

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 Building 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: ( ) -	
	Email:		

AI \_\_\_\_\_

<b>6. Release Details</b>	
<b>Release/Incident Numbers and Dates</b>	1. _____ 2. _____
<b>7. Property Use</b>	
<b>Which best describes the building use?</b>	<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 (specify): _____
<b>Are tobacco products used inside the building?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Average number of cigarettes smoked inside building a day? <input type="checkbox"/> < 1 pack <input type="checkbox"/> 1-3 packs <input type="checkbox"/> > 3 packs
<b>For residential use</b>	Number of person(s) living at residence: _____ List each person(s) age / gender below: _____ _____ _____
<b>For commercial use</b>	Type of business: _____ Time of day / night building is occupied: _____
<b>8. Building Construction and Details (check all that apply)</b>	
<b>Foundation</b>	<input type="checkbox"/> Slab on grade <input type="checkbox"/> Basement below grade <input type="checkbox"/> Basement below grade / walkout entry <input type="checkbox"/> Cracked foundation <input type="checkbox"/> Other (specify): _____
<b>Construction</b>	<input type="checkbox"/> Frame <input type="checkbox"/> Single story above ground <input type="checkbox"/> Mobile home with fixed foundation <input type="checkbox"/> Masonry <input type="checkbox"/> Two stories above ground <input type="checkbox"/> Earth berm (no full story above ground) <input type="checkbox"/> Metal <input type="checkbox"/> More than three stories above ground <input type="checkbox"/> Elevator shaft present <input type="checkbox"/> Modular
<b>Garage / Outbuilding</b>	<input type="checkbox"/> None <input type="checkbox"/> Detached <input type="checkbox"/> Attached Used for (select all that apply): <input type="checkbox"/> Vehicle parking <input type="checkbox"/> Fuel storage <input type="checkbox"/> Gas powered equipment storage
<b>Basement</b>	<input type="checkbox"/> Cinder block <input type="checkbox"/> Dry stone <input type="checkbox"/> Stone & mortar <input type="checkbox"/> Poured concrete <input type="checkbox"/> Excessive wall cracking <input type="checkbox"/> Evidence of water intrusion <input type="checkbox"/> Petroleum odor
<b>Basement floor</b>	<input type="checkbox"/> Dirt or gravel <input type="checkbox"/> Stone (natural or laid) <input type="checkbox"/> Concrete <input type="checkbox"/> Floor drains <input type="checkbox"/> Sump / sump pump <input type="checkbox"/> Water in sump <input type="checkbox"/> Excessive cracking in concrete floor
<b>Utilities</b>	<input type="checkbox"/> Municipal Water <input type="checkbox"/> Private well or cistern (in use) <input type="checkbox"/> Private well or cistern (not in use) <input type="checkbox"/> Municipal sewer <input type="checkbox"/> Septic (in use) <input type="checkbox"/> Septic (not in use) <input type="checkbox"/> Private wastewater treatment <input type="checkbox"/> Natural gas cooking stove or water heater (in use)
<b>Heating</b>	<input type="checkbox"/> Central furnace with ducts <input type="checkbox"/> Electric or solar <input type="checkbox"/> Natural gas <input type="checkbox"/> Kerosene or heating oil <input type="checkbox"/> Floor-wall/pipeless furnace <input type="checkbox"/> Propane <input type="checkbox"/> Coal <input type="checkbox"/> Geothermal <input type="checkbox"/> Steam/hot water <input type="checkbox"/> Fireplace/wood burning stove <input type="checkbox"/> Gas fireplace fuel (specify fuel type): _____
<b>Cooling and ventilation</b>	<input type="checkbox"/> Central air <input type="checkbox"/> Individual window unit(s) <input type="checkbox"/> Mechanical fans (attic fan) <input type="checkbox"/> Kitchen range hood fan (vents outside) <input type="checkbox"/> Bathroom ventilation fan (vents outside)
<b>For all heat and air systems</b>	<input type="checkbox"/> Recirculate indoor air <input type="checkbox"/> Supply fresh air <input type="checkbox"/> Unknown

AI \_\_\_\_\_

**Report Certification** (continued from Section 9)

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 Building Assessment Checklist

Instructions provided are for the DWM 4271, UST Vapor Intrusion Building 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 4271 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>

Section	1.	<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 facility.</li> <li>• <b>UST Facility Name</b> – Enter the facility name.</li> <li>• <b>UST Facility Physical Address</b> – Enter the 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 facility.</li> </ul>
Section	2.	<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>
Section	3.	<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>
Section	4.	<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>
Section	5.	<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>
Section	6.	<p><b>Release 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> </ul>
Section	7.	<p><b>Property Use:</b></p> <ul style="list-style-type: none"> <li>• <b>Which best describes the building use?</b> – Check the appropriate boxes that best describes the use of the building.</li> <li>• <b>Are tobacco products used inside the building?</b> – Check the appropriate box indicating the use of tobacco in the building. If "Yes", check the appropriate box based on how much of the tobacco products are used inside the building.</li> <li>• <b>For residential use</b> – Enter the number of person(s) that reside at the building. Provide an age and gender for each.</li> <li>• <b>For commercial use</b> – Enter the type of business and the time of day the building is occupied (day or night).</li> </ul>

<b>Section</b>	<b>8.</b>	<b>Building Construction and Details:</b> <ul style="list-style-type: none"><li>• Check the appropriate box(s) that best describes the building foundation, construction, garage/building, basement present, basement floor type, utilities, heating, cooling, and ventilation (if applicable). Indicate the type of air system present.</li></ul>
<b>Section</b>	<b>9.</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>