

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard, Second Floor – Frankfort KY 40601  
(502) 564-5981

FOR OFFICIAL USE ONLY –  
DO NOT WRITE IN THIS SPACE

### UST Vapor Intrusion Assessment Checklist

#### 1. UST Facility Information

<b>Agency Interest Number (AI)</b>			
<b>UST Facility Name</b>			
<b>UST Facility Physical Address</b>	Street Address:		
	City:	County:	Zip Code: -
<b>UST Facility Location (Coordinates)</b>	Latitude:	Longitude:	

#### 2. UST System Owner Information

<b>UST System Owner Name</b>			
<b>UST System Owner Mailing Address</b>	Street Address:		
	City:	State:	Zip Code: -
<b>UST System Owner Contact Information</b>	Phone: ( ) -	Alternate Phone: ( ) -	
	Email:		

#### 3. Building Owner Information

<b>Building Owner Name</b>			
<b>Building Owner Mailing Address</b>	Street Address:		
	City:	State:	Zip Code: -
<b>Building Owner Contact Information</b>	Phone: ( ) -	Alternate Phone: ( ) -	
	Email:		

#### 4. Occupant Information

<b>Occupant Name</b>			
<b>Occupant Mailing Address</b>	Street Address:		
	City:	State:	Zip Code: -
<b>Occupant Contact Information</b>	Phone: ( ) -	Alternate Phone: ( ) -	
	Email:		

#### 5. Consultant Information

<b>Company Name</b>			
<b>Company Mailing Address</b>	Street Address:		
	City:	State:	Zip Code: -
<b>Company Contact Information</b>	Project Manager:		
	Phone: ( ) -	Alternate Phone: ( ) -	Fax: ( ) -
	Email:		

AI \_\_\_\_\_

6. Laboratory Information			
<b>Laboratory Name</b>			
<b>Laboratory Mailing Address</b>	Street Address:		
	City:	State:	Zip Code: -
<b>Laboratory Contact Information</b>	Laboratory Manager:		
	Phone: ( ) -	Alternate Phone: ( ) -	Fax: ( ) -
	Email:		

7. Site-Specific Details	
<b>Release/Incident Numbers and Dates</b>	1. _____ 2. _____
<b>Notification of Indoor Air Sampling Receipt Date</b> <i>(provide copy of signature or mail receipt)</i>	Occupant: / / Building Owner: / /

8. Indoor Air/Crawlspace Pre-Sampling Inspection <i>(if applicable)</i>			
Potential VOC <sup>1</sup> Source	Present in Building	Removed 48-Hours Prior to Sampling	Location of Source <i>(room and floor)</i>
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	
Fuel tank	<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 <i>(i.e., cleaning supplies &amp; disinfectants)</i>	<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	
Personal care products <i>(i.e., nail polish &amp; remover, perfumes/colognes, hair sprays, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hobby supplies <i>(i.e., glues, cements, wood preservatives, markers, photography solutions, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Office supplies <i>(i.e., correction solutions, printer/copier inks, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pesticides	<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	
Air fresheners	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dry cleaned clothing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other <i>(specify):</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other <i>(specify):</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other <i>(specify):</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Field Investigations				
Complete and submit a UST Vapor Intrusion Building Assessment Checklist <i>(DWM 4271)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Leak testing performed on equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Summa canisters individually certified by laboratory	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Remedial system in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	System in operation during sampling?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup> VOC – Volatile organic compounds


AI \_\_\_\_\_

Person(s) present during sampling event	<input type="checkbox"/> Occupant <input type="checkbox"/> Building Owner <input type="checkbox"/> Other ( <i>specify</i> ):
Describe general weather conditions	
Weather conditions	Outside temperature:            (°F)            Prevailing wind direction:
Significant precipitation within 48-hours of sampling event	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date of precipitation:    /    /

**10. Report Certification**

Under the requirements of KRS Chapter 322 and 322A, this checklist and attached report shall be completed and signed by a P.E. licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors or a P.G. registered with the Kentucky Board of Registration 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.

<b>Printed</b>		<b>Title</b>	
<b>Signature</b>		<b>Date</b>	/ /
<input type="checkbox"/> Professional Engineer		<input type="checkbox"/> Professional Geologist	
KY License Number		KY Registration Number	
License Date		Registration Date	

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of UST facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email [EEC.KORA@ky.gov](mailto:EEC.KORA@ky.gov).

**GENERAL INSTRUCTIONS**  
**UST Vapor Intrusion Assessment Checklist**

Instructions provided are for the DWM 4270, UST Vapor Intrusion Assessment Checklist. For any questions regarding any section of this form, please call the Division of Waste Management's Underground Storage Tank (UST) Branch. This form must be completed either by typing or by printing legibly with black ink.

