09-43136

Ameren Services

Environmental Services
314.554.2233 (Phone)
314.554.4182 (Facsimile)
Bmartin2@ameren.com

One Ameren Plaza
1901 Chouteau Avenue
PO Box 66149
St. Louis, MO 63166-6149

0190100008
Ameren IP
SR/tech

November 10, 2009

Gregory W. Dunn, L.P.G.
Illinois Environmental Protection Agency
Remedial Project Management Section
1021 N Grand Ave East
Springfield, IL 62702

ORIGINAL

Ameren

Subject: **Soil Vapor Sampling**
Center for Women in Transition
Champaign Former Manufactured Gas Plant Site
Champaign, Illinois 68120
State ID 0190100008

Dear Greg,

The soil gas sampling plan for the Center for Women in Transition property is enclosed. I will deliver a copy to the center tomorrow. Upon your acceptance of the plan, I will have the RAM Group proceed with the sampling. They will coordinate the sampling activities with the center's director, John Sullivan.

Ameren does not intend to place copies of this plan on the Ameren Champaign MGP web site or in the local repositories as the Center for Women in Transition property is not enrolled in the SRP and soil gas sampling is not yet part of SRP or TACO regulations.

We look forward to your comments on the plan. If you have any questions or require additional information, please call or email me, 314/554-2233 or bmartin2@ameren.com.

Sincerely,

Brian H. Martin

Brian H. Martin, CHMM
Consulting Environmental Scientist

RELEASABLE
NOV 19 2009
REVIEWER MD

RECEIVED
NOV 16 2009
IEPA/BOL

Enclosure

cc: Pete Sazama – PSC
Kendall Picket – RAM Group
John Sullivan – CWT – via hand delivery
File: Champaign MGP – 10.45

RAM GROUP *The Risk Assessment & Management Group of Gannett Fleming, Inc.*

November 5, 2009

Mr. Brian Martin
Ameren Services
One Ameren Plaza
1901 Chouteau Avenue, MC 602
St. Louis, MO 63166-6149

Re: Soil Vapor Sampling
Women in Transition Shelter near Former Manufactured Gas Plant Site
Champaign, Illinois

Dear Brian:

Thank you very much for the opportunity to collect the data necessary to evaluate potential soil vapor migration and vapor inhalation risk to the Women in Transition Shelter homes located south of the former manufactured gas plant (MGP) site in Champaign, Illinois. The following tasks will be conducted:

We will use the OSHA-compliant health and safety plan (HASP) that was prepared for the previous sampling that we performed in October 2008 near the former MGP site. The state one-call service will be notified at least 48 hours before initiation of the fieldwork to mark the locations of sub-surface utilities along the public rights-of-way in the vicinity of the four residential properties to be sampled. These markings as well as visual observations at each residence will be used to avoid encountering sub-surface utilities during the fieldwork.

Coordination with the management of the Shelter will be conducted to explain and coordinate the work prior to mobilization to the field. We understand the four residential homes are located at 304 N. 5th Street and three homes on Church Street at 504, 506, and 508. These homes are located south of the former MGP site across a public alley. We understand that each home has a basement that partially extends below grade to a depth of approximately five feet.

On Wednesday, October 28, 2009, Brian Martin of Ameren Services and Peter Sazama of Philip Environmental Services Corporation visited the four homes and met with John Sullivan of the Women's Shelter. Attached are Indoor Air Building Survey forms for each home that were prepared during their visit.

We understand that the soils in the vicinity of the site consist of glacial till consisting of mostly tight silty clays in the upper 10 feet bgs and sandy sediments below 10 feet bgs. The water table has been measured at depths of 7 to 8 feet bgs.

Keith Klemm and Mihika Baruah will perform the fieldwork according to the following schedule:

Day 1: Travel to the site and perform site reconnaissance, mark utility and sampling locations, inspect all Summa® canisters and other field equipment, and purchase any field supplies necessary.

Install nine temporary soil vapor sampling borings to a target depth of approximately six feet below ground surface (approximately one foot below the bottom of the basement slab, estimated at 5 ft bgs and above the water table, estimated at 7-8 ft bgs) adjacent to the four Shelter homes. Based on our previous experience in the neighborhood, the soils in the interval between basement slabs and the water table are clay-rich and relatively tight; therefore, we may have to adjust our sampling depth (typically upward) to find an interval that is permeable enough to collect the soil gas samples in a reasonable time frame. We will avoid high moisture areas (near down spouts, below roof drip lines, etc.). The vapor borings will be installed using a Geoprobe® track-mounted rig. Extreme care will be taken to prevent damage to private property.

