canal of humans in three studies, compared with estimated input functions and human hearing sensitivity. Below 100 Hz the sensitivity to bias falls off at a much lower slope than human hearing, consistent with the response originating from OHC with a lower cutoff slope.

(reviewed by Dallos, 2008) in a manner that provides mechanical amplification. This "active tuning" primarily enhances responses to high stimulus frequencies and is thought to provide little or no active gain with stimuli below approximately 1 kHz (Sellick et al., 2006). For low frequency stimulation, however, basilar membrane modulation by the low frequency tone does have a major influence on the mechanics at the best frequency of high frequency tones i.e. on the active tuning process (Patuzzi et al., 1984). It has been suggested that slow mechanical movements of the OHC may play a part in stabilizing the operating point of the transducer (LePage, 1987, 1989) so the OHC may participate in an active cancellation of low frequency sounds. In models of the cochlear transducer, it was proposed that negative feedback occurred at low frequencies (in which the OHC opposed movements of the basilar membrane), which becomes a positive feedback at the best frequency for the region (Mountain et al., 1983). Chan and Hudspeth (2005) have also suggested OHC motility may be exploited to maintain the operating point of a fast amplifier in the hair cell bundle. However, this possibility has recently been questioned by Dallos (Ashmore et al., 2010) for a number of reasons, one of which is the somatic motor protein, prestin, has an extremely fast response capability. So the interrelationships between hair cell motility and transduction, and between OHC and IHC remain an intense focus of current research. For low frequencies, it has been shown that an out-of phase motion exists between the IHC reticular lamina and the overlying TM so that electromechanical action of the OHC may stimulate the IHC directly, without involvement of the basilar membrane (Nowotny and Gummer, 2006). The possible roles of the OHC and efferent systems are made more complex by recent findings of reciprocal synapses between OHC and their efferent terminals, seen as afferent and efferent synapses on the same fiber (Thiers et al., 2008). One explanation for this system is that the synapses may locally (without involvement of the central nervous system) coordinate the responses of the OHC population so that optimum operating point is maintained for high frequency transduction.

There is some evidence for active regulation of operating point based on the biasing of acoustic emission amplitudes by low frequency tones in which a "hysteresis" was observed (Bian et al., 2004). The hysteresis was thought to result from active motor elements, either in the stereocilia or the lateral wall of the OHC, shifting the transducer function in the direction of the bias. A similar hysteresis was also reported by Lukashkin and Russell (2005) who proposed that a feedback loop was present during the bias that keeps the operating point at its most sensitive region, shifting it in opposite directions during compression and rarefaction phase of the bias tone thereby partially counteracting its effects.

If there are systems in the cochlea to control operating point as an integral component of the amplification process, they would undoubtedly be stimulated in the presence of external infrasound.

5.5. Vestibular function

The otolith organs, comprising of the saccule and utricle, respond to linear accelerations of the head (Uzun-Coruhlu et al., 2007) and the semi-circular canals respond to angular acceleration. These receptors contribute to the maintenance of balance and equilibrium. In contrast to the hair cells of the cochlea, the hair cells of the vestibular organs are tuned to very low frequencies, typically below 30 Hz (Grossman et al., 1988). Frequency tuning in vestibular hair cells results from the electrochemical properties of the cell membranes (Manley, 2000; Art and Fettiplace, 1987) and may also involve active mechanical amplification of their stereociliary input (Hudspeth, 2008; Rabbitt et al., 2010). Although vestibular hair cells are maximally sensitive to low frequencies they typically do not respond to airborne infrasound. Rather, they normally respond to mechanical inputs resulting from head movements and positional changes with their output controlling muscle reflexes to maintain posture and eye position. At the level of the hair cell stereocilia, although vibrations originating from head movements and low frequency sound would be indistinguishable, the difference in sensitivity lies in the coupling between the source stimulus and the hair cell bundle. Head movements are efficiently coupled to the hair cell bundle, while acoustic stimuli are inefficiently coupled due to middle ear characteristics and the limited pressure gradients induced within the structure with sound stimuli (Sohmer, 2006).

