

APPENDIX F

**SOIL VAPOR INTRUSION INVESTIGATION PRE-SAMPLING
QUESTIONAIRES**

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY CENTER FOR
ENVIRONMENTAL HEALTH

Preparer's Name Norman Wohlabaugh, PG, CPG Date/Time Prepared 2/16/16
Preparer's Affiliation EGMS Phone No. (716) 445-2105
Purpose of Investigation Remedial Investigation

I. OCCUPANT: Interviewed: Yes

Last Name: Knaszak First Name: Kenneth

Address: 231 Highland Parkway in Tonawanda, New York

Last Name: Cunningham First Name: Berney

Address: 227 Highland Parkway in Tonawanda, New York

County: Erie

Home Phone: _____ Office Phone: (716) 688-5343 at 231 Highland
(716) 447 – 1810 at 227 Highland

Number of Occupants/persons at this location 1 at 231; 2 at 227 Age of Occupants Middle Aged

2. OWNER OR LANDLORD: (Check if same as occupant _____)

Interviewed: No

Last Name: Crewson First Name: Gary

Address: 1800 Broadway Avenue, Suite 4 in Buffalo, New York

County: Same

Home Phone: _____ Office Phone: (716) 867-2369

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential School **Commercial/Multi-use**
Industrial Church Other: _____

If the property is residential, type? (Circle appropriate response) **NA**

Ranch 2-Family 3-Family
Raised Ranch Split Level Colonial
Cape Cod Contemporary Mobile Home
Duplex Apartment House Townhouses/Condos
Modular Log Home Other: _____

Page 8 of 4
If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) *Pizzeria, fitness gym and general office space*

Does it include residences (i.e., multi-use)? *No* If yes, how many? _____

Other characteristics:

Number of floors *1* Building age *~55 years*

Is the building insulated? *No* How air tight? Tight / *Average* / Not Tight

4. AIRFLOW

Airflow between floors: *NA*

Airflow near source

Potential subslab flow from former dry cleaner or infiltration through common wall.

Outdoor air infiltration

No observable source

Infiltration into air ducts

Potential from adjoining dry cleaner.

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

- | | | | | |
|------------------------------|-----------------|-----------------|--------------------|-------------|
| a. Above grade construction: | wood frame | <i>Concrete</i> | stone | brick |
| b. Basement type: | <i>NA</i> | crawlspace | | other _____ |
| c. Basement floor: | <i>NA</i> | dirt | stone | other _____ |
| d. Basement floor: | <i>NA</i> | covered | covered with _____ | |
| e. Concrete floor: | <i>Unsealed</i> | sealed | sealed with _____ | |
| f. Foundation walls: | <i>Poured</i> | block | stone | other _____ |
| g. Foundation walls: | <i>Unsealed</i> | sealed | sealed with _____ | |
| h. The basement is: | <i>NA</i> | damp | Dry | moldy |
| i. The basement is: | <i>NA</i> | Unfinished | partially finished | |
| j. Sump present? | <i>NA</i> | | | |
| k. Water in sump? | <i>NA</i> | | | |

Basement/Lowest level depth below grade: *NA*

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

Former dry cleaner in east end of strip plaza

6. HEATING, VENTING and AIR CONDITIONING (Circle all that apply)

Type of heating system(s) used in this building: (circle all that apply – note primary)

<i>Individual gas forced air</i>	Heat pump	Hot water baseboard
Space Heaters	Stream radiation	Radiant floor
Electric baseboard	Wood stove	Outdoor wood boiler
		Other _____

The primary type of fuel used is:

<i>Natural Gas</i>	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: *Natural Gas*

Boiler/furnace located in: *Main Floor: Separate furnace natural gas furnace for each tenant space*

Air conditioning: *Individual central air for each tenant space*

Are there air distribution ducts present? *Yes – separate for each individual tenant space.*

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

Individual HVAC in each tenant space.

