February 21, 2019

Richard Mustico
Division of Environmental Remediation
New York State Department of Environmental Conservation
625 Broadway, Albany, NY 12233-7016

Re: Indoor Air Sampling Work Plan
1815-1825 Ocean Avenue, Brooklyn, NY
NYSDEC BCP Number: C224217

Mr. Mustico:

Environmental Business Consultants (EBC) is submitting the following work plan to perform indoor air sampling and negative pressure testing under the slab at the above referenced site. The property is located at 1815-1825 Ocean Avenue Brooklyn, New York and is identified as Block 7656 Lot 58 (**Figure 1**). The lot has 150.5 ft of frontage along Ocean Avenue, is 16,555 sf in area and is improved with one 8-story residential building with a cellar and a parking area. Petroleum contaminated soil from 15 feet below grade down to the water table is being remediated with an air sparge / soil vapor extraction system.

The purpose of the study will be to determine if the installed remedial systems (AS and SVE) is working properly and to confirm indoor air volatile organic compound (VOC) levels are acceptable for residential occupancy. The study will include the sampling and analysis of four indoor air samples as follows: one sample in the gym, once sample in the building staff office & storage room, one sample in the in the recreation room accessory to unit A above and one sample within the 1st floor of unit A. This study will also include the installation of five monitoring ports to confirm negative pressure under the slab.

Building Conditions

The property is improved with a eight-story residential building with a cellar which covers a 69 x 138 foot area on the west side of the Site. The remaining square footage on the east side of the site is developed with a parking area. The site is not currently occupied. The cellar will be occupied by utility rooms, an electrical room, gym, laundry room, elevator control room, building staff office and storage room, a refuse room and eight recreation rooms which are accessory space to the residential units above. The first floor is equipped with parking areas, a recreation room, lobby and residential units. The second to eighth floors are developed with residential units. A site location map is included as **Figure 1**. A layout of the cellar floor is included as **Figure 2.**

The type of HVAC system is unknown though it is highly likely that the heating system is operating at the present time. Prior to collecting the samples, a pre-sampling inspection will be performed to gather information regarding the building's characteristics such as air flow patterns; heating, venting and air conditioning (HVAC); utilities; chemical and maintenance

product inventory; and any other factors that may affect indoor air quality in the areas to be sampled.

A NYSDOH Indoor Air Quality Questionnaire and Building Inventory form will be used to document the building conditions and any chemicals that may be present. A photoionization detector will be used during the survey to screen for VOCs near windows and air supply vents. A floor plan sketch will be drawn for the indoor air sampling locations. A copy of the NYSDOH Indoor Air Quality Questionnaire and Building Inventory form is provided in **Appendix A**.

Proposed Indoor Air Sampling

The indoor air sampling event will include the following samples:

- Collect pressure readings from the five monitoring port locations;
- Collect one indoor air sample (IA1) from the breathing zone of the gym area, one indoor air sample (IA2) from the building staff office & storage room and one indoor air sample (IA3) from the breathing zone of the recreation room accessory to unit A above and one indoor air sample (IA4) from the breathing zone of the 1st floor of Unit A;
- Collect one ambient outdoor air sample (OA1).

See **Figure 4 & 4a** for the indoor air, outdoor air sampling locations and the monitoring port locations.

Monitoring Ports
A total of five monitoring point locations will be installed within the cellar level. Monitoring port locations will be placed in easily accessible areas and closer to the location of the former USTs. A map noting the location of the former USTs is included as **Figure 3**. These locations will be permanent and will be constructed with ¼ inch inert tubing that will extend no further then 2 inches in to the sub slab material. The implant will be sealed with cement bentonite and covered with a manhole cover. All of the morning port locations will be constructed in the same manner. Vacuum readings will be collected from each of these locations to confirm negative pressure under the slab.

Sampling Procedures
Air sampling will be performed over a 24-hour period to average the exposure condition. The building will be sealed (doors- windows closed) a minimum of 18 hours prior to collecting the samples. Due to the cold weather conditions it will not be possible to ventilate the building to the outside air prior to sealing.

All air samples will be collected with 6-liter Summa canisters equipped with 24-hour flow controllers. Air samples will be collected in accordance with NYSDOH protocols as presented in the Final Guidance for Evaluating Soil Vapor Intrusion in the State of New York (October 2006). Indoor air samples will be collected in the breathing zone at a height of 3-4 feet above the floor.

All air samples will be collected using the vacuum from the 6-liter SUMMA canister. Prior to beginning sample collection, the canister identification number, flow regulator identification number and sample ID will be recorded on the sample tag attached to each canister. Sampling will then be initiated by fully opening the flow control valve on each canister in turn. Immediately after opening the flow control valve on a canister, the initial vacuum (inches of mercury) will be recorded on the sample tag and in a bound field notebook. When the vacuum level in the canister is between 5 and 8 inches of mercury (approx. 24 hours), the flow controller valve will be closed, and the final vacuum recorded on the sample tag.

All collected air samples will be analyzed by Phoenix Environmental Labs of Manchester Connecticut (NYSDOH Lab I.D. No. 11301). NYSDOH-certified lab for VOCs using EPA Method TO-15. Analytical procedures and corresponding reporting limits will be identified when reporting the sampling results. As per DEC, indoor air laboratory reporting limits for the following five compounds must be 0.20 micrograms per cubic meter mcg/m3 or less: trichloroethene; cis-1,2 Dichloroethene; 1,1-Dichloroethene; carbon tetrachloride and vinyl chloride.

Laboratory reports will include ASP category B deliverables for use in the preparation of a data usability summary report (DUSR). All results will be provided in accordance with the NYSDEC Environmental Information Management System (EIMS) electronic data deliverable (EDD) format. Note that the laboratory deliverables package can take up to 3 weeks to be completed. Upon receipt of the laboratory results, a brief summary report will be prepared and submitted for your review. A copy of the competed NYSDOH Indoor Air Quality Questionnaire and Building Inventory form will be provided to NYSDEC and NYSDOH. This report will not include the deliverables package which will be forwarded upon receipt. Please call if you have any questions or would like to discuss the project further.

