

**APPENDIX B**

**INDOOR AIR QUALITY QUESTIONNAIRES**



Project Name AVM Gowanda Project Number 2184

Preparer's Name \_\_\_\_\_ Date Prepared \_\_\_\_\_

Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

I. **OCCUPANT NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Office Phone Number \_\_\_\_\_

II. **OWNER OR LANDLORD NAME:** \_\_\_\_\_

(If different from occupant)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial

Ranch

2-Family

Raised-Ranch

Duplex

Split-Level

Apartment House \_\_\_ Units

Colonial: Number of Floors \_\_\_\_\_

Mobile Home

Other: specify \_\_\_\_\_

Residence Age \_\_\_\_\_

General Description of Building Construction Materials \_\_\_\_\_

Is the building insulated? YES / NO How air tight is the building \_\_\_\_\_

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement, crawlspace, slab on grade, other \_\_\_\_\_

2. Basement floor: concrete, dirt, other \_\_\_\_\_

3. Concrete floor: unsealed, painted, covered with \_\_\_\_\_

4. Foundation walls: poured concrete, block, laid up stone, other \_\_\_\_\_

5. The basement is: wet, damp, dry \_\_\_ Sump present? Y / N Water in sump? Y / N

6. The basement is: finished, unfinished \_\_\_\_\_

7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) \_\_\_\_\_

8. Describe how air tight the basement is \_\_\_\_\_

**C. HVAC (circle all that apply)**

- The type of heating system(s) used in this residence is/are:
 

Hot Air Circulation	Heat Pump	Hot Water Radiation
Unvented Kerosene Heater	Steam Radiation	Wood Stove
Electric Baseboard	Other _____	
- The type(s) of fuel(s) used is/are:
 

Natural Gas	Fuel Oil	Electric
Wood	Coal	Solar
Other _____		
- Is the heating system's power plant located in the basement or another area: \_\_\_\_\_
- Is there air-conditioning? Y / N      Central Air or Window Units  
Specify the location \_\_\_\_\_
- Are there air distribution ducts present? Y / N
- Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Potential Indoor Sources of Pollution**

- Has the house ever had a fire? Y / N
- Is there an attached garage? Y / N
- Is a vehicle normally parked in the garage? Y / N
- Is there a kerosene heater present? Y / N
- Is there a workshop, hobby or craft area in the residence? Y / N
- An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.
- Is there a kitchen exhaust fan? Y / N
- Has the house ever been fumigated? If yes, describe date, type and location of treatment.  
\_\_\_\_\_

**E. Water and Sewage (Circle the appropriate response)**

**Source of Water**

Public      Drilled Well    Driven Well    Dug Well      Other \_\_\_\_\_

**Water Well Specifications**

Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**

Taste and/or odor problems? Y / N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

**Sewage Disposal**      Public      Septic Tank      Leach Field      Other \_\_\_\_\_

Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.

### **G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.



**H. Household Products Inventory**

Product Description  
(dispenser, size, manufacturer...)

VOC ingredients

PID Reading  
(ppm)

Occupant / residence: \_\_\_\_\_  
Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name AVM Gowanda Project Number 2184  
 Preparer's Name Jack Kuhn Date Prepared 9/22/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUPANT NAME;**

Address: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Office Phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:**

(If different from occupant)  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial

- |   |                           |
|---|---------------------------|
| Ranch                                     | 2-Family                  |
| Raised-Ranch                              | Duplex                    |
| Split Level                               | Apartment House ___ Units |
| <u>Colonial</u> Number of Floors <u>2</u> |                           |
| Mobile Home                               | Other: specify _____      |

Residence Age \_\_\_\_\_  
 General Description of Building Construction Materials Wood FRAME

Is the building insulated? YES / NO How air tight is the building \_\_\_\_\_

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement, crawlspace, slab on grade, other partial basement
2. Basement floor: concrete dirt other \_\_\_\_\_
3. Concrete floor: unsealed, painted, covered with NA
4. Foundation walls: poured concrete, block, laid up stone, other \_\_\_\_\_
5. The basement is: wet, damp, dry Sump present? Y / N Water in sump? Y / N
6. The basement is: finished, unfinished
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) stone walls

8. Describe how air tight the basement is poor, stone wall

**C. HVAC (circle all that apply)**

1. The type of heating system(s) used in this residence is/are:

- Hot Air Circulation      Heat Pump      Hot Water Radiation  
 Unvented Kerosene Heater      Steam Radiation      Wood Stove  
 Electric Baseboard      Other \_\_\_\_\_

2. The type(s) of fuel(s) used is/are:

- Natural Gas      Fuel Oil      Electric  
 Wood      Coal      Solar  
 Other \_\_\_\_\_

3. Is the heating system's power plant located in the basement or  another area: Crawlspace

4. Is there air-conditioning? Y  N  Central Air or Window Units  
 Specify the location \_\_\_\_\_

5. Are there air distribution ducts present? Y  N  Partially

6. Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints Fairly good condition, appears tight

**D. Potential Indoor Sources of Pollution**

- Has the house ever had a fire? Y / N
- Is there an attached garage? Y /  N
- Is a vehicle normally parked in the garage? Y / N NA
- Is there a kerosene heater present? Y / N
- Is there a workshop, hobby or craft area in the residence? Y /  N -not in basement
- An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.
- Is there a kitchen exhaust fan? Y / N
- Has the house ever been fumigated? If yes, describe date, type and location of treatment.

**E. Water and Sewage (Circle the appropriate response)**

**Source of Water**

- Public      Drilled Well      Driven Well      Dug Well      Other \_\_\_\_\_

**Water Well Specifications**

- Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**

- Taste and/or odor problems? Y / N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

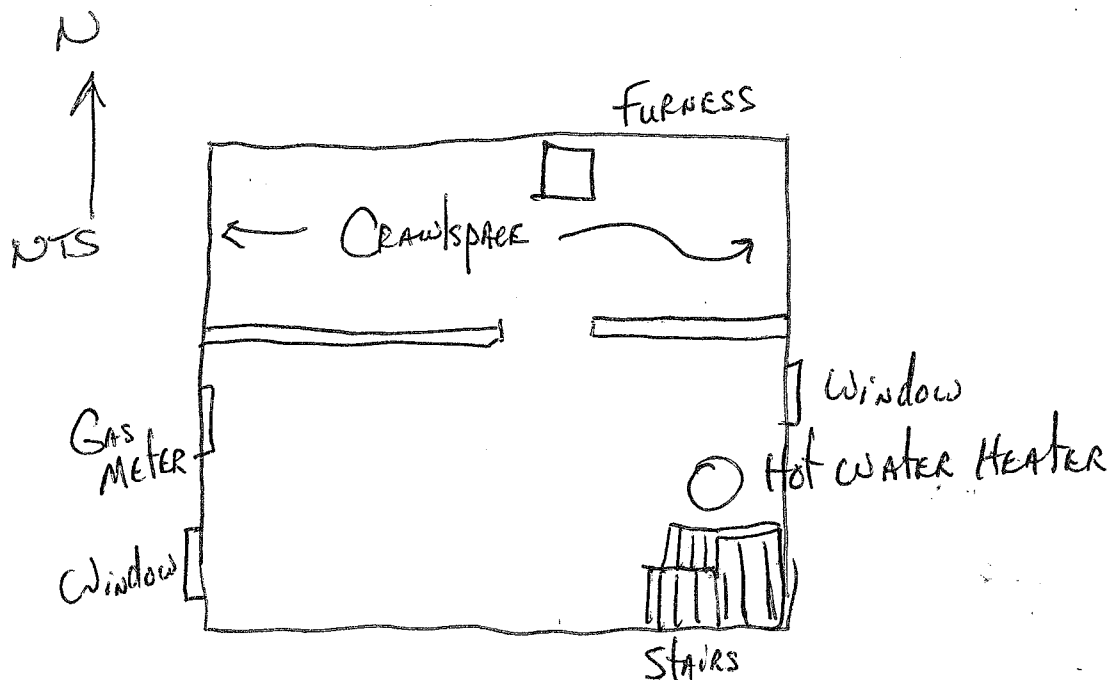
**Sewage Disposal**  Public      Septic Tank      Leach Field      Other \_\_\_\_\_

- Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_



**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



### **G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

**H. Household Products Inventory**

Product Description

VOC ingredients

PID Reading  
(ppm)

(dispenser, size, manufacturer...)

3- 5 gallon Kerosene cans empty

Occupant / residence: \_\_\_\_\_  
Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name AVM Gowanda Project Number 2184  
 Preparer's Name Jack Kahn Date Prepared 9/22/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUPANT NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ NY  
 County: \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Office Phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:** \_\_\_\_\_

(If different from occupant)  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial  
 Ranch \_\_\_\_\_ 2-Family \_\_\_\_\_  
 Raised-Ranch \_\_\_\_\_ Duplex \_\_\_\_\_  
 Split-Level \_\_\_\_\_ Apartment House \_\_\_\_\_ Units \_\_\_\_\_  
 Colonial Number of Floors 2  
 Mobile Home \_\_\_\_\_ Other: specify \_\_\_\_\_

Residence Age \_\_\_\_\_  
 General Description of Building Construction Materials Wood FRAME

Is the building insulated? YES / NO How air tight is the building \_\_\_\_\_

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement crawlspace, slab on grade, other \_\_\_\_\_
2. Basement floor: concrete dirt, other \_\_\_\_\_
3. Concrete floor: unsealed painted, covered with \_\_\_\_\_
4. Foundation walls: poured concrete, block, laid up stone, other \_\_\_\_\_
5. The basement is: wet, damp, dry Sump present? Y (N) Water in sump? Y / N
6. The basement is: finished unfinished \_\_\_\_\_
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) \_\_\_\_\_  
CRACKS IN FLOOR AND FOUNDATION WALLS
8. Describe how air tight the basement is Fairly tight (medium)

**C. HVAC (circle all that apply)**

- The type of heating system(s) used in this residence is/are:
 

Hot Air Circulation	Heat Pump	Hot Water Radiation
Unvented Kerosene Heater	Steam Radiation	Wood Stove
Electric Baseboard	Other _____	
- The type(s) of fuel(s) used is/are:
 

Natural Gas	Fuel Oil	Electric
Wood	Coal	Solar
Other _____		
- Is the heating system's power plant located in the (basement) or another area: \_\_\_\_\_
- Is there air-conditioning? Y  N Central Air or Window Units  
Specify the location \_\_\_\_\_
- Are there air distribution ducts present? Y  N
- Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints N/A

**D. Potential Indoor Sources of Pollution**

- Has the house ever had a fire? Y / N
- Is there an attached garage? Y / N
- Is a vehicle normally parked in the garage? Y / N
- Is there a kerosene heater present? Y / N
- Is there a workshop, hobby or craft area in the residence? Y / N
- An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.
- Is there a kitchen exhaust fan? Y / N
- Has the house ever been fumigated? If yes, describe date, type and location of treatment.

**E. Water and Sewage (Circle the appropriate response)**

**Source of Water**  
 Public    Drilled Well    Driven Well    Dug Well    Other \_\_\_\_\_

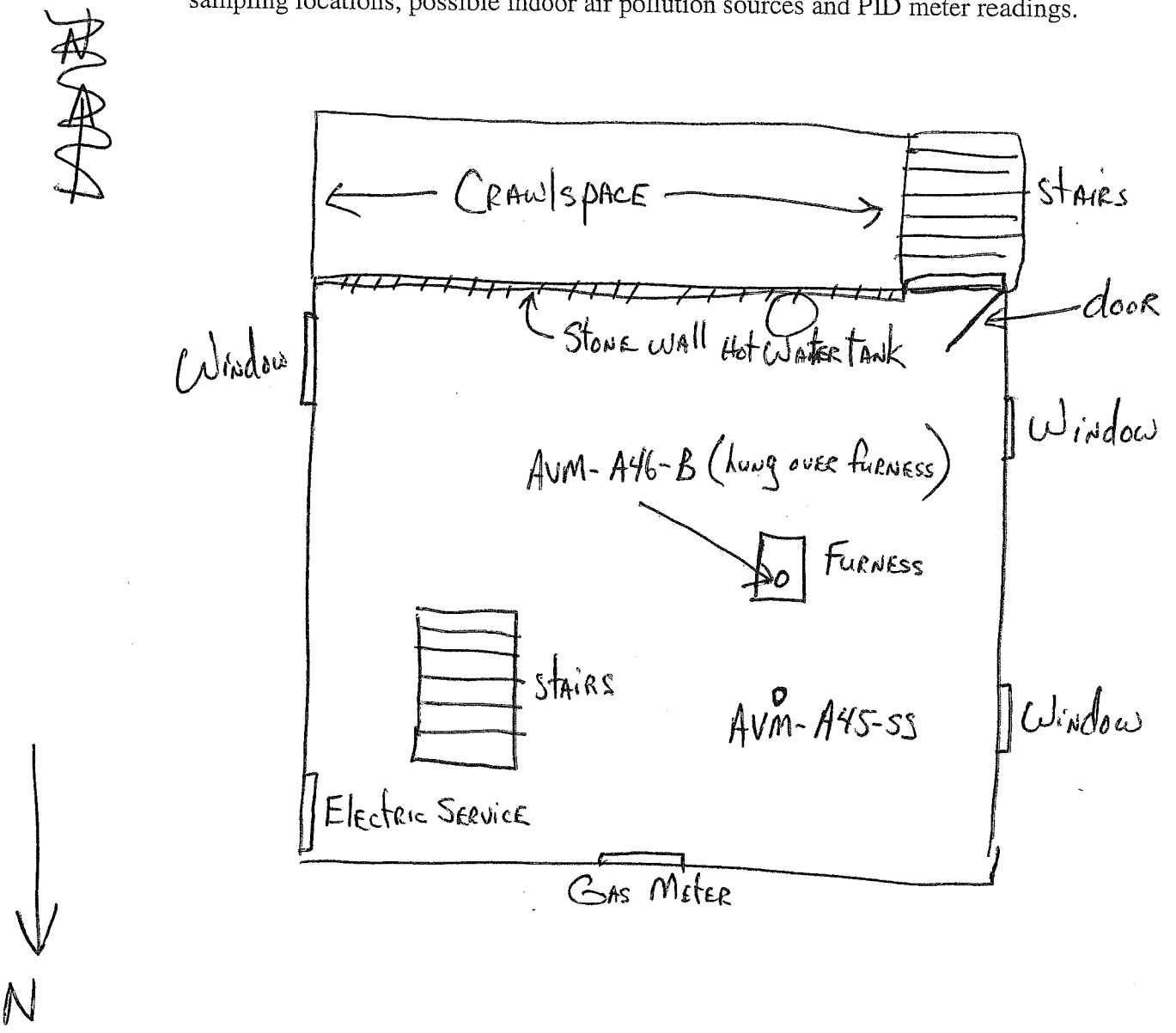
**Water Well Specifications**  
 Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**  
 Taste and/or odor problems? Y / N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

**Sewage Disposal**  Public    Septic Tank    Leach Field    Other \_\_\_\_\_  
 Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



### **G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

**H. Household Products Inventory**

Product Description  
(dispenser, size, manufacturer...)

VOC ingredients

PID Reading  
(ppm)

1. Laundry Cleaning Products

Occupant / residence: \_\_\_\_\_

Investigator: \_\_\_\_\_ Date: \_\_\_\_\_



Project Name AVM Gowanda Project Number 2184  
 Preparer's Name JACK KAHN Date Prepared 9/22/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUPANT NAME:**

Address: Y  
 County: \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Office Phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:**

(If different from occupant)  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial  
 Ranch \_\_\_\_\_ 2-Family \_\_\_\_\_  
 Raised-Ranch \_\_\_\_\_ Duplex \_\_\_\_\_  
 Split-Level \_\_\_\_\_ Apartment House \_\_\_\_\_ Units \_\_\_\_\_  
 Colonial Number of Floors 2  
 Mobile Home \_\_\_\_\_ Other: specify \_\_\_\_\_

Residence Age \_\_\_\_\_  
 General Description of Building Construction Materials Wood FRAME

Is the building insulated? YES / NO How air tight is the building \_\_\_\_\_

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement, crawlspace, slab on grade, other \_\_\_\_\_
2. Basement floor: concrete, dirt, other \_\_\_\_\_
3. Concrete floor: unsealed, painted, covered with \_\_\_\_\_
4. Foundation walls: poured concrete, block, laid up stone, other \_\_\_\_\_
5. The basement is: wet, damp, dry \_\_\_\_\_ Sump present? Y (N) Water in sump? Y / N
6. The basement is: finished, unfinished \_\_\_\_\_
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.)  
CRACKS IN FLOORING; foundation walls in good condition
8. Describe how air tight the basement is Fairly tight (medium)

**C. HVAC (circle all that apply)**

1. The type of heating system(s) used in this residence is/are:

- |                          |                 |                     |
|--------------------------|-----------------|---------------------|
| Hot Air Circulation      | Heat Pump       | Hot Water Radiation |
| Unvented Kerosene Heater | Steam Radiation | Wood Stove          |
| Electric Baseboard       | Other _____     |                     |

2. The type(s) of fuel(s) used is/are:

- |             |          |          |
|-------------|----------|----------|
| Natural Gas | Fuel Oil | Electric |
| Wood        | Coal     | Solar    |
| Other _____ |          |          |

3. Is the heating system's power plant located in the basement or another area: \_\_\_\_\_

4. Is there air-conditioning? Y /  N Central Air or Window Units  
 Specify the location \_\_\_\_\_

5. Are there air distribution ducts present? Y /  N

6. Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints N/A

**D. Potential Indoor Sources of Pollution**

- Has the house ever had a fire? Y / N
- Is there an attached garage? Y / N
- Is a vehicle normally parked in the garage? Y / N
- Is there a kerosene heater present? Y / N
- Is there a workshop, hobby or craft area in the residence? Y / N
- An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.
- Is there a kitchen exhaust fan? Y / N
- Has the house ever been fumigated? If yes, describe date, type and location of treatment.

**E. Water and Sewage (Circle the appropriate response)**

**Source of Water**

- Public Drilled Well Driven Well Dug Well Other \_\_\_\_\_

**Water Well Specifications**

- Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**

- Taste and/or odor problems? Y / N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

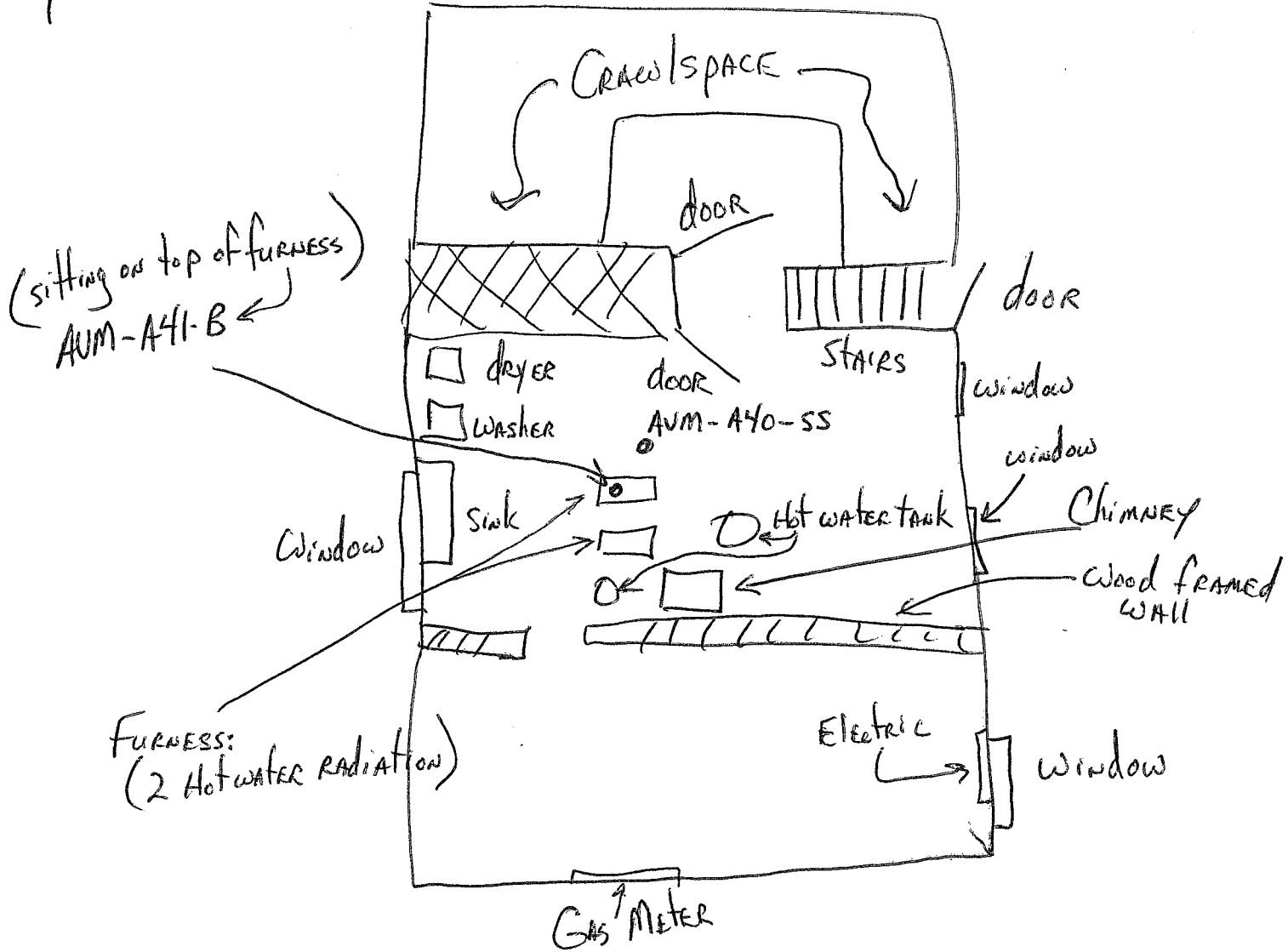
**Sewage Disposal**

- Public Septic Tank Leach Field Other \_\_\_\_\_

Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



### **G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

**H. Household Products Inventory**

Product Description  
(dispenser, size, manufacturer...)

