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

FAMSF Air Sampling-April 2013

Personnel: S. Reynolds-Smith, T. Wells, W. Armington and K. Premo

Sample ID	Loc	Sample Type	Area	Ambient PID (ppm)	Ambient He (ppm)	Downhole He (ppm)	Purged (Y/N)	Can ID	Regulator ID	Start Time	Start Pressure (in Hg)	Check #1 Time	Check #1 Pressure	Check #2 Time	Check #2 Pressure	Check #3 Time	Check #3 Pressure	Stop Time	Stop Pressure (in Hg)	Box #	Comments
AM-SVIA1-SSV	1	SS	Lockwood	0.05	0	0	Y	0260	02846	0757	30.4	1040	17.1	1205	10.0	--	--	1322	3.4		
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	Y	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	Y	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	Y	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	--	Y	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	Y	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	Y	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	Y	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	Y	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	Y	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	Y	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		

Personnel: S. Reynolds-Smith, T. Wells, W. Armington and K. Premo

FAMSF Air Sampling-April 2013

Sample ID	Loc	Sample Type	Area	Ambient PID (ppm)	Ambient He (ppm)	Downhole He (ppm)	Purged (Y/N)	Can ID	Regulator ID	Start Time	Start Pressure (in Hg)	Check #1 Time	Check #1 Pressure	Check #2 Time	Check #2 Pressure	Check #3 Time	Check #3 Pressure	Stop Time	Stop Pressure (in Hg)	Box #	Comments
AM-SVIA13-SSV	13	SS	Everdry	0.23	2075	2150	Y	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	Y	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	Y	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	Outd	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 Tom Wells Date/Time Prepared 4/4/13 9:05am

Preparer's Affiliation Stantec Phone No. _____

Purpose of Investigation SVI Assessment for BCP RI @ 12 Pixley Industrial Parkway

1. OCCUPANT: Everdry Waterproofing

Interviewed: Y / N

Last Name: Terry First Name: Jason

Address: Everdry shop manager

County: _____

Home Phone: _____ Office Phone: 247-7692

Number of Occupants/persons at this location ± 15 Age of Occupants Adult

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

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 (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) Waterproofing contractor office + shop

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

Other characteristics:

Number of floors 1 + 2nd floor landing in back office space 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

NA

Airflow near source

NA

Outdoor air infiltration

Through shop doors

Infiltration into air ducts

NA

5. **BASEMENT AND CONSTRUCTION CHARACTERISTICS** (Circle all that apply) NO Basement

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 (Trench drain along N wall of shop, not used)			
k. Water in sump?	Y / (N) not applicable			

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

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

Minor cracks in floor, any seams present (if any) along floor trench in shop

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

Forced air gas furnace for front office

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

- Shop and back office

(Hot air circulation)	Heat pump	Hot water baseboard	
Space Heaters	Stream radiation	Radiant floor	
Gas fired 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: (Not checked)

Boiler/furnace located in: Basement Outdoors (Main Floor) Other _____

Air conditioning: (Central Air) Window units Open Windows None

for office

Are there air distribution ducts present? (Y) N Front office

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 ceiling panels in front office spaces

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	NA
1st Floor	Offices and shop for commercial water proofing business
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached ~~garage~~? Shop (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? PVC pipe primer + glue

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) for field workers
(No)
Yes, use dry-cleaning infrequently (monthly or less)
(Unknown) for office staff
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

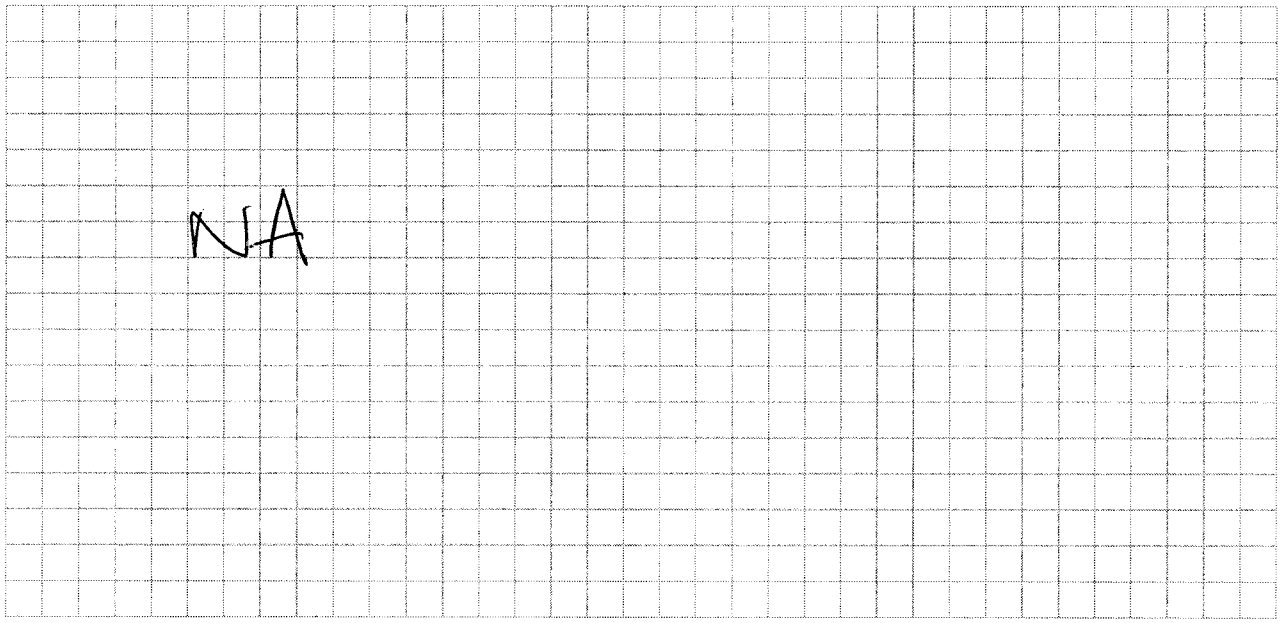
c. Responsibility for costs associated with reimbursement explained? Y / N

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

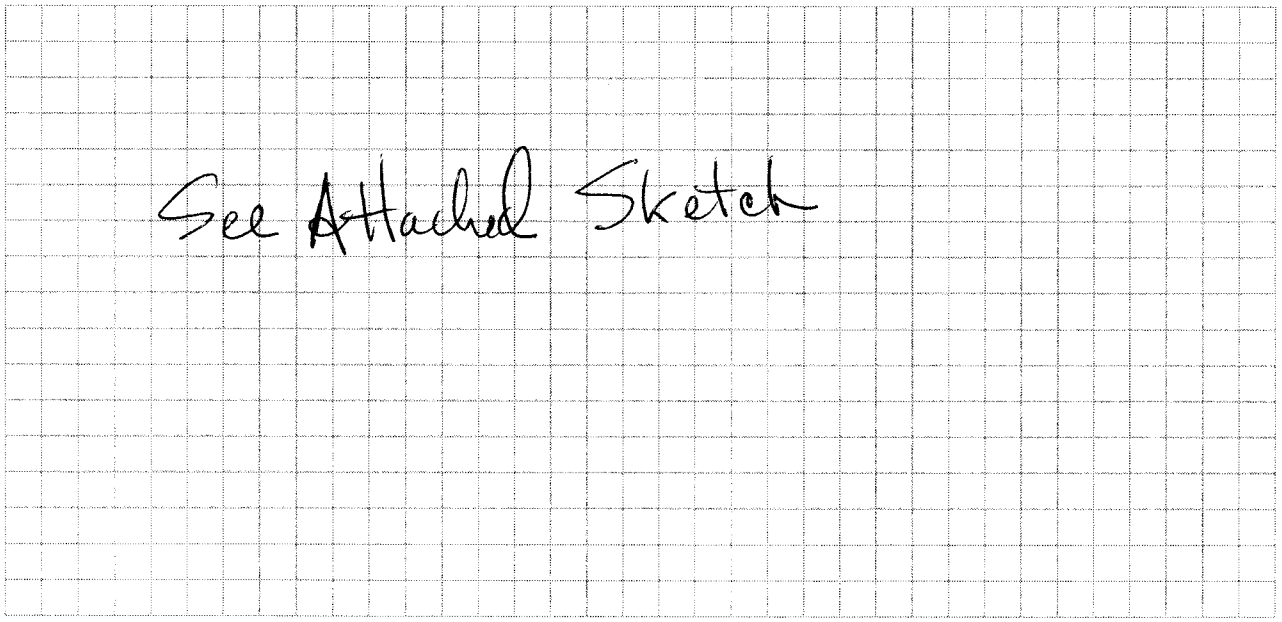
11. FLOOR PLANS

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:



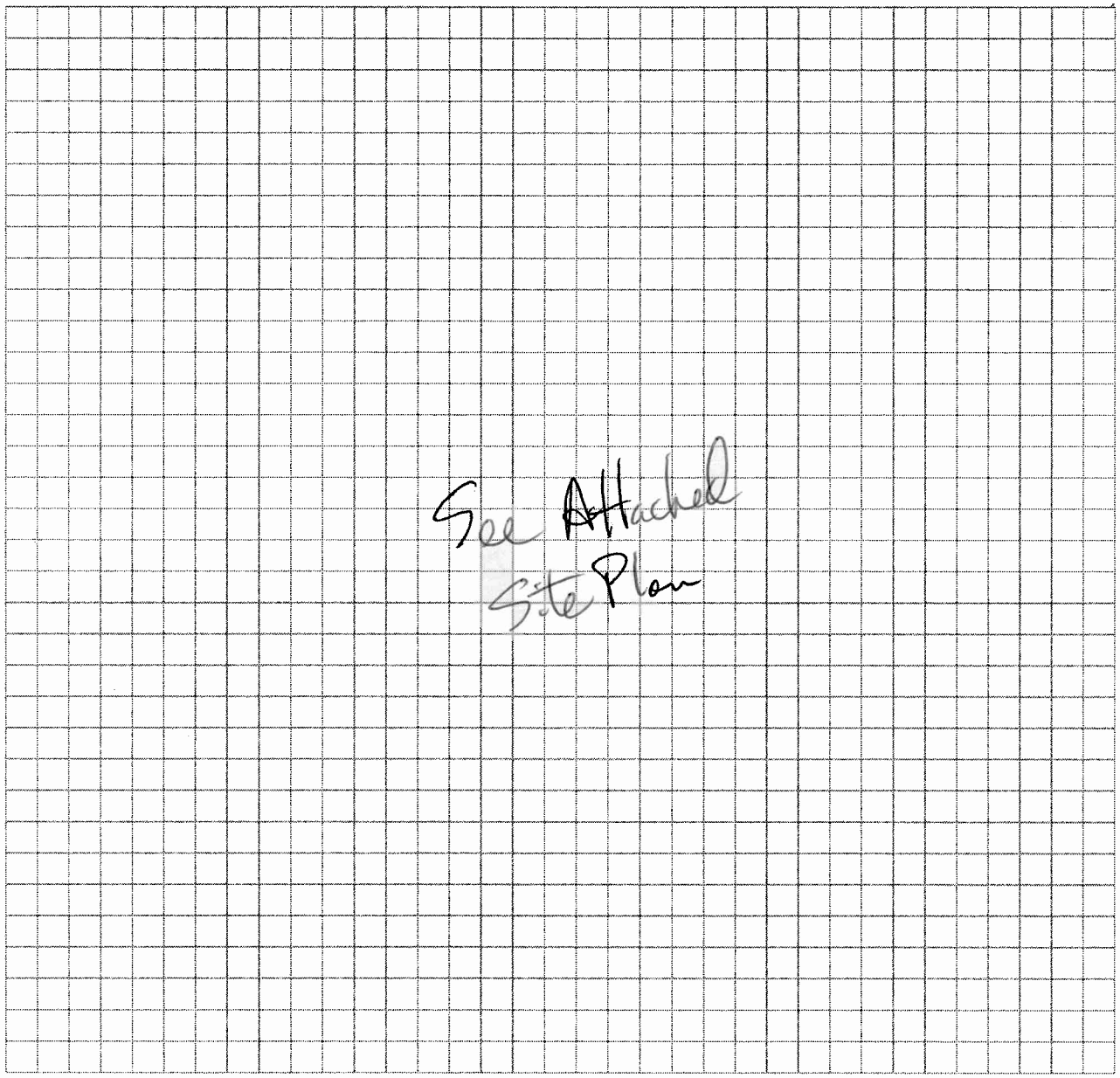
First Floor:



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: ppb 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
upper North landing	Eggshell paint	1 gall	U	Maximum VOC = 50g/L No recognized T&L compounds	0.41 ppm	Y
in back office	Fast cure epoxy base	3 gall	U	TEX, TMB (124)	"	Y
"	Fast cure epoxy converter	1 gall	U	TEX, other aromatics (TMB, etc)	"	Y
"	Production block filler (25 gallon pails)	filler	U	Vinyl acrylic resin	"	
Bathroom	Hand soap	—	—	?	0.28	N
NW corner of shop	Antifreeze	2 q	U	Typical constituents too numerous to list		Y
	Power steering fluid	1 q	U			
"	Semi-gloss enamel	1 q	U			
	Hydraulic oil	2 q	U			
	Concrete bonding adhesive	1 q	U			
	Coolant (?) label missing	1 q	U	Ambient PID in back office space		
	Concrete sealer	1 q	U	surrounding AM-SVIA 14 = 0.37-0.40 ppm		
	Concrete cleaner	1 q	U			
	Motor oil	1 q+	U	Ambient PID in shop = 0.35 ppm		
	PVC glue	1 q+	U			
	Mineral spirits	1 gal	U			
Vehicles + bobcat	Diesel fuel		in fuel tanks			

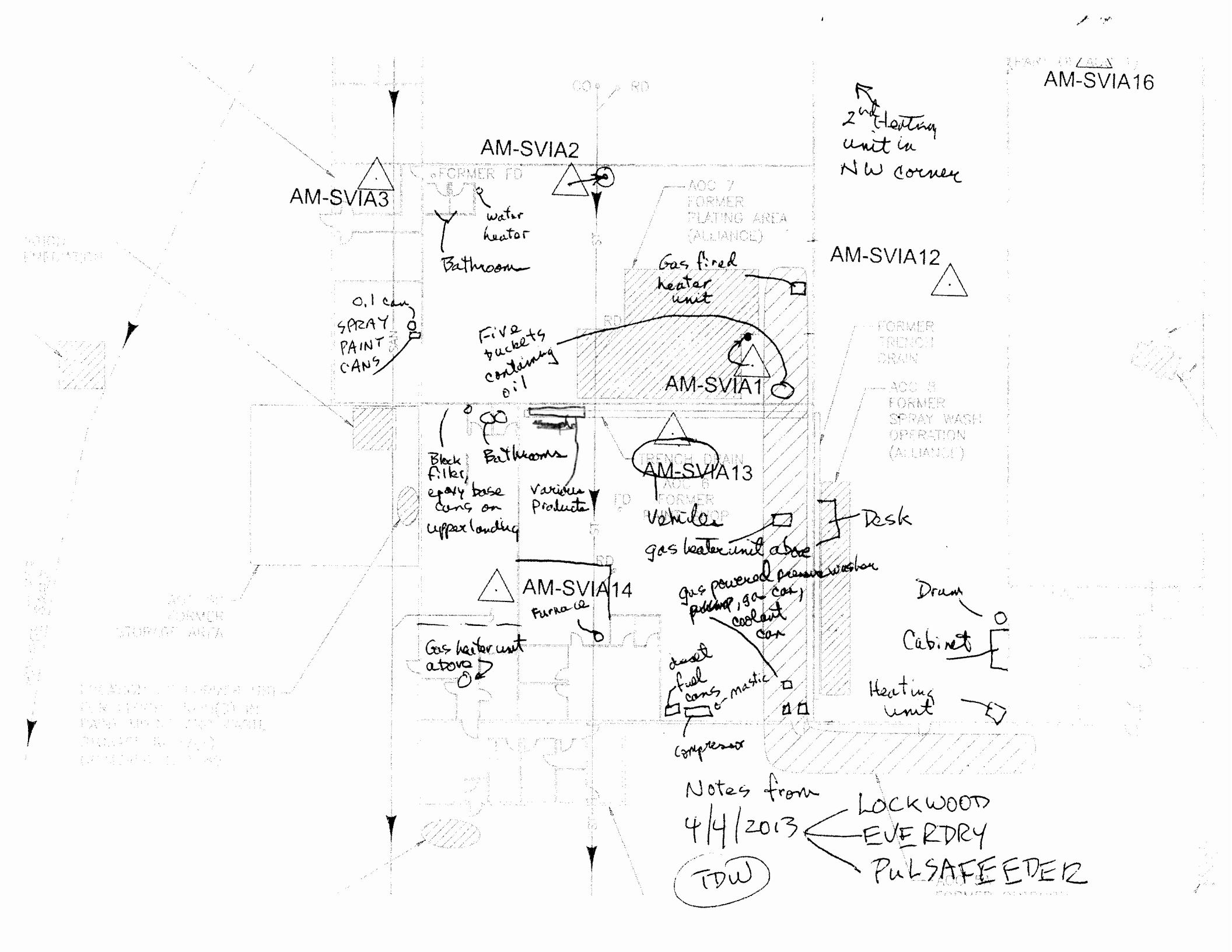
* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must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

SE corner of shop: Fuel + fuel cans for air compressor

SW corner of shop - gasoline in spray washer and gas can

Tar-based mastic on east wall of shop (1 can) with petroleum distillates (waterproofing mastic)

In vehicles - PVC glue + PVC primer — Primer contains: Acetone, MEK, tetrahydrofuran, cyclohexanone
- Caulk (masonry crack filler)


AM-SVIA16
2nd Heating unit in NW corner
AM-SVIA2
AM-SVIA3
water heater
Bathroom
AM-SVIA12
Gas fired heater unit
0.1 can SPRAY PAINT CANS
Five buckets containing oil
AM-SVIA1
Block filler, epoxy base cans on upper landing
Bathrooms
Various Products
AM-SVIA13
Vehicles
Desk
gas heater unit above
gas powered pressure washer
Drum
Cabinet
AM-SVIA14
Furnace
Gas heater unit above
coolant can
diesel fuel cans
mastic
Heating unit
Compressor
Notes from 4/4/2013 (TDW)
LOCKWOOD
EVERDRY
PULSAFEEDER

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 Tom Wells Date/Time Prepared 4/4/2013

Preparer's Affiliation Stantec Phone No. _____

Purpose of Investigation SVI Assessment, FAMSF site

1. OCCUPANT:

Interviewed: (Y) / N

Last Name: Merica First Name: John

Address: Pulsafeeder

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location 2 Age of Occupants 40s

Occassionally - once a day for one hour

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

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	(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) Pulsafeeder warehouse operation

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

Other characteristics:

Number of floors 1 Building age_____

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

(for an industrial facility of its age

4. AIRFLOW

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

Airflow between floors

NA

Airflow near source

NA

Outdoor air infiltration

At loading dock

Infiltration into air ducts

NA

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 NONE
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)

Floor slab has construction joints

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 _____

Mounted in upper corners of warehouse space

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: None

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.

No. Two forced air gas fired heaters heat this space.

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	Warehouse unoccupied except once a week day for ± 1 hour by 2 employees
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? Paint thinner available, not used regularly

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: NA
Sewage Disposal:	Public Sewer	Septic Tank	Leach Field	Dry Well	Other: NA

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:

NA

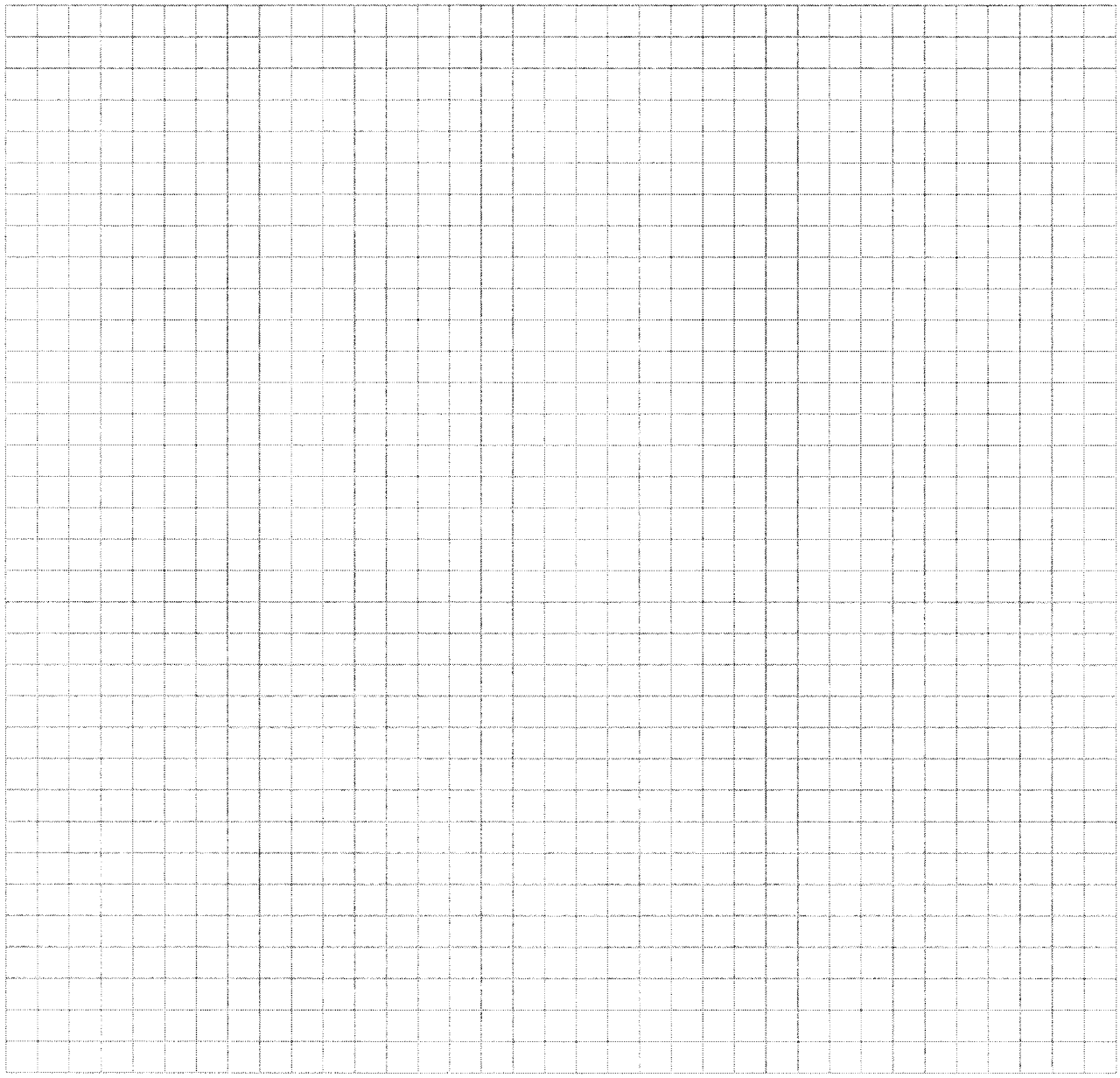
First Floor:

See attached sketch

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.



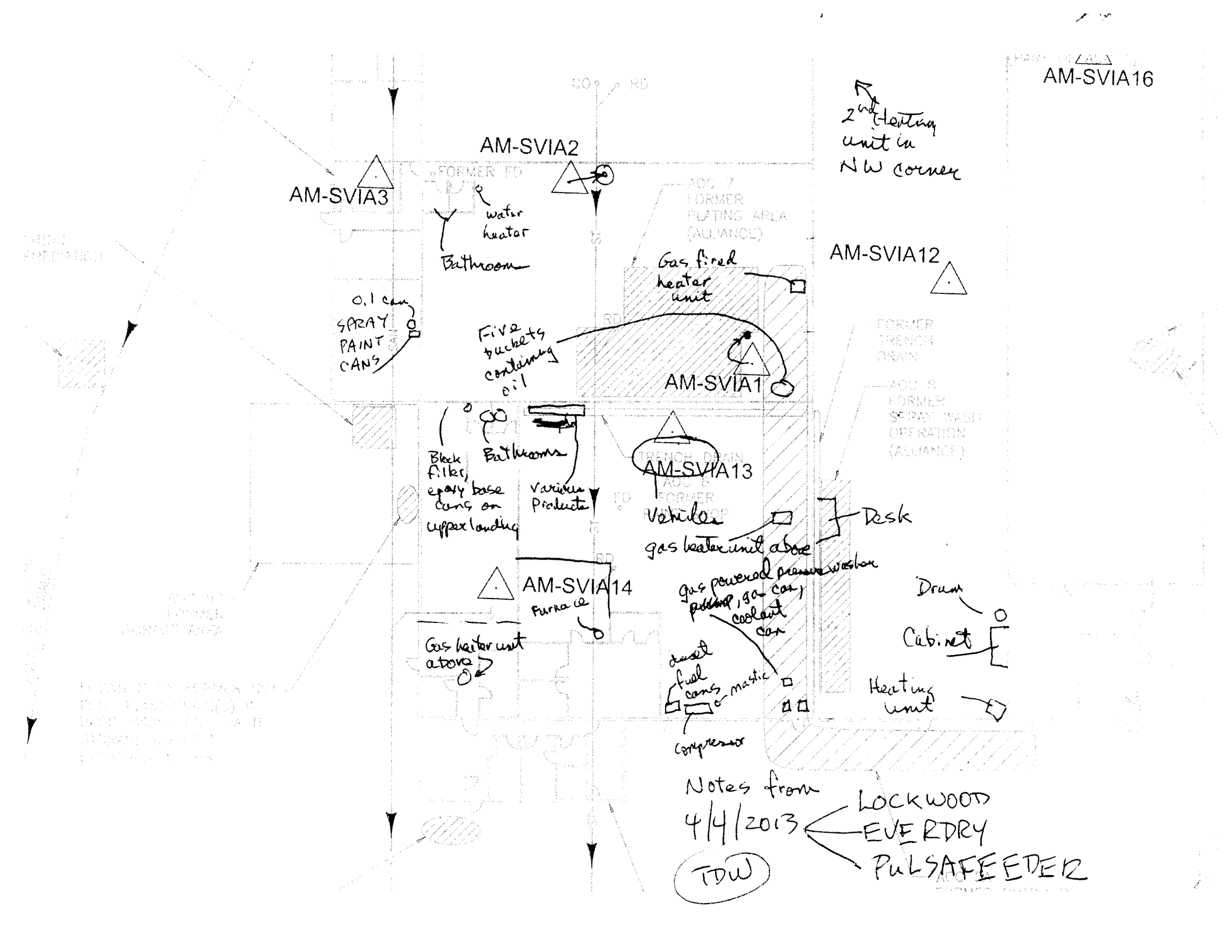
13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: PPb RAE 3000, 11.7eV Lamp, FA00509

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	U (Good)	(See 3rd row - same)	0.26 ppm	Y
"	Paint Thinner	1 gal	U (Good)	Petroleum Distillates	"	Y
Desk	Spray Paint	2	Good U	Toluene, Ethylbenzene, Xylene, Acetone, MEK, Heptane, Propane, Butane	0.35	Y
Drum	Propylene Glycol SPS-PG98	1		Propylene Glycol, Water, Di potassium phosphate	0.26	Y
				PID at SSV/IA		
				sampling location =	0.44 ppm	
				Ambient outdoor PID = 0.17 ppm		

* 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.


AM-SVIA16
2nd Heating unit in NW corner
AM-SVIA2
AM-SVIA3
water heater
Bathroom
Gas fired heater unit
AM-SVIA12
0.1 can SPRAY PAINT CANS
Five buckets containing oil
AM-SVIA1
Black filter, epoxy base cans on upper landing
Bathrooms
Various Products
AM-SVIA13
Vehicles
Desk
gas heater unit above
gas powered pressure washer
AM-SVIA14
Furnace
Gas heater unit above
Drum
Cabinet
diesel fuel cans
Heating unit
Compressor
Notes from 4/4/2013 (TDW)
LOCKWOOD
EVERDRY
PULSAFEEDER

OSR – 3

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 Tom Wells Date/Time Prepared 4/4/13 10:00

Preparer's Affiliation Stantec Phone No. _____

Purpose of Investigation SVI Assessment for BCP Remedial Investigation of FAMSF 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 0 Age of Occupants _____

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

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 Commercial/Multi-use
Industrial (formerly) Church Other: Vacant currently

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) Vacant

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

Other characteristics:

Number of floors 1 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

NA

Airflow near source

NA

Outdoor air infiltration

At garage door

Infiltration into air ducts

NA

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

a. Above grade construction: NO BASEMENT	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other None
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)

Floor slab has construction joints, former equipment pads, and minor floor cracks

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 (one in shop)	Heat pump	Hot water baseboard	
Space Heaters	Stream radiation	Radiant floor	
Electric baseboard (in offices)	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: Electric / Above

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 CURRENTLY VACANT

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	NA
1st Floor	Vacant
2nd Floor	NA
3rd Floor	↓
4th Floor	

8. FACTORS THAT MAY influence INDOOR AIR QUALITY

a. Is there an attached garage? unheated (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 (NA)
(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) (NA)

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

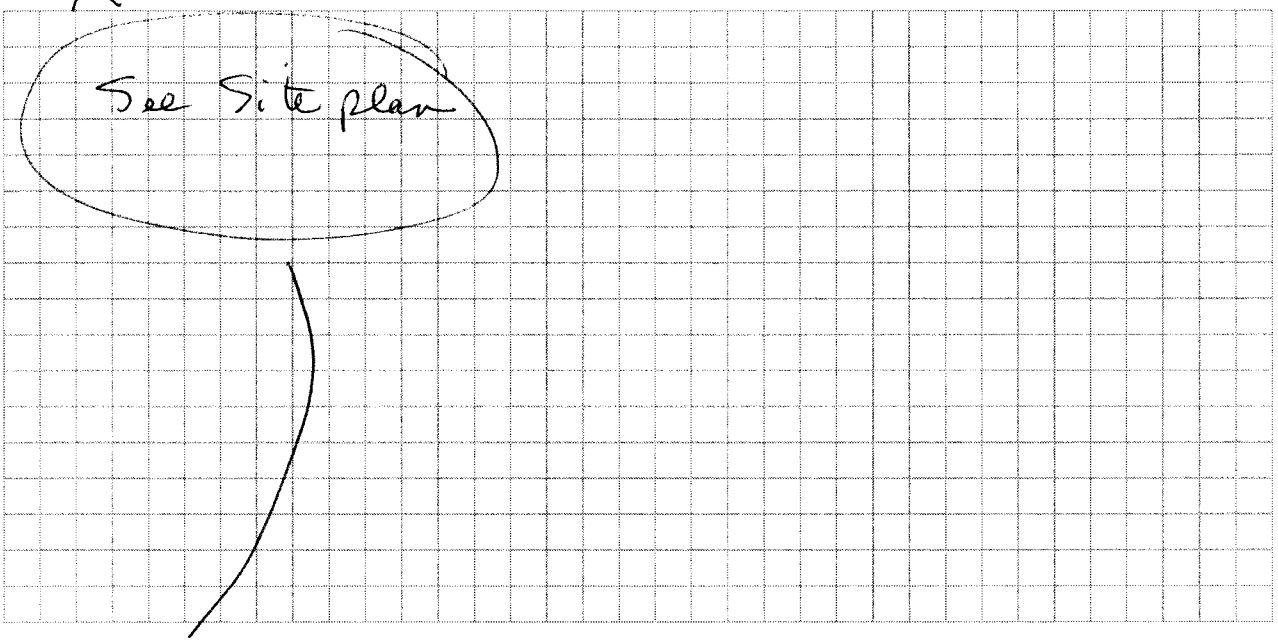
c. Responsibility for costs associated with reimbursement explained? Y / N

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:

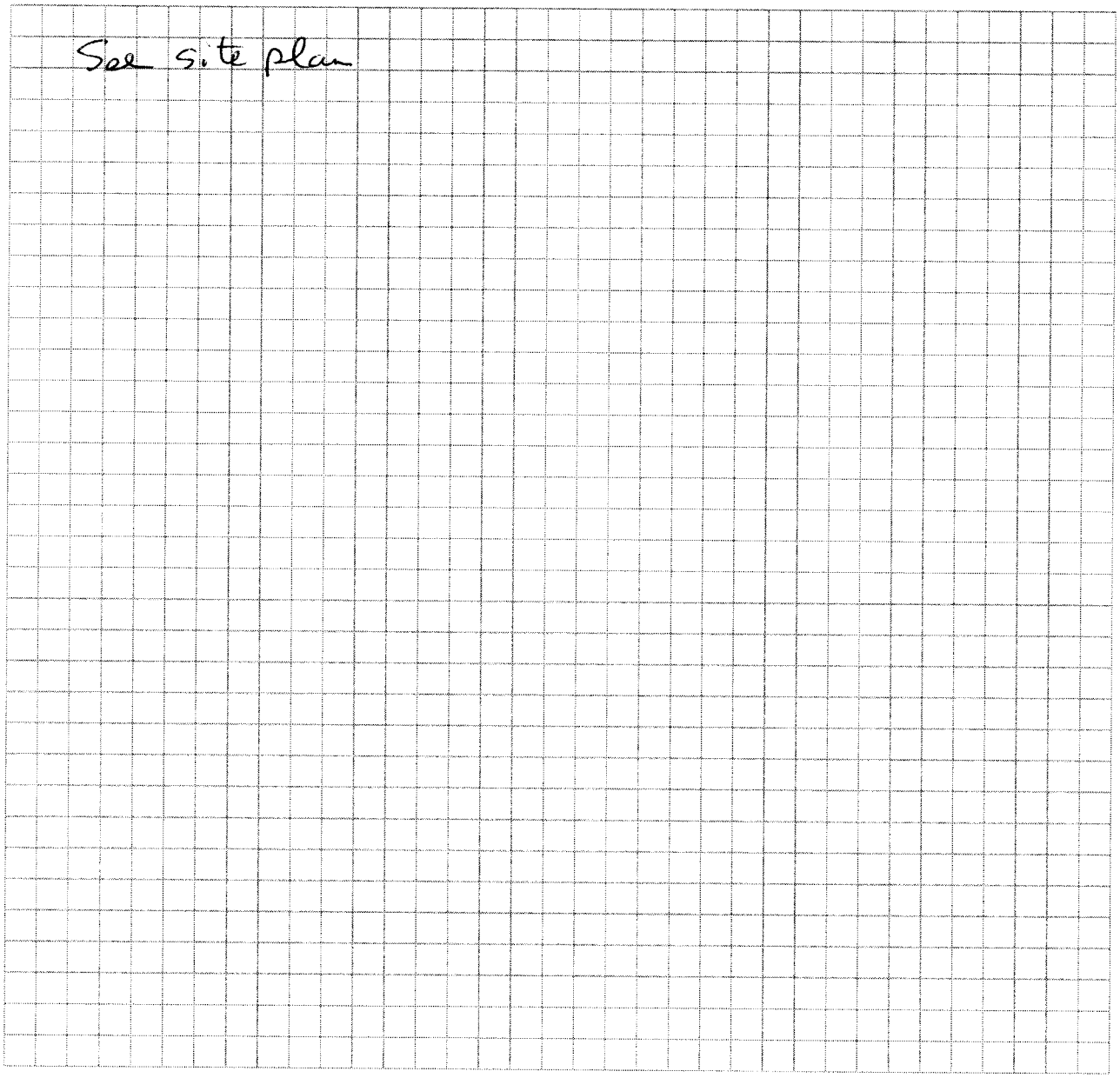


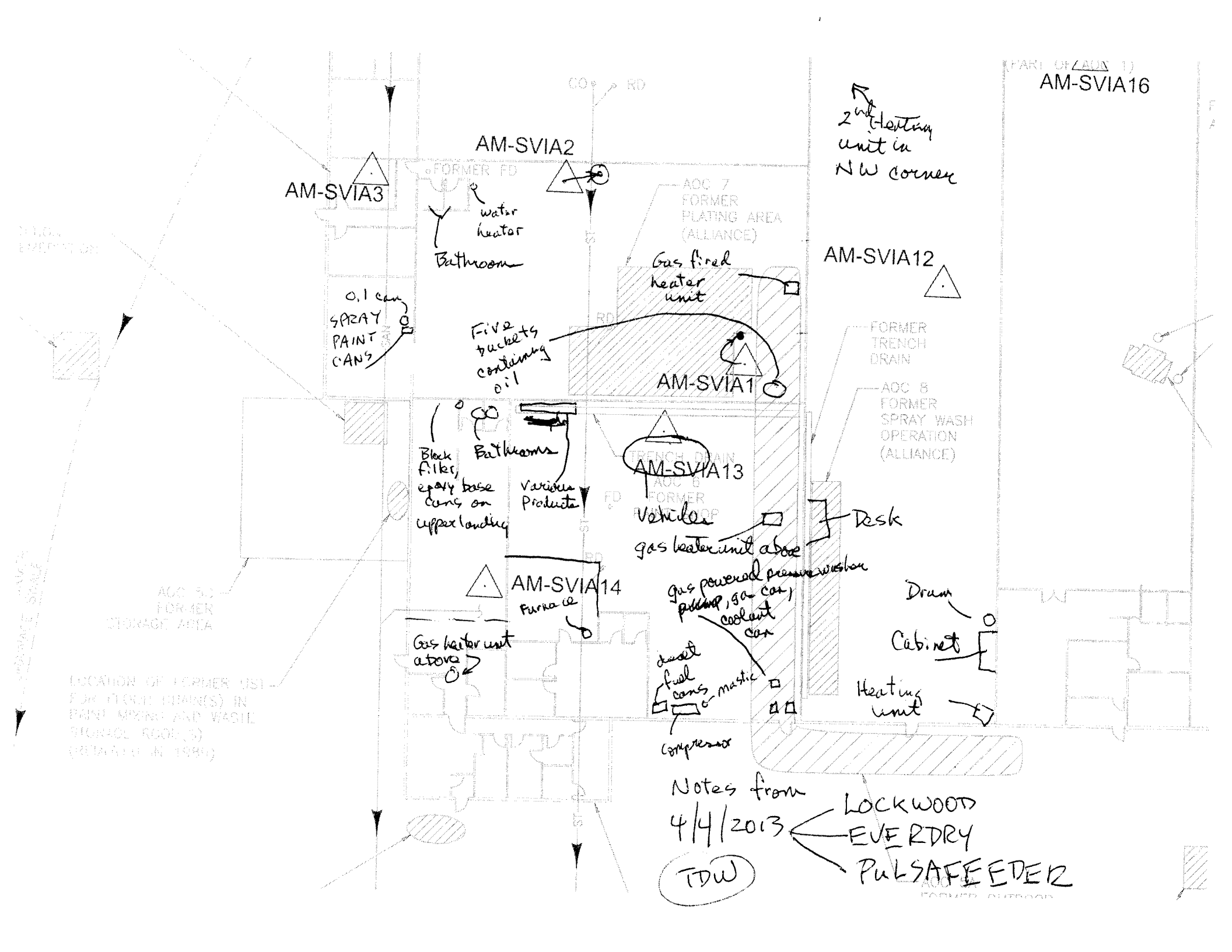
First Floor:

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.




