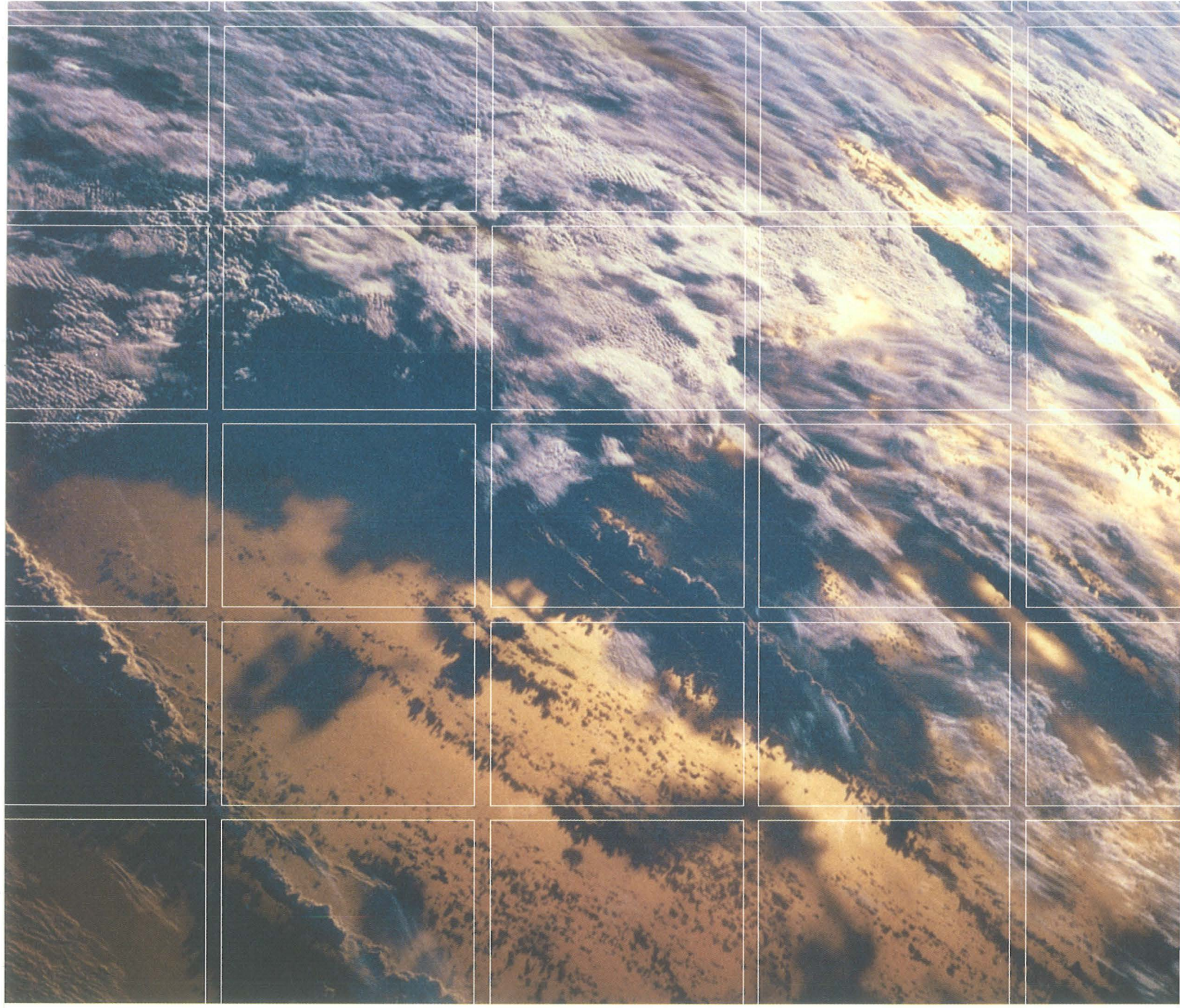

New York State Department of Environmental Conservation

Preliminary Site Assessment Data Report

Huron Real Estate Associates, LLC
(Former IBM-Endicott Facility)
WA No. D003970-24

Environmental Resources Management (ERM)
520 Broad Hollow Road, Suite 210
Melville, New York 11747

Delivering sustainable solutions in a more competitive world

ERM

PRELIMINARY SITE ASSESSMENT DATA REPORT

Huron Real Estate Associates, LLC
Endicott Facility
Village of Endicott, Broome County, New York
NYSDEC Site No. 7-04-014
(WA No. D003970-24)

September 2005

0026649.2972

Prepared for:

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1.0 INTRODUCTION

Environmental Resources Management (ERM) is pleased to submit this Preliminary Site Assessment (PSA) Report for the Huron Real Estate Associates, LLC [EIT/Huron Campus], former IBM Corporation Facility, located in Endicott, New York (Site No. 7-04-014 [Site]. This project was conducted in accordance with the New York State Department of Environmental Conservation's (NYSDEC) Draft Preliminary Site Assessments Guidance, specified in the NYSDEC Superfund Engineering Services Standby Contract, Work Assignment No. D003970-24 and the Preliminary Site Assessment Work Plan prepared by ERM in January 2005 and approved by the NYSDEC in February 2005.

The PSA was designed to provide an on-site assessment of vapor intrusion to complement the off-site evaluation performed by IBM in 2002[1]. The tasks completed as part of the PSA are described in detail in the PSA Work Plan and are summarized below.

The focus of the PSA was to evaluate the potential for exposure to volatile organic compounds (VOCs) via soil vapor intrusion into on-site structures. Toward this end, the PSA included sampling of indoor air, sub-slab vapor and outdoor air.

After submission of the final PSA Report, the NYSDEC and the New York State Department of Health (NYSDOH) will review the results of the PSA air-sampling program. Subsequent to this review the NYSDEC, in consultation with NYSDOH, will make recommendations as to whether buildings will need further air monitoring or if mitigation will be necessary.

Task 1 of the WA was the creation of a Work Plan that identified all relevant procedures and protocols, for execution of the PSA, in one comprehensive document. The Work Plan was intended to:

- Identify the objectives of the PSA;
- Identify and describe both the technical approach and Scope of Work of the PSA;
- Outline procedures and protocols, for sampling and analysis, quality assurance (QA)/quality control (QC), health and safety (Site Specific Quality Assurance Project Plan (QAPP) & Site Specific Health and Safety Plan (HASP), that would be used to direct field operations associated with the PSA;

[1] Sanborn, Head & Associates Action Plan Groundwater Vapor Project, December 2002.

- Establish management and presentation guidelines for data with NYSDEC and NYSDOH input;
- Establish progress and final reporting guidelines with NYSDEC and NYSDOH input;
- Present the overall anticipated project schedule as presented by NYSDEC in the WA;
- Identify key project team members and their management, quality assurance/QC roles, and/or responsibilities on the project;
- Identify subcontractor needs in concert with the minority business/women-owned business usage requirements; and
- Present the detailed budget for this WA.

The Work Plan was taken in the field, read, understood, and followed by all personnel working on the PSA to ensure the generation of reliable data and measurement activities such that resultant data and evaluations of the same are scientifically valid, defensible, comparable and of known precision and accuracy.

1.1 SITE DESCRIPTION AND BACKGROUND INFORMATION

The Site is located in the Village of Endicott, Broome County, New York. The site occupies approximately 120-acres and includes 95 buildings. The property is currently owned by Huron Real Estate Associates, LLC. A Site Location Map is presented in Figure 1.

In 1979, the former IBM facility in Endicott reported a spill of 4,100-gallons of 1,1,1-trichloroethane (TCA). The first comprehensive hydrogeologic investigation was detailed in a report prepared by IBM in 1980 and indicated a large solvent plume containing perchloroethene (PCE), trichlorothene (TCE), dichloroethane (DCA), dichloroethene (DCE), methylene chloride (MC), vinyl chloride (VC), and freons. Groundwater remediation (extraction and treatment) and monitoring began in 1979-1980. IBM reports that since start up of the groundwater remedial system in 1980 more than 767,000 pounds of VOCs have been recovered.

In May 2002, IBM began an initial program of investigation and sampling intended to evaluate the potential for intrusion of VOC vapors into occupied building space in adjacent properties. The investigation was limited to two on- site buildings and included sampling and analysis of groundwater, soil, indoor air and subsurface (soil) gas. Data from five of the seven locations, where concurrent soil gas and groundwater sampling were carried out, indicated the presence of VOCs in soil gas above

concentrations measured in outdoor air samples collected at the same locality and time.

1.2 SITE HYDROGEOLOGY

There is little relief across the Site, which is located at an elevation of approximately 1,634 feet (498 meters) above mean sea level. The stratigraphic units of interest for this study are unconsolidated glacial deposits. The lower formation consists of unconsolidated deposits comprised of low permeability till or ice-contact sands and gravels. Near the center of the Susquehanna River valley, the basal sands and gravels (the lower aquifer) serve as the source for the area's municipal and industrial water supply systems. In most places above the till, deposits consisting of a 20 to 40 foot sequence of varied glaciolacustrine silts, serves as an aquitard. Highly permeable outwash sands and deposited gravels lie above the lacustrine units and form an upper aquifer. That upper unit contains most of the observed VOC contamination in the area and is the primary focus of the groundwater remedial programs. The direction of regional groundwater flow is to the southwest.

1.3 PROJECT-SPECIFIC STANDARDS, CRITERIA, AND GUIDANCE

The field investigation activities described in Section 2.2 have generated analytical results for indoor air, sub-slab vapor and outdoor air quality. The NYSDEC and the NYSDOH will provide interpretation and recommendations based on these sample results.

2.0 SCOPE OF WORK

The PSA Scope of Work was based on the tasks identified in the WA, and subsequently modified and/or expanded in accordance with input from the NYSDEC and NYSDOH during a site visit conducted on 12-14 January 2005. The Scope of Work was further modified, by NYSDEC, during site visits that occurred over the course of the field effort. The tasks required to execute the WA are identified and described in detail below.

2.1 TASK 1: WORK PLAN

Task 1 of the WA was the preparation of the Work Plan. The Work Plan was prepared by ERM and submitted to NYSDEC in January 2005. The Work Plan was approved by the NYSDEC and NYSDOH in February 2005 and implemented by the field team during the course of the PSA fieldwork conducted from February to March 2005. As requested by the NYSDOH, the sampling period corresponded with the indoor heating season.

2.2 TASK 2: VAPOR INTRUSION/SOIL GAS SAMPLING

The objective of the vapor intrusion investigation was to determine if the Site subsurface VOC contaminant plume impacted Site air quality. Air samples, to detect the presence of VOCs, were collected from beneath building foundations (i.e. sub-slab), in indoor air (collected from within the Site buildings) and outdoor air (collected from exterior building locations). The Scope of Work included:

- indoor air sampling;
- outdoor air sampling;
- soil vapor sampling from beneath buildings (i.e. sub-slab);
- data validation/usability report; and
- base map development.

The core field investigative activities of this assessment are discussed in Subtasks 2A through 2D below. These subtasks comprised the Detailed Field Activities Plan (FAP) portion of the Work Plan. To streamline the FAP and ensure that the field activities were consistently executed in a safe manner, the FAP was supported by the following documents in the Work Plan:

- Standard Operating Procedures (SOP);
- Site Specific Health and Safety Plan (HASP),
- Quality Assurance Project Plan (QAPP), and
- Huron Campus "Contractor's Guide".

Strict adherence to the SOPs, the QAPP, the HASP and the Contractor's Guide ensured the generation of reliable measurement and data activities such that resultant data and evaluations of the same are scientifically valid, defensible, comparable and of known precision and accuracy. Variances from the Work Plan were documented in field notes and sampling forms, where appropriate.

2.2.1 *Subtask 2A: Indoor, Sub-Slab Vapor, and Outdoor Air Sampling*

Sampling was conducted in three rounds.

Round 1 Buildings: 18, 19, 29, 39, 40, 41, 42 and 46.

Round 2 Buildings: 22, 32, 57, 57A, 250 and 256.

Round 3 Buildings: 1, 3, 4, 8, 14, 15, 20, 21, 23, 24, 25, 26, 28, 31, 33, 45, 47, 47A, 48, 53, 58, 87, 95, 96, 257, 258, 259, 264.

ERM collected three types of samples: Indoor Air, Sub-Slab Vapor and Outdoor Air. Prior to the collection of the samples, the Indoor Air Quality Questionnaire and the Product Inventory form were completed for each indoor air sampling location. These forms are included as Appendix A.

ERM sampled indoor air at locations as specified in the WA and at locations modified and/or expanded in accordance with NYSDEC and NYSDOH instructions following site visits conducted during the field effort and review of preliminary data. ERM coordinated with Huron Management to identify and clear sampling locations and ensure that routine maintenance (i.e. cleaning, painting, etc.) would not be performed in the vicinity of areas where samples were being collected. Figure 2 depicts the buildings that were sampled during each of the three sampling rounds.

When feasible, concurrent with collection of the indoor air samples, ERM collected a soil vapor sample from beneath the concrete slab or basement floor adjacent to the indoor air sample location. Sub-slab sampling was intrusive and included the use of a hammer drill to install a temporary subsurface sampling point. In Buildings 18, 41, and 46, water was encountered beneath the slab at several locations where indoor air samples were collected. Sub-slab samples were therefore not collected at these locations.

Approximately 15 sample locations in Building 18 were identified to be OSHA defined "Confined Space". ERM utilized individuals who are properly trained for this type of entry to acquire samples from the confined space. Documentation of confined space field activities is included in Appendix A.

If floor tiles were encountered and suspected to contain asbestos, Huron personnel were contacted to assist in identifying an alternative area suitable for sample collection. If sample relocation was not feasible, Huron representatives removed the necessary tiles prior to sampling activities. The sub-slab sampling port was advanced through the concrete floor in the concrete area exposed by the removal of the floor tile and mastic. Upon completion of sampling in "tiled/carpeted" areas, Huron representatives assisted or instructed ERM in floor restoration activities.

At each building, the outdoor air samples were generally collected concurrently with the collection of the indoor and sub-slab vapor samples. Outdoor air samples were not collected at Buildings 19 and 258. Indoor air and sub-slab vapor samples for these two buildings should be compared to outdoor air samples collected for Buildings 39 and 257, respectively, because these samples were collected during similar time periods and are proximal to Buildings 19 and 258.

The WA indicated that sub-slab vapor samples were to be collected at a rate of one sample for every 2,500 square feet (where accessible) using techniques similar to those detailed in the Action Plan Groundwater Vapor Project (Sanborn, Head & Associates, December 30, 2002). Based on discussions during the 12-14 January 2005 site visit attended by the NYSDEC, NYSDOH, Huron and ERM, a deviation from the WA sub-slab vapor samples frequency was adopted. The revised field-sampling program consisted of sample locations selected during the site visit and included in the PSA Work Plan.

The table below summarizes the sampling locations, and identifies the locations of the 259 samples that were collected (see Figure 2).

ROUND I

BUILDING LOCATION	SAMPLE LOCATION	SAMPLE ID
Building 18	First Floor - Near Column F10	SS-018-1-01
		IA-018-1-01
	First Floor - Near Column A2	IA-018-1-02
	Crawlspace - Between Columns C9/D9 - in confined space tunnel	SS-018-B-01
		IA-018-B-01
	Crawlspace - Between Columns C7/B7 in confined space tunnel	SS-018-B-02
		IA-018-B-02
	Crawlspace - Between columns B5/C5 in confined space tunnel	SS-018-B-03
		IA-018-B-03
	Crawlspace - Between columns D5 and E5 in confined space tunnel	SS-018-B-04
		IA-018-B-04
	Crawlspace - Near column F7 in confined space tunnel	SS-018-B-05
		IA-018-B-05
	Crawlspace - Near column F4 in confined space tunnel	IA-018-B-06
	Crawlspace - Near column F3 in confined space tunnel	IA-018-B-07
	Crawlspace - Near column F1 in confined space tunnel	IA-018-B-08
	Crawlspace - Between columns C4 and D4 in confined space tunnel	SS-018-B-09
		IA-018-B-09
	Crawlspace - Between columns C3 and B3 in confined space tunnel	SS-018-B-10
		IA-018-B-10
	Crawlspace - Between columns C1 and D1 in confined space tunnel	SS-018-B-11
		IA-018-B-11
	Crawlspace - Near column A5 in confined space tunnel	SS-018-B-12
		IA-018-B-12
	Crawlspace - Near column A3 in confined space tunnel	SS-018-B-13
		IA-018-B-13
	Crawlspace -Near column A1 in confined space tunnel	SS-018-B-14
		IA-018-B-14
	Basement - Center of row 5 in Tank Room	SS-018-B-15A
		IA-018-B-15
	Basement - Between rows 5 and 6 in Tank Room	SS-018-B-16
		IA-018-B-16
	Basement - Center of row 8 in Tank Room	SS-018-B-17
		IA-018-B-17
Building 18 Continued	1st Floor - Between columns A8 and A9.	IA-018-1-03
	1st Floor - Between columns B5 and C6	IA-018-1-04

ROUND I

BUILDING LOCATION	SAMPLE LOCATION	SAMPLE ID
	1st Floor - Between columns C2 and D2	IA-018-1-05
	1st Floor - Near column F1	IA-018-1-06
	1st Floor - Between columns F4 and E5	IA-018-1-07
	1st Floor - Between columns D5 and D6	IA-018-1-08
	Outside - SW corner of Building 18	OA-018-G-02
	Basement - Center of row 9 in Tank Room	SS-018-B-18
		IA-018-B-18
	Outside - West side of Building 18	OA-018-G-01
Building 19	1st Floor - Storage area under bridge, near lawn equipment storage area	SS-019-1-01
		IA-019-1-01
	Outside - West Side of Bldg.	OA-019-G-01
Building 29	1st Floor - Center of bulb storage area	SS-029-1-01
		IA-029-1-01
	Outside - West side of building	OA-029-G-01
Building 39	Basement - Near column C7	SS-039-B-01
		IA-039-B-01
	Basement - Near column C2	SS-039-B-02
		IA-039-B-02
	Outside - Northwest side of building	OA-039-G-01
Building 40	1st Floor - NW portion of Building between columns B28/D28	SS-040-1-01
		IA-040-1-01
	1st floor - Offices A-L between columns E28 and G28	SS-040-1-02
		IA-040-1-02
	Basement - Near column C15	IA-040-B-01
	1st Floor - Near column G1	IA-040-1-03
	Basement - Near column C02	IA-040-B-02
	1st Floor - Near south auditorium doors	SS-040-1-03
		IA-040-1-04
	1st Floor - Office I002	SS-040-1-04
		IA-040-1-05
	Outside - South Side of Bldg.	OA-040-G-01
Building 41	Basement - Between columns M20 and O20	SS-041-B-01
		IA-041-B-01
	Basement - Between columns O23 and R23	SS-041-B-02
		IA -041-B-02
	Basement - Near column J23	SS-041-B-03

ROUND I

BUILDING LOCATION	SAMPLE LOCATION	SAMPLE ID
		IA-041-B-03
	Basement - Between columns B23 and D23	SS-041-B-04
		IA-041-B-04
	Basement - Near column F20	SS-041-B-05
		IA-041-B-05
	Basement - Near column F17	SS-041-B-6A
		IA-041-B-06
	Basement - Near column M17	SS-041-B-07
		IA-041-B-07
	Basement - Near column F13	SS-041-B-08
		IA-041-B-08
	Basement - Near column J11	SS-041-B-09
		IA-041-B-09
	Basement - Near column P11	SS-041-B-10
		IA-041-B-10
	Basement - Near column B8	SS-041-B-11
		IA-041-B-11
	Basement - Near column O7	SS-041-B-12
		IA-041-B-12
	Basement - Between columns B2 and C2	SS-041-B-13
		IA-041-B-13
	Basement - Between columns J2 and J3	SS-041-B-14
		IA-041-B-14
	Basement - Between columns R3 and B3	SS-041-B-15
		IA-041-B-15
	Outside - West Side of Bldg.	OA-041-G-01
Building 42	Basement - Near column B5 in office corridor	SS-042-B-01
		IA-042-B-01
	Basement - Near column B10 in office I019	SS-042-B-02
		IA-042-B-02
	Basement - Near column F3 in Credit Union office	SS-042-B-03
		IA-042-B-03
	Basement - Near column E9 in office H012	SS-042-B-04
		IA-042-B-04