VOC ingredients

PID Reading  
(ppm)

1. Laundry Cleaning Products

Occupant / residence: \_\_\_\_\_  
Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name AVM Gowanda Project Number 2184  
 Preparer's Name Jack Kuhn Date Prepared 9/22/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUPANT NAME:**

Address: \_\_\_\_\_ UY  
 County: \_\_\_\_\_  
 Home Phone Number (716) 532-1345 Office Phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:**

(If different from occupant)

Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial

- Ranch \_\_\_\_\_ 2-Family \_\_\_\_\_
- Raised-Ranch \_\_\_\_\_ Duplex \_\_\_\_\_
- Split-Level \_\_\_\_\_ Apartment House \_\_\_\_\_ Units \_\_\_\_\_
- Colonial: Number of Floors 2
- Mobile Home \_\_\_\_\_ Other: specify \_\_\_\_\_

Residence Age \_\_\_\_\_  
 General Description of Building Construction Materials Wood Frame

Is the building insulated? YES / NO How air tight is the building \_\_\_\_\_

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement, crawlspace, slab on grade, other \_\_\_\_\_
2. Basement floor: concrete, dirt, other \_\_\_\_\_
3. Concrete floor: unsealed, painted, covered with \_\_\_\_\_
4. Foundation walls: poured concrete, block, laid up stone, other \_\_\_\_\_
5. The basement is: wet, damp, dry Sump present? Y / N Water in sump? Y / N
6. The basement is: finished, unfinished Half Finished / Half unfinished
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) \_\_\_\_\_  
Some small cracks in floor; foundation walls in good condition
8. Describe how air tight the basement is Tight

**C. HVAC (circle all that apply)**

1. The type of heating system(s) used in this residence is/are:

- |                            |                 |                     |
|----------------------------|-----------------|---------------------|
| <u>Hot Air Circulation</u> | Heat Pump       | Hot Water Radiation |
| Unvented Kerosene Heater   | Steam Radiation | Wood Stove          |
| Electric Baseboard         | Other _____     |                     |

2. The type(s) of fuel(s) used is/are:

- |                    |          |          |
|--------------------|----------|----------|
| <u>Natural Gas</u> | Fuel Oil | Electric |
| Wood               | Coal     | Solar    |
| Other _____        |          |          |

3. Is the heating system's power plant located in the basement or another area: \_\_\_\_\_

4. Is there air-conditioning? Y (N) Central Air or Window Units  
 Specify the location \_\_\_\_\_

5. Are there air distribution ducts present? (Y) N

6. Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints \_\_\_\_\_

Air ducts ARE tight and in good condition

**D. Potential Indoor Sources of Pollution**

- Has the house ever had a fire? Y / N
- Is there an attached garage? Y / N
- Is a vehicle normally parked in the garage? Y / N
- Is there a kerosene heater present? Y / N
- Is there a workshop, hobby or craft area in the residence? Y / N
- An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.
- Is there a kitchen exhaust fan? Y / N
- Has the house ever been fumigated? If yes, describe date, type and location of treatment.  
 \_\_\_\_\_

**E. Water and Sewage (Circle the appropriate response)**

**Source of Water**

- Public Drilled Well Driven Well Dug Well Other \_\_\_\_\_

**Water Well Specifications**

- Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**

- Taste and/or odor problems? Y / N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

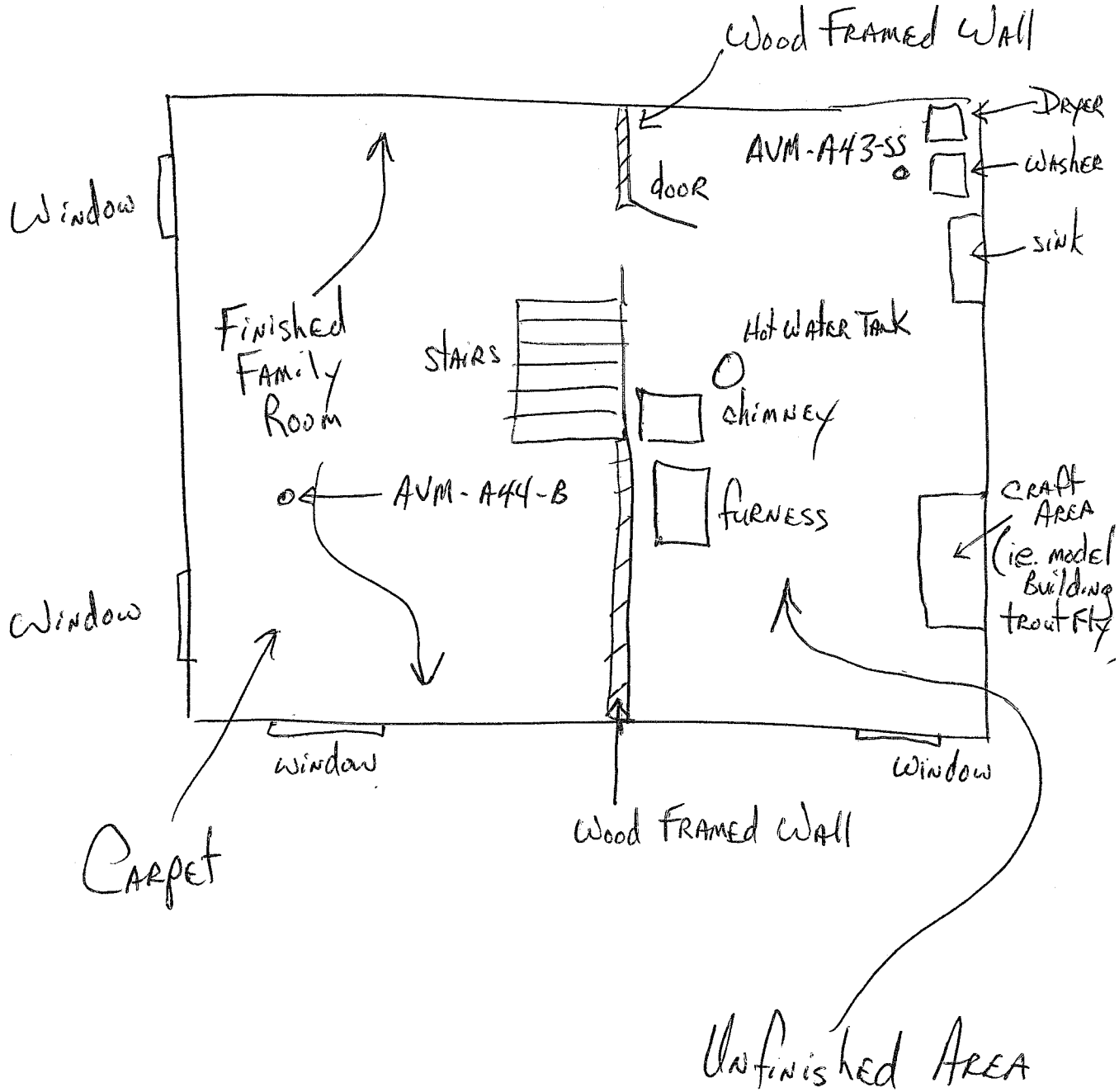
**Sewage Disposal**

- Public Septic Tank Leach Field Other \_\_\_\_\_

Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.





### **G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

### H. Household Products Inventory

Product Description (dispenser, size, manufacturer...)	VOC ingredients	PID Reading (ppm)
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1. 1 Gal. Paint Cans (Approx. 6 cans)
2. Various glues (i.e. model glue, trout flies)
3. Laundry Cleaning Products
4. Modeling Paints for hobby shop (100+ 14ml bottles)

Occupant / residence: \_\_\_\_\_  
Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name AVM Gowanda Project Number 2184  
 Preparer's Name JACK Kuhn Date Prepared 9/23/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUPANT NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Office Phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:** \_\_\_\_\_

(If different from occupant)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial

- Ranch
- 2-Family
- Raised-Ranch
- Duplex
- Split-Level
- Apartment House \_\_\_\_\_ Units
- Colonial: Number of Floors \_\_\_\_\_
- Mobile Home
- Other: specify \_\_\_\_\_

Residence Age 1949

General Description of Building Construction Materials Brick Exterior / Wood Frame Interior

Is the building insulated?  YES / NO How air tight is the building Walls / Attic

**B. Basement construction characteristics (circle all that apply)**

1.  Full Basement,  crawlspace,  slab on grade, other \_\_\_\_\_
2. Basement floor  concrete,  dirt, other \_\_\_\_\_
3. Concrete floor:  unsealed,  painted,  covered with tile (linoleum)
4. Foundation walls:  poured concrete,  block,  laid up stone, other \_\_\_\_\_
5. The basement is:  wet,  damp,  dry \_\_\_\_\_ Sump present? Y / N Water in sump? Y / N
6. The basement is  finished,  unfinished \_\_\_\_\_
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) Floor drain; floor covered w/ tile; foundation walls in very good condition
8. Describe how air tight the basement is Tight

**C. HVAC (circle all that apply)**

1. The type of heating system(s) used in this residence is/are:

- Hot Air Circulation      Heat Pump      Hot Water Radiation  
 Unvented Kerosene Heater      Steam Radiation      Wood Stove  
 Electric Baseboard      Other \_\_\_\_\_

*FURNACE IS NEW - REPLACED w/in last 5 yrs*

2. The type(s) of fuel(s) used is/are:

- Natural Gas      Fuel Oil      Electric  
 Wood      Coal      Solar  
 Other \_\_\_\_\_

3. Is the heating system's power plant located in the basement or another area: \_\_\_\_\_

4. Is there air-conditioning? Y  N \_\_\_\_\_  
 Central Air or Window Units  
 Specify the location \_\_\_\_\_

5. Are there air distribution ducts present?  Y  N

6. Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints Air ducts ARE tight and in good condition

**D. Potential Indoor Sources of Pollution**

- Has the house ever had a fire? Y /  N
- Is there an attached garage?  Y  N
- Is a vehicle normally parked in the garage?  Y  N
- Is there a kerosene heater present? Y /  N
- Is there a workshop, hobby or craft area in the residence? Y /  N
- An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.
- Is there a kitchen exhaust fan? Y / N
- Has the house ever been fumigated? If yes, describe date, type and location of treatment.  
No

**E. Water and Sewage (Circle the appropriate response)**

**Source of Water**  
 Public      Drilled Well      Driven Well      Dug Well      Other \_\_\_\_\_

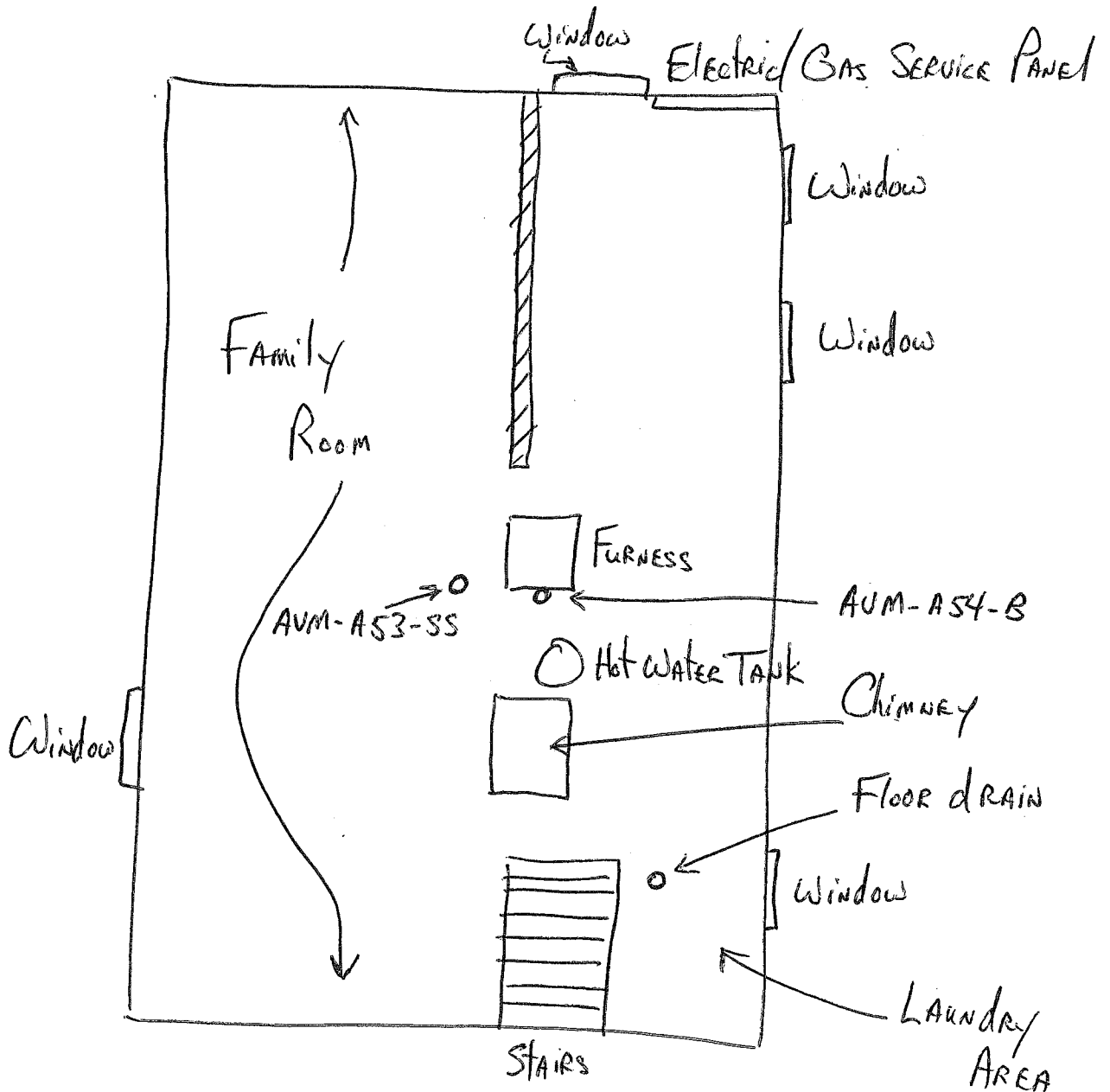
**Water Well Specifications**  
 Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**  
 Taste and/or odor problems? Y / N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

**Sewage Disposal**  Public      Septic Tank      Leach Field      Other \_\_\_\_\_  
 Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



### **G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

**H. Household Products Inventory**

Product Description  
(dispenser, size, manufacturer...)

VOC ingredients

PID Reading  
(ppm)

1. 1 Gal. Paint CANS
2. SPRAY PAINT CANS
3. CARPENTER'S WOOD GLUE
4. HOUSEHOLD CLEANING PRODUCTS
5. LAUNDRY CLEANING PRODUCTS
6. SILICONE TUB & BATH CHALK

Occupant / residence: \_\_\_\_\_  
Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name AVM Gowanda Project Number 2184  
 Preparer's Name Jack Kuhn Date Prepared 9/20/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUPANT NAME:** \_\_\_\_\_

Address \_\_\_\_\_

County: \_\_\_\_\_

Home Phone Number (716) 532-4097 Office Phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:** \_\_\_\_\_

(If different from occupant)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial

- Ranch \_\_\_\_\_ 2-Family \_\_\_\_\_
- Raised-Ranch \_\_\_\_\_ Duplex \_\_\_\_\_
- Split-Level \_\_\_\_\_ Apartment House \_\_\_\_\_ Units \_\_\_\_\_
- Colonial Number of Floors \_\_\_\_\_
- Mobile Home \_\_\_\_\_ Other: specify \_\_\_\_\_

Residence Age 100 +

General Description of Building Construction Materials Wood FRAME

Is the building insulated? YES / NO How air tight is the building Attic only

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement crawlspace / slab on grade, other SEE DIAGRAM
2. Basement floor: concrete, dirt, other \_\_\_\_\_
3. Concrete floor: unsealed, painted, covered with \_\_\_\_\_
4. Foundation walls: poured concrete, block, laid up stone, other \_\_\_\_\_
5. The basement is: wet, damp, dry Sump present? Y / N Water in sump? Y N
6. The basement is: finished, unfinished
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) SOME MINOR CRACKS IN FLOOR AND WALLS, BUT OVERALL CONDITION IS GOOD.
8. Describe how air tight the basement is Tight



**C. HVAC (circle all that apply)**

- The type of heating system(s) used in this residence is/are:
 

Hot Air Circulation	Heat Pump	Hot Water Radiation
Unvented Kerosene Heater	Steam Radiation	Wood Stove
Electric Baseboard	Other _____	
- The type(s) of fuel(s) used is/are:
 

Natural Gas	Fuel Oil	Electric
Wood	Coal	Solar
Other _____		
- Is the heating system's power plant located in the basement or another area: \_\_\_\_\_
- Is there air-conditioning? Y /  N Central Air or Window Units  
Specify the location \_\_\_\_\_
- Are there air distribution ducts present? Y /  N
- Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. Potential Indoor Sources of Pollution**

- Has the house ever had a fire? Y /  N
- Is there an attached garage? Y /  N
- Is a vehicle normally parked in the garage? Y / N
- Is there a kerosene heater present? Y /  N
- Is there a workshop, hobby or craft area in the residence? Y /  N
- An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.
- Is there a kitchen exhaust fan? Y /  N
- Has the house ever been fumigated? If yes, describe date, type and location of treatment.  
 \_\_\_\_\_  
 No

**E. Water and Sewage (Circle the appropriate response)**

**Source of Water**

Public Drilled Well Driven Well Dug Well Other \_\_\_\_\_

**Water Well Specifications**

Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**

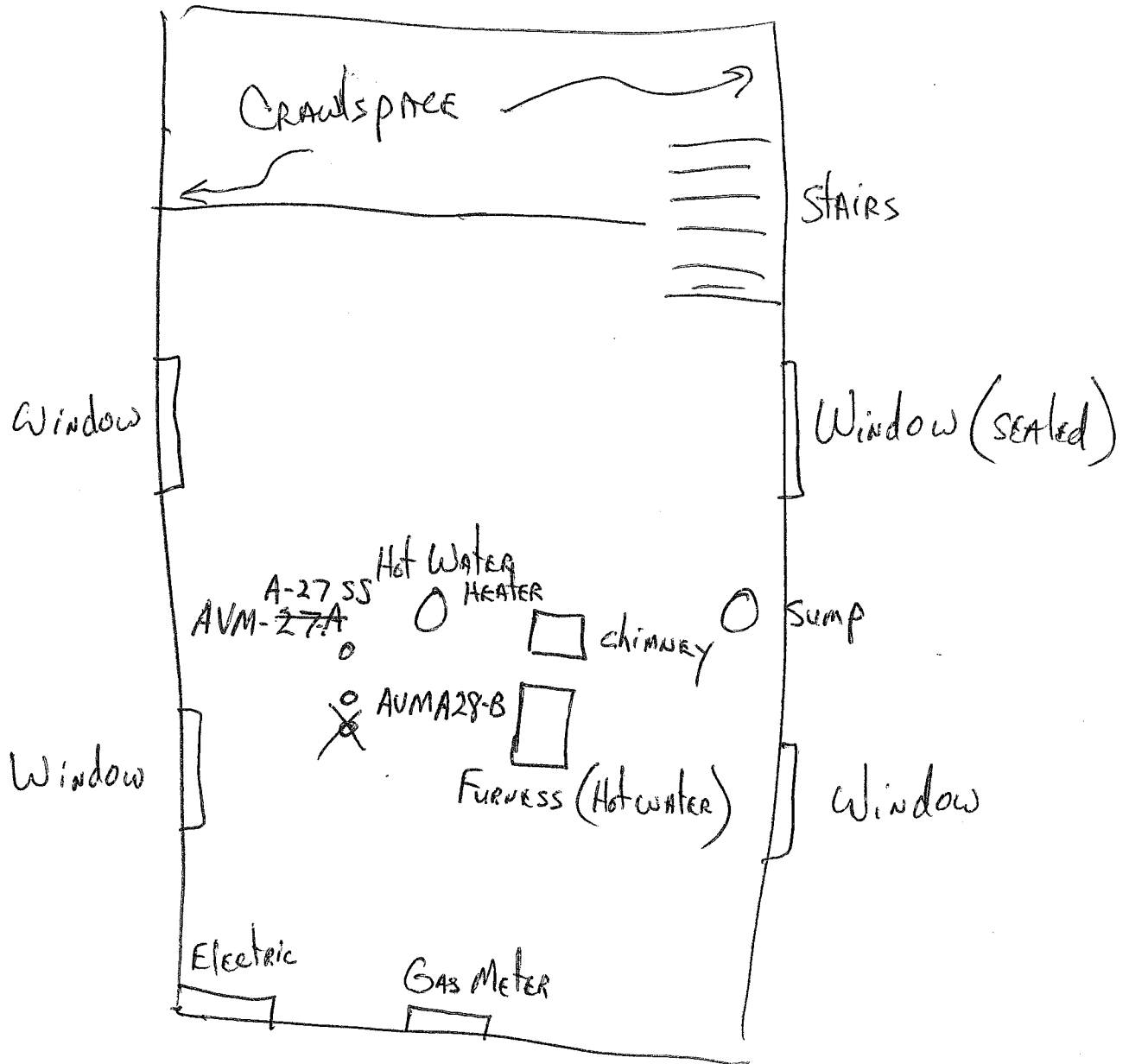
Taste and/or odor problems? Y / N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

**Sewage Disposal**

Public Septic Tank Leach Field Other \_\_\_\_\_  
 Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



### **G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

**H. Household Products Inventory**

Product Description

(dispenser, size, manufacturer...)

