Appendix D
SVI ASSESSMENT AND DOWNGRADIENT BOUNDARY SOIL VAPOR
SAMPLING FIELD RECORDS

				Ambient							Start								Stop		
Sample ID	Loc	Sample Type				Downhole He (ppm)		Can ID	Regulator ID	Start Time	Pressure (in Hg)	Check #1 Time			Check #2 Pressure	Check #3 Time	Check #3 Pressure	Stop Time	Pressure (in Hg)	Box #	Comments
	Loc			0.05	0	0	Υ	0260	02846	0757	30.4	1040	17.1	1205	10.0			1322	3.4	Βολ π	Comments
AM-SVIA1-SSV	1	SS	Lockwood	0.00	U		'														
AM-SVIA1-IA	1	IA	Lockwood					0258	11	0756	28.9	1040	19.9	1205	15.5	1358	9.7	1539	4.2		
AM-SVIA2-SSV	2	SS	Lockwood	0	0	0	Y	5571	2880	0759	29.2	1040	21.0	1206	16.9	1356	12.1	1540	6.0		
AM-SVIA2-IA	2	IA	Lockwood	0	0			0243	827	0759	29.2	1039	18.1	1206	12.5	1356	5.1	1417	4.0		
AM-SVIA3-SSV	3	SS	Lockwood	0	0	0	Υ	7636	24	0802	27.9	1039	15.4	1206	9.0			1324	3.7		
AM-SVIA3-IA	3	IA	Lockwood	0	0			1376	6	0801	29.3	1038	2.0					1038	2.0		
AM-SVIA4-SSV	4	SS	Universal Eqpt W'Hs	0	0	0	Υ	7633	00250	0810	16.0	1003	8.7	1147	2.1			1147	2.1		
AM-SVIAdup-SSV	4	SS, D	Universal Eqpt W'Hs	0	0	0	Υ	0676	01311	0809	29.5	1003	22.8	1148	16.7	1411	8.2	1532	4.0		
AM-SVIA4-IA	4	IA	Universal Eqpt W'Hs	0	0			7645	02994	0809	29.9	1004	24.2	1149	18.9	1411	11.8	1534	7.4		
AM-SVIAdup-IA	4	IA, D	Universal Eqpt W'Hs	0	0			473	01309	0809	31.0	1005	24.9	1149	18.9	1411	11.0	1534	6.5		
AM-SVIA5-SSV	5	SS	Universal Epqt Shop	0	0		Υ	7644	00160	0811	28.0	1008	20.9	1151	14.0	1413	5.0	1426	4.0		
AM-SVIA5-IA	5	IA	Universal Epqt Shop	0	0			0186	02966	0809	32.0	1008	25.5	1151	19.1	1413	10.4	1533	5.3		
AM-SVIA6-SSV	6	SS	Universal Eqpt W'Hs	0	0	0	Υ	1389	02845	0812	21.0	1007	15.0	1150	9.8	1405	3.2	1405	3.2		
AM-SVIA6-IA	6	IA	Universal Eqpt W'Hs	0	0			0672	00958	0811	28.0	1007	21.1	1150	15.1	1412	7.0	1501	4.3		
AM-SVIA7-SSV	7	SS	Universal Eqpt W'Hs	0	0	0	Y	487	00389	814	27.9	1001	21.2	1152	14.8	1408	7.1	1500	4.1		
AM-SVIA7-IA	7	IA	Universal Eqpt W'Hs	0	0			0264	00266	0813	28.8	1000	18.8	1153	8.4			1300	3.0		
AM-SVIA8-SSV	8	SS	Universal Eqpt W'Hs	0	0	0	Υ	1396	00392	0807	31.0	0959	25.6	1154	19.7	1409	12.5	1530	8.2		
AM-SVIA8-IA	8	IA	Universal Eqpt W'Hs	0	0			4638	02995	00806	28.8	0959	23.6	1153	17.8	1409	11.8	1530	6.2		
AM-SVIA9-SSV	9	SS	Auto Repair	0.37	25	0	Υ	0675	59	0758	28.5	1031	21.1	1231	14.7	1358	10.0	1605	4.0		
AM-SVIA9-IA	9	IA	Auto Repair	0.37				0263	2883	0757	31.0	1030	21.3	1230	13.8	1357	8.2	1502	4.1		
AM-SVIA10-SSV	10	SS	Empire Wine	0.46	875	625	Υ	5564	4	0802	30.1	1027	21.8	1226	14.3	1400	8.2	1510	4.3		
AM-SVIA10-IA	10	IA	Empire Wine	0.46				0222	2854	0801	28.2	1027	18.9	1226	11.0	1401	5.1	1417	4.0		
AM-SVIA11-SSV	11	SS	Empire Wine	0.59	0	25	Υ	1646	2979	0803	30.6	1028	22.1	1227	14.8	1402	8.8	1508	4.3		
AM-SVIA11-IA	11	IA	Empire Wine	0.59				1012	2888	0803	30.2	1029	5.4					1052	4.1		
AM-SVIA12-SSV	12	SS	Pulsafeeder	0.55	0	0	Υ	5580	29	0750	30.0	1019	21.3	1220	12.0	1422	3.9	1422	3.9		
AM-SVIA12-IA	12	IA	Pulsafeeder	0.55				7631	48	0750	29.9	1018	22.5	1220	16.1	1422	9.8	1547	5.6		

FAMSF Air Sampling-April 2013

	1	1		Ambiant	Ambient				1		Start	1			1			1	Stop		
		G 1 .					D 1				_	C1 1 . #1	Cl 1 #1	C1 1 . #2	Cl. 1 #2	C1 1 . #2	C1 1 . #2		Stop		
		Sample		PID		Downhole	_				Pressure			Check #2	Check #2	Check #3	Check #3		Pressure		
Sample ID	Loc	Type	Area	(ppm)	(ppm)	He (ppm)	(Y/N)	Can ID	Regulator ID	Start Time	(in Hg)	Time	Pressure	Time	Pressure	Time	Pressure	Stop Time	(in Hg)	Box #	Comments
AM-SVIA13-SSV	13	SS	Everdry	0.23	2075	2150	Υ	4636	2871	0809	30.0	1034	22.7	1200	18.0	1401	11.6	1545	6.0		
AM-SVIA13-IA	13	IA	Everdry	0.23				0701	2	0810	29.8	1034	21.8	1200	16.0	1401	8.3	1509	4.4		
AM-SVIA14-SSV	14	SS	Everdry	0.47	650	0	Υ	4568	47	0807	31.0	1036	22.2	1202	17.3	1400	10.4	1544	4.5		
AM-SVIA14-IA	14	IA	Everdry	0.47				1341	825	0807	30.4	1035	22.9	1201	18.1	1400	12.9	1543	9.1		
AM-SVIA15-SSV	15	SS	Unoccupied	0	0	0	Υ	0237	02997	0756	29.8	1014	16.6	1157	9.2			1318	4.1		
AM-SVIA15-IA	15	IA	Unoccupied	0	0			0223	860	0757	29.5	1013	22.0	1156	16.0	1403	9.1	1528	4.6		
AM-SVIA16-SSV	16	SS	Unoccupied	0	0	0		5572	00383	0801	30.0	1012	21.4	1156	14.4	1403	5.9	1433	4.1		
AM-SVIA16-IA	16	IA	Unoccupied	0	0			498	00164	0801	22.0	1011	14.0	1155	6.8			1258	2.9		
AM-SVIAamb-OA	Outo	AMB	Upwind					5582	02936	0818	29.2	1015	24.3	1212	19.4	1415	14.1	1640	8.0		

Sample Type Codes: IA= Indoor Air AMB=Ambient Outdoor Air SS=Sub-slab Vapor D=Duplicate

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 TomWell's	Date/Time Prepared 4 4 13 9:05 am
Purpose of Investigation SVI Assessment	for BCP RIQ 12 Pivley Inde
Purpose of Investigation SVI Assessment 1. OCCUPANT: Everly Water proofing	Parkway
Interviewed: Y/N	,
Last Name: First Name:	
Address: Everdry shop manager	
County:	
Home Phone: Office Phone:	17-7692
Number of Occupants/persons at this location ± 15 Ag	e of Occupants Alulf
2. OWNER OR LANDLORD: (Check if same as occupant	
Interviewed: Y/N Not explicable	
Interviewed: Y/N Not explicable Last Name: First Name:	
Address:	
County:	
Home Phone: Office Phone:	
3. BUILDING CHARACTERISTICS	
Type of Building: (Circle appropriate response)	
Residential School Commercial Industrial Church Other:	Multi-use

If the property is residen	tial, type? (Circle appropria	ate response)
Ranch Raised Ranch Cape Cod Duplex Modular	2-Family Split Level Contemporary Apartment House Log Home	3-Family Colonial Mobile Home Townhouses/Condos Other:
If multiple units, how ma	ny?	
If the property is comme	rcial, type?	
Business Type(s) W	itar proofing contr	If yes, how many?
Does it include resider	nces (i.e., multi-use)? Y/	If yes, how many?
Number of floors +	Ind floor Zlondings in back i	office space
Is the building insulate		air tight? Tight / Average / Not Tight
4. AIRFLOW		
Use air current tubes or t	racer smoke to evaluate ai	rflow patterns and qualitatively describe:
Airflow near source		
Outdoor air infiltration Through shop de		
Infiltration into air ducts		

5. BASEMENT AND CONSTRU	CHON CHARA	CTERISTICS	(Circle all that a	pply) NO Ba
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 finish	ned
j. Sump present?	(Ý)/N (T	oncheliain	along N wa	elofshop, not
k. Water in sump? Y/N	Ny not applicable		1	- 00 >000 1,000
Minor cracks in floor				
Minor cracks in Moor in Shop 6. HEATING, VENTING and AIF Forced air Gur furnace of Type of heating system(s) used in the (Hot air circulation) Space Heaters	CONDITIONI Soc front de la character pump Stream radiation	NG (Circle all the Hole all that apply the Work Mot won Radia	nat apply) y – note primar rater baseboard nt floor	long floortran
Minor cracks in floor in Shop 6. HEATING, VENTING and AII Forced air Gar furnace of Type of heating system(s) used in the Space Heaters Electric baseboard	CONDITIONI To front of the charge Heat pump	NG (Circle all the Hole all that apply the Work Mot won Radia	nat apply) y – note primar rater baseboard	long Aportran
Minor cracks in Moor Shop 6. HEATING, VENTING and AIF Forced air for furnace of Type of heating system(s) used in the Space Heaters Electric baseboard The primary type of fuel used is:	CONDITIONI Cont of the second state of the se	NG (Circle all the Hole all that apply the Work Mot won Radia	nat apply) y – note primar rater baseboard nt floor	long floortran
Minor cracks in floor in Shop 6. HEATING, VENTING and AII Forced air Gar furnace of Type of heating system(s) used in the Space Heaters Electric baseboard	CONDITIONI Soc front de la character pump Stream radiation	NG (Circle all the Hole all that apply the Work Mot won Radia	nat apply) y – note primary rater baseboard nt floor oor wood boiler	long floortran
Minor cracks and Moor Shop 6. HEATING, VENTING and AII Forced are for furnace of Type of heating system(s) used in the Shop of Space Heaters Electric baseboard The primary type of fuel used is: Natural Gas Electric	CONDITIONI Stream radiation Wood stove Fuel Oil Propane Coal	NG (Circle all the Color of the	nat apply) y – note primary rater baseboard nt floor oor wood boiler	long floortran
Minor cracks in Moor on Shop 6. HEATING, VENTING and AIF Forced air Gur furnace of Type of heating system(s) used in the Space Heaters Electric baseboard The primary type of fuel used is: Natural Gas Electric Wood	RCONDITIONI To front de la characte	NG (Circle all the Color of Radia Outdook Solar	nat apply) y – note primar ater baseboard nt floor oor wood boiler ene	long floortran

Are	there	air	distribution	ducts	present?
1110	uicic	***	uisti ibution	uucts	present.