ROUND I

BUILDING LOCATION	SAMPLE LOCATION	SAMPLE ID
Building 42 Continued	Basement - Near column H4 in corridor	SS-042-B-05
		IA-042-B-05
	Basement - Near column G9 in corridor	SS-042-B-06
		IA-042-B-06
	Basement - Near column L4 in cafeteria supply room	SS-042-B-07
		IA-042-B-07
	Basement - Near column L12 in GW Recovery/pump room	SS-042-B-08
		IA-042-B-08
	Outside - West side of Building	OA-042-G-01
Building 46	Basement -Near column Col. G33	SS-046-B-01
		IA-046-B-01
	Basement - Near column B 31	SS-046-B-02
		IA-046-B-02
	Basement - Between columns G26 and G27	SS-046-B-03
		IA-046-B-03
	Basement -Near column C26	SS-046-B-04
		IA-046-B-04
	Basement - Between columns G15 and F15	SS-046-B-05
		IA-046-B-05
	Basement -Between columns B15 and C15	SS-046-B-06
		IA-046-B-06
	Basement - Near column G6	SS-046-B-07
		IA-046-B-07
	Basement - Near column G6 (Resample of 46-B-07)	SS-046-1-7A
		IA-046-1-7A
	Basement -Near column D7	SS-046-B-08
		IA-046-B-08
	Basement - Near column G2	SS-046-B-09
		IA-046-B-09
	Basement - Near column C2	SS-046-B-10
		IA-046-B-10
	Outside - East side of Bldg.	OA-046-G-01

ROUND II

BUILDING LOCATION	SAMPLE LOCATION	SAMPLE ID
Building 22	Basement - In Office G-024	SS-022-B-01
		IA-022-B-01
	Basement - In Office K012 near Column 1	SS-022-B-02
		IA-022-B-02
	Outside - West Side of Bldg.	OA-022-G-01
Building 32	Basement - In corridor outside of electrical room beneath stairwell	SS-032-B-01
		IA-032-B-01
	Basement - In Office C004	SS-032-B-02
		IA-032-B-02
	Basement - Near Column G2	SS-032-B-03
		IA-032-B-03
	Outside - West side of building	OA-032-G-01
Building 57/57A	1st Floor - Office XB16	SS-057-1-01
		IA-057-1-01
	1st Floor -Meeting Room FC-17	SS-057-1-02
		IA-057-1-02
	1st Floor - Near column D14	SS-057-1-03
		IA-057-1-03
	1st Floor - Near column C18	SS-057-1-04
		IA-057-1-04
	1st Floor - Near column C20	SS-057-1-05
		IA-057-1-05
	Bldg 57A 1st Floor - Near column B.5-40	SS-57A-1-01
		IA-57A-1-01
	Outside - West Side of Bldg.	OA-057-G-01
Building 250	1st Floor - Office W002	SS-250-1-01
		IA-250-1-01
	1st Floor - Office L002	SS-250-1-02
		IA-250-1-02
	1st Floor - Office A004-C004	SS-250-1-03
		IA-250-1-03
	Outside - Between 250 and 256	OA-250-G-01
Building 256	1st Floor - Corner of SW Alcove, in front of stairwell	SS-256-1-01
		IA-256-1-01
	1st Floor - Adjacent to vending area	SS-256-1-02
		IA-256-1-02
	1st Floor - Outside of conference room 256-1 in hallway	SS-256-1-03
		IA-256-1-03
	Outside - NE of Bldg. 256	OA-256-G-01

ROUND III

BUILDING LOCATION	SAMPLE LOCATION	SAMPLE ID
Building 1	Basement - Old Condensate Pump Room	SS-001-B-01
		IA-001-B-01
	Outside - North Side of Bldg.	OA-001-G-01
Building 3	Basement - Near Column 15	SS-003-B-01
		IA-003-B-01
	Outside - East side of Building	OA-003-G-01
Building 4	Basement - In Office E-014	SS-004-B-01
		IA-004-B-01
	Outside - East side of Bldg.	OA-004-G-01
Building 8	Basement - Alcove across from vending machines	SS-008-B-01
		IA-008-B-01
	Outside - West side of Bldg.	OA-008-G-01
Building 14	Basement - Near Column L-4	SS-014-B-01
		IA-014-B-01
	Outside - North side of Bldg.	OA-014-G-01
Building 21	Basement - Near column 13/21-1	SS-021-B-01
		IA-021-B-01
	Outside - West side of Bldg. 4	OA-021-G-01
Building 23	Basement -Between columns 8 and 9	SS-023-B-01
		IA-023-B-01
	Outside - East side Bldg. 23	OA-023-G-01
Building 25	Basement - Near column 18	SS-025-B-01
		IA-025-B-01
	Outside - South side of Bldg.	OA-025-G-01
Building 26	Basement - East side of Johnson Controls locker area	SS-026-B-01
		IA-026-B-01
	Outside - North Side Bldg 20	OA-026-G-01
Building 28	Basement -Between columns 21 and 23	SS-028-B-01
		IA-028-B-01
	Outside - West side Bldg. 28	OA-028-G-01
Building 38	1st Floor - Near column E2	SS-038-1-01
		IA-038-1-01
	Outside - South Side Bldg. 38	OA-038-G-01
Building 45	Basement -Between columns 14 and 16	SS-045-B-01
		IA-045-B-01
	Outside - SE side of bldg.	OA-045-G-01
Building 47	1st Floor - Near Vending Area	SS-047-1-01
		IA-047-1-01
	1st Floor - Near column D3	SS-047-1-02
		IA-047-1-02
	Outside - South of Bldg.	OA-047-G-01

ROUND III

BUILDING LOCATION	SAMPLE LOCATION	SAMPLE ID
Building 47A	1st Floor - Near column F1/16	SS-47A-1-01
		IA-47A-1-01
	Outside - East side of Bldg.	OA-47A-G-01
Building 48	Basement - Near Column H9	SS-048-B-01
		IA-048-B-01
	Basement - Between columns L2 and M2	SS-048-B-02
		IA-048-B-02
	Outside - West side of bldg.	OA-48-G-01
Building 53	Basement -Near column F61	SS-053-B-01
		IA-053-B-01
	Outside - West side of bldg.	OA-053-G-01
Building 87	1st Floor - South side of break area	SS-087-1-01
		IA-087-1-01
	Outside - north side of bldg.	OA-087-G-01
Building 95	1st Floor -Offices, near door to warehouse	SS-095-1-01
		IA-095-1-01
	Outside - northwest of bldg.	OA-095-G-01
Building 96	Basement - West wall of office area, 26-ft north of stairway landing	SS-096-B-1A
		IA-096-B-01
	Outside - south side of bldg.	OA-096-G-01
Building 257	Basement - Between columns C4 and C5	SS-257-B-01
		IA-257-B-01
	Outside - Northwest of Building	OA-257-G-01
Building 258	Basement - In office 1D-22	SS-258-B-01
		IA-258-B-01
Building 259	1st Floor - Break room/vending area	SS-259-1-01
		IA-259-1-01
	Outside - East of Bldg.	OA-259-G-01
Building 264/268	Basement - Lower Level Elec/Maint area, beneath center stairwell	SS-268-B-01
		IA-268-B-01
	Outside - Northwest of Building	OA-268-G-01

ERM generally followed the sampling protocols in the Action Plan Groundwater Vapor Project (Sanborn, Head & Associates, December 30, 2002). This included such activities as using a photoionization detector (PID) as a general check for the presence of potential VOC vapors in advance of sampling. If VOC-containing items were encountered, they remained in place during sampling but were documented on the Product Inventory Form and photo-documented. The Indoor Air Quality Questionnaire was also completed prior to sample collection in order to document pertinent building and basement construction, Heating,

Ventilation and Air Conditioning System (HVAC), and occupancy information (Appendix A).

All Samples were collected using six liter Summa® canisters equipped with flow regulators. The canisters and flow regulators were certified clean by the laboratory prior to use. The samples were collected from areas determined by the NYSDEC and NYSDOH or in areas determined to be suitable by ERM field personnel and Huron representatives. The sample canisters were deployed after completion of the appropriate field forms and retrieved approximately 24-hours later.

2.2.2 *Sampling Protocols*

A general outline of the sampling procedures adopted from the Action Plan Groundwater Vapor Project (Sanborn, Head & Associates, December 30, 2002) is presented in the following sections.

2.2.2.1 *Sub-slab Soil Vapor Samples*

For sub-slab vapor samples, a 1-inch diameter hole was drilled approximately 1 to 2 inches into the concrete slab using an electric hammer drill. A ½-inch drill bit was used to drill through the remaining thickness of the slab and approximately 3 inches into the sub-slab material. A section of 1/4-inch O.D. Teflon™ tubing was installed to the bottom of the concrete slab. The annular space between the 1-inch hole and 1/4-inch tubing was sealed with melted beeswax. Stainless steel washers were placed around the Teflon™ tubing at the interface between the 1-inch and ½-inch hole to ensure that the beeswax did not enter the ½ -inch hole. Unless directed otherwise by the NYSDEC or Huron representatives, an attempt was made to locate the sub-slab vapor probe near the central portion of the slab away from the building edges. The Teflon™ tubing was purged into a 60 cubic centimeter (cc) syringe; the syringe was removed and capped so that the air purged from the tubing would not be released to the indoor air. The Teflon™ tubing was then attached to the sampling canister via a 24-hour flow controller. The initial and final vacuum in the SUMMA® canister utilized for the sampling at each point was recorded to assess any leakage that may have occurred during transport.

2.2.2.2 *Indoor Air Samples*

For indoor air samples the intake was placed at breathing zone heights of approximately 3 to 5-feet above the floor. As practical, based on building features, the samples were typically collected in a central location away from outside windows or doors. At the time of retrieval, any noticeable changes in the condition of the sampling area, such as open windows or

doors, operation of the heating/ventilation system, or condition or location of items in proximity to the canister was noted on the sampling form. The initial and final vacuum in the SUMMA® canister was recorded to assess any leakage that may have occurred during transport. The samples were analyzed for VOCs utilizing EPA Method TO-15 as described in section 2.2.2.4.

2.2.2.3 Outdoor Air Samples

The outdoor air samples were collected at each building sampled concurrently with the collection of the indoor and sub-slab vapor samples. These samples were collected from an upgradient point in the upwind direction near each building. To the extent allowed by site features, the air samples were collected about 5 to 15 feet from each building and away from "windbreaks" such as bushes or fences. Prior to sample commencement, the area was checked for visible items or materials that may have produced or emitted environmental contaminants of concern and interfered with the analytical laboratory analysis of the collected sample (e.g., fuel oil storage tanks, gasoline [including gasoline-powered vehicles/equipment], paint storage, etc.). Any questionable items were noted on the sampling form and documented with digital photographs. In addition, PID readings were taken in the location intended for sampling to preliminarily assess for the potential presence of VOCs (note that the detection limits for the laboratory analyses that were performed on the samples collected are considerably lower than the detection limits of the PID). PID readings were recorded on the sampling form as was the initial and final vacuum in the SUMMA® canister to assess any leakage that may have occurred during transport.

2.2.2.4 Sample Analysis

All samples were analyzed for the following constituents

- 1,1,2-trichloro-1,2,2-trifluoroethane (Freon-113)
- 1,1,1-Trichloroethane (MCF)
- Dichloromethane (MC)
- Tetrachloroethylene (PCE)
- Trichloroethylene (TCE)
- Vinyl Chloride (VC)
- 1,1-dichloroethane (1,1-DCA)
- 1,1-dichloroethylene (1,1-DCE)

- cis 1,2-dichloroethene (1,2-DCE cis)
- trans 1,2-dichloroethene (1,2-DCE trans)
- Chloroethane

Air Toxics, Ltd., a laboratory with current Environmental Laboratory Approval Program (ELAP) certification, performed analysis. For indoor and outdoor air samples, the laboratory achieved a laboratory-reporting limit of 1 ug/m^3 for all of the constituents with the exception of TCE, which was 0.25 ug/m^3. TO-15 Selective Ion Monitoring (SIM) was used to achieve the lower TCE detection limits if TCE was initially non-detect through TO-15 analysis. For sub-slab vapor and soil gas samples, the laboratory achieved a laboratory-reporting limit of 1 ug/m^3 for all of the analytical constituents, including TCE.

Analytical results for all air samples are included in the Data Usability Summary Report (DUSR), included in Appendix B.

2.2.3 *Subtask 2C Data Validation/Usability Report*

All laboratory data was reviewed, validated and qualified as necessary to assess data usability by direct comparison to the specified data quality objectives and/or procedures set forth in the QAPP. An independent third party validator, Environmental Data Services, Inc. (EDS) conducted the data validation. EDS certified that the data packages for the samples collected at the Site contained all the required deliverables consistent with the requirements of the USEPA Region II Data Validation SOP HW-18 and requirements specified in the USEPA Analytical Method TO-15. The data was validated by EDS according to the protocols and quality control requirements of the analytical methods, the USEPA Region II Data validation SOP HW-18, Volatile Organic Analysis of Ambient Air In Canister, April 1994, Revision 0, and the reviewer's professional judgment. EDS concluded that the data was valid and usable with qualifications noted in the DUSR.

ERM's Quality Assurance Officer conducted a Usability Analysis. A Data Usability Report with attached Data Validation Reports from the third party reviewer, along with "Category B Deliverables" for all laboratory analytical work has been compiled in a relational database using GISKey Software and is included as Appendix B.

2.2.4 *Subtask 2D: Map Development*

A base map of the site is included as Figure 2. In addition Huron provided floor plans of buildings included in the Site investigation. The approximate location of each indoor air, sub-slab vapor and outdoor air sample location is depicted on these plans and included in Appendix C.

3.0 SOIL VAPOR, INDOOR AND OUTDOOOR AIR DATA

The results of the soil vapor and air sampling are discussed below.

3.1 RESULTS

The analytical results for the study are summarized as follows within the Tables and Figures of this report.

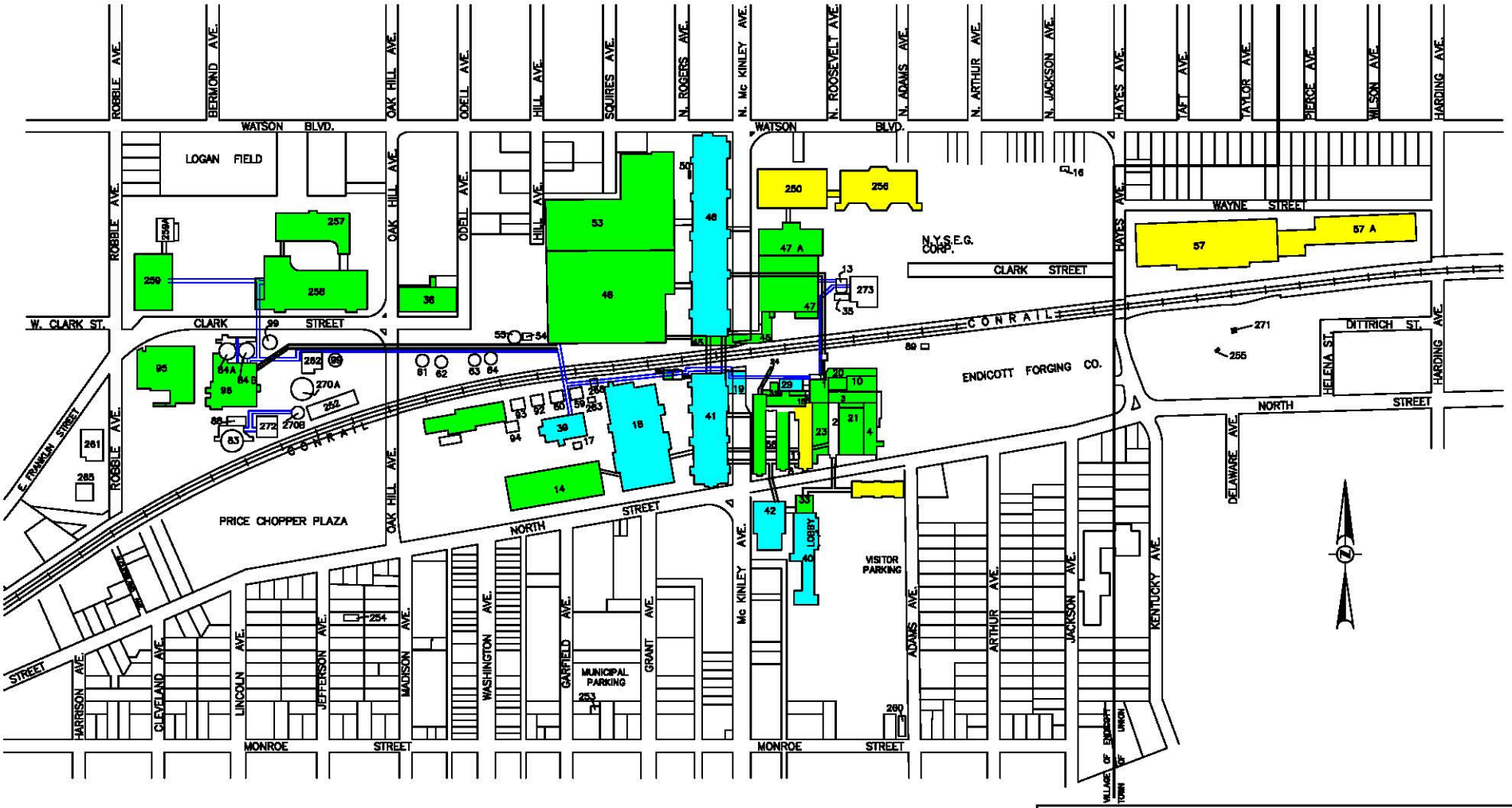
Table 1 summarizes the analytical results for all buildings sampled within this Study (ordered by building) including sub-slab, indoor and outdoor air samples. Each sampling result includes a description of where the sample was collected, the type of sample, i.e., sub-slab vapor, indoor air or outdoor air and the sample identification number. [Note that a comprehensive data table containing all analytical results including method-reporting limits is included in Appendix B.]

Figure 1 identifies the buildings sampled within the Study.

Figure 2 presents the sample identifications for each sample collected within the buildings.

Figures 3 – 7 contain spider diagrams for Building 18, Building 40-42-39-19-29, Buildings 41 and 46, Round 2 buildings and Round 3 buildings, respectively. The spider diagrams graphically present the data contained within Table 1. Sample identification numbers identify each sample and the date the sample was collected, a leader links the sample results to the site at which it was collected in a particular building. The analytical results presented on the figures are only for the compounds detected in a particular sample, i.e., compounds present in the sample above the applicable reporting limit for the sample. Each figure also contains a table that provides a description of the sampling location for each sample identification number.