VOC ingredients

PID Reading

(ppm)

1. 1 Gal. Paint Cans (approx. 12 cans)
2. Car Cleaning Products
3. Spray Paint Cans
4. Insect Spray Killer (Wasps)
5. General Household Cleaning Products

Occupant / residence: \_\_\_\_\_

Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name AVM Gowanda Project Number 2184

Preparer's Name Jack Kuhn Date Prepared 9/20/04

Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUPANT NAME:**

lord; CONRAD-tenant  
'0

Address: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone Number (716) 358-5373 Office Phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:**

Gregory Washy

(If different from occupant)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial

Ranch

2-Family

Raised-Ranch

Duplex

Split-Level

Apartment House \_\_\_ Units

Colonial: Number of Floors 2

Mobile Home

Other: specify \_\_\_\_\_

Residence Age \_\_\_\_\_

General Description of Building Construction Materials Wood Frame

Is the building insulated? YES / NO How air tight is the building \_\_\_\_\_

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement, crawlspace, slab on grade, other Half basement / half crawlspace

2. Basement floor: concrete, dirt, other \_\_\_\_\_

3. Concrete floor: unsealed, painted, covered with \_\_\_\_\_

4. Foundation walls: poured concrete, block, laid up stone, other \_\_\_\_\_

5. The basement is: wet, damp, dry \_\_\_\_\_ Sump present? Y / N Water in sump? Y / N

6. The basement is: finished, unfinished

7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) dirt floor

Foundation walls are old but appear in good condition

8. Describe how air tight the basement is Not tight

**C. HVAC (circle all that apply)**

- The type of heating system(s) used in this residence is/are:
 

Hot Air Circulation	Heat Pump	Hot Water Radiation
Unvented Kerosene Heater	Steam Radiation	Wood Stove
Electric Baseboard	Other _____	
- The type(s) of fuel(s) used is/are:
 

Natural Gas	Fuel Oil	Electric
Wood	Coal	Solar
Other _____		
- Is the heating system's power plant located in the basement or another area: \_\_\_\_\_
- Is there air-conditioning? Y / N Central Air or Window Units  
Specify the location \_\_\_\_\_
- Are there air distribution ducts present? Y (N)
- Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. Potential Indoor Sources of Pollution**

- Has the house ever had a fire? Y / N
- Is there an attached garage? Y / N
- Is a vehicle normally parked in the garage? Y / N
- Is there a kerosene heater present? Y / N
- Is there a workshop, hobby or craft area in the residence? Y / N
- An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.
- Is there a kitchen exhaust fan? Y / N
- Has the house ever been fumigated? If yes, describe date, type and location of treatment.  
 \_\_\_\_\_

*TENANT PRESENT - NOT ABLE TO ANSWER QUESTIONS  
 LANDLORD NOT PRESENT*

**E. Water and Sewage (Circle the appropriate response)**

**Source of Water**

Public (circled) Drilled Well Driven Well Dug Well Other \_\_\_\_\_

**Water Well Specifications**

Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**

Taste and/or odor problems? Y / N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

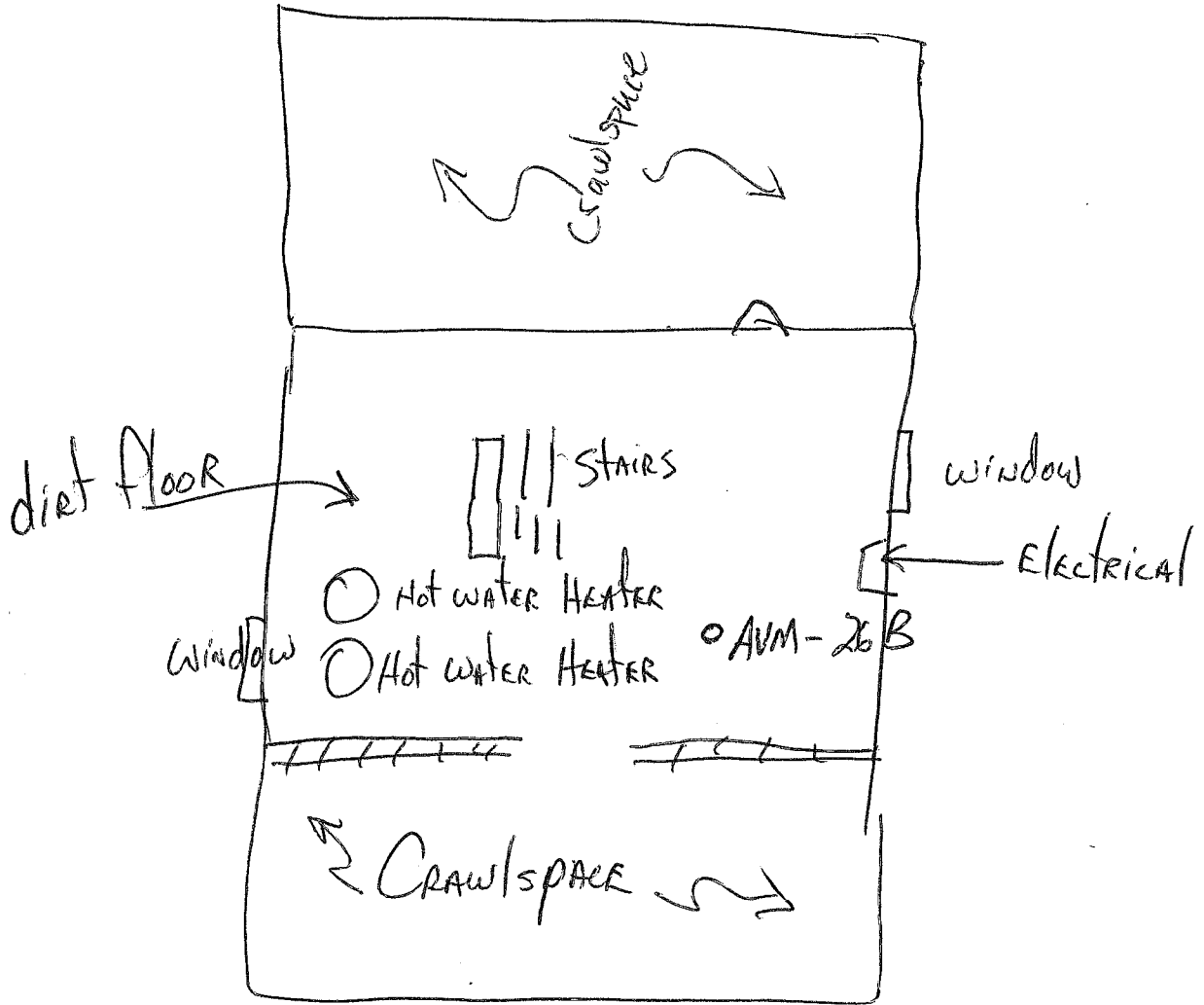
**Sewage Disposal**

Public (circled) Septic Tank Leach Field Other \_\_\_\_\_

Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



**G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.



**H. Household Products Inventory**

Product Description  
(dispenser, size, manufacturer...)

VOC ingredients

PID Reading  
(ppm)

No products stored in BASEMENT.

Occupant / residence: \_\_\_\_\_  
Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name AVM Gowanda Project Number 2184  
 Preparer's Name JACK KUHN Date Prepared 9/20/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUPANT NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ 170-1401

County: \_\_\_\_\_

Home Phone Number (716) 532-2250 Office Phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:** \_\_\_\_\_

(If different from occupant)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial

- |  |  |
|--|--|
| <input type="checkbox"/> Ranch               | <input type="checkbox"/> 2-Family                  |
| <input type="checkbox"/> Raised-Ranch        | <input type="checkbox"/> Duplex                    |
| <input type="checkbox"/> Split Level         | <input type="checkbox"/> Apartment House ___ Units |
| <input checked="" type="checkbox"/> Colonial | Number of Floors <u>2</u>                          |
| <input type="checkbox"/> Mobile Home         | Other: specify _____                               |

Residence Age 50+

General Description of Building Construction Materials WOOD FRAME

Is the building insulated?  YES / NO How air tight is the building Attic - Fiberglass only

**B. Basement construction characteristics (circle all that apply)**

- Full Basement  crawlspace, slab on grade, other \_\_\_\_\_
- Basement floor  concrete, dirt, other \_\_\_\_\_
- Concrete floor  unsealed,  painted, covered with \_\_\_\_\_
- Foundation walls:  poured concrete,  block, laid up stone, other \_\_\_\_\_
- The basement is: wet, damp,  dry Sump present? Y /  N Water in sump? Y / N
- The basement is: finished,  unfinished
- Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) \_\_\_\_\_

CRACKS IN FLOORING, SOME MINOR CRACKS IN FOUNDATION WALLS

8. Describe how air tight the basement is fairly tight (medium)

**C. HVAC (circle all that apply)**

1. The type of heating system(s) used in this residence is/are:

- Hot Air Circulation Heat Pump Hot Water Radiation  
 Unvented Kerosene Heater Steam Radiation Wood Stove  
 Electric Baseboard Other \_\_\_\_\_

2. The type(s) of fuel(s) used is/are:

- Natural Gas Fuel Oil Electric  
 Wood Coal Solar  
 Other \_\_\_\_\_

3. Is the heating system's power plant located in the basement or another area: \_\_\_\_\_

4. Is there air-conditioning? Y/N Central Air or Window Units  
 Specify the location \_\_\_\_\_

5. Are there air distribution ducts present? Y/N

6. Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints Duct work is in good condition and tight

**D. Potential Indoor Sources of Pollution**

1. Has the house ever had a fire? Y/N

2. Is there an attached garage? Y/N

3. Is a vehicle normally parked in the garage? Y/N

4. Is there a kerosene heater present? Y/N

5. Is there a workshop, hobby or craft area in the residence? Y/N

6. An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.

7. Is there a kitchen exhaust fan? Y/N

8. Has the house ever been fumigated? If yes, describe date, type and location of treatment.  
No

**E. Water and Sewage (Circle the appropriate response)**

**Source of Water**

- Public Drilled Well Driven Well Dug Well Other \_\_\_\_\_

**Water Well Specifications**

- Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**

Taste and/or odor problems? Y/N Describe \_\_\_\_\_

How long has the taste and/or odor been present? \_\_\_\_\_

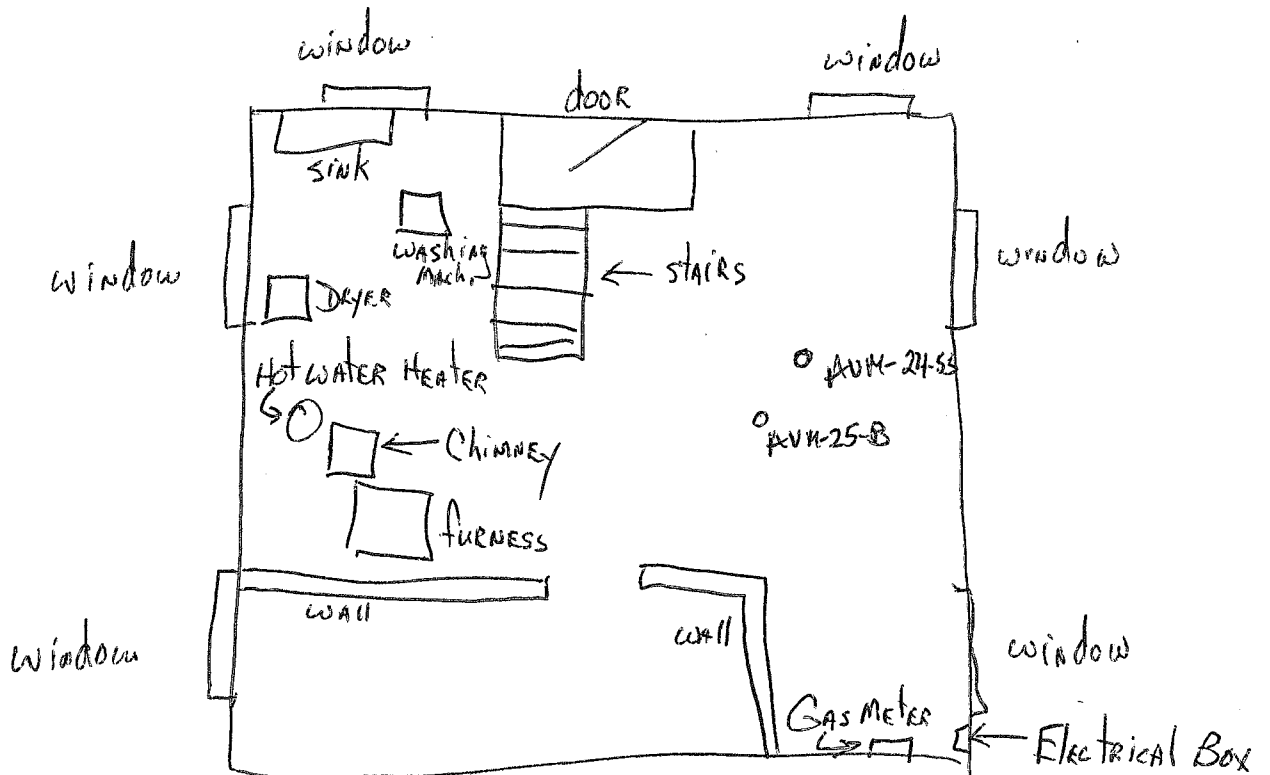
**Sewage Disposal**

- Public Septic Tank Leach Field Other \_\_\_\_\_

Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



### **G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

**H. Household Products Inventory**

Product Description (dispenser, size, manufacturer...)	VOC ingredients	PID Reading (ppm)
1. Spectracide Grass & Weed Killer (1 Gal.)		3 CONTAINERS
2. Household Cleaning Products		
3. Misc. 1 Gal. Paint Cans		
4. Laundry Cleaning Products		

Occupant / residence: \_\_\_\_\_  
Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name AVM Gowanda Project Number 2184  
 Preparer's Name JACK Kuhn Date Prepared 9/20/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUPANT NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ NY

County: \_\_\_\_\_

Home Phone Number (716) 951-7191 Office Phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:** \_\_\_\_\_

(If different from occupant)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial

- |  |  |
|--|--|
| <input type="checkbox"/> Ranch               | <input type="checkbox"/> 2-Family                    |
| <input type="checkbox"/> Raised-Ranch        | <input type="checkbox"/> Duplex                      |
| <input type="checkbox"/> Split-Level         | <input type="checkbox"/> Apartment House _____ Units |
| <input checked="" type="checkbox"/> Colonial | Number of Floors _____                               |
| <input type="checkbox"/> Mobile Home         | Other: specify _____                                 |

Residence Age \_\_\_\_\_

General Description of Building Construction Materials Wood FRAME

Is the building insulated? YES / NO How air tight is the building ?

**B. Basement construction characteristics (circle all that apply)**

- Full Basement,  crawlspace, slab on grade, other \_\_\_\_\_
- Basement floor:  concrete,  dirt, other \_\_\_\_\_
- Concrete floor:  unsealed,  painted, covered with \_\_\_\_\_
- Foundation walls:  poured concrete,  block, laid up stone, other \_\_\_\_\_
- The basement is: wet, damp,  dry. Sump present? Y  N Water in sump? Y / N
- The basement is: finished,  unfinished \_\_\_\_\_
- Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) Minor cracks in floor; foundation walls in good condition
- Describe how air tight the basement is tight

**C. HVAC (circle all that apply)**

- The type of heating system(s) used in this residence is/are:
 

Hot Air Circulation	Heat Pump	<u>Hot Water Radiation</u>
Unvented Kerosene Heater	Steam Radiation	Wood Stove
Electric Baseboard	Other _____	
- The type(s) of fuel(s) used is/are:
 

<u>Natural Gas</u>	Fuel Oil	Electric
Wood	Coal	Solar
Other _____		
- Is the heating system's power plant located in the basement or another area: \_\_\_\_\_
- Is there air-conditioning? Y (N) Central Air or Window Units  
Specify the location \_\_\_\_\_
- Are there air distribution ducts present? Y (N)
- Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints N/A

**D. Potential Indoor Sources of Pollution**

- Has the house ever had a fire? Y / N
- Is there an attached garage? Y / N
- Is a vehicle normally parked in the garage? Y / N
- Is there a kerosene heater present? Y / N
- Is there a workshop, hobby or craft area in the residence? Y / N
- An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.
- Is there a kitchen exhaust fan? Y / N
- Has the house ever been fumigated? If yes, describe date, type and location of treatment.

**E. Water and Sewage (Circle the appropriate response)**

**Source of Water**

Public Drilled Well Driven Well Dug Well Other \_\_\_\_\_

**Water Well Specifications**

Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**

Taste and/or odor problems? Y / N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

**Sewage Disposal**

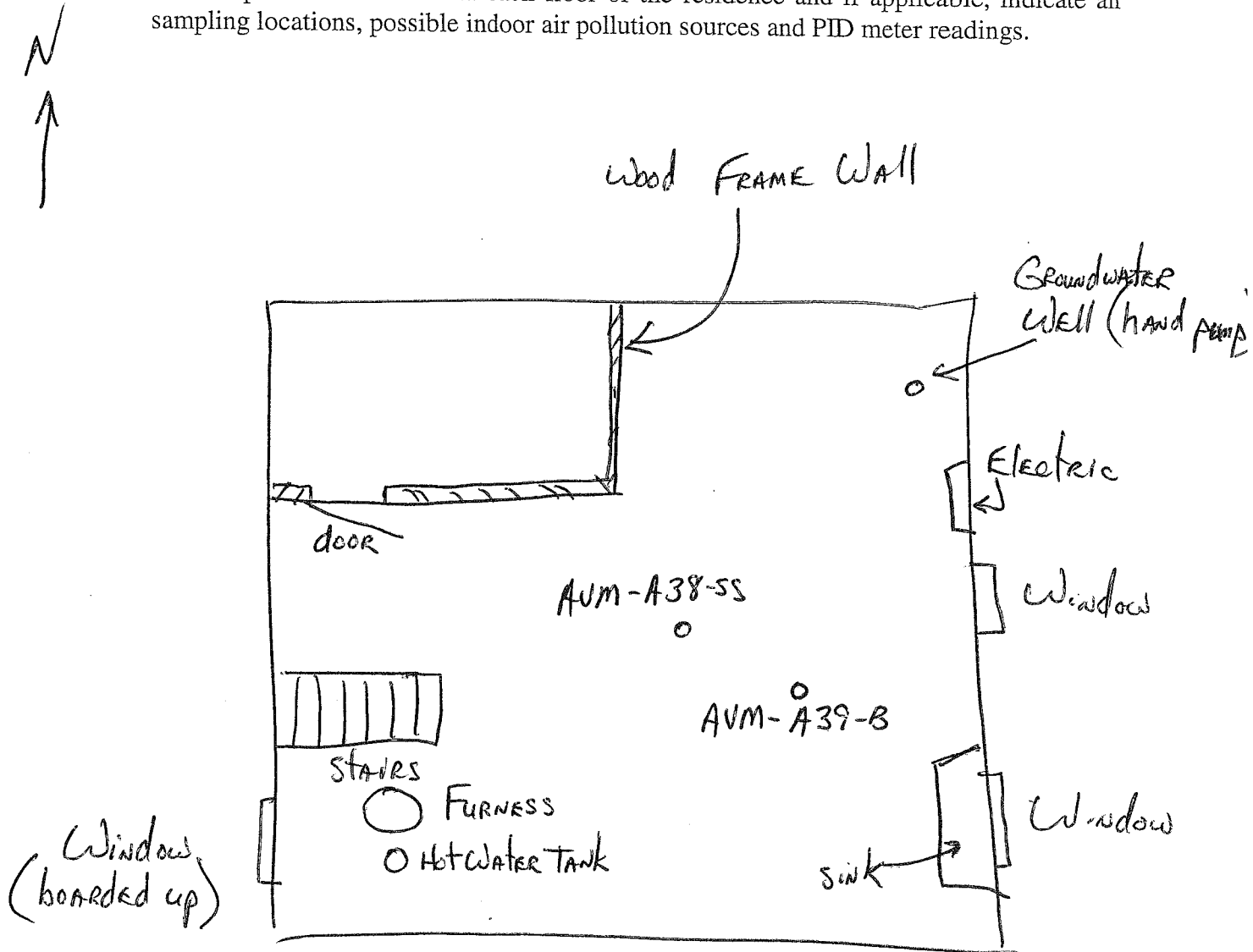
Public Septic Tank Leach Field Other \_\_\_\_\_

Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_



**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



**G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

**H. Household Products Inventory**

Product Description  
(dispenser, size, manufacturer...)