AM-SVIA16
2nd Heating unit in NW corner
AM-SVIA2
AM-SVIA3
water heater
Bathroom
AOC 7 FORMER PLATING AREA (ALLIANCE)
AM-SVIA12
Gas fired heater unit
0.1 can SPRAY PAINT CANS
Five buckets containing oil
AM-SVIA1
FORMER TRENCH DRAIN
AOC 8 FORMER SPRAY WASH OPERATION (ALLIANCE)
Black filter, epoxy base cans on upper landing
Bathrooms
Various Products
AM-SVIA13
Vehicle
gas heater unit above
Desk
AM-SVIA14
Furnace
gas powered pressure washer pump, gas can, coolant can
Drum
Cabinet
Gas heater unit above
diesel fuel cans
caulk mastic
Heating unit
compressor
Notes from 4/4/2013
TDW
LOCKWOOD
EVERDRY
PULSAFEEDER

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 Tom Wells Date/Time Prepared 4/4/13 1:00pm

Preparer's Affiliation Stantec Phone No. _____

Purpose of Investigation SVIA component of RI at FAMSF site

1. OCCUPANT: UNOCCUPIED SPACE (SVIA-15 AND SVIA-16 Locations)

Interviewed: Y / (N)

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location (0) Age of Occupants _____

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

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	Commercial/Multi-use
Industrial	Church	Other: VACANT

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

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_____

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

NA

Airflow near source

NA

Outdoor air infiltration

At overhead doors at south end of adjacent bay to East

Infiltration into air ducts

NA

5. **BASEMENT AND CONSTRUCTION CHARACTERISTICS** (Circle all that apply) No Basement

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)

Floor slab seams and cracks (none major)

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: NA

Boiler/furnace located in: NA Basement Outdoors Main Floor Other_____

Air conditioning: NA 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 UNOCCUPIED

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 (NA)
(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) (NA)

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

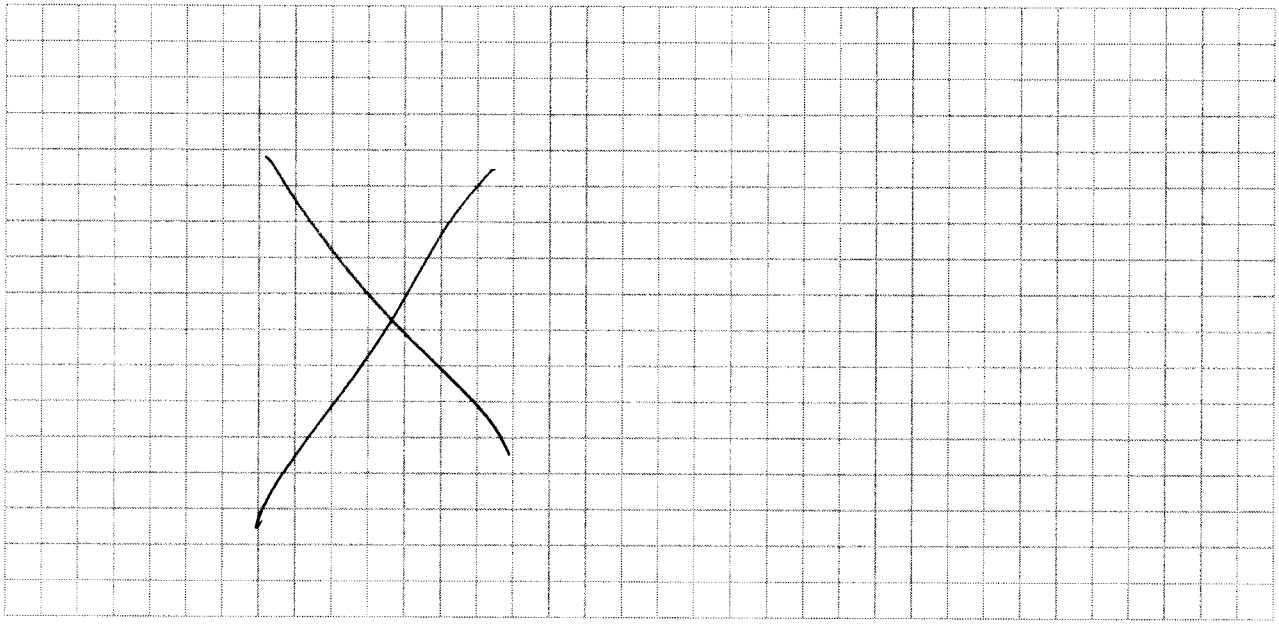
c. Responsibility for costs associated with reimbursement explained? Y / N

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

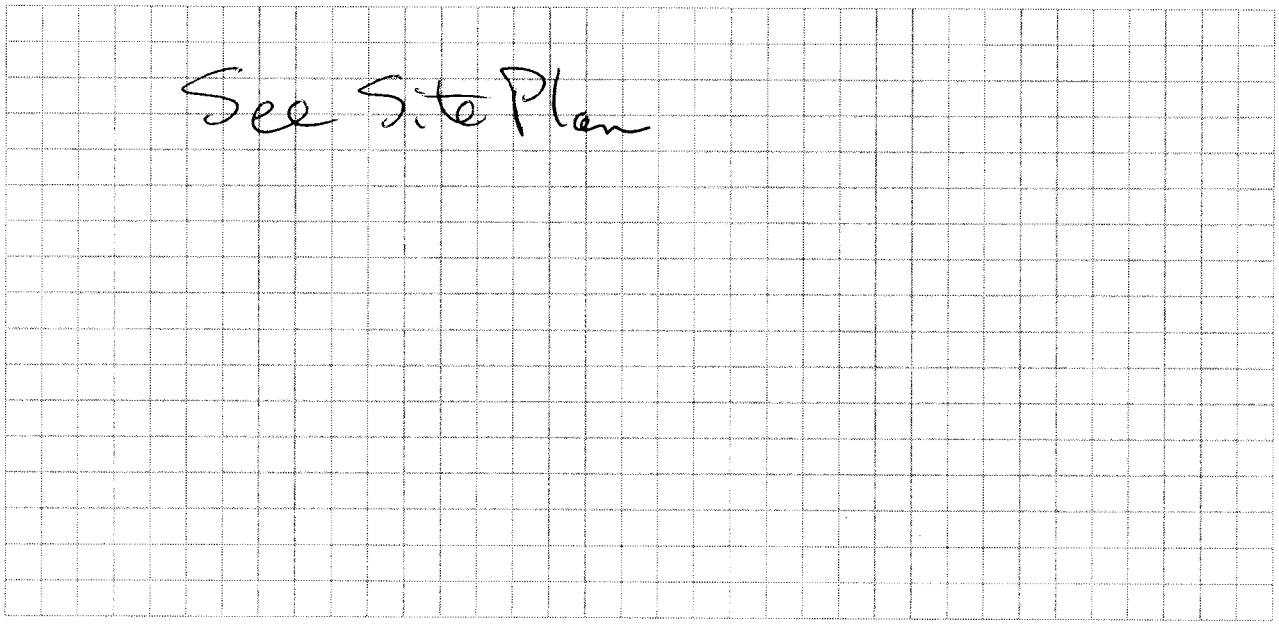
11. FLOOR PLANS

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:



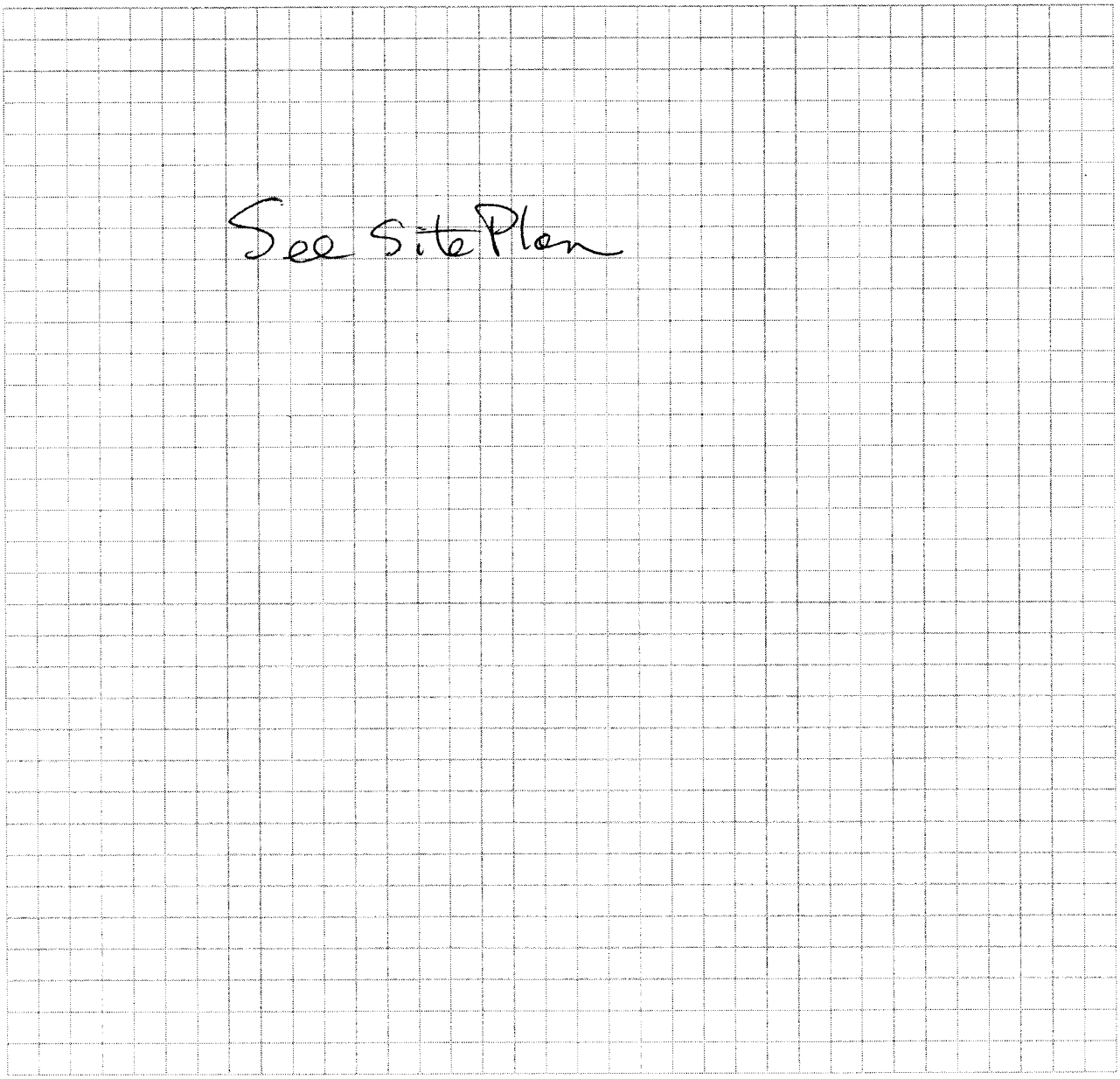
First Floor:



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

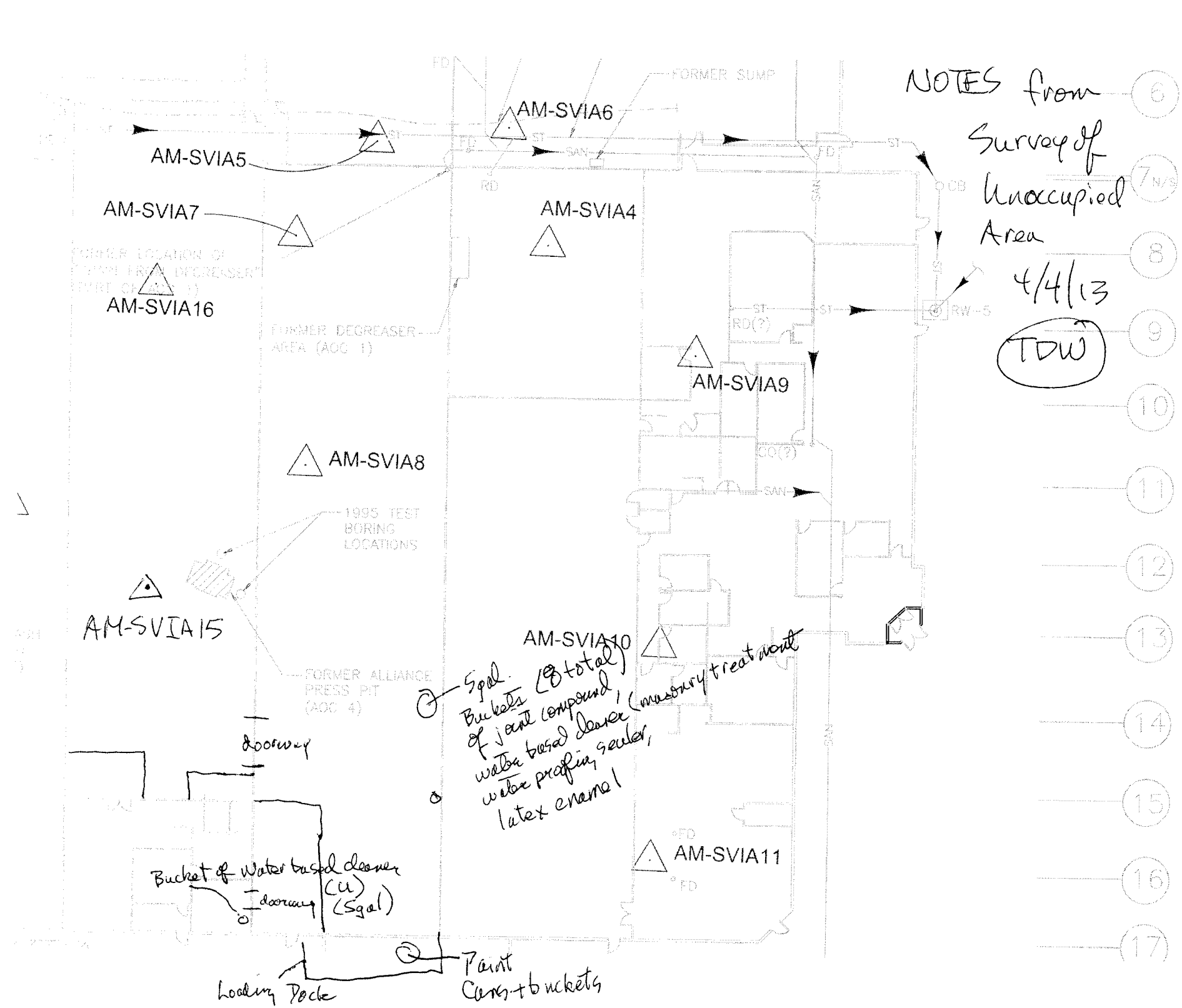
Make & Model of field instrument used: ppb RAE 3000

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

Ambient PID throughout space = 0.00

Location	Product Description	Size (units)	Condition*	Chemical Ingredients	Field Instrument Reading (units)	Photo ** Y / N
NO	PRODUCTS IN SUBJECT SPACE					
Adjacent	Refer to map for location and nature of					
Bay to	products in adjacent spaces.					
East						

* 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.


NOTES from Survey of Unoccupied Area
4/4/13
TDW
AM-SVIA5
AM-SVIA6
AM-SVIA7
AM-SVIA4
AM-SVIA16
AM-SVIA9
AM-SVIA8
AM-SVIA15
AM-SVIA10
AM-SVIA11
FORMER SUMP
FORMER DEGREASER AREA (AOC 1)
1995 TEST BORING LOCATIONS
FORMER ALLIANCE PRESS PIT (AOC 4)
5gal. Buckets (8 total) of joint compound, water based cleaner (masonry treatment, water proofing sealer, latex enamel
doorway
doorway
Bucket of water based cleaner (1) (5gal)
Loading Dock
Paint Cans + buckets

OSR – 3

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 Tom Wells Date/Time Prepared 4/4/13 11:45

Preparer's Affiliation Stantec Phone No.

Purpose of Investigation SVI Assessment for BCP Remedial Investigation, FAMSF Site

1. OCCUPANT: UNIVERSAL EQUIPMENT - SHOP/STORAGE SPACES

Interviewed: (Y) / N OWNER (did not get last name)

Last Name: First Name: Harvey

Address:

County:

Home Phone: Office Phone:

Number of Occupants/persons at this location 063 Age of Occupants Adult

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

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	(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? and installer

Business Type(s) Fabricator of convenience store interior equipmen

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

Other characteristics:

Number of floors 1 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

NA

Airflow near source

Open doorways

Outdoor air infiltration

At overhead doors, large high bay spaces

Infiltration into air ducts

NA

5. **BASEMENT AND CONSTRUCTION CHARACTERISTICS** (Circle all that apply) NO BASEMENT

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: NA (feet)

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

Floor slab joints and minor cracks

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 ceiling mounted	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: NA

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

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	NA
1st Floor	SV1A5 space is a combined shop and storage area. Remain spaces
2nd Floor	(NA) (rooms where SV1A6, SV1A4, and SV1A 7+8 are located)
3rd Floor	are storage areas
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~~ space (e.g., lawnmower, atv, car) (Y) N / NA Please specify One snowblower, 3 lawnmowers (See 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? See above

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 Acetone + adhesives, other products used in fabrication operations
(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? Acetone, solvents contained in adhesives

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)
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/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

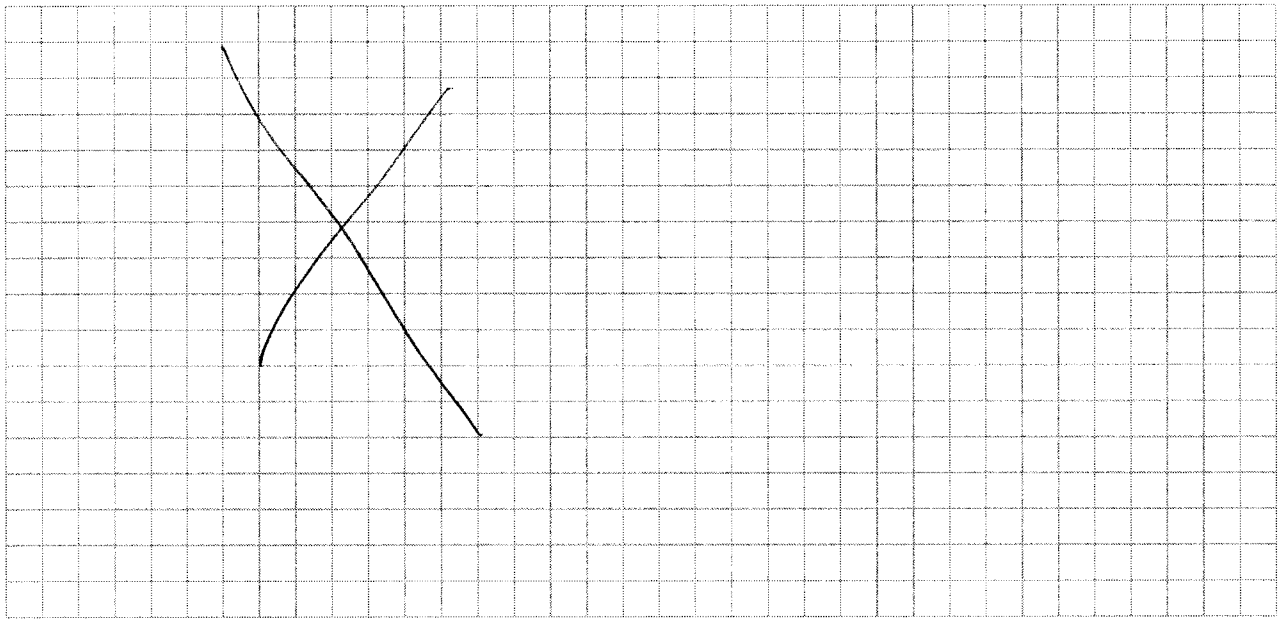
c. Responsibility for costs associated with reimbursement explained? Y / N

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

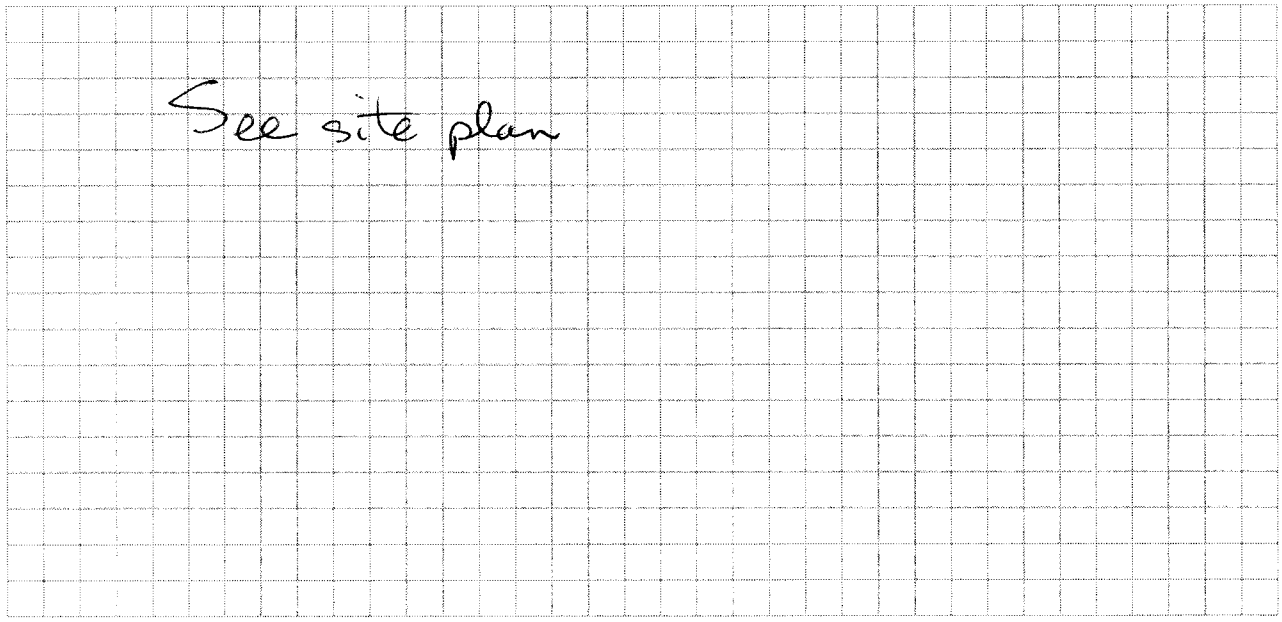
11. FLOOR PLANS

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:



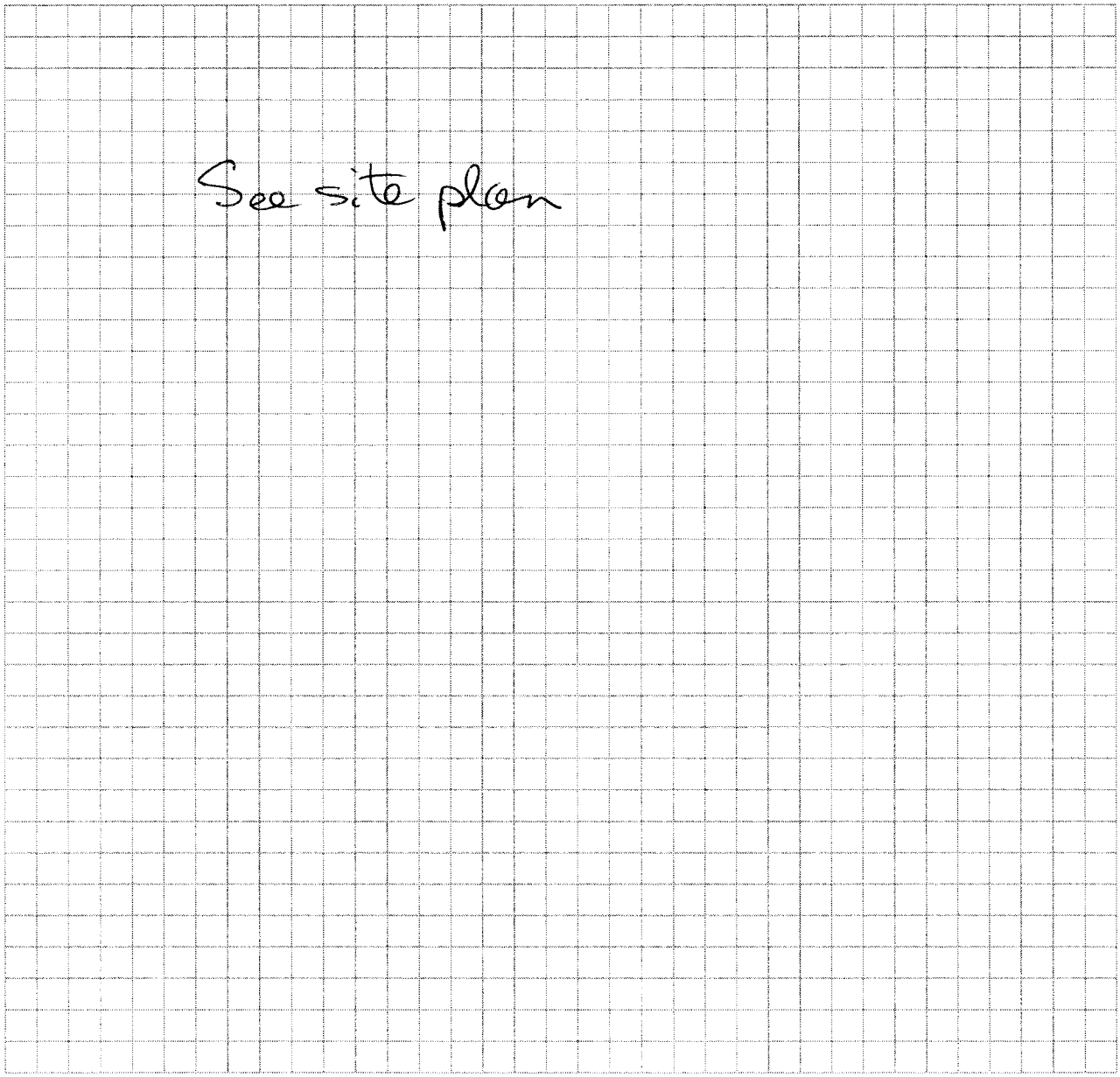
First Floor:



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: ppb RAE 3000 (11.7eV Lamp)

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

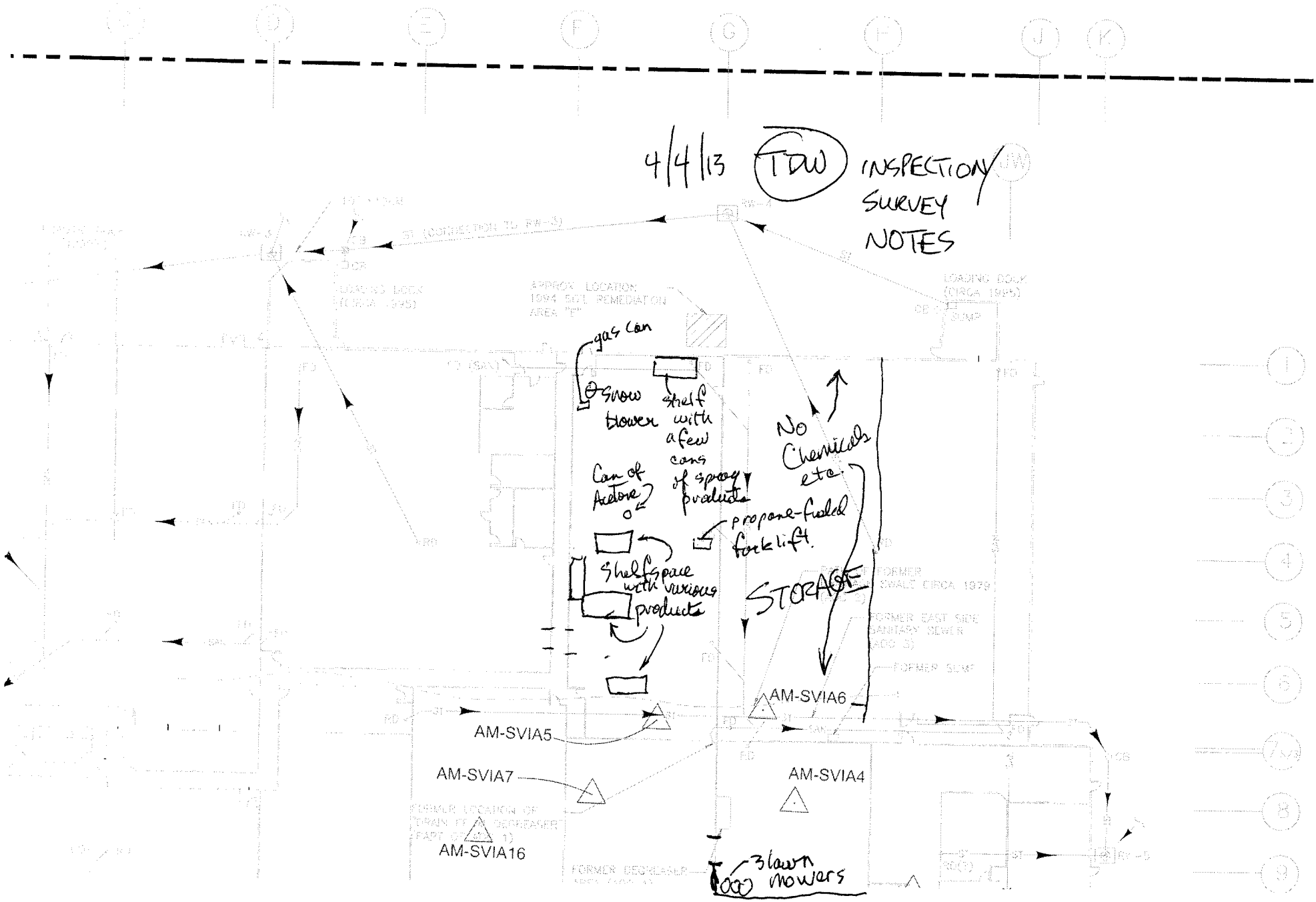
Ambient PID reading = 0.00 ppm

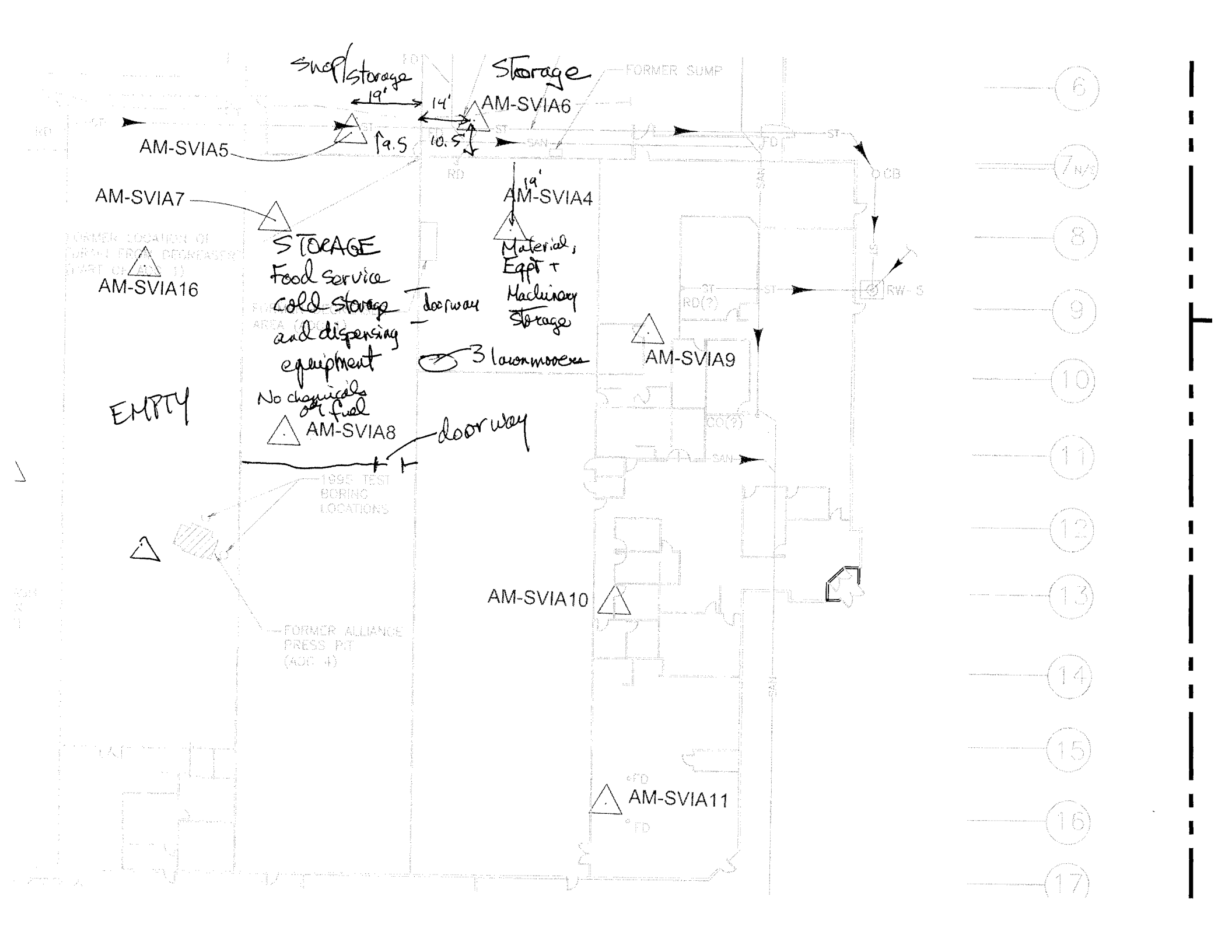
Location	Product Description	Size (units)	Condition*	Chemical Ingredients	Field Instrument Reading (units)	Photo ** Y / N
Shop space in which AM-SVIA5 is located	Caulks, paints, adhesives, waterproofing sealer, diesel fuel treatment, epoxy, resin, acetone, gasoline		Too numerous to list, most in U condition, caulks in tubes are UF, most stored in south end of shop, a few at north end		up to 0.1 ppm	Y
	Snowblower – gas can	at north end 10g	near overhead door		↓	↓ N
Storage space where SVIA 4 is located	3 lawnmowers stored in SW corner of this room				0.00 ↓	Y ↓

* 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.

4/4/13 TDW INSPECTION SURVEY NOTES




Shop/storage
19'
14'
Storage
AM-SVIA6
AM-SVIA5
19.5
10.5
AM-SVIA7
19'
AM-SVIA4
STORAGE
Food service
cold storage
and dispensing
equipment
No chemicals or fuel
doorway
Material, Eqpt + Machinery Storage
3 lawnmowers
AM-SVIA16
AM-SVIA9
EMPTY
AM-SVIA8
doorway
AM-SVIA10
AM-SVIA11
FORMER SUMP
FORMER ALLIANCE PRESS PIT (AOC 4)
6
7
8
9
10
11
12
13
14
15
16
17

OSR – 3

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 Stephenie Reynolds-Smith Date/Time Prepared 4/4/13
Preparer's Affiliation and Tom Wells, both of Stantec Phone No.

Purpose of Investigation FAMSF site BCP RI

1. OCCUPANT: Empire ~~North~~ Wine Merchants, North

Interviewed: (Y) / N

~~Last Name:~~ Saulpaw, Sharon ~~First Name:~~

Address:

County:

Home Phone: Office Phone: 585-235-4880

Number of Occupants/persons at this location ± 20 Age of Occupants Adult

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

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	(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) Wine distributor

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

Other characteristics:

Number of floors 1 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

NA

Airflow near source

NA

Outdoor air infiltration

NA

Infiltration into air ducts

NA

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

a. Above grade construction:	wood frame	concrete & block	stone	brick
b. Basement type:	full	crawlspace	slab	other NONE
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with Tile	
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: 0 (feet)

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

None identified -

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: Natural gas

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.