7. OCCUPANCY

Is basement/lowest level occupied? *NA* Full-time Occasionally Seldom

Level General Use of Each Floor (e.g., family room, bedroom, laundry, workshop, storage)

Basement *NA*

1st Floor *Various commercial usage including a former dry cleaner*

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- a. Is there an attached garage? *No*
- b. Does the garage have a separate heating unit? *NA*
- c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car) *NA*
Please specify _____
- d. Has the building ever had a fire? *No*
- e. Is a kerosene or unvented gas space heater present? *No*
- f. Is there a workshop or hobby/craft area? *No*
- g. Is there smoking in the building? *No*
- h. Have cleaning products been used recently? *Yes* When & Type? *On floor/ bathroom*
- i. Have cosmetic products been used recently? *No* When & Type? _____
- j. Painting/staining been done in the last 6 months? *No* _____

- k. Is there new carpet, drapes or other textiles? **No** Where & When? _____
- l. Have air fresheners been used recently? **Yes** When & Type? **Bathrooms**
- m. Is there a kitchen exhaust fan? **No** If yes, where vented? _____
- n. Is there a bathroom exhaust fan? **Yes** If yes, where vented? **Rooftop**
- o. Is there a clothes dryer? **No** If yes, is it vented outside?
- p. Has there been a pesticide application? **No** When & Type? _____

Are there odors in the building? **No**

Do any of the building occupants use solvents at work? **Yes – Nail Salon**

If yes, what types of solvents are used? **Nail salon in tenant in a west tenant space - unknown**

If yes, are their clothes washed at work? **Unknown**

Do any of the building occupants regularly use or work at a dry-cleaning service? **No**

Is there a radon mitigation system for the building/structure? **Under construction in former dry cleaner. Will be operational in May, 2016**

9. WATER AND SEWAGE

Water Supply: **Public Water** Drilled Well Driven Well Dug Well Other: _____

Sewage Disposal: **Public Sewer** Septic Tank Leach Field Dry Well Other: _____

10. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

First Floor: **See Figure 4 of RI Report**

11. PRODUCT INVENTORY FORM

Make & Model of field instrument used: **NA**

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (units)	Condition*	Chemical Ingredients	Field Instrument Reading (units)	Photo ** Y/N
227 Highland Pkwy	None noted	NA	NA	NA	NA	
231 Highland Pkwy	None Noted	NA	NA	NA	NA	

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY CENTER FOR
ENVIRONMENTAL HEALTH

Preparer's Name Norman Wohlabaug Date/Time Prepared 3/9/17
Preparer's Affiliation EGMS Phone No. (716) 445-2105
Purpose of Investigation Completion of Remedial Investigation

1. OCCUPANT: Interviewed: Yes

Last Name: Mama Mia Pizza (Owner) First Name: _____

Address: 215 Highand Parkway, Tonawanda, New York

County: Erie

Home Phone: _____ Office Phone: (716) 876-0886

Number of Occupants/persons at this location Variable Age of Occupants Variable

2. OWNER OR LANDLORD: (Check if same as occupant _____)

Interviewed: No

Last Name: Crewson First Name: Gary

Address: 1800 Broadway, Suite 4, Buffalo New York

County: Erie

Home Phone: _____ Office Phone: (716) 867-2369

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential School **Commercial/Multi-use**
Industrial Church Other: _____

If the property is residential, type? (Circle appropriate response) **NA**

Ranch 2-Family 3-Family
Raised Ranch Split Level Colonial
Cape Cod Contemporary Mobile Home
Duplex Apartment House Townhouses/Condos
Modular Log Home Other: _____

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) *Dry Cleaner (Former), Restaurant and Office Space, Hair Salon*

Does it include residences (i.e., multi-use)? *No* If yes, how many? _____

Other characteristics:

Number of floors *1* Building age *~55 years*

Is the building insulated? *No* How air tight? Tight / *Average* / Not Tight

4. AIRFLOW

Airflow between floors

NA

Airflow near source

Potential subslab flow from adjoining dry cleaner or infiltration through common wall.

Outdoor air infiltration

No observable source

Infiltration into air ducts

Potential from adjoining dry cleaner.