VOC ingredients

PID Reading  
(ppm)

No products stored in basement.

Occupant / residence: \_\_\_\_\_  
Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name AVM Gowanda Project Number 2184  
 Preparer's Name Jack Kuhn Date Prepared 9/20/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

I. OCCUPANT NAME: Chestnut St. Gowanda

Address: 1 Gowanda, NY

County: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Office Phone Number \_\_\_\_\_

II. OWNER OR LANDLORD NAME

(If different from occupant)

Address: \_\_\_\_\_

Phone Number: (716) 532-5508

A. Building Construction Characteristics

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial

- Ranch \_\_\_\_\_ 2-Family \_\_\_\_\_
- Raised-Ranch \_\_\_\_\_ Duplex \_\_\_\_\_
- Split-Level \_\_\_\_\_ Apartment House \_\_\_\_\_ Units \_\_\_\_\_
- Colonial: Number of Floors 2
- Mobile Home \_\_\_\_\_ Other: specify \_\_\_\_\_

Residence Age \_\_\_\_\_

General Description of Building Construction Materials Wood FRAME

\* Is the building insulated? YES / NO How air tight is the building \_\_\_\_\_

B. Basement construction characteristics (circle all that apply)

1. Full Basement, crawlspace, slab on grade, other BASEMENT & CRAWLSPACE
2. Basement floor: concrete, dirt, other Both
3. Concrete floor unsealed, painted, covered with \_\_\_\_\_
4. Foundation walls: poured concrete, block, laid up stone, other \_\_\_\_\_
5. The basement is: wet, damp, dry Sump present? Y / N Water in sump? Y / N
6. The basement is: finished, unfinished \_\_\_\_\_
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.)

Dirt floor, MINOR CRACKS in walls but good condition  
 8. Describe how air tight the basement is Not tight due to dirt floor

\* No ONE AVAILABLE to ANSWER QUESTIONAIRE SECTION.

**C. HVAC (circle all that apply)**

1. The type of heating system(s) used in this residence is/are:
- |                          |                 |                     |
|--------------------------|-----------------|---------------------|
| Hot Air Circulation      | Heat Pump       | Hot Water Radiation |
| Unvented Kerosene Heater | Steam Radiation | Wood Stove          |
| Electric Baseboard       | Other _____     |                     |
2. The type(s) of fuel(s) used is/are:
- |             |          |          |
|-------------|----------|----------|
| Natural Gas | Fuel Oil | Electric |
| Wood        | Coal     | Solar    |
| Other _____ |          |          |
3. Is the heating system's power plant located in the basement or another area: \_\_\_\_\_
4. Is there air-conditioning? Y/N Central Air or Window Units  
 Specify the location \_\_\_\_\_
5. Are there air distribution ducts present? Y/N
6. Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints N/A
- 



**D. Potential Indoor Sources of Pollution**

- Has the house ever had a fire? Y / N
  - Is there an attached garage? Y / N
  - Is a vehicle normally parked in the garage? Y / N
  - Is there a kerosene heater present? Y / N
  - Is there a workshop, hobby or craft area in the residence? Y / N
  - An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.
  - Is there a kitchen exhaust fan? Y / N
  - Has the house ever been fumigated? If yes, describe date, type and location of treatment.
- 

**E. Water and Sewage (Circle the appropriate response)**

**Source of Water**  
 Public Drilled Well Driven Well Dug Well Other \_\_\_\_\_

**Water Well Specifications**

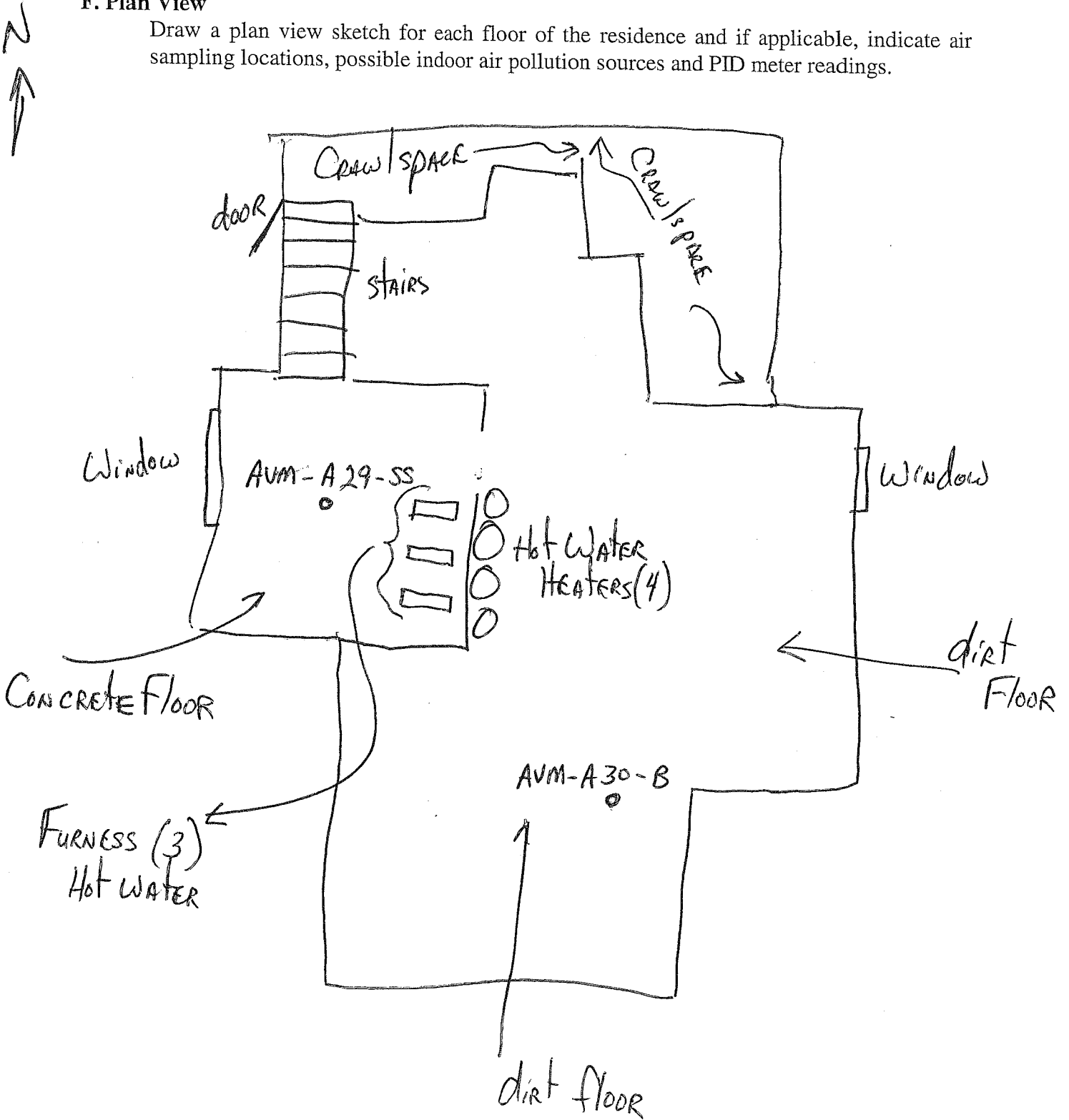
Well Diameter _____	Grouted or Ungouted _____
Well Depth _____	Type of Storage Tank _____
Depth to Bedrock _____	Size of Storage Tank _____
Feet of Casing _____	Water Treatment _____

**Water Quality**  
 Taste and/or odor problems? Y / N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

**Sewage Disposal** Public Septic Tank Leach Field Other \_\_\_\_\_  
 Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



### **G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

**H. Household Products Inventory**

Product Description

VOC ingredients

PID Reading  
(ppm)

(dispenser, size, manufacturer...)

No products in basement.

Occupant / residence: \_\_\_\_\_  
Investigator: \_\_\_\_\_ Date: \_\_\_\_\_



Project Name AVM Gowanda Project Number 2184  
 Preparer's Name Jack Kuhn Date Prepared 9/20/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUPANT NAME:**

Address: 1 da, NY  
 County: \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Office Phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:**

(If different from occupant)  
 Address: \_\_\_\_\_  
 Phone Number (716) \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial  
 Ranch \_\_\_\_\_ 2-Family \_\_\_\_\_  
 Raised-Ranch \_\_\_\_\_ Duplex \_\_\_\_\_  
 Split-Level \_\_\_\_\_ Apartment House \_\_\_\_\_ Units \_\_\_\_\_  
 Colonial: Number of Floors 2  
 Mobile Home \_\_\_\_\_ Other: specify \_\_\_\_\_

Residence Age \_\_\_\_\_  
 General Description of Building Construction Materials Wood FRAME

Is the building insulated? YES / NO How air tight is the building \_\_\_\_\_

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement crawlspace, slab on grade, other \_\_\_\_\_
2. Basement floor concrete, dirt, other \_\_\_\_\_
3. Concrete floor: unsealed, painted, covered with \_\_\_\_\_
4. Foundation walls: poured concrete, block, laid up stone, other \_\_\_\_\_
5. The basement is: wet, damp, dry Sump present? Y / N Water in sump? Y / N
6. The basement is: finished, unfinished
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.)  
Cracks in concrete floor; foundation walls in good condition
8. Describe how air tight the basement is \_\_\_\_\_

**C. HVAC (circle all that apply)**

- The type of heating system(s) used in this residence is/are:
 

Hot Air Circulation	Heat Pump	<u>Hot Water Radiation</u>
Unvented Kerosene Heater	Steam Radiation	Wood Stove
Electric Baseboard	Other _____	
- The type(s) of fuel(s) used is/are:
 

<u>Natural Gas</u>	Fuel Oil	Electric
Wood	Coal	Solar
Other _____		
- Is the heating system's power plant located in the basement or another area: \_\_\_\_\_
- Is there air-conditioning? Y  N  Central Air or Window Units  
Specify the location \_\_\_\_\_
- Are there air distribution ducts present? Y  N
- Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints N/A

**D. Potential Indoor Sources of Pollution**

- Has the house ever had a fire? Y / N
- Is there an attached garage? Y / N
- Is a vehicle normally parked in the garage? Y / N
- Is there a kerosene heater present? Y / N
- Is there a workshop, hobby or craft area in the residence? Y / N
- An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.
- Is there a kitchen exhaust fan? Y / N
- Has the house ever been fumigated? If yes, describe date, type and location of treatment.

**E. Water and Sewage (Circle the appropriate response)**

Source of Water  
 Public    Drilled Well    Driven Well    Dug Well    Other \_\_\_\_\_

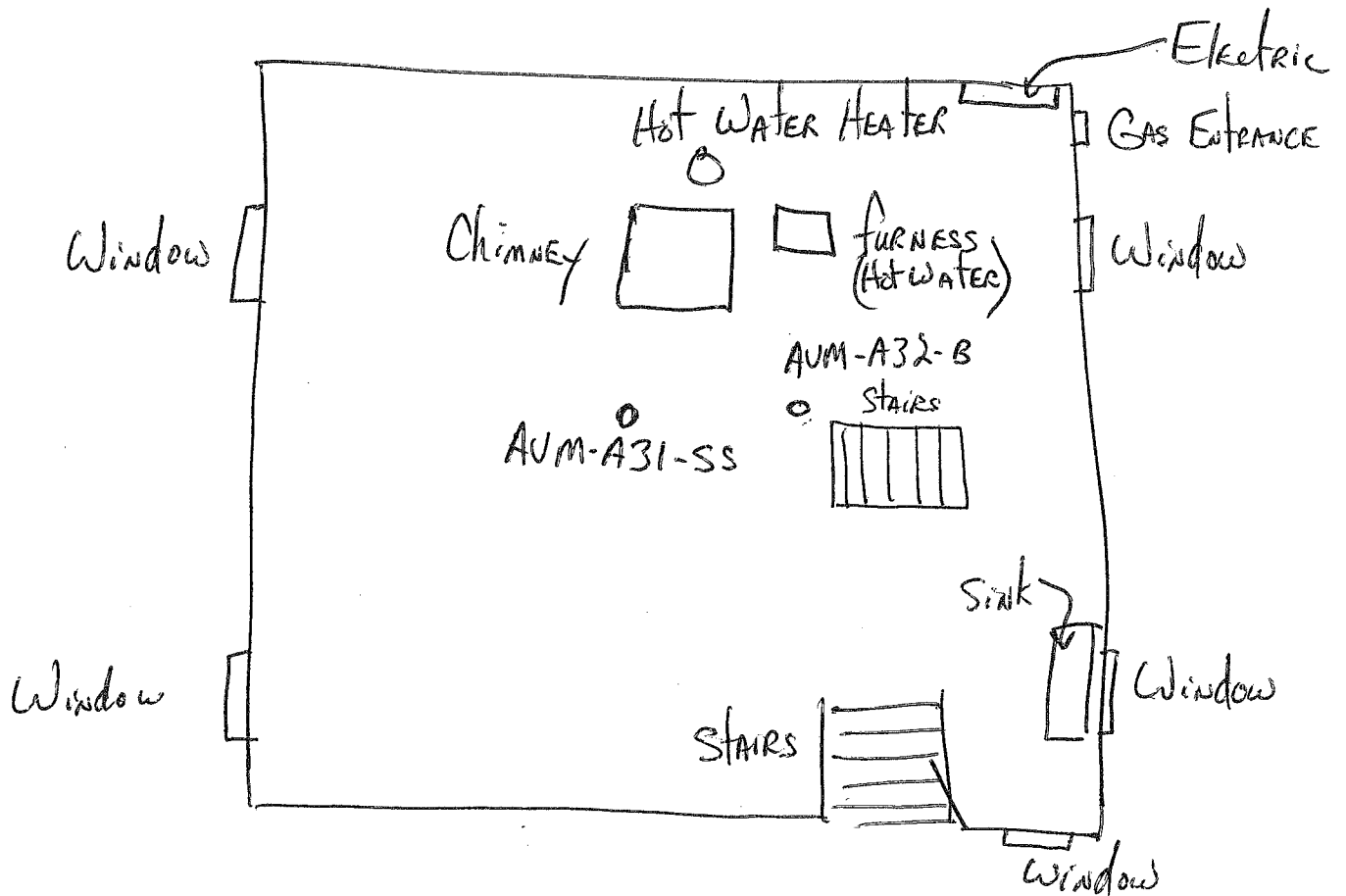
**Water Well Specifications**  
 Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**  
 Taste and/or odor problems? Y / N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

**Sewage Disposal**  Public     Septic Tank    Leach Field    Other \_\_\_\_\_  
 Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



### **G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

**H. Household Products Inventory**

Product Description  
(dispenser, size, manufacturer...)

VOC ingredients

PID Reading  
(ppm)

1. Laundry Detergents

(No others)

Occupant / residence: \_\_\_\_\_  
Investigator: \_\_\_\_\_ Date: \_\_\_\_\_



**Dvirka  
and  
Bartilucci**

CONSULTING ENGINEERS

A DIVISION OF WILLIAM F. COSULICH ASSOCIATES, P.C.

Project Name AVM Gowanda Project Number 2184

Preparer's Name S. Pepling Date Prepared 4/7/04

Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUPANT NAME:**

Address: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Office Phone Number out of work on disability

**II. OWNER OR LANDLORD NAME:**

(If different from occupant)

Address: Same

Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial

Ranch

2-Family

Raised-Ranch

Duplex

Split-Level

Apartment House \_\_\_\_\_ Units

Colonial Number of Floors 2

Mobile Home

Other: specify \_\_\_\_\_

Residence Age \_\_\_\_\_

General Description of Building Construction Materials wood

Is the building insulated? YES / NO How air tight is the building Unknown

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement, crawlspace, slab on grade, other \_\_\_\_\_

2. Basement floor: concrete, dirt, other mostly dirt, some concrete

3. Concrete floor: unsealed, painted, covered with \_\_\_\_\_

4. Foundation walls: poured concrete, block, laid up stone, other \_\_\_\_\_

5. The basement is: wet, damp, dry Sump present? Y / N Water in sump? Y / N

6. The basement is: finished unfinished

7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) \_\_\_\_\_

8. Describe how air tight the basement is not tight

**C. HVAC (circle all that apply)**

- The type of heating system(s) used in this residence is/are:
 

Hot Air Circulation	Heat Pump	<u>Hot Water Radiation</u>
Unvented Kerosene Heater	Steam Radiation	Wood Stove
Electric Baseboard	Other _____	
- The type(s) of fuel(s) used is/are:
 

<u>Natural Gas</u>	Fuel Oil	Electric
Wood	Coal	Solar
Other _____		
- Is the heating system's power plant located in the basement or another area: basement
- Is there air-conditioning? Y/N Central Air or Window Units  
 Specify the location \_\_\_\_\_
- Are there air distribution ducts present? Y/N
- Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. Potential Indoor Sources of Pollution**

- Has the house ever had a fire? Y/N - unknown
- Is there an attached garage? Y/N
- Is a vehicle normally parked in the garage? Y/N - NA
- Is there a kerosene heater present? Y/N
- Is there a workshop, hobby or craft area in the residence? Y/N - although owner is doing home improvement
- An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.
- Is there a kitchen exhaust fan? Y/N
- Has the house ever been fumigated? If yes, describe date, type and location of treatment.  
unknown

**E. Water and Sewage (Circle the appropriate response)**

Source of Water  
Public Drilled Well Driven Well Dug Well Other \_\_\_\_\_

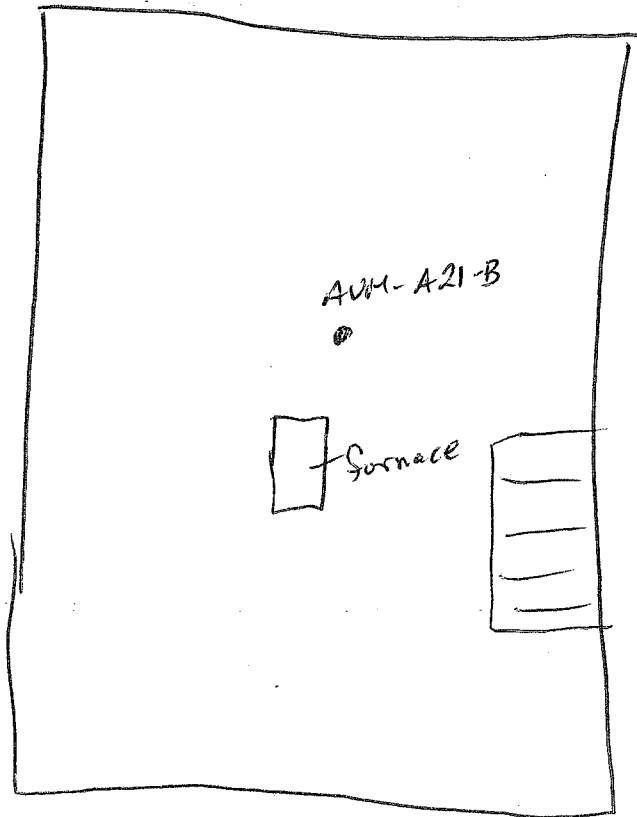
**Water Well Specifications**  
 Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**  
 Taste and/or odor problems? Y/N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

**Sewage Disposal** Public Septic Tank Leach Field Other \_\_\_\_\_  
 Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



AK  
NTS

Chestnut



**G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

N/A

**H. Household Products Inventory**

Product Description  
(dispenser, size, manufacturer...)