FIGURES



ENDICOTT– SITE PLAN

- HURON PROPERTIES
- PIPE TRESTLE
- TUNNEL
- ROUND 1 SAMPLING
- ROUND 2 SAMPLING
- ROUND 3 SAMPLING

SCALE

0' 200' 400' 600'

TITLE

SITE LOCATION
FORMER IBM ENDICOTT SITE NO. 7–04–014
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION WORK ASSIGNMENT D003970–24

PREPARED FOR

NYSDEC – ENDICOTT, NY

ERM Environmental Resources Management

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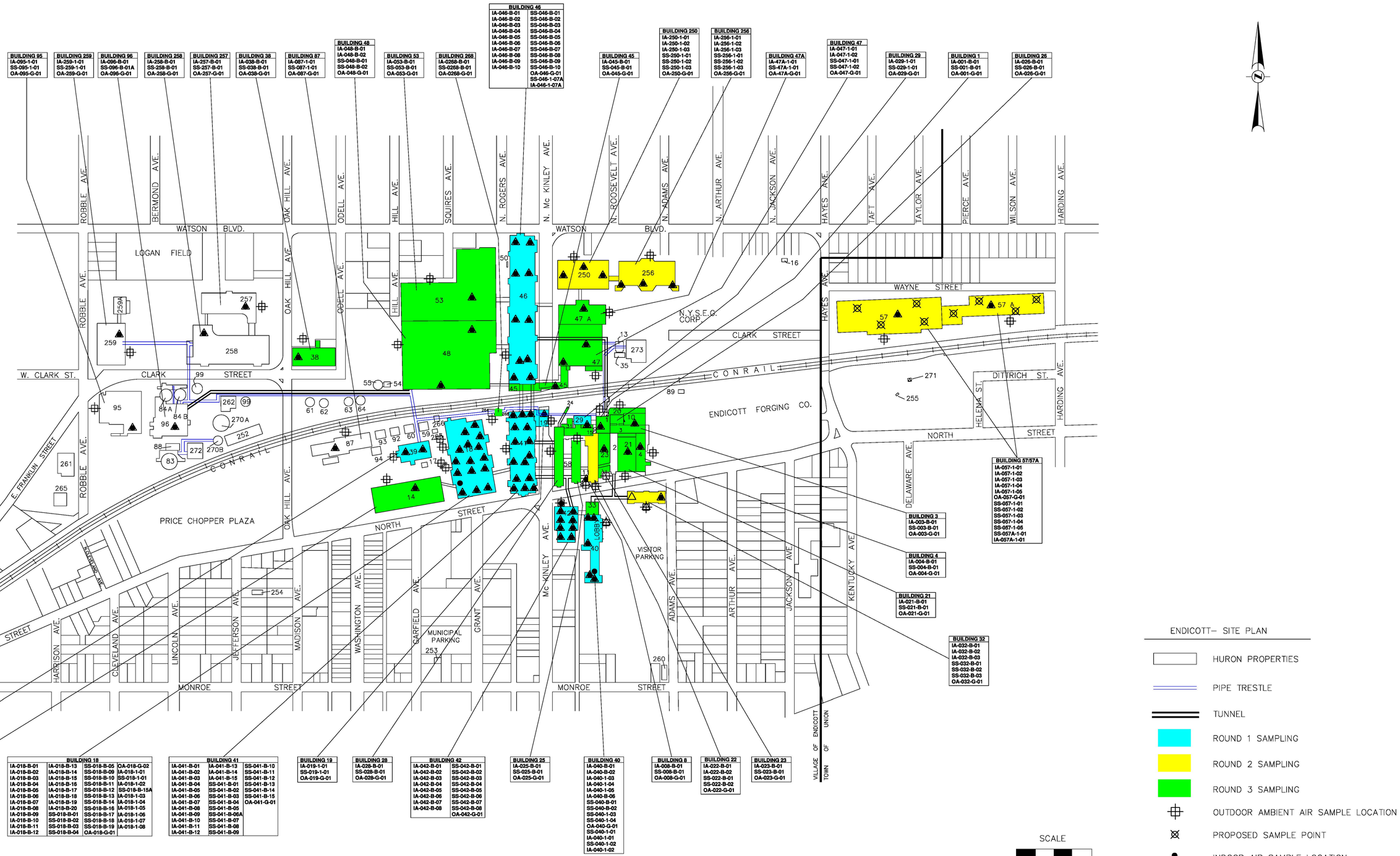
			DATE 9/15/05	



NO.	DATE	APPR.	REVISION	NO.	DATE	APPR.	REVISION

NYSDEC

ENDICOTT, NEW YORK

ERM Environmental Resources Management

CHECKED	DATE
DESIGN ENGINEER	
PROJECT ENGINEER	
PROJECT MANAGER	
APPROVED	
APPROVED	

SAMPLE IDENTIFICATION MAP
FORMER IBM ENDICOTT SITE NO. 7–04–014
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION WORK ASSIGNMENT D003970–24

DRAWN	DATE	REVISED DATE
EMF	2/1/05	
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GRAPHIC	0026649	0026649–00–001

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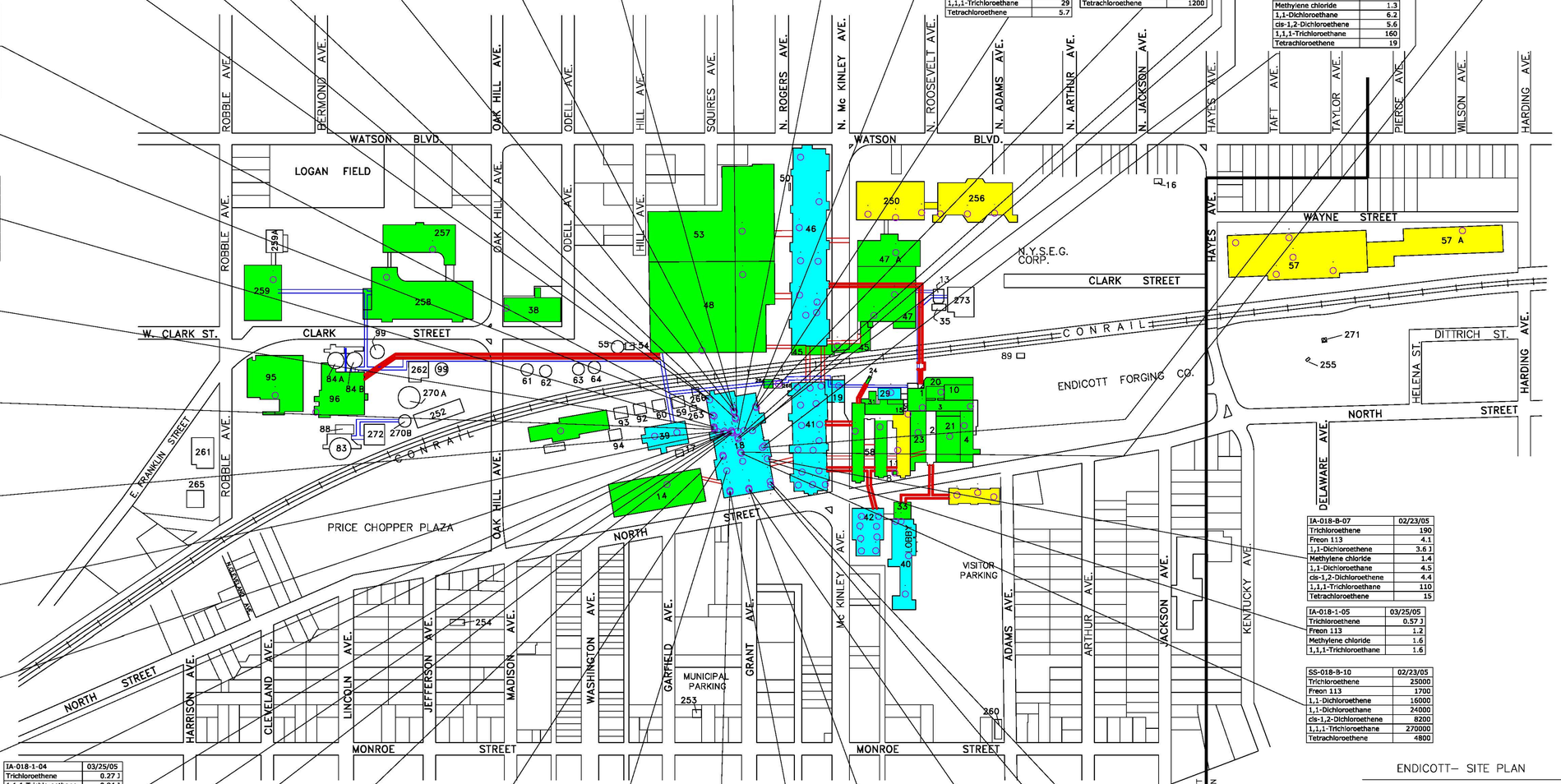

SS-018-B-18	02/23/05
Trichloroethene	3000
Freon 113	1900
cis-1,2-Dichloroethene	1900
1,1,1-Trichloroethane	410
Tetrachloroethene	64000

SS-018-B-02	02/23/05
Trichloroethene	37000
Freon 113	3300
1,1-Dichloroethene	3700
1,1-Dichloroethane	740
cis-1,2-Dichloroethene	4500
1,1,1-Trichloroethane	89000
Tetrachloroethene	7100

SS-018-B-01	02/23/05
Trichloroethene	18000
Freon 113	7600
1,1-Dichloroethene	5600
1,1-Dichloroethane	1000
cis-1,2-Dichloroethene	20000
1,1,1-Trichloroethane	140000
Tetrachloroethene	23000

SS-018-1-01	02/24/05
Trichloroethene	5700
Freon 113	35000
1,1,1-Trichloroethane	1100
Tetrachloroethene	6000

IA-018-B-01	02/23/05
Trichloroethene	7.8
Freon 113	2.6
1,1-Dichloroethene	0.69
Methylene chloride	1.5
cis-1,2-Dichloroethene	1.5
1,1,1-Trichloroethane	12
Tetrachloroethene	7.2

IA-018-B-02	02/23/05
Trichloroethene	7.4
Freon 113	2.6
1,1-Dichloroethene	0.64
Methylene chloride	1.4
cis-1,2-Dichloroethene	1.8
1,1,1-Trichloroethane	12
Tetrachloroethene	8.1

IA-018-1-08	03/25/05
Trichloroethene	0.20 J

IA-018-1-03	03/25/05
Trichloroethene	0.17 J
1,1,1-Trichloroethane	0.87

SS-018-B-04	02/23/05
Trichloroethene	77000
Freon 113	310
1,1-Dichloroethene	650
1,1-Dichloroethane	930
cis-1,2-Dichloroethene	470
1,1,1-Trichloroethane	17000
Tetrachloroethene	1000

IA-018-1-07	03/25/05
Trichloroethene	0.46 J
Tetrachloroethene	1.6

SS-018-B-09	02/23/05
Trichloroethene	38000
1,1-Dichloroethene	2600
1,1-Dichloroethane	1400
cis-1,2-Dichloroethene	1900
1,1,1-Trichloroethane	59000
Tetrachloroethene	2200

IA-018-B-09	02/23/05
Trichloroethene	27
Freon 113	6.1
1,1-Dichloroethene	2.4
Methylene chloride	1.5
1,1-Dichloroethane	1.0
cis-1,2-Dichloroethene	3.8
1,1,1-Trichloroethane	54
Tetrachloroethene	15

IA-018-B-10	02/23/05
Trichloroethene	48
Freon 113	14
1,1-Dichloroethene	12
Methylene chloride	1.5
1,1-Dichloroethane	3.3
cis-1,2-Dichloroethene	12
1,1,1-Trichloroethane	300
Tetrachloroethene	34

IA-018-B-18	02/23/05
Trichloroethene	56
Vinyl chloride	4.9
Chloroethane	5.5
Freon 113	29
1,1-Dichloroethene	5.9 J
Methylene chloride	2.5
1,1-Dichloroethane	7.7
cis-1,2-Dichloroethene	15
1,1,1-Trichloroethane	660
Tetrachloroethene	180

IA-018-B-05	02/23/05
Trichloroethene	45
Freon 113	1.5
1,1-Dichloroethene	0.83
Methylene chloride	1.5
1,1-Dichloroethane	1.9
cis-1,2-Dichloroethene	1.5
1,1,1-Trichloroethane	29
Tetrachloroethene	5.7

SS-018-B-05	02/23/05
Trichloroethene	21000
1,1-Dichloroethene	180
1,1-Dichloroethane	1200
cis-1,2-Dichloroethene	320
1,1,1-Trichloroethane	8300
Tetrachloroethene	1200

IA-018-B-06	02/23/05
Trichloroethene	260
Freon 113	4.6
1,1-Dichloroethene	5.6
Methylene chloride	1.3
1,1-Dichloroethane	6.2
cis-1,2-Dichloroethene	5.6
1,1,1-Trichloroethane	160
Tetrachloroethene	19

IA-018-B-17	02/23/05
Trichloroethene	150
Vinyl chloride	15
Chloroethane	16
Freon 113	69
1,1-Dichloroethene	20 J
1,1-Dichloroethane	22
cis-1,2-Dichloroethene	35
1,1,1-Trichloroethane	1700
Tetrachloroethene	180

SS-018-B-17	02/23/05
Trichloroethene	1500
Freon 113	520
cis-1,2-Dichloroethene	320
1,1,1-Trichloroethane	270
Tetrachloroethene	20000

SS-018-B-16	02/24/05
Trichloroethene	6700
Freon 113	1100
1,1-Dichloroethene	68 J
trans-1,2-Dichloroethene	29
1,1-Dichloroethane	100
cis-1,2-Dichloroethene	80
1,1,1-Trichloroethane	2100
Tetrachloroethene	5500

IA-018-B-16	02/23/05
Trichloroethene	6.2
Chloroethane	0.58
Freon 113	3.4
1,1-Dichloroethene	0.61 J
1,1-Dichloroethane	0.84
cis-1,2-Dichloroethene	1.2
1,1,1-Trichloroethane	23
Tetrachloroethene	4.1

SS-018-B-15A	03/16/05
Trichloroethene	8200
Freon 113	3000
1,1-Dichloroethene	96
trans-1,2-Dichloroethene	72
1,1-Dichloroethane	100
cis-1,2-Dichloroethene	210
1,1,1-Trichloroethane	3600
Tetrachloroethene	14000 J

IA-018-B-15	02/23/05
Trichloroethene	6.2
Freon 113	3.4
1,1-Dichloroethene	0.73 J
Methylene chloride	1.1
1,1-Dichloroethane	0.84
cis-1,2-Dichloroethene	1.0
1,1,1-Trichloroethane	24
Tetrachloroethene	4.1

IA-018-B-12	02/23/05
Trichloroethene	6.0
Freon 113	4.1
Methylene chloride	1.8
1,1-Dichloroethane	0.58 J
cis-1,2-Dichloroethene	0.94
1,1,1-Trichloroethane	21
Tetrachloroethene	6.3

SS-018-B-12	02/23/05
Trichloroethene	590
Freon 113	180
1,1-Dichloroethene	100 J
trans-1,2-Dichloroethene	9.3 J
1,1-Dichloroethane	69
cis-1,2-Dichloroethene	28
1,1,1-Trichloroethane	2200
Tetrachloroethene	940

IA-018-B-07	02/23/05
Trichloroethene	190
Freon 113	4.1
1,1-Dichloroethene	3.6 J
Methylene chloride	1.4
1,1-Dichloroethane	4.5
cis-1,2-Dichloroethene	4.4
1,1,1-Trichloroethane	110
Tetrachloroethene	15

IA-018-1-05	03/25/05
Trichloroethene	0.57 J
Freon 113	1.2
Methylene chloride	1.6
1,1,1-Trichloroethane	1.6

SS-018-B-10	02/23/05
Trichloroethene	25000
Freon 113	1700
1,1-Dichloroethene	16000
1,1-Dichloroethane	24000
cis-1,2-Dichloroethene	8200
1,1,1-Trichloroethane	270000
Tetrachloroethene	4800

IA-018-B-03	02/23/05
Trichloroethene	19
Freon 113	7.2
1,1-Dichloroethene	2.2
Methylene chloride	1.7
1,1-Dichloroethane	1.2
cis-1,2-Dichloroethene	2.9
1,1,1-Trichloroethane	70
Tetrachloroethene	33

IA-018-1-04	03/25/05
Trichloroethene	0.27 J
1,1,1-Trichloroethane	0.84 J

IA-018-B-04	02/23/05
Trichloroethene	200
Freon 113	3.9
1,1-Dichloroethene	3.5
Methylene chloride	1.8
1,1-Dichloroethane	5.4
cis-1,2-Dichloroethene	5.0
1,1,1-Trichloroethane	110
Tetrachloroethene	16

SS-018-B-03	02/23/05
Trichloroethene	7700
Freon 113	35000
1,1-Dichloroethene	7500
1,1-Dichloroethane	1100
cis-1,2-Dichloroethene	9700
1,1,1-Trichloroethane	140000
Tetrachloroethene	38000

IA-018-1-01	02/24/05
Trichloroethene	0.28 J
Freon 113	1.5

IA-018-B-13	02/23/05
Trichloroethene	9.4
Freon 113	9.0
1,1-Dichloroethene	3.5 J
Methylene chloride	1.7
1,1-Dichloroethane	1.2
cis-1,2-Dichloroethene	2.5
1,1,1-Trichloroethane	95
Tetrachloroethene	25

SS-018-B-13	02/23/05
Trichloroethene	940
Freon 113	4300
1,1-Dichloroethene	45 J
trans-1,2-Dichloroethene	8.9
1,1-Dichloroethane	17
cis-1,2-Dichloroethene	78
1,1,1-Trichloroethane	1000
Tetrachloroethene	990

IA-018-1-02	02/24/05
Trichloroethene	1.9
Freon 113	1.4
Methylene chloride	1.3
1,1-Dichloroethane	1.1
1,1,1-Trichloroethane	7.6
Tetrachloroethene	1.5

SS-018-B-14	02/23/05
Trichloroethene	740
Vinyl chloride	120
Freon 113	200
1,1-Dichloroethene	1800
1,1-Dichloroethane	750
cis-1,2-Dichloroethene	3000
1,1,1-Trichloroethane	24000
Tetrachloroethene	830

IA-018-B-14	02/23/05
Trichloroethene	9.6
Freon 113	8.0
1,1-Dichloroethene	3.4 J
Methylene chloride	1.9
1,1-Dichloroethane	1.4
cis-1,2-Dichloroethene	3.6
1,1,1-Trichloroethane	96
Tetrachloroethene	24

SS-018-B-11	02/23/05
Trichloroethene	22000
Chloroethane	3800
Freon 113	4300
1,1-Dichloroethene	28000
1,1-Dichloroethane	85000
cis-1,2-Dichloroethene	15000
1,1,1-Trichloroethane	430000
Tetrachloroethene	7700

IA-018-B-11	02/23/05
Trichloroethene	49
Freon 113	17
1,1-Dichloroethene	18 J
1,1-Dichloroethane	7.6
cis-1,2-Dichloroethene	12
1,1,1-Trichloroethane	400
Tetrachloroethene	32

IA-018-B-08	02/23/05
Trichloroethene	160
Freon 113	3.1
1,1-Dichloroethene	3.7 J
1,1-Dichloroethane	4.6
cis-1,2-Dichloroethene	5.3
1,1,1-Trichloroethane	95
Tetrachloroethene	13

IA-018-1-06	03/25/05
Trichloroethene	0.53 J
Tetrachloroethene	1.7

ENDICOTT– SITE PLAN

- HURON PROPERTIES
- PIPE TRESTLE
- TUNNEL
- ROUND 1 SAMPLING
- ROUND 2 SAMPLING
- ROUND 3 SAMPLING

VOC VOLATILE ORGANIC COMPOUND

ug/m^3 MICROGRAMS PER CUBIC METER

SAMPLE ID	DATE SAMPLED
VOCs DETECTED	CONCENTRATION (ug/m^3)