Not evaluated

7. OCCUPANCY

During regular working hours

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	Office
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: N/A

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

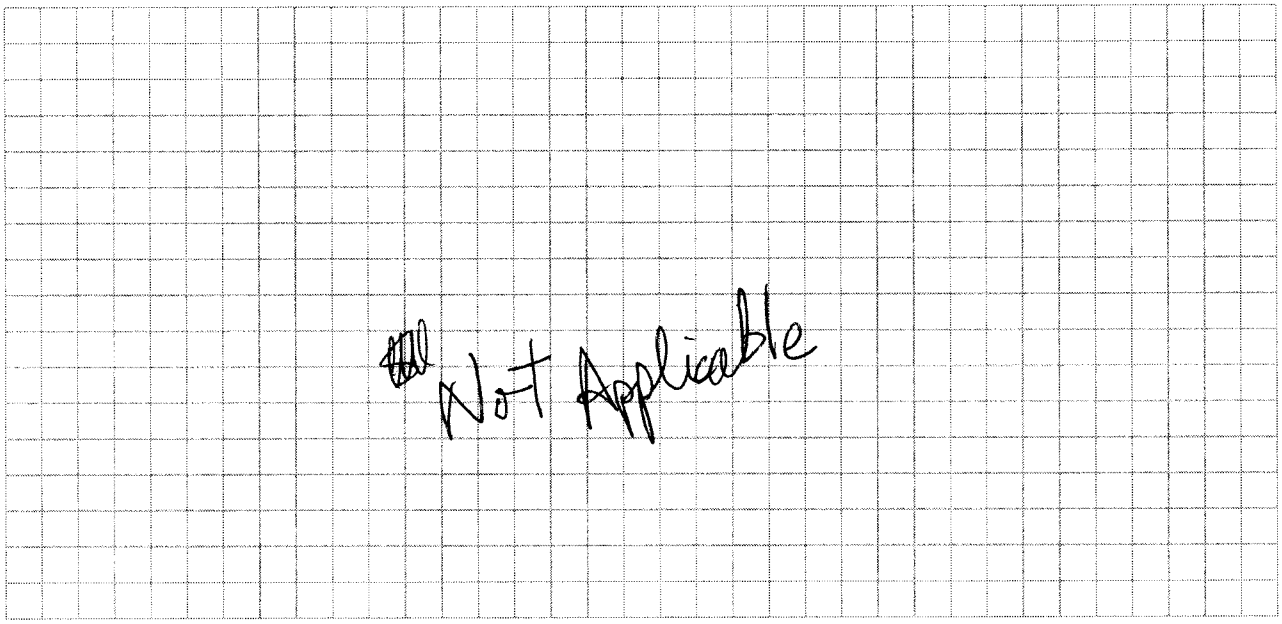
c. Responsibility for costs associated with reimbursement explained? Y / N

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

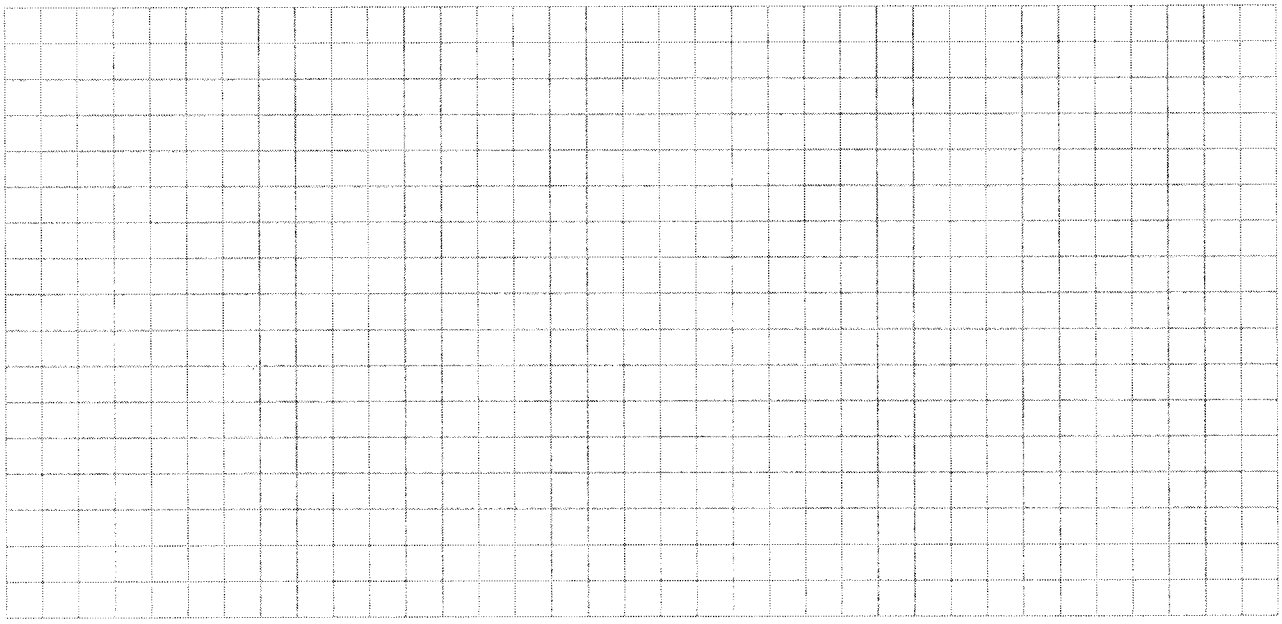
11. FLOOR PLANS

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:



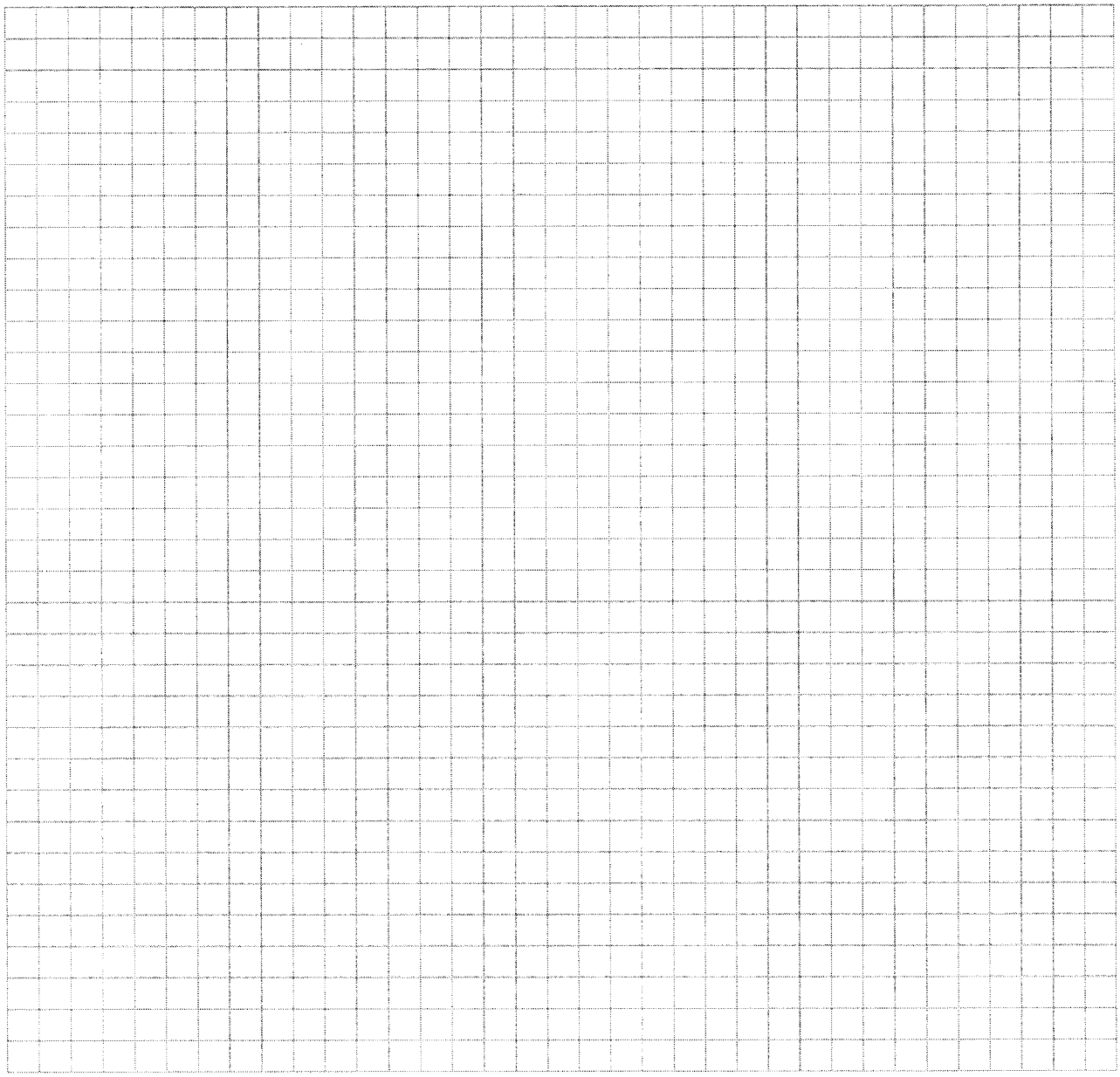
First Floor:



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.



Empire Wine Office

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MiniRAE 3000 11.7eV Eco FA00603

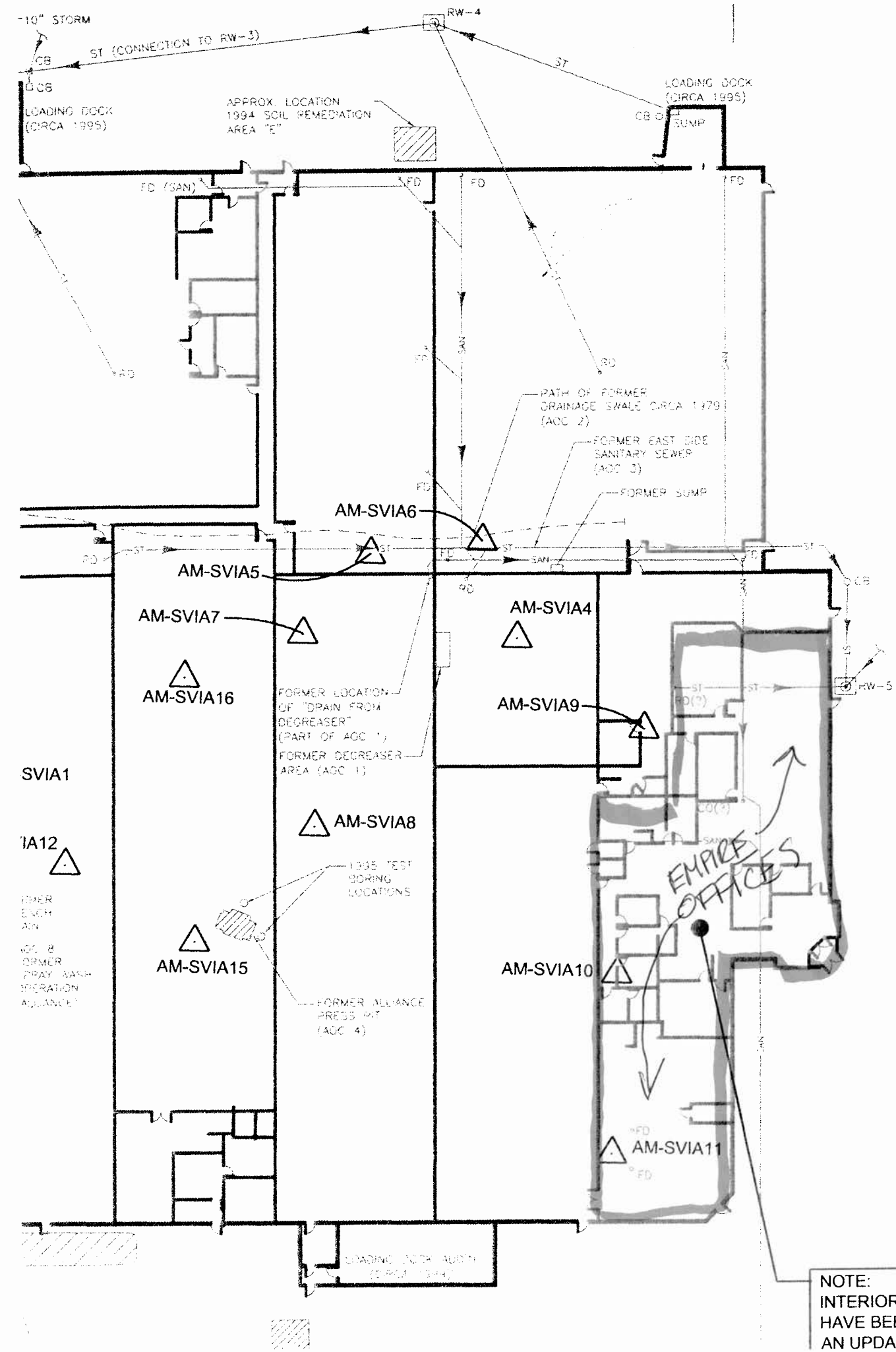
List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (units)	Condition*	Chemical Ingredients	Field Instrument Reading (units)	Photo ** Y / N
janitorial closet	Spic+Span	4L	UO	Sodium alkyl benzene sulfonate, sodium alkyl ethoxylate sulfate, sodium polyacrylate, sodium, cumene, sulfonate, colorants, perfume, etc	0	Y
	Netcare Oil Base Stainless Steel Cleaner	15oz	UO	White mineral oil, synthetic isoparaffinic hydrocarbon, mineral spirits, acetone, methyl acetate, propane		
	Hillyard Clean Assist #101	1qt	U	Hydrogen ~~chlor~~ chloride etc		
	Liquid Swabby II Spic+Span	945ml	U	Dimethyl Benzyl Ammonium Chloride		
	Non-acid Bowl + bath cleaner	1qt	U	n-Alkyl dimethyl benzyl Ammonium chloride, etc		
	Glass Cleaner Plus	1qt	UO	Isopropyl Alcohol 2-Butoxy Ethanol		
	Ammonia	1gal	UO			
	Scotchgard Fabric Cleaner	16.5oz	UO	Isobutane; 1,1-Difluoroethane		

* 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.