VOC ingredients

PID Reading  
(ppm)

*Basement empty*

Occupant / residence: \_\_\_\_\_  
Investigator: *[Signature]* Date: *4/7/04*



**Dvirka  
and  
Bartilucci**

CONSULTING ENGINEERS  
A DIVISION OF WILLIAM F. COSULICH ASSOCIATES, P.C.

Project Name AVM Gowanda Project Number 2184  
 Preparer's Name Jack Kuhn Date Prepared 4/5/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUPANT NAME:**

Address: \_\_\_\_\_

County: C \_\_\_\_\_

Home Phone Number 315-437-2507 Office Phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:** SAME AS ABOVE  
 (If different from occupant)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial

- Ranch \_\_\_\_\_ 2-Family \_\_\_\_\_
- Raised-Ranch \_\_\_\_\_ Duplex \_\_\_\_\_
- Split-Level \_\_\_\_\_ Apartment House \_\_\_\_\_ Units
- Colonial: Number of Floors 2
- Mobile Home \_\_\_\_\_ Other: specify \_\_\_\_\_

Residence Age 7/00 yr

General Description of Building Construction Materials Wood Frame, Wood Siding

Is the building insulated? YES / NO How air tight is the building unknown

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement, crawlspace, slab on grade, other \_\_\_\_\_
2. Basement floor concrete, dirt, other \_\_\_\_\_
3. Concrete floor unsealed, painted, covered with \_\_\_\_\_
4. Foundation walls: poured concrete, block, laid up stone, other \_\_\_\_\_
5. The basement is wet damp, dry Mud Sump present? Y (N) Water in sump? Y / N
6. The basement is: finished, unfinished
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) Slight cracks in foundation, cracks in floor
8. Describe how air tight the basement is Not REAL tight

**C. HVAC (circle all that apply)**

1. The type of heating system(s) used in this residence is/are:

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Hot Air Circulation | <input type="checkbox"/> Heat Pump       | <input type="checkbox"/> Hot Water Radiation |
| <input type="checkbox"/> Unvented Kerosene Heater       | <input type="checkbox"/> Steam Radiation | <input type="checkbox"/> Wood Stove          |
| <input type="checkbox"/> Electric Baseboard             | <input type="checkbox"/> Other _____     |  |

2. The type(s) of fuel(s) used is/are:

- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Natural Gas | <input type="checkbox"/> Fuel Oil | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Wood                   | <input type="checkbox"/> Coal     | <input type="checkbox"/> Solar    |
| <input type="checkbox"/> Other _____            |                                   |                                   |

3. Is the heating system's power plant located in the basement or another area: BASEMENT

4. Is there air-conditioning? Y  N  Central Air or Window Units  
 Specify the location \_\_\_\_\_

5. Are there air distribution ducts present? Y  N

6. Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints Air distribution ducts ARE pieced together w/ sheet metal screws but not taped, joints fit together but ARE NOT AIR tight; cold air return at furnace no duct work

**D. Potential Indoor Sources of Pollution**

1. Has the house ever had a fire? Y  N  - Owner states neighbor said there was during previous owners

2. Is there an attached garage? Y  N

3. Is a vehicle normally parked in the garage? Y / N

4. Is there a kerosene heater present? Y  N

5. Is there a workshop, hobby or craft area in the residence? Y  N

BASEMENT only

6. An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.

7. Is there a kitchen exhaust fan? Y  N

8. Has the house ever been fumigated? If yes, describe date, type and location of treatment.  
NO

**E. Water and Sewage (Circle the appropriate response)**

Source of Water  Public  Drilled Well  Driven Well  Dug Well  Other \_\_\_\_\_

**Water Well Specifications**

Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

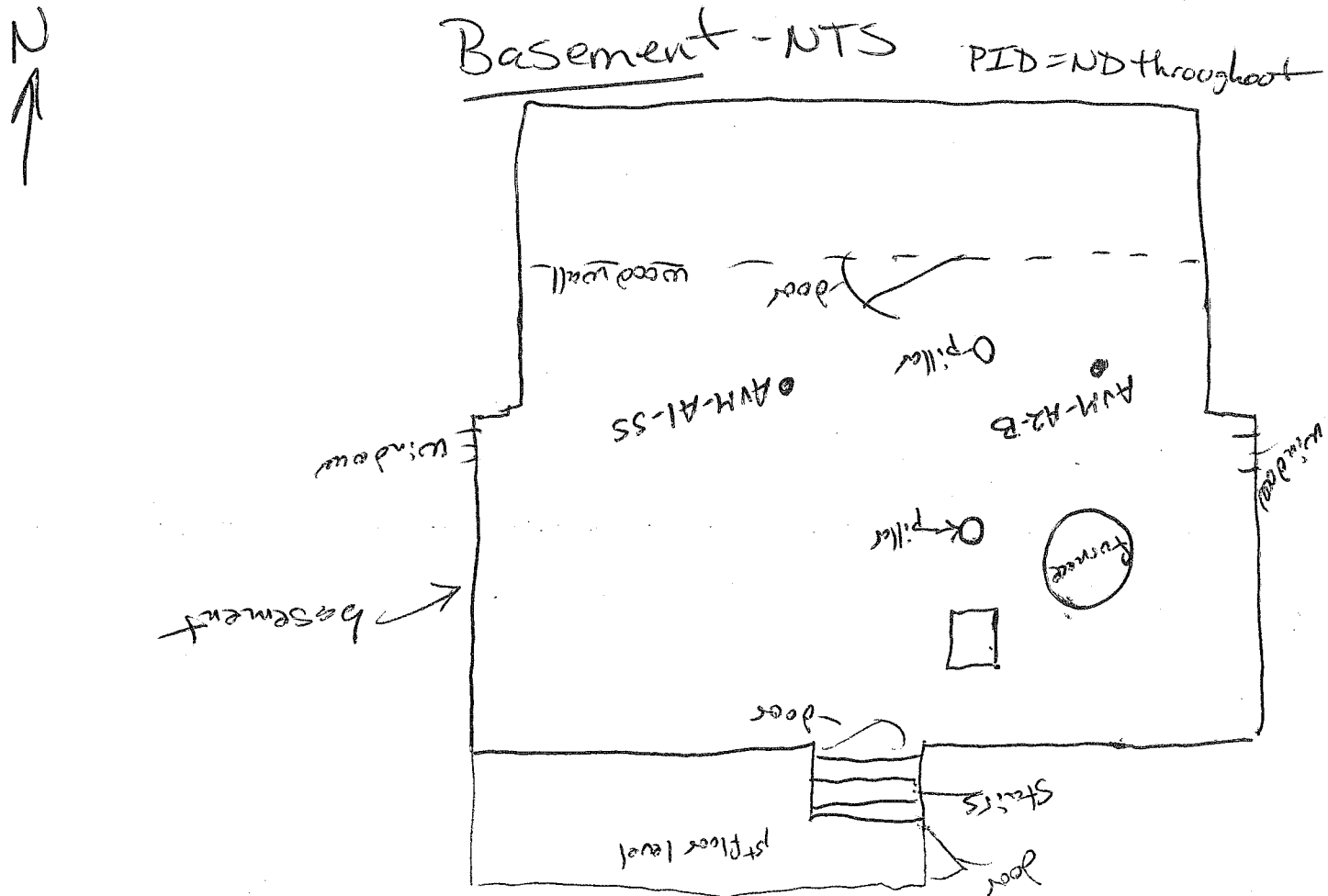
**Water Quality**

Taste and/or odor problems? Y / N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

Sewage Disposal  Public  Septic Tank  Leach Field  Other \_\_\_\_\_  
 Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



**G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

N/A

**H. Household Products Inventory**

Product Description (dispenser, size, manufacturer...)	VOC ingredients	PID Reading (ppm)
1. McCloskey Quick Sand Wood Lightner & Primer 1 Qt	Aliphatic & Aromatic Hydrocarbons 41.6%	All containers closed NO PID readings in area (PID readings indicated non-detectable readings)
2. Illinois Bronz Spray Paint 10 oz.	Petroleum distillates	
3. Spray Enamel 11 oz	not listed	
4. Varnish/shelac pint	"	
5. Wood Stain 1/2 pint (3 cans)	"	
6. Glazing Compound 1/2 pint	"	
7. Wood Stain 16 oz	Mineral Spirits	
8. Enamel Paint 2 oz	not listed	
9. Varnish 1/2 pint	not listed	
10. Plastic Roof Cement	not listed	
11. Armstrong Emulsion S-160	Not listed	
12. PAINT CANS 1 Gal. (9 cans)	Not listed	
13. PAINT THINNER 1 Gal. (1 can)	Not listed	

Occupant / residence: \_\_\_\_\_  
 Investigator: J. Kuhn Date: 4/5/04



**Dvirka  
and  
Bartilucci**

CONSULTING ENGINEERS

A DIVISION OF WILLIAM F. COSULICH ASSOCIATES, P.C.

Project Name AVM Gowanda Project Number 2184  
 Preparer's Name Jack Kuhn Date Prepared 4/7/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUP**

Address: 9  
 County: 6

Home Phone: \_\_\_\_\_ Office phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:** SAME AS ABOVE  
 (If different from occupant)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial

- Ranch \_\_\_\_\_ 2-Family \_\_\_\_\_
- Raised-Ranch \_\_\_\_\_ Duplex \_\_\_\_\_
- Split-Level \_\_\_\_\_ Apartment House \_\_\_\_\_ Units \_\_\_\_\_
- Colonial Number of Floors 2
- Mobile Home \_\_\_\_\_ Other: specify \_\_\_\_\_

1900 Residence Age \_\_\_\_\_

General Description of Building Construction Materials Wood FRAME

Is the building insulated? YES / NO How air tight is the building VERY little - SOME

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement, crawlspace, slab on grade, other \_\_\_\_\_
2. Basement floor concrete, dirt, other \_\_\_\_\_
3. Concrete floor: unsealed, painted, covered with \_\_\_\_\_
4. Foundation walls: poured concrete, block, laid up stone, other \_\_\_\_\_
5. The basement is: wet, damp, dry Sump present? Y / N Water in sump? Y / N
6. The basement is: finished, unfinished

7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) Foundation is in good shape, NO CRACKS OBSERVED. CONCRETE FLOOR is in good shape w/ MINOR CRACKING i.e. spider cracks

8. Describe how air tight the basement is Tight - basement is dry



**C. HVAC (circle all that apply)**

1. The type of heating system(s) used in this residence is/are:

- Hot Air Circulation      Heat Pump      Hot Water Radiation  
 Unvented Kerosene Heater      Steam Radiation      Wood Stove  
 Electric Baseboard      Other \_\_\_\_\_

2. The type(s) of fuel(s) used is/are:

- Natural Gas      Fuel Oil      Electric  
 Wood      Coal      Solar  
 Other \_\_\_\_\_

3. Is the heating system's power plant located in the basement or another area: basement

4. Is there air-conditioning? Y  N      Central Air or Window Units  
 Specify the location \_\_\_\_\_

5. Are there air distribution ducts present?  Y  N

6. Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints. Ducts ARE in good condition AND fit TOGETHER WELL (APPEAR NEW). SECTIONS ARE CONNECTED w/ SHEET METAL SCREWS, but NO duct TAPE.

**D. Potential Indoor Sources of Pollution**

1. Has the house ever had a fire? Y  N  
 2. Is there an attached garage? Y  N  
 3. Is a vehicle normally parked in the garage? Y  N  
 4. Is there a kerosene heater present? Y  N  
 5. Is there a workshop, hobby or craft area in the residence? Y  N  
 6. An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.  
 7. Is there a kitchen exhaust fan? Y  N  
 8. Has the house ever been fumigated? If yes, describe date, type and location of treatment.  
No

**E. Water and Sewage (Circle the appropriate response)**

Source of Water  Public      Drilled Well      Driven Well      Dug Well      Other \_\_\_\_\_

**Water Well Specifications**

Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**

Taste and/or odor problems? Y  N Describe public  
 How long has the taste and/or odor been present? \_\_\_\_\_

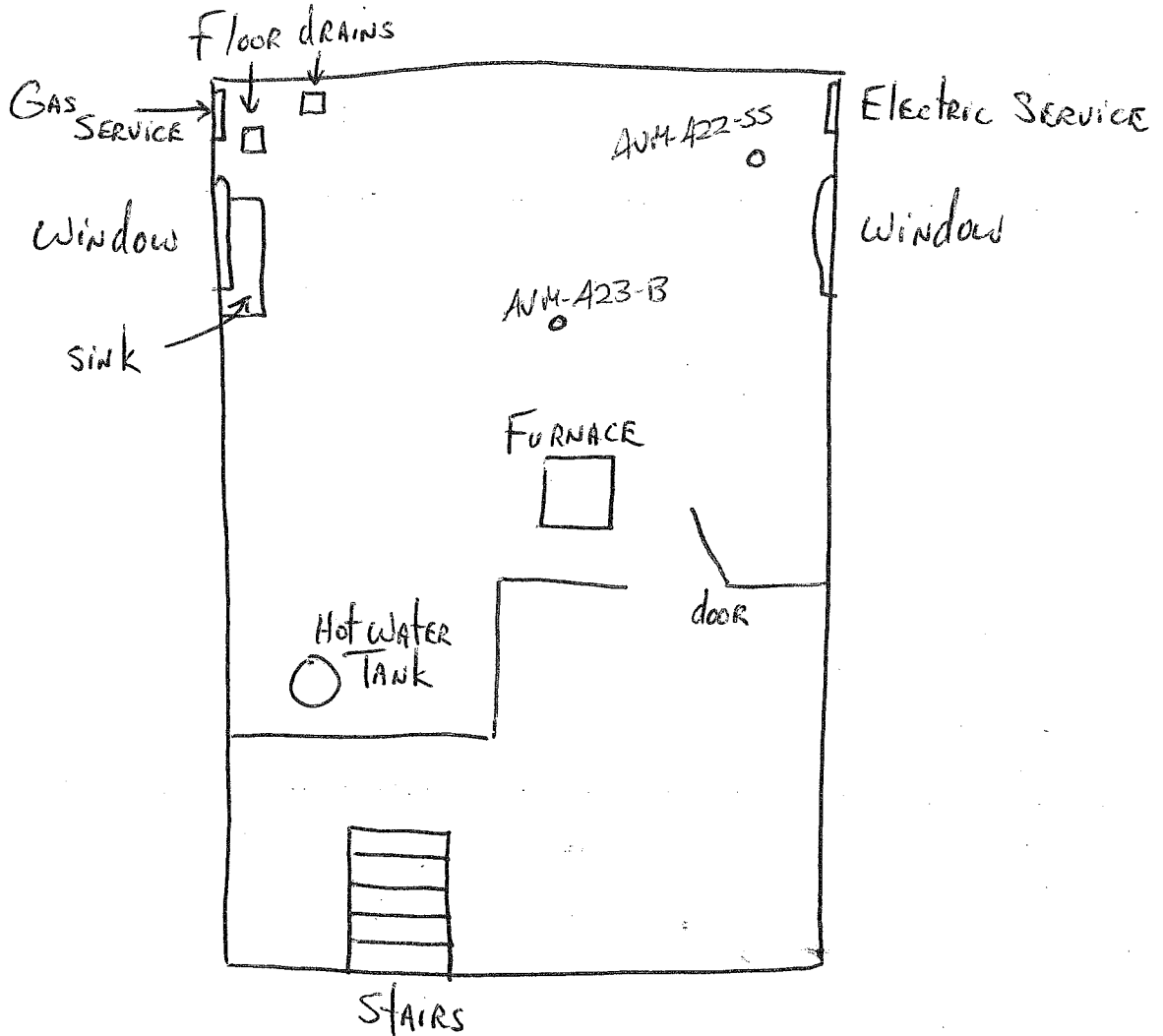
Sewage Disposal  Public      Septic Tank      Leach Field      Other \_\_\_\_\_  
 Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



**BASEMENT**



**G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

N/A

**H. Household Products Inventory**

Product Description  
(dispenser, size, manufacturer...)

VOC ingredients

PID Reading  
(ppm)

1. PARKS LINSEED OIL (1 CAN)  
1 GAL.
2. LDS INSTANT CONTACT CLEANER  
1 CAN - SPRAY 12 OZ.
3. 1 GAL. CONTAINER - ROOT DESTROYER

Occupant / residence: \_\_\_\_\_  
Investigator: J. K. K... Date: 4/7/04

Project Name AVM Gowanda Project Number 2184

Preparer's Name Jack Kuhn Date Prepared 4/6/04

Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

I. OCCUPANT NAME: A (OWNER) RENTAL PROPERTY - NO occupants

Address: \_\_\_\_\_

County: C

Home Phone Number (716) 532-2271 Office Phone Number \_\_\_\_\_

II. OWNER OR LANDLORD NAME: S  
(If different from occupant)

Address: \_\_\_\_\_

Phone Number: (716) 532-2271

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial

- Ranch \_\_\_\_\_ 2-Family \_\_\_\_\_
- Raised-Ranch \_\_\_\_\_ Duplex \_\_\_\_\_
- Split-Level \_\_\_\_\_ Apartment House \_\_\_\_\_ Units \_\_\_\_\_

Colonial: Number of Floors \_\_\_\_\_  
Mobile Home \_\_\_\_\_ Other: specify CAPE

Residence Age 70+

General Description of Building Construction Materials WOOD FRAME

Is the building insulated? YES  NO  How air tight is the building \_\_\_\_\_

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement, crawlspace, slab on grade, other 1/2 BASEMENT
2. Basement floor: concrete, dirt, other \_\_\_\_\_
3. Concrete floor: unsealed, painted, covered with \_\_\_\_\_
4. Foundation walls: poured concrete, block, laid up stone, other brick?
5. The basement is: wet, damp, dry \_\_\_\_\_ Sump present?  Y /  N Water in sump?  Y  N
6. The basement is: finished, unfinished
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) Foundation walls ARE IN POOR CONDITION; CRACKS, HOLES, PART OF WALL IS CRUMBLING (WEST SIDE)
8. Describe how air tight the basement is Not tight

**C. HVAC (circle all that apply)**

1. The type of heating system(s) used in this residence is/are:

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Hot Air Circulation | <input type="checkbox"/> Heat Pump       | <input type="checkbox"/> Hot Water Radiation |
| <input type="checkbox"/> Unvented Kerosene Heater       | <input type="checkbox"/> Steam Radiation | <input type="checkbox"/> Wood Stove          |
| <input type="checkbox"/> Electric Baseboard             | <input type="checkbox"/> Other _____     |  |

2. The type(s) of fuel(s) used is/are:

- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Natural Gas | <input type="checkbox"/> Fuel Oil | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Wood                   | <input type="checkbox"/> Coal     | <input type="checkbox"/> Solar    |
| <input type="checkbox"/> Other _____            |                                   |                                   |

3. Is the heating system's power plant located in the basement or another area: BASEMENT

4. Is there air-conditioning?  Y  N Central Air or Window Units  
 Specify the location \_\_\_\_\_

5. Are there air distribution ducts present?  Y  N

6. Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints. Ducts ARE in good shape and fit together well. Sections ARE connected w/ sheet metal screws; NO duct tape.