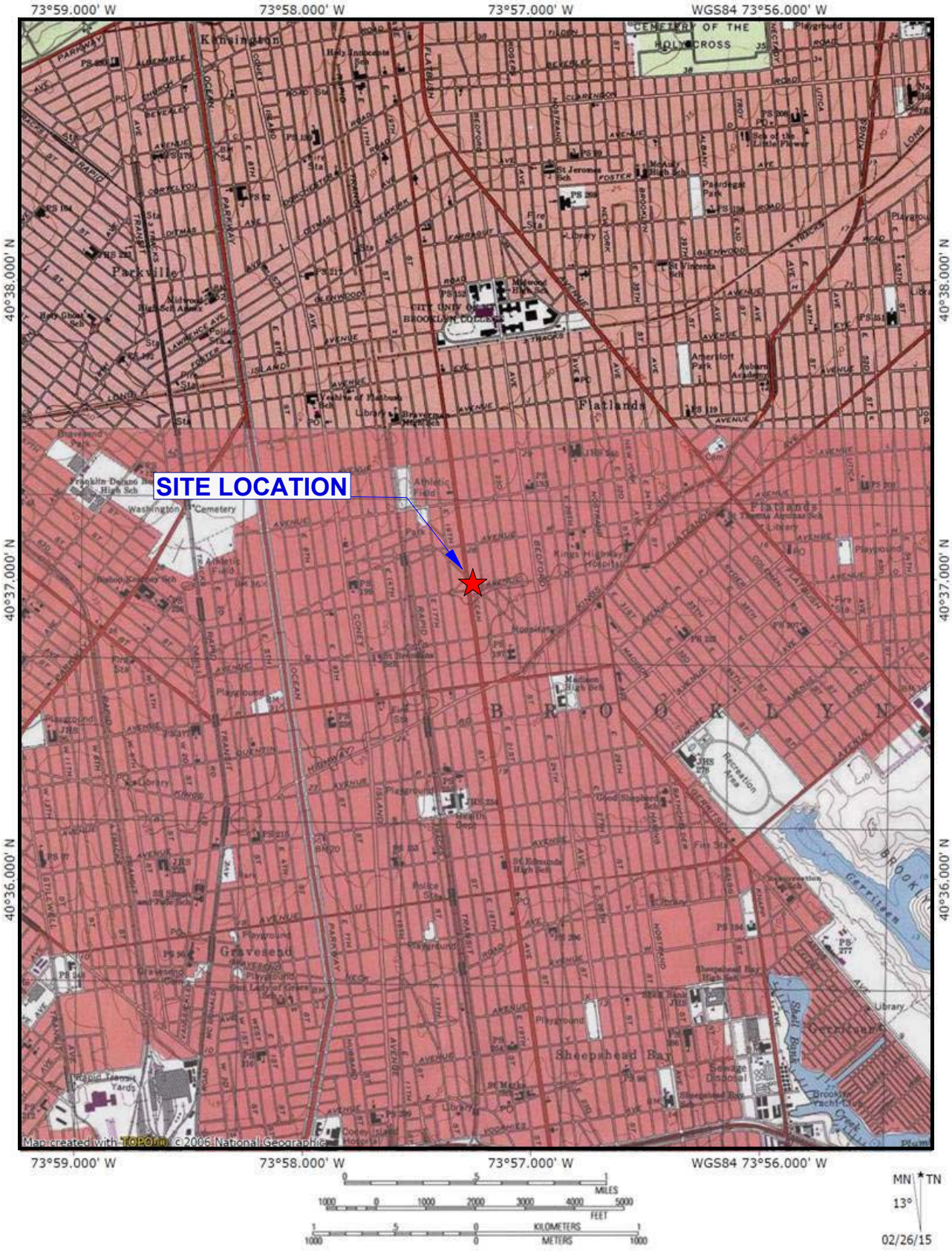
Very truly yours,

Environmental Business Consultants

Chawinie Reilly
Project Manager / Industrial Hygienist

1808 Middle Country Road
Ridge, NY 11961
Phone 631.504.6000
Fax 631.924.2870

FIGURES



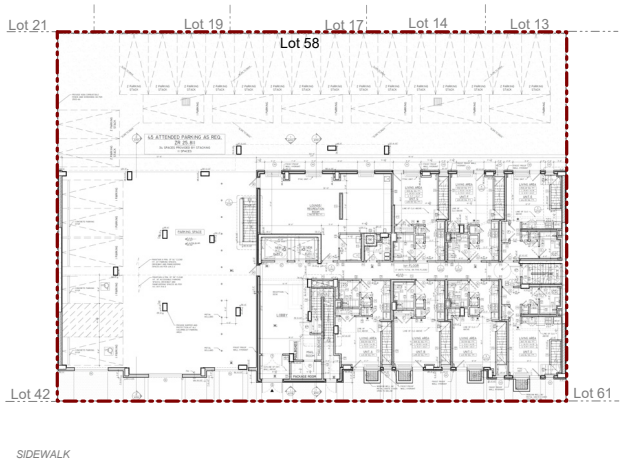
USGS Central Park, NY Quadrangle 1995, Contour Interval = 10 feet

