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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Vapor intrusion building survey form  Remediation Division  *Doc Type: Site Inspection Information* |

**Instructions:** Complete the vapor intrusion building survey form to document general building characteristics, points where soil gas may enter the building, and identify potential indoor contaminant sources.

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| Preparer’s name: | | | |  | | Date (mm/dd/yyyy): | | |  | |
| Affiliation: | | |  | | | Time prepared: | |  | | am  pm |
| Email: |  | | | Phone number: | |  | | | |

Part 1: Property owner and building occupant information

**1. Owner/Landlord information**

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|  | Individual or corporate name: | | | |  | | | | | | Interviewed? | | | Yes  No |
|  | Mailing address: | | |  | | | | | | | | | | |
|  | City: |  | | | | | State: |  | | Zip code: | | |  | | |
|  | Phone: | |  | | | | Email: |  | | | | | | |
|  | Alternative contact name (if any): | | | | |  | | | Phone: | | |  | | |

**2. Occupant information** (Check if same as owner: )

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|  | Occupant name(s): | | | |  | | | | | | Interviewed? | | Yes  No | |
|  | Mailing address: | | |  | | | | | | | | | | |
|  | City: |  | | | | | State: |  | | Zip code: | |  | | |
|  | Phone: | |  | | | | Email: |  | | | | | |
|  | Number of occupants at this location: | | | | |  | Age range of occupants: | |  | | | | | |

Part 2: Building evaluation

**3. Building use** (Check appropriate response)

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| --- | --- | --- |
|  | Residential  Child/Day Care  School  Church  Hospital  Long-term care facility  Correctional facility | |
|  | Commercial  Industrial | |
|  | Other (specify): |  |

## **If the property is residential, what type?** (Check appropriate response)

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|  | Ranch rambler  Raised rambler  Townhouses/Condos  Duplex  Modular  2-Family | |
|  | Split level  Contemporary  Apartment house  Cape cod  Log home  3-Family | |
|  | Colonial  Mobile home  Other (specify): |  |

**4. Building description**

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|  | **If the property is commercial or industrial, describe the business use(s):** | | | | | | |
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|  | **Indicate the number of floors and general use of each floor of the building beginning with lowest level:** | | | | | | |
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|  | If there are multiple residential units, indicate how many units: | | |  | When was building constructed: | |  |
|  | Type of insulation used in building: |  | | | | Elevators or lifts: | Yes  No |
|  | Basement/Lowest level depth below grade: | |  | | | (feet) | |

**Observed basement characteristics** (Check all that apply)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Frequency of basement/lowest level occupancy | | Full time | Occasionally | | Almost never | | | |
| Bedrooms in the basement/lowest level? | | Yes  No | If yes, are the bedrooms occupied regularly?  Yes  No | | | | | |
| Basement type | | Full | Partial | | Slab | | Other: |  |
| Floor materials | | Concrete | Dirt | | Stone | | Other: |  |
| Floor covering | | Uncovered | Covered | | Covered with: | |  | |
| Concrete floor | | Unsealed | Sealed | | Sealed with: | |  | |
| Foundation walls | | Poured | Block | | Stone | | Other: |  |
| Basement finished | | Unfinished | Finished | | Partially finished | | | |
| Basement wetness | | Wet | Damp | | Seldom | | Moldy | |
| Sump pump present | | Yes  No | If yes, was water present:  Yes  No | | | | | |
| Are there any crawl spaces present? | | Yes  No | If yes, describe the crawl space floor conditions (earth, concrete, etc.) and construction (walls, use, connectivity to building, etc.) and illustrate location on the attached grid plans: | | | | | |
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| Have there been any building additions? | | Yes  No | Describe addition construction including how it ties to the existing floor plan (footings, slab connectivity, etc.) illustrate locations of additions on the attached grid plans: | | | | | |
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| Thickness of the concrete floor slab in the lowest level(s): | | | |  | | inches | | |
| Soil type present beneath the building: | | |  | | | | | |
| Is there evidence of saturated or high moisture conditions beneath the floor slab?  Yes  No | | | | | | | | |
| If yes, explain: | | | | | | | | |
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**Indicate sources of water supply sources (i.e., drinking, irrigation, etc.) and type of sewage disposal**(Check all that apply)

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| Water supply: | Public water | Drilled well | Driven well | Dug well |
| Sewage disposal: | Public sewer | Septic tank | Leach field | Dry well |

**5. Heating, venting, air conditioning, or other building controls** (Check all that apply)

**Type of heating system(s) used in this building** (Check all that apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Hot air circulation  Space heaters  Electric baseboard  In-floor heating  Heat pump | | | |
|  | Steam radiation  Wood stove  Hot water baseboard  Radiant floor  Outdoor wood boiler | | | |
|  | Other (specify): |  | **Primary type:** |  |