In a similar manner to cochlear hair cells, which respond passively (i.e. without active amplification) to stimuli outside their best frequency range, vestibular hair cells respond passively to stimuli outside their best frequency range. The otolith organs have been shown to respond to higher, acoustic frequencies delivered in the form of airborne sounds or vibration. This has been demonstrated in afferent nerve fiber recordings from vestibular nerves (Young et al., 1977; McCue and Guinan, 1994; Curthoys et al., 2006) and has recently gained popularity as a clinical test of otolith function in the form of vestibular evoked myogenic potential (VEMP) testing (Todd et al., 2003; Zhou and Cox, 2004; Curthoys, 2010).These responses arise because higher frequency stimuli are more effectively coupled to the otolithic hair cells. But as sound or vibration frequency is reduced, its ability to stimulate the vestibular organs diminishes (Murofushi et al., 1999; Hullar et al., 2005; Todd et al., 2008). So for very low frequencies, even though the hair cell sensitivity is increasing as active tuning is invoked, mechanical input is being attenuated. While there have been many studies of vestibular responses to physiologic stimuli (i.e. head accelerations, rotations, etc) comprising of infrasonic frequency components, we are unaware of any studies that have directly investigated vestibular responses to airborne infrasound of similar frequency composition. As people do not become unsteady and the visual field does not blur when exposed to high-level infrasound, it can be concluded that sensitivity is extremely low.

In some pathologic conditions, coupling of external infrasound may be greater. It is known that "third window" defects, such as superior canal dehiscence increase the sensitivity of labyrinthine receptors to sounds (Wit et al., 1985; Watson et al., 2000; Carey et al., 2004), and are exhibited as the Tullio phenomenon (see earlier section). To our knowledge, the sensitivity of such patients to controlled levels of infrasound has never been evaluated. In this respect, it needs to be considered that vestibular responses to stimulation could occur at levels below those that are perceptible to the patient (Todd et al., 2008).

5.6. Inner ear fluids changes

Some aspects of cochlear fluids homeostasis have been shown to be sensitive to low frequency pressure fluctuations in the ear. The endolymphatic sinus is a small structure between the saccule and the endolymphatic duct which has been implicated as playing a pivotal role in endolymph volume regulation (Salt, 2005). The sinus has been shown to act as a valve, limiting the volume of endolymph driven into the endolymphatic sac by pressure differences across the endolymphatic duct (Salt and Rask-Andersen, 2004). The entrance of saccular endolymph into the endolymphatic sac can be detected either by measuring the K^+ concentration in the sac (as saccular endolymph has substantially higher K^+ concentration) or by measuring hydrostatic pressure. The application of a sustained pressure to the vestibule did not cause K^+ elevation or pressure increase in the sac, confirming that under this condition, flow was prevented by the membrane of the sinus acting as a valve. In contrast, the application of 5 cycles at 0.3 Hz to the external ear canal, caused a K^+ increase in the sac, confirming that oscillation of pressure applied to the sinus allowed pulses of endolymph to be driven from the sinus into the endolymphatic sac. The pressure changes driving these pulses was large, comparable to those produced by contractions of the tensor tympani muscle, as occurs during swallowing. Tensor tympani contractions produce displacements of the stapes towards the vestibule for a duration of approximately 0.5 s (~2 Hz), which induce large EP changes and longitudinal movements of endolymph within the cochlea (Salt and DeMott, 1999). The lowest sound level that drives endolymph movements is currently unknown.

A therapeutic device (the Meniett: www.meniett.com; Odkvist et al., 2000) that delivers infrasound to the inner ear is widely used to treat Meniere's disease in humans (a disease characterized by endolymphatic hydrops). The infrasonic stimulus (6 Hz or 9 Hz) is delivered by the device in conjunction with sustained positive pressure in the external canal. An important aspect of this therapy, however, is that a tympanostomy tube is placed in the tympanic membrane before the device is used. The tympanostomy tube provides an open perforation of the tympanic membrane which shunts pressure across the structure, so that ossicular movements (and cochlear stimulation) are minimized, and the pressures are applied directly to the round window membrane. Nevertheless, the therapeutic value of this device is based on infrasound stimulation influencing endolymph volume regulation in the ear.

As presented above, endolymphatic hydrops, by occluding the perilymph communication pathway through the helicotrema, makes the ear more sensitive to infrasound (Salt et al., 2009). It has also been shown that non-damaging low frequency sounds in the acoustic range may themselves cause a transient endolymphatic hydrops (Flock and Flock, 2000; Salt, 2004). The mechanism underlying this volume change has not been established and it has never been tested whether stimuli in the infrasound range cause endolymphatic hydrops.