AMC Engineeting, PLLC
18-36 42nd Street
Astoria, NY 11105

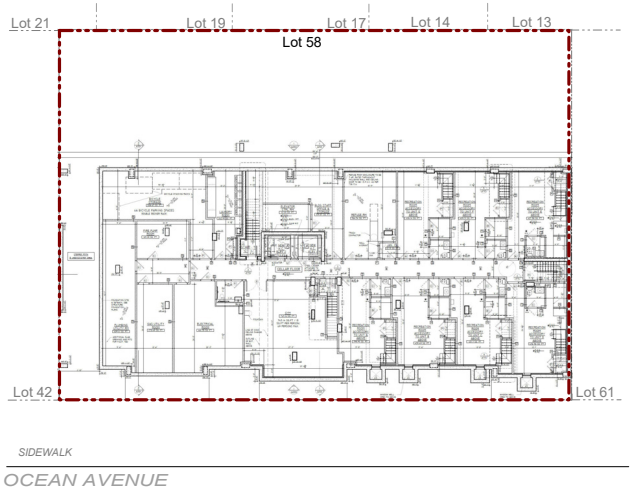
TOMAT SERVICE STATION
1815-1825 OCEAN AVENUE, BROOKLYN, NY

FIGURE 1 SITE LOCATION MAP

First Floor Plan



Cellar Floor Plan

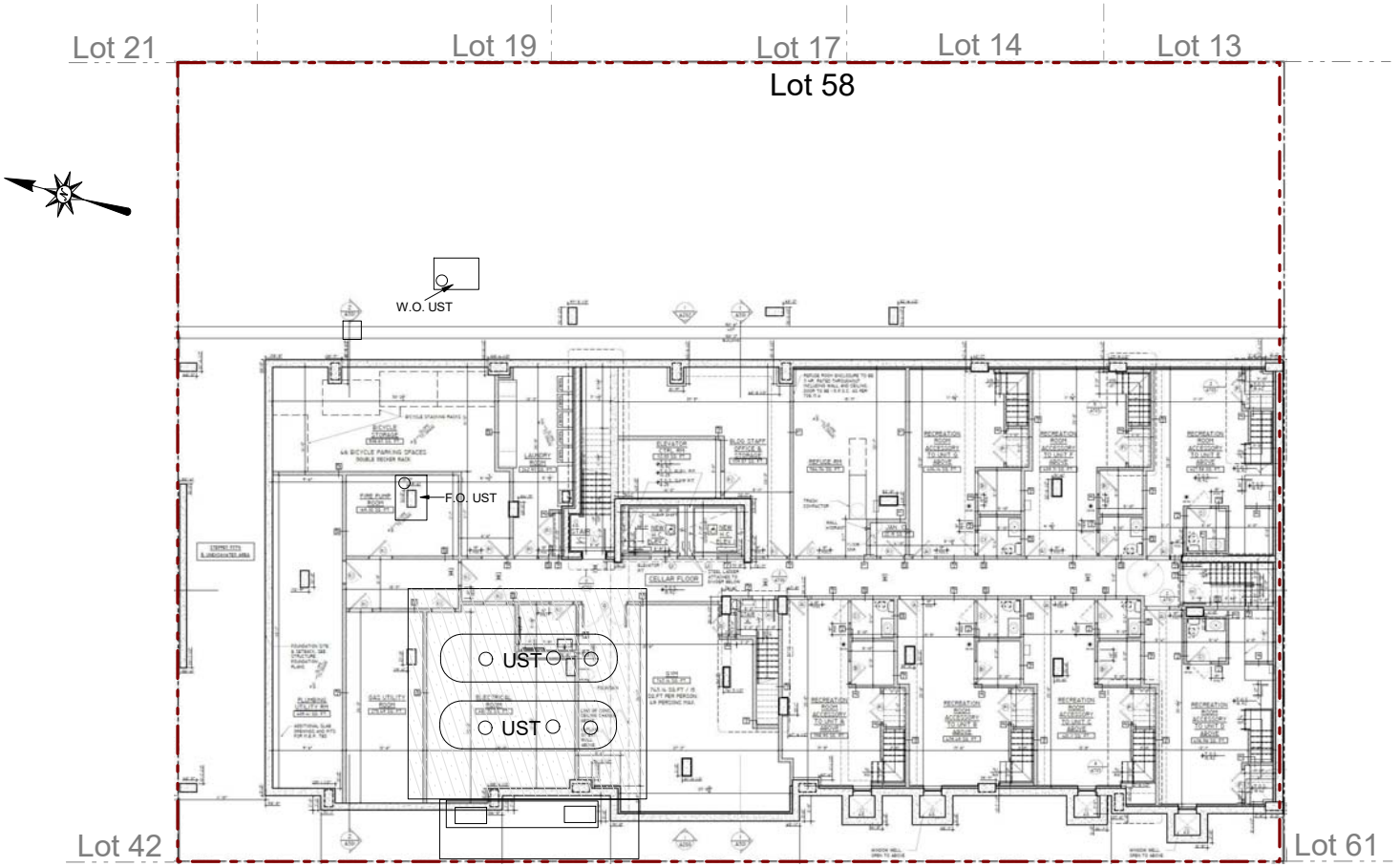


Front Elevation

EBC
ENVIRONMENTAL BUSINESS CONSULTANTS
Phone 631.504.6000
Fax 631. 924 .2870

Figure No. 2

Site Name: TOMAT SERVICE STATION
Site Address: 1815-1825 OCEAN AVENUE, BROOKLYN, NY
Drawing Title: REDEVELOPMENT PLAN