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

- a. Above grade construction: wood frame *Concrete* stone brick
- b. Basement type: Full crawlspace Slab *Slab on Grade*
- c. Basement floor: *Concrete* dirt stone other _____
- d. Basement floor: uncovered covered covered with _____
- e. Concrete floor: *Unsealed* sealed sealed with _____
- f. Foundation walls: *Poured* block stone other _____
- g. Foundation walls: *Unsealed* sealed sealed with _____
- h. The basement is: wet damp Dry moldy
- i. The basement is: finished Unfinished partially finished
- j. Sump present? *No*
- k. Water in sump? *NA*

Basement/Lowest level depth below grade: *NA* (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

Former dry cleaner at east end of strip plaza

6. HEATING, VENTING and AIR CONDITIONING (Circle all that apply)

Type of heating system(s) used in this building: (circle all that apply – note primary)

Gas forced air
 Space Heaters
 Electric baseboard

Heat pump
 Stream radiation
 Wood stove

Hot water baseboard
 Radiant floor
 Outdoor wood boiler

Other _____

The primary type of fuel used is:

Natural Gas
 Electric
 Wood

Fuel Oil
 Propane
 Coal

Kerosene
 Solar

Domestic hot water tank fueled by: **Natural Gas** _____

Boiler/furnace located in: Basement Outdoors **Main Floor** Other _____

Air conditioning: **Individual Central Air** Window units
 Are there air distribution ducts present? **Yes.**

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

Individual HVAC in each unit.

7. OCCUPANCY

Is basement/lowest level occupied? **NA** Full-time Occasionally Seldom

Level General Use of Each Floor (e.g., family room, bedroom, laundry, workshop, storage)

Basement **NA**

1st Floor **Pizzeria**

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- a. Is there an attached garage? **No**
- b. Does the garage have a separate heating unit? **NA**
- c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car) **NA**
Please specify _____
- d. Has the building ever had a fire? **No**
- e. Is a kerosene or unvented gas space heater present? **No**
- f. Is there a workshop or hobby/craft area? **No**
- g. Is there smoking in the building? **No**
- h. Have cleaning products been used recently? **Yes** When & Type? **Routinely on floor**
- i. Have cosmetic products been used recently? **No** When & Type? _____
- j. Painting/staining been done in the last 6 months? **No** _____
- k. Is there new carpet, drapes or other textiles? **No** Where & When? _____

- l. Have air fresheners been used recently? **Yes** When & Type? **Bathrooms**
- m. Is there a kitchen exhaust fan? **Yes** If yes, where vented? **Rooftop**
- n. Is there a bathroom exhaust fan? **Yes** If yes, where vented? **Rooftop**
- o. Is there a clothes dryer? **No** If yes, is it vented outside?
- p. Has there been a pesticide application? **No** When & Type? _____

Are there odors in the building? **No**

Do any of the building occupants use solvents at work? **No**
 (e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used?
 If yes, are their clothes washed at work?

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

No

Is there a radon mitigation system for the building/structure? **No**

9. WATER AND SEWAGE

Water Supply: **Public Water** Drilled Well Driven Well Dug Well Other: _____

Sewage Disposal: **Public Sewer** Septic Tank Leach Field Dry Well Other: _____

10. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

First Floor: **See Figure 5 in RI Report**

11. PRODUCT INVENTORY FORM

Make & Model of field instrument used: **NA**

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (units)	Condition*	Chemical Ingredients	Field Instrument Reading (units)	Photo ** <u>Y/N</u>
Tenant Space	Awesome				NA	No
	Bleach					
	Dawn					

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY CENTER FOR
ENVIRONMENTAL HEALTH

Preparer's Name Norman Wohlabaug Date/Time Prepared 3/9/17
Preparer's Affiliation EGMS Phone No. (716) 445-2105
Purpose of Investigation Completion of Remedial Investigation

1. OCCUPANT: Interviewed: Yes

Last Name: Vacant First Name: _____

Address: 217 Highand Parkway, Tonawanda, New York

County: Erie

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location Vacant Age of Occupants Vacant

2. OWNER OR LANDLORD: (Check if same as occupant _____)

Interviewed: No

Last Name: Crewson First Name: Gary

Address: 1800 Broadway, Suite 4, Buffalo New York

County: Erie

Home Phone: _____ Office Phone: (716) 867-2369

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential School **Commercial/Multi-use**
Industrial Church Other: _____

If the property is residential, type? (Circle appropriate response) **NA**

Ranch 2-Family 3-Family
Raised Ranch Split Level Colonial
Cape Cod Contemporary Mobile Home
Duplex Apartment House Townhouses/Condos
Modular Log Home Other: _____

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) *Vacant*

Does it include residences (i.e., multi-use)? *No*

If yes, how many? _____

Other characteristics:

Number of floors *1*

Building age *~55 years*

Is the building insulated? *No*

How air tight? Tight / *Average* / Not Tight

4. AIRFLOW

Airflow between floors

NA

Airflow near source

Potential subslab flow from adjoining dry cleaner or infiltration through common wall.