Although infrasound at high levels apparently does not cause direct mechanical damage to the ear (Westin, 1975; Jauchem and Cook, 2007) in animal studies it has been found to exacerbate functional and hair cell losses resulting from high level exposures of sounds in the audible range (Harding et al., 2007). This was explained as possibly resulting from increased mixture of endolymph and perilymph around noise induced lesion sites in the presence of infrasound.

6. Wind turbine noise

Demonstrating an accurate frequency spectrum of the sound generated by wind turbines creates a number of technical problems. One major factor that makes understanding the effects of wind turbine noise on the ear more difficult is the widespread use of A-weighting to document sound levels. A-weighting shapes the measured spectrum according to the sensitivity of human hearing, corresponding to the IHC responses. As we know the sensitivity for many other elements of inner ear related to the OHC do not decline at the steep slope seen for human hearing, then A-weighting considerably underestimates the likely influence of wind turbine noise on the ear. In this respect, it is notable that in none of the physiological studies in the extensive literature reporting cochlear function at low frequencies were the sound stimuli A-weighted. This is because scientists in these fields realize that shaping sound levels according to what the brain perceives is not relevant to understanding peripheral processes in the ear. A-weighting is also performed for technical reasons, because measuring unweighted spectra of wind turbine noise is technically challenging and suitable instrumentation is not widely available. Most common approaches to document noise levels (conventional sound level meters, video cameras, devices using moving coil microphones, etc) are typically insensitive to the infrasound component. Using appropriate instrumentation, Van den Berg showed that wind turbine noise was dominated by infrasound components, with energy increasing between 1000 Hz and 1 Hz (the lowest frequency that was measured) at a rate of approximately 5.5 dB/octave, reaching levels of approximately 90 dB SPL near 1 Hz Sugimoto et al. (2008) reported a dominant spectral peak at 2 Hz with levels monitored over time reaching up to 100 dB SPL. Jung and Cheung (2008) reported a major peak near 1 Hz at a level of approximately 97 dB SPL. In most studies of wind turbine noise, this high level, low frequency noise is dismissed on the basis that the sound is not perceptible. This fails to take into account the fact that the OHC are stimulated at levels that are not heard.

7. Conclusions

The fact that some inner ear components (such as the OHC) may respond to infrasound at the frequencies and levels generated by wind turbines does not necessarily mean that they will be perceived or disturb function in any way. On the contrary though, if infrasound is affecting cells and structures at levels that cannot be heard this leads to the possibility that wind turbine noise could be influencing function or causing unfamiliar sensations. Long-term stimulation of position-stabilizing or fluid homeostasis systems could result in changes that disturb the individual in some way that remains to be established. We realize that some individuals (such as fighter pilots) can be exposed to far higher levels of infrasound without undue adverse effects. In this review, we have confined our discussion to the possible direct influence of infrasound on the body mediated by receptors or homeostatic processes in the inner ear. This does not exclude the possibility that other receptor systems, elsewhere in the body could contribute to the symptoms of some individuals.

The main points of our analysis can be summarized as follows:

1) Hearing perception, mediated by the inner hair cells of the cochlea, is remarkably insensitive to infrasound.
2) Other sensory cells or structures in the inner ear, such as the outer hair cells, are more sensitive to infrasound than the inner hair cells and can be stimulated by low frequency sounds at levels below those that are heard. The concept that an infrasonic sound that cannot be heard can have no influence on inner ear physiology is incorrect.
3) Under some clinical conditions, such as Meniere's disease, superior canal dehiscence, or even asymptomatic cases of endolymphatic hydrops, individuals may be hypersensitive to infrasound.
4) A-weighting wind turbine sounds underestimates the likely influence of the sound on the ear. A greater effort should be made to document the infrasound component of wind turbine sounds under different conditions.
5) Based on our understanding of how low frequency sound is processed in the ear, and on reports indicating that wind turbine noise causes greater annoyance than other sounds of similar level and affects the quality of life in sensitive individuals, there is an urgent need for more research directly addressing the physiologic consequences of long-term, low level infrasound exposures on humans.