ŶŊN		Frontoffice
	en	tromoffice

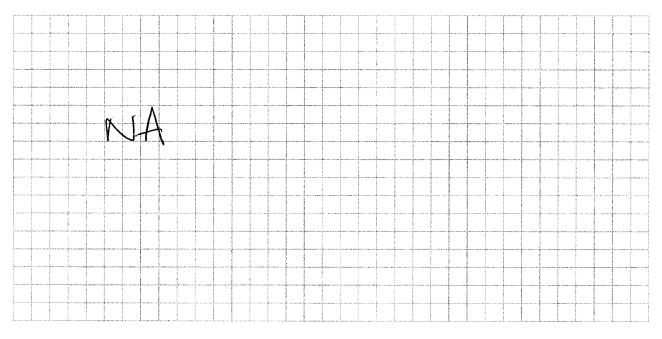
Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

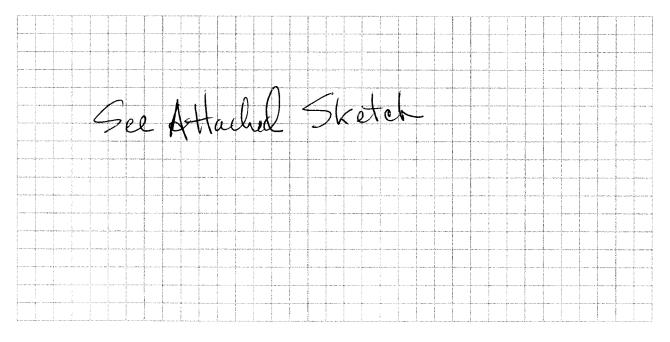
Above ceding panels in front office sp	Pace
7. OCCUPANCY	
Is basement/lowest level occupied? (Full-time) Occ	casionally Seldom Almost Never
Level General Use of Each Floor (e.g., familyro	oom, bedroom, laundry, workshop, storage)
Basement NA	· · · · · · · · · · · · · · · · · · ·
• • • • • • • • • • • • • • • • • • • •	nuercial water peopling business
2 nd Floor 3 rd Floor	
4 th Floor	
8. FACTORS THAT MAY INFLUENCE INDOOR AIR	QUALITY
a. Is there an attached garage?	Ŷ/ 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)	(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 / When & Type?
i. Have cosmetic products been used recently?	Y / N When & Type?

j. Has painting/st	aining been done	in the last 6 m	onths? Y/🕅	Where & W	hen?
k. Is there new ca	rpet, drapes or o	ther textiles?	Y / (Where & W	hen?
l. Have air freshe	ners been used r	ecently?	Y /(§)	When & Ty	pe?
m. Is there a kitc	hen exhaust fan?		Y /(N) If yes, where	e vented?
n. Is there a bath	room exhaust fa	n?	Y /(N	If yes, where	e vented?
o. Is there a cloth	es dryer?		Y / (N	If yes, is it v	ented outside? Y / N
p. Has there been	a pesticide appli	cation?	Y(N	When & Typ	pe?
Are there odors i	n the building?		Y / N		
Do any of the build (e.g., chemical manu boiler mechanic, pes	facturing or laboraticide application,	atory, auto mecl cosmetologist	hanic or auto bod	ly shop, paintin	g, fuel oil delivery,
If yes, what types	of solvents are use	ed? PVC p	se primer +	glue	
If yes, are their clo			YN)	
Yes, use dry	ing occupants regularly cleaning infreque a dry-cleaning series	y (weekly) ntly (monthly o	·		Circle appropriate field workes for thise & y
Is there a radon mit Is the system active	tigation system fo or passive?	or the building/ Active/Passiv	structure? Y //1	Date of Insta	ıllation:
9. WATER AND SI	EWAGE				
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	N (for oil spill 1	residential emer	gency)	
a. Provide reaso	ons why relocation	n is recommen	ded:		
b. Residents cho	ose to: remain in	home reloc	eate to friends/far	nily reloc	eate to hotel/motel
c. Responsibility	for costs associa	ted with reimb	oursement expla	ined? Y/N	1
d. Relocation na	ckage provided a	ınd evnlained (to residents?	V/N	Ţ

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:

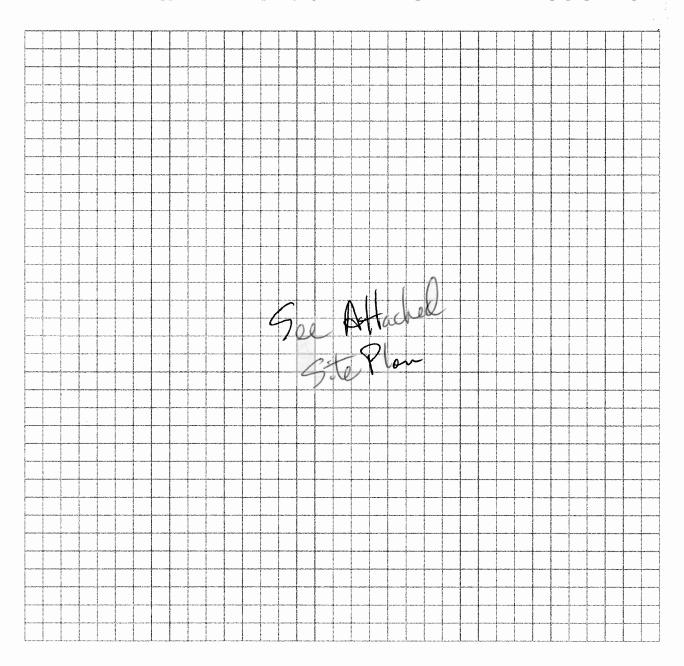




12. OUTDOOR PLOT

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

111

Make & Model of field instrument used: pp RAE 3000

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
Landing		Igall	U	Majimun VOC = Sog/L No rocognized TOL compounds TEX, TPB (124)	0,41ppm	Y
intack orline	Fast cure xpoxybise	Zgell	u			Y
10 61	Fast exectory conve	其	ч	(TMB, etc)	16	Y
	Production block	fille		Vinylacoulic resin	t i	
	C2 Syall on puts					
Bithroom	- Handsoap	_	-	?	8,28	N
NWcom	er Antifreeze	29	U	1 Typical constituents too		У
ofshop	Power staring flui	lla	U	numerous to list		
, (l	Semi-glossenewel	1 /	U			
1	Hydraulie oil	Zq	α			
	Convicte bonding	19	n			
	Column (?)	19	u	Ambient PID in back of	lice space	2
	ancrete Sculor	19	U	surrounding AM-SVIA 1.	t = 0.37-0	0,40 ppm
	Conviete cleaner	19	U			
	Motoroil	19+	u	Ambient PID in Sh	op = 0.3	Sppin
	PVC glue	lat	u		•	-1
A	Mirerel apirita	1gd	u			
Validest	Diesel fuel		in fuel treates	1		

* 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.

SE courre Fuel & Fuel Rons

Se courre of shop

Jar-vasod mastic

on east wall of shop

and gas can

Prisections SIS Voil Spills Guidance Docs VOSR-3, doc

In values - PVC glue + PVC princer - Primer contains

- Cault (masonry creds fills)

Ace tone, HEK, total hydrofuran, Gelohe varione

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.

and the second	. 1.1 /1.			1 1
Preparer's Name O	n Wells		Date/Time Prepared _	44/2013
Preparer's Name Preparer's Affiliation	<u> tantec</u>		Phone No	
Purpose of Investigation	SVI A	55e 55 west	+, FAHSFS	ite
1. OCCUPANT:				
Interviewed: (Y/N				
Last Name: Merica		First Name: Jo	shn	
Address: Pulsatee	ler			
County:				
Home Phone:	Offi	ce Phone:		
Number of Occupants/perso				
Occussionallo	H -on & RD: (Check if s	adou for to same as occupant	ene hour	
Interviewed: Y/N	ist and	licabla		
Interviewed: Y/N Last Name:	To appropriate	First Name:		
Address:				
County:				
Home Phone:	Off	ice Phone:		
3. BUILDING CHARACT	ERISTICS			
Type of Building: (Circle ap	opropriate respo	nse)		
Residential Industrial	School Church	Commercial/N	Multi-use	

if the property is resident	iai, type? (Circle appropris	ate response)
Ranch Raised Ranch Cape Cod	2-Family Split Level Contemporary	3-Family Colonial Mobile Home
Duplex Modular	Apartment House Log Home	
If multiple units, how mar	ıy?	
If the property is commer	· • •	
Business Type(s)	ulsafæder war	Now operation If yes, how many?
Does it include residen	ces (i.e., multi-use)? Y	If yes, how many?
Other characteristics:		
Number of floors	Builc	ling age
Is the building insulated	1? Y / N How	air tight? Tight / Average / Not Tight
4. AIRFLOW		for an industrial faulty
Use air current tubes or ta	acer smoke to evaluate a	ા નુક લ લુદ irflow patterns and qualitatively describe:
Airflow between floors		
Airflow near source		
Outdoor air infiltration At landing de	ock	
Infiltration into air ducts		

5.	BASEMENT AND CONST	TRUC'I	TION C	HARA	CTERIS	TICS (C	Circle all that ap	ply)	
	a. Above grade constructio	n:	wood f	rame	concrete	e)	stone	brick	
	b. Basement type:		full		crawlsp	ace	slab	other NONE	
	c. Basement floor:		concre	te	dirt		stone	other	
	d. Basement floor:		uncove	ered	covered	I	covered with _		
	e. Concrete floor:		unseale	ed	sealed		sealed with	<u>.</u>	
	f. Foundation walls:		poured	l	block		stone	other	
	g. Foundation walls:		unseale	ed	sealed		sealed with		
	h. The basement is:		wet		damp		dry	moldy	
	i. The basement is:		finishe	d	unfinisł	ned	partially finished	ed	
	j. Sump present?		Y/N						
	k. Water in sump?	Y / N /	not app	licable					
Bas	ement/Lowest level depth b	elow g	rade: _		(feet)				
Ide	ntify potential soil vapor en	try poi	ints and	approx	imate siz	ze (e.g.,	cracks, utility	ports, drains)	
	Floor slab	45	CON	stru	Tion	~jr	at		
	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 Space Heaters Electric baseboard		Wood	radiatio		Radian	or wood boiler	Other	
The	Hountal in appear	e (fre is:	nura i	e we	re hou	no si	Da Ce		
	Natural Gas Electric Wood		Fuel O Propan Coal			Kerose Solar	ne		
Do	mestic hot water tank fueled	l by: _	None	•			-		
Boi	ler/furnace located in:	Basem	ent	Outdo	ors	Main F	loor	Other	
Air	conditioning:	Centra	l Air	Windo	w units	Open V	Vindows	None	

Are there air distribution ducts present?

Y/N

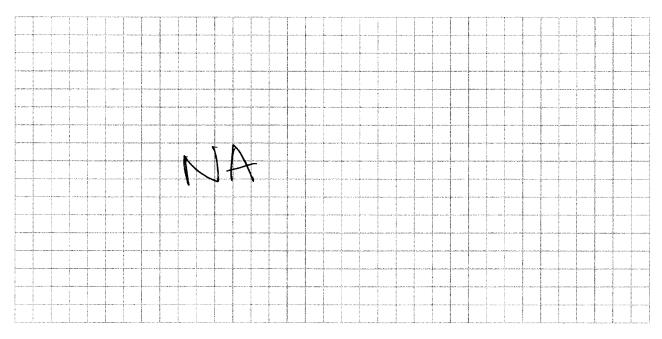
Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

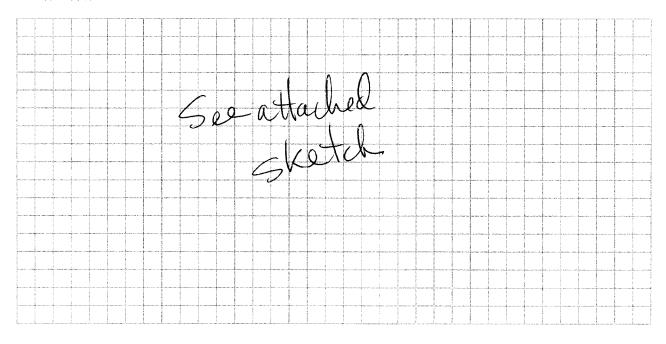
Noi	Two forced are gas fired	I heaters heat	lus spul
7. OCCUI	PANCY		
		sionally Seldom Al	most Never
<u>Level</u>	General Use of Each Floor (e.g., familyroo	om, bedroom, laundry, work	shop, storage)
Basement 1 st Floor 2 nd Floor 3 rd Floor 4 th Floor	Nowhouse anscriped en	mest once a week day	fort I hour by
	RS THAT MAY INFLUENCE INDOOR AIR (DUALITY	
	e an attached garage?	Y /(Ñ)	
b. Does th	ne garage have a separate heating unit?	Y / N /(ÑA)	
	troleum-powered machines or vehicles in the garage (e.g., lawnmower, atv, car)	Y/N/NA Please specify	
d. Has the	e building ever had a fire?	Y (N) When?	
e. Is a ker	rosene 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	e smoking in the building?	Y (N) How frequently?_	
h. Have c	leaning products been used recently?	Y/N When & Type? _	
i. Have co	osmetic products been used recently?	Y (N) When & Type?	

j. Has painting/sta	ining been done i	n the last 6 mo	nths? Y/N	Where & Wh	en?		
k. Is there new car	pet, drapes or ot	her textiles?	Y/N	Where & Wh	en?		
l. Have air freshen	ers been used red	cently?	Y/Ň	When & Typ	e?		
m. Is there a kitch	en exhaust fan?				vented?		
n. Is there a bathr	oom exhaust fan	Y /(N)	Y/(N) If yes, where vented?				
o. Is there a clothe	s dryer?		Y /(N)	If yes, is it ve	ented outside? Y / N		
p. Has there been	a pesticide applic	ation?	Y/N	When & Typ	e?		
Are there odors in If yes, please desc			Y/(N))			
Do any of the building (e.g., chemical manuf boiler mechanic, pesti	acturing or labora icide application, o	tory, auto mech cosmetologist	anic or auto body				
If yes, what types o	of solvents are used	d? aint	huner ava	ilable, in	ot used regular		
If yes, are their clot	thes washed at wo	rk?	Y / N				
Do any of the building response)	ng occupants reg	ularly use or w	ork at a dry-clea	aning service?	(Circle appropriate		
Yes, use dry-	cleaning regularly cleaning infrequer a dry-cleaning ser	ntly (monthly or	less)	No Únknown)		
Is there a radon miti Is the system active o	igation system for passive?	r the building/s Active/Passive	tructure? Y/N	Date of Insta	llation:		
9. WATER AND SE	WAGE						
Water Supply:	Public Water	Drilled Well	Driven Well	Dug Well	Other: NA		
Sewage Disposal:	Public Sewer	Septic Tank	Leach Field	Dry Well	Other: NA		
10. RELOCATION	INFORMATION	V (for oil spill r	esidential emerg	gency)			
a. Provide reaso	ns why relocation	ı is recommend	led:				
b. Residents cho	ose to: remain in	home reloc	ate to friends/fam	nily reloc	cate to hotel/motel		
c. Responsibility	for costs associa	ted with reimb	ursement explai	ned? Y/N	7		
d. Relocation pa	ckage provided a	and explained t	o residents?	Y / 1	V		