Outdoor air infiltration

No observable source

Infiltration into air ducts

Potential from adjoining dry cleaner.

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

- a. Above grade construction: wood frame *Concrete* stone brick
- b. Basement type: Full crawlspace Slab *Slab on Grade*
- c. Basement floor: *Concrete* dirt stone other _____
- d. Basement floor: uncovered covered covered with _____
- e. Concrete floor: *Unsealed* sealed sealed with _____
- f. Foundation walls: *Poured* block stone other _____
- g. Foundation walls: *Unsealed* sealed sealed with _____
- h. The basement is: wet damp Dry moldy
- i. The basement is: finished Unfinished partially finished
- j. Sump present? *No*
- k. Water in sump? *NA*

Basement/Lowest level depth below grade: *NA* (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

Former dry cleaner at east end of strip plaza

6. HEATING, VENTING and AIR CONDITIONING (Circle all that apply)

Type of heating system(s) used in this building: (circle all that apply – note primary)

Gas forced air
Space Heaters
Electric baseboard

Heat pump
Stream radiation
Wood stove

Hot water baseboard
Radiant floor
Outdoor wood boiler Other _____

The primary type of fuel used is:

Natural Gas
Electric
Wood

Fuel Oil
Propane
Coal

Kerosene
Solar

Domestic hot water tank fueled by: *Natural Gas*

Boiler/furnace located in: Basement Outdoors *Main Floor* Other _____

Air conditioning: *Individual Central Air* Window units
Are there air distribution ducts present? *Yes.*

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

Individual HVAC in each unit.

7. OCCUPANCY

Is basement/lowest level occupied? *NA* Full-time Occasionally Seldom

Level General Use of Each Floor (e.g., family room, bedroom, laundry, workshop, storage)

Basement *NA*

1st Floor *Pizzeria*

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- a. Is there an attached garage? *No*
- b. Does the garage have a separate heating unit? *NA*
- c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car) *NA*
Please specify _____
- d. Has the building ever had a fire? *No*
- e. Is a kerosene or unvented gas space heater present? *No*
- f. Is there a workshop or hobby/craft area? *No*
- g. Is there smoking in the building? *No*
- h. Have cleaning products been used recently? *No* When & Type? _____
- i. Have cosmetic products been used recently? *No* When & Type? _____
- j. Painting/staining been done in the last 6 months? *No* _____
- k. Is there new carpet, drapes or other textiles? *No* Where & When? _____

- l. Have air fresheners been used recently? **Yes** When & Type? **Bathrooms**
- m. Is there a kitchen exhaust fan? **Yes** If yes, where vented? **Rooftop**
- n. Is there a bathroom exhaust fan? **Yes** If yes, where vented? **Rooftop**
- o. Is there a clothes dryer? **No** If yes, is it vented outside?
- p. Has there been a pesticide application? **No** When & Type? _____

Are there odors in the building? **No**

Do any of the building occupants use solvents at work? **No**
 (e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used?
 If yes, are their clothes washed at work?

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

No

Is there a radon mitigation system for the building/structure? **No**

9. WATER AND SEWAGE

Water Supply: **Public Water** Drilled Well Driven Well Dug Well Other: _____

Sewage Disposal: **Public Sewer** Septic Tank Leach Field Dry Well Other: _____

10. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

First Floor: **See Figure 5 in RI Report**

11. PRODUCT INVENTORY FORM

Make & Model of field instrument used: **NA**

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (units)	Condition*	Chemical Ingredients	Field Instrument Reading (units)	Photo ** <u>Y/N</u>
	Vacant					

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY CENTER FOR
ENVIRONMENTAL HEALTH

Preparer's Name Norman Wohlabaug Date/Time Prepared 3/9/17
Preparer's Affiliation EGMS Phone No. (716) 445-2105
Purpose of Investigation Completion of Remedial Investigation