Submit DWM 4270 form via mail, fax, or electronically:

**Kentucky Department for Environmental Protection**  
**Division of Waste Management**  
**Underground Storage Tank Branch**  
**300 Sower Boulevard, Second Floor**  
**Frankfort, KY 40601**  
**Phone: (502) 564-5981**  
**Fax: (502) 564-0094**  
<http://waste.ky.gov/UST>

<b>Section</b>	<b>1.</b>	<p><b>UST Facility Information:</b> <i>(i.e., facility that is the source or potential source of vapors)</i></p> <ul style="list-style-type: none"> <li>• <b>Agency Interest Number (AI)</b> – Enter the agency interest number for the UST facility.</li> <li>• <b>UST Facility Name</b> – Enter the UST facility name.</li> <li>• <b>UST Facility Physical Address</b> – Enter the UST facility physical address including a street address, city, county, and zip code. A PO Box will not be accepted.</li> <li>• <b>UST Facility Location</b> – Enter the latitude and longitude of the UST facility.</li> </ul>
<b>Section</b>	<b>2.</b>	<p><b>UST System Owner Information:</b></p> <ul style="list-style-type: none"> <li>• <b>UST System Owner Name</b> – Enter the full legal name of the individual, corporation, or Limited Liability Corporation (LLC), government agency, or other entity that owns the UST facility.</li> <li>• <b>UST System Mailing Address</b> – Enter the owner's mailing address, city, state, and zip code.</li> <li>• <b>UST System Owner Contact Information</b> – Enter the contact information for the owner, including the phone number and email address.</li> </ul>
<b>Section</b>	<b>3.</b>	<p><b>Building Owner Information:</b> <i>(i.e., building affected or has the potential to be affected by vapors)</i></p> <ul style="list-style-type: none"> <li>• <b>Building Owner Name</b> – Enter the building owner's name.</li> <li>• <b>Building Owner Mailing Address</b> – Enter the building owner's mailing address, city, state, and zip code.</li> <li>• <b>Building Owner Contact Information</b> – Enter the contact information for the building owner, including the phone number and email address.</li> </ul>
<b>Section</b>	<b>4.</b>	<p><b>Occupant Information:</b> <i>(i.e., building occupant affected or has the potential to be affected by vapors)</i></p> <ul style="list-style-type: none"> <li>• <b>Occupant Name</b> – Enter the occupant's name.</li> <li>• <b>Occupant Mailing Address</b> – Enter the occupant's mailing address, city, state, and zip code.</li> <li>• <b>Occupant Contact Information</b> – Enter the contact information for the occupant, including the phone number and email address.</li> </ul>
<b>Section</b>	<b>5.</b>	<p><b>Consultant Information:</b> <i>(i.e., consultant or contractor managing the project)</i></p> <ul style="list-style-type: none"> <li>• <b>Company Name</b> – Enter the company's name.</li> <li>• <b>Company Mailing Address</b> – Enter the company's mailing address, city, state, and zip code.</li> <li>• <b>Company Contact Information</b> – Enter the contact information for the company, including the project manager's name, phone number, and email address.</li> </ul>
<b>Section</b>	<b>6.</b>	<p><b>Laboratory Information:</b> <i>(i.e., laboratory that will be used to analyze samples)</i></p> <ul style="list-style-type: none"> <li>• <b>Laboratory Name</b> – Enter the laboratory's name.</li> <li>• <b>Laboratory Mailing Address</b> – Enter the laboratory's mailing address, city, state, and zip code.</li> <li>• <b>Laboratory Contact Information</b> – Enter the contact information for the laboratory, including the laboratory manager's name, phone number, and email address.</li> </ul>
<b>Section</b>	<b>7.</b>	<p><b>Site-Specific Details:</b></p> <ul style="list-style-type: none"> <li>• <b>Release/Incident Numbers and Dates</b> – Enter release/incident numbers and dates for the incident that was reported to the cabinet.</li> <li>• <b>Notification of Indoor Air Sampling Receipt Date</b> – <ul style="list-style-type: none"> <li>○ Enter the date the occupant received the Indoor Air Sampling Notification.</li> <li>○ Enter the date the building owner received the Indoor Air Sampling Notification.</li> </ul> </li> </ul>
<b>Section</b>	<b>8.</b>	<p><b>Indoor Air/Crawlspace Pre-Sampling Inspection:</b></p> <ul style="list-style-type: none"> <li>• Check the appropriate boxes that indicate a potential VOC source is present in the building.</li> <li>• Check the appropriate boxes that indicate a potential VOC source was removed 48-hours prior to sampling.</li> <li>• Provide the location of the potential VOC source (i.e., room and floor).</li> </ul>

<b>Section</b>	<b>9.</b>	<b>Field Investigations:</b> <ul style="list-style-type: none"><li>• Check the appropriate boxes or provide the required information for each of the questions.</li></ul>
<b>Section</b>	<b>10.</b>	<b>Report Certification:</b> <ul style="list-style-type: none"><li>• <b>Professional Engineer or Professional Geologist</b> – The Professional Engineer (P.E.) or Professional Geologist (P.G.) shall certify the information included in the re-evaluation request by printing name, indicate title, license/registration number, license/registration date, and sign and date.</li></ul>