SCALE

0' 200' 400'

Sample ID	ActualSample Location
SS-018-1-01	First Floor, near Column F10
IA-018-1-01	First Floor, near Column A2
IA-018-1-02	Crawlspace - Between Columns C9/D9 - in confined space tunnel
SS-018-B-01	Crawlspace - Between Columns C7/B7 in confined space tunnel
IA-018-B-01	Crawlspace - Between columns B5/C5 in confined space
SS-018-B-02	Crawlspace - Between columns D5 and E5 in confined space tunnel
IA-018-B-02	Crawlspace - Near column F7 in confined space tunnel
SS-018-B-03	Crawlspace - Near column F4 in confined space tunnel
IA-018-B-03	Crawlspace - Near column F3 in confined space tunnel
SS-018-B-04	Crawlspace - Near column F1 in confined space tunnel
IA-018-B-04	Crawlspace - Between columns C4 and D4 in confined space tunnel
SS-018-B-05	Crawlspace - Between columns C3 and B3 in confined space tunnel
IA-018-B-05	Crawlspace - Between columns C1 and D1 in confined space tunnel
IA-018-B-06	Crawlspace - Near column A5 in confined space tunnel
SS-018-B-09	Crawlspace - Near column A3 in confined space tunnel
IA-018-B-09	Crawlspace - Near column A1 in confined space tunnel
SS-018-B-10	Basement - Center of row 5 in Tank Room
IA-018-B-10	Basement - Center of row 5 in Tank Room
SS-018-B-11	Basement - Between rows 5 and 6 in Tank Room
IA-018-B-11	Basement - Center of row 8 in Tank Room
SS-018-B-12	1st Floor - Between columns A8 and A9
IA-018-B-12	1st Floor - Between columns B5 and C6
SS-018-B-13	1st Floor - Between columns C2 and D2
IA-018-B-13	1st Floor - Near column F1
SS-018-B-14	1st Floor - Between columns F4 and E5
IA-018-B-14	1st Floor - Between columns D5 and D6
SS-018-B-15	Outside - SW corner of Building 18
IA-018-B-15	Basement- Center of row 9 in Tank Room
SS-018-B-15A	Outside - West side of Building 18
SS-018-B-16	
IA-018-B-16	
SS-018-B-17	
IA-018-B-17	
SS-018-B-18	
IA-018-B-18	
OA-018-G-01	
OA-018-G-02	
IA-018-1-06	
IA-018-1-07	
IA-018-1-08	
IA-018-1-05	
IA-018-1-04	
IA-018-1-03	

NO.	DATE	APPR.	REVISION	NO.	DATE	APPR.	REVISION

NYSDEC

ENDICOTT, NEW YORK

ERM Environmental Resources Management

CHECKED		DATE
DESIGN ENGINEER		
PROJECT ENGINEER		
PROJECT MANAGER		
APPROVED		
APPROVED		

VOLATILE ORGANIC COMPOUND SAMPLING RESULTS DETECTED COMPOUNDS BUILDING 18

DRAWN	DATE	REVISED DATE
EMF	9/14/05	
SCALE: GRAPHIC	JOB NO.: 0026649	FILE NAME: 0026649-00-001 Bldg 18 (9-14-05)

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REV. NO.

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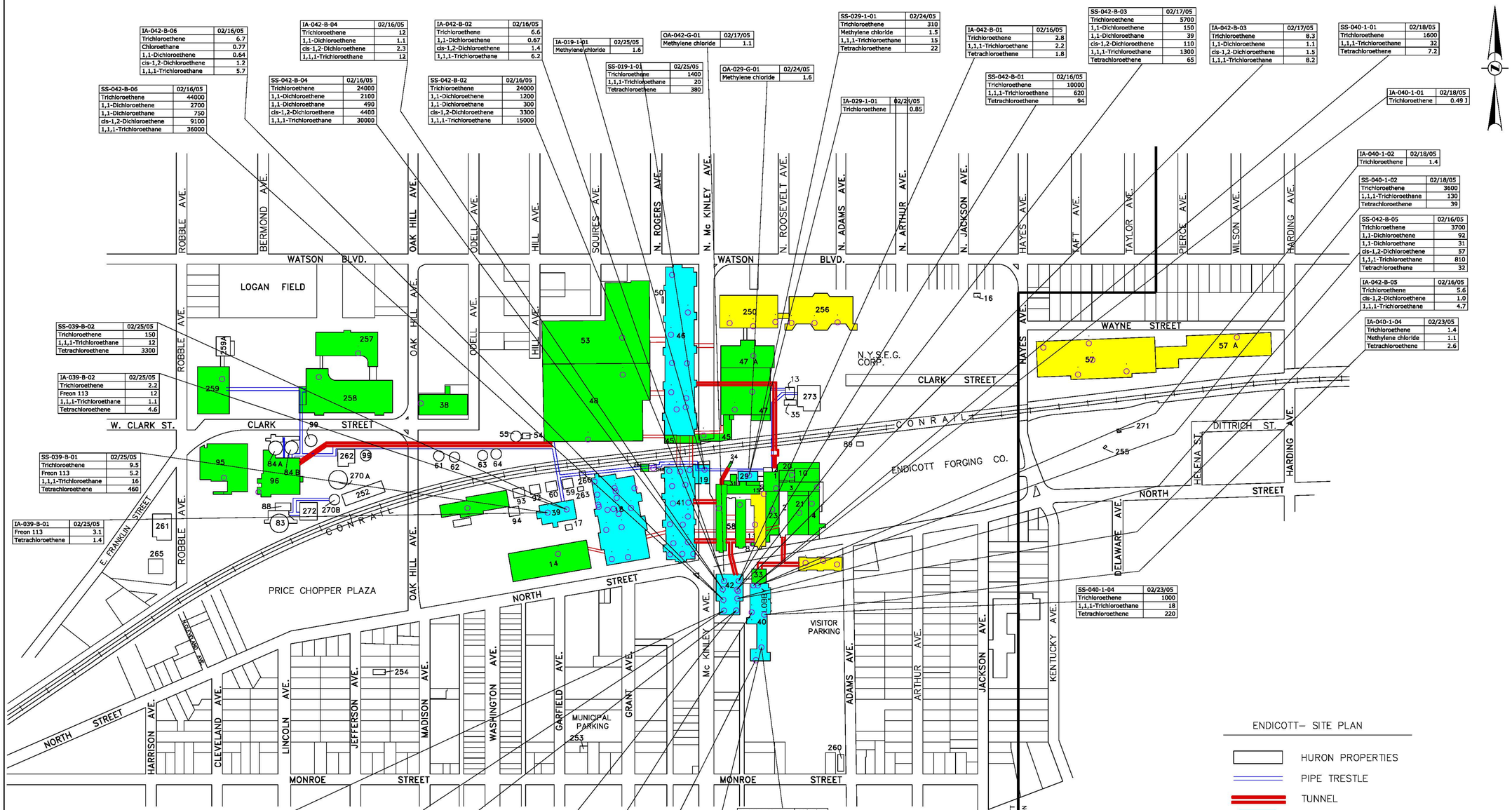


IA-042-B-06	02/16/05
Trichloroethene	6.7
Chloroethane	0.77
1,1-Dichloroethene	0.64
cis-1,2-Dichloroethene	1.2
1,1,1-Trichloroethane	5.7

SS-042-B-06	02/16/05
Trichloroethene	44000
1,1-Dichloroethene	2700
1,1-Dichloroethane	750
cis-1,2-Dichloroethene	9100
1,1,1-Trichloroethane	36000

IA-042-B-04	02/16/05
Trichloroethene	12
1,1-Dichloroethene	1.1
cis-1,2-Dichloroethene	2.3
1,1,1-Trichloroethane	12

SS-042-B-04	02/16/05
Trichloroethene	24000
1,1-Dichloroethene	2100
1,1-Dichloroethane	490
cis-1,2-Dichloroethene	4400
1,1,1-Trichloroethane	30000

IA-042-B-02	02/16/05
Trichloroethene	6.6
1,1-Dichloroethene	0.67
cis-1,2-Dichloroethene	1.4
1,1,1-Trichloroethane	6.2

SS-042-B-02	02/16/05
Trichloroethene	24000
1,1-Dichloroethene	1200
1,1-Dichloroethane	300
cis-1,2-Dichloroethene	3300
1,1,1-Trichloroethane	15000

IA-019-1-01	02/25/05
Methylene chloride	1.6

SS-019-1-01	02/25/05
Trichloroethene	1400
1,1,1-Trichloroethane	20
Tetrachloroethene	380

OA-042-G-01	02/17/05
Methylene chloride	1.1

OA-029-G-01	02/24/05
Methylene chloride	1.6

SS-029-1-01	02/24/05
Trichloroethene	310
Methylene chloride	1.5
1,1,1-Trichloroethane	15
Tetrachloroethene	22

IA-029-1-01	02/25/05
Trichloroethene	0.85

IA-042-B-01	02/16/05
Trichloroethene	2.8
1,1,1-Trichloroethane	2.2
Tetrachloroethene	1.8

SS-042-B-01	02/16/05
Trichloroethene	10000
1,1,1-Trichloroethane	620
Tetrachloroethene	94

SS-042-B-03	02/17/05
Trichloroethene	5700
1,1-Dichloroethene	150
1,1-Dichloroethane	39
cis-1,2-Dichloroethene	110
1,1,1-Trichloroethane	1300
Tetrachloroethene	65

IA-042-B-03	02/17/05
Trichloroethene	8.3
1,1-Dichloroethene	1.1
cis-1,2-Dichloroethene	1.5
1,1,1-Trichloroethane	8.2

SS-040-1-01	02/18/05
Trichloroethene	1600
1,1,1-Trichloroethane	32
Tetrachloroethene	7.2

IA-040-1-01	02/18/05
Trichloroethene	0.49 J

IA-040-1-02	02/18/05
Trichloroethene	1.4

SS-040-1-02	02/18/05
Trichloroethene	3600
1,1,1-Trichloroethane	130
Tetrachloroethene	39

SS-042-B-05	02/16/05
Trichloroethene	3700
1,1-Dichloroethene	92
1,1-Dichloroethane	31
cis-1,2-Dichloroethene	57
1,1,1-Trichloroethane	810
Tetrachloroethene	32

IA-042-B-05	02/16/05
Trichloroethene	5.6
cis-1,2-Dichloroethene	1.0
1,1,1-Trichloroethane	4.7

IA-040-1-04	02/23/05
Trichloroethene	1.4
Methylene chloride	1.1
Tetrachloroethene	2.6

SS-039-B-02	02/25/05
Trichloroethene	150
1,1-Trichloroethane	12
Tetrachloroethene	3300

IA-039-B-02	02/25/05
Trichloroethene	2.2
Freon 113	12
1,1,1-Trichloroethane	1.1
Tetrachloroethene	4.6

SS-039-B-01	02/25/05
Trichloroethene	9.5
Freon 113	5.2
1,1,1-Trichloroethane	16
Tetrachloroethene	460

IA-039-B-01	02/25/05
Freon 113	3.1
Tetrachloroethene	1.4

SS-040-1-04	02/23/05
Trichloroethene	1000
1,1,1-Trichloroethane	18
Tetrachloroethene	220

IA-042-B-08	02/17/05
Trichloroethene	14
1,1-Dichloroethene	1.4
cis-1,2-Dichloroethene	2.2
1,1,1-Trichloroethane	11

SS-042-B-08	02/17/05
Trichloroethene	21000
1,1-Dichloroethene	1400
1,1-Dichloroethane	300
cis-1,2-Dichloroethene	3100
1,1,1-Trichloroethane	12000

SS-042-B-07	02/17/05
Trichloroethene	130 J
1,1-Dichloroethene	0.72 J
Methylene chloride	1.2 J
1,1-Dichloroethane	0.60 J
cis-1,2-Dichloroethene	2.1 J
1,1,1-Trichloroethane	7.8 J
Tetrachloroethene	1.3 J

IA-042-B-07	02/17/05
Trichloroethene	5.0
cis-1,2-Dichloroethene	1.1
1,1,1-Trichloroethane	3.5

IA-040-B-01	02/17/05
Trichloroethene	0.25 J

IA-040-1-05	02/23/05
Trichloroethene	0.95

SS-040-1-03	02/23/05
Trichloroethene	4000
1,1-Dichloroethane	18
1,1,1-Trichloroethane	170
Tetrachloroethene	670

IA-040-1-03	02/17/05
Trichloroethene	1.0
Tetrachloroethene	1.1

SCALE

0' 200' 400'

ENDICOTT– SITE PLAN

- HURON PROPERTIES
- PIPE TRESTLE
- TUNNEL
- ROUND 1 SAMPLING
- ROUND 2 SAMPLING
- ROUND 3 SAMPLING

VOC VOLATILE ORGANIC COMPOUND

ug/m³ MICROGRAMS PER CUBIC METER

SAMPLE ID	DATE SAMPLED
VOCs DETECTED	CONCENTRATION (ug/m³)

Sample ID	Actual Sample Location
SS-019-1-01	1st Floor - Storage area
IA-019-1-01	under bridge, near lawn
OA-019-G-01	Outside - West Side of Bldg.
SS-029-1-01	1st Floor - Center of bulb
IA-029-1-01	storage area
OA-029-G-01	Outside - West side of building
SS-039-B-01	Basement - Near column
IA-039-B-01	C7
SS-039-B-02	Basement - Near column
IA-039-B-02	C2
OA-039-G-01	Outside - Northwest side of building
SS-040-1-01	1st Floor - NW portion of
IA-040-1-01	Bldg.
SS-040-1-02	1st floor - offices A-L
IA-040-1-02	between columns E28 and
	Basement - near column
IA-040-B-01	C15
	1st Floor Col. G1
IA-040-1-03	IA ONLY
	Basement - near column
IA-040-B-02	C02
SS-040-1-03	1st Floor - near south
IA-040-1-04	auditorium doors
SS-040-1-04	1st Floor - Office I002
IA-040-1-05	
OA-040-G-01	Outside - South Side of Bldg.
SS-041-B-01	Basement - Between
SS-042-B-01	Basement - near column
IA-042-B-01	B5 in office corridor
SS-042-B-02	Basement - Near column
IA-042-B-02	B10 in office I019
SS-042-B-03	Basement - Near column
IA-042-B-03	F3 in Credit Union office
SS-042-B-04	Basement - Near column
IA-042-B-04	E9 in office H012
SS-042-B-05	Basement - near column
IA-042-B-05	H4 in corridor
SS-042-B-06	Basement - near column
IA-042-B-06	G9 in corridor
SS-042-B-07	Basement - Near column
IA-042-B-07	L4 in cafeteria supply room
SS-042-B-08	Basement - Near column
IA-042-B-08	L12 in GW Recovery/pump
OA-042-G-01	Outside - West side of Building

NO.	DATE	APPR.	REVISION	NO.	DATE	APPR.	REVISION

NYSDEC

ENDICOTT, NEW YORK

ERM Environmental Resources Management

CHECKED	DATE
DESIGN ENGINEER	
PROJECT ENGINEER	
PROJECT MANAGER	
APPROVED	
APPROVED	

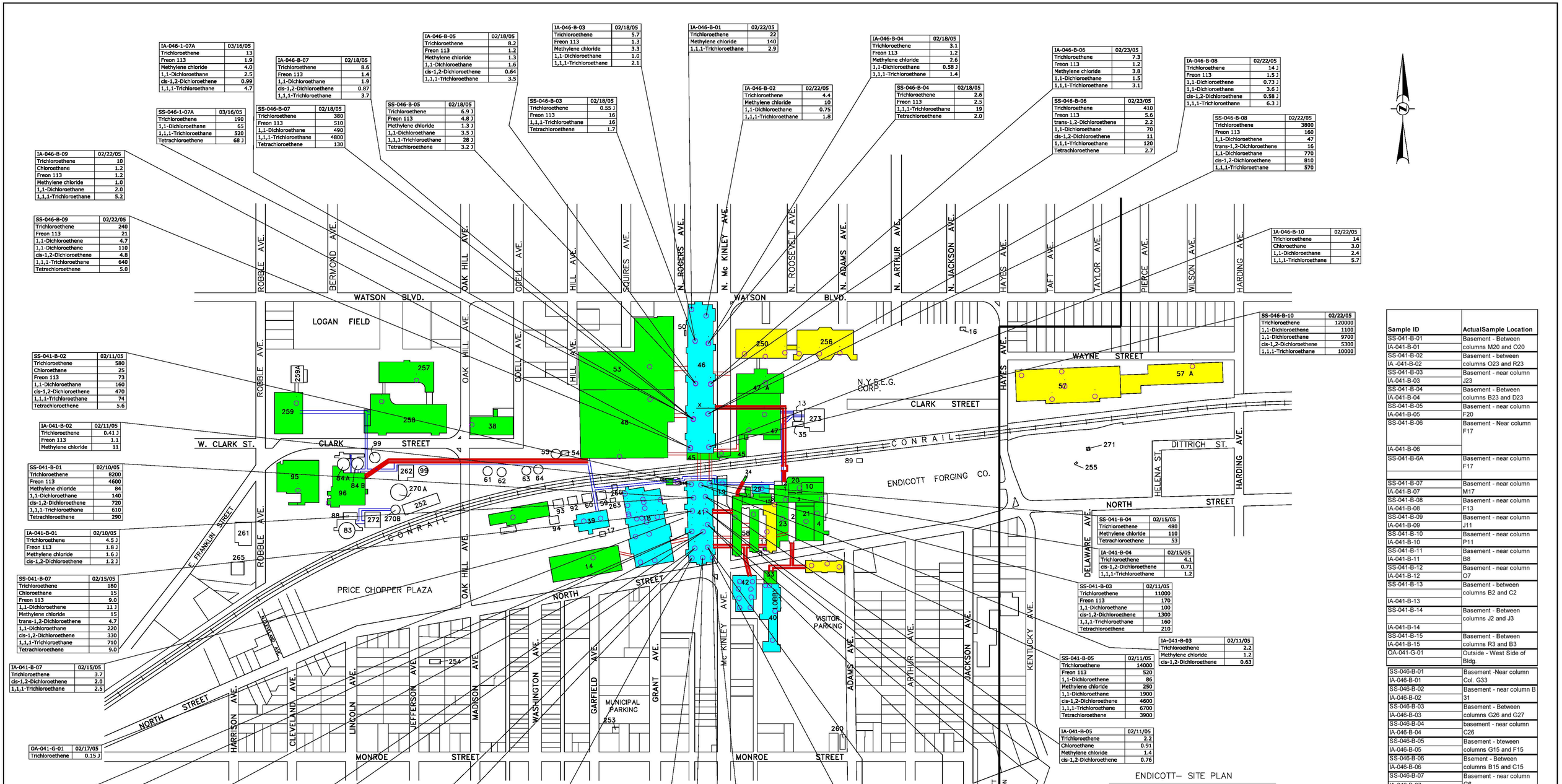
VOLATILE ORGANIC COMPOUNDS SAMPLING RESULTS
DETECTED COMPOUNDS
BUILDINGS 19, 29, 39, 40 & 42

DRAWN	DATE	REVISED DATE
EMF	9/14/05	
SCALE: GRAPHIC	JOB NO. 0026649	FILE NAME 0026649-00-001 Bldgs 40-42-39-19-29 (9-14-05)

DRAWING NO. 4

REV. NO.