Soil vapor samples will be collected from the borings using post-run tubing (PRT) methods. All samples will be collected using flow controllers set at 167 ml/minute. Nine soil vapor samples will be collected, one at each of the locations shown on the attached Figure 1 in 1-liter process certified Summa® canisters. One duplicate soil vapor sample will be collected using a duplicate sampling "T" to allow filling of two Summa® canisters simultaneously from a location to be determined in the field. Computer duster spray containing difluoroethane will be used in the field to check for leakage in the soil vapor collection system and from short-circuiting between the soil vapor probe implant to the ambient air at the surface. One ambient (outdoor) air sample will also be collected in one 100% certified 6-liter Summa® canister at a location to be determined in the field. The samples will be analyzed by Air Toxics, Ltd. using modified EPA Method TO-15 for the following MGP specific volatile chemicals and the leak detection compound:

- benzene,
- toluene,
- ethylbenzene,
- xylenes
- styrene,
- naphthalene, and
- 1,1-difluoroethane (leak detection compound).

Soil vapor and ambient air sampling will be consistent with the guidance in *Data Collection for Evaluating Vapor Intrusion* Pathway, prepared for Ameren Services by RAM Group, dated September 14, 2006 (Ameren SOP) and the *Gannett Fleming Standard Operating Procedure (SOP) for Soil Vapor Well Sampling with 1-Liter Summa® Canisters. SOP No. SM-27, Revision No. 3*, dated April 9, 2009 (GF SOP).

Two soil samples will be collected from the vadose zone from one centrally located boring and will be analyzed for geotechnical parameters. The samples will be placed on hold in the laboratory pending the results of the soil vapor analytical results. If the results are non-detectable or at concentration levels below the applicable Tier 1 soil vapor target levels, then the geotechnical samples will not be analyzed. If the soil vapor results exceed the Tier 1 target levels, then PTS Laboratories will perform the following geotechnical analysis on the two soil samples submitted:

- Grain size analysis by ASTM D4464,
- Fraction Organic Carbon by Walkley-Black,
- Specific Gravity by ASTM D854,
- Moisture Content by ASTM D2216,
- Dry Bulk Density by ASTM D2937, and
- Total Porosity (calculated).

Day 2: Continuation of work performed on Day 1, if necessary. The samples will be shipped and the field personnel will travel back to the office to complete any remaining paperwork.

Day 20: Receipt of all data from laboratories (standard turnaround) in electronic format.

Day 45: Submission of draft report for your review and comments consisting of a single report including data collection, risk evaluation, and recommendations.

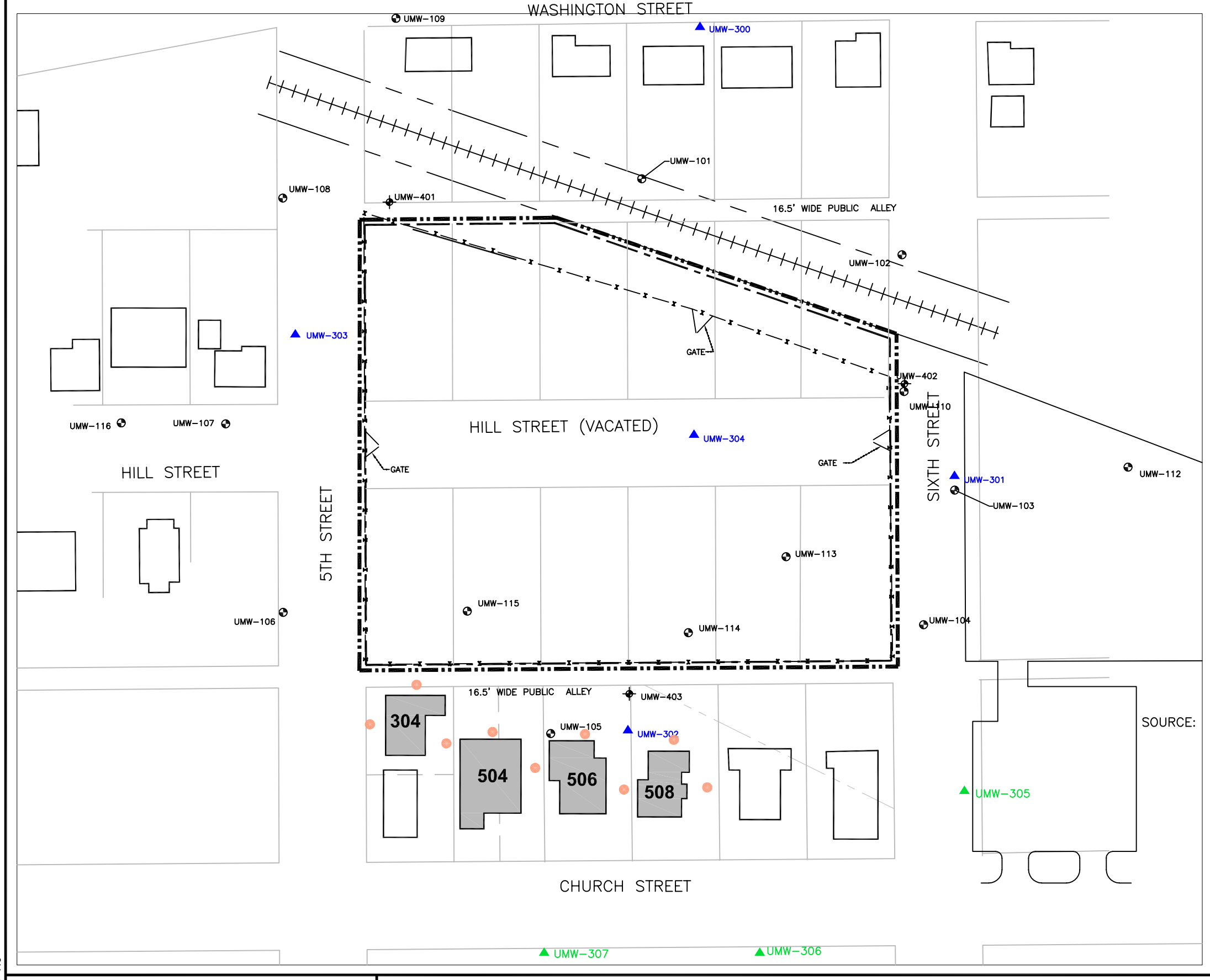
Day 60: Finalization of the report and submittal of up to 10 hard copies.