**D. Potential Indoor Sources of Pollution**

- Has the house ever had a fire? Y  N
- Is there an attached garage? Y  N
- Is a vehicle normally parked in the garage? Y  N
- Is there a kerosene heater present? Y  N
- Is there a workshop, hobby or craft area in the residence? Y  N
- An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose. No products observed in basement.
- Is there a kitchen exhaust fan? Y  N
- Has the house ever been fumigated? If yes, describe date, type and location of treatment.  
No

**E. Water and Sewage (Circle the appropriate response)**

Source of Water:  Public  Drilled Well  Driven Well  Dug Well  Other \_\_\_\_\_

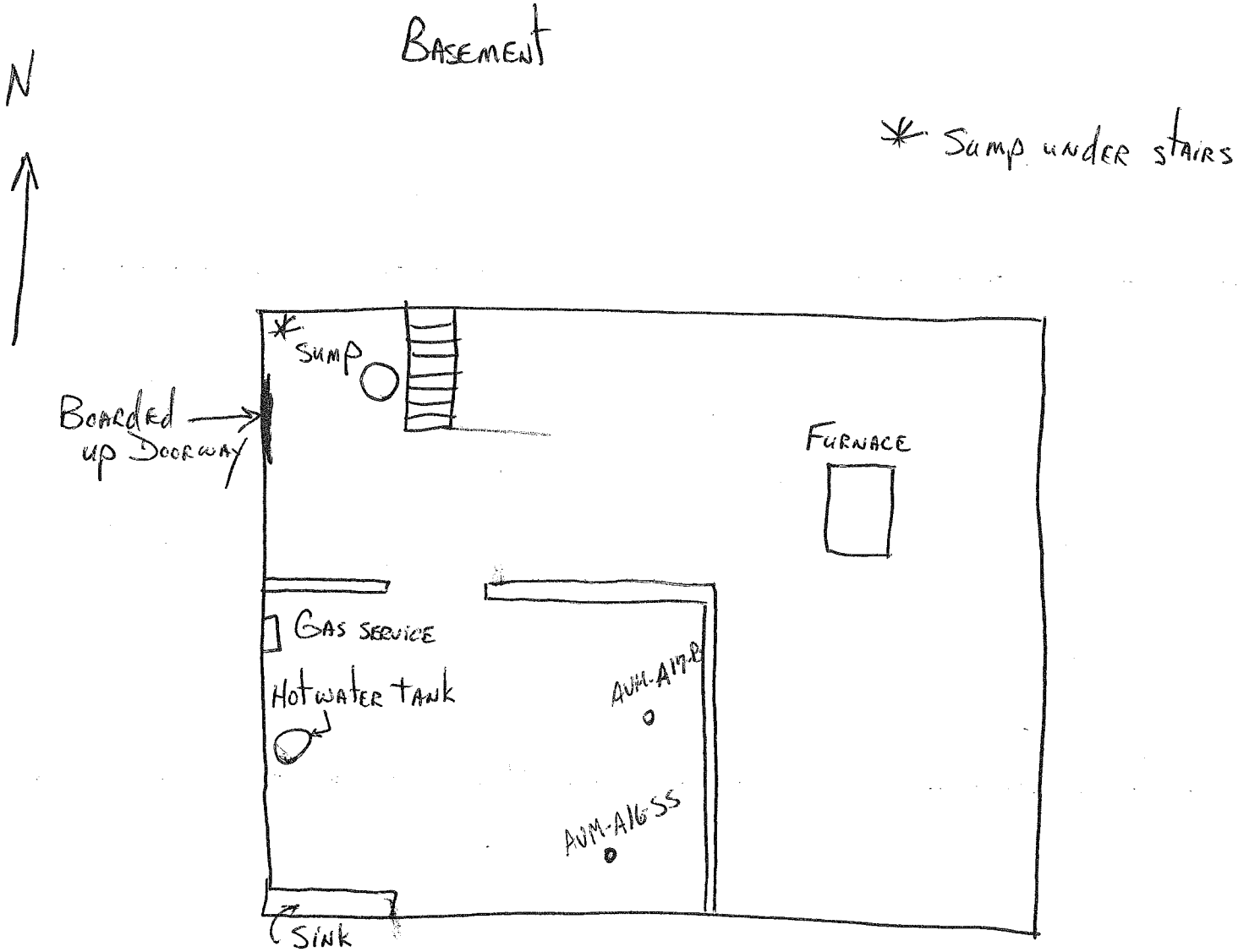
**Water Well Specifications**  
 Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**  
 Taste and/or odor problems? Y  N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

**Sewage Disposal**  Public  Septic Tank  Leach Field  Other \_\_\_\_\_  
 Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



**G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

N/A



**H. Household Products Inventory**

Product Description  
(dispenser, size, manufacturer...)

VOC ingredients

PID Reading  
(ppm)

No products observed in basement.

Occupant / residence: \_\_\_\_\_  
Investigator: J. Luch Date: 4/6/04

\* No one at the residence

Project Name AVM Gowanda Project Number 2184  
Preparer's Name Jack Kuhn Date Prepared 4/6/04  
Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUP.**

Address: 5  
County: C  
Home Phone \_\_\_\_\_ Office Phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:** SAME AS ABOVE  
(If different from occupant)

Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics** No one at the residence @ 1200 Hr. or later

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial  
 Ranch  2-Family  
 Raised-Ranch  Duplex  
 Split-Level  Apartment House \_\_\_ Units  
 Colonial: Number of Floors \_\_\_\_\_  
 Mobile Home  Other: specify \_\_\_\_\_

Residence Age UNKNOWN  
General Description of Building Construction Materials WOOD FRAME

Is the building insulated? YES / NO How air tight is the building UNKNOWN

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement  crawlspace, slab on grade, other \_\_\_\_\_
2. Basement floor: concrete,  dirt, other \_\_\_\_\_
3. Concrete floor: unsealed, painted, covered with N/A
4. Foundation walls: poured concrete,  block, laid up stone, other \_\_\_\_\_
5. The basement is:  wet, damp, dry \_\_\_\_\_ Sump present? Y /  N Water in sump? Y / N Standing water west side
6. The basement is: finished, unfinished N/A
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) \_\_\_\_\_

Flooring is comprised of dirt, no concrete.

8. Describe how air tight the basement is Not tight. Dirt floor. Standing water along the dirt floor (west side) of crawlspace.

**C. HVAC (circle all that apply)**

1. The type of heating system(s) used in this residence is/are:

- |                          |                 |                            |
|--------------------------|-----------------|----------------------------|
| Hot Air Circulation      | Heat Pump       | <u>Hot Water Radiation</u> |
| Unvented Kerosene Heater | Steam Radiation | Wood Stove                 |
| Electric Baseboard       | Other _____     |                            |

2. The type(s) of fuel(s) used is/are:

- |                    |          |          |
|--------------------|----------|----------|
| <u>Natural Gas</u> | Fuel Oil | Electric |
| Wood               | Coal     | Solar    |
| Other _____        |          |          |

3. Is the heating system's power plant located in the basement or another area: located in CRAWLSPACE

4. Is there air-conditioning? Y/N Central Air or Window Units

Specify the location \_\_\_\_\_

5. Are there air distribution ducts present? Y/N

6. Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints N/A

**D. Potential Indoor Sources of Pollution**

1. Has the house ever had a fire? Y/N UNKNOWN

2. Is there an attached garage? Y/N

3. Is a vehicle normally parked in the garage? Y/N UNKNOWN

4. Is there a kerosene heater present? Y/N UNKNOWN

5. Is there a workshop, hobby or craft area in the residence? Y/N UNKNOWN

No products in CRAWLSPACE

6. An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.

7. Is there a kitchen exhaust fan? Y/N UNKNOWN

8. Has the house ever been fumigated? If yes, describe date, type and location of treatment.

UNKNOWN

**E. Water and Sewage (Circle the appropriate response)**

Source of Water Public ASSUME

Public Drilled Well Driven Well Dug Well Other \_\_\_\_\_

**Water Well Specifications**

Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_

Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_

Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_

Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**

Taste and/or odor problems? Y/N Describe \_\_\_\_\_

How long has the taste and/or odor been present? \_\_\_\_\_

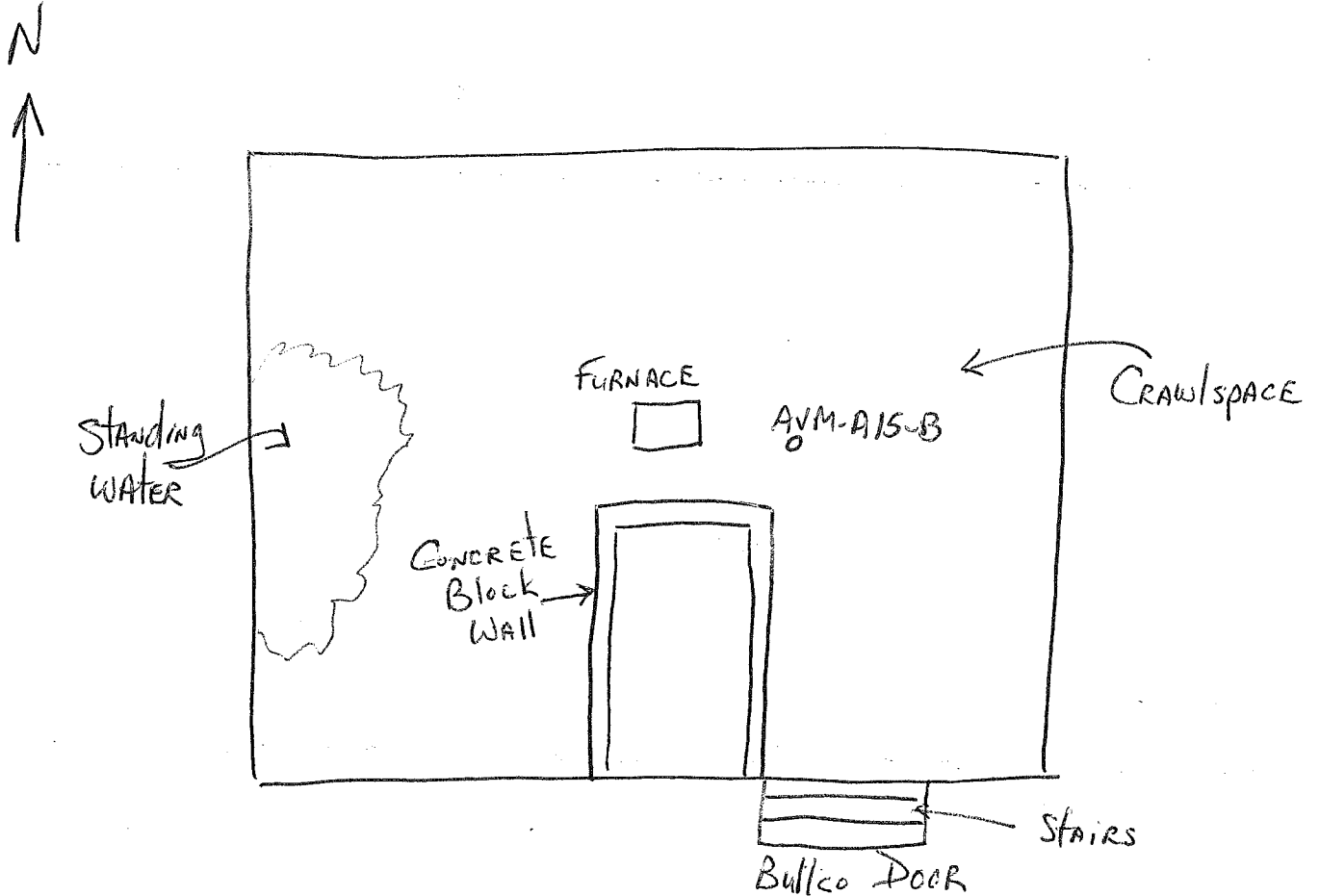
Sewage Disposal Public Septic Tank Leach Field Other \_\_\_\_\_

Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.

Basement (i.e. CRAWLSPACE)



**G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

N/A

**H. Household Products Inventory**

Product Description  
(dispenser, size, manufacturer...)

VOC ingredients

PID Reading  
(ppm)

No products observed in CRAWLSPACE.

Occupant / residence:

Investigator: Jack Kuhn / Sean Pepling Date: 4/6/04



**Dvirka and Bartilucci**

CONSULTING ENGINEERS

A DIVISION OF WILLIAM F. COSULICH ASSOCIATES, P.C.

Project Name AVM Gowanda Project Number 2184

Preparer's Name Jack Kuhn Date Prepared 4/5/04

Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUPANT**

Address: 6

County: 7

Home Phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:** SAME AS ABOVE  
(If different from occupant)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial

Ranch

2-Family

Raised-Ranch

Duplex

Split-Level

Apartment House \_\_\_ Units

Colonial: Number of Floors \_\_\_\_\_

Mobile Home

Other: specify \_\_\_\_\_

(1948) Residence Age \_\_\_\_\_

General Description of Building Construction Materials Wood FRAME

Is the building insulated? YES / NO How air tight is the building \_\_\_\_\_

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement, crawlspace, slab on grade, other PARTIAL BASEMENT

2. Basement floor: concrete, dirt, other \_\_\_\_\_

3. Concrete floor: unsealed, painted, covered with \_\_\_\_\_

4. Foundation walls: poured concrete, block, laid up stone, other \_\_\_\_\_

5. The basement is: wet, damp, dry Sump present? Y/N Water in sump? Y / N

6. The basement is: finished, unfinished

7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) NONE OBSERVED

8. Describe how air tight the basement is Tight

Ogden

**C. HVAC (circle all that apply)**

1. The type of heating system(s) used in this residence is/are:

- |                          |                 |                            |
|--------------------------|-----------------|----------------------------|
| Hot Air Circulation      | Heat Pump       | <u>Hot Water Radiation</u> |
| Unvented Kerosene Heater | Steam Radiation | Wood Stove                 |
| Electric Baseboard       | Other _____     |                            |

2. The type(s) of fuel(s) used is/are:

- |                    |          |          |
|--------------------|----------|----------|
| <u>Natural Gas</u> | Fuel Oil | Electric |
| Wood               | Coal     | Solar    |
| Other _____        |          |          |

3. Is the heating system's power plant located in the basement or another area: basement N.C.

4. Is there air-conditioning? Y/N Central Air or Window Units  
 Specify the location \_\_\_\_\_

5. Are there air distribution ducts present? Y/N

6. Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints N/A

**D. Potential Indoor Sources of Pollution**

- Has the house ever had a fire? Y/N
- Is there an attached garage? Y/N
- Is a vehicle normally parked in the garage? Y/N
- Is there a kerosene heater present? Y/N
- Is there a workshop, hobby or craft area in the residence? Y/N
- An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.
- Is there a kitchen exhaust fan? Y/N
- Has the house ever been fumigated? If yes, describe date, type and location of treatment.  
no

**E. Water and Sewage (Circle the appropriate response)**

Source of Water  
Public Drilled Well Driven Well Dug Well Other \_\_\_\_\_

**Water Well Specifications**  
 Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**  
 Taste and/or odor problems? Y/N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

**Sewage Disposal** Public Septic Tank Leach Field Other \_\_\_\_\_  
 Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_



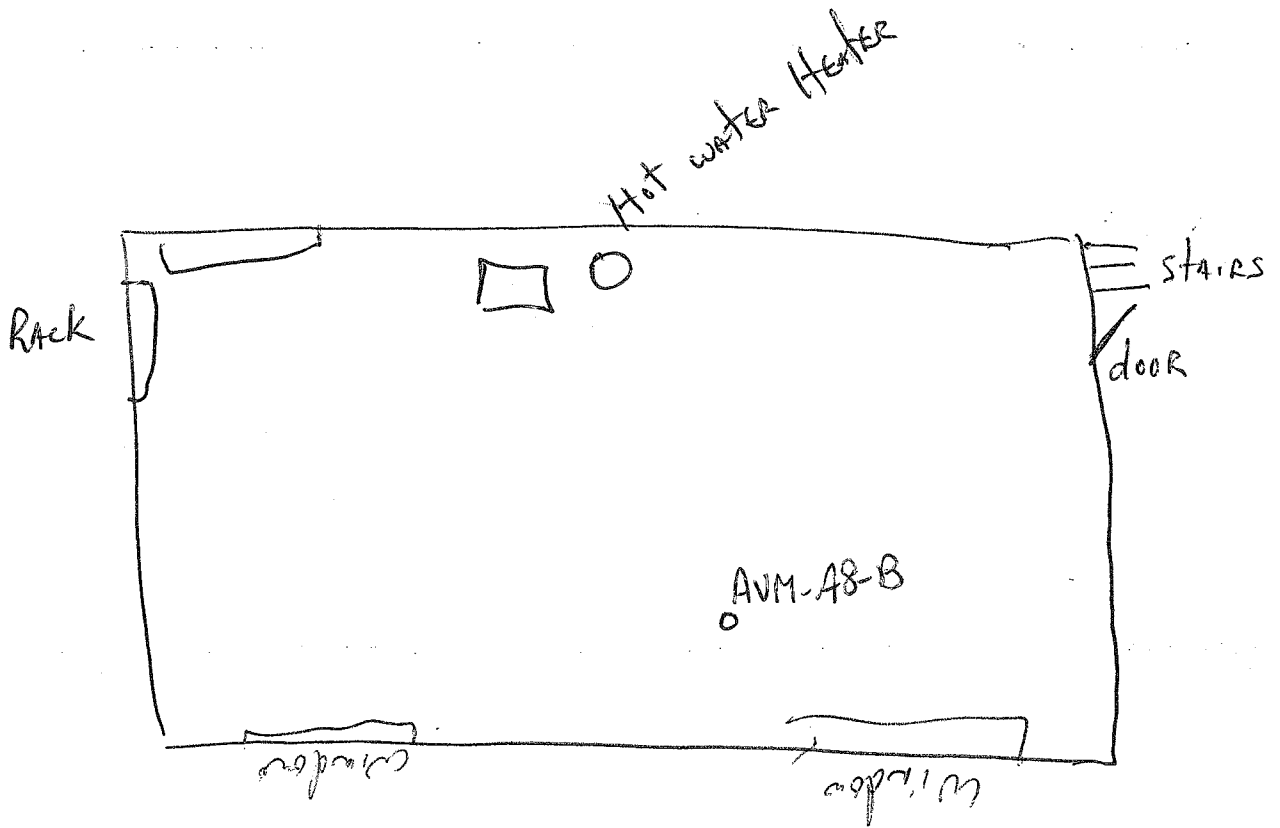
~~150~~  
150

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



BASEMENT



**G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

N/A

**H. Household Products Inventory**

Product Description (dispenser, size, manufacturer...)	VOC ingredients	PID Reading (ppm)
1. PAINT CANS (6 CANS)		
2. PAINT THINNER (1 CAN) 1 GAL.		

Occupant / residence: \_\_\_\_\_  
Investigator: J. Kuhn Date: 4/5/04

Project Name AVM Gowanda Project Number 2184  
 Preparer's Name Jack Kuhn Date Prepared 4/5/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUP**

Address: \_\_\_\_\_  
 County: C  
 Home Phone: \_\_\_\_\_ Office Phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:** SAME AS ABOVE  
 (If different from occupant)  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial  
 Ranch  2-Family  
 Raised-Ranch  Duplex  
 Split-Level  Apartment House \_\_\_ Units  
 Colonial: Number of Floors \_\_\_\_\_  
 Mobile Home  Other: specify \_\_\_\_\_

Residence Age 50 yrs  
 General Description of Building Construction Materials Wood Frame

Is the building insulated?  YES / NO How air tight is the building Some insulation in attic.  
**B. Basement construction characteristics (circle all that apply)** Fairly tight.

1.  Full Basement,  crawlspace,  slab on grade, other \_\_\_\_\_
2. Basement floor:  concrete,  dirt, other \_\_\_\_\_
3. Concrete floor:  unsealed,  painted, covered with \_\_\_\_\_
4. Foundation walls:  poured concrete,  block, laid up stone, other \_\_\_\_\_
5. The basement is: wet, damp,  dry Sump present?  YES / NO Water in sump? Y / N
6. The basement is: finished,  unfinished
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) Foundation wall in good shape, no cracks or holes
8. Describe how air tight the basement is Not tight - basement has windows

*Newly installed furnace (1 yr. old)*

**C. HVAC (circle all that apply)**

1. The type of heating system(s) used in this residence is/are:
- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Hot Air Circulation | <input type="checkbox"/> Heat Pump       | <input type="checkbox"/> Hot Water Radiation |
| <input type="checkbox"/> Unvented Kerosene Heater       | <input type="checkbox"/> Steam Radiation | <input type="checkbox"/> Wood Stove          |
| <input type="checkbox"/> Electric Baseboard             | <input type="checkbox"/> Other _____     |  |

2. The type(s) of fuel(s) used is/are:
- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Natural Gas | <input type="checkbox"/> Fuel Oil | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Wood                   | <input type="checkbox"/> Coal     | <input type="checkbox"/> Solar    |
| <input type="checkbox"/> Other _____            |                                   |                                   |

3. Is the heating system's power plant located in the basement or another area: BASEMENT

4. Is there air-conditioning?  Y  N Central Air or Window Units  
 Specify the location \_\_\_\_\_

5. Are there air distribution ducts present?  Y  N

6. Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints All duct work appears new and in good shape. Connections are secured w/ sheet metal screws and fit together well, but not sealed w/ duct tape. Cold duct return in good shape

**D. Potential Indoor Sources of Pollution**

1. Has the house ever had a fire?  Y  N
2. Is there an attached garage?  Y  N
3. Is a vehicle normally parked in the garage?  Y  N
4. Is there a kerosene heater present?  Y  N but not used
5. Is there a workshop, hobby or craft area in the residence?  Y  N
6. An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.