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October 17, 2012

File No. 044504-0067

VIA FEDEX & E-MAIL

County of San Diego Planning Commission
Attn: Cheryl Jones
5510 Overland Avenue
San Diego, CA 92123

Re: Tule Wind Project Grandfathered Under Proposed Wind Energy Ordinance

Dear Commissioners:

I am writing on behalf of Tule Wind LLC regarding the proposed Wind Energy Ordinance. Staff has indicated its intent to apply the Wind Energy Ordinance to the Tule Wind Project ("Tule"), even though the Board of Supervisors approved Tule on August 8 under the existing zoning ordinance. Applying the Wind Energy Ordinance to Tule would violate the County's zoning code and would be bad policy for the following reasons:

(1) The Zoning Code expressly provides for grandfathering in this situation. Zoning Code section 1019 applies specifically to this situation, and it expressly prohibits the Wind Energy Ordinance from being applied to Tule: "Any application for a permit or other approval regulated in any manner by the provisions of this Zoning Ordinance shall only be required to meet the provisions of this Ordinance that were in effect on the date that application was deemed complete." Tule clearly meets the requirements of this grandfathering provision.

(2) The Courts agree that Zoning Code section 1019 grants vested rights. In *Davidson v. County of San Diego*, the Court of Appeal has concluded that Zoning Code section 1019 provides a vested right to the applicant at the time the application was deemed complete, based on the laws and regulations that existed on the date the right vested.[1] Tule meets the requirements of Zoning Code section 1019 and has vested rights under the *Davidson* case.

[1] (1996) 49 Cal. App. 4th 639, 648.

(3) Tule was approved just weeks ago, after careful deliberation by the Board of Supervisors. The Board of Supervisors approved the major use permit, zone change, and community plan amendment for Tule on August 8. The Wind Energy Ordinance is now before the Planning Commission with the express purpose of harmonizing it with Board's approval of Tule. The Board of Supervisors did not indicate when they approved Tule that the approval was somehow "provisional" and that a whole new set of regulations would apply only weeks later.

(4) The County's policy is to avoid late hits. The Land Use and Environmental Group recently adopted a formal policy to avoid "late hits," or shifting regulatory requirements, during the development process. Just two months *after* the Board approved Tule, staff is now proposing to change the rules for Tule, which is directly contrary to the policy.

For these reasons, we ask that you revise the Wind Energy Ordinance to expressly acknowledge that the Tule Wind Project is grandfathered and is not subject to new provisions of the Wind Energy Ordinance.

If you have any questions, please do not hesitate to contact me at *daniel.brunton@lw.com* or at (619) 237-8910.

Best regards,

FOR

Daniel Brunton
of LATHAM & WATKINS LLP

cc: Mark Mead
Jeff Murphy
Matt Schneider
Ed Clark
Jeffrey Durocher
Harley McDonald
Chris Garrett
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April 16, 2012

VIA FEDERAL EXPRESS AND EMAIL

Matt Schneider
County of San Diego Dep't of Planning and Land Use
Kearny Mesa Office
5201 Ruffin Road, Suite B
San Diego, CA 92123

File No. 044504-0067

Re: Qualification for Waiver under Proposed Wind Ordinance

Dear Mr. Schneider:

As you know, our client, Iberdrola Renewables, LLC ("Iberdrola Renewables"), has given County staff complete information on the noise impacts and overall benefits that the Tule Wind Project's proposed wind turbines would provide. At this point, our submitted application regarding wind turbines on County land is for a total of five turbines. We understand that our project will not be covered by the proposed Wind Ordinance because our application was deemed complete in 2011.

Nonetheless, we would like to know—and we expect that the Planning Commission and the Board of Supervisors would like to know—whether the Tule Wind Project's five proposed wind turbines on County land would be able to obtain a staff recommendation that the Project should receive a waiver under the proposed Section 6952(f)(2), as staff has drafted the proposed ordinance. Does staff believe that the Tule Wind Project should receive a waiver under this section? (if the Project were subject to the staff-drafted ordinance, which it currently is not)

The answer to this question will help everyone understand how the staff's proposed waiver section will work using a real-world example. If the staff does not feel it could recommend something like the Tule project's five County turbines for a waiver then that is valuable information for informing the public and the regulated community about how the waiver provision would work if adopted by the County.

If the staff is unable, at this time (despite our completed application and two years of meetings with the County staff), to make a determination as to what its recommendation would be in this situation with the example of these five turbines, then this inability would also be valuable information about how difficult it will be for anyone to make a prediction as to how the waiver provision would work for another other project.

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If Iberdrola can supply any further information that may be needed to explain if the Tule Project were to qualify for a waiver under the staff's proposed section, please let me know.

