

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>**

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
 10 – 14

- 1 pack
 1-2 packs

- 2-3 packs
 More than 3 packs

BUILDING CONSTRUCTION AND DETAILS (Check all that apply)

Building Foundation	<input type="checkbox"/> Basement below grade with walkout entry
<input type="checkbox"/> Slab on grade	<input type="checkbox"/> Evidence of a cracked foundation
<input type="checkbox"/> Basement below grade	<input type="checkbox"/> Other (specify): _____

Building Construction	<input type="checkbox"/> Earth berm construction (no full storey above ground)
<input type="checkbox"/> Frame building	<input type="checkbox"/> Single storey above ground
<input type="checkbox"/> Masonry building	<input type="checkbox"/> Two stories above ground
<input type="checkbox"/> Metal building	<input type="checkbox"/> Three or more stories above ground
<input type="checkbox"/> Modular building	<input type="checkbox"/> Elevator shaft present
<input type="checkbox"/> Mobile home with fixed foundation	

Garage details	Utilities
<input type="checkbox"/> No garage or outbuilding	<input type="checkbox"/> Municipal water <input type="checkbox"/> Municipal Sewer <input type="checkbox"/> Private WWT
<input type="checkbox"/> Attached garage	<input type="checkbox"/> Septic system, in use
<input type="checkbox"/> Used for vehicle parking	<input type="checkbox"/> Septic system present, not in use
<input type="checkbox"/> Used for fuel storage (i.e. gas cans)	<input type="checkbox"/> Private well or cistern on premises, in use
<input type="checkbox"/> Used for storage of gas-powered equipment	<input type="checkbox"/> Private well or cistern on premises, not in use
<input type="checkbox"/> Detached garage(s) or outbuilding(s)	<input type="checkbox"/> Natural gas cooking stove or water heater in use


Basement details	Basement floor details
<input type="checkbox"/> Cinder block walls	<input type="checkbox"/> Dirt or gravel floor
<input type="checkbox"/> Dry stone walls	<input type="checkbox"/> Stone (natural or laid) floor
<input type="checkbox"/> Stone with mortar	<input type="checkbox"/> Concrete floor
<input type="checkbox"/> Poured concrete walls	<input type="checkbox"/> Floor drains
<input type="checkbox"/> Excessive cracking of walls	<input type="checkbox"/> Sump/ sump pump in basement
<input type="checkbox"/> Evidence of a water intrusion into basement	<input type="checkbox"/> Water in sump basin
<input type="checkbox"/> Petroleum odor observed	<input type="checkbox"/> Excessive cracking in concrete floor

Heating	Cooling and ventilation
<input type="checkbox"/> Floor, wall or pipeless furnace	<input type="checkbox"/> Central air conditioning
<input type="checkbox"/> Central warm air furnace with ducts to rooms	<input type="checkbox"/> Individual window air conditioning units
<input type="checkbox"/> Electric or solar heat	<input type="checkbox"/> Mechanical fans (attic fan)
<input type="checkbox"/> Natural gas furnace	<input type="checkbox"/> Kitchen range hood fan (venting outside)
<input type="checkbox"/> Kerosene or heating oil furnace	<input type="checkbox"/> Bathroom ventilation fan (venting outside)
<input type="checkbox"/> Propane furnace	
<input type="checkbox"/> Coal burning furnace	For all heat and air systems:
<input type="checkbox"/> Geothermal heat	<input type="checkbox"/> Systems recirculate indoor air
<input type="checkbox"/> Electric	<input type="checkbox"/> Supply fresh air
<input type="checkbox"/> Water	<input type="checkbox"/> Unknown
<input type="checkbox"/> Steam or hot water (radiators/baseboard)	
<input type="checkbox"/> Fireplace(s) or wood burning stove(s) in use	
<input type="checkbox"/> Gas fireplace(s) in use; Fuel: _____	
<input type="checkbox"/> Other (specify): _____	

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>.