SHEET OF



IA-046-1-07A	03/16/05
Trichloroethene	13
Freon 113	1.9
Methylene chloride	4.0
1,1-Dichloroethane	2.5
cis-1,2-Dichloroethene	0.99
1,1,1-Trichloroethane	4.7

SS-046-1-07A	03/16/05
Trichloroethene	190
1,1-Dichloroethane	65
1,1,1-Trichloroethane	520
Tetrachloroethene	68 J

IA-046-B-09	02/22/05
Trichloroethene	10
Chloroethane	1.2
Freon 113	1.2
Methylene chloride	1.0
1,1-Dichloroethane	2.0
1,1,1-Trichloroethane	5.2

SS-046-B-09	02/22/05
Trichloroethene	240
Freon 113	21
1,1-Dichloroethene	4.7
1,1-Dichloroethane	110
cis-1,2-Dichloroethene	4.8
1,1,1-Trichloroethane	640
Tetrachloroethene	5.0

SS-041-B-02	02/11/05
Trichloroethene	580
Chloroethane	25
Freon 113	73
1,1-Dichloroethane	160
cis-1,2-Dichloroethene	470
1,1,1-Trichloroethane	74
Tetrachloroethene	5.6

IA-041-B-02	02/11/05
Trichloroethene	0.41 J
Freon 113	1.1
Methylene chloride	11

SS-041-B-01	02/10/05
Trichloroethene	8200
Freon 113	4600
Methylene chloride	84
1,1-Dichloroethane	140
cis-1,2-Dichloroethene	720
1,1,1-Trichloroethane	610
Tetrachloroethene	290

IA-041-B-01	02/10/05
Trichloroethene	4.5 J
Freon 113	1.8 J
Methylene chloride	1.6 J
cis-1,2-Dichloroethene	1.2 J

SS-041-B-07	02/15/05
Trichloroethene	180
Chloroethane	15
Freon 113	9.0
1,1-Dichloroethene	11 J
Methylene chloride	15
trans-1,2-Dichloroethene	4.7
1,1-Dichloroethane	220
cis-1,2-Dichloroethene	330
1,1,1-Trichloroethane	710
Tetrachloroethene	9.0

IA-041-B-07	02/15/05
Trichloroethene	3.7
cis-1,2-Dichloroethene	2.0
1,1,1-Trichloroethane	2.5

OA-041-G-01	02/17/05
Trichloroethene	0.15 J

IA-046-B-07	02/18/05
Trichloroethene	8.6
Freon 113	1.4
1,1-Dichloroethane	1.9
cis-1,2-Dichloroethene	0.87
1,1,1-Trichloroethane	3.7

SS-046-B-07	02/18/05
Trichloroethene	380
Freon 113	510
1,1-Dichloroethane	490
1,1,1-Trichloroethane	4800
Tetrachloroethene	130

IA-046-B-05	02/18/05
Trichloroethene	8.2
Freon 113	1.2
Methylene chloride	1.3
1,1-Dichloroethane	1.6
cis-1,2-Dichloroethene	0.64
1,1,1-Trichloroethane	3.5

SS-046-B-05	02/18/05
Trichloroethene	6.9 J
Freon 113	4.8 J
Methylene chloride	1.3 J
1,1-Dichloroethane	3.5 J
1,1,1-Trichloroethane	28 J
Tetrachloroethene	3.2 J

SS-046-B-03	02/18/05
Trichloroethene	0.55 J
Freon 113	16
1,1,1-Trichloroethane	16
Tetrachloroethene	1.7

IA-046-B-03	02/18/05
Trichloroethene	5.7
Freon 113	1.3
Methylene chloride	3.3
1,1-Dichloroethane	1.0
1,1,1-Trichloroethane	2.1

IA-046-B-01	02/22/05
Trichloroethene	22
Methylene chloride	140
1,1,1-Trichloroethane	2.9

IA-046-B-02	02/22/05
Trichloroethene	4.4
Methylene chloride	10
1,1-Dichloroethane	0.75
1,1,1-Trichloroethane	1.8

IA-046-B-04	02/18/05
Trichloroethene	3.1
Freon 113	1.2
Methylene chloride	2.6
1,1-Dichloroethane	0.58 J
1,1,1-Trichloroethane	1.4

SS-046-B-04	02/18/05
Trichloroethene	2.6
Freon 113	2.5
1,1,1-Trichloroethane	19
Tetrachloroethene	2.0

IA-046-B-06	02/23/05
Trichloroethene	7.3
Freon 113	1.2
Methylene chloride	3.8
1,1-Dichloroethane	1.5
1,1,1-Trichloroethane	3.1

SS-046-B-06	02/23/05
Trichloroethene	410
Freon 113	5.6
trans-1,2-Dichloroethene	2.2
1,1-Dichloroethane	70
cis-1,2-Dichloroethene	11
1,1,1-Trichloroethane	120
Tetrachloroethene	2.7

IA-046-B-08	02/22/05
Trichloroethene	14 J
Freon 113	1.5 J
1,1-Dichloroethene	0.73 J
1,1-Dichloroethane	3.6 J
cis-1,2-Dichloroethene	0.58 J
1,1,1-Trichloroethane	6.3 J

SS-046-B-08	02/22/05
Trichloroethene	3800
Freon 113	160
1,1-Dichloroethene	47
trans-1,2-Dichloroethene	16
1,1-Dichloroethane	770
cis-1,2-Dichloroethene	810
1,1,1-Trichloroethane	570

IA-046-B-10	02/22/05
Trichloroethene	14
Chloroethane	3.0
1,1-Dichloroethane	2.4
1,1,1-Trichloroethane	5.7

SS-046-B-10	02/22/05
Trichloroethene	120000
1,1-Dichloroethene	1100
1,1-Dichloroethane	9700
cis-1,2-Dichloroethene	5300
1,1,1-Trichloroethane	10000

SS-041-B-04	02/15/05
Trichloroethene	480
Methylene chloride	110
Tetrachloroethene	53

IA-041-B-04	02/15/05
Trichloroethene	4.1
cis-1,2-Dichloroethene	0.71
1,1,1-Trichloroethane	1.2

SS-041-B-03	02/11/05
Trichloroethene	11000
Freon 113	170
1,1-Dichloroethane	100
cis-1,2-Dichloroethene	1300
1,1,1-Trichloroethane	160
Tetrachloroethene	210

IA-041-B-03	02/11/05
Trichloroethene	2.2
Methylene chloride	1.2
cis-1,2-Dichloroethene	0.63

SS-041-B-05	02/11/05
Trichloroethene	14000
Freon 113	520
1,1-Dichloroethene	86
Methylene chloride	250
1,1-Dichloroethane	1900
cis-1,2-Dichloroethene	4600
1,1,1-Trichloroethane	6700
Tetrachloroethene	3900

IA-041-B-05	02/11/05
Trichloroethene	2.2
Chloroethane	0.91
Methylene chloride	1.4
cis-1,2-Dichloroethene	0.76

SS-041-B-10	02/15/05
Trichloroethene	520
Freon 113	15
Methylene chloride	56
1,1-Dichloroethane	150
cis-1,2-Dichloroethene	1800
1,1,1-Trichloroethane	250
Tetrachloroethene	25

IA-041-B-10	02/15/05
Trichloroethene	2.6
1,1-Dichloroethane	1.0
cis-1,2-Dichloroethene	4.8
1,1,1-Trichloroethane	2.0

SS-041-B-09	02/15/05
Trichloroethene	2000 J
Chloroethane	160 J
trans-1,2-Dichloroethene	120 J
1,1-Dichloroethane	2400 J
cis-1,2-Dichloroethene	18000 J
1,1,1-Trichloroethane	1700 J

IA-041-B-09	02/15/05
Trichloroethene	7.2
1,1-Dichloroethane	0.97
cis-1,2-Dichloroethene	3.4
1,1,1-Trichloroethane	6.6 J
Tetrachloroethene	1.6

SS-041-B-12	02/15/05
Trichloroethene	4000
Chloroethane	22
1,1-Dichloroethene	66 J
Methylene chloride	220
1,1-Dichloroethane	190
cis-1,2-Dichloroethene	290
1,1,1-Trichloroethane	290

IA-041-B-12	02/15/05
Trichloroethene	2.9
1,1-Dichloroethane	1.7
cis-1,2-Dichloroethene	7.8
1,1,1-Trichloroethane	1.7

SS-041-B-15	02/16/05
Trichloroethene	49000
Vinyl chloride	710
Chloroethane	2300
1,1-Dichloroethene	5000
1,1-Dichloroethane	46000
cis-1,2-Dichloroethene	160000
1,1,1-Trichloroethane	20000
Tetrachloroethene	5200

IA-041-B-15	02/16/05
Trichloroethene	2.2
1,1-Dichloroethane	1.5
cis-1,2-Dichloroethene	6.3
1,1,1-Trichloroethane	1.8

SS-041-B-14	02/16/05
Trichloroethene	7300
1,1-Dichloroethene	390
1,1-Dichloroethane	2700
cis-1,2-Dichloroethene	18000
1,1,1-Trichloroethane	1700
Tetrachloroethene	2600

IA-041-B-14	02/16/05
Trichloroethene	2.6
cis-1,2-Dichloroethene	0.94
1,1,1-Trichloroethane	2.1
Tetrachloroethene	1.0 J

SS-041-B-13	02/16/05
Trichloroethene	2400
1,1-Dichloroethene	44
1,1-Dichloroethane	250
cis-1,2-Dichloroethene	830
1,1,1-Trichloroethane	940
Tetrachloroethene	540

IA-041-B-13	02/16/05
Trichloroethene	2.5
cis-1,2-Dichloroethene	0.82
1,1,1-Trichloroethane	2.2

IA-041-B-11	02/16/05
Trichloroethene	5.6
cis-1,2-Dichloroethene	1.5
1,1,1-Trichloroethane	4.2

SS-041-B-11	02/16/05
Trichloroethene	2800
1,1-Dichloroethene	320 J
1,1-Dichloroethane	260
cis-1,2-Dichloroethene	7100
1,1,1-Trichloroethane	5600

IA-041-B-06	02/15/05
Trichloroethene	4.3
cis-1,2-Dichloroethene	1.7
1,1,1-Trichloroethane	4.0

SS-041-B-08	02/15/05
Trichloroethene	780
Chloroethane	30
Methylene chloride	56
1,1-Dichloroethane	550
cis-1,2-Dichloroethene	2900
1,1,1-Trichloroethane	340

IA-041-B-08	02/15/05
Trichloroethene	5.0
cis-1,2-Dichloroethene	0.88
1,1,1-Trichloroethane	4.0

SS-041-B-06A	03/16/05
Trichloroethene	800
1,1-Dichloroethane	44
cis-1,2-Dichloroethene	200
1,1,1-Trichloroethane	150
Tetrachloroethene	66 J

Sample ID	ActualSample Location
SS-041-B-01	Basement - Between
IA-041-B-01	columns M20 and O20
SS-041-B-02	Basement - between
IA -041-B-02	columns O23 and R23
SS-041-B-03	Basement - near column
IA-041-B-03	J23
SS-041-B-04	Basement - Between
IA-041-B-04	columns B23 and D23
SS-041-B-05	Basement - near column
IA-041-B-05	F20
SS-041-B-06	Basement - Near column F17
IA-041-B-06	
SS-041-B-6A	Basement - near column F17
SS-041-B-07	Basement - near column
IA-041-B-07	M17
SS-041-B-08	Basement - near column
IA-041-B-08	F13
SS-041-B-09	Basement - near column
IA-041-B-09	J11
SS-041-B-10	Bsaement - near column
IA-041-B-10	P11
SS-041-B-11	Basement - near column
IA-041-B-11	B8
SS-041-B-12	Basement - near column
IA-041-B-12	O7
SS-041-B-13	Basement - between columns B2 and C2
IA-041-B-13	
SS-041-B-14	Basement - Between columns J2 and J3
IA-041-B-14	
SS-041-B-15	Basement - Between
IA-041-B-15	columns R3 and B3
OA-041-G-01	Outside - West Side of Bldg.
SS-046-B-01	Basement -Near column
IA-046-B-01	Col. G33
SS-046-B-02	Basement - near column B
IA-046-B-02	31
SS-046-B-03	Basement - Between
IA-046-B-03	columns G26 and G27
SS-046-B-04	basement - near column
IA-046-B-04	C26
SS-046-B-05	Basement - bteween
IA-046-B-05	columns G15 and F15
SS-046-B-06	Bsement - Between
IA-046-B-06	columns B15 and C15
SS-046-B-07	Basement - near column
IA-046-B-07	G6
SS-046-B-7A	Basement - near columnG6
IA-046-B-7A	
SS-046-B-08	Basement - near column
IA-046-B-08	D7
SS-046-B-09	Bsasement - near column
IA-046-B-09	G2
SS-046-B-10	Basement - near column
IA-046-B-10	C2
OA-046-G-01	Outside - East side of Bldg.

ENDICOTT– SITE PLAN

- HURON PROPERTIES
- PIPE TRESTLE
- TUNNEL
- ROUND 1 SAMPLING
- ROUND 2 SAMPLING
- ROUND 3 SAMPLING
- VOC — VOLATILE ORGANIC COMPOUND
- ug/m³ — MICROGRAMS PER CUBIC METER

SCALE

0' 200' 400'

SAMPLE ID	DATE SAMPLED
VOCs DETECTED	CONCENTRATION (ug/m³)

NO.	DATE	APPR.	REVISION	NO.	DATE	APPR.	REVISION

NYSDEC

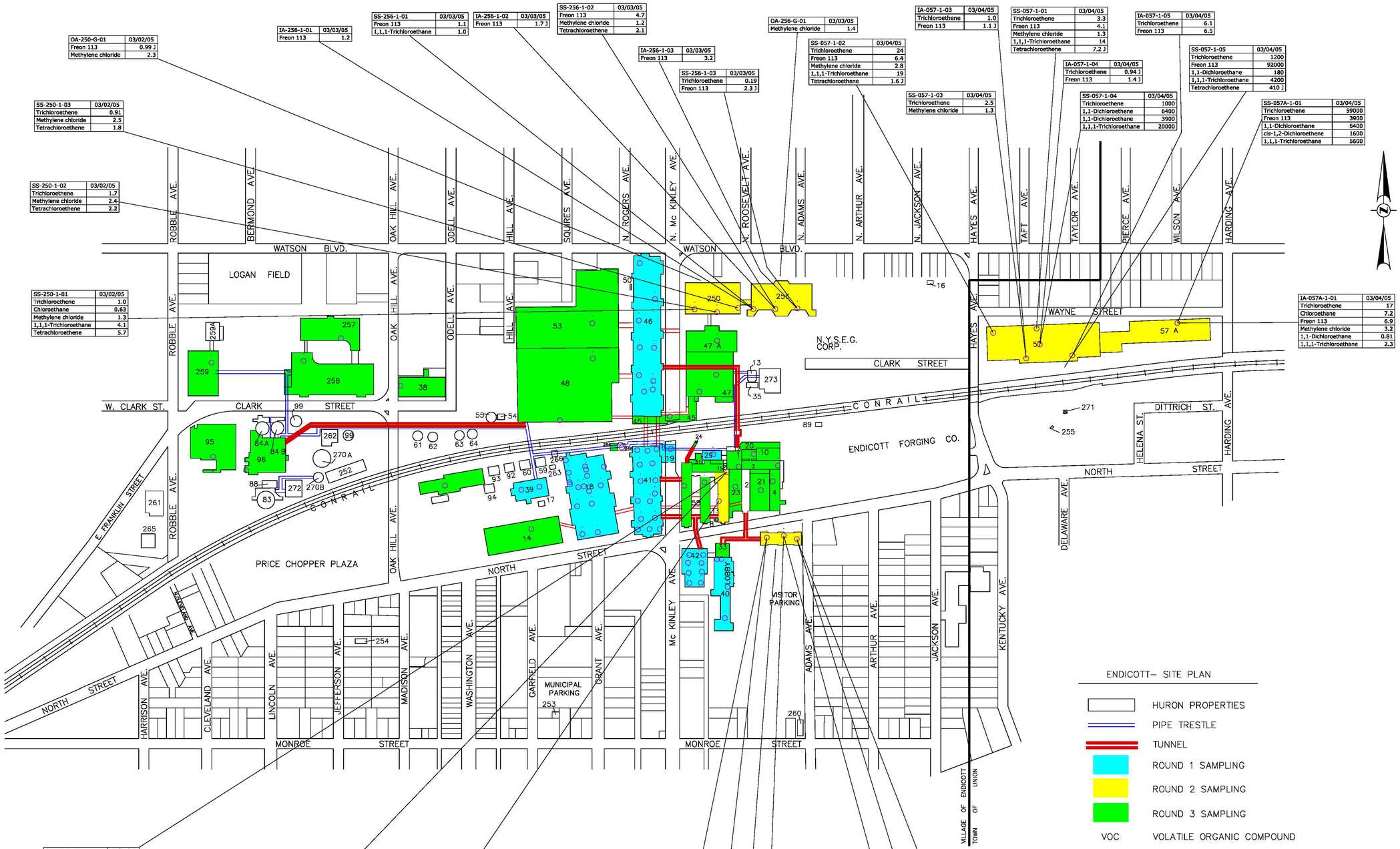
ENDICOTT, NEW YORK

ERM — Environmental Resources Management

CHECKED		DATE
DESIGN ENGINEER		
PROJECT ENGINEER		
PROJECT MANAGER		
APPROVED		
APPROVED		

VOLATILE ORGANIC COMPOUND SAMPLING RESULTS
DETECTED COMPOUNDS
BUILDINGS 41 & 46

DRAWN EMF/GS	DATE 9/15/05	REVISED DATE	DRAWING NO. 5
SCALE GRAPHIC	JOB NO. 0026649	FILE NAME 0026649-00-001 BLDGS 41 & 46 (9-14-05)	REV. NO.
			SHEET OF



OA-250-G-01	03/02/05
Freon 113	0.99 J
Methylene chloride	2.3

SS-250-1-03	03/02/05
Trichloroethene	0.91
Methylene chloride	2.5
Tetrachloroethene	1.8

SS-250-1-02	03/02/05
Trichloroethene	1.7
Methylene chloride	2.4
Tetrachloroethene	2.2

SS-250-1-01	03/02/05
Trichloroethene	1.0
Chloroethane	0.63
Methylene chloride	1.3
1,1,1-Trichloroethane	4.1
Tetrachloroethene	5.7

IA-256-1-01	03/03/05
Freon 113	1.2

SS-256-1-01	03/03/05
Freon 113	1.1
1,1,1-Trichloroethane	1.0

IA-256-1-02	03/03/05
Freon 113	1.7 J

SS-256-1-02	03/03/05
Freon 113	4.7
Methylene chloride	1.2
Tetrachloroethene	2.1

IA-256-1-03	03/03/05
Freon 113	3.2

SS-256-1-03	03/03/05
Trichloroethene	0.19
Freon 113	2.3 J

OA-256-G-01	03/03/05
Methylene chloride	1.4

SS-057-1-02	03/04/05
Trichloroethene	24
Freon 113	6.4
Methylene chloride	2.8
1,1,1-Trichloroethane	19
Tetrachloroethene	1.6 J

SS-057-1-03	03/04/05
Trichloroethene	2.5
Methylene chloride	1.3

IA-057-1-03	03/04/05
Trichloroethene	1.0
Freon 113	1.1 J

SS-057-1-01	03/04/05
Trichloroethene	3.3
Freon 113	4.1
Methylene chloride	1.3
1,1,1-Trichloroethane	14
Tetrachloroethene	7.2 J

IA-057-1-04	03/04/05
Trichloroethene	0.94 J
Freon 113	1.4 J

SS-057-1-04	03/04/05
Trichloroethene	1000
1,1-Dichloroethane	6400
1,1-Dichloroethane	3900
1,1,1-Trichloroethane	20000

IA-057-1-05	03/04/05
Trichloroethene	6.1
Freon 113	6.5

SS-057-1-05	03/04/05
Trichloroethene	1200
Freon 113	92000
1,1-Dichloroethane	180
1,1,1-Trichloroethane	4200
Tetrachloroethene	410 J