This answer is important information that staff should be able to prepare based on our completed application for use at the next Planning Commission meeting on the Wind Ordinance, as the upcoming Planning Commission meeting on Iberdrola Renewables' Tule Wind Project.

Please do not hesitate to contact me at (619) 238-2827 or christopher.garrett@lw.com.

Sincerely,

Christopher W. Garrett
of LATHAM & WATKINS LLP

cc: Eric Gibson
David Sibbet
Mark Slovick
John Gibson
Jim Whalen
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Harley McDonald

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February 14, 2013

Mark Wardlaw
Director of Dept. of Planning and Development Services
County of San Diego
5510 Overland Avenue, Suite 310
San Diego, CA 92123

Re: Draft Wind Energy Ordinance

Dear Mark:

We appreciated the invitation to meet with you and your staff in December about the proposed Wind Energy Ordinance and are looking forward to meeting with you again soon. I am writing this letter to replace the letter we previously sent on January 25, 2013.

As we have explained previously, we strongly believe the Wind Energy Ordinance would not apply to the Tule wind project, which is grandfathered under the County's Code of Ordinances. But in the interest of working together to improve the Wind Energy Ordinance, and avoiding unnecessary uncertainty over the Board of Supervisor's approval of Tule, we describe our main concerns with the Wind Energy Ordinance below.

Pure tone noise requirements; section 6952(f)

As we have discussed previously, applying the Wind Energy Ordinance's pure-tone noise requirements to Tule would be particularly problematic. The Tule project was painstakingly reviewed by the Public Utilities Commission and County staff under the County's existing noise ordinance, which does not include special requirements for pure tone noise. Noise analysis is very technical, and this process literally took several years. Ultimately, it yielded a project that is conservatively designed to meet the County's current noise ordinance and that contains several conditions to assure this, including the following:

- APM TULE-NOI-5: "Turbines will be kept in good running order throughout the operational life of the project."
- MUP Condition 56 requires noise control design measures "to reduce the impacts of the exterior sound levels from the project site" and ensure compliance with the (current) County noise ordinance.

- MUP Condition 81 requires a site-specific noise mitigation plan "to ensure that noise from turbines will not adversely impact surrounding residences" and will comply with the (current) County noise ordinance.

With these requirements, the Board of Supervisors specifically found that the project will have no significant noise impacts. Applying a new noise standard to Tule would be inconsistent with the Board of Supervisor's findings, and could require months or years of additional study under the new standard, which would delay the project or even render it infeasible to build.

Fencing requirement; section 6952(d) Complies

Section 6952(d) of the draft Wind Energy Ordinance requires "Public access to a large wind turbine shall be restricted through the use of a fence with locked gates, non-climbable towers or other suitable measures."

We believe Tule is consistent with this requirement because the project design uses modern turbines, the base of which cannot be accessed without a special key. Without access to the tower's base there can be no access to the rest of the turbine. In addition, the project site is entirely surrounded by federal land under the Bureau of Land Management's jurisdiction. But this provision appears to grant the County a great deal of discretion, and we lack any assurance that the Tule project would be found to comply with this provision.

Decommissioning plan—timing for removing non-operational turbines; section 6952(j) not ambiguous

Section 6952(j)(2) of the draft Wind Energy Ordinance requires a decommissioning plan for removal of a wind energy turbine and restoration of the site within 180 days of a turbine becoming non-operational. Read together with Section 6952(j), the intent of this section appears to be that (1) a large wind turbine is deemed non-operational when it has not been operated for 180 consecutive days (unless it is undergoing maintenance); and (2) after the 180 days of initial non-operation passes, the decommissioning plan allows another 180 days to actually remove the turbine and restore the site. But this provision appears to be ambiguous, and could be read to require a permittee to remove turbines immediately after they are deemed non-operational, i.e., immediately after 180 consecutive days of non-operation (not counting periods of maintenance). It would be impracticable for permittees to comply with such an interpretation; large wind turbines are very large pieces of equipment that require heavy machinery and a coordinated effort to remove.