1. OCCUPANT: Interviewed: Yes

Last Name: Lous Salon (Owner) First Name: _____

Address: 221 Highand Parkway, Tonawanda, New York

County: Erie

Home Phone: _____ Office Phone: (716) 873-6999

Number of Occupants/persons at this location Variable Age of Occupants Variable

2. OWNER OR LANDLORD: (Check if same as occupant _____)

Interviewed: No

Last Name: Crewson First Name: Gary

Address: 1800 Broadway, Suite 4, Buffalo New York

County: Erie

Home Phone: _____ Office Phone: (716) 867-2369

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential School **Commercial/Multi-use**
Industrial Church Other: _____

If the property is residential, type? (Circle appropriate response) **NA**

Ranch 2-Family 3-Family
Raised Ranch Split Level Colonial
Cape Cod Contemporary Mobile Home
Duplex Apartment House Townhouses/Condos
Modular Log Home Other: _____

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) Dry Cleaner (Former), Restaurant and Office Space, Hair Salon

Does it include residences (i.e., multi-use)? *No* If yes, how many? _____

Other characteristics:

Number of floors 1 Building age ~55 years

Is the building insulated? *No* How air tight? Tight / *Average* / Not Tight

4. AIRFLOW

Airflow between floors

NA

Airflow near source

Potential subslab flow from adjoining dry cleaner or infiltration through common wall.

Outdoor air infiltration

No observable source

Infiltration into air ducts

Potential from adjoining dry cleaner.

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

- a. Above grade construction: wood frame *Concrete* stone brick
- b. Basement type: Full crawlspace Slab *Slab on Grade*
- c. Basement floor: *Concrete* dirt stone other _____
- d. Basement floor: uncovered covered covered with _____
- e. Concrete floor: *Unsealed* sealed sealed with _____
- f. Foundation walls: *Poured* block stone other _____
- g. Foundation walls: *Unsealed* sealed sealed with _____
- h. The basement is: wet damp Dry moldy
- i. The basement is: finished Unfinished partially finished
- j. Sump present? *No*
- k. Water in sump? *NA*

Basement/Lowest level depth below grade: *NA* (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

Former dry cleaner at east end of strip plaza

6. HEATING, VENTING and AIR CONDITIONING (Circle all that apply)

Type of heating system(s) used in this building: (circle all that apply – note primary)

Gas forced air
Space Heaters
Electric baseboard

Heat pump
Stream radiation
Wood stove

Hot water baseboard
Radiant floor
Outdoor wood boiler Other _____

The primary type of fuel used is:

Natural Gas
Electric
Wood

Fuel Oil
Propane
Coal

Kerosene
Solar

Domestic hot water tank fueled by: **Natural Gas** _____

Boiler/furnace located in: Basement Outdoors **Main Floor** Other _____

Air conditioning: **Individual Central Air** Window units
Are there air distribution ducts present? **Yes.**

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

Individual HVAC in each unit.

7. OCCUPANCY

Is basement/lowest level occupied? **NA** Full-time Occasionally Seldom

Level General Use of Each Floor (e.g., family room, bedroom, laundry, workshop, storage)

Basement **NA**

1st Floor **Hair Salon**

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- a. Is there an attached garage? **No**
- b. Does the garage have a separate heating unit? **NA**
- c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car) **NA**
Please specify _____
- d. Has the building ever had a fire? **No**
- e. Is a kerosene or unvented gas space heater present? **No**
- f. Is there a workshop or hobby/craft area? **No**
- g. Is there smoking in the building? **No**
- h. Have cleaning products been used recently? **Yes** When & Type? **Routinely on floor**
- i. Have cosmetic products been used recently? **No** When & Type? _____
- j. Painting/staining been done in the last 6 months? **No** _____
- k. Is there new carpet, drapes or other textiles? **No** Where & When? _____

- l. Have air fresheners been used recently? **Yes** When & Type? **Bathrooms**
- m. Is there a kitchen exhaust fan? **Yes** If yes, where vented? **Rooftop**
- n. Is there a bathroom exhaust fan? **Yes** If yes, where vented? **Rooftop**
- o. Is there a clothes dryer? **No** If yes, is it vented outside?
- p. Has there been a pesticide application? **No** When & Type? _____

Are there odors in the building? **No**

Do any of the building occupants use solvents at work? **No**
 (e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used?
 If yes, are their clothes washed at work?