7. Is there a kitchen exhaust fan?  Y  N

8. Has the house ever been fumigated? If yes, describe date, type and location of treatment.

No - Not to Ms. Stiver's knowledge

**E. Water and Sewage (Circle the appropriate response)**

Source of Water:  Public  Drilled Well  Driven Well  Dug Well  Other \_\_\_\_\_

**Water Well Specifications**

Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

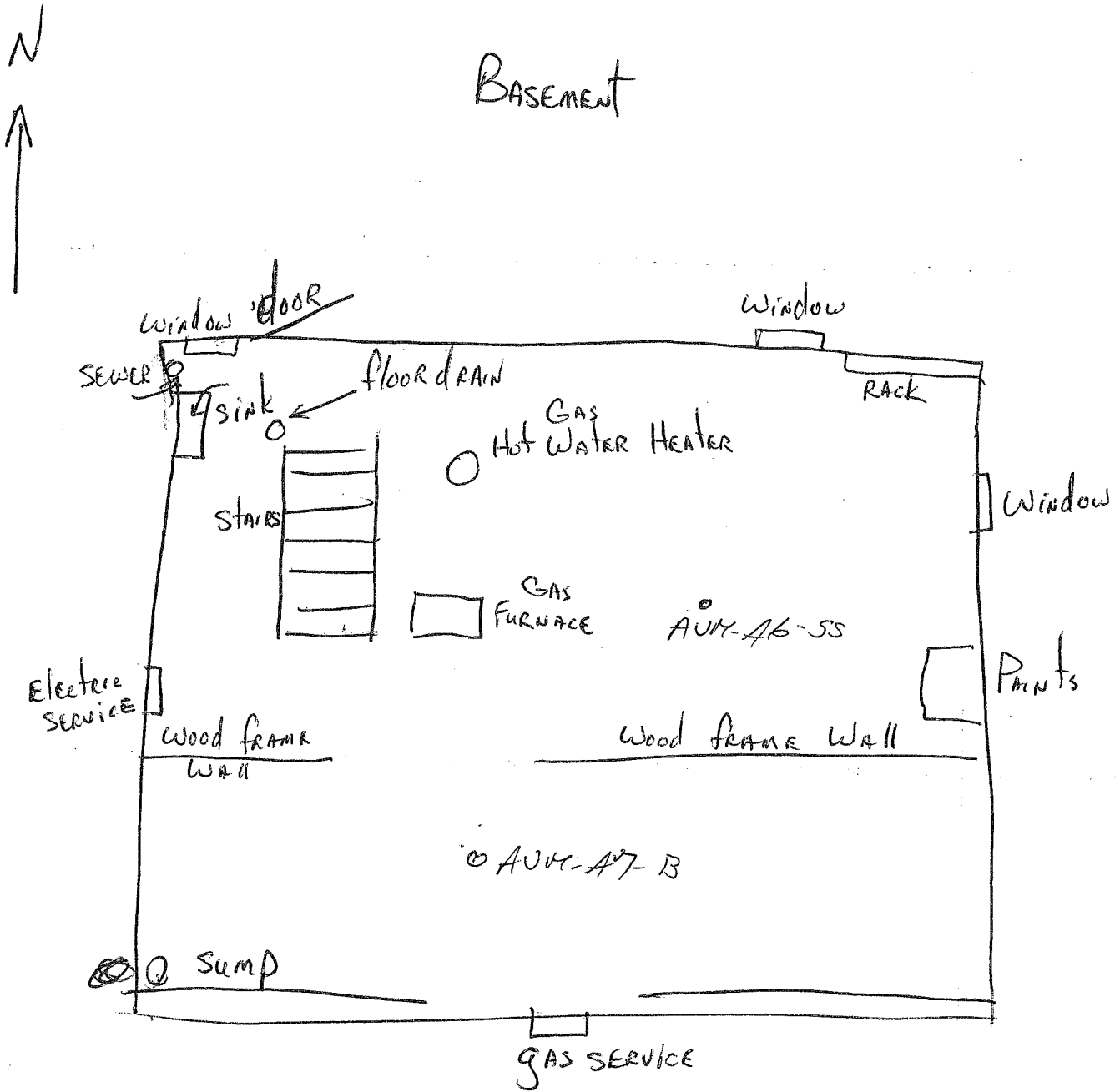
**Water Quality**

Taste and/or odor problems?  Y  N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? N/A

Sewage Disposal:  Public  Septic Tank  Leach Field  Other \_\_\_\_\_  
 Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



**G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

N/A

**H. Household Products Inventory**

	Product Description (dispenser, size, manufacturer...)	VOC ingredients	PID Reading (ppm)
1.	PAINT CANS (12 CANS) 1/2 Pint	LATEx & Oil base	All readings WERE NON-detectable
2.	SPRAY PAINT CANS (3 CANS) 11 oz.	LATEx & Oil base	
3.	Bug Killer (SPRAY) (2 CANS) 16 oz.		
4.	Misc. CAR CLEANING PRODUCTS		
5.	Rug Shampoo (1 bottle) 16 oz.		
6.	OATEY All Purpose CEMENT 4 oz.		
7.	LAMP Oil (2 bottles) 22 oz. & 32 oz.		

Occupant / residence: \_\_\_\_\_  
 Investigator: J. Kuhn Date: 4/5/04



Project Name AVM Gowanda Project Number 2184  
 Preparer's Name Jack Kuhn Date Prepared 4/6/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUP**

Address: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ e Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:** SAME AS ABOVE  
 (If different from occupant)  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial

- Ranch \_\_\_\_\_ 2-Family \_\_\_\_\_
- Raised-Ranch \_\_\_\_\_ Duplex \_\_\_\_\_
- Split-Level \_\_\_\_\_ Apartment House \_\_\_\_\_ Units \_\_\_\_\_
- Colonial: Number of Floors Bungalow \_\_\_\_\_
- Mobile Home \_\_\_\_\_ Other: specify \_\_\_\_\_

(1935) Residence Age \_\_\_\_\_

General Description of Building Construction Materials Wood FRAME

Is the building insulated? YES NO How air tight is the building SOME ATTIC  
NONE IN WALLS

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement, crawlspace, slab on grade, other \_\_\_\_\_
2. Basement floor: concrete, dirt, other \_\_\_\_\_
3. Concrete floor: unsealed, painted, covered with \_\_\_\_\_
4. Foundation walls: poured concrete, block, laid up stone, other \_\_\_\_\_
5. The basement is: wet, damp, dry Sump present? Y/N Water in sump? Y/N
6. The basement is: finished, unfinished 1/2 BASEMENT PARTIALLY FINISHED; 1/2 UNFINISHED
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) \_\_\_\_\_

Foundation wall in good shape; some minor cracks. FLOOR HAS SOME CRACKS. (SPIDER CRACKS)  
 8. Describe how air tight the basement is Tight.

**C. HVAC (circle all that apply)**

1. The type of heating system(s) used in this residence is/are:  
 Hot Air Circulation      Heat Pump      Hot Water Radiation  
 Unvented Kerosene Heater      Steam Radiation      Wood Stove  
 Electric Baseboard      Other \_\_\_\_\_
2. The type(s) of fuel(s) used is/are:  
 Natural Gas      Fuel Oil      Electric  
 Wood      Coal      Solar  
 Other \_\_\_\_\_

3. Is the heating system's power plant located in the basement or another area: Basement  
 4. Is there air-conditioning? Y  N  Central Air or Window Units  
 Specify the location \_\_\_\_\_

5. Are there air distribution ducts present?  Y  N

6. Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints. Ducts ARE in good shape, and fit together well. Ducts ARE connected w/ sheet metal screws, but not duct taped. No holes or gaps in ducts.

**D. Potential Indoor Sources of Pollution**

1. Has the house ever had a fire? Y  N   
 2. Is there an attached garage? Y  N   
 3. Is a vehicle normally parked in the garage? Y  N   
 4. Is there a kerosene heater present? Y  N   
 5. Is there a workshop, hobby or craft area in the residence? Y  N   
 6. An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.  
 7. Is there a kitchen exhaust fan?  Y  N  
 8. Has the house ever been fumigated? If yes, describe date, type and location of treatment.  
No

**E. Water and Sewage (Circle the appropriate response)**

Source of Water  
 Public      Drilled Well      Driven Well      Dug Well      Other \_\_\_\_\_

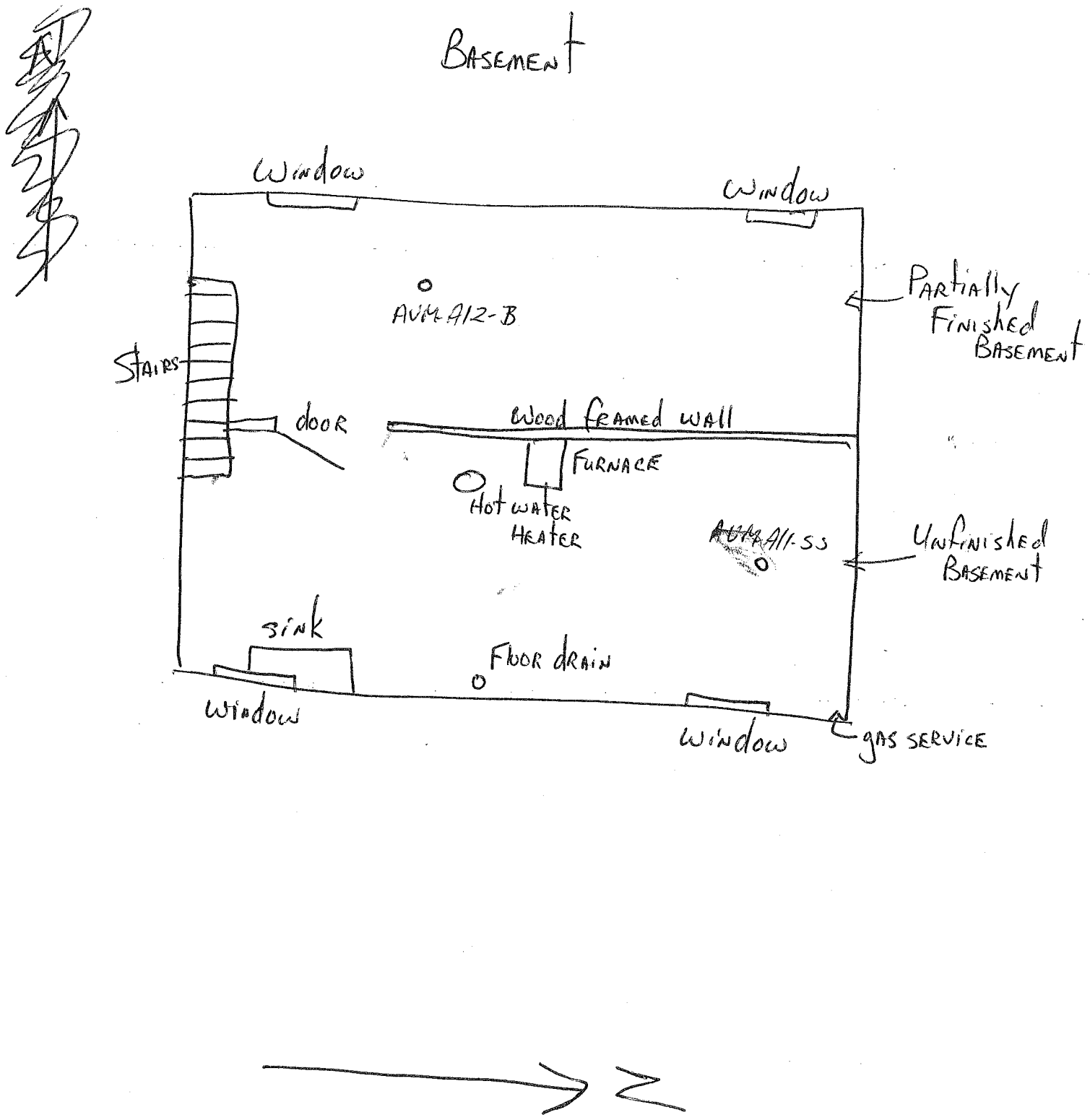
Water Well Specifications  
 Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

Water Quality  
 Taste and/or odor problems? Y  N  Describe But owner uses bottled water  
 How long has the taste and/or odor been present? \_\_\_\_\_

Sewage Disposal  Public      Septic Tank      Leach Field      Other \_\_\_\_\_  
 Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



**G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

N/A

**H. Household Products Inventory**

Product Description (dispenser, size, manufacturer...)	VOC ingredients	PID Reading (ppm)
1. PAINT CANS (25 CANS) 1 Gal.	LATEX	
2. SPRAY PAINT CANS (6 CANS) 12oz.	LATEX	
3. PAINT CANS (25 CANS) 1 Qt.	LATEX	
4. PAINT CANS (6 CANS) 1/2 pint	LATEX	
5. OIL CAN (1 CAN) 1 Qt.		
6. PAINT THINNER (1 CAN) 1 Qt.		
7. ZAR PAINT & VARNISH REMOVER 1 pint (1 CAN)		

Occupant / residence: \_\_\_\_\_  
 Investigator: J. Kuhn Date: 4/6/04

Project Name AVM Gowanda Project Number 2184  
 Preparer's Name Jack Kuhn Date Prepared 4/6/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUP**

Address: \_\_\_\_\_  
 County: 1  
 Home Phon \_\_\_\_\_  
 e Number (716) 532-8760

**II. OWNER OR LANDLORD NAME:** SAME AS ABOVE  
 (If different from occupant)

Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial  
 Ranch \_\_\_\_\_ 2-Family \_\_\_\_\_  
 Raised-Ranch \_\_\_\_\_ Duplex \_\_\_\_\_  
 Split-Level \_\_\_\_\_ Apartment House \_\_\_\_\_ Units \_\_\_\_\_  
 Colonial: Number of Floors 2  
 Mobile Home \_\_\_\_\_ Other: specify \_\_\_\_\_  
 Residence Age 1936

General Description of Building Construction Materials Wood Frame

Is the building insulated? YES NO How air tight is the building Some in both the attic and walls

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement, crawlspace, slab on grade, other \_\_\_\_\_
2. Basement floor concrete, dirt, other \_\_\_\_\_
3. Concrete floor unsealed, painted, covered with \_\_\_\_\_
4. Foundation walls poured concrete, block, laid up stone, other \_\_\_\_\_
5. The basement is: wet, damp, dry Sump present? Y / N Water in sump? Y / N
6. The basement is: finished, unfinished
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) Foundation walls in good condition; concrete basement floor in good condition, some minor cracks
8. Describe how air tight the basement is Tight, basement is dry.

**C. HVAC (circle all that apply)**

- The type of heating system(s) used in this residence is/are:
 

Hot Air Circulation	Heat Pump	<u>Hot Water Radiation</u>
Unvented Kerosene Heater	Steam Radiation	Wood Stove
Electric Baseboard	Other _____	
- The type(s) of fuel(s) used is/are:
 

<u>Natural Gas</u>	Fuel Oil	Electric
Wood	Coal	Solar
Other _____		
- Is the heating system's power plant located in the basement or another area: basement
- Is there air-conditioning? Y N Central Air or Window Units  
Specify the location \_\_\_\_\_
- Are there air distribution ducts present? Y N
- Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints N/A

**D. Potential Indoor Sources of Pollution**

- Has the house ever had a fire? Y N
- Is there an attached garage? Y N
- Is a vehicle normally parked in the garage? Y N CAR port
- Is there a kerosene heater present? Y N
- Is there a workshop, hobby or craft area in the residence? Y N
- An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose. SOME listed
- Is there a kitchen exhaust fan? Y N
- Has the house ever been fumigated? No If yes, describe date, type and location of treatment.

**E. Water and Sewage (Circle the appropriate response)**

Source of Water  
Public Drilled Well Driven Well Dug Well Other \_\_\_\_\_

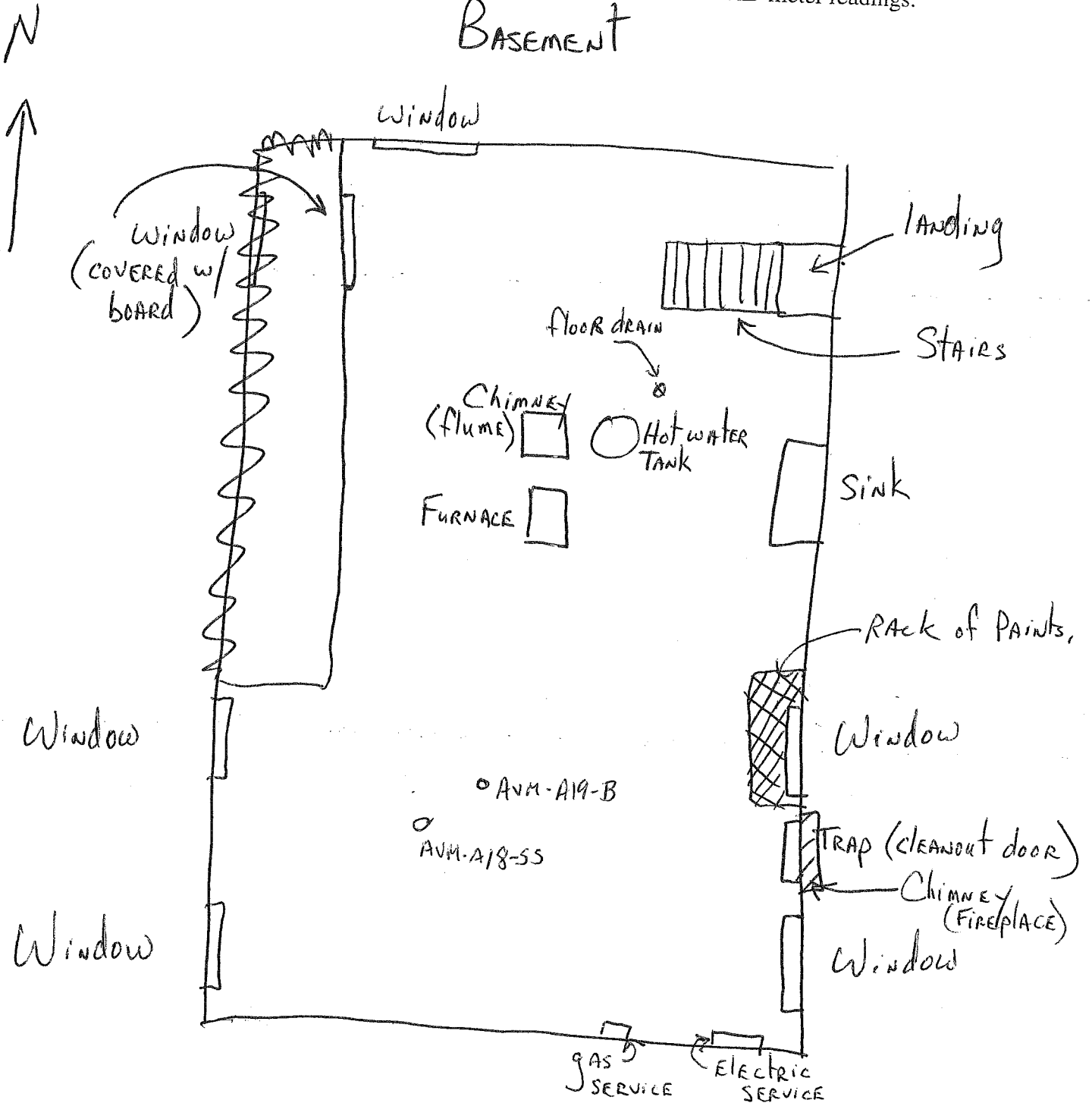
Water Well Specifications  
 Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

Water Quality  
 Taste and/or odor problems? Y N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

Sewage Disposal Public Septic Tank Leach Field Other \_\_\_\_\_  
 Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.





**G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

N/A

**H. Household Products Inventory**

	Product Description (dispenser, size, manufacturer...)	VOC ingredients	PID Reading (ppm)
1.	PAINT CANS (APPROX. 25 CANS) 1 gal.	LATEX	
2.	PAINT CANS (APPROX. 12 CANS) 1 QT	LATEX	
3.	SPRAY PAINT (6 CANS) 12 oz.	LATEX	
4.	PROPANE FUEL TANKS (2 TANKS) 14 oz.		
5.	MISC. CAR CLEANING PRODUCTS		
6.	MISC. HOUSEHOLD CLEANING PRODUCTS		
7.	SPRAY CANS OF INSECTICIDES		

Occupant / residence:

Investigator: J. Kupa

Date: 4/6/04

Project Name AVM Gowanda Project Number 2184  
 Preparer's Name Earl Clabeaux Jack Kuhn Date Prepared 4/6/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCU**

Address: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:** SAME AS ABOVE  
 (If different from occupant)  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial  
 Ranch \_\_\_\_\_ 2-Family \_\_\_\_\_  
 Raised-Ranch \_\_\_\_\_ Duplex \_\_\_\_\_  
 Split-Level \_\_\_\_\_ Apartment House \_\_\_\_\_ Units  
 Colonial: Number of Floors \_\_\_\_\_  
 Mobile Home \_\_\_\_\_ Other: specify \_\_\_\_\_

(1930)

Residence Age \_\_\_\_\_  
 General Description of Building Construction Materials Wood Frame

Is the building insulated? YES / NO How air tight is the building \_\_\_\_\_

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement, crawlspace, slab on grade, other \_\_\_\_\_
2. Basement floor: concrete, dirt, other \_\_\_\_\_
3. Concrete floor: unsealed, painted, covered with \_\_\_\_\_
4. Foundation walls: poured concrete, block, laid up stone, other \_\_\_\_\_
5. The basement is: wet, damp, dry \_\_\_\_\_ Sump present? Y / N Water in sump? Y / N
6. The basement is: finished, unfinished Partially Finished FLOOR DRAIN
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.)  
Foundation walls appear in good shape - NO visible cracks  
No cracks in floor
8. Describe how air tight the basement is  
Tight.