Other Wind Energy Ordinance provisions inconsistent with 20 Sect. 1019

We have been told by staff that only certain sections of the Wind Energy Ordinance, listed in the attached matrix we received from staff, would apply to already approved wind energy projects like Tule. Given this direction from staff, we have focused our comments on these provisions. But it is also important that the Wind Energy Ordinance make clear that its remaining provisions do not apply to approved wind energy projects. As one example, section 6952(f)(1) of the draft Wind Energy Ordinance requires an acoustical study with standards different than those the County used in analyzing and approving Tule. We understand staff to be

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saying that this provision would not apply to Tule, and we agree that it should not apply to Tule. But we think clarity is needed in the ordinance itself on which provisions do not apply to already approved projects. Again, we do not agree that any of the Wind Energy Ordinance would apply to Tule, which is grandfathered. But if staff's intent is to designate certain sections of the Wind Energy Ordinance as not applying to approved projects like Tule, we believe this should be made clearer.

We hope this makes our primary concerns with the proposed Wind Energy Ordinance clear, and we look forward to discussing these issues with you. In the meantime, please do not hesitate to call me at (619) 237-8910 to discuss the Wind Energy Ordinance or Tule.

Very truly yours,

Daniel P. Brunton
of LATHAM & WATKINS LLP

cc: Harley McDonald
Phil Rath

6952 b.	Location. The lot shall be located in a wind resources area shown on the Wind Resources Map approved by the Board of Supervisors on__________and on file at the Clerk of the Board of Supervisors as document number_______.	Complies
6952 d.	Barriers. Public access to a large wind turbine shall be restricted through the use of a fence with locked gates, non-climbable towers or other suitable measures.	Required to Comply
6952 e.	Signs. A warning signs containing only a telephone number and an address for emergency calls and informational inquiries shall face each vehicular access point to the turbine. Individual signs shall be between five and 16 square feet in size.	Required to Comply
6952 f.3	Pure Tone. If the sound from a large wind turbine while operating contains a steady or intermittent pure tone, such as a whine, screech or hum, the applicable standards for noise set forth in County Code section 36.404 shall be reduced by five dBA. A "pure tone" exists if one-third of the octave band sound pressure level in the band, including the tone, exceeds the arithmetic average of sound pressure levels of the two contiguous one-third octave bands by five dBA for center frequencies of 500 Hz or more, by eight dBA for center frequencies between 160 Hz and 400 Hz, or by 15 dBA for center frequencies less than or equal to 125 Hz.	Required to comply at operational phase,
6952 j.	Nonoperational Wind Turbine. Except for periods of maintenance, a large wind turbine that is non-operational for 180 consecutive days shall be decommissioned as specified in subsection 2 below. 1. Upon written request by the Department of Planning and Development Services, the Permittee of a Major Use Permit for a large wind turbine shall provide data to the satisfaction of the Director to allow the Director to determine the "operational" status of the large wind turbine.	Required to comply at operational phase
6952 j.	2. Decommissioning Plan. The applicant shall prepare and submit a decommissioning plan to the Director for his review and approval. The plan shall provide for the removal of all components of each large wind turbine and the restoration of the site to a condition compatible with surrounding properties within 180 days of the wind turbine becoming non-operational. 3. Secured Agreement. The applicant shall also enter into a secured agreement with the County that requires the decommissioning plan to be implemented and completed. The terms and conditions of the agreement	Required to comply Comply Tule MUP is

	shall be to the satisfaction of the Director. The Director is authorized to sign the agreement on behalf of the County. The security provided with the agreement shall be in an amount sufficient to cover the County's costs, as determined by the Director, to implement and complete the decommissioning plan in case the owner or operator fails to implement and/or complete the plan. The security shall be in a form approved by the Director. Typical forms of security include a surety bond, irrevocable letter of credit or trust funds. The security shall remain in effect for the entire time that the large wind turbine is operational and for any additional time until the decommissioning has been completed in accordance with the decommissioning plan. 4. Building Permit. No building permit for any component of a large wind turbine may be issued until the Director approves the decommissioning plan, signs the secured agreement and accepts the security	silent on this provision.
6952 l.	Design. When a Major Use Permit authorizes more than one large wind turbine, all of the large wind turbines subject to the Major Use Permit shall be uniform in color and tower and turbine design (pole, nacelle, etc.). In addition if there are existing large wind turbines on a lot that abuts the lot on which proposed large wind turbines would be located, the color and tower and turbine design of the proposed large wind turbines shall be uniform with that of the existing large wind turbines. Tower and turbine design does not include turbine height which may vary.	Required to Comply
6952 m.	Property Maintenance. Except for periods of maintenance the property on which a large turbine is located shall be kept clean of turbine parts and or debris associated with the turbine operation.	Required to comply at operational phase