

VAPOR INTRUSION BUILDING 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.

OCCUPANT INFORMATION

UST SITE INFORMATION

OCCUPANT NAME:		ASSOCIATED AI #(S):	
OCCUPANT PHYSICAL ADDRESS:		UST SITE LOCATION:	
CITY:	COUNTY:	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

BUILDING OWNER NAME:			COMPANY NAME:		
BUILDING OWNER ADDRESS: <input type="checkbox"/> OCCUPANT ALSO OWNS THE BUILDING			CONSULTANT ADDRESS:		
CITY:	COUNTY:	ZIP CODE:	CITY:	STATE:	ZIP CODE:
BUILDING OWNER PHONE NUMBER:	OTHER PHONE (OPTIONAL) <input type="checkbox"/> MOBILE <input type="checkbox"/> BUSINESS	PROJECT MANAGER NAME:	PHONE NUMBER:		
BUILDING OWNER EMAIL ADDRESS:			CONSULTANT EMAIL ADDRESS:		

PROPERTY USE

Which best describes the building use? <input type="checkbox"/> Single family residential <input type="checkbox"/> Multi-family residential <input type="checkbox"/> Residential and Commercial <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____	If building use is commercial, type of industry/business:
	If building use is commercial, time during which the building is occupied: (Example: Monday – Friday, 8 AM – 4 PM)
	If residential, the number of people in the residence: _____
	List the age and gender of the residents of the building: (attach additional pages if necessary)

Do individuals smoke cigarettes, cigars, pipes or other tobacco products inside the building? Yes No

On average, how many cigarettes are smoked inside the building each day? (Include in this number smokers that are regular visitors.)

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Fewer than 10 | <input type="checkbox"/> 1 pack | <input type="checkbox"/> 2-3 packs |
| <input type="checkbox"/> 10 – 14 | <input type="checkbox"/> 1-2 packs | <input type="checkbox"/> More than 3 packs |


BUILDING CONSTRUCTION AND DETAILS (Check all that apply)

<p>Building Foundation</p> <input type="checkbox"/> Slab on grade <input type="checkbox"/> Basement below grade	<input type="checkbox"/> Basement below grade with walkout entry <input type="checkbox"/> Evidence of a cracked foundation <input type="checkbox"/> Other (specify): _____
<p>Building Construction</p> <input type="checkbox"/> Frame building <input type="checkbox"/> Masonry building <input type="checkbox"/> Metal building <input type="checkbox"/> Modular building <input type="checkbox"/> Mobile home with fixed foundation	<input type="checkbox"/> Earth berm construction (no full storey above ground) <input type="checkbox"/> Single storey above ground <input type="checkbox"/> Two stories above ground <input type="checkbox"/> Three or more stories above ground <input type="checkbox"/> Elevator shaft present
<p>Garage details</p> <input type="checkbox"/> No garage or outbuilding <input type="checkbox"/> Attached garage <ul style="list-style-type: none"> <input type="checkbox"/> Used for vehicle parking <input type="checkbox"/> Used for fuel storage (i.e. gas cans) <input type="checkbox"/> Used for storage of gas-powered equipment <input type="checkbox"/> Detached garage(s) or outbuilding(s)	<p>Utilities</p> <input type="checkbox"/> Municipal water <input type="checkbox"/> Municipal Sewer <input type="checkbox"/> Private WWT <input type="checkbox"/> Septic system, in use <input type="checkbox"/> Septic system present, not in use <input type="checkbox"/> Private well or cistern on premises, in use <input type="checkbox"/> Private well or cistern on premises, not in use <input type="checkbox"/> Natural gas cooking stove or water heater in use
<p>Basement details</p> <input type="checkbox"/> Cinder block walls <input type="checkbox"/> Dry stone walls <input type="checkbox"/> Stone with mortar <input type="checkbox"/> Poured concrete walls <input type="checkbox"/> Excessive cracking of walls <input type="checkbox"/> Evidence of a water intrusion into basement <input type="checkbox"/> Petroleum odor observed	<p>Basement floor details</p> <input type="checkbox"/> Dirt or gravel floor <input type="checkbox"/> Stone (natural or laid) floor <input type="checkbox"/> Concrete floor <input type="checkbox"/> Floor drains <input type="checkbox"/> Sump/ sump pump in basement <input type="checkbox"/> Water in sump basin <input type="checkbox"/> Excessive cracking in concrete floor
<p>Heating</p> <input type="checkbox"/> Floor, wall or pipeless furnace <input type="checkbox"/> Central warm air furnace with ducts to rooms <ul style="list-style-type: none"> <input type="checkbox"/> Electric or solar heat <input type="checkbox"/> Natural gas furnace <input type="checkbox"/> Kerosene or heating oil furnace <input type="checkbox"/> Propane furnace <input type="checkbox"/> Coal burning furnace <input type="checkbox"/> Geothermal heat <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Steam or hot water (radiators/baseboard) <input type="checkbox"/> Fireplace(s) or wood burning stove(s) in use <input type="checkbox"/> Gas fireplace(s) in use; Fuel: _____ <input type="checkbox"/> Other (specify): _____	<p>Cooling and ventilation</p> <input type="checkbox"/> Central air conditioning <input type="checkbox"/> Individual window air conditioning units <input type="checkbox"/> Mechanical fans (attic fan) <input type="checkbox"/> Kitchen range hood fan (venting outside) <input type="checkbox"/> Bathroom ventilation fan (venting outside) For all heat and air systems: <input type="checkbox"/> Systems recirculate indoor air <input type="checkbox"/> Supply fresh air <input type="checkbox"/> Unknown

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>.