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:

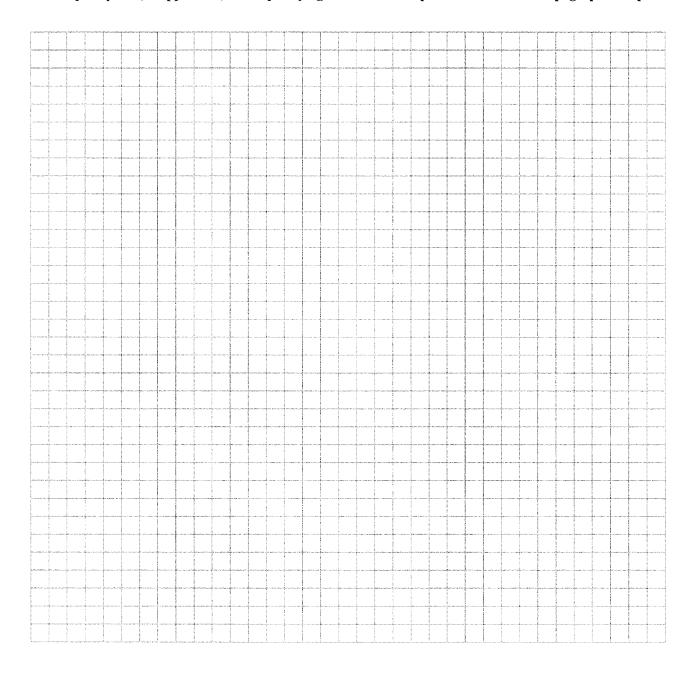




12. OUTDOOR PLOT

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: PP + RAE 3000, 11. 7eV Lamp, FADO 509

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
Cabinet	Spray Paint	3		(See 3rd row-some)	0.267pm	Y
τ(Paint Things	1 gal	U (Goal)	Petroleum Distillates	ιl	Y
Dosk	Spray Paint	ユ	coodu	Acetore, Ethylbersone xylene	0.35	Y
Dram	Spray Paint Paint Thinker Spray Paint Propyless Olycol SPS-PG98			Toluene, Ethylpersone xylene Arabone, MEK, Hayana Dropale, Butere Propylane Glycol Walere Dipotassium Phosphate	0.26	Y
	SPS - PG98)		Dipotassium phosphate		
				PIV at SSV/IA		
				PIV at SSV/IA Sampling location =	0.44 PP 1	n
				Ambient outdoor Pr	D=0.17	pm
			· · · · · · · · · · · · · · · · · · ·		į	1
			_			

^{*} 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.

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PAINT CANS

(ma)

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.

This form must be completed for each residence involved in indoor air testing.
Preparer's Name TowWells Date/Time Prepared 4/4/13 10:00
Preparer's Affiliation Starte Phone No
Purpose of Investigation SVI Assessment for BCP Remedial Investigation of FAHSF Site
1. OCCUPANT: FORMER LOCKWOOD SPACE
Interviewed: Y/N NOW UNOCCUPIED
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(Not Applicable)
Interviewed: Y/N Not Applicable Last Name:First Name:
Address:
County:
Home Phone: Office Phone:
3. BUILDING CHARACTERISTICS
Type of Building: (Circle appropriate response)

Residential School Industrial (formerly) Church

Commercial/Multi-use
Other: Vacant currently

If the property is resident	tial, type? (Circle appropria	ate response)	
Ranch Raised Ranch	2-Family	3-Family	
Cape Cod	Split Level Contemporary	Colonial Mobile Home	
Duplex	Apartment House	Townhouses/Condos	
Modular	Log Home	Other:	
If multiple units, how man	ny?		
If the property is commer	cial, type?		
Business Type(s) V_0	acout		
Does it include residen	ces (i.e., multi-use)? Y/	If yes, how many?	
Other characteristics:			
Number of floors l	Build	ing age	
Is the building insulated	d(Y) N How	air tight? Tight / Average / Not Tight	
4. AIRFLOW		- The Admir to the Control of the Co	
Use air current tubes or to	racer smoke to evaluate a	irflow patterns and qualitatively describe:	•
		rando quanto de mostro	·
Airflow between floors			
Airflow near source			
NA			
Outdoor air infiltration			
At garage door			
Infiltration into air ducts			
NA			

		3								
5. BASEMENT AND CONS	(entra un un appa)									
NO BAGENE, a. Above grade constructi	NT wood	frame cond	crete stone	brick						
b. Basement type:	full	crav	vIspace slab	other None						
c. Basement floor:	concre	ete dirt	stone	other						
d. Basement floor:	uncov	ered cove	ered covere	ed with						
e. Concrete floor:	unseal	led seal	ed sealed	with						
f. Foundation walls:	poure	d bloc	k stone	other						
g. Foundation walls:	unseal	led seal	ed sealed	with						
h. The basement is:	wet	dam	p dry	moldy						
i. The basement is:	finishe	ed unfi	nished partia	lly finished						
j. Sump present?	Y / N									
k. Water in sump?	Y / N / not app	olicable								
Basement/Lowest level depth	below grade: _	(feet)								
Identify potential soil vapor e	ntry points and	l approximate	e size (e.g., cracks	, utility ports, drains)						
Floor slut has const.	ruction jo	ints, Cou	more aguip	ment pads,						
and minor floo	or cracks	L								
6. HEATING, VENTING an	d AIR COND	ITIONING (C	Sircle all that apply)						
Type of heating system(s) used	d in this buildi	ng: (circle all		•						
Hot air circulation Space Heaters Electric baseboard	Heat p Stream Wood	oump n radiation	Hot water base Radiant floor Outdoor wood							
The primary type of fuel used	is: It									
Natural Gas Electric Wood	Fuel C Propar Coal		Kerosene Solar							
Domestic hot water tank fuele	d by: Flee	luc	/	. Above						
Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other						
Air conditioning:	Central Air	Window uni	ts Open Window	None None						

			_	_
Are there	air	distribution	ducts	present?

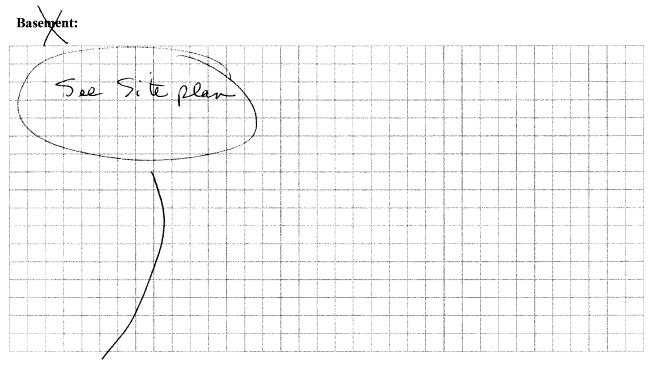


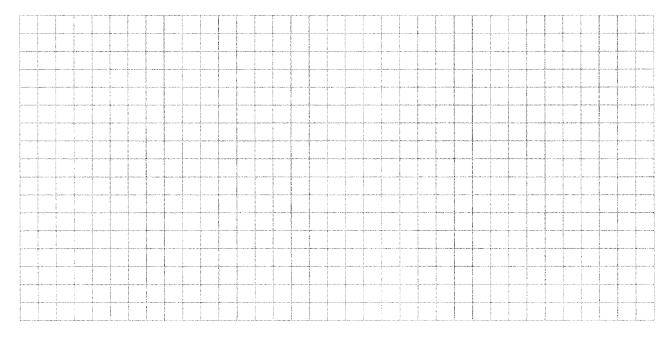
Describe the supply and cold air return ductwork, and its condition where visible, including whether

there is a cold air return and the tightness of duct joints. In diagram.	ndicate the locations on the floor plan
19-40 - L	
7. OCCUPANCY CURRENTLY VACANT	
Is basement/lowest level occupied? Full-time Occa	sionally Seldom Almost Never
Level General Use of Each Floor (e.g., familyroo	om, bedroom, laundry, workshop, storage)
Basement NA	
1st Floor Vacont	
2 nd Floor	
3 rd Floor	
4 th Floor	
8. FACTORS THAT MAY INFLUENCE INDOOR AIR (a. Is there an attached garage? " unleated."	QUALITY Q'IN
b. Does the garage have a separate heating unit?	Y / Ø / NA
c. Are petroleum-powered machines or vehicles	Y /N) NA
stored in the garage (e.g., lawnmower, atv, car)	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?

i IIaa naintinalat	haimin a haam dama in Aba lant (
-	taining been done in the last 6 months?	
k. Is there new ca	arpet, drapes or other textiles?	Y/N Where & When?
l. Have air freshe	eners been used recently?	Y / When & Type?
m. Is there a kitch	hen exhaust fan?	Y/(N) If yes, where vented?
n. Is there a bath	nroom exhaust fan?	Y/(N) If yes, where vented?
o. Is there a cloth	nes dryer?	Y/N If yes, is it vented outside? Y
p. Has there been	a pesticide application?	Y (N) When & Type?
Are there odors in If yes, please des		Y (N)
(e.g., chemical manu	ing occupants use solvents at work? affacturing or laboratory, auto mechanic of ticide application, cosmetologist	Y/N (NA) r auto body shop, painting, fuel oil delive
If yes, what types	of solvents are used?	
Do any of the buildi	ing occupants regularly use or work at	Y/N a dry-cleaning service? (Circle appropr
Do any of the buildi response) Yes, use dry- Yes, use dry- Yes, work at Is there a radon mit	ing occupants regularly use or work at continuous cleaning regularly (weekly) -cleaning infrequently (monthly or less) a dry-cleaning service tigation system for the building/structu	No Unknown
Do any of the buildi response) Yes, use dry- Yes, use dry- Yes, work at Is there a radon mit Is the system active	cleaning regularly (weekly) -cleaning infrequently (monthly or less) a dry-cleaning service tigation system for the building/structuor passive? Active/Passive	No Unknown
Do any of the buildi response) Yes, use dry- Yes, use dry- Yes, work at Is there a radon mit Is the system active	ing occupants regularly use or work at -cleaning regularly (weekly) -cleaning infrequently (monthly or less) a dry-cleaning service tigation system for the building/structu or passive? Active/Passive	No Unknown
Do any of the buildiresponse) Yes, use dry- Yes, use dry- Yes, work at Is there a radon mit Is the system active 9. WATER AND SE Water Supply:	cleaning regularly (weekly) -cleaning infrequently (monthly or less) a dry-cleaning service tigation system for the building/structu or passive? Active/Passive EWAGE Public Water Drilled Well Driv	No Unknown Ter? Y/N Date of Installation:
Do any of the buildiresponse) Yes, use dry- Yes, use dry- Yes, work at Is there a radon mit Is the system active 9. WATER AND SE Water Supply: Sewage Disposal:	cleaning regularly (weekly) -cleaning infrequently (monthly or less) a dry-cleaning service tigation system for the building/structu or passive? Active/Passive EWAGE Public Water Drilled Well Driv	No Unknown The Well Dug Well Other: The Property of The State of The
Do any of the buildiresponse) Yes, use dry- Yes, use dry- Yes, work at Is there a radon mit Is the system active 9. WATER AND SE Water Supply: Sewage Disposal: 10. RELOCATION	cleaning regularly (weekly) -cleaning infrequently (monthly or less) a dry-cleaning service tigation system for the building/structu or passive? Active/Passive EWAGE Public Water Drilled Well Driv Public Sewer Septic Tank Lead	No Unknown Ten Well Dug Well Other: The Field Dry Well Other: Tial emergency)
Do any of the buildiresponse) Yes, use dry- Yes, use dry- Yes, work at Is there a radon mit Is the system active 9. WATER AND SE Water Supply: Sewage Disposal: 10. RELOCATION a. Provide reaso	cleaning regularly (weekly) -cleaning infrequently (monthly or less) a dry-cleaning service tigation system for the building/structuor passive? Active/Passive EWAGE Public Water Drilled Well Drive Public Sewer Septic Tank Lead INFORMATION (for oil spill resident ons why relocation is recommended:	No Unknown Ten Well Dug Well Other: The Field Dry Well Other: Tial emergency)
Do any of the buildiresponse) Yes, use dry- Yes, use dry- Yes, work at Is there a radon mit Is the system active 9. WATER AND SE Water Supply: Sewage Disposal: 10. RELOCATION a. Provide reaso b. Residents cho	cleaning regularly (weekly) -cleaning infrequently (monthly or less) a dry-cleaning service tigation system for the building/structuor passive? Active/Passive EWAGE Public Water Drilled Well Drive Public Sewer Septic Tank Lead INFORMATION (for oil spill resident ons why relocation is recommended:	No Unknown The Well Dug Well Other: The Field Dry Well Other:

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.

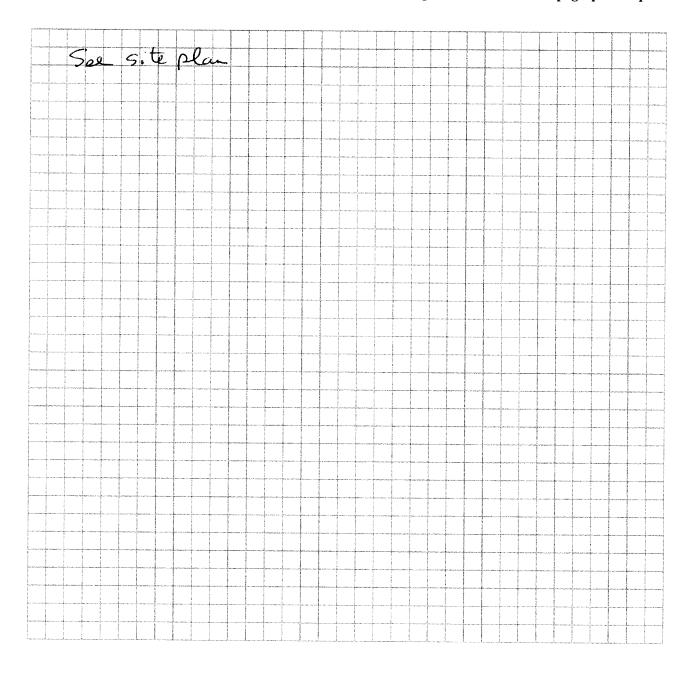


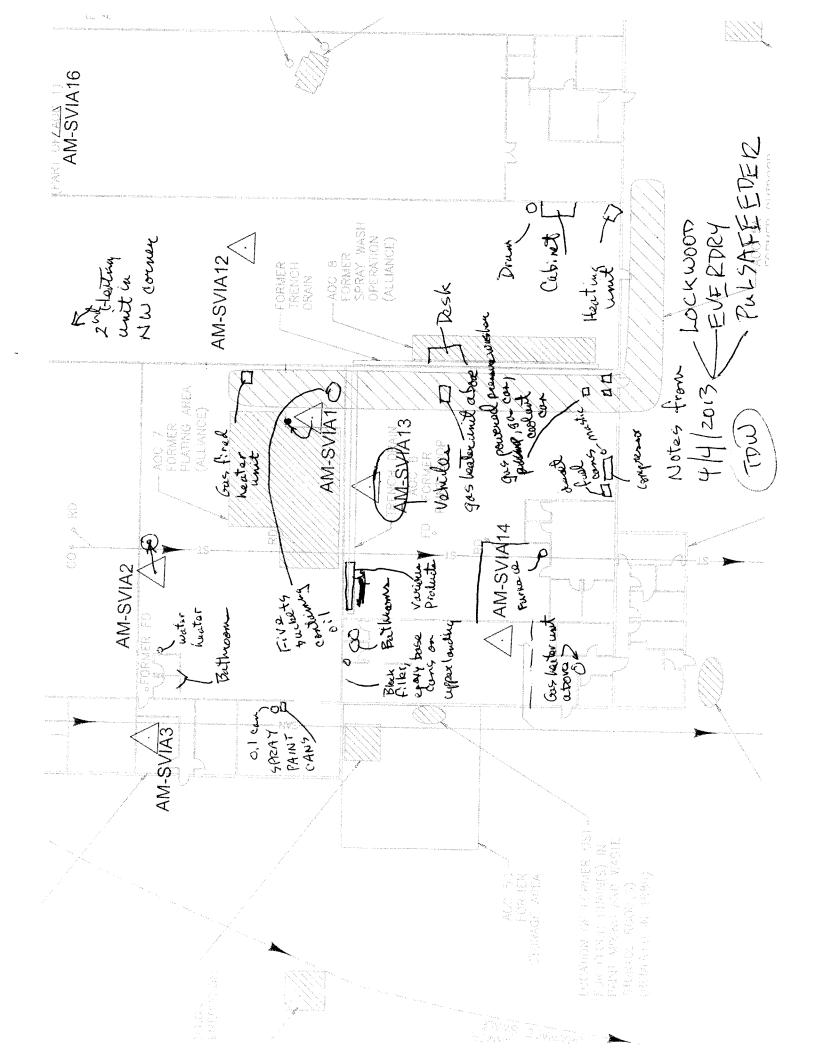


12. OUTDOOR PLOT

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.





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.

7.	unde			41.11.	7 110	Δ -
Preparer's Name Tow			Date/Time Prepar			Upm
Preparer's Affiliation	Startie		Phone No.		<u>-</u>	
Purpose of Investigation	Sut comb	onaut of	RIdFA	MSF	site	
1. OCCUPANT: UN	JOCCUPE	> SPAC	CE (SVIA-15	AND S	V1A-16	Locationes
Interviewed: Y/N						•
Last Name:		First Name:				
Address:						
County:						
Home Phone:	Offic	e Phone:				
Number of Occupants/pers	sons at this location	1 A	ge of Occupants			
2. OWNER OR LANDLO	ORD: (Check if sa	ame as occupar	nt)			
Interviewed: Y/N	Vot Applica	eble				
Last Name:						
Address:						
County:						
Home Phone:	Office	ce Phone:				
3. BUILDING CHARAC	TERISTICS					
Type of Building: (Circle	appropriate respon	nse)				
Residential Industrial	School Church	Commerci Other: V A	al/Multi-use			

If the property is residential, t	ype? (Circle appropriate	response) NA
Ranch Raised Ranch Cape Cod Duplex Modular	2-Family Split Level Contemporary Apartment House Log Home	3-Family Colonial Mobile Home Townhouses/Condos Other:
If multiple units, how many? _	NA	
If the property is commercial,	type?	
Business Type(s)	A	
Does it include residences (i.e., multi-use)? Y/N	If yes, how many?
Other characteristics:		
Number of floors	Buildin	g age
Is the building insulated? Y	/ N How ai	r tight? Tight Average / Not Tight
4. AIRFLOW		
	: smoke to evaluate air	flow patterns and qualitatively describe:
Airflow near source		
Outdoor air infiltration At over head 20015	at south end of	algored boy to East
Infiltration into air ducts		

	;	3		
5. BASEMENT AND CONSTRUC	CTION CHARA	CTERISTICS	(Circle all that ap	oply) NO Buser
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 finish	ned
j. Sump present?	Y/N			
k. Water in sump? Y/N	/ not applicable			
Basement/Lowest level depth below	grade:	_(feet)		
Flore slab scams a			•	
6. HEATING, VENTING and AIR Type of heating system(s) used in th		·		y)
Hot air circulation Space Heaters Electric baseboard	Heat pump Stream radiati Wood stove	ion Radia	water baseboard ant floor oor wood boiler	Other
The primary type of fuel used is:				
Natural Gas Electric Wood	Fuel Oil Propane Coal	Kero Solar		
Domestic hot water tank fueled by:	NA			
Boiler/furnace located in: NA Baser	ment Outdo	oors Main	Floor	Other
Air conditioning: NA Centr	al Air Wind	ow units Onen	Windows	None

Are	there	air	distribution	ducts	present?
	the c	***	MIDUITORUVII	the to	DI COCIII.

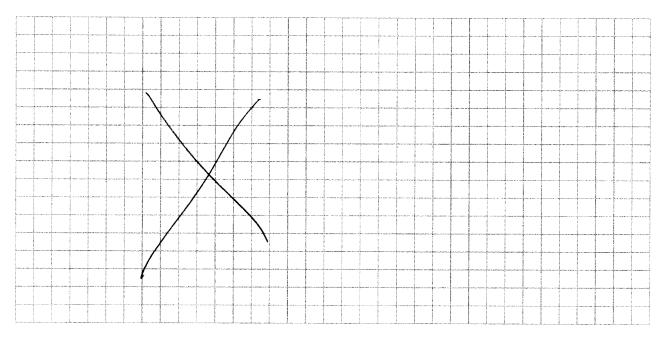


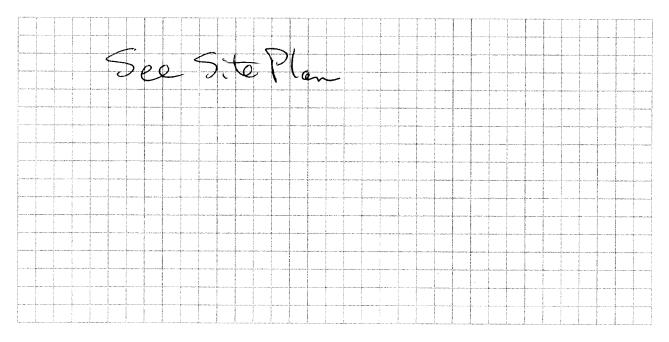
- No C				
			- B7944	
and the state of t				
7. OCCUPANCY	UNOCCUPIED			
Is basement/lowest le	evel occupied? Full-time	Occasionally	Seldom	Almost Neve
Level Gene	ral Use of Each Floor (e.g., fam	·	om, laundry, w	orkshon, stor:
	Total Total	ary room, sour	J. 100 100 100 100 100 100 100 100 100 10	JANSHOP, SCOT
Basement				
1 st Floor				
2 nd Floor				
3 rd Floor				
4 th Floor				
4 th Floor				
	F MAY INFLUENCE INDOOR	AIR QUALITY	7	
		AIR QUALITY	Y (N)	
8. FACTORS THAT a. Is there an attac		AIR QUALITY	Y (Ñ) Y/N/(ÑA)	
8. FACTORS THAT a. Is there an attac b. Does the garage c. Are petroleum-p	ched garage? have a separate heating unit? powered machines or vehicles	AIR QUALITY	Y (N) Y/N/(NA) Y/N/(NA)	
8. FACTORS THAT a. Is there an attac b. Does the garage c. Are petroleum-p stored in the gar	ched garage? have a separate heating unit? powered machines or vehicles rage (e.g., lawnmower, atv, car)	AIR QUALITY	Y N NA Y/N/NA Y/N/NA Please specify_	
8. FACTORS THAT a. Is there an attac b. Does the garage c. Are petroleum-p stored in the gar d. Has the building	ched garage? have a separate heating unit? powered machines or vehicles rage (e.g., lawnmower, atv, car)		Y N / NA Y / N / NA Please specify_ Y / N When?	
8. FACTORS THAT a. Is there an attac b. Does the garage c. Are petroleum-p stored in the gar d. Has the building e. Is a kerosene or	ched garage? have a separate heating unit? powered machines or vehicles rage (e.g., lawnmower, atv, car) g ever had a fire? unvented gas space heater prese	ent?	Y N / NA Y / N / NA Please specify Y / N When?	?
8. FACTORS THAT a. Is there an attac b. Does the garage c. Are petroleum-p stored in the gar d. Has the building e. Is a kerosene or	ched garage? have a separate heating unit? powered machines or vehicles rage (e.g., lawnmower, atv, car) g ever had a fire? unvented gas space heater presented or hobby/craft area?	nt? Y /♥∫	Y N / NA Y / N / NA Please specify_ Y / N When? Y / N Where	??

5	
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/NWhen & Type?
Are there odors in the building? If yes, please describe:	Y /(Ñ)
Do any of the building occupants use solvents at work? (e.g., chemical manufacturing or laboratory, auto mechanic or a boiler mechanic, pesticide application, cosmetologist	Y/N NA nuto body shop, painting, fuel oil delivery,
If yes, what types of solvents are used?	
If yes, what types of solvents are used? If yes, are their clothes washed at work?	Y/N
	Y/N dry-cleaning service? (Circle appropriate No Unknown
If yes, are their clothes washed at work? Do any of the building occupants regularly use or work at a response) Yes, use dry-cleaning regularly (weekly) Yes, use dry-cleaning infrequently (monthly or less) Yes, work at a dry-cleaning service Is there a radon mitigation system for the building/structur is the system active or passive? Active/Passive	Y/N dry-cleaning service? (Circle appropriate No Unknown
If yes, are their clothes washed at work? Do any of the building occupants regularly use or work at a response) Yes, use dry-cleaning regularly (weekly) Yes, use dry-cleaning infrequently (monthly or less) Yes, work at a dry-cleaning service Is there a radon mitigation system for the building/structur is the system active or passive? Active/Passive 9. WATER AND SEWAGE	Y/N dry-cleaning service? (Circle appropriate No Unknown e? Y N Date of Installation:
If yes, are their clothes washed at work? Do any of the building occupants regularly use or work at a response) Yes, use dry-cleaning regularly (weekly) Yes, use dry-cleaning infrequently (monthly or less) Yes, work at a dry-cleaning service Is there a radon mitigation system for the building/structur is the system active or passive? Active/Passive 9. WATER AND SEWAGE Water Supply: Public Water Drilled Well Drive	Y/N dry-cleaning service? (Circle appropriate No Unknown
If yes, are their clothes washed at work? Do any of the building occupants regularly use or work at a response) Yes, use dry-cleaning regularly (weekly) Yes, use dry-cleaning infrequently (monthly or less) Yes, work at a dry-cleaning service Is there a radon mitigation system for the building/structur is the system active or passive? Active/Passive 9. WATER AND SEWAGE Water Supply: Public Water Drilled Well Drive	Y/N dry-cleaning service? (Circle appropriate No Unknown e? Y N Date of Installation: n Well Dug Well Other: Field Dry Well Other:
If yes, are their clothes washed at work? Do any of the building occupants regularly use or work at a response) Yes, use dry-cleaning regularly (weekly) Yes, use dry-cleaning infrequently (monthly or less) Yes, work at a dry-cleaning service Is there a radon mitigation system for the building/structur Is the system active or passive? Active/Passive 9. WATER AND SEWAGE Water Supply: Public Water Drilled Well Drive Sewage Disposal: Public Sewer Septic Tank Leach	Y/N dry-cleaning service? (Circle appropriate No Unknown e? Y N Date of Installation: in Well Dug Well Other: a Field Dry Well Other: al emergency)
Do any of the building occupants regularly use or work at a response) Yes, use dry-cleaning regularly (weekly) Yes, use dry-cleaning infrequently (monthly or less) Yes, work at a dry-cleaning service Is there a radon mitigation system for the building/structur is the system active or passive? Active/Passive 9. WATER AND SEWAGE Water Supply: Public Water Drilled Well Drive Sewage Disposal: Public Sewer Septic Tank Leach	Y/N dry-cleaning service? (Circle appropriate No Unknown e? Y N Date of Installation: n Well Dug Well Other: Field Dry Well Other: al emergency)
Do any of the building occupants regularly use or work at a response) Yes, use dry-cleaning regularly (weekly) Yes, use dry-cleaning infrequently (monthly or less) Yes, work at a dry-cleaning service Is there a radon mitigation system for the building/structur is the system active or passive? Active/Passive 9. WATER AND SEWAGE Water Supply: Public Water Drilled Well Drive Sewage Disposal: Public Sewer Septic Tank Leach 10. RELOCATION INFORMATION (for oil spill residenting a. Provide reasons why relocation is recommended:	Y/N dry-cleaning service? (Circle appropriate No Unknown e? Y N Date of Installation: n Well Dug Well Other: Field Dry Well Other: al emergency) ends/family relocate to hotel/motel