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

No

Is there a radon mitigation system for the building/structure? **No**

9. WATER AND SEWAGE

Water Supply: **Public Water** Drilled Well Driven Well Dug Well Other: _____

Sewage Disposal: **Public Sewer** Septic Tank Leach Field Dry Well Other: _____

10. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

First Floor: **See Figure 5 in RI Report**

11. PRODUCT INVENTORY FORM

Make & Model of field instrument used: **NA**

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (units)	Condition*	Chemical Ingredients	Field Instrument Reading (units)	Photo ** <u>Y/N</u>

Tenant Space	Wella Koleston Crème Hair Color			Alcohols, C 16-18, 2-Methyl-p-phenylenediamine Hemissulphate, Poly (oxy-1,2-ethanediyl), alkyl ethers, sodium salts, sulfuric acid, monodecyl ester, ammonia solution, ethanol, 2-(2,4-diaminophenoxy)-hydrochloried (1:2), Phenol, 5-amino-2-methyl	NA	
	Wellal Color Touch Hair Color			Alcohols, (c16-18), 2-Aminoethanol, Laureth-3, Pol(oxy-1,2-ethanediyl), alpha-sulfo-omega-hydroxy-,C12-14-alkyl ethers, sodium salts, 2-Methyl-p-phenylenediamine hemisulphate, Phenol, 5-amino-2-methyl, 1,3-Benzenediol, 2-methyl		
	Wella Color Touch Relights			Laureth-2, Alcohols, C16-18, Amides,coco, N-hydroxyethyl, Poly(oxy-1,2-ethanadiyl), alpha-sulfo-omega-hydroxy C 12-14 alkyl ethers, sodium salts, 1-(2-Hydroxyethyl)-1H-pyrazool-4,5-diyl diammoniumsulfate, Phenoxyethanol, 1,3-Benzenediol, 2-methyl		
	Wella Welloxon 30 Volume Crème Developer			Hydrogen peroxide solution, Alcohols, C16-18		
	Blondor Lightening Powder			Sodium Stearate, Dipotassium Peroxydisulphate, Diammonium Peroxysulphate, Silicic Acid, Sodium salt		
	Pravana Artificial Hair Color Extractor			Hydroxyethylcellulose, Sodium hydrosulfite, Tetrasodium EDTA, Methylchloroisothiazolinone, Methyllisothiazolinone, Cetearyl Alcohol, Cetareth-20, Citric Acid, Tetrasodium EDTA,		
	Warm and Gentle			Glyceryl Thioglycolate, Isocetylthioglycolate		
	Ultra Blond Creative License			Methylparaben, Phosphoric acid		
	Pravana Zerolift			Cetearyl Alcohol, Hydrogen peroxide, Cetareth-20, Simethicone, Tetrasodium EDTA, Phosphoric acid, Sodium Stannate		
	Nail gel polish – Gelish, OPI, J.D. Zova, Essie Morgan Taylor				NA	

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY CENTER FOR
ENVIRONMENTAL HEALTH

Preparer's Name Norman Wohlabaugh Date/Time Prepared 3/9/17
Preparer's Affiliation EGMS Phone No. (716) 445-2105
Purpose of Investigation Completion of Remedial Investigation

1. OCCUPANT: Interviewed: Yes

Last Name: Vacant First Name: _____

Address: 225 Highand Parkway, Tonawanda, New York

County: Erie

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location Vacant Age of Occupants Vacant

2. OWNER OR LANDLORD: (Check if same as occupant _____)

Interviewed: No

Last Name: Crewson First Name: Gary

Address: 1800 Broadway, Suite 4, Buffalo New York

County: Erie

Home Phone: _____ Office Phone: (716) 867-2369

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential School **Commercial/Multi-use**
Industrial Church Other: _____

If the property is residential, type? (Circle appropriate response) **NA**

Ranch 2-Family 3-Family
Raised Ranch Split Level Colonial
Cape Cod Contemporary Mobile Home
Duplex Apartment House Townhouses/Condos
Modular Log Home Other: _____

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) *Vacant*

Does it include residences (i.e., multi-use)? *No*

If yes, how many? _____

Other characteristics:

Number of floors *1*

Building age *~55 years*

Is the building insulated? *No*

How air tight? Tight / *Average* / Not Tight

4. AIRFLOW

Airflow between floors

NA

Airflow near source

Potential subslab flow from adjoining dry cleaner or infiltration through common wall.

Outdoor air infiltration

No observable source

Infiltration into air ducts

Potential from adjoining dry cleaner.

