

VAPOR INTRUSION ASSESSMENT



**KENTUCKY
DEPARTMENT
FOR
ENVIRONMENTAL
PROTECTION**

Mail completed form to:
**DIVISION OF WASTE MANAGEMENT
UNDERGROUND STORAGE TANK BRANCH
200 FAIR OAKS LANE, SECOND FLOOR
FRANKFORT, KENTUCKY 40601
(502) 564-5981
<http://waste.ky.gov/ust>**

FOR STATE USE ONLY

GENERAL INFORMATION

Complete this form when directed in writing by the division for each soil vapor or indoor air sampling event.

OCCUPANT INFORMATION

UST SITE INFORMATION

OCCUPANT NAME:		ASSOCIATED AI #(S):	
OCCUPANT PHYSICAL ADDRESS:		UST SITE LOCATION:	
RECEIPT DATE OF SAMPLING NOTIFICATION:	<input type="checkbox"/> OCCUPANT PRESENT DURING SAMPLING EVENT	CITY:	COUNTY:
OCCUPANT PHONE NUMBER:	OTHER PHONE (OPTIONAL) <input type="checkbox"/> MOBILE <input type="checkbox"/> BUSINESS	ERT REPORT #(S):	ERT DATE(S):
OCCUPANT E-MAIL ADDRESS:		RESPONSIBLE PARTY (if known):	

BUILDING OWNER INFORMATION

CONSULTANT INFORMATION

DATE OF SAMPLING NOTIFICATION (PROVIDE COPY OF SIGNATURE OR MAIL RECEIPT)			COMPANY NAME:		
BUILDING OWNER NAME:			PROJECT MANAGER:	PROJECT MANAGER PHONE NUMBER:	
BUILDING OWNER ADDRESS: <input type="checkbox"/> OCCUPANT ALSO OWNS THE BUILDING			CONSULTANT ADDRESS:		
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:
BUILDING OWNER PHONE NUMBER:	OTHER PHONE (OPTIONAL) <input type="checkbox"/> MOBILE <input type="checkbox"/> BUSINESS		SAMPLES COLLECTED BY:		
BUILDING OWNER EMAIL ADDRESS:			PROJECT MANAGER EMAIL ADDRESS:		

LABORATORY INFORMATION

LABORATORY NAME:	LABORATORY MANAGER:
LABORATORY ADDRESS:	LABORATORY PHONE NUMBER:
ANALYTICAL METHOD(S) SPECIFIED TO LABORATORY: <input type="checkbox"/> TO-15 <input type="checkbox"/> 8260 <input type="checkbox"/> TO-17 <input type="checkbox"/> TO-13 <input type="checkbox"/> OTHER	SUMMA CANISTERS INDIVIDUALLY CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS:

PRE-SAMPLING INSPECTION

REMEDIAL SYSTEM IN PLACE? YES NO SYSTEM IN OPERATION DURING SAMPLING? YES NO

POTENTIAL VOC SOURCE	PRESENT IN BUILDING	REMOVED 48 HOURS BEFORE SCHEDULED SAMPLING	LOCATION OF SOURCE (ROOM AND FLOOR)
GAS POWERED EQUIPMENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GAS STORAGE CANS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PAINTS OR PAINT THINNERS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CLEANING SOLVENTS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
FURNITURE POLISH:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MOTH BALLS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
FUEL TANK:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SAMPLING CONDITIONS

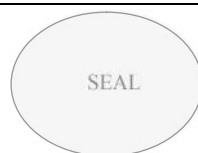
Outside Temperature (°F)		Describe General Weather Conditions:
Prevailing Wind Direction		
Significant precipitation with 48 hours of sampling event?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date of precipitation		

CERTIFICATION

Under the requirements of KRS Chapter 322 and 322A, this Vapor Intrusion Assessment shall be completed and signed by a PE licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors or a PG registered with the Kentucky Board for Professional Geologists.

I, THE UNDERSIGNED, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE.

PRINTED NAME:	TITLE:
SIGNATURE:	DATE:
LICENSE REGISTRATION NUMBER:	LICENSE/REGISTRATION DATE:



If you have questions on how to fill out this form or to request a review of the facility records, please contact the USTB at (502) 564-5981 or visit our website at <http://waste.ky.gov/ust>.

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS