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| **VAPOR INTRUSION BUILDING 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. | | | | | | | | | |
| **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) MOBILE 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: OCCUPANT ALSO OWNS THE BUILDING** | | | | | | **CONSULTANT ADDRESS:** | | | |
| **CITY:** | | **COUNTY:** | | **ZIP CODE:** | | **CITY:** | **STATE:** | | **ZIP CODE:** |
| **BUILDING OWNER PHONE NUMBER:** | | **OTHER PHONE (OPTIONAL) MOBILE BUSINESS** | | | | **PROJECT MANAGER NAME:** | **PHONE NUMBER:** | | |
| **BUILDING OWNER EMAIL ADDRESS:** | | | | | | **CONSULTANT EMAIL ADDRESS:** | | | |
| **PROPERTY USE** | | | | | | | | | |
| Which best describes the building use?  Single family residential Multi-family residential Residential and Commercial Commercial  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.)  Fewer than 10 1 pack 2-3 packs  10 – 14 1-2 packs More than 3 packs | | | | | | | | | |

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| **BUILDING CONSTRUCTION AND DETAILS (Check all that apply)** | |
| **Building Foundation** Basement below grade with walkout entry Slab on grade Evidence of a cracked foundation  Basement below grade Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Building Construction**  Frame building Earth berm construction (no full storey above ground)  Masonry building Single storey above ground  Metal building Two stories above ground  Modular building Three or more stories above ground  Mobile home with fixed foundation Elevator shaft present | |
| **Garage details**  No garage or outbuilding Attached garage  Used for vehicle parking  Used for fuel storage (i.e. gas cans)  Used for storage of gas-powered equipment Detached garage(s) or outbuilding(s) | **Utilities**  Municipal water Municipal Sewer Private WWT Septic system, in use  Septic system present, not in use  Private well or cistern on premises, in use Private well or cistern on premises, not in use Natural gas cooking stove or water heater in use |
| **Basement details** Cinder block walls Dry stone walls Stone with mortar  Poured concrete walls Excessive cracking of walls  Evidence of a water intrusion into basement Petroleum odor observed | **Basement floor details**  Dirt or gravel floor  Stone (natural or laid) floor Concrete floor  Floor drains  Sump/ sump pump in basement Water in sump basin  Excessive cracking in concrete floor |
| **Heating**  Floor, wall or pipeless furnace  Central warm air furnace with ducts to rooms Electric or solar heat  Natural gas furnace  Kerosene or heating oil furnace Propane furnace  Coal burning furnace Geothermal heat Electric  Water  Steam or hot water (radiators/baseboard) Fireplace(s) or wood burning stove(s) in use  Gas fireplace(s) in use; Fuel:\_ Other (specify): \_ | **Cooling and ventilation**  Central air conditioning  Individual window air conditioning units Mechanical fans (attic fan)  Kitchen range hood fan (venting outside) Bathroom ventilation fan (venting outside)  For all heat and air systems: Systems recirculate indoor air Supply fresh air  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.**](http://waste.ky.gov/ust) | |