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

- a. Above grade construction: wood frame *Concrete* stone brick
- b. Basement type: Full crawlspace Slab *Slab on Grade*
- c. Basement floor: *Concrete* dirt stone other _____
- d. Basement floor: uncovered covered covered with _____
- e. Concrete floor: *Unsealed* sealed sealed with _____
- f. Foundation walls: *Poured* block stone other _____
- g. Foundation walls: *Unsealed* sealed sealed with _____
- h. The basement is: wet damp Dry moldy
- i. The basement is: finished Unfinished partially finished
- j. Sump present? *No*
- k. Water in sump? *NA*

Basement/Lowest level depth below grade: *NA* (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

Former dry cleaner at east end of strip plaza

6. HEATING, VENTING and AIR CONDITIONING (Circle all that apply)

Type of heating system(s) used in this building: (circle all that apply – note primary)

<i>Gas forced air</i>	Heat pump	Hot water baseboard
Space Heaters	Stream radiation	Radiant floor
Electric baseboard	Wood stove	Outdoor wood boiler
		Other _____

The primary type of fuel used is:

<i>Natural Gas</i>	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: *Natural Gas* _____

Boiler/furnace located in: Basement Outdoors *Main Floor* Other _____

Air conditioning: *Individual Central Air* Window units

Are there air distribution ducts present? *Yes.*

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

Individual HVAC in each unit.

7. OCCUPANCY

Is basement/lowest level occupied? *NA* Full-time Occasionally Seldom

Level General Use of Each Floor (e.g., family room, bedroom, laundry, workshop, storage)

Basement *NA*

1st Floor *Vacant*

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- a. Is there an attached garage? *No*
- b. Does the garage have a separate heating unit? *NA*
- c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car) *NA*
Please specify _____
- d. Has the building ever had a fire? *No*
- e. Is a kerosene or unvented gas space heater present? *No*
- f. Is there a workshop or hobby/craft area? *No*
- g. Is there smoking in the building? *No*
- h. Have cleaning products been used recently? *No* When & Type? _____
- i. Have cosmetic products been used recently? *No* When & Type? _____
- j. Painting/staining been done in the last 6 months? *No* _____
- k. Is there new carpet, drapes or other textiles? *No* Where & When? _____

- l. Have air fresheners been used recently? **No** When & Type? _____
- m. Is there a kitchen exhaust fan? **No** If yes, where vented? _____
- n. Is there a bathroom exhaust fan? **Yes** If yes, where vented? **Rooftop**
- o. Is there a clothes dryer? **No** If yes, is it vented outside?
- p. Has there been a pesticide application? **No** When & Type? _____

Are there odors in the building? **No**

Do any of the building occupants use solvents at work? **No**
 (e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used?
 If yes, are their clothes washed at work?

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

No

Is there a radon mitigation system for the building/structure? **No**

9. WATER AND SEWAGE

Water Supply: **Public Water** Drilled Well Driven Well Dug Well Other: _____

Sewage Disposal: **Public Sewer** Septic Tank Leach Field Dry Well Other: _____

10. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

First Floor: **See Figure 5 in RI Report**

11. PRODUCT INVENTORY FORM

Make & Model of field instrument used: **NA** _____

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (units)	Condition*	Chemical Ingredients	Field Instrument Reading (units)	Photo ** <u>Y/N</u>
	Vacant					

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY CENTER FOR
ENVIRONMENTAL HEALTH

Preparer's Name Norman Wohlabaug Date/Time Prepared 2/16/17
Preparer's Affiliation EGMS Phone No. (716) 445-2105
Purpose of Investigation Completion of Remedial Investigation

1. OCCUPANT: Interviewed: Yes

Last Name: Buffalo Ergonomics First Name: _____

Address: 235 Highand Parkway, Tonawanda, New York

County: Erie

Home Phone: _____ Office Phone: (716) 873-7263

Number of Occupants/persons at this location Variable Age of Occupants Variable

2. OWNER OR LANDLORD: (Check if same as occupant _____)

Interviewed: No

Last Name: Crewson First Name: Gary

Address: 1800 Broadway, Suite 4, Buffalo New York

County: Erie

Home Phone: _____ Office Phone: (716) 867-2369

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential School **Commercial/Multi-use**
Industrial Church Other: _____

If the property is residential, type? (Circle appropriate response) **NA**

Ranch 2-Family 3-Family
Raised Ranch Split Level Colonial
Cape Cod Contemporary Mobile Home
Duplex Apartment House Townhouses/Condos
Modular Log Home Other: _____

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) *Vacant*

Does it include residences (i.e., multi-use)? *No*

If yes, how many? _____

Other characteristics:

Number of floors *1*

Building age *~55 years*

Is the building insulated? *No*

How air tight? Tight / *Average* / Not Tight

4. AIRFLOW

Airflow between floors

NA

Airflow near source

Potential subslab flow from former dry cleaner that occupies this space.

