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| **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:** |

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| **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:** |
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| **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\*\*

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