SS-057A-1-01	03/04/05
Trichloroethene	59000
Freon 113	3900
1,1-Dichloroethane	6400
cis-1,2-Dichloroethene	1600
1,1,1-Trichloroethane	5600

IA-057A-1-01	03/04/05
Trichloroethene	17
Chloroethane	7.2
Freon 113	6.9
Methylene chloride	3.2
1,1-Dichloroethane	0.81
1,1,1-Trichloroethane	2.3

SS-022-B-01	03/01/05
Trichloroethene	4400
Freon 113	67
1,1-Dichloroethene	38
1,1-Dichloroethane	35
1,1,1-Trichloroethane	770
Tetrachloroethene	96

IA-022-B-01	03/01/05
Trichloroethene	1.7
1,1,1-Trichloroethane	1.0

IA-022-B-02	03/02/05
Trichloroethene	2.0
1,1,1-Trichloroethane	1.8
Tetrachloroethene	1.9

SS-032-B-01	03/01/05
Trichloroethene	430
1,1,1-Trichloroethane	17
Tetrachloroethene	250

IA-032-B-01	03/01/05
Trichloroethene	2.3
Tetrachloroethene	1.0 U

SS-032-B-02	03/03/05
Trichloroethene	10
Freon 113	1.2
Methylene chloride	3.2
cis-1,2-Dichloroethene	1.3
1,1,1-Trichloroethane	0.82 J
Tetrachloroethene	4.4 J

IA-032-B-02	03/03/05
Trichloroethene	2.0

OA-032-G-01	03/03/05
Methylene chloride	1.3

SS-032-B-03	03/03/05
Trichloroethene	620
Methylene chloride	92
1,1-Dichloroethane	4.1
cis-1,2-Dichloroethene	36
1,1,1-Trichloroethane	20
Tetrachloroethene	390 J

IA-032-B-03	03/03/05
Trichloroethene	1.4

ENDICOTT– SITE PLAN

- HURON PROPERTIES
- PIPE TRESTLE
- TUNNEL
- ROUND 1 SAMPLING
- ROUND 2 SAMPLING
- ROUND 3 SAMPLING
- VOC — VOLATILE ORGANIC COMPOUND
- ug/m³ — MICROGRAMS PER CUBIC METER

SAMPLE ID	DATE SAMPLED
VOCs DETECTED	CONCENTRATION (ug/m³)

SCALE

0' 200' 400'

Sample ID	ActualSample Location
SS-022-B-01	basement - in Office G-024
IA-022-B-01	
IADUP-022805-01	Basement - in Office G-024
SSDUP-022805-02	
SS-022-B-02	Basement - in Office K012 near Column 1
IA-022-B-02	
OA-022-G-01	Outside - West Side of Bldg.
SS-032-B-01	Basement - in corridor outside of electrical room beneath stairwell
IA-032-B-01	
SS-032-B-02	Basement - in Office C004
IA-032-B-02	
SS-032-B-03	Basement - near Column G2
IA-032-B-03	
OA-032-G-01	Outside - West side of building
SS-057-1-01	1st Floor - Office XB16
IA-057-1-01	
SS-057-1-02	1st Floor - Meeting Room FC-17
IA-057-1-02	
SS-057-1-03	1st Floor - near column D14
IA-057-1-03	
SS-057-1-04	1st Floor - near column C18
IA-057-1-04	
SS-057-1-05	1st Floor - near column C20
IA-057-1-05	
SS-57A-1-01	Bldg 57A 1st Floor - near column B.5-40
IA-57A-1-01	
OA-057-G-01	Outsde - West Side of Bldg.
SS-250-1-01	1st Floor - Office W002
IA-250-1-01	
SS-250-1-02	1st Floor - Office L002
IA-250-1-02	
SS-250-1-03	1st Floor - Office A004-C004
IA-250-1-03	
OA-250-G-01	Outside - Between 250 and 256
SS-256-1-01	1st Floor - Corner of SW Alcove, in front of stairwell
IA-256-1-01	
SS-256-1-02	1st Floor - adjacent to vending area
IA-256-1-02	
SS-256-1-03	1st Floor - outside of conference room 256-1 in
IA-256-1-03	
OA-256-G-01	Outside - NE of Bldg. 256

NO.	DATE	APPR.	REVISION	NO.	DATE	APPR.	REVISION

NYSDEC

ENDICOTT, NEW YORK

ERM Environmental Resources Management

CHECKED	DATE
DESIGN ENGINEER	
PROJECT ENGINEER	
PROJECT MANAGER	
APPROVED	
APPROVED	

VOLATILE ORGANIC COMPOUNDS SAMPLING RESULTS
DETECTED COMPOUNDS
ROUND 2 BLDGS

DRAWN	DATE	REVISED DATE
EMF	9/15/05	
SCALE: GRAPHIC	JOB NO. 0026649	FILE NAME: 0026649-00-001 priority 2 bldgs (9-14-05)

DRAWING NO. 6

REV. NO.

SHEET OF

OA-048-G-01	03/11/05
Freon 113	1.2
Methylene chloride	1.7

IA-048-B-02	03/11/05
Trichloroethene	0.43
Freon 113	1.2
Methylene chloride	1.4
1,1-Dichloroethane	0.74
cis-1,2-Dichloroethene	0.86
1,1,1-Trichloroethane	2.4

SS-048-B-02	03/11/05
Trichloroethene	11 J
Freon 113	2.3
1,1-Dichloroethane	1.9
1,1,1-Trichloroethane	16
Tetrachloroethene	3.6 J

OA-038-G-01	03/09/05
Freon 113	0.99 J

SS-257-B-01	02/25/05
Trichloroethene	3.1
Methylene chloride	2.5
1,1,1-Trichloroethane	3.7

SS-038-1-01	03/09/05
Trichloroethene	21
Freon 113	1.4
1,1-Dichloroethane	1.6
cis-1,2-Dichloroethene	2.7
1,1,1-Trichloroethane	1.3
Tetrachloroethene	5.2 J

SS-258-B-01	02/25/05
Trichloroethene	0.26 J
Methylene chloride	5.0 J
Tetrachloroethene	1.5

IA-268-B-01	03/11/05
Trichloroethene	13
Methylene chloride	1.8
1,1-Dichloroethane	0.91
1,1,1-Trichloroethane	8.5
Tetrachloroethene	1.5 J

SS-096-B-01A	03/17/05
Methylene chloride	1.1 J
Tetrachloroethene	1.4 J

SS-095-1-01	03/09/05
Trichloroethene	1.7
Freon 113	4.1
Methylene chloride	1.7
1,1,1-Trichloroethane	1.7
Tetrachloroethene	6.8 J

OA-095-G-01	03/09/05
Freon 113	1.2
Tetrachloroethene	3.0 J

OA-268-G-01	03/11/05
Methylene chloride	1.3

SS-048-B-01	03/11/05
Trichloroethene	2.7 J
Freon 113	2.0
Methylene chloride	1.3
1,1-Dichloroethane	1.0
cis-1,2-Dichloroethene	1.4
1,1,1-Trichloroethane	2.0

IA-048-B-01	03/11/05
Trichloroethene	0.94 J
Methylene chloride	1.5
1,1,1-Trichloroethane	2.0

OA-053-G-01	03/11/05
Methylene chloride	1.5

IA-053-B-01	03/11/05
Trichloroethene	0.18
Methylene chloride	1.7
1,1,1-Trichloroethane	0.90

SS-053-B-01	03/11/05
Trichloroethene	1.3 J
Freon 113	2.4
Methylene chloride	1.5
1,1,1-Trichloroethane	7.4
Tetrachloroethene	7.7 J

OA-045-G-01	03/10/05
Methylene chloride	1.0

SS-045-B-01	03/15/05
Trichloroethene	5700
1,1-Dichloroethene	5600
trans-1,2-Dichloroethene	140 J
1,1-Dichloroethane	5100
cis-1,2-Dichloroethene	230
1,1,1-Trichloroethane	57000

IA-045-B-01	03/15/05
Trichloroethene	7.1
Methylene chloride	1.7
1,1,1-Trichloroethane	2.2

SS-047-1-02	03/15/05
Trichloroethene	800000 J
1,1-Dichloroethene	41000 J
1,1-Dichloroethane	39000 J
cis-1,2-Dichloroethene	25000 J
1,1,1-Trichloroethane	190000 J

IA-047-1-02	03/15/05
Trichloroethene	9.0
Vinyl chloride	0.66
Chloroethane	1.1
Freon 113	4.4
1,1-Dichloroethene	1.2
Methylene chloride	1.8
1,1-Dichloroethane	1.8
cis-1,2-Dichloroethene	5.1
1,1,1-Trichloroethane	82

IA-047A-1-01	03/15/05
Trichloroethene	0.27
Freon 113	1.4
Methylene chloride	1.3

SS-047A-1-01	03/15/05
Freon 113	83
Methylene chloride	1.6
1,1,1-Trichloroethane	33
Tetrachloroethene	4.1 J

IA-047-1-01	03/15/05
Trichloroethene	0.49
Freon 113	7.8
Methylene chloride	1.1
1,1,1-Trichloroethane	1.4

SS-047-1-01	03/15/05
Trichloroethene	4200
Freon 113	72
1,1-Dichloroethane	30
1,1-Dichloroethane	610
cis-1,2-Dichloroethene	170
1,1,1-Trichloroethane	640

OA-047A-G-01	03/15/05
Methylene chloride	1.4

OA-047-G-01	03/15/05
Methylene chloride	1.9

OA-001-G-01	03/02/05
Methylene chloride	1.2

OA-026-G-01	03/08/05
Trichloroethene	1.0
Methylene chloride	1.0

IA-001-B-01	03/02/05
Trichloroethene	2.5
1,1,1-Trichloroethane	1.3
Tetrachloroethene	1.8

SS-001-B-01	03/02/05
Trichloroethene	14 J
Freon 113	1.7 J
Methylene chloride	2.5 J
1,1-Dichloroethane	0.82 J
1,1,1-Trichloroethane	3.9 J
Tetrachloroethene	6.3 J

SS-026-B-01	03/08/05
Trichloroethene	16000
1,1,1-Trichloroethane	240
Tetrachloroethene	290 J

IA-026-B-01	03/08/05
Trichloroethene	2.1
Freon 113	1.3
1,1,1-Trichloroethane	5.9
Tetrachloroethene	150 J

IA-003-B-01	03/02/05
Trichloroethene	2.6
Tetrachloroethene	1.9

SS-003-B-01	03/02/05
Trichloroethene	220
Freon 113	1.1 J
1,1,1-Trichloroethane	11
Tetrachloroethene	5.8

IA-004-B-01	03/08/05
Trichloroethene	2.4
Tetrachloroethene	4.4 J

SS-004-B-01	03/08/05
Trichloroethene	1800
1,1,1-Trichloroethane	150
Tetrachloroethene	94 J

OA-004-G-01	03/08/05
Methylene chloride	1.1

SS-021-B-01	03/04/05
Trichloroethene	4500 J
Methylene chloride	80 J
1,1-Dichloroethane	79 J
cis-1,2-Dichloroethene	56 J
1,1,1-Trichloroethane	62 J

IA-021-B-01	03/04/05
Trichloroethene	2.1
Tetrachloroethene	14 J

OA-021-G-01	03/04/05
Methylene chloride	1.0

OA-087-G-01	03/10/05
Methylene chloride	1.4

SS-087-1-01	03/10/05
Trichloroethene	0.55
Freon 113	720
1,1,1-Trichloroethane	35
Tetrachloroethene	270 J

IA-087-1-01	03/10/05
Freon 113	1.2
Methylene chloride	1.2

OA-014-G-01	03/10/05
Trichloroethene	0.89
Freon 113	1.1
Methylene chloride	1.4

IA-014-B-01	03/10/05
Trichloroethene	0.26

SS-014-B-01	03/10/05
Trichloroethene	14000 J
Freon 113	140
1,1,1-Trichloroethane	440
Tetrachloroethene	900 J

IA-028-B-01	03/08/05
Trichloroethene	16
Freon 113	1.6
cis-1,2-Dichloroethene	4.1
1,1,1-Trichloroethane	9.4

OA-028-G-01	03/08/05
Trichloroethene	0.22
Methylene chloride	2.4

SS-028-B-01	03/08/05
Trichloroethene	18000
1,1-Dichloroethene	520
trans-1,2-Dichloroethene	36
1,1-Dichloroethane	450
cis-1,2-Dichloroethene	8400
1,1,1-Trichloroethane	13000

OA-025-G-01	03/08/05
Freon 113	1.0 J
Methylene chloride	1.1

SS-025-B-01	03/08/05
Trichloroethene	9800
1,1-Dichloroethene	190
1,1-Dichloroethane	110
cis-1,2-Dichloroethene	870
1,1,1-Trichloroethane	4600
Tetrachloroethene	89 J

IA-025-B-01	03/08/05
Trichloroethene	11
Freon 113	1.3
cis-1,2-Dichloroethene	1.6
1,1,1-Trichloroethane	6.4
Tetrachloroethene	2.2 J

OA-008-G-01	03/01/05
Trichloroethene	0.24 J

IA-008-B-01	03/01/05
Trichloroethene	4.7
1,1,1-Trichloroethane	0.93

SS-008-B-01	03/01/05
Trichloroethene	480
1,1,1-Trichloroethane	27
Tetrachloroethene	17

OA-023-G-01	03/04/05
Methylene chloride	0.99 J

SS-023-B-01	03/04/05
Trichloroethene	5200
1,1-Dichloroethene	30
Methylene chloride	30
1,1-Dichloroethane	42
cis-1,2-Dichloroethene	32
1,1,1-Trichloroethane	550
Tetrachloroethene	340 J

IA-023-B-01	03/04/05
Trichloroethene	2.6
Methylene chloride	1.0
1,1,1-Trichloroethane	1.7
Tetrachloroethene	12 J

ENDICOTT– SITE PLAN

- HURON PROPERTIES
- PIPE TRESTLE
- TUNNEL
- ROUND 1 SAMPLING
- ROUND 2 SAMPLING
- ROUND 3 SAMPLING

VOC VOLATILE ORGANIC COMPOUND

ug/m^3 MICROGRAMS PER CUBIC METER

SAMPLE ID	DATE SAMPLED
VOCs DETECTED	CONCENTRATION (ug/m^3)

SCALE

0' 200' 400'

Sample ID	ActualSample Location
SS-001-B-01	Basement - Old
IA-001-B-01	Condensate Pump Room
OA-001-G-01	Outside - North Side of Bldg.
SS-003-B-01	Basement - near Column
IA-003-B-01	15
OA-003-G-01	Outside - East side of Building
SS-004-B-01	Basement - in Office E-014
IA-004-B-01	
OA-004-G-01	Outside - East side of Bldg.
SS-008-B-01	Basement - Alcove across
IA-008-B-01	from vending machines
OA-008-G-01	Outside - West side of Bldg.
SS-014-B-01	Basement - near Column L
IA-014-B-01	4
OA-014-G-01	Outside - North side of Bldg.
SS-021-B-01	Basement - near column
IA-021-B-01	13/21-1
OA-021-G-01	Outside - West side of Bldg. 4
SS-023-B-01	Basement - Between
IA-023-B-01	columns 8 and 9
OA-023-G-01	Outside - East side Bldg. 23
SS-025-B-01	Basement - near column
IA-025-B-01	18
OA-025-G-01	Outside - South side of Bldg.
SS-026-B-01	Basement - East side of
IA-026-B-01	Johnson Controls locker
OA-026-G-01	Outside - North Side Bldg 20
SS-028-B-01	Basement - Between
IA-028-B-01	columns 21 and 23
OA-028-G-01	Outside - West side Bldg. 28
SS-038-1-01	1st Floor - near column E2
IA-038-1-01	
OA-038-G-01	Outside - South Side Bldg.
OA-DUP030805-01	38
SS-045-B-01	Basement - Between
IA-045-B-01	columns 14 and 16
OA-045-G-01	Outside - SE side of bldg.
SS-047-1-01	1st Floor - near Vending
SS-047-1-01	1st Floor - near Vending
IA-047-1-01	Area
SS-047-1-02	1st Floor - near column D3
IA-047-1-02	
OA-047-G-01	Outside - South of Bldg.
SS-47A-1-01	1st Floor - near column
IA-47A-1-01	F1/16
OA-47A-G-01	Outside - East side of Bldg.
SS-048-B-01	Basement - near Column
IA-048-B-01	H9
SS-048-B-02	Basement - Between
IA-048-B-02	columns L2 and M2
OA-48-G-01	Outside - West side of bldg.
SS-053-B-01	Basement -near column
IA-053-B-01	F61
OA-053-G-01	Outside - west side of bldg.
SS-087-1-01	1st Floor - south side of
IA-087-1-01	break area
OA-087-G-01	Outside - north side of bldg.
SS-095-1-01	1st Floor -Offices, near
IA-095-1-01	door to warehouse
OA-095-G-01	Outside - northwest of bldg.
SS-096-B-01	Basement - west wall of office area, 26-ft north of stairway landing
IA-096-B-01	
SS-096-B-1A	Basement - west wall of office area, 26-ft north of stairway landing
OA-096-G-01	Outside - south side of bldg.
SS-257-B-01	Basement - Between
IA-257-B-01	columns C4 and C5
OA-257-G-01	Outside - Northwest of Building
SS-258-B-01	Basement - in office 1D-22
IA-258-B-01	
OA-258-G-01	Outside - SE of building
SS-259-1-01	1st Floor - Break
IA-259-1-01	room\vending area
OA-259-G-01	Outside - East of Bldg.
SS-268-B-01	Basement - Lower Level
IA-268-B-01	Elec/Maint area, beneath

NO.	DATE	APPR.	REVISION

NO.	DATE	APPR.	REVISION

NYSDEC

ENDICOTT, NEW YORK

Environmental Resources Management

ERM

CHECKED		DATE
DESIGN ENGINEER		
PROJECT ENGINEER		
PROJECT MANAGER		
APPROVED		
APPROVED		

VOLATILE ORGANIC COMPOUND SAMPLING RESULTS DETECTED COMPOUNDS ROUND 3 BLDGS

DRAWN EMF	DATE 9/15/05	REVISED DATE	
SCALE GRAPHIC	JOB NO. 0026649	FILE NAME 0026649-00-001 priority 3 bldgs (9-14-05)	

DRAWING NO. 7

REV. NO.