We look forward to working with you on this project and will call you soon to discuss this.

Sincerely,

Kendall L. Pickett
Senior Geologist

Attachments: Figure 1
Indoor Air Building Survey Forms



LEGEND

- EXISTING STRUCTURES (APPROXIMATE)
- CURRENT AMERENIP PROPERTY BOUNDARY
- REMEDIATION SITE BOUNDARY
- FENCE
- UMW-100 — SHALLOW GROUNDWATER MONITORING WELLS
- UMW-300 — INTERMEDIATE GROUNDWATER MONITORING WELLS
- UMW-400 — DEEP GROUNDWATER MONITORING WELLS
- VAPOR INTRUSION PROBEHOLE LOCATIONS

THE SOURCE FOR THE PROPERTY BOUNDARY SURVEY IS VEGRZYN, SARVER AND ASSOCIATES.

0 80
FEET

N

PSC

TITLE:
SITE MAP SHOWING THE HOMES OWNED BY THE WOMEN IN TRANSITION SHELTER

DWN: TMM	DES: MRC
CHKD:	APPD:
DATE: 10/20/09	REV:

PROJECT NO: 62403053
AMERENIP
CHAMPAIGN, ILLINOIS

FIGURE 1

COL J:\624\02647B-110

INDOOR AIR BUILDING SURVEY FORM PAGE 1 OF 4

Building Address: 304 N. 5TH ST.

Property Contact: MR. JOHN SULLIVAN Owner / Renter / (other): _____

Contact's Phone: home ( ) _____ work (217) 819-4611 cell ~~(217)~~ _____

Building occupants: Children under age 13 _____ Children age 13-18 _____ Adults _____

How long in this residence? 2 YEARS MAXIMUM

History of wet basement or flooding? NONE

General Description of Building Construction and Materials:
CONCRETE BLOCK CRAWL SPACE / WOOD FRAME & SIDING

How many occupied stories does the building have? 1
Does someone sleep in the basement? No

Has the building been weatherized with any of the following? (Circle all that apply)
(Insulation) (Storm Windows) Energy-Efficient Windows Other (specify) _____

Approximately how much of the basement is below grade level? 2 FEET
Total wall area: 1800 FT²
Total wall area in contact with soil: 360 FT²

Basement Floor Description:
POURED CONCRETE (CRAWL)

Basement Walls Description:
CONCRETE BLOCK (CRAWL)

Moisture, water, or wet floors or walls observed or sensed: No

Is a basement sump present? (Y/N) No Sufficient water for sampling? (Y/N) No
Sump Construction: N/A

Does the basement have any observable characteristics that might permit soil vapor entry? (i.e. cracks in concrete, crack at wall/floor, pipe penetrations): No

Building address: _____
Date: _____

INDOOR AIR BUILDING SURVEY FORM PAGE 2 OF 4

Heating and Ventilation System(s) Present

What type of heating system(s) are used in this building? (Circle all that apply)

(Hot Air Circulation)	Heat Pump	Stream Radiation	Wood Stove
Hot Air Radiation	Unvented Kerosene heater	Electric Baseboard	Other (specify) _____

What type(s) of fuel(s) are used in this building? (Circle all that apply)

(Natural Gas)	Electric	Coal	Other (specify) _____
Fuel Oil	Wood	Solar	

What type of mechanical ventilation systems are present in the building? (Circle all that apply)

(Central Air Conditioning)	Mechanical Fans	(Bathroom Ventilation Fan)
Individual Air Conditioning Units	Kitchen Range Hood	Air-to-Air Heat Exchanger
(Open windows)	Other (specify) _____	

Do any occupants of the building smoke? *Yes* / (*No*) How often? _____

Has anyone smoked within the building within the last 48 hours? *Yes* / (*No*)