SIDEWALK

OCEAN AVENUE

KEY: Property Boundary

SCALE: 0 10 25

Scale: 1 inch = 25 feet

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Fax 631. 924 .2870

Figure No. 3

Site Name: TOMAT SERVICE STATION

Site Address: 1815-1825 OCEAN AVENUE, BROOKLYN, NY

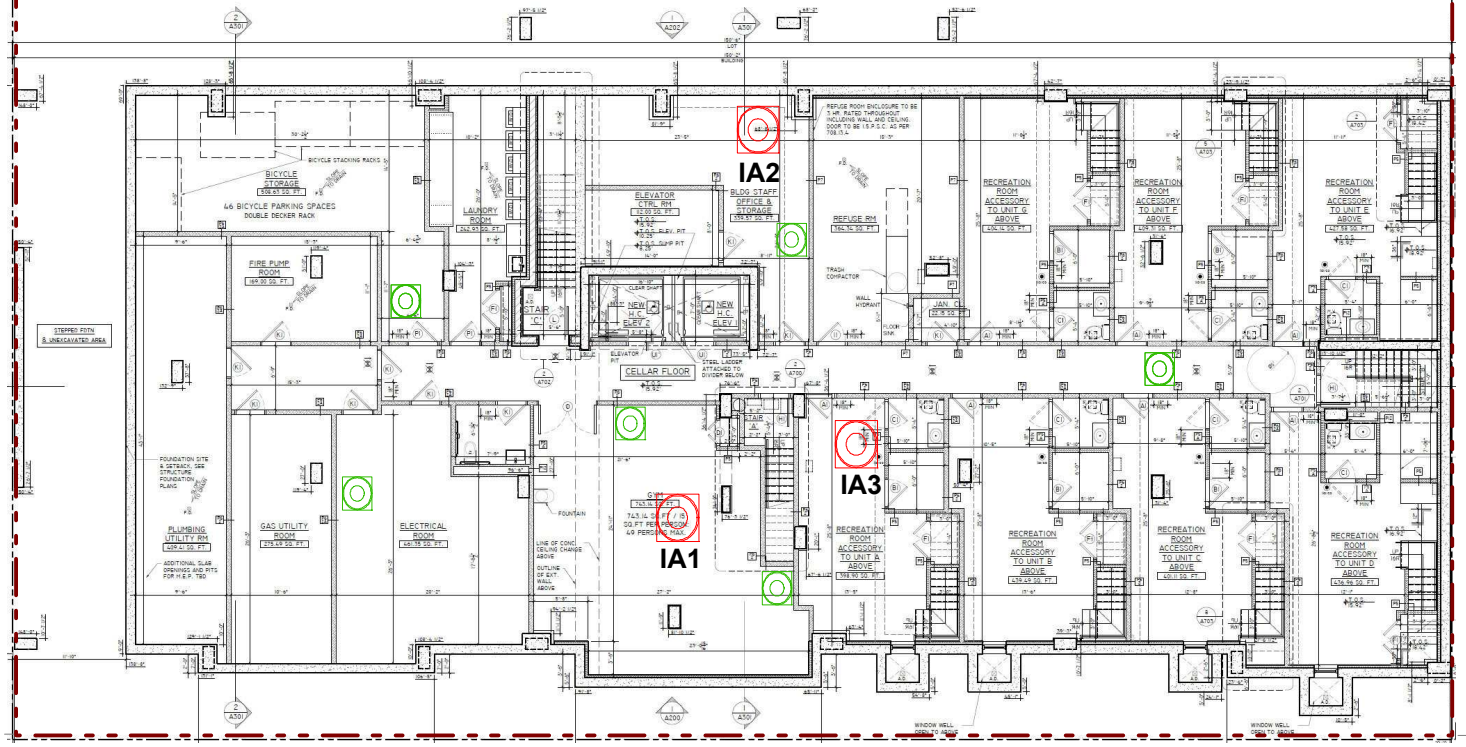
Drawing Title: CELLAR VIEW WITH FORMER GAS STATION LOCATIONS

Lot 21 | Lot 19 | Lot 17 | Lot 14 | Lot 13

Lot 42

Lot 58

OA1



Lot 42

Lot 61

SIDEWALK

OCEAN AVENUE

KEY:

- Property Boundary
- Proposed Outdoor Air Sample Location
- Proposed Indoor Air Sample Locations
- Monitoring Port Locations

SCALE:

0 10 20

Scale: 1 inch = 20 feet

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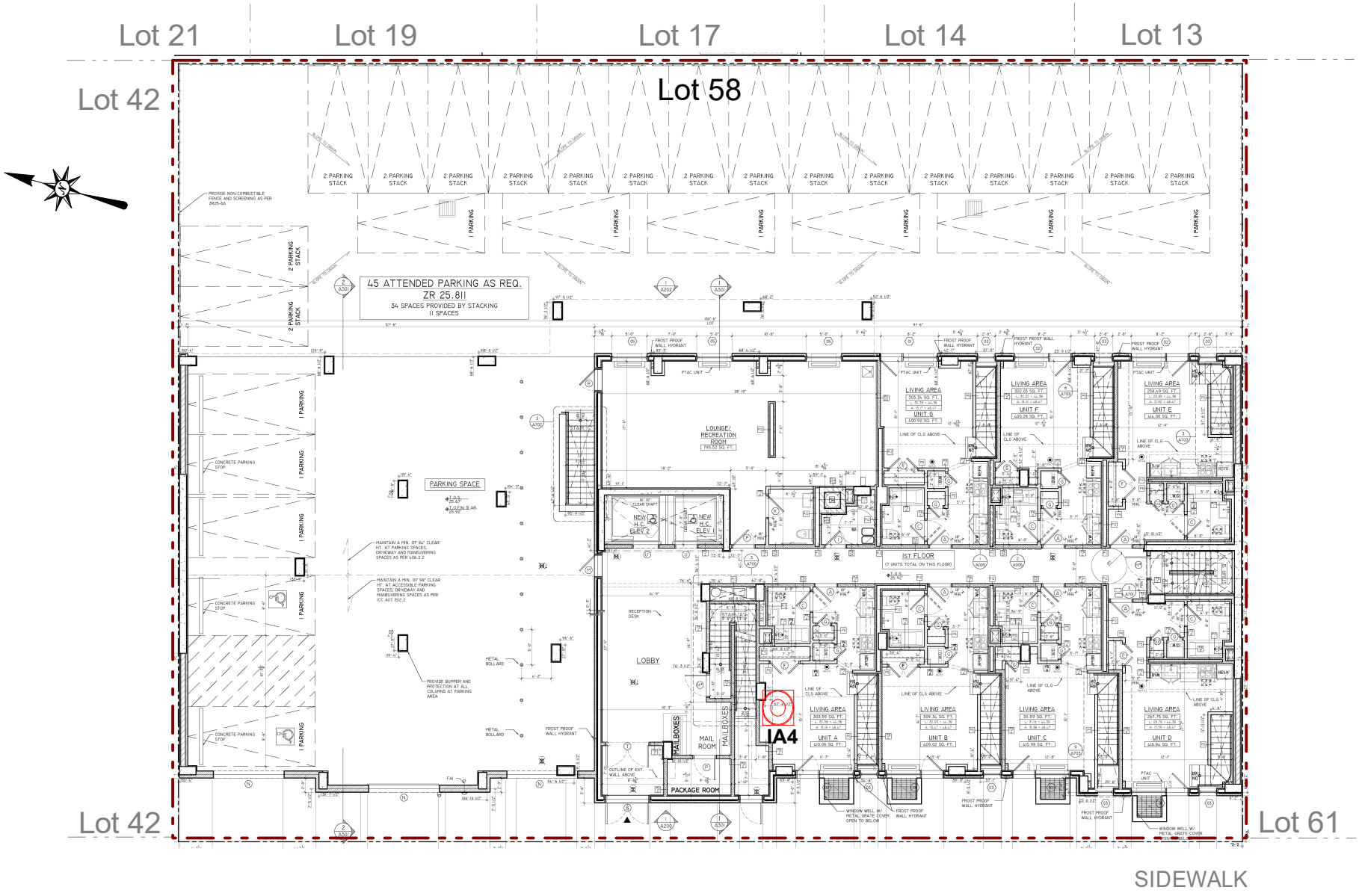
Environmental Business Consultants
Phone 631.504.6000
Fax 631. 924 .2870