SHEET OF

TABLES

EIT/Huron Bldg. 001 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Outdoor
	SS-001-B-01	IA-001-B-01	OA-001-G-01
	3/2/2005	3/2/2005	3/2/2005
Trichloroethene	14 J	2.5	ND
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	1.7 J	ND	ND
1,1-Dichloroethene	ND	ND	ND
Methylene chloride	2.5 J	ND	1.2
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	0.82 J	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND
1,1,1-Trichloroethane	3.9 J	1.3	ND
Tetrachloroethene	6.3 J	1.8	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 003 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Sub-slab Duplicate	Basement Floor	Basement Floor Duplicate	Outdoor
	SS-003-B-01	SS-003-B-01	IA-003-B-01	IA-003-B-01	OA-003-G-01
	3/2/2005	3/2/2005	3/2/2005	3/2/2005	3/2/2005
Trichloroethene	220	210	2.6	2.2	ND
Vinyl chloride	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	ND
Freon 113	1.1 J	ND	ND	ND	ND
1,1-Dichloroethene	ND	ND	ND	ND	ND
Methylene chloride	ND	ND	ND	1.5	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND	ND	ND
1,1,1-Trichloroethane	11	11	ND	ND	ND
Tetrachloroethene	5.8	6	1.9	1.6	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 004 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

	Sub-slab	**Basement Floor**	**Outdoor**
Compound	SS-004-B-01	IA-004-B-01	OA-004-G-01
	3/8/2005	3/8/2005	3/8/2005
Trichloroethene	1800	2.4	ND
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	ND	ND	ND
1,1-Dichloroethene	ND	ND	ND
Methylene chloride	ND	ND	1.1
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND
1,1,1-Trichloroethane	150	ND	ND
Tetrachloroethene	94 J	4.4 J	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 008 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

	Sub-slab	**Basement Floor**	**Outdoor**
Compound	SS-008-B-01	IA-008-B-01	OA-008-G-01
	3/1/2005	3/1/2005	3/1/2005
Trichloroethene	480	4.7	0.24 J
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	ND	ND	ND
1,1-Dichloroethene	ND	ND	ND
Methylene chloride	ND	ND	ND
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND
1,1,1-Trichloroethane	27	0.93	ND
Tetrachloroethene	17	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 014 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Outdoor
	SS-014-B-01	IA-014-B-01	OA-014-G-01
	3/10/2005	3/10/2005	3/10/2005
Trichloroethene	14000 J	0.26	0.89
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	140	ND	1.1
1,1-Dichloroethene	ND	ND	ND
Methylene chloride	ND	ND	1.4
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND
1,1,1-Trichloroethane	440	ND	ND
Tetrachloroethene	900 J	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 018 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	First Floor	Outdoor
	SS-018-B-01	IA-018-B-01	SS-018-1-01	IA-018-1-01	OA-018-G-01
	2/23/2005	2/23/2005	2/24/2005	2/24/2005	2/24/2005
Trichloroethene	18000	7.8	5700	0.28 J	ND
Vinyl chloride	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	ND
Freon 113	7600	2.6	35000	1.5	ND
1,1-Dichloroethene	5600	0.69	ND	ND	ND
Methylene chloride	ND	1.5	ND	ND	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND
1,1-Dichloroethane	1000	ND	ND	ND	ND
cis-1,2-Dichloroethene	20000	1.5	ND	ND	ND
1,1,1-Trichloroethane	140000	12	1100	ND	ND
Tetrachloroethene	23000	7.2	6000	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 018 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	First Floor	Outdoor
	SS-018-B-02	IA-018-B-02	IA-018-1-02	OA-018-G-02
	2/23/2005	2/23/2005	2/24/2005	3/25/2005
Trichloroethene	37000	7.4	1.9	ND
Vinyl chloride	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND
Freon 113	3300	2.6	1.4	ND
1,1-Dichloroethene	3700	0.64	ND	ND
Methylene chloride	ND	1.4	1.3	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND
1,1-Dichloroethane	740	ND	1.1	ND
cis-1,2-Dichloroethene	4500	1.8	ND	ND
1,1,1-Trichloroethane	89000	12	7.6	ND
Tetrachloroethene	7100	8.1	1.5	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 018 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	First Floor	Sub-slab	Basement Floor	First Floor
	SS-018-B-03	IA-018-B-03	IA-018-1-03	SS-018-B-04	IA-018-B-04	IA-018-1-04
	2/23/2005	2/23/2005	3/25/2005	2/23/2005	2/23/2005	3/25/2005
Trichloroethene	7700	19	0.17 J	77000	200	0.27 J
Vinyl chloride	ND	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	ND	ND
Freon 113	35000	7.2	ND	310	3.9	ND
1,1-Dichloroethene	7500	2.2	ND	650	3.5	ND
Methylene chloride	ND	1.7	ND	ND	1.8	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND
1,1-Dichloroethane	1100	1.2	ND	930	5.4	ND
cis-1,2-Dichloroethene	9700	2.9	ND	470	5	ND
1,1,1-Trichloroethane	140000	70	0.87	17000	110	0.84 J
Tetrachloroethene	38000	33	ND	1000	16	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 018 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	First Floor	Sub-slab	Basement Floor	First Floor
	SS-018-B-05	IA-018-B-05	IA-018-1-05	SS-018-B-06	IA-018-B-06	IA-018-1-06
	2/23/2005	2/23/2005	3/25/2005	NS [1]	2/23/2005	3/25/2005
Trichloroethene	21000	45	0.57 J		260	0.53 J
Vinyl chloride	ND	ND	ND		ND	ND
Chloroethane	ND	ND	ND		ND	ND
Freon 113	ND	1.5	1.2		4.6	ND
1,1-Dichloroethene	180	0.83	ND		5.6	ND
Methylene chloride	ND	1.5	1.6		1.3	ND
trans-1,2-Dichloroethene	ND	ND	ND		ND	ND
1,1-Dichloroethane	1200	1.9	ND		6.2	ND
cis-1,2-Dichloroethene	320	1.5	ND		5.6	ND
1,1,1-Trichloroethane	8300	29	1.6		160	ND
Tetrachloroethene	1200	5.7	ND		19	1.7

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

NS [1] - No sample collected. Water table encountered.

EIT/Huron Bldg. 018 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	First Floor	Sub-slab	Basement Floor	First Floor
	SS-018-B-07	IA-018-B-07	IA-018-1-07	SS-018-B-08	IA-018-B-08	IA-018-1-08
	NS [1]	2/23/2005	3/25/2005	NS [1]	2/23/2005	3/25/2005
Trichloroethene		190	0.46 J		160	0.2 J
Vinyl chloride		ND	ND		ND	ND
Chloroethane		ND	ND		ND	ND
Freon 113		4.1	ND		3.1	ND
1,1-Dichloroethene		3.6 J	ND		3.7 J	ND
Methylene chloride		1.4	ND		ND	ND
trans-1,2-Dichloroethene		ND	ND		ND	ND
1,1-Dichloroethane		4.5	ND		4.6	ND
cis-1,2-Dichloroethene		4.4	ND		5.3	ND
1,1,1-Trichloroethane		110	ND		95	ND
Tetrachloroethene		15	1.6		13	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

NS [1] - No sample collected. Water table encountered.

EIT/Huron Bldg. 018 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Basement Floor	Sub-slab	Basement Floor
	SS-018-B-09	IA-018-B-09	SS-018-B-10	IA-018-B-10	SS-018-B-11	IA-018-B-11
	2/23/2005	2/23/2005	2/23/2005	2/23/2005	2/23/2005	2/23/2005
Trichloroethene	38000	27	25000	48	22000	49
Vinyl chloride	ND	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	3800	ND
Freon 113	ND	6.1	1700	14	4300	17
1,1-Dichloroethene	2600	2.4	16000	12	28000	18 J
Methylene chloride	ND	1.5	ND	1.5	ND	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND
1,1-Dichloroethane	1400	1	24000	3.3	85000	7.6
cis-1,2-Dichloroethene	1900	3.8	8200	12	15000	12
1,1,1-Trichloroethane	59000	54	270000	300	430000	400
Tetrachloroethene	2200	15	4800	34	7700	32

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 018 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Basement Floor	Sub-slab	Basement Floor
	SS-018-B-12	IA-018-B-12	SS-018-B-13	IA-018-B-13	SS-018-B-14	IA-018-B-14
	2/23/2005	2/23/2005	2/23/2005	2/23/2005	2/23/2005	2/23/2005
Trichloroethene	590	6	940	9.4	740	9.6
Vinyl chloride	ND	ND	ND	ND	120	ND
Chloroethane	ND	ND	ND	ND	ND	ND
Freon 113	180	4.1	4300	9	200	8
1,1-Dichloroethene	100 J	ND	45 J	3.5 J	1800	3.4 J
Methylene chloride	ND	1.8	ND	1.7	ND	1.9
trans-1,2-Dichloroethene	9.3 J	ND	8.9	ND	ND	ND
1,1-Dichloroethane	69	0.58 J	17	1.2	750	1.4
cis-1,2-Dichloroethene	28	0.94	78	2.5	3000	3.6
1,1,1-Trichloroethane	2200	21	1000	95	24000	96
Tetrachloroethene	940	6.3	990	25	830	24

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 018 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Basement Floor	Sub-slab	Basement Floor
	SS-018-B-15A [2]	IA-018-B-15	SS-018-B-16	IA-018-B-16	SS-018-B-17	IA-018-B-17
	3/16/2005	2/23/2005	2/24/2005	2/23/2005	2/23/2005	2/23/2005
Trichloroethene	8200	6.2	6700	6.2	1500	150
Vinyl chloride	ND	ND	ND	ND	ND	15
Chloroethane	ND	ND	ND	0.58	ND	16
Freon 113	3000	3.4	1100	3.4	520	69
1,1-Dichloroethene	96	0.73 J	68 J	0.61 J	ND	20 J
Methylene chloride	ND	1.1	ND	ND	ND	ND
trans-1,2-Dichloroethene	72	ND	29	ND	ND	ND
1,1-Dichloroethane	100	0.84	100	0.84	ND	22
cis-1,2-Dichloroethene	210	1	80	1.2	320	35
1,1,1-Trichloroethane	3600	24	2100	23	270	1700
Tetrachloroethene	14000 J	4.1	5500	4.1	20000	180

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

2 - Regulator malfunction. Sample recollected.

EIT/Huron Bldg. 018 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor
	SS-018-B-18	IA-018-B-18
	2/23/2005	2/23/2005
Trichloroethene	3000	56
Vinyl chloride	ND	4.9
Chloroethane	ND	5.5
Freon 113	1900	29
1,1-Dichloroethene	ND	5.9 J
Methylene chloride	ND	2.5
trans-1,2-Dichloroethene	ND	ND
1,1-Dichloroethane	ND	7.7
cis-1,2-Dichloroethene	1900	15
1,1,1-Trichloroethane	410	660
Tetrachloroethene	64000	180

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 019 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	First Floor	Outdoor
	SS-019-1-01	IA-019-1-01	OA-019-G-01
	2/25/2005	2/25/2005	NS [1]
Trichloroethene	1400	ND	
Vinyl chloride	ND	ND	
Chloroethane	ND	ND	
Freon 113	ND	ND	
1,1-Dichloroethene	ND	ND	
Methylene chloride	ND	1.6	
trans-1,2-Dichloroethene	ND	ND	
1,1-Dichloroethane	ND	ND	
cis-1,2-Dichloroethene	ND	ND	
1,1,1-Trichloroethane	20	ND	
Tetrachloroethene	380	ND	

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

NS [1] - No sample submitted to laboratory. Cannister possibly tampered with.

EIT/Huron Bldg. 021 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Outdoor
	SS-021-B-01	IA-021-B-01	OA-021-G-01
	3/4/2005	3/4/2005	3/4/2005
Trichloroethene	4500 J	2.1	ND
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	ND	ND	ND
1,1-Dichloroethene	ND	ND	ND
Methylene chloride	80 J	ND	1
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	79 J	ND	ND
cis-1,2-Dichloroethene	56 J	ND	ND
1,1,1-Trichloroethane	62 J	ND	ND
Tetrachloroethene	ND	14 J	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 022 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Sub-slab Duplicate	Basement Floor	Basement Floor Duplicate	Sub-slab	Basement Floor	Outdoor
	SS-022-B-01	SS-022-B-01	IA-022-B-01	IA-022-B-01	SS-022-B-02	IA-022-B-02	OA-022-G-01
	3/1/2005	3/1/2005	3/1/2005	3/1/2005	3/2/2005	3/2/2005	3/2/2005
Trichloroethene	4400	4700	1.7	1.4	R	2	ND
Vinyl chloride	ND	ND	ND	ND	R	ND	ND
Chloroethane	ND	ND	ND	ND	R	ND	ND
Freon 113	67	75	ND	ND	R	ND	ND
1,1-Dichloroethene	38	32	ND	ND	R	ND	ND
Methylene chloride	ND	ND	ND	ND	R	ND	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND	R	ND	ND
1,1-Dichloroethane	35	41	ND	ND	R	ND	ND
cis-1,2-Dichloroethene	ND	16	ND	ND	R	ND	ND
1,1,1-Trichloroethane	770	800	1	0.89	R	1.8	ND
Tetrachloroethene	96	94	ND	ND	R	1.9	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

R - Rejected. Quality control indicates that the data are unusable (compound may or may not be present).

EIT/Huron Bldg. 023 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Outdoor
	SS-023-B-01	IA-023-B-01	OA-023-G-01
	3/4/2005	3/4/2005	3/4/2005
Trichloroethene	5200	2.6	ND
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	ND	ND	ND
1,1-Dichloroethene	30	ND	ND
Methylene chloride	30	1	0.99 J
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	42	ND	ND
cis-1,2-Dichloroethene	32	ND	ND
1,1,1-Trichloroethane	550	1.7	ND
Tetrachloroethene	340 J	12 J	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 025 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Outdoor
	SS-025-B-01	IA-025-B-01	OA-025-G-01
	3/8/2005	3/8/2005	3/8/2005
Trichloroethene	9800	11	ND
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	ND	1.3	1 J
1,1-Dichloroethene	190	ND	ND
Methylene chloride	ND	ND	1.1
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	110	ND	ND
cis-1,2-Dichloroethene	870	1.6	ND
1,1,1-Trichloroethane	4600	6.4	ND
Tetrachloroethene	89 J	2.2 J	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 026 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Outdoor
	SS-026-B-01	IA-026-B-01	OA-026-G-01
	3/8/2005	3/8/2005	3/8/2005
Trichloroethene	16000	2.1	1
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	ND	1.3	ND
1,1-Dichloroethene	ND	ND	ND
Methylene chloride	ND	ND	1
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND
1,1,1-Trichloroethane	240	5.9	ND
Tetrachloroethene	290 J	150 J	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 028 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Outdoor
	SS-028-B-01	IA-028-B-01	OA-028-G-01
	3/8/2005	3/8/2005	3/8/2005
Trichloroethene	18000	16	0.22
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	ND	1.6	ND
1,1-Dichloroethene	520	ND	ND
Methylene chloride	ND	ND	2.4
trans-1,2-Dichloroethene	36	ND	ND
1,1-Dichloroethane	450	ND	ND
cis-1,2-Dichloroethene	8400	4.1	ND
1,1,1-Trichloroethane	13000	9.4	ND
Tetrachloroethene	ND	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

EIT/Huron Bldg. 029 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Sub-slab Duplicate	First Floor	First Floor Duplicate	Outdoor
	SS-029-1-01	SS-029-1-01	IA-029-1-01	IA-029-1-01	OA-029-G-01
	2/24/2005	2/24/2005	2/24/2005	2/24/2005	2/24/2005
Trichloroethene	310	310	0.85	1	ND
Vinyl chloride	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	ND
Freon 113	ND	ND	ND	ND	ND
1,1-Dichloroethene	ND	ND	ND	ND	ND
Methylene chloride	1.5	1.6	ND	ND	1.6
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND	ND	ND
1,1,1-Trichloroethane	15	14	ND	ND	ND
Tetrachloroethene	22	24	ND	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

EIT/Huron Bldg. 032 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Basement Floor	Sub-slab	Basement Floor	Outdoor
	SS-032-B-01	IA-032-B-01	SS-032-B-02	IA-032-B-02	SS-032-B-03	IA-032-B-03	OA-032-G-01
	3/1/2005	3/1/2005	3/3/2005	3/3/2005	3/3/2005	3/3/2005	3/3/2005
Trichloroethene	430	2.3	10	2	620	1.4	ND
Vinyl chloride	ND	ND	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	ND	ND	ND
Freon 113	ND	ND	1.2	ND	ND	ND	ND
1,1-Dichloroethene	ND	ND	ND	ND	ND	ND	ND
Methylene chloride	ND	ND	3.2	ND	92	ND	1.3
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND	ND	4.1	ND	ND
cis-1,2-Dichloroethene	ND	ND	1.3	ND	36	ND	ND
1,1,1-Trichloroethane	17	ND	0.82 J	ND	20	ND	ND
Tetrachloroethene	250	ND	4.4 J	ND	390 J	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 038 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	First Floor	Outdoor	Outdoor Duplicate
	SS-038-1-01	IA-038-1-01	OA-038-G-01	OA-038-G-01
	3/9/2005	3/9/2005	3/9/2005	3/9/2005
Trichloroethene	21	ND	ND	ND
Vinyl chloride	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND
Freon 113	1.4	ND	0.99 J	ND
1,1-Dichloroethene	ND	ND	ND	ND
Methylene chloride	ND	ND	ND	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND
1,1-Dichloroethane	1.6	ND	ND	ND
cis-1,2-Dichloroethene	2.7	ND	ND	ND
1,1,1-Trichloroethane	1.3	ND	ND	ND
Tetrachloroethene	5.2 J	ND	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 039 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Basement Floor	Outdoor
	SS-039-B-01	IA-039-B-01	SS-039-B-02	IA-039-B-02	OA-039-G-01
	2/25/2005	2/25/2005	2/25/2005	2/25/2005	2/25/2005
Trichloroethene	9.5	ND	150	2.2	ND
Vinyl chloride	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	ND
Freon 113	5.2	3.1	ND	12	ND
1,1-Dichloroethene	ND	ND	ND	ND	ND
Methylene chloride	ND	ND	ND	ND	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND	ND	ND
1,1,1-Trichloroethane	16	ND	12	1.1	ND
Tetrachloroethene	460	1.4	3300	4.6	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

EIT/Huron Bldg. 040 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	First Floor
	SS-040-B-01	IA-040-B-01	SS-040-1-01	IA-040-1-01
	NS [1]	2/17/2005	2/18/2005	2/18/2005
Trichloroethene		0.25 J	1600	0.49 J
Vinyl chloride		ND	ND	ND
Chloroethane		ND	ND	ND
Freon 113		ND	ND	ND
1,1-Dichloroethene		ND	ND	ND
Methylene chloride		ND	ND	ND
trans-1,2-Dichloroethene		ND	ND	ND
1,1-Dichloroethane		ND	ND	ND
cis-1,2-Dichloroethene		ND	ND	ND
1,1,1-Trichloroethane		ND	32	ND
Tetrachloroethene		ND	7.2	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

NS [1] - No sample collected. Water table encountered.

EIT/Huron Bldg. 040 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	First Floor
	SS-040-B-02	IA-040-B-02	SS-040-1-02	IA-040-1-02
	NS [1]	2/17/2005	2/18/2005	2/18/2005
Trichloroethene		ND	3600	1.4
Vinyl chloride		ND	ND	ND
Chloroethane		ND	ND	ND
Freon 113		ND	ND	ND
1,1-Dichloroethene		ND	ND	ND
Methylene chloride		ND	ND	ND
trans-1,2-Dichloroethene		ND	ND	ND
1,1-Dichloroethane		ND	ND	ND
cis-1,2-Dichloroethene		ND	ND	ND
1,1,1-Trichloroethane		ND	130	ND
Tetrachloroethene		ND	39	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

NS [1] - No sample collected. Water table encountered.

EIT/Huron Bldg. 040 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	First Floor	Sub-slab	First Floor	Sub-slab	First Floor	Outdoor
	SS-040-1-03	IA-040-1-03	SS-040-1-04	IA-040-1-04	SS-040-1-05	IA-040-1-05	OA-040-G-01
	2/23/2005	2/17/2005	2/23/2005	2/23/2005	NS [1]	2/23/2005	2/17/2005
Trichloroethene	4000	1	1000	1.4		0.95	ND
Vinyl chloride	ND	ND	ND	ND		ND	ND
Chloroethane	ND	ND	ND	ND		ND	ND
Freon 113	ND	ND	ND	ND		ND	ND
1,1-Dichloroethene	ND	ND	ND	ND		ND	ND
Methylene chloride	ND	ND	ND	1.1		ND	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND		ND	ND
1,1-Dichloroethane	18	ND	ND	ND		ND	ND
cis-1,2-Dichloroethene	ND	ND	ND	ND		ND	ND
1,1,1-Trichloroethane	170	ND	18	ND		ND	ND
Tetrachloroethene	670	1.1	220	2.6		ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

NS [1] - No sample collected. Water table encountered.

