|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VAPOR INTRUSION ASSESSMENT** | | | | | | | | | | |
|  | **KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION** | | | | | *Mail completed form to:*  **DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 300 SOWER BLVD, SECOND FLOOR FRANKFORT, KENTUCKY 40601**  **(502) 564-5981**  [**http://waste.ky.gov/ust**](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:** | | | | **OCCUPANT PRESENT DURING SAMPLING EVENT** | | | **CITY:** | **COUNTY:** | | |
| **OCCUPANT PHONE NUMBER:** | | | | **OTHER PHONE (OPTIONAL) MOBILE 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: OCCUPANT ALSO OWNS THE BUILDING** | | | | | | | **CONSULTANT ADDRESS:** | | | |
| **CITY:** | | **STATE:** | | | **ZIP CODE:** | | **CITY:** | **STATE:** | | **ZIP CODE:** |
| **BUILDING OWNER PHONE NUMBER:** | | | **OTHER PHONE (OPTIONAL) MOBILE 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: TO-15 8260 TO-17 TO-13 OTHER** | | | | | | | **SUMMA CANISTERS INDIVIDUALLY CERTIFIED?**  **YES 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: | YES NO | | YES NO | |  |
| GAS STORAGE CANS: | YES NO | | YES NO | |  |
| PAINTS OR PAINT THINNERS: | YES NO | | YES NO | |  |
| CLEANING SOLVENTS: | YES NO | | YES NO | |  |
| FURNITURE POLISH: | YES NO | | YES NO | |  |
| MOTH BALLS: | YES NO | | YES NO | |  |
| FUEL TANK: | YES NO | | YES NO | |  |
| OTHER: | YES NO | | YES NO | |  |
| OTHER: | YES NO | | YES NO | |  |
| OTHER: | YES NO | | YES NO | |  |
| **SAMPLING CONDITIONS** | | | | | |
| Outside Temperature (0F) |  | | Describe General Weather Conditions: | | |
| Prevailing Wind Direction |  | |
| Significant precipitation with 48 hours of sampling event? | YES 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.**](http://waste.ky.gov/ust) | | | | | |

\*\*RETAIN A COPY OF THIS FORM FOR YOUR RECORDS\*\*

SEAL