**Primary type of fuel used** (Check appropriate response)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Natural gas  Fuel oil  Kerosene  Electric  Propane | | | | | | | |
|  | Solar  Wood  Coal | | | | | | | |
|  | If hot water tank present, indicate fuel source: | | | |  | | | |
| Boiler/furnace is located in: | | Basement | Outdoors | | Main floor | Other: |  |
| Type of air conditioning: | | Central air | Window units | | Open windows | No mechanical system | |
|  | Is outside replacement (make-up) air provided for combustion appliances?  Yes  No  If no, explain: | | | | | | | |
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|  | Are there air distribution ducts present?  Yes  No | | | | | | | |
|  | 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: | | | | | | | |
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|  | Describe the type of mechanical ventilation systems used within or for the building (e.g., air-to-air exchangers, HVAC, etc.). Indicate whether the interior spaces of the building use separate ventilation systems and/or controls. Provide information on any existing building mitigation system (e.g., radon mitigation, passive venting systems, etc.). If available, provide information on air exchange rates for any existing mechanical ventilation systems currently in use. | | | | | | | |
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**6. Summary of potential building vapor intrusion entry points**

Earthen floors or incompetent floor slabs in the lowest level of building?  Yes  No

Sumps (unsealed)?  Yes  No

Large utility penetrations through floor and/or walls with exposure to sub-surface soils?  Yes  No

Crawl spaces with earthen floors or incompetent floor conditions?  Yes  No

Other (describe below)  Yes  No

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**7. Is the use of the vapor intrusion attenuation factor (33X ISV screening level) valid for this building based on the above building conditions?**  Yes  No

**8. Grid plans**

Use grid plans to describe floor plans, locate potential soil vapor entry points (e.g., cracks, utility ports, drains); and if applicable, identify sample locations (sub-slab, indoor air, outdoor air sampling).

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| **Floor plan for basement or lowest level at property address:** |  |

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| **Scale:** |  | **North (indicate direction):** |  |

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| **Floor above lowest level at property address:** |  |

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| **Scale:** |  | **North (indicate direction):** |  |

**Outdoor grid plot (Include if outdoor ambient air samples collected):**

Insert sketch (or attach separate document) of the area outside the building and locate outdoor air sample locations.   
If applicable, provide information on spill locations, potential air contamination sources, locations of wells, septic system, etc., and PID meter readings. Indicate wind direction and speed during sampling.

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Part 3: Indoor air quality survey

Complete if indoor air sampling is conducted (use grids in Part 1 for labeling sampling locations).

**Factors that may influence indoor air quality:**

|  |  |  |  |
| --- | --- | --- | --- |
| Is there an attached garage? | Yes  No |  |  |
| Are petroleum-powered machines or vehicles stored in the garage (e.g., lawn mower, ATV, car)? | Yes  No | Please specify: |  |
| Has the building ever had a fire? | Yes  No | When: |  |
| Is a kerosene or unvented gas space heater present? | Yes  No | Where & type: |  |
| Is there smoking in the building? | Yes  No | How frequently: |  |
| Have cleaning products been used recently? | Yes  No | When & type: |  |
| Have cosmetic products been used recently? | Yes  No | When & type: |  |
| Has painting/staining been done in the last 6 months? | Yes  No | Where & when: |  |
| Has any remodeling or construction occurred in the last 6 months? | Yes  No | Where & when: |  |
| Is there new carpet, drapes, or other textiles? | Yes  No | Where & when: |  |
| Have air fresheners been used recently? | Yes  No | When & type: |  |

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| --- | --- | --- | --- | --- |
| Is there a clothes dryer? | Yes  No | If yes, is it vented outside: | |  |
| Are there odors in the building? | Yes  No | If yes, please describe: |  | |

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| --- | --- |
| Do any of the building occupants use solvents at work? | Yes  No |
| If yes, what types of solvents are used: |  |
| Do any of the building occupants regularly use or work at a dry-cleaning service? | Yes  No |
| If yes, indicate approximately how frequent: |  |

**Product inventory form** (Add additional rows if needed)

|  |  |
| --- | --- |
| Make and model of field instrument used: |  |

List specific products identified in the building that have the potential to affect indoor air quality (add or delete rows as needed):

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| --- | --- | --- | --- |
| **Location** | **Product description\*** | **Comments** | **Instrument readings if taken and units** |
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\* Describe the condition of the product containers as unopened (UO), used (U), or deteriorated (D).  
Include photographs of product containers as appropriate to document products and ingredients.

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| **Location** | **Product description\*** | **Comments** | **Instrument readings if taken and units** |
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\* Describe the condition of the product containers as unopened (UO), used (U), or deteriorated (D).  
Include photographs of product containers as appropriate to document products and ingredients.