Outdoor air infiltration

No observable source

Infiltration into air ducts

Potential from former dry cleaner that occupies this space.

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

- a. Above grade construction: wood frame *Concrete* stone brick
- b. Basement type: Full crawlspace Slab *Slab on Grade*
- c. Basement floor: *Concrete* dirt stone other _____
- d. Basement floor: uncovered covered covered with _____
- e. Concrete floor: Unsealed *Sealed* sealed with _____
- f. Foundation walls: *Poured* block stone other _____
- g. Foundation walls: *Unsealed* sealed sealed with _____
- h. The basement is: wet damp Dry moldy
- i. The basement is: finished Unfinished partially finished
- j. Sump present? *No*
- k. Water in sump? *NA*

Basement/Lowest level depth below grade: *NA* (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

Former dry cleaner occupies this space.

6. HEATING, VENTING and AIR CONDITIONING (Circle all that apply)

Type of heating system(s) used in this building: (circle all that apply – note primary)

<i>Gas forced air</i>	Heat pump	Hot water baseboard
Space Heaters	Stream radiation	Radiant floor
Electric baseboard	Wood stove	Outdoor wood boiler
		Other _____

The primary type of fuel used is:

<i>Natural Gas</i>	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: *Natural Gas* _____

Boiler/furnace located in: Basement Outdoors *Main Floor* Other _____

Air conditioning: *Individual Central Air* Window units

Are there air distribution ducts present? *Yes.*

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

Individual HVAC in each unit.

7. OCCUPANCY

Is basement/lowest level occupied? *NA* Full-time Occasionally Seldom

Level General Use of Each Floor (e.g., family room, bedroom, laundry, workshop, storage)

Basement *NA*

1st Floor *Occupational Rehabilitation*

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- a. Is there an attached garage? *No*
- b. Does the garage have a separate heating unit? *NA*
- c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car) *NA*
Please specify _____
- d. Has the building ever had a fire? *No*
- e. Is a kerosene or unvented gas space heater present? *No*
- f. Is there a workshop or hobby/craft area? *No*
- g. Is there smoking in the building? *No*
- h. Have cleaning products been used recently? *Yes* *See product inventory* _____
- i. Have cosmetic products been used recently? *No* When & Type? _____
- j. Painting/staining been done in the last 6 months? *No* _____
- k. Is there new carpet, drapes or other textiles? *No* Where & When? _____

- l. Have air fresheners been used recently? **No** When & Type? _____
- m. Is there a kitchen exhaust fan? **No** If yes, where vented? _____
- n. Is there a bathroom exhaust fan? **Yes** If yes, where vented? **Rooftop**
- o. Is there a clothes dryer? **No** If yes, is it vented outside?
- p. Has there been a pesticide application? **No** When & Type? _____

Are there odors in the building? **No**

Do any of the building occupants use solvents at work? **No**
 (e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used?
 If yes, are their clothes washed at work?

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

No

Is there a radon mitigation system for the building/structure? **No**

9. WATER AND SEWAGE

Water Supply: **Public Water** Drilled Well Driven Well Dug Well Other: _____

Sewage Disposal: **Public Sewer** Septic Tank Leach Field Dry Well Other: _____

10. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

First Floor: **See Figure 5 in RI Report**

11. PRODUCT INVENTORY FORM

Make & Model of field instrument used: **NA** _____

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (units)	Condition*	Chemical Ingredients	Field Instrument Reading (units)	Photo ** <u>Y/N</u>
	Lysol, Fantastic, Simple Green. Hand Sanitizer					
	Cocoa Butter Lotion, Biofreeze. Tiger Balm					
	Arnica Salve, Soft Soap, Palmolive					