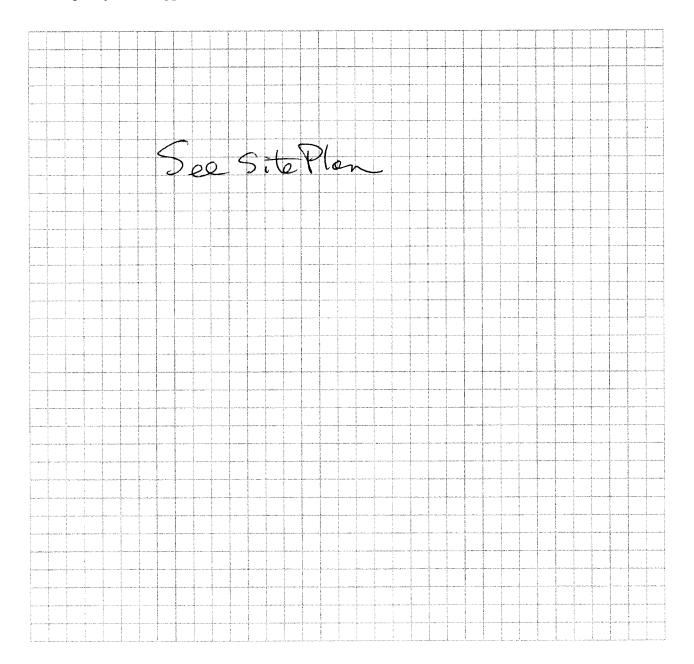
Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

Basement:





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.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used:	DD KAL S	5000
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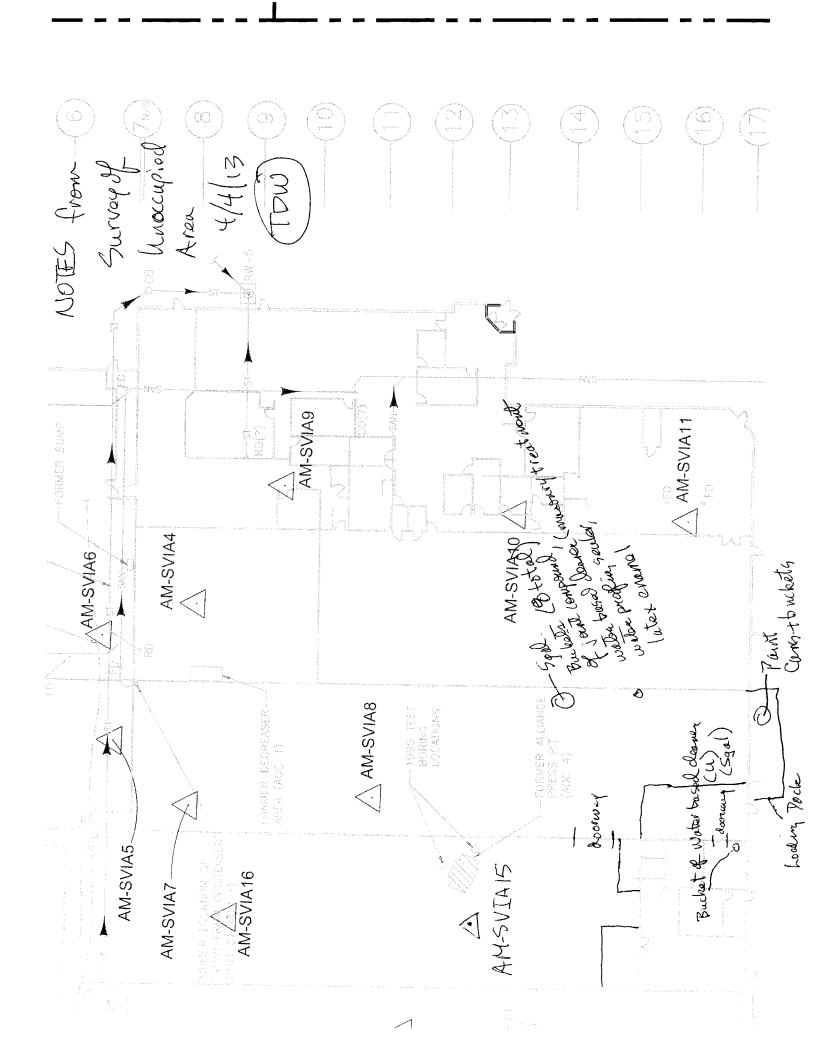
List specific products found in the residence that have the potential to affect indoor air quality.

Ambient PID +	weoughtout space = 0.00
---------------	-------------------------

/ / ncries	\sim \sim	0 0 1				
Product Description	Size (units)	Condition*	Chemical Ing	redients	Field Instrument Reading (units)	Photo ** Y/N
PRODUCTS 11	J < (BJEC	T SPACE			
·	:					
				thing is an a bear added with disable when are a constitute in the state of the sta		
Refer tomap	for	localion	and notes	e of		
products:	n ad	incent a	ouce.	V		
		7				
				, , ,		
	Product Description PRODUCTS 1	Product Description Size (units) PRODUCTS 1 N SC	Product Description Size (units) Condition* PRODUCTS 1 N SUBJECT	Product Description Size (units) Condition* Chemical Ing PRODUCTS 1 N SUBJECT SPACE	Product Description Size Condition* Chemical Ingredients	Product Description Size (units) Condition* Chemical Ingredients Reading (units) PRODUCTS 1 N SUBJECT SPACE

^{*} 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.



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.

e amongres - 14	111	(1	1/1/2
Preparer's Name OM	wells	_ Date/Time Prepared	14/13/11/45
Preparer's Affiliation	Hantec	Phone No	
Purpose of Investigation_	SVI Assessment for	BCP Remedial	Investigation ?
1. OCCUPANT: UK	JIVERSAL EQUIPHEN	JT - SHOP/STO	RAGE SPACES
Interviewed: 🕜 / N	OWNER (did not got,	(est name)	
Last Name:	First Name:	way	_
Address:			_
County:			
Home Phone:	Office Phone:		۸.
Number of Occupants/per	sons at this location Ag	e of OccupantsAM	ult_
2. OWNER OR LANDL	ORD: (Check if same as occupant		
Interviewed: Y/N	NotApplicable		
	First Name:		
Address:			_
County:			
Home Phone:	Office Phone:		
3. BUILDING CHARAC	CTERISTICS		
Type of Building: (Circle	e appropriate response)		
Residential	School Commercial	/Multi-use	

If the property is residential,	type? (Circle app	ropriate respons	se)
Ranch	2-Family	3-Fami	
Raised Ranch Cape Cod	Split Level Contemporary	Coloni Mobile	ai e Home
Duplex	Apartment House		nouses/Condos
Modular	Log Home		
If multiple units, how many?			
If the property is commercial	, type? and in	staller	
Business Type(s) Fabrica Does it include residences	ator of conver	IRACE Store	e interiore equipmen
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) /N	How air tight?	Tight / Average Not Tight
4. AIRFLOW			
Use air current tubes or trace	er smoke to evalu	ıate airflow pa	tterns and qualitatively describe:
Airflow between floors			
NA			
	- 400		
A :			
Airflow near source			
Open doorways			
	-1,-7,-	·	
Out do an ain in filtration			
Outdoor air infiltration		1 4	0.0
At overhead doors	large mg	n day 5	pulls
	· · · · · · · · · · · · · · · · · · ·		
, , , , , , , , , , , , , , , , , , ,			
Infiltration into air ducts			
NA			

5. BASE MENT AND CONS	TRUCTION (CHARACTERIS	STICS (Circle all tha	at apply) NO BASE
a. Above grade construction	n: wood	frame (concre	stone	brick
b. Basement type:	full	crawls	pace slab	other
c. Basement floor:	concre	te dirt	stone	other
d. Basement floor:	uncov	ered covere	d covered wi	th
e. Concrete floor:	unseal	ed sealed	sealed with	1
f. Foundation walls:	poured	l block	stone	other
g. Foundation walls:	unseal	ed sealed	sealed with	1
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finishe	ed unfinis	shed partially fir	nished
j. Sump present?	Y / X)		
k. Water in sump?	Y/N/not app	licable		
Basement/Lowest level depth b				
Hoor slad join				
6. HEATING, VENTING and Type of heating system(s) used		•	•••	nary)
Hot air circulation Space Heaters Ceiling Electric baseboard	Heat p Mounted Stream Wood	radiation	Hot water baseboar Radiant floor Outdoor wood boild	
The primary type of fuel used i	s:			
Natural Gas Electric Wood	Fuel O Propar Coal	ne •	Kerosene Solar	
Domestic hot water tank fueled	l by:	4	-	•
Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other_NA
Air conditioning:	Central Air	Window units	Open Windows	None NA

4	
Are there air distribution ducts present?	
Describe the supply and cold air return ductwork, and its of there is a cold air return and the tightness of duct joints. I diagram.	
	AV for the
7. OCCUPANCY	
	asionally Seldom Almost Never
Level General Use of Each Floor (e.g., familyroo	om, bearoom, faunary, workshop, storage)
Basement NA	
1st Floor SVIAS space a a combined sh	op and Lorage area. Remain spaces
2 nd Floor NA (rooms where 5	op and forege area. Remain spaces. VIAG, SVIAY and SVIA 7+8 are located
3rd Floor are storage	ereas
4 th 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 3 lawn movers map
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? Soc above
g. Is there smoking in the building?	Y (N) How frequently?

h. Have cleaning products been used recently?

i. Have cosmetic products been used recently?

Y/N When & Type?

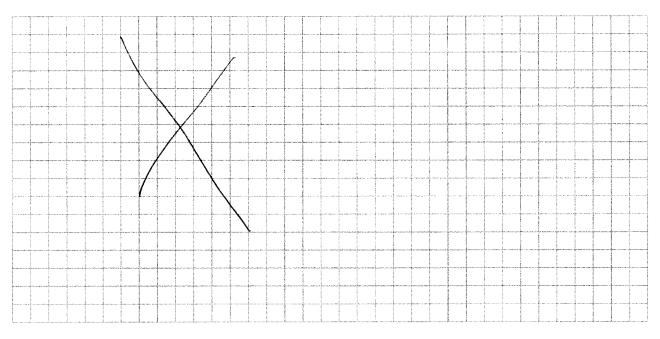
Y (N) When & Type? _____

5	
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? If yes, please describe:	Y / 🔞
Do any of the building occupants use solvents at work? (e.g., chemical manufacturing or laboratory, auto mechanic or a boiler mechanic, pesticide application, cosmetologist If yes, what types of solvents are used? A close Solvents are used?	(Y) N Acetora + adhesives, other products auto body shop, painting, fuel oil delivery, used in fabrication operation
If yes, what types of solvents are used? A colone 5000	ens collared in arientes
If yes, are their clothes washed at work?	Y /(N')
Do any of the building occupants regularly use or work at a response)	dry-cleaning service? (Circle appropriate
Yes, use dry-cleaning regularly (weekly) Yes, use dry-cleaning infrequently (monthly or less) Yes, work at a dry-cleaning service	No Unknown
Is there a radon mitigation system for the building/structur Is the system active or passive? Active/Passive	e? Y/N Date of Installation:
9. WATER AND SEWAGE	
Water Supply: Public Water Drilled Well Drive	n Well Dug Well Other:
Sewage Disposal: Public Sewer Septic Tank Leach	Field Dry Well Other:
10. RELOCATION INFORMATION (for oil spill residenti	al emergency)
a. Provide reasons why relocation is recommended:	
b. Residents choose to: remain in home relocate to fri	ends/family relocate to hotel/motel
c. Responsibility for costs associated with reimbursement	nt explained? Y / N
d. Relocation package provided and explained to reside	nts? Y/N

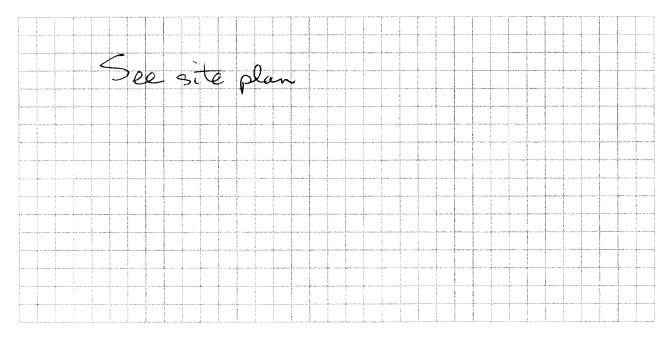
11. FLOOR PLANS

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.