Do the occupants of the building have their clothes dry-cleaned? (*Yes*) / *No*

When were dry-cleaned clothes last brought into the building? N/A

Have the occupants ever noticed any unusual odors in the building? *Yes* / (*No*)

Describe (with location): _____

Any known spills of a chemical immediately outside or inside the building? *Yes* / (*No*)

Describe (with location): _____

Has the building been treated with any insecticides/pesticides? If so, what chemicals are used and how often are they applied? No

Do any of the occupants apply pesticides/herbicides in the yard or garden? If so, what chemicals are used and how often are they applied? TRUEGREEN

Any use of chemicals not listed above? *Yes* / (No)

Building address: _____

Date: _____

INDOOR AIR BUILDING SURVEY FORM PAGE 3 OF 4

Indoor Contaminant Sources

Identify all potential indoor sources found on the first floor and basement levels, the location of the sources, and whether the item was removed from the building at least 48 hours prior to indoor air sampling event.

Potential Sources	Location(s)	Removed Prior to Sampling? (Yes / No / NA)
Gasoline storage cans		No
Gas-powered equipment		No
Kerosene storage cans		No
Paints / thinners / strippers		No
Cleaning solvents		No
Oven cleaners	KITCHEN	YES
Carpet / upholstery cleaners	"	YES
Moth balls		No
Polishes / waxes	KITCHEN	YES
Insecticides		NO
Furniture / floor polish	KITCHEN	YES
Nail polish / polish remover	BATHROOM	YES
Hairspray	"	YES
Cologne / perfume	"	YES
Air fresheners	KITCHEN	YES
Hobbies - glues, paints, etc.		NO
Fireplace		NA
Wood stove or kerosene burner		NA
New furniture / upholstery		NA
New carpeting / flooring		NA
Recent painting in building?		NA
Medical Equipment		NA

INDOOR AIR BUILDING SURVEY FORM PAGE 4 OF 4

Indoor Contaminant Sources

Identify all potential indoor sources as detected by the ppbRAE located on the first floor and basement levels, the location of the sources. Provide a brief description of source and the two PID responses obtained from the initial and follow-up screenings.

Location Number	Location	Brief Description	ppbRAE Response (initial screening)	ppbRAE Response (follow-up screening)
1				
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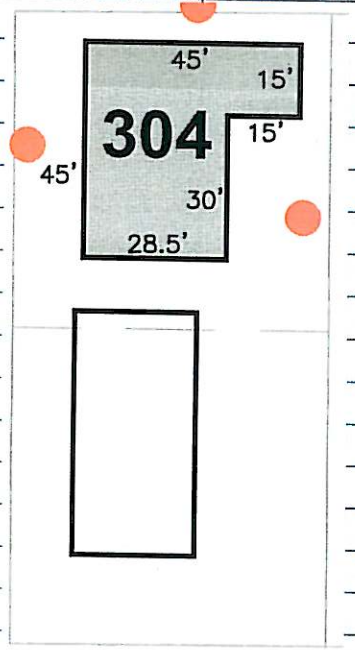
MGP Site:

Building Characteristics to be Determined Before Finalization of Work Plan — Form 1

Building Identification					
Ownership					
Age of Building	2 YR REHAB				
Number of Floors (Yes/No)	1				
Number of Elevators (Yes/No)	NO				
First Floor Footprint Dimensions (L x W in ft)					
Crawl Space Dimensions (L x W x H in ft)	SA 1ST FLOOR				
Basement Footprint Dimensions (L x W in ft)					
Basement Height (ft)	3.5				
Basement Height Above Ground Surface (ft)	2.0				
First Floor Height (ft)	8'				
Basement Floor Type	CONCRETE				
Thickness of Basement Walls (ft)	N/A				
Thickness of Slab (ft)	N/A				
Condition of Slab	GOOD				
Vapor Barrier (Yes/No)	N/A				
Post-Tension Slab (Yes/No)	NO				
Sump Characteristics	NO				
HVAC Characteristics	FORCED AIR				
Information on Doors/Windows	N/A				
Locations of floor drains, sinks, toilets on lowest floor of building	N/A				
As-Built Drawings or Plans Reviewed (Yes/No)	NO				
Exposure Characteristics:					
Building Activities-General					
First Floor Activities					
Basement Activities					
Number of Workers					
Work-week number of days					
Work-day number of hours					



Note: Add additional sheets for relevant comments/information; Locate all buildings on a site map.

INDOOR AIR BUILDING SURVEY FORM PAGE 1 OF 4

Building Address: 504 Church St.