Does not know where heating, etc are.



NOTE:
INTERIOR WALLS IN THIS SE
HAVE BEEN MODIFIED DURII
AN UPDATED SITE PLAN WIL

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 Tom Wells, Stephanie Reynolds Smith Date/Time Prepared 4/4/13

Preparer's Affiliation Stantec Phone No.

Purpose of Investigation BCPRI, FAMSF site, Gate NY

1. OCCUPANT: EFS Auto

Interviewed: Y / N

~~East~~ Name: Chiavaroli, Robyn ~~First Name:~~ Scott, Shop manager

Address:

County:

Home Phone: Office Phone:

Number of Occupants/persons at this location ± 10 Age of Occupants Adult

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

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	(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) Auto Service & Repair

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

Other characteristics:

Number of floors 1 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 NA

Airflow near source NA

Outdoor air infiltration AT doors

Infiltration into air ducts NA

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

a. Above grade construction:	wood frame	concrete block	stone	brick
b. Basement type:	full	crawlspace	slab	other None
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with Tile	
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: NA (feet)

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

None apparent

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

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 determined

7. OCCUPANCY

Is basement/lowest level occupied? (Full-time) Occasionally Seldom Almost Never During regular working hours

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

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

The office space where the sampling was performed adjoins the EFS Shop

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? See above

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? Auto repair products

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)
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/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: N/A

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:

None

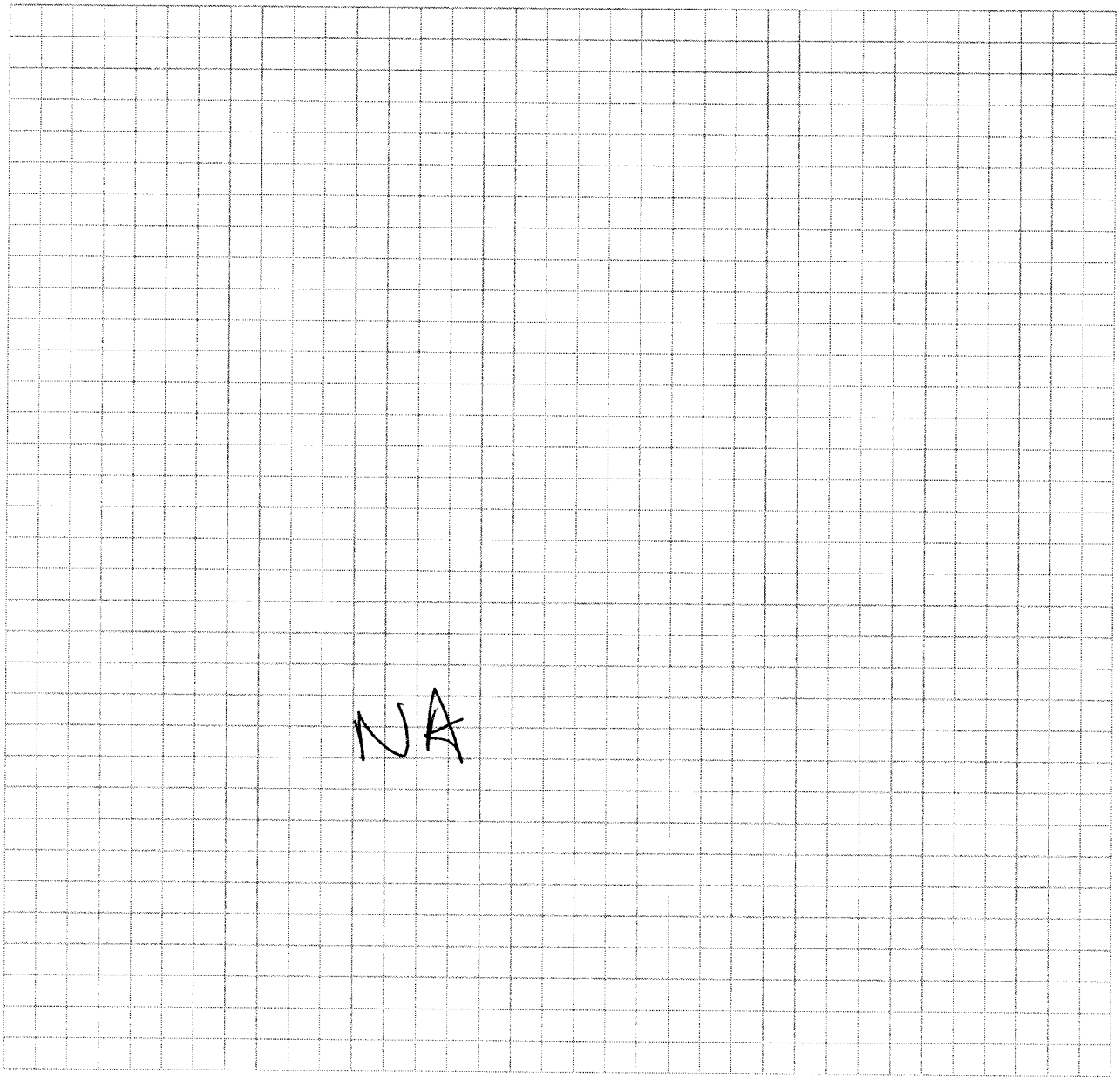
First Floor:

See sketch

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.



ESF Auto Repair Garage

13. PRODUCT INVENTORY FORM

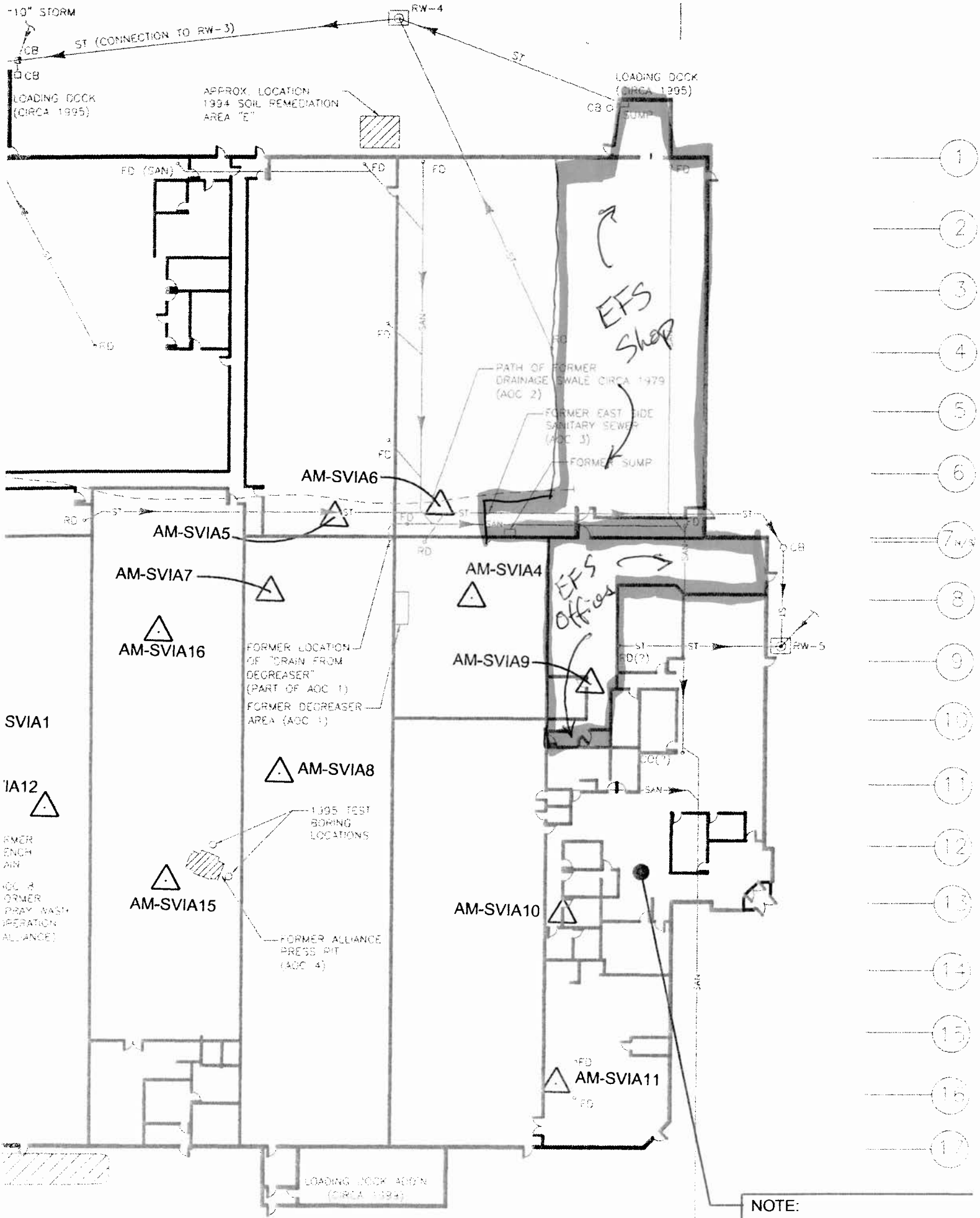
Make & Model of field instrument used: Mini RAE 3000 11.7 eV ~~Fe~~ Rental PA200603

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	V-POL Professional Spray Paint	V0	Good	"Mixture of solvents"	0	Y
Hallway near Bathrooms	ProForce Anti-bacterial Hand Soap	1gal	U	Triclosan	0	Y (group photo)
	70% Isopropyl Alcohol	32oz	U		0	
	Palmolive	40z	U	Not listed	0	
	Pledge lemon	13.8oz	U			
	Glass Glo	32oz	U	Ammonia	0	
	Lysol	32oz	U	Hydrochloric Acid	0	
	409	1Qt	U	Alkyl dimethyl benzyl ammonium chloride	0	
	Murphy All Purpose Cleaner	32oz		Not listed		
	Swiffer Wetjet	1.25L		"Cleaning agents (incl. solvents), perfume + water."	0	

* 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.

Do not know about heating, ok



NOTE:
INTERIOR WALLS IN THIS SE
HAVE BEEN MODIFIED DURI
AN UPDATED SITE PLAN WI

FAMSF Soil Vapor Sampling - June 2013

Personnel: K. Premo and W. Armington

Sample ID	Loc	Sample Type	Date	Ambient PID (ppm)	Ambient He (ppm)	Downhole He (ppm)	Purged (Y/N)	Can ID	Regulator ID	Start Time	Start Pressure (in Hg)	Check #1 Time	Check #1 Pressure	Check #2 Time	Check #2 Pressure	Stop Time	Stop Pressure (in Hg)	Comments
AOC10-SV-1	1	SV	6/21/2013	0.0	0.0	100	Y	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	Y	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	Y	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

FAMSF Soil Vapor Sampling - September 2013

Personnel: W. Armington and L. Best

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

Sample Type Codes:
SV=Soil Vapor