*High Efficiency Furnace*

**C. HVAC (circle all that apply)**

1. The type of heating system(s) used in this residence is/are:

- |   |                 |                     |
|---|-----------------|---------------------|
| <input checked="" type="checkbox"/> Hot Air Circulation | Heat Pump       | Hot Water Radiation |
| <input type="checkbox"/> Unvented Kerosene Heater       | Steam Radiation | Wood Stove          |
| <input type="checkbox"/> Electric Baseboard             | Other _____     |                     |

2. The type(s) of fuel(s) used is/are:

- |   |          |          |
|---|----------|----------|
| <input checked="" type="checkbox"/> Natural Gas | Fuel Oil | Electric |
| <input type="checkbox"/> Wood                   | Coal     | Solar    |
| Other _____                                     |          |          |

3. Is the heating system's power plant located in the basement or another area: BASEMENT

4. Is there air-conditioning?  Y  N Central Air or Window Units

Specify the location N/A

5. Are there air distribution ducts present?  Y  N

6. Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints. Ducts are in good shape, sections fit together well, held together w/ sheet metal screws, but no duct tape.

**D. Potential Indoor Sources of Pollution**

- Has the house ever had a fire? Y  N
- Is there an attached garage? Y  N
- Is a vehicle normally parked in the garage? Y  N
- Is there a kerosene heater present? Y  N
- Is there a workshop, hobby or craft area in the residence? Y  N
- An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.
- Is there a kitchen exhaust fan?  Y  N
- Has the house ever been fumigated? If yes, describe date, type and location of treatment. No

**E. Water and Sewage (Circle the appropriate response)**

Source of Water  Public Drilled Well Driven Well Dug Well Other \_\_\_\_\_

**Water Well Specifications**

Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

**Water Quality**

Taste and/or odor problems? Y  N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

Sewage Disposal  Public Septic Tank Leach Field Other \_\_\_\_\_

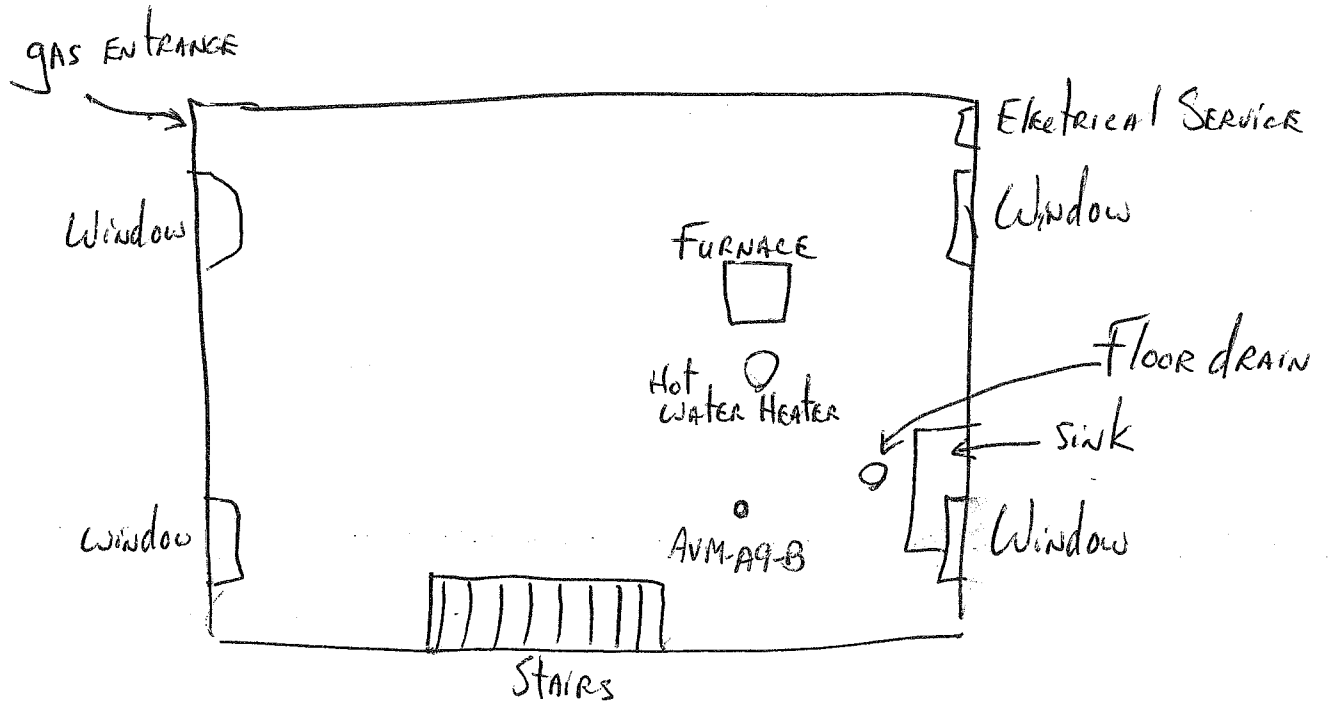
Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.



BASEMENT



**G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

n/a

**H. Household Products Inventory**

Product Description (dispenser, size, manufacturer...)	VOC ingredients	PID Reading (ppm)
1. PAINT CANS (5 CANS) 1 GAL.		
2. PAINT CANS (6 CANS) 1 QT.		
3. Misc. Home Cleaning Products		
4. Misc. CAR Cleaning Products		

Occupant / residence:

Investigator: J. Rubin

Date: 4/6/04

Project Name AVM Gowanda Project Number 2184  
 Preparer's Name Jack Kuhn Date Prepared 4/6/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUP.**

Address: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Office Phone Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:** SAME AS ABOVE  
 (If different from occupant)  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial  
 Ranch  2-Family  
 Raised-Ranch  Duplex  
 Split-Level  Apartment House \_\_\_ Units  
 Colonial: Number of Floors \_\_\_\_\_  
 Mobile Home \_\_\_\_\_ Other: specify \_\_\_\_\_  
 Residence Age bu' 14 1954

General Description of Building Construction Materials Wood FRAME

Is the building insulated?  YES / NO How air tight is the building \_\_\_\_\_

**B. Basement construction characteristics (circle all that apply)**

1.  Full Basement, crawlspace, slab on grade, other \_\_\_\_\_
2. Basement floor:  concrete, dirt, other \_\_\_\_\_
3. Concrete floor: unsealed,  painted, covered with \_\_\_\_\_
4. Foundation walls: poured concrete,  block, laid up stone, other \_\_\_\_\_
5. The basement is: wet, damp,  dry Sump present? Y  N Water in sump? Y / N
6. The basement is: finished, unfinished mostly finished
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) floor drain,
8. Describe how air tight the basement is Sairly tight



**C. HVAC (circle all that apply)**

1. The type of heating system(s) used in this residence is/are:

- Hot Air Circulation      Heat Pump  
 Unvented Kerosene Heater      Steam Radiation  
 Electric Baseboard      Other \_\_\_\_\_  
Hot Water Radiation  
 Wood Stove

2. The type(s) of fuel(s) used is/are:

- Natural Gas      Fuel Oil      Electric  
 Wood      Coal      Solar  
 Other \_\_\_\_\_

3. Is the heating system's power plant located in the basement or another area: \_\_\_\_\_

4. Is there air-conditioning? Y N Central Air or Window Units  
 Specify the location \_\_\_\_\_

5. Are there air distribution ducts present? Y N

6. Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints NA

**D. Potential Indoor Sources of Pollution**

1. Has the house ever had a fire? Y N  
 2. Is there an attached garage? Y / N - by breezeway  
 3. Is a vehicle normally parked in the garage? Y / N  
 4. Is there a kerosene heater present? Y N  
 5. Is there a workshop, hobby or craft area in the residence? Y / N - basement, SW corner  
 6. An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.  
 7. Is there a kitchen exhaust fan? Y / N  
 8. Has the house ever been fumigated? If yes, describe date, type and location of treatment.  
no

**E. Water and Sewage (Circle the appropriate response)**

Source of Water  
Public      Drilled Well      Driven Well      Dug Well      Other \_\_\_\_\_

Water Well Specifications  
 Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

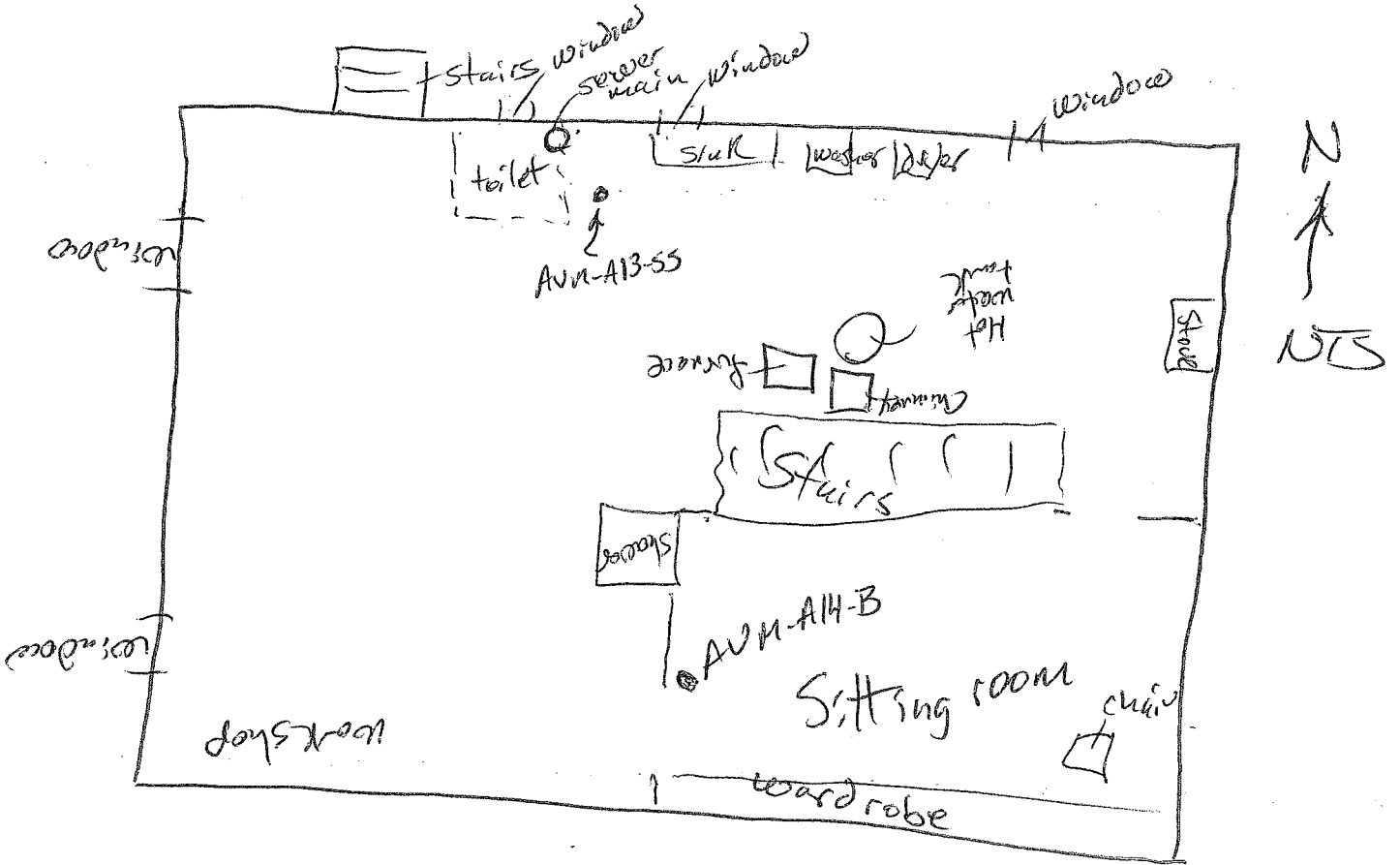
Water Quality  
 Taste and/or odor problems? Y / N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? \_\_\_\_\_

Sewage Disposal Public      Septic Tank      Leach Field      Other \_\_\_\_\_  
 Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.

**BASEMENT**



**G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

N/A

**H. Household Products Inventory**

Product Description  
(dispenser, size, manufacturer...)

VOC ingredients

PID Reading  
(ppm)

toilet closet in basement

cleaning supplies on shelves

Easy-off

Silver polish

dish detergent

Comet

CLR

ty-d-bol

Spray wax-tone

Pledge spray wax

Tilex

Pine-glo

Fantastik

The Works - drain cleaner

Workshop Area

Paints

Car Lubes - WD40

Pesticides - wasp killer, ant killer, etc

Gloves - Adhesives

Car wax, cleaners

Spray adhesive - MPT

Occupant / residence:

Investigator: J. Kuhn

Date: 4/6/04

Project Name AVM Gowanda Project Number 2184  
 Preparer's Name JACK Kuhn Date Prepared 4/5/04  
 Preparer's Affiliation Dvirka & Bartilucci Consulting Engineers Phone Number 315-437-1142

**I. OCCUP**

Address: \_\_\_\_\_  
 County: LC  
 Home Phone \_\_\_\_\_  
 e Number \_\_\_\_\_

**II. OWNER OR LANDLORD NAME:** SAME AS ABOVE  
 (If different from occupant)

Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**A. Building Construction Characteristics**

Type (circle appropriate responses): Single-Family Multiple-Dwelling Commercial  
 Ranch  
 Raised-Ranch  
 Split-Level  
 Colonial: Number of Floors \_\_\_\_\_  
 Mobile Home  
 2-Family  
 Duplex  
 Apartment House \_\_\_\_\_ Units  
 Other: specify \_\_\_\_\_

Residence Age 54  
 General Description of Building Construction Materials Wood FRAME Vinyl side

Is the building insulated?  YES / NO How air tight is the building \_\_\_\_\_

**B. Basement construction characteristics (circle all that apply)**

1. Full Basement, crawlspace, slab on grade, other \_\_\_\_\_
2. Basement floor:  concrete,  dirt, other \_\_\_\_\_
3. Concrete floor: unsealed,  painted, covered with \_\_\_\_\_
4. Foundation walls: poured concrete,  block, laid up stone, other \_\_\_\_\_
5. The basement is: wet, damp,  dry Sump present? Y /  N Water in sump? Y / N
6. The basement is: finished,  unfinished
7. Identify potential soil vapor entry points (e.g. cracks, utility ports, etc.) GENERALLY good condition, 1 AREA HAS small CRACK foundation wall
8. Describe how air tight the basement is Not tight - BASEMENT HAS windows

**C. HVAC (circle all that apply)**

1. The type of heating system(s) used in this residence is/are:

- Hot Air Circulation
- Unvented Kerosene Heater
- Electric Baseboard
- Heat Pump
- Steam Radiation
- Other \_\_\_\_\_

Hot Water Radiation  
Wood Stove

2. The type(s) of fuel(s) used is/are:

- Natural Gas
- Wood
- Other \_\_\_\_\_
- Fuel Oil
- Coal
- Electric
- Solar

3. Is the heating system's power plant located in the basement or another area: YES BASEMENT

4. Is there air-conditioning? Y/N Central Air or Window Units  
 Specify the location \_\_\_\_\_

5. Are there air distribution ducts present? Y/N

6. Describe the supply and cold air return duct work in the basement including whether there is a cold air return and the tightness of duct joints NONE-HOT WATER RADIATION

**D. Potential Indoor Sources of Pollution**

1. Has the house ever had a fire? Y/N

2. Is there an attached garage? Y/N

3. Is a vehicle normally parked in the garage? Y/N

4. Is there a kerosene heater present? Y/N

5. Is there a workshop, hobby or craft area in the residence? Y/N

6. An inventory of all products used or stored in the home should be performed. Any products that contain volatile organic compounds or chemicals similar to the target compounds should be listed. The attached product inventory form should be used for this purpose.

7. Is there a kitchen exhaust fan? Y/N

8. Has the house ever been fumigated? If yes, describe date, type and location of treatment.  
No

**E. Water and Sewage (Circle the appropriate response)**

Source of Water Public Drilled Well Driven Well Dug Well Other \_\_\_\_\_

Water Well Specifications  
 Well Diameter \_\_\_\_\_ Grouted or Ungouted \_\_\_\_\_  
 Well Depth \_\_\_\_\_ Type of Storage Tank \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_ Size of Storage Tank \_\_\_\_\_  
 Feet of Casing \_\_\_\_\_ Water Treatment \_\_\_\_\_

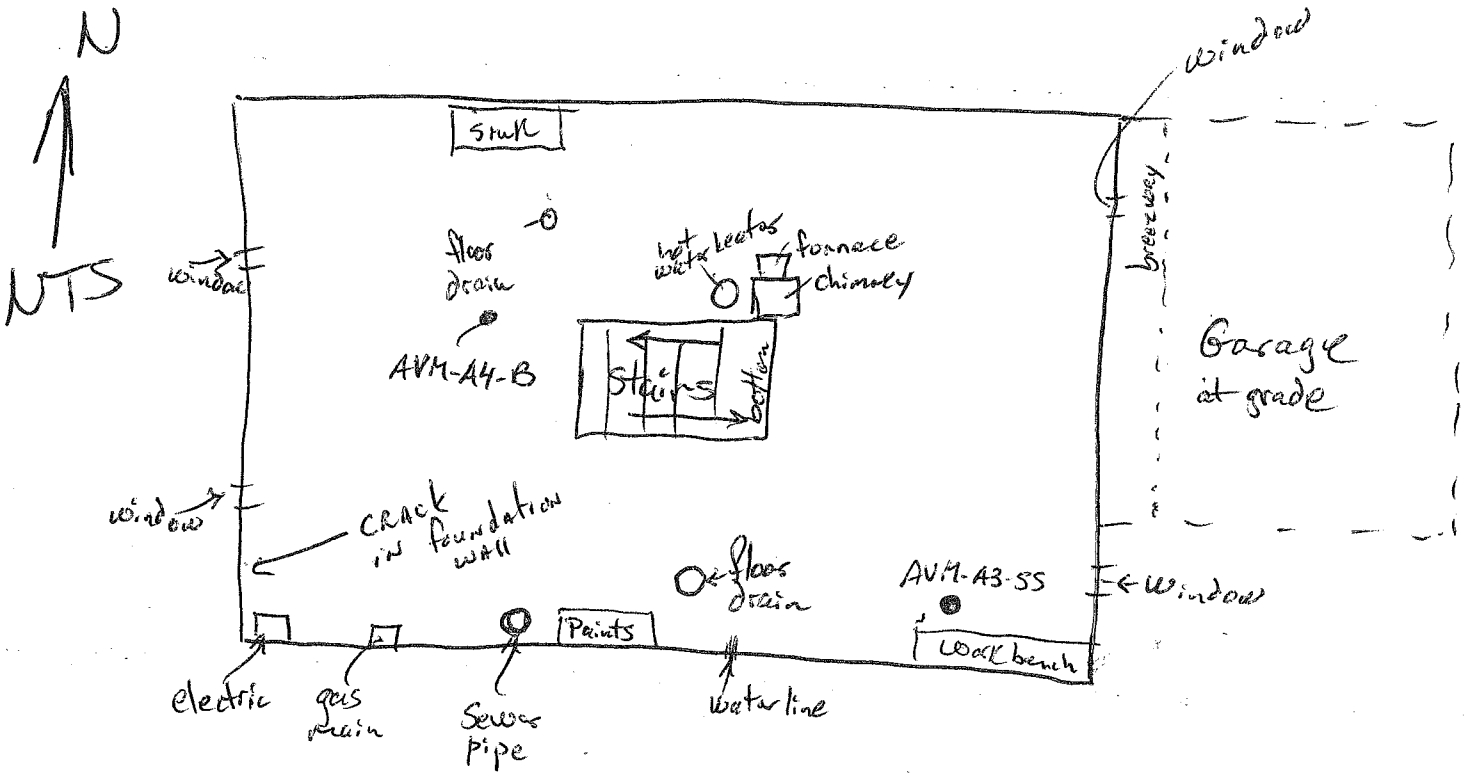
Water Quality  
 Taste and/or odor problems? Y/N Describe \_\_\_\_\_  
 How long has the taste and/or odor been present? N/A

Sewage Disposal Public Septic Tank Leach Field Other \_\_\_\_\_  
 Distance from well to septic system \_\_\_\_\_ Type of septic tank additive \_\_\_\_\_

**F. Plan View**

Draw a plan view sketch for each floor of the residence and if applicable, indicate air sampling locations, possible indoor air pollution sources and PID meter readings.

**BASEMENT**



**G. Potential Outdoor Sources of Pollution**

Draw a sketch of the area surrounding the residence being sampled. If applicable, provide information on the spill location (if known), potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings. Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system if applicable, and a qualifying statement to help locate the site on a topographical map.

N/A



**H. Household Products Inventory**

Product Description  
(dispenser, size, manufacturer...)

VOC ingredients

PID Reading  
(ppm)

1. PAINT CANS (20 CANS)  
1 GAL.
2. PAINT CANS (3 CANS)  
1 QT.
3. Misc. CAR CLEANING PRODUCTS

Latex & Oil  
CANS

Non-detectable PID  
Readings

Occupant / residence: \_\_\_\_\_  
Investigator: J. Kuhn Date: 4/5/04