Property Contact: Mr. John Sullivan Owner / Renter / (other:)

Contact's Phone: home ( ) work (217) 819-4611 cell ( )

Building occupants: Children under age 13 X Children age 13-18 X Adults X

How long in this residence? 2 YEARS MAXIMUM

History of wet basement or flooding? No

General Description of Building Construction and Materials: POURED CONCRETE / WOOD FRAME

How many occupied stories does the building have? 3
Does someone sleep in the basement? No

Has the building been weatherized with any of the following? (Circle all that apply)
(Insulation) (Storm Windows) (Energy-Efficient Windows) Other (specify) _____

Approximately how much of the basement is below grade level? 80"
Total wall area: 2045 FT²
Total wall area in contact with soil: 1520 FT²

Basement Floor Description:
POURED CONCRETE GOOD CONDITION

Basement Walls Description:
POURED CONCRETE

Moisture, water, or wet floors or walls observed or sensed: No

Is a basement sump present? (Y/N) 2 Sufficient water for sampling? (Y/N) YES
Sump Construction: 3.5' DIA STEEL SUMPS - APPROX. 5 FT DEEP

Does the basement have any observable characteristics that might permit soil vapor entry? (i.e. cracks in concrete, crack at wall/floor, pipe penetrations):
No

4' DEEP ELEVATOR SHAFT

Building address: _____
Date: _____

INDOOR AIR BUILDING SURVEY FORM PAGE 2 OF 4

Heating and Ventilation System(s) Present

What type of heating system(s) are used in this building? (Circle all that apply)

(Hot Air Circulation)	Heat Pump	Stream Radiation	Wood Stove
Hot Air Radiation	Unvented Kerosene heater	Electric Baseboard	Other (specify) _____

What type(s) of fuel(s) are used in this building? (Circle all that apply)

(Natural Gas)	Electric	Coal	Other (specify) _____
Fuel Oil	Wood	Solar	

What type of mechanical ventilation systems are present in the building? (Circle all that apply)

(Central Air Conditioning)	Mechanical Fans	(Bathroom Ventilation Fan)
Individual Air Conditioning Units	Kitchen Range Hood	Air-to-Air Heat Exchanger
(Open windows)	Other (specify) _____	

Do any occupants of the building smoke? *Yes* / (No) How often? _____

Has anyone smoked within the building within the last 48 hours? *Yes* / (No)

Do the occupants of the building have their clothes dry-cleaned? (Yes) / *No*

When were dry-cleaned clothes last brought into the building? N/A

Have the occupants ever noticed any unusual odors in the building? *Yes* / (No)

Describe (with location): _____

Any known spills of a chemical immediately outside or inside the building? *Yes* / (No)

Describe (with location): _____

Has the building been treated with any insecticides/pesticides? If so, what chemicals are used and how often are they applied? No

Do any of the occupants apply pesticides/herbicides in the yard or garden? If so, what chemicals are used and how often are they applied? TRUEGREEN

Any use of chemicals not listed above? *Yes* / (No)

Building address: _____

Date: _____

INDOOR AIR BUILDING SURVEY FORM PAGE 3 OF 4

Indoor Contaminant Sources

Identify all potential indoor sources found on the first floor and basement levels, the location of the sources, and whether the item was removed from the building at least 48 hours prior to indoor air sampling event.

Potential Sources	Location(s)	Removed Prior to Sampling? (Yes / No / NA)
Gasoline storage cans		No
Gas-powered equipment		No
Kerosene storage cans		No
Paints / thinners / strippers		No
Cleaning solvents		No
Oven cleaners		No
Carpet / upholstery cleaners		No
Moth balls		No
Polishes / waxes		No
Insecticides		No
Furniture / floor polish		No
Nail polish / polish remover		No
Hairspray		No
Cologne / perfume		No
Air fresheners		No
Hobbies - glues, paints, etc.		No
Fireplace		NA
Wood stove or kerosene burner		NA
New furniture / upholstery		NA
New carpeting / flooring		NA
Recent painting in building?		NA
Medical Equipment		NA

INDOOR AIR BUILDING SURVEY FORM PAGE 4 OF 4

Indoor Contaminant Sources

Identify all potential indoor sources as detected by the ppbRAE located on the first floor and basement levels, the location of the sources. Provide a brief description of source and the two PID responses obtained from the initial and follow-up screenings.

Location Number	Location	Brief Description	ppbRAE Response (initial screening)	ppbRAE Response (follow-up screening)
1				
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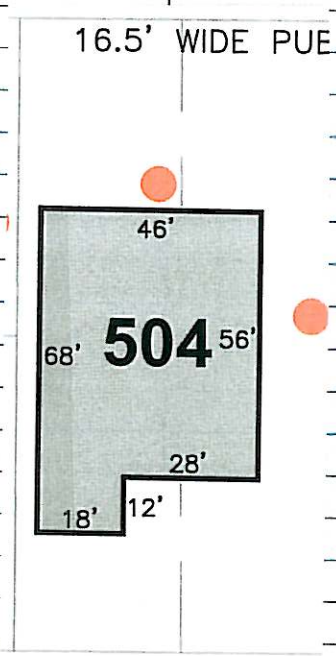
MGP Site:

Building Characteristics to be Determined Before Finalization of Work Plan — Form 1