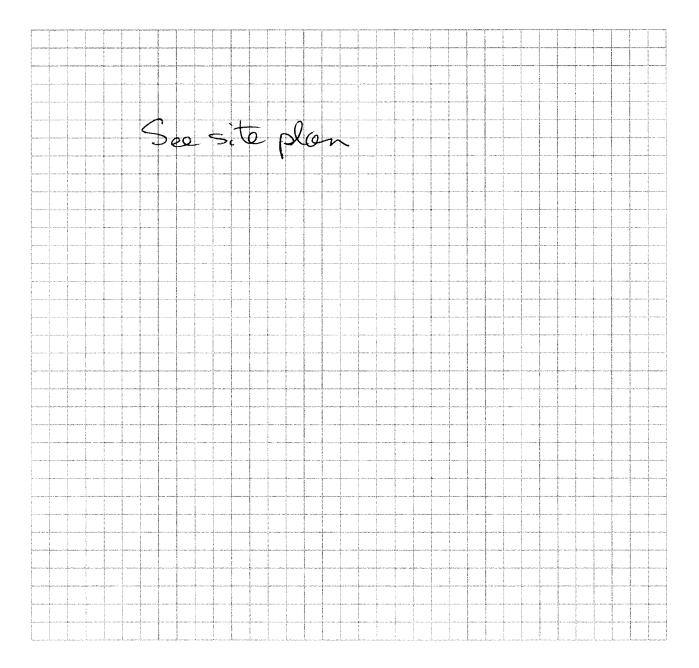
Basement:



First Floor:



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.



13. PRODUCT INVENTORY FORM

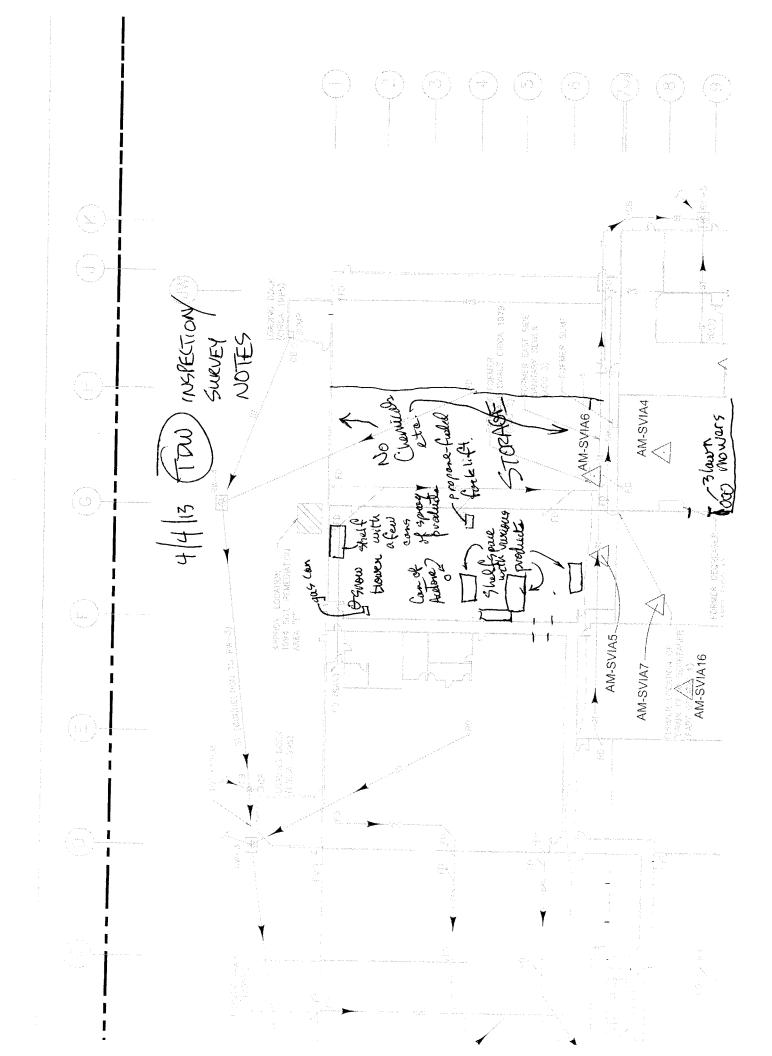
Make & Model of field instrument used: ppb RAE 3000 (11. TeV Lamp)

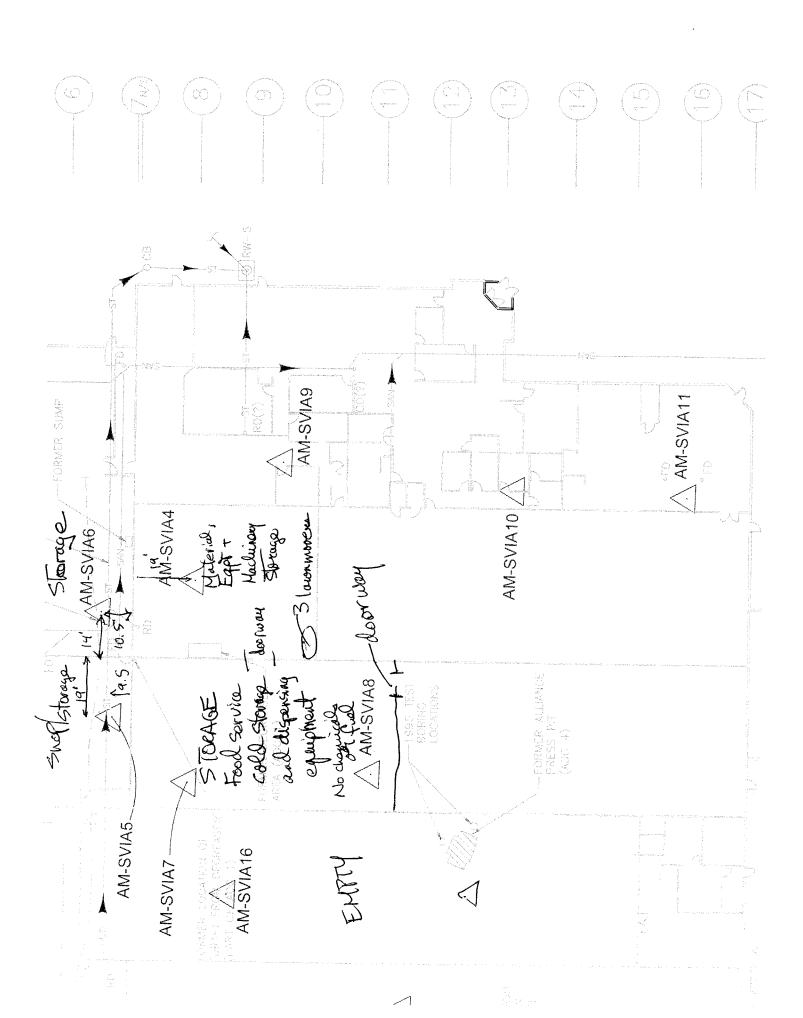
List specific products found in the residence that have the potential to affect indoor air quality.

Ambient PIV reading = 0.00 ppm						
Location	Product Description	Size (units)	Condition*	Chemical Ingredients	Field Instrument Reading (units)	Photo ** Y/N
Shop spo	ie Caulks, paints				up to	Y
in which	adhesives, water profing sealer,	-	-Too nu	nero as to list most in	Oilppm	
AM-SVIAS	water profing seder,		U con	lition, caulks in tubes	().	
is located	diesel fuel treatment,		are U	most stored in south		
	acetora gasoline		endof	shop, a fewalt north and near overhead door		
	Snow blower -	at no	outh end	near overhead door	1	V
ės.	gas can	109				事 N
Storage	0	5			0,00	Y
space where	3 laws nowers Stored in SW				1	
SVIA 4 iglocated	Corner of this room				V	V

^{*} 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.





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	phone Reyn	le, toth of Starter Prione No.
au au	l TomWel	la, toth of Starter
Preparer's Affiliation		rmone No.
Purpose of Investigation_		
1. OCCUPANT:	mpure !	Vine Merchart North First Tame:
Interviewed: (Y) N		<u>-</u>
Last Name: Savefier	Shower	First Name:
Address:	·	
County:		
Home Phone:	Offic	ce Phone: 585-235-4880
		nt 20 Age of Occupants Alult
2. OWNER OR LANDLO	ORD: (Check if s	same as occupant)
Interviewed: Y/N	10% Appli	able
Last Name:	F	First Name:
Address:		
County:		
Home Phone:	Off	ice Phone:
3. BUILDING CHARAC	TERISTICS	
Type of Building: (Circle	appropriate respo	nse)
Residential Industrial	School Church	Commercial/Multi-use

If the property is residential,	type? (Circle appropria	ate 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?	<u>.</u>	
If the property is commercial		1
Business Type(s) _ Wea	edistritu	oee
Does it include residences	(i.e., multi-use)? Y	If yes, how many?
Other characteristics:		
Number of floors	Build	ling age
Is the building insulated (Y	N How	air tight? Tight / Average Not Tight
4. AIRFLOW		
Use air current tubes or trace	r smoke to evaluate a	irflow patterns and qualitatively describe:
Airflow between floors		
	1/1	
Airflow near source		
	AL	
Outdoor air infiltration		
	NA	
Infiltration into air ducts	N	
	NX	
	1 - '	

5. BASEMENT AND CONSTRU		3	S (Circle all that	annly)		
a. Above grade construction:	wood frame	concrete (a)	stone	brick		
b. Basement type:	full	crawlspace	slab	other NOLE		
c. Basement floor:	concrete	dirt	stone	other		
d. Basement floor:	uncovered	covered	covered wit	h		
e. Concrete floor:	unsealed	sealed	sealed with	Tiles		
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 fin	ished		
j. Sump present?	Y /(N)					
k. Water in sump?	N / not applicable					
Basement/Lowest level depth below	v grade:	_(feet)				
Identify potential soil vapor entry	points and appro	oximate size (e.	g., cracks, utili	ty ports, drains)		
None ile	atil el	_				
6. HEATING, VENTING and AI Type of heating system(s) used in t				ary)		
Hot air circulation	Heat pump Stream radiat		water baseboar	d		
Space Heaters Electric baseboard	Wood stove		door wood boile	er Other		
The primary type of fuel used is:						
Notural Gas	Fuel Oil	Ker	osene			
Natural Gas Electric	Propane	Sola				
Wood	Coal	2340				
Domestic hot water tank fueled by	: Noturel	gas_				

Main Floor

Window units Open Windows

Other_

None

Outdoors

Basement

Central Air

Boiler/furnace located in:

Air conditioning:

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.

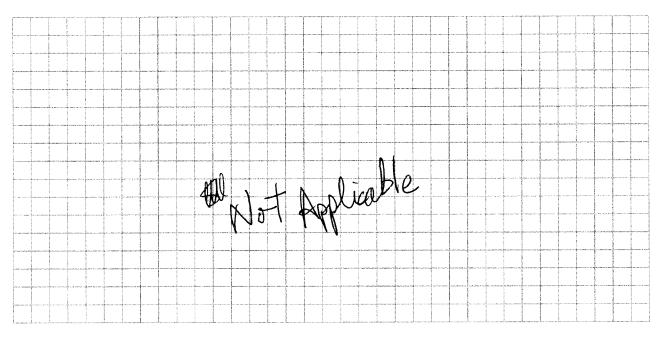
Not evaluated	
	sionally Seldom Almost Never
Level General Use of Each Floor (e.g., familyroo	om, bedroom, laundry, workshop, storage)
Basement 1st Floor 2nd Floor 3rd Floor 4th Floor	
8. FACTORS THAT MAY INFLUENCE INDOOR AIR (QUALITY
a. Is there an attached garage?	Y (N)
b. Does the garage have a separate 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 / Where?
f. Is there a workshop or hobby/craft area?	Y / Where & Type?
g. Is there smoking in the building?	Y/N How frequently?
h. Have cleaning products been used recently?	Y / When & Type?
i. Have cosmetic products been used recently?	Y N When & Type?