Figure No. **4**

Site Name: TOMAT SERVICE STATION

Site Address: 1815-1825 Ocean Avenue, Brooklyn, NY

Drawing Title: Soil Gas Sample Locations



OCEAN AVENUE

KEY:

Property Boundary

Proposed Indoor Air Sample Locations

SCALE:

0 10 20

Scale: 1 inch = 20 feet

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Fax 631. 924 .2870

Figure No. **4a**

Site Name:	TOMAT SERVICE STATION
Site Address:	1815-1825 Ocean Avenue, Brooklyn, NY
Drawing Title:	Soil Gas Sample Locations; 1st Floor

APPENDIX A
NYSDOH Indoor Air Quality Questionnaire and Building Inventory

Appendix B
Indoor air quality questionnaire and building inventory

As discussed in Section 2.11, products in buildings should be inventoried every time indoor air is sampled to provide an accurate assessment of the potential contribution of volatile chemicals. In addition, the type of structure, floor layout and physical conditions of the building being studied should be noted to identify (and minimize) conditions that may interfere with the proposed testing.

Toward this end, a blank copy of the NYSDOH Center for Environmental Health's Indoor Air Quality Questionnaire and Building Inventory is provided in this appendix. Also provided is an example that demonstrates how the form should be completed properly.

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name _____ Date/Time Prepared _____

Preparer's Affiliation _____ Phone No._____

Purpose of Investigation_____

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location _____ Age of Occupants _____

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: _____First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential	School	Commercial/Multi-use
Industrial	Church	Other: _____

If the property is residential, type? (Circle appropriate response)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other:_____

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) _____

Does it include residences (i.e., multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors_____ Building age_____

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

_____

_____

_____

Airflow near source

_____

_____

_____

Outdoor air infiltration

_____

_____

_____

Infiltration into air ducts

_____

_____

_____

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with _____	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with _____	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____(feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

_____

_____

6. HEATING, VENTING and AIR CONDITIONING (Circle all that apply)

Type of heating system(s) used in this building: (circle all that apply – note primary)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Stream radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other_____
Air conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

_____

_____

_____

_____

7. OCCUPANCY

Is basement/lowest level occupied? Full-time Occasionally Seldom Almost Never

Level	**General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)**
Basement	_____
1st Floor	_____
2nd Floor	_____
3rd Floor	_____
4th Floor	_____

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? _____

i. Have cosmetic products been used recently? Y / N When & Type? _____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented?_____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented?_____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type?_____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

9. WATER AND SEWAGE

Water Supply:	Public Water	Drilled Well	Driven Well	Dug Well	Other: _____
Sewage Disposal:	Public Sewer	Septic Tank	Leach Field	Dry Well	Other: _____

10. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

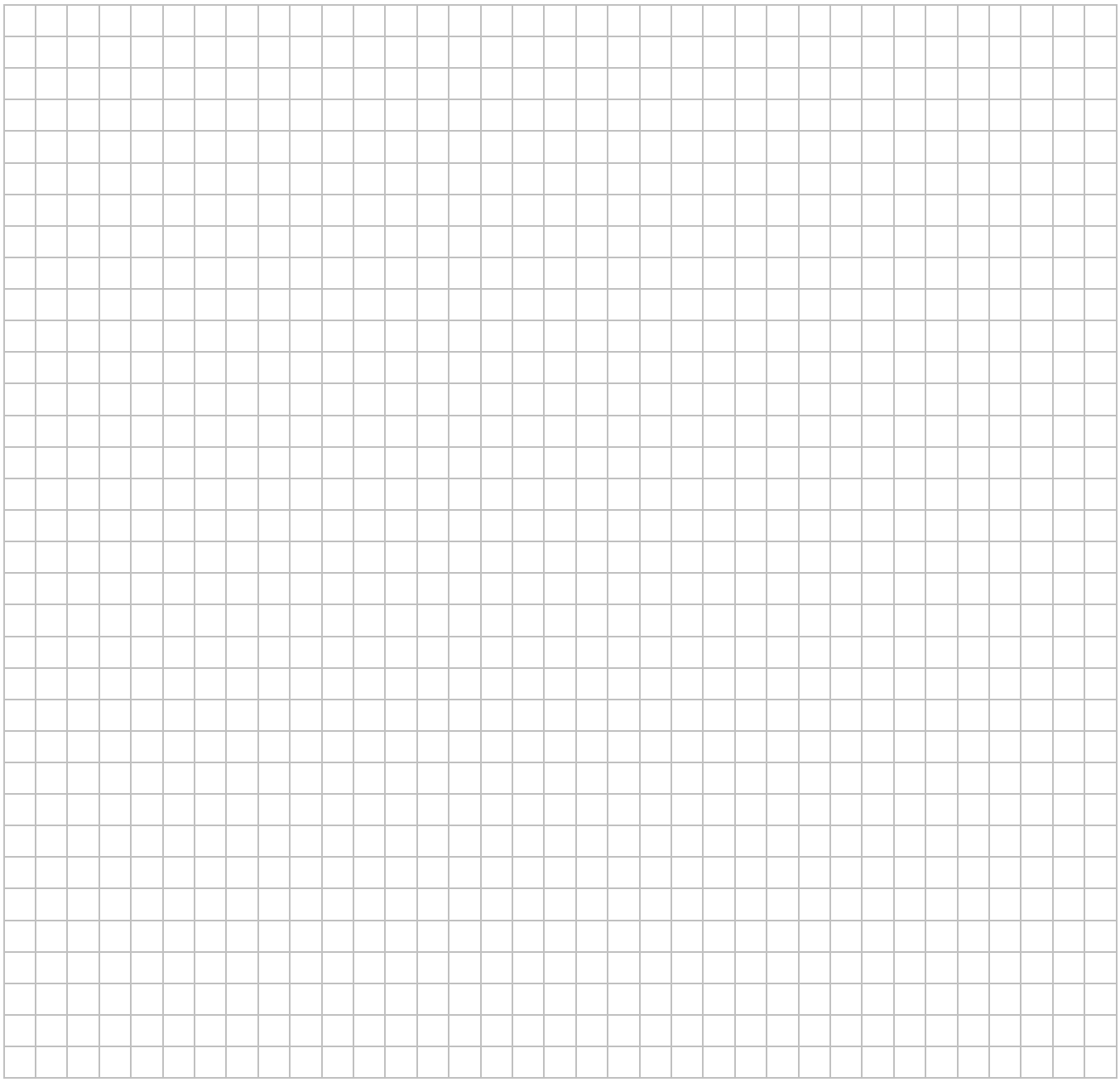
Basement:

First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings.

Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system, if applicable, and a qualifying statement to help locate the site on a topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (units)	Condition*	Chemical Ingredients	Field Instrument Reading (units)	Photo** Y / N

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

OSR – 3 Example 1 Correct

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Mary Jones Date/Time Prepared 10/22/04 10:00am

Preparer's Affiliation XYZ Consulting Phone No. 518-555-1212

Purpose of Investigation Thomasville Soil Vapor Intrusion Investigation (Site#32141)

1. OCCUPANT:

Interviewed: (Y)/ N

Last Name: Smith First Name: Carol

Address: 25 Main Street Thomasville, New York 25230

County: Albany

Home Phone: 518-556-2222 Office Phone: 518-556-2400

Number of Occupants/persons at this location 2 Age of Occupants 36, 10

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y (N)

Last Name: White First Name: Frank

Address: 64 Mountain Road Bainbridge, New York 26390

County: Dutchess

Home Phone: 845-876-1301 Office Phone: 845-227-2430

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

(Residential)	School	Commercial/Multi-Use
Industrial	Church	Other: _____

Example Correct 2

If the property is residential, type? (Circle appropriate response)

(Ranch)	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other:_____

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 1 Building age 20 years

Is the building insulated? (Y) / N How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

Basement air flows up to 1st floor through plumbing waste line and domestic water line floor penetrations

Airflow near source

Yes, furnace/oil tank area open to rest of basement

Outdoor air infiltration

Outdoor air enters at loose bilco doorway openings, and at sill plate near furnace.

Infiltration into air ducts

Basement air flows into bottom of hot air unit and in loose cold air return joints.

Example Correct

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	(wood frame)	concrete	stone	brick
b. Basement type:	(full)	crawlspace	slab	other _____
c. Basement floor:	(concrete)	dirt	stone	other _____
d. Basement floor:	(uncovered)	covered	covered with _____	
e. Concrete floor:	(unsealed)	sealed	sealed with _____	
f. Foundation walls:	(poured)	block	stone	other _____
g. Foundation walls:	(unsealed)	sealed	sealed with _____	
h. The basement is:	wet	damp	(dry)	moldy
i. The basement is:	finished	(unfinished)	partially finished	
j. Sump present?	Y (N)			
k. Water in sump?	Y / N / (not applicable)			

Basement/Lowest level depth below grade: 6 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

Floor drain in laundry area

6. HEATING, VENTING and AIR CONDITIONING (Circle all that apply)

Type of heating system(s) used in this building: (circle all that apply – note primary)

(Hot air circulation)	Heat pump	Hot water baseboard	
Space Heaters	Stream radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	(Fuel Oil)	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: gas

Boiler/furnace located in:	(Basement)	Outdoors	Main Floor	Other _____
Air Conditioning:	Central Air	(Window units)	Open Windows	None

Example Correct 4

Are there air distribution ducts present? (Y) N

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

Cold air return ductwork on ceiling in basement. Cold air return joints appear loose.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally (Seldom) Almost Never

Level	**General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)**
Basement	Storage and laundry
1st Floor	living area and bedrooms
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? (Y) N

b. Does the garage have a separate heating unit? Y (N) NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) (Y) N / NA Please specify lawnmower, car

d. Has the building ever had a fire? Y (N) When?_____

e. Is a kerosene or unvented gas space heater present? Y (N) Where?_____

f. Is there a workshop or hobby/craft area? Y (N) Where & Type? _____

g. Is there smoking in the building? Y (N) How frequently? _____

h. Have cleaning products been used recently? (Y) N When & Type? w/in week - windex, tilex

i. Have cosmetic products been used recently? (Y) N When & Type? yesterday - hairspray

Example Correct

j. Has painting/staining been done in the last 6 months? Y / (N) Where & When? _____

k. Is there new carpet, drapes or other textiles? (Y) / N Where & When? carpet in dining room

l. Have air fresheners been used recently? Y / (N) When & Type? _____

m. Is there a kitchen exhaust fan? (Y) / N If yes, where vented? outside

n. Is there a bathroom exhaust fan? Y / (N) If yes, where vented? _____

o. Is there a clothes dryer? (Y) / N If yes, is it vented outside? (Y) / N

p. Has there been a pesticide application? Y / (N) When & Type? _____

Are there odors in the building? Y / (N)
If yes, please describe: _____

Do any of the building occupants use solvents at work? (Y) / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? hair salon dyes, alcohols, peroxides, acetone

If yes, are their clothes washed at work? Y / (N)

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) — No
(Yes, use dry-cleaning infrequently (monthly or less)) — Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? (Y) / N Date of Installation: June 2000
Is the system active or passive? (Active)/Passive

9. WATER AND SEWAGE

Water Supply:	Public Water	(Drilled Well)	Driven Well	Dug Well	Other: _____
Sewage Disposal:	Public Sewer	(Septic Tank)	Leach Field	Dry Well	Other: _____

10. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: not applicable

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

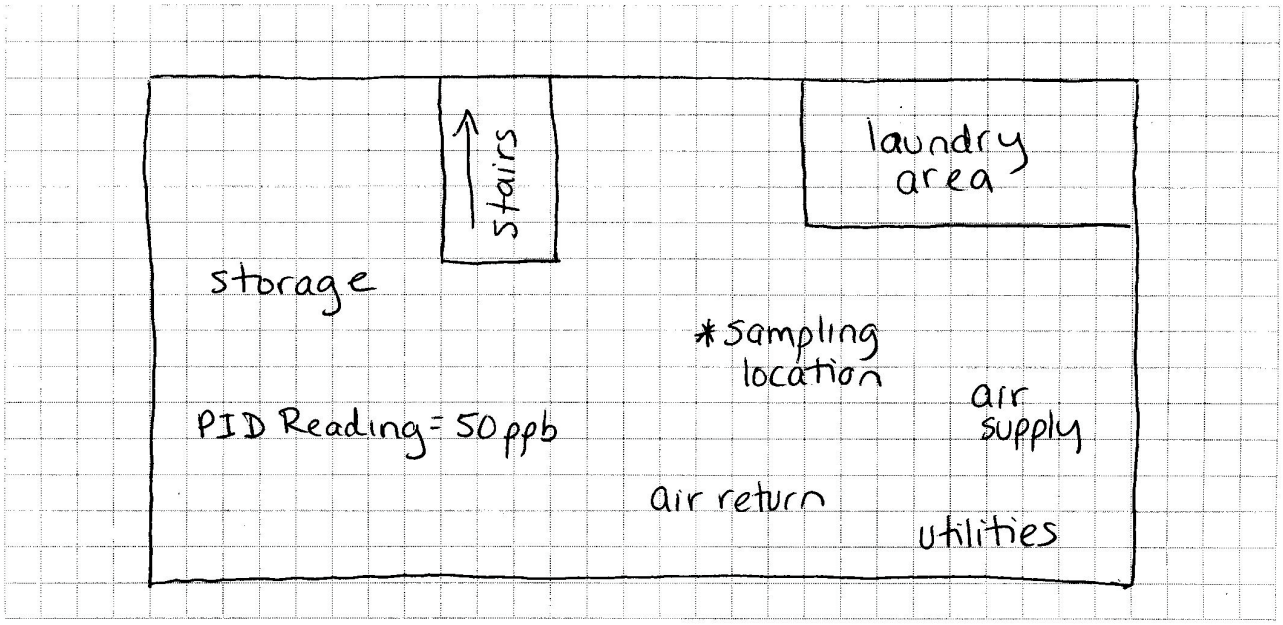
d. Relocation package provided and explained to residents? Y / N

Example Correct

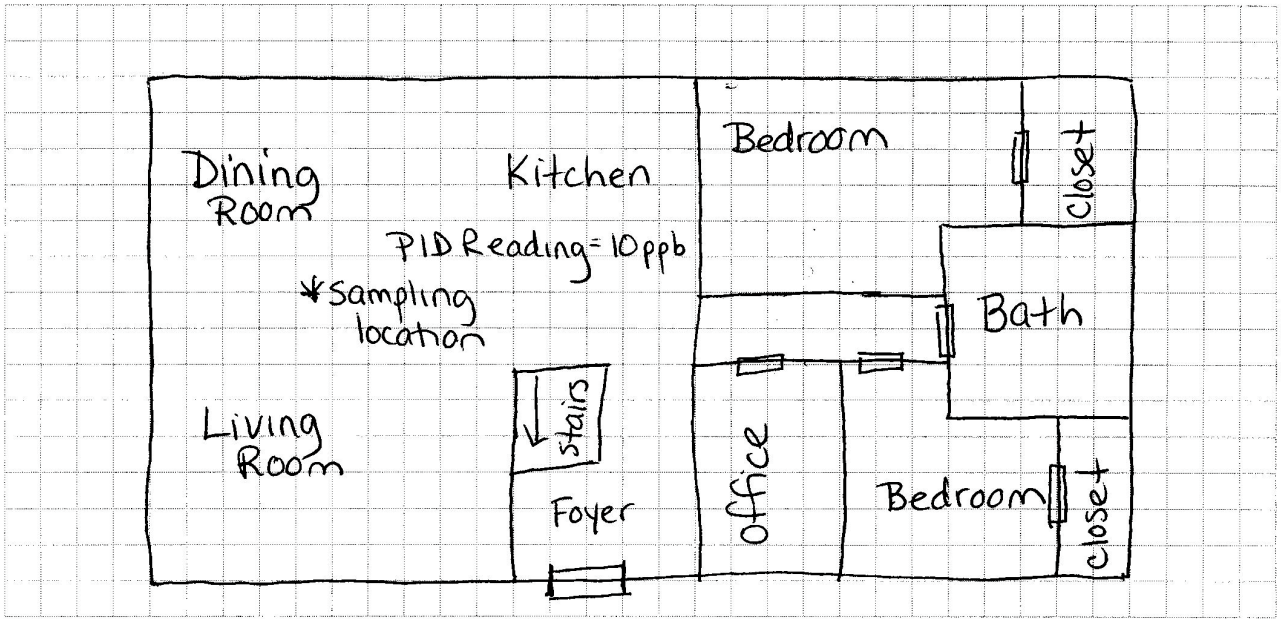
11. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

Basement:



First Floor:

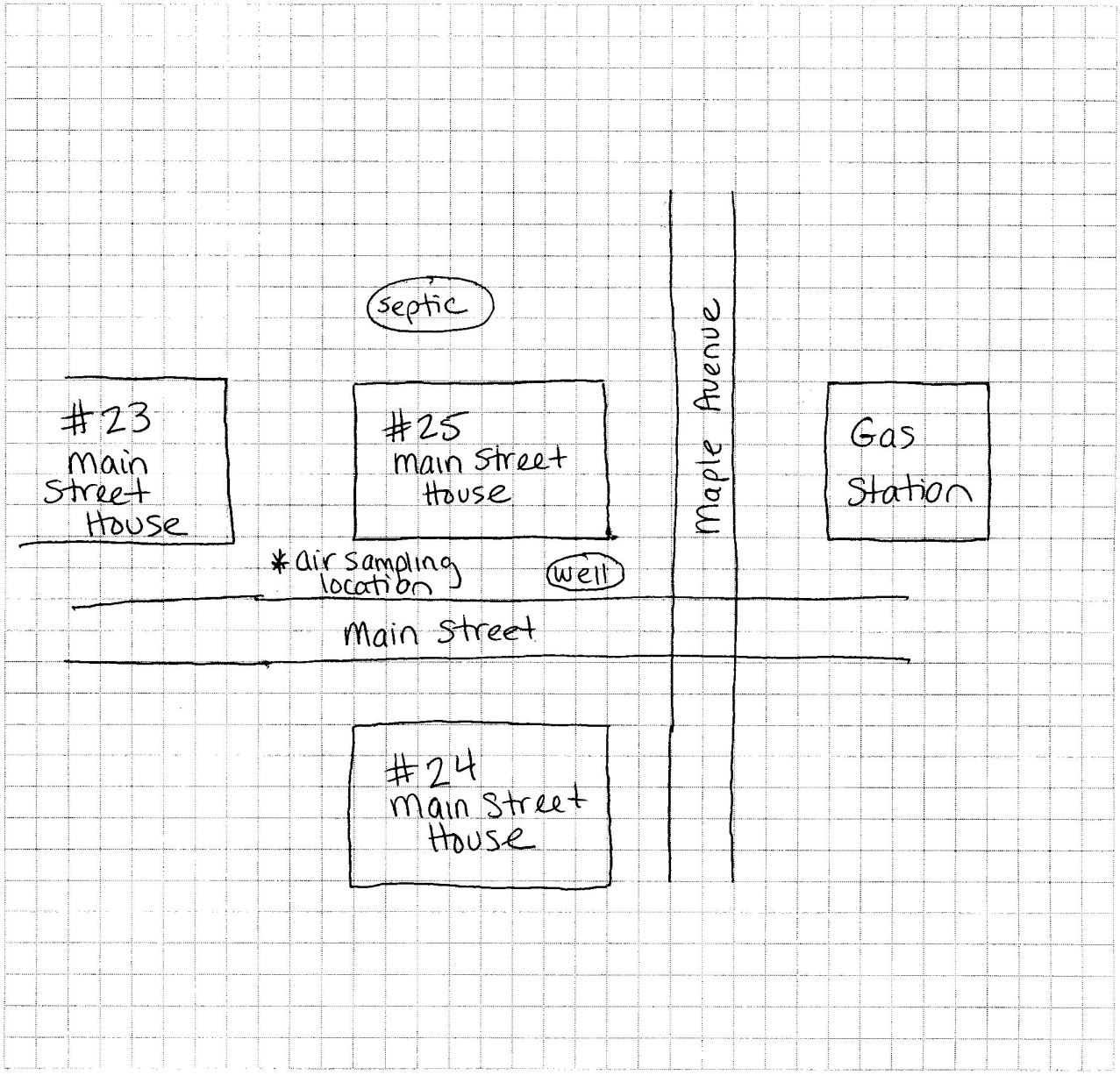


Example Correct

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings.

Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system, if applicable, and a qualifying statement to help locate the site on a topographic map.



N

Wind direction = NE

Example Correct 8

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: RAE photoionization detector

List specific products found in the residence that have the potential to affect indoor air quality.

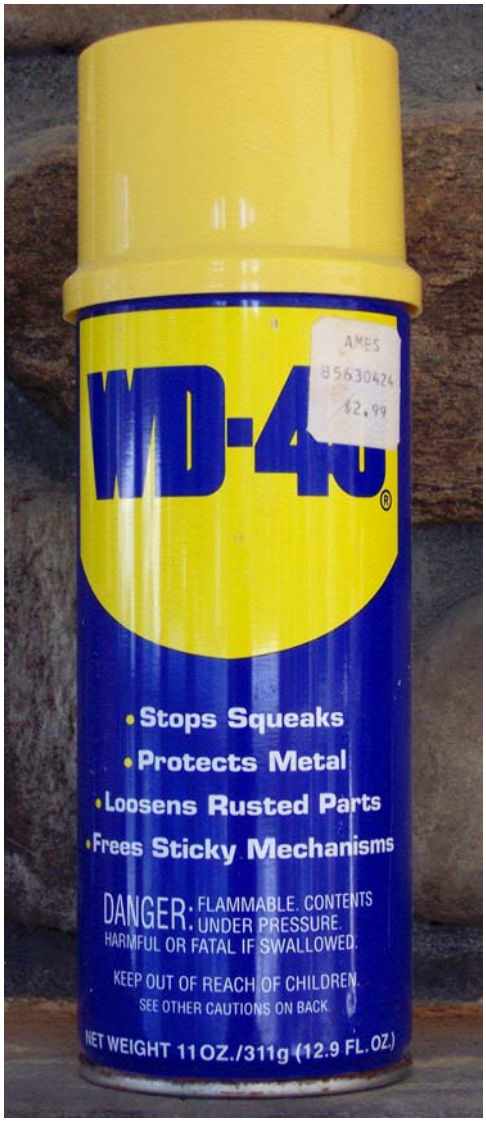
Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
Kitchen	WD-40	12oz	UO	See photo	10 ppb	Y
garage	mineral spirits	24oz	U	benzene, toluene	15 ppb	N
garage	American Semi-Gloss latex paint	64oz	U	titanium dioxide, ethylene, glycol, aluminum hydroxide, 2,2,4-trimethyl 1-1,3-pentanediol isobutyrate, Vinyl acetate	2 ppb	N
garage	Krylon Semi-gloss oil paint	64oz	D	butane, propane, titanium dioxide, xylene, ethylbenzene, acetone, MEK, butanol, MIK	10 ppb	N
garage	Rustoleum	12oz	U	talc, calcium carbonate, titanium dioxide, xylene, ethylbenzene, acetone, liquified petroleum gases, pentaerythritol	4 ppb	N
garage	Deep 6 Double Strength Insect Repellent	8oz	D	propane, isobutane, N,N-Diethyl-meta-toluamide	0.5 ppb	N
				Di-n-propyl isocinchomeronate		
basement	12 cans latex paint	128oz	U	talc, titanium dioxide, Kaolin clay, 2,24-trimethyl-1,3 pentanediol isobutyrate, vinyl acetate	0	N

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**

** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

Product Inventory Attachment — 25 Main Street, City

WD-40 FRONT



WD-40 INGREDIENTS