Building Identification					
Ownership					
Age of Building	5				
Number of Floors (Yes/No)	3				
Number of Elevators (Yes/No)	YES				
First Floor Footprint Dimensions (L x W in ft)					
Crawl Space Dimensions (L x W x H in ft)					
Basement Footprint Dimensions (L x W in ft)					
Basement Height (ft)	109"				
Basement Height Above Ground Surface (ft)	2"				
First Floor Height (ft)	8'				
Basement Floor Type	POURED CONC.				
Thickness of Basement Walls (ft)	N/A				
Thickness of Slab (ft)	N/A				
Condition of Slab	GOOD				
Vapor Barrier (Yes/No)	N/A				
Post-Tension Slab (Yes/No)	N/A				
Sump Characteristics	2 - RUNNING				
HVAC Characteristics	FORCED AIR				
Information on Doors/Windows	N/A				
Locations of floor drains, sinks, toilets on lowest floor of building	N/A				
As-Built Drawings or Plans Reviewed (Yes/No)	NO				
Exposure Characteristics:					
Building Activities-General					
First Floor Activities					
Basement Activities					
Number of Workers					
Work-week number of days					
Work-day number of hours					



Note: Add additional sheets for relevant comments/information; Locate all buildings on a site map.

INDOOR AIR BUILDING SURVEY FORM PAGE 1 OF 4

Building Address: 506 Church St.

Property Contact: MR. John Sullivan Owner / Renter / (other): _____

Contact's Phone: home ( ) _____ work (217) 819-4611 cell ( ) _____

Building occupants: Children under age 13 X Children age 13-18 X Adults X

How long in this residence? Maximum 2 Years

History of wet basement or flooding? No

General Description of Building Construction and Materials:
Concrete Block and Poured Concrete / Wood Frame

How many occupied stories does the building have? 4
Does someone sleep in the basement? No

Has the building been weatherized with any of the following? (Circle all that apply)
(Insulation) (Storm Windows) (Energy-Efficient Windows) Other (specify) _____

Approximately how much of the basement is below grade level? 6'
Total wall area: 1560 FT2
Total wall area in contact with soil: 1170 FT2

Basement Floor Description:
Concrete Block (216') Poured Concrete
Poured Concrete (66')

Basement Walls Description:

Moisture, water, or wet floors or walls observed or sensed: No

Is a basement sump present? (Y/N) YES Sufficient water for sampling? (Y/N) YES
Sump Construction: Plastic Tub

Does the basement have any observable characteristics that might permit soil vapor entry? (i.e. cracks in concrete, crack at wall/floor, pipe penetrations):
No

Building address: _____
Date: _____

INDOOR AIR BUILDING SURVEY FORM PAGE 2 OF 4

Heating and Ventilation System(s) Present

What type of heating system(s) are used in this building? (Circle all that apply)

(Hot Air Circulation)	Heat Pump	Stream Radiation	Wood Stove
Hot Air Radiation	Unvented Kerosene heater	Electric Baseboard	Other (specify) _____

What type(s) of fuel(s) are used in this building? (Circle all that apply)

(Natural Gas)	Electric	Coal	Other (specify) _____
Fuel Oil	Wood	Solar	

What type of mechanical ventilation systems are present in the building? (Circle all that apply)

(Central Air Conditioning)	Mechanical Fans	Bathroom Ventilation Fan
Individual Air Conditioning Units	(Kitchen Range Hood)	Air-to-Air Heat Exchanger
(Open windows)	Other (specify) _____	

Do any occupants of the building smoke? *Yes* / (No) How often? _____

Has anyone smoked within the building within the last 48 hours? *Yes* / (No)

Do the occupants of the building have their clothes dry-cleaned? (Yes) / *No*

When were dry-cleaned clothes last brought into the building? N/A

Have the occupants ever noticed any unusual odors in the building? *Yes* / (No)

Describe (with location): _____

Any known spills of a chemical immediately outside or inside the building? *Yes* / (No)

Describe (with location): _____

Has the building been treated with any insecticides/pesticides? If so, what chemicals are used and how often are they applied? No

Do any of the occupants apply pesticides/herbicides in the yard or garden? If so, what chemicals are used and how often are they applied? TRUEGREEN

Any use of chemicals not listed above? *Yes* / (No)

Building address: _____

Date: _____

INDOOR AIR BUILDING SURVEY FORM PAGE 3 OF 4

Indoor Contaminant Sources

Identify all potential indoor sources found on the first floor and basement levels, the location of the sources, and whether the item was removed from the building at least 48 hours prior to indoor air sampling event.