1. 11as hamma/sta	nining been done in the last 6 months?	Y/N	
k. Is there new car	rpet, drapes or other textiles?	YN	Where & When?
l. Have air freshei	ners been used recently?	Y / 1	When & Type?
m. Is there a kitch	en exhaust fan?	Y / 1	If yes, where vented?
n. Is there a bath	room exhaust fan?	Y) N	If yes, where vented?
o. Is there a clothe	es dryer?	Y/N)	If yes, is it vented outside? Y / N
p. Has there been	a pesticide application?	Y / (1)	When & Type?
Are there odors in If yes, please desc	the building?	Y / (N)	
(e.g., chemical manuf	ng occupants use solvents at work? Facturing or laboratory, auto mechanic of icide application, cosmetologist	Y / N r auto body	shop, painting, fuel oil delivery,
If yes, what types of	of solvents are used?		
TC		Y/N	
	thes washed at work? ng occupants regularly use or work a		ning service? (Circle appropriate
Do any of the building response) Yes, use dry-Yes, use dry-Yes, work at Is there a radon mit	ng occupants regularly use or work at cleaning regularly (weekly) cleaning infrequently (monthly or less) a dry-cleaning service igation system for the building/structory	t a dry-clea	No Unknown
Do any of the building response) Yes, use dry-Yes, use dry-Yes, work at there a radon mits the system active of t	cleaning regularly (weekly) cleaning infrequently (monthly or less) a dry-cleaning service igation system for the building/structor passive? Active/Passive	t a dry-clea	No Unknown
Do any of the building response) Yes, use dry-Yes, use dry-Yes, work at there a radon mits the system active of t	cleaning regularly (weekly) cleaning infrequently (monthly or less) a dry-cleaning service igation system for the building/structor passive? Active/Passive	t a dry-clea	No Unknown
Do any of the building response) Yes, use dry-Yes, use dry-Yes, work at there a radon mits is the system active of the Supply:	cleaning regularly (weekly) cleaning infrequently (monthly or less) a dry-cleaning service igation system for the building/structor passive? Active/Passive WAGE Rublic Water Drilled Well Driv	t a dry-clea	No Unknown Date of Installation:
Do any of the building response) Yes, use dry- Yes, use dry- Yes, work at Is there a radon mits the system active of the system activ	cleaning regularly (weekly) cleaning infrequently (monthly or less) a dry-cleaning service igation system for the building/structor passive? Active/Passive WAGE Rublic Water Drilled Well Driv	t a dry-clea	Dug Well Other:
Do any of the building response) Yes, use dry-Yes, use dry-Yes, work at there a radon mits is the system active of the Supply: Sewage Disposal:	cleaning regularly (weekly) cleaning infrequently (monthly or less) a dry-cleaning service igation system for the building/structor passive? Active/Passive WAGE Rublic Water Drilled Well Drive Bublic Sewer Septic Tank Lea	t a dry-clea	Dug Well Other:
Do any of the building response) Yes, use dry- Yes, use dry- Yes, work at Is there a radon mits Is the system active of the system ac	cleaning regularly (weekly) cleaning infrequently (monthly or less) a dry-cleaning service igation system for the building/structor passive? Active/Passive WAGE Public Water Drilled Well Drive Public Sewer Septic Tank Lea	re a dry-clea	Dug Well Other:
Do any of the building response) Yes, use dry- Yes, use dry- Yes, work at Is there a radon mits is the system active of the system ac	cleaning regularly (weekly) cleaning infrequently (monthly or less) a dry-cleaning service igation system for the building/structor passive? Active/Passive WAGE Rublic Water Drilled Well Drive Public Sewer Septic Tank Lea INFORMATION (for oil spill residents why relocation is recommended:	t a dry-clea ure? Y/N ven Well ch Field tial emerge	Dug Well Other: Dry Well Other: ency) ly relocate to hotel/motel

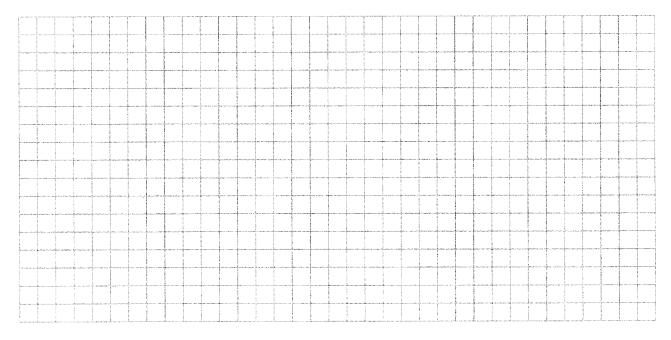
11. FLOOR PLANS

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.

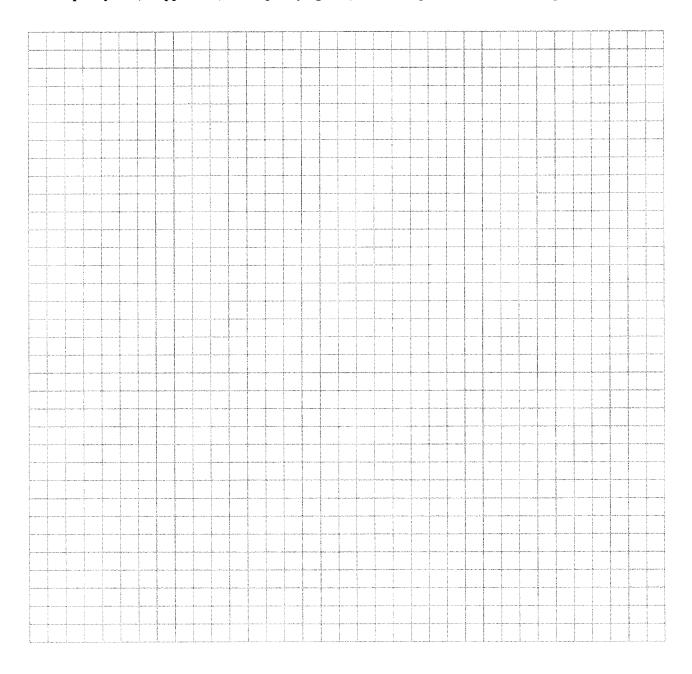
Basement:



First Floor:



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.



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13. PRODUCT INVENTORY FORM

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Make & Model of field instrument used: MM PAE 3000 11.7eV Ew FADD 603

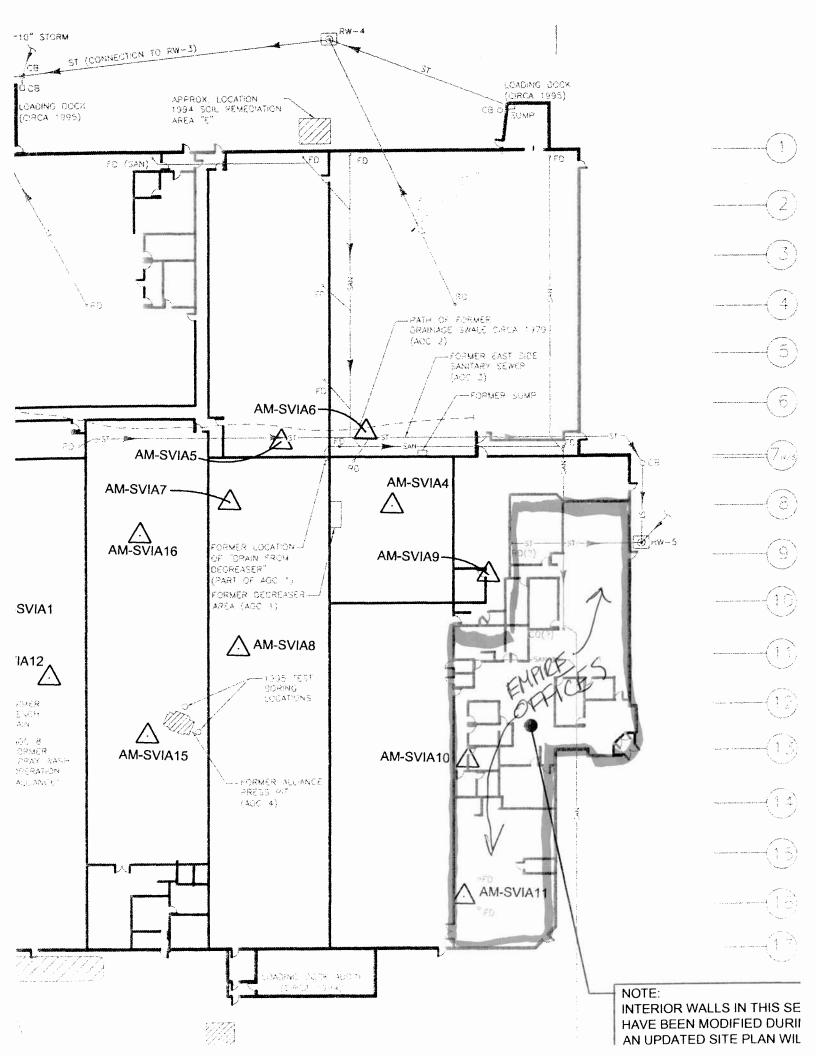
List specific products found in the residence that have the potential to affect indoor air quality.

Location C		Size (units)	Condition*	Chemical Ingredients	Field Instrument Reading (units)	Photo ** Y/N
Obset	SpTC+Stan	4L	.NO	Extra alkyl benjene sulfante sudrum alkyl ethoxyfate sulfate, salvin zdyaciyfate, sodrum, cunene, sulfante cubrants, payine etc	0	7
				selfate, solvingdupciylate,		
				sodrum, cumene, solfmate		
				colorants, pajune etc '		
	Netrace Oil	1502	1)0	White mineral oil.		
	Base Stamess			Synthotic isopara fina	-	
	Base Stamess Steel Cleaner			hydrocarbon, moneral		
				Synthotic i sopara ffino hydrocarbon, mineral sorvits, acetone, methy acetate, propare		
	Hillyard Clean	19t	U	Hydroger chlorchloride		
	A5575+#101	U		oth		
	Liquid Supply I	945m1	V	Dinethyl Benzyl Ammonrum Chlondo		
	Spr2 & Span			Ammonrum Chlonde	W	
	Non-acid Bowl about cleaner	4+	\mathcal{V}_{-}	n-Alkal dimothal	, - I - I	
	aban cleaner	0.		benzyl Ammonim	1	
				Moride etc		
	GlassCloner	19t	UD	1500ropal Alcolol		
	Plus			2-Butoxy Ethanol		
	Annonia	Popel	UD			V
	Scoth Gard Fabriz		100	Isolatane 1,1-Diffu	mothan	•
	(Loan en) /		

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

Does not know unue heating, etcare.
P:\Sections\SIS\Oil Spills\Guidance Docs\OSR-3.doc

^{**} 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.



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

Preparer's Name Towl	Velle, For	blanc Reynals Date/Time Pre	pared 4413
Preparer's Affiliation	tante &	Phone No	
Purpose of Investigation	30PRI	FAMSF site, Gal	to NY
1. OCCUPANT:	FS Aut	-0	
Interviewed Y N	HUI	O	,
tas t Name: <u>Chiay<i>ay</i> 8</u>	li Kotyn	F irst Name: Scott	<u> Shop</u> Manager
Address:			
County:			
		ce Phone:	_
Number of Occupants/pers	ons at this locatio	on ± (O Age of Occupants _	Adult
2. OWNER OR LANDLO			
Interviewed: Y/N	1st applica	ble	
	•	First Name:	
Address:			
County:			
Home Phone:	Off	ice Phone:	
3. BUILDING CHARAC	TERISTICS		
Type of Building: (Circle	appropriate respo	onse)	
Residential Industrial	School Church	Commercial/Multi-use	

If the property is residen	tial, type? (Circle appropri	ate response)	
Ranch Raised Ranch Cape Cod Duplex Modular	2-Family Split Level Contemporary Apartment House Log Home	3-Family Colonial Mobile Home Townhouses/Condos Other:	
If multiple units, how ma	ny?		
If the property is comme	rcial, type?		
Business Type(s)	luto service a ra	zpácz	
		N If yes, how many?	
Other characteristics:			
Number of floors	Buile	ding age	
Is the building insulate		air tight? Tight / Average Not Tight	
4. AIRFLOW			
	racer smoke to evaluate a	uirflow patterns and qualitatively describe	•
ose an earlest tubes of	racei smoke to evaluate a	arnow patterns and quantatively describe.	•
Airflow between floors	AU		
Airflow near source	NA		
Outdoor air infiltration	At Loors		
			
Infiltration into air ducts	NA		

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that

a. Above grade construct	ion: wood fra	ame concrete	Hollstone	brick
b. Basement type:	full	crawlspac	ce slab	other Nove
c. Basement floor:	concrete	dirt	stone	other
d. Basement floor:	uncovere	ed covered	covered	with
e. Concrete floor:	unsealed	l sealed	sealed wi	th Tile
f. Foundation walls:	poured	block	stone	other
g. Foundation walls:	unsealed	l sealed	sealed wi	th
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinishe	d partially	finished
j. Sump present?	Y (N)			
k. Water in sump?	Y / N / not applic	cable		
Basement/Lowest level depth	below grade: N	(feet)		
Identify potential soil vapor e	entry points and a	pproximate size	(e.g., cracks, ut	tility ports, drains)
Nove appur	rent			
Noue offw	cent			
6. HEATING, VENTING as		IONING (Circle	all that apply)	
	nd AIR CONDIT			imary)
6. HEATING, VENTING as	nd AIR CONDIT	: (circle all that a		ard
6. HEATING, VENTING as Type of heating system(s) use Hot air circulation Space Heaters	nd AIR CONDIT ed in this building: Heat pun Stream ra Wood sto	: (circle all that a	apply – note pri ot water basebo adiant floor	ard
6. HEATING, VENTING as Type of heating system(s) use Hot air circulation Space Heaters Electric baseboard	nd AIR CONDIT ed in this building: Heat pun Stream ra Wood sto	circle all that and the second	apply – note pri ot water basebo adiant floor	ard
6. HEATING, VENTING and Type of heating system(s) use Hot air circulation Space Heaters Electric baseboard The primary type of fuel used Natural Gas Electric	nd AIR CONDITE ad in this building: Heat pun Stream ra Wood ste I is: Fuel Oil Propane Coal	circle all that and the second	apply – note pri ot water basebo adiant floor outdoor wood bo	ard
6. HEATING, VENTING and Type of heating system(s) use Hot air circulation Space Heaters Electric baseboard The primary type of fuel used Natural Gas Electric Wood	nd AIR CONDITE ad in this building: Heat pun Stream ra Wood sto I is: Fuel Oil Propane Coal ed by:	circle all that and the second	apply – note pri ot water basebo adiant floor outdoor wood bo	ard



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.