Potential Sources	Location(s)	Removed Prior to Sampling? (Yes / No / NA)
Gasoline storage cans		No
Gas-powered equipment		No
Kerosene storage cans		No
Paints / thinners / strippers	BASEMENT	YES
Cleaning solvents	"	YES
Oven cleaners	KITCHEN	YES
Carpet / upholstery cleaners	"	YES
Moth balls		NO
Polishes / waxes	KITCHEN	YES
Insecticides		NO
Furniture / floor polish	KITCHEN	YES
Nail polish / polish remover	BATHROOM	YES
Hairspray	"	YES
Cologne / perfume	BEDROOM / BATHROOM	YES
Air fresheners	KITCHEN	YES
Hobbies - glues, paints, etc.	BASEMENT	YES
Fireplace		NA
Wood stove or kerosene burner		NA
New furniture / upholstery		NA
New carpeting / flooring		NA
Recent painting in building?		NA
Medical Equipment		NA

INDOOR AIR BUILDING SURVEY FORM PAGE 4 OF 4

Indoor Contaminant Sources

Identify all potential indoor sources as detected by the ppbRAE located on the first floor and basement levels, the location of the sources. Provide a brief description of source and the two PID responses obtained from the initial and follow-up screenings.

Location Number	Location	Brief Description	ppbRAE Response (initial screening)	ppbRAE Response (follow-up screening)
1				
2				
3				
4				
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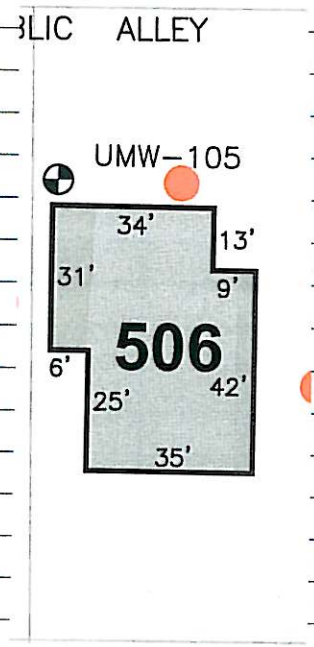
MGP Site:

Building Characteristics to be Determined Before Finalization of Work Plan — Form 1

Building Identification					
Ownership					
Age of Building	5				
Number of Floors (Yes/No)	4				
Number of Elevators (Yes/No)	No				
First Floor Footprint Dimensions (L x W in ft)					
Crawl Space Dimensions (L x W x H in ft)					
Basement Footprint Dimensions (L x W in ft)					
Basement Height (ft)	92"				
Basement Height Above Ground Surface (ft)	2'				
First Floor Height (ft)	8'				
Basement Floor Type	BLOCK & POURED CONCRETE				
Thickness of Basement Walls (ft)	N/A				
Thickness of Slab (ft)	N/A				
Condition of Slab	GOOD				
Vapor Barrier (Yes/No)	N/A				
Post-Tension Slab (Yes/No)	N/A				
Sump Characteristics	SOME WATER				
HVAC Characteristics	FORCED AIR				
Information on Doors/Windows	GOOD				
Locations of floor drains, sinks, toilets on lowest floor of building	N/A				
As-Built Drawings or Plans Reviewed (Yes/No)	NO				
Exposure Characteristics:					
Building Activities-General					
First Floor Activities					
Basement Activities					
Number of Workers					
Work-week number of days					
Work-day number of hours					



Note: Add additional sheets for relevant comments/information; Locate all buildings on a site map.

INDOOR AIR BUILDING SURVEY FORM PAGE 1 OF 4

Building Address: 508 CHURCH ST.

Property Contact: MR. JOHN SULLIVAN Owner / Renter / other: _____

Contact's Phone: home ( ) _____ work (217) 819-4611 cell ( ) _____

Building occupants: Children under age 13 X Children age 13-18 X Adults X

How long in this residence? 2 YEARS MAXIMUM

History of wet basement or flooding?
ONE CORNER @ BOTTOM OF STEPS - MINOR

General Description of Building Construction and Materials:
POURED CONCRETE / WOOD FRAME

How many occupied stories does the building have? 3
Does someone sleep in the basement? NO

~~Has the building been weatherized~~ with any of the following? (Circle all that apply)
Insulation Storm Windows Energy-Efficient Windows Other (specify) _____

Approximately how much of the basement is below grade level? 70"
Total wall area: 1480 FT²
Total wall area in contact with soil: 1080 FT²

Basement Floor Description:
POURED CONCRETE

Basement Walls Description:
POURED CONCRETE

Moisture, water, or wet floors or walls observed or sensed:
ONE CORNER W/SUMP

Is a basement sump present? (Y/N) 1 Sufficient water for sampling? (Y/N) YES
Sump Construction: PLASTIC TUB

Does the basement have any observable characteristics that might permit soil vapor entry? (i.e. cracks in concrete, crack at wall/floor, pipe penetrations):
NO

Building address: _____

Date: _____

INDOOR AIR BUILDING SURVEY FORM PAGE 2 OF 4

Heating and Ventilation System(s) Present

What type of heating system(s) are used in this building? (Circle all that apply)

(Hot Air Circulation)	Heat Pump	Stream Radiation	Wood Stove
Hot Air Radiation	Unvented Kerosene heater	Electric Baseboard	Other (specify) _____

What type(s) of fuel(s) are used in this building? (Circle all that apply)