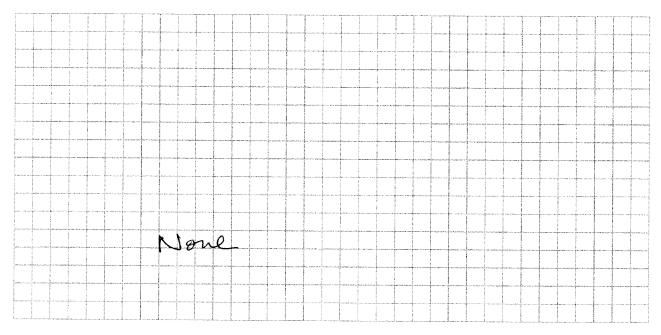
Not de terre	wined.		
		<i>(</i>)	4
7. OCCUPANCY		regular working hour	2
Is basement/lowest lev	vel occupied? (Full-time Occasion	regular working how onally Seldom Almost No.	ever
<u>Level</u> <u>Gener</u>	al Use of Each Floor (e.g., familyroom	n, bedroom, laundry, workshop, st	orage)
D			
Basement		· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1 st Floor	Office and custower	, souther desk	
2 nd Floor		····	
3 rd Floor			
4 th Floor			
		The office space saughing u	- where the
8. FACTORS THAT	MAY INFLUENCE INDOOR AIR QU	JALITY Someline ()	us reversel
a. Is there an attach	ned garage?	M/N	to The Cla
b. Does the garage l	have a separate heating unit?	(Y) N/NA AUGOUNA	10tts Shap
	owered machines or vehicles age (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 u	invented gas space heater present?	Y /(N) Where?	
f. Is there a worksh	op or hobby/craft area?	Y/N Where & Type? Gev O	Local
g. Is there smoking	in the building?	Y N How frequently?	
h. Have cleaning pr	oducts been used recently?	Y/N When & Type?	
i. Have cosmetic pr	oducts been used recently?	Y N When & Type?	

	5	
j. Has painting/sta	ining been done in the last 6 months?	
k. Is there new car	rpet, drapes or other textiles?	N Where & When?
l. Have air fresher	ners been used recently?	Y / N When & Type?
m. Is there a kitch	en exhaust fan?	Y/N When & Type?Y/N If yes, where vented?Y/N If yes, where vented?
n. Is there a bath	room exhaust fan?	Y N If yes, where vented?
o. Is there a clothe	es dryer?	Y/N If yes, is it vented outside? Y
p. Has there been	a pesticide application?	Y/N When & Type?
Are there odors in If yes, please desc		Y/N
(e.g., chemical manuf	ng occupants use solvents at work? Facturing or laboratory, auto mechanic of icide application, cosmetologist	YN r auto body shop, painting, fuel oil deliver
If yes, what types of	of solvents are used? Auto repu	in products
If yes, are their clo	thes washed at work?	YN
response) Yes, use dry- Yes, use dry-	ng occupants regularly use or work at cleaning regularly (weekly) cleaning infrequently (monthly or less) a dry-cleaning service	t a dry-cleaning service? (Circle appropria
Is there a radon mit Is the system active		ure? Y N Date of Installation:
9. WATER AND SE	EWAGE	
Water Supply:	Public Water Drilled Well Driv	ven Well Dug Well Other:
Sewage Disposal:	Public Sewer Septic Tank Lea	ch Field Dry Well Other:
10. RELOCATION	INFORMATION (for oil spill residen	ntial emergency)
a. Provide reaso	ns why relocation is recommended: _	NA
b. Residents cho	ose to: remain in home relocate to	friends/family relocate to hotel/mote
c. Responsibility	for costs associated with reimbursen	nent explained? Y / N
J. Doloootion no	ckage provided and explained to resid	dents? Y/N

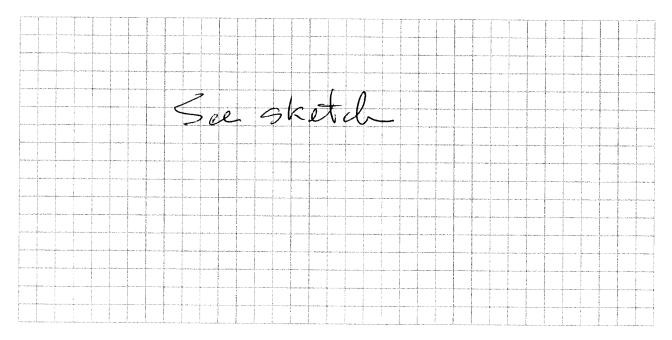
11. FLOOR PLANS

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.

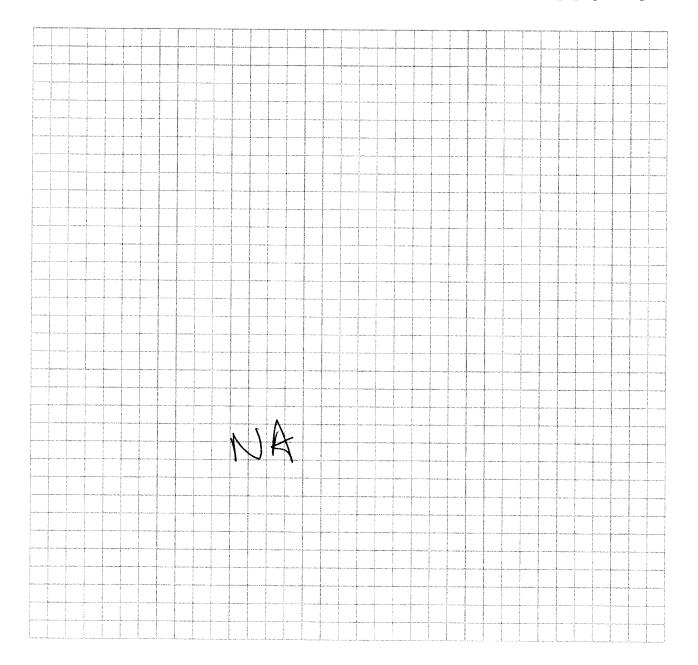
Basement:



First Floor:



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.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE 3000 11.7 eV For Rowal FAE0003

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

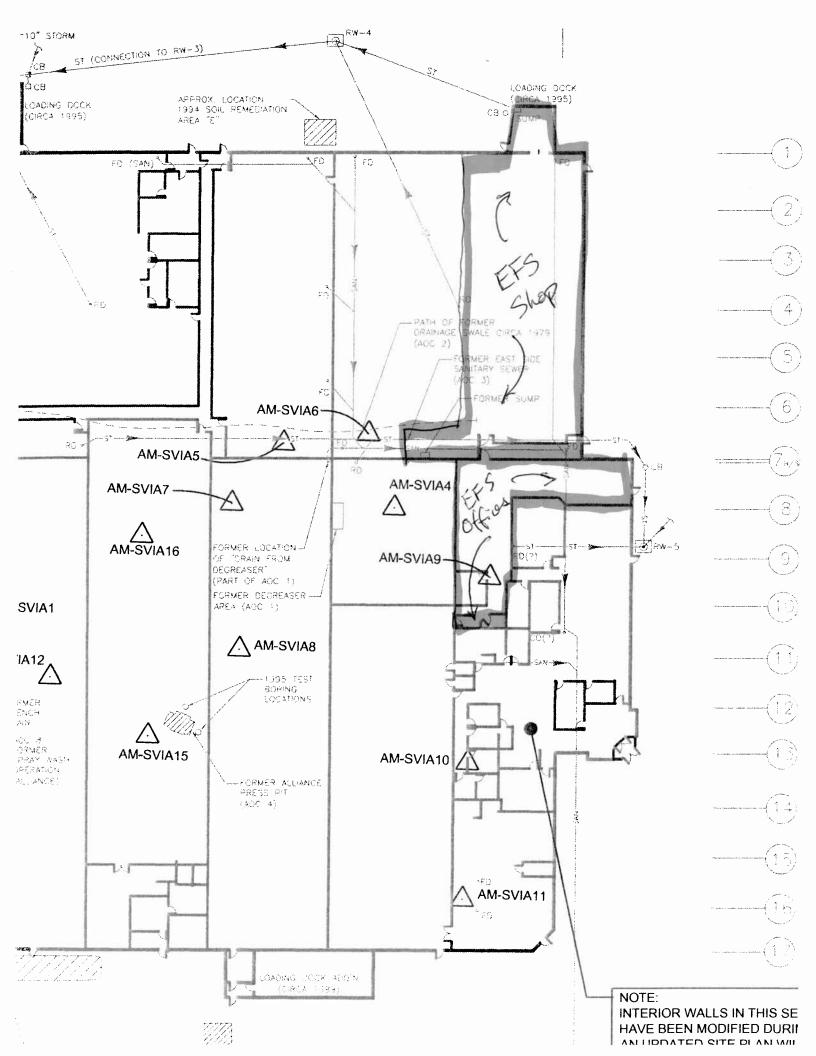
Location	Product Description	Size (units)	Condition*	Chemical Ingredients	Field Instrument Reading (units)	Photo ** Y/N
Office	U-POL Professional	VD	Good	"Mixture) solvents"	O	Y
	Sorous Parut			V		
Hallway	Proforce Anti-	igal	1)	Trichson	0	ATY (gr
Bathioms	barterial Hand Sop	U		- 0.0		P
		3202	V		0	
	Alcohol					
	Pelmore	H02_	V	Nothsted	0	
	Pledige Lemon	13.8	- U			
	Glass Glo	3202	U	Ammonia	0	
	Lysol	3202	U	Hydrochlonz Acid	0	
	409	IQ+	U	A Kil dirnethyl benzy	10	
				ATKIR dimethyl benzy ammonium Chbride	0	
	Murphy All	3200	-	Notteto o		
	Purpose Cleaner					
	Switter Wetlet	1.25L		Cleaning agents (ruch.	0	
	, , , , , , , , , , , , , , , , , , , ,			solvents) performe a		
				nath."		

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

Do not know about heating, ok

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^{**} 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.



FAMSF Soil Vapor Sampling - June 2013

				Ambient		Ambient					Start			,			Stop	
		Sample		PID	He	Downhole	Purged		Regulator	Start	Pressure	Check #1	Check #1	Check #2	Check #2	Stop	Pressure	
Sample ID	Loc	Type	Date	(ppm)	(ppm)	He (ppm)	(Y/N)	Can ID	ID	Time	(in Hg)	Time	Pressure	Time	Pressure	Time	(in Hg)	Comments
AOC10-SV-1	1	SV	6/21/2013	0.0	0.0	100	Υ	7633	45	1242	27.0	1302	22.2	1322	17.5	1416	5.1	
AOC10-SV-2	2	SV	6/21/2013	0.0	0.0	150	Υ	5584	2870	1244	28.5	1303					NS	Stopped at 1312 due to water in the line
AOC10-SV-3	3	SV	6/21/2013	0.0	0.0	125	Y	1646	16	1245	31.0	1305					NS	Stopped at 1315 due to water in the line
AOC10-SV-4	4	SV	6/21/2013	0.0	0.0	0.0	Υ	O648	2891	1246	28.9	1306	19.5	1324	9.0	1332	3.2	
AOC10-SV-Dupl	4	SV	6/21/2013	0.0	0.0	0.0	Y	1373	60	1339	30.1	1357	19.9	1420	4.1	1420	4.1	

Sample Type Codes: SV = soil vapor NS = not sampled

				Ambient									Start								Stop		
		Sample		11.7 PID	11.7 PID	Ambient	Downhole	Purged		Regulator			Pressure	Check #1	Check #1	Check #2	Check #2	Check #3	Check #3		Pressure		
Sample ID	Tenant	Type	Date	(ppm)	(ppm)	He (ppm)	He (ppm)	(Y/N)	Can ID	ID	Date	Start Time	(in Hg)	Time	Pressure	Time	Pressure	Time	Pressure	Stop Time	(in Hg)	Box #	Comments
	East																						
AOC10-SV-2	Parking Lot	SV	9/27/2013	0	0	0	0	Υ	0697	2860	9/27/2013	1352	30	1405	21	1420	8.8	1428	3.3	1428	3.3	-	-
	East																						
AOC10-SV-3	Parking Lot	SV	9/27/2013	0	0	125	0	Υ	0714	49	9/27/2013	1350	28.2	1404	21.8	1420	12.5	1435	4	1435	4	-	-

Sample Type Codes: SV=Soil Vapor