(Natural Gas)	Electric	Coal	Other (specify) _____
Fuel Oil	Wood	Solar	

What type of mechanical ventilation systems are present in the building? (Circle all that apply)

(Central Air Conditioning)	Mechanical Fans	Bathroom Ventilation Fan
Individual Air Conditioning Units	(Kitchen Range Hood)	Air-to-Air Heat Exchanger
(Open windows)	Other (specify) _____	

Do any occupants of the building smoke? *Yes* / (No) How often? _____

Has anyone smoked within the building within the last 48 hours? *Yes* / (No)

Do the occupants of the building have their clothes dry-cleaned? (Yes) / *No*

When were dry-cleaned clothes last brought into the building? N/A

Have the occupants ever noticed any unusual odors in the building? *Yes* / (No)

Describe (with location): _____

Any known spills of a chemical immediately outside or inside the building? *Yes* / (No)

Describe (with location): _____

Has the building been treated with any insecticides/pesticides? If so, what chemicals are used and how often are they applied? No

Do any of the occupants apply pesticides/herbicides in the yard or garden? If so, what chemicals are used and how often are they applied? TRUEGREEN

Any use of chemicals not listed above? *Yes* / (No)

Building address: _____

Date: _____

INDOOR AIR BUILDING SURVEY FORM PAGE 3 OF 4

Indoor Contaminant Sources

Identify all potential indoor sources found on the first floor and basement levels, the location of the sources, and whether the item was removed from the building at least 48 hours prior to indoor air sampling event.

Potential Sources	Location(s)	Removed Prior to Sampling? (Yes / No / NA)
Gasoline storage cans		No
Gas-powered equipment		No
Kerosene storage cans		No
Paints / thinners / strippers		No
Cleaning solvents	BASEMENT	YES
Oven cleaners	KITCHEN	YES
Carpet / upholstery cleaners	KITCHEN	YES
Moth balls		NO
Polishes / waxes	KITCHEN	YES
Insecticides		No
Furniture / floor polish	KITCHEN	YES
Nail polish / polish remover	BATHROOM	YES
Hairspray	BATHROOM	YES
Cologne / perfume	BEDROOM	YES
Air fresheners	KITCHEN	YES
Hobbies - glues, paints, etc.		NO
Fireplace		NA
Wood stove or kerosene burner		NA
New furniture / upholstery		NA
New carpeting / flooring		NA
Recent painting in building?		NA
Medical Equipment		NA

INDOOR AIR BUILDING SURVEY FORM PAGE 4 OF 4

Indoor Contaminant Sources

Identify all potential indoor sources as detected by the ppbRAE located on the first floor and basement levels, the location of the sources. Provide a brief description of source and the two PID responses obtained from the initial and follow-up screenings.

Location Number	Location	Brief Description	ppbRAE Response (initial screening)	ppbRAE Response (follow-up screening)
1				
2				
3				
4				
5				
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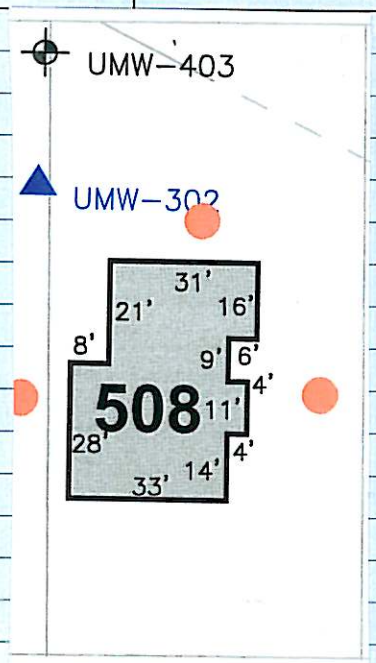
31				
32				
33				

MGP Site:

Building Characteristics to be Determined Before Finalization of Work Plan — **Form 1**

Building Identification					
Ownership					
Age of Building	5				
Number of Floors (Yes/No)	3				
Number of Elevators (Yes/No)	No				
First Floor Footprint Dimensions (L x W in ft)					
Crawl Space Dimensions (L x W x H in ft)					
Basement Footprint Dimensions (L x W in ft)					
Basement Height (ft)	90"				
Basement Height Above Ground Surface (ft)	20"				
First Floor Height (ft)	8'				
Basement Floor Type	Poured Conc.				
Thickness of Basement Walls (ft)	N/A				
Thickness of Slab (ft)	N/A				
Condition of Slab	Good				
Vapor Barrier (Yes/No)	N/A				
Post-Tension Slab (Yes/No)	N/A				
Sump Characteristics	Some Water				
HVAC Characteristics	Forced Air				
Information on Doors/Windows	Good				
Locations of floor drains, sinks, toilets on lowest floor of building	N/A				
As-Built Drawings or Plans Reviewed (Yes/No)	NO				
Exposure Characteristics:					
Building Activities-General					
First Floor Activities					
Basement Activities					
Number of Workers					
Work-week number of days					
Work-day number of hours					



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