EIT/Huron Bldg. 041 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Basement Floor	Sub-slab	Basement Floor
	SS-041-B-01	IA-041-B-01	SS-041-B-02	IA-041-B-02	SS-041-B-03	IA-041-B-03
	2/10/2005	2/10/2005	2/11/2005	2/11/2005	2/11/2005	2/11/2005
Trichloroethene	8200	4.5 J	580	0.41 J	11000	2.2
Vinyl chloride	ND	ND	ND	ND	ND	ND
Chloroethane	ND	ND	25	ND	ND	ND
Freon 113	4600	1.8 J	73	1.1	170	ND
1,1-Dichloroethene	ND	ND	ND	ND	ND	ND
Methylene chloride	84	1.6 J	ND	11	ND	1.2
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND
1,1-Dichloroethane	140	ND	160	ND	100	ND
cis-1,2-Dichloroethene	720	1.2 J	470	ND	1300	0.63
1,1,1-Trichloroethane	610	ND	74	ND	160	ND
Tetrachloroethene	290	ND	5.6	ND	210	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 041 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Basement Floor	Sub-slab	Basement Floor
	SS-041-B-04	IA-041-B-04	SS-041-B-05	IA-041-B-05	SS-041-B-06A [2]	IA-041-B-06
	2/15/2005	2/15/2005	2/11/2005	2/11/2005	3/16/2005	2/15/2005
Trichloroethene	480	4.1	14000	2.2	800	4.3
Vinyl chloride	ND	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	0.91	ND	ND
Freon 113	ND	ND	520	ND	ND	ND
1,1-Dichloroethene	ND	ND	86	ND	ND	ND
Methylene chloride	110	ND	250	1.4	ND	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND
1,1-Dichloroethane	ND	ND	1900	ND	44	ND
cis-1,2-Dichloroethene	ND	0.71	4600	0.76	200	1.7
1,1,1-Trichloroethane	ND	1.2	6700	ND	150	4
Tetrachloroethene	53	ND	3900	ND	66 J	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

2 - Regulator malfunction. Sample recollected.

EIT/Huron Bldg. 041 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Basement Floor	Sub-slab	Basement Floor
	SS-041-B-07	IA-041-B-07	SS-041-B-08	IA-041-B-08	SS-041-B-09	IA-041-B-09
	2/15/2005	2/15/2005	2/15/2005	2/15/2005	2/15/2005	2/15/2005
Trichloroethene	180	3.7	780	5	2000 J	7.2
Vinyl chloride	ND	ND	ND	ND	ND	ND
Chloroethane	15	ND	30	ND	160 J	ND
Freon 113	9	ND	ND	ND	ND	ND
1,1-Dichloroethene	11 J	ND	ND	ND	ND	ND
Methylene chloride	15	ND	56	ND	ND	ND
trans-1,2-Dichloroethene	4.7	ND	ND	ND	120 J	ND
1,1-Dichloroethane	220	ND	550	ND	2400 J	0.97
cis-1,2-Dichloroethene	330	2	2900	0.88	18000 J	3.4
1,1,1-Trichloroethane	710	2.5	340	4	1700 J	6.6 J
Tetrachloroethene	9	ND	ND	ND	ND	1.6

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 041 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Basement Floor	Sub-slab	Basement Floor
	SS-041-B-10	IA-041-B-10	SS-041-B-11	IA-041-B-11	SS-041-B-12	IA-041-B-12
	2/15/2005	2/15/2005	2/16/2005	2/16/2005	2/15/2005	2/15/2005
Trichloroethene	520	2.6	2800	5.6	4000	2.9
Vinyl chloride	ND	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	22	ND
Freon 113	15	ND	ND	ND	ND	ND
1,1-Dichloroethene	ND	ND	320 J	ND	66 J	ND
Methylene chloride	56	ND	ND	ND	220	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND
1,1-Dichloroethane	150	1	260	ND	190	1.7
cis-1,2-Dichloroethene	1800	4.8	7100	1.5	290	7.8
1,1,1-Trichloroethane	250	2	5600	4.2	290	1.7
Tetrachloroethene	25	ND	ND	ND	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 041 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Sub-slab Duplicate	Basement Floor	Sub-slab	Basement Floor	Basement Floor Duplicate
	SS-041-B-13	SS-041-B-13	IA-041-B-13	SS-041-B-14	IA-041-B-14	IA-041-B-14
	2/16/2005	2/16/2005	2/16/2005	2/16/2005	2/16/2005	2/16/2005
Trichloroethene	2400	2500	2.5	7300	2.6	2.5
Vinyl chloride	ND	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	ND	ND
Freon 113	ND	ND	ND	ND	ND	ND
1,1-Dichloroethene	44	47	ND	390	ND	ND
Methylene chloride	ND	ND	ND	ND	ND	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND
1,1-Dichloroethane	250	250	ND	2700	ND	ND
cis-1,2-Dichloroethene	830	790	0.82	18000	0.94	0.95
1,1,1-Trichloroethane	940	930	2.2	1700	2.1	2.2
Tetrachloroethene	540	580	ND	2600	1 J	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 041 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Outdoor
	SS-041-B-15	IA-041-B-15	OA-041-G-01
	2/16/2005	2/16/2005	2/17/2005
Trichloroethene	49000	2.2	0.15 J
Vinyl chloride	710	ND	ND
Chloroethane	2300	ND	ND
Freon 113	ND	ND	ND
1,1-Dichloroethene	5000	ND	ND
Methylene chloride	ND	ND	ND
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	46000	1.5	ND
cis-1,2-Dichloroethene	160000	6.3	ND
1,1,1-Trichloroethane	20000	1.8	ND
Tetrachloroethene	5200	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 042 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Basement Floor	Sub-slab	Basement Floor
	SS-042-B-01	IA-042-B-01	SS-042-B-02	IA-042-B-02	SS-042-B-03	IA-042-B-03
	2/16/2005	2/16/2005	2/16/2005	2/16/2005	2/17/2005	2/17/2005
Trichloroethene	10000	2.8	24000	6.6	5700	8.3
Vinyl chloride	ND	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	ND	ND
Freon 113	ND	ND	ND	ND	ND	ND
1,1-Dichloroethene	ND	ND	1200	0.67	150	1.1
Methylene chloride	ND	ND	ND	ND	ND	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND
1,1-Dichloroethane	ND	ND	300	ND	39	ND
cis-1,2-Dichloroethene	ND	ND	3300	1.4	110	1.5
1,1,1-Trichloroethane	620	2.2	15000	6.2	1300	8.2
Tetrachloroethene	94	1.8	ND	ND	65	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 042 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Basement Floor	Sub-slab	Basement Floor
	SS-042-B-04	IA-042-B-04	SS-042-B-05	IA-042-B-05	SS-042-B-06	IA-042-B-06
	2/16/2005	2/16/2005	2/16/2005	2/16/2005	2/16/2005	2/16/2005
Trichloroethene	24000	12	3700	5.6	44000	6.7
Vinyl chloride	ND	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	ND	0.77
Freon 113	ND	ND	ND	ND	ND	ND
1,1-Dichloroethene	2100	1.1	92	ND	2700	0.64
Methylene chloride	ND	ND	ND	ND	ND	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND
1,1-Dichloroethane	490	ND	31	ND	750	ND
cis-1,2-Dichloroethene	4400	2.3	57	1	9100	1.2
1,1,1-Trichloroethane	30000	12	810	4.7	36000	5.7
Tetrachloroethene	ND	ND	32	ND	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 042 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Basement Floor	Outdoor	Outdoor Duplicate
	SS-042-B-07	IA-042-B-07	SS-042-B-08	IA-042-B-08	OA-042-G-01	OA-042-G-01
	2/17/2005	2/17/2005	2/17/2005	2/17/2005	2/17/2005	2/17/2005
Trichloroethene	130 J	5	21000	14	ND	ND
Vinyl chloride	ND	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	ND	ND
Freon 113	ND	ND	ND	ND	ND	ND
1,1-Dichloroethene	0.72 J	ND	1400	1.4	ND	ND
Methylene chloride	1.2 J	ND	ND	ND	1.1	1.3
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND
1,1-Dichloroethane	0.6 J	ND	300	ND	ND	ND
cis-1,2-Dichloroethene	2.1 J	1.1	3100	2.2	ND	ND
1,1,1-Trichloroethane	7.8 J	3.5	12000	11	ND	ND
Tetrachloroethene	1.3 J	ND	ND	ND	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 045 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Outdoor
	SS-045-B-01	IA-045-B-01	OA-045-G-01
	3/15/2005	3/15/2005	3/10/2005
Trichloroethene	5700	7.1	ND
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	ND	ND	ND
1,1-Dichloroethene	5600	ND	ND
Methylene chloride	ND	1.7	1
trans-1,2-Dichloroethene	140 J	ND	ND
1,1-Dichloroethane	5100	ND	ND
cis-1,2-Dichloroethene	230	ND	ND
1,1,1-Trichloroethane	57000	2.2	ND
Tetrachloroethene	ND	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 046 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Basement Floor	Sub-slab	Basement Floor
	SS-046-B-01	IA-046-B-01	SS-046-B-02	IA-046-B-02	SS-046-B-03	IA-046-B-03
	NS [1]	2/22/2005	NS [1]	2/22/2005	2/18/2005	2/18/2005
Trichloroethene		22		4.4	0.55 J	5.7
Vinyl chloride		ND		ND	ND	ND
Chloroethane		ND		ND	ND	ND
Freon 113		ND		ND	16	1.3
1,1-Dichloroethene		ND		ND	ND	ND
Methylene chloride		140		10	ND	3.3
trans-1,2-Dichloroethene		ND		ND	ND	ND
1,1-Dichloroethane		ND		0.75	ND	1
cis-1,2-Dichloroethene		ND		ND	ND	ND
1,1,1-Trichloroethane		2.9		1.8	16	2.1
Tetrachloroethene		ND		ND	1.7	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

NS [1] - No sample collected. Water table encountered.

EIT/Huron Bldg. 046 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Basement Floor	Sub-slab	Basement Floor
	SS-046-B-04	IA-046-B-04	SS-046-B-05	IA-046-B-05	SS-046-B-06	IA-046-B-06
	2/18/2005	2/18/2005	2/18/2005	2/18/2005	2/23/2005	2/23/2005
Trichloroethene	2.6	3.1	6.9 J	8.2	410	7.3
Vinyl chloride	ND	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	ND	ND
Freon 113	2.5	1.2	4.8 J	1.2	5.6	1.2
1,1-Dichloroethene	ND	ND	ND	ND	ND	ND
Methylene chloride	ND	2.6	1.3 J	1.3	ND	3.8
trans-1,2-Dichloroethene	ND	ND	ND	ND	2.2	ND
1,1-Dichloroethane	ND	0.58 J	3.5 J	1.6	70	1.5
cis-1,2-Dichloroethene	ND	ND	ND	0.64	11	ND
1,1,1-Trichloroethane	19	1.4	28 J	3.5	120	3.1
Tetrachloroethene	2	ND	3.2 J	ND	2.7	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 046 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Sub-slab Duplicate	First Floor	First Floor Duplicate
	SS-046-B-07	IA-046-B-07	SS-046-1-07A [2]	SS-046-1-07A [2]	IA-046-1-07A [2]	IA-046-1-07A [2]
	2/18/2005	2/18/2005	3/16/2005	3/16/2005	3/16/2005	3/16/2005
Trichloroethene	380	8.6	190	130	13	12
Vinyl chloride	ND	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	ND	ND
Freon 113	510	1.4	ND	ND	1.9	1.3
1,1-Dichloroethene	ND	ND	ND	ND	ND	ND
Methylene chloride	ND	ND	ND	ND	4	3.7
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND
1,1-Dichloroethane	490	1.9	65	74	2.5	2.6
cis-1,2-Dichloroethene	ND	0.87	ND	ND	0.99	1.5
1,1,1-Trichloroethane	4800	3.7	520	500	4.7	5.2
Tetrachloroethene	130	ND	68 J	73 J	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

2 - Regulator malfunction. Sample recollected.

EIT/Huron Bldg. 046 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Basement Floor
	SS-046-B-08	IA-046-B-08	SS-046-B-09	IA-046-B-09
	2/22/2005	2/22/2005	2/22/2005	2/22/2005
Trichloroethene	3800	14 J	240	10
Vinyl chloride	ND	ND	ND	ND
Chloroethane	ND	ND	ND	1.2
Freon 113	160	1.5 J	21	1.2
1,1-Dichloroethene	47	0.73 J	4.7	ND
Methylene chloride	ND	ND	ND	1
trans-1,2-Dichloroethene	16	ND	ND	ND
1,1-Dichloroethane	770	3.6 J	110	2
cis-1,2-Dichloroethene	810	0.58 J	4.8	ND
1,1,1-Trichloroethane	570	6.3 J	640	5.2
Tetrachloroethene	ND	ND	5	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 046 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Sub-slab Duplicate	Basement Floor	Basement Floor Duplicate	Outdoor
	SS-046-B-10	SS-046-B-10	IA-046-B-10	IA-046-B-10	OA-046-G-01
	2/22/2005	2/22/2005	2/22/2005	2/22/2005	2/22/2005
Trichloroethene	120000	100000	14	17	ND
Vinyl chloride	ND	ND	ND	ND	ND
Chloroethane	ND	ND	3	2	ND
Freon 113	ND	ND	ND	ND	ND
1,1-Dichloroethene	1100	1100	ND	ND	ND
Methylene chloride	ND	ND	ND	ND	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND
1,1-Dichloroethane	9700	8800	2.4	2.4	ND
cis-1,2-Dichloroethene	5300	4600	ND	ND	ND
1,1,1-Trichloroethane	10000	9200	5.7	6	ND
Tetrachloroethene	ND	ND	ND	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 047 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	First Floor	Sub-slab	First Floor	Outdoor
	SS-047-1-01	IA-047-1-01	SS-047-1-02	IA-047-1-02	OA-047-G-01
	3/15/2005	3/15/2005	3/15/2005	3/15/2005	3/15/2005
Trichloroethene	4200	0.49	800000 J	9	ND
Vinyl chloride	ND	ND	ND	0.66	ND
Chloroethane	ND	ND	ND	1.1	ND
Freon 113	72	7.8	ND	4.4	ND
1,1-Dichloroethene	30	ND	41000 J	1.2	ND
Methylene chloride	ND	1.1	ND	1.8	1.9
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND
1,1-Dichloroethane	610	ND	39000 J	1.8	ND
cis-1,2-Dichloroethene	170	ND	25000 J	5.1	ND
1,1,1-Trichloroethane	640	1.4	190000 J	82	ND
Tetrachloroethene	ND	ND	ND	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 047A -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	First Floor	Outdoor
	SS-047A-1-01	IA-047A-1-01	OA-047A-G-01
	3/15/2005	3/15/2005	3/15/2005
Trichloroethene	ND	0.27	ND
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	83	1.4	ND
1,1-Dichloroethene	ND	ND	ND
Methylene chloride	1.6	1.3	1.4
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND
1,1,1-Trichloroethane	33	ND	ND
Tetrachloroethene	4.1 J	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 048 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Sub-slab	Basement Floor	Outdoor
	SS-048-B-01	IA-048-B-01	SS-048-B-02	IA-048-B-02	OA-048-G-01
	3/11/2005	3/11/2005	3/11/2005	3/11/2005	3/11/2005
Trichloroethene	2.7 J	0.94 J	11 J	0.43	ND
Vinyl chloride	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	ND
Freon 113	2	ND	2.3	1.2	1.2
1,1-Dichloroethene	ND	ND	ND	ND	ND
Methylene chloride	1.3	1.5	ND	1.4	1.7
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND
1,1-Dichloroethane	1	ND	1.9	0.74	ND
cis-1,2-Dichloroethene	1.4	ND	ND	0.86	ND
1,1,1-Trichloroethane	2	2	16	2.4	ND
Tetrachloroethene	ND	ND	3.6 J	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 053 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Outdoor
	SS-053-B-01	IA-053-B-01	OA-053-G-01
	3/11/2005	3/11/2005	3/11/2005
Trichloroethene	1.3 J	0.18	ND
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	2.4	ND	ND
1,1-Dichloroethene	ND	ND	ND
Methylene chloride	1.5	1.7	1.5
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND
1,1,1-Trichloroethane	7.4	0.9	ND
Tetrachloroethene	7.7 J	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 057 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	First Floor	Sub-slab	First Floor	Sub-slab	First Floor
	SS-057-1-01	IA-057-1-01	SS-057-1-02	IA-057-1-02	SS-057-1-03	IA-057-1-03
	3/4/2005	3/4/2005	3/4/2005	3/4/2005	3/4/2005	3/4/2005
Trichloroethene	3.3	ND	24	ND	2.5	1
Vinyl chloride	ND	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	ND	ND
Freon 113	4.1	ND	6.4	ND	ND	1.1 J
1,1-Dichloroethene	ND	ND	ND	ND	ND	ND
Methylene chloride	1.3	ND	2.8	ND	1.3	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND
1,1,1-Trichloroethane	14	ND	19	ND	ND	ND
Tetrachloroethene	7.2 J	ND	1.6 J	ND	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 057 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	First Floor	Sub-slab	First Floor	Outdoor
	SS-057-1-04	IA-057-1-04	SS-057-1-05	IA-057-1-05	OA-057-G-01
	3/4/2005	3/4/2005	3/4/2005	3/4/2005	3/4/2005
Trichloroethene	1000	0.94 J	1200	6.1	ND
Vinyl chloride	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	ND
Freon 113	ND	1.4 J	92000	6.5	ND
1,1-Dichloroethene	6400	ND	ND	ND	ND
Methylene chloride	ND	ND	ND	ND	ND
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND
1,1-Dichloroethane	3900	ND	180	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND	ND	ND
1,1,1-Trichloroethane	20000	ND	4200	ND	ND
Tetrachloroethene	ND	ND	410 J	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 057A -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	First Floor	Outdoor
	SS-057A-1-01	IA-057A-1-01	OA-057-G-01 [1]
	3/4/2005	3/4/2005	3/4/2005
Trichloroethene	59000	17	ND
Vinyl chloride	ND	ND	ND
Chloroethane	ND	7.2	ND
Freon 113	3900	6.9	ND
1,1-Dichloroethene	ND	ND	ND
Methylene chloride	ND	3.2	ND
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	6400	0.81	ND
cis-1,2-Dichloroethene	1600	ND	ND
1,1,1-Trichloroethane	5600	2.3	ND
Tetrachloroethene	ND	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

1 - Outdoor air sample applies to both building 057 and 057A.

EIT/Huron Bldg. 087 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	First Floor	Outdoor
	SS-087-1-01	IA-087-1-01	OA-087-G-01
	3/10/2005	3/10/2005	3/10/2005
Trichloroethene	0.55	ND	ND
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	720	1.2	ND
1,1-Dichloroethene	ND	ND	ND
Methylene chloride	ND	1.2	1.4
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND
1,1,1-Trichloroethane	35	ND	ND
Tetrachloroethene	270 J	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 095 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	First Floor	Outdoor
	SS-095-1-01	IA-095-1-01	OA-095-G-01
	3/9/2005	3/9/2005	3/9/2005
Trichloroethene	1.7	ND	ND
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	4.1	ND	1.2
1,1-Dichloroethene	ND	ND	ND
Methylene chloride	1.7	ND	ND
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND
1,1,1-Trichloroethane	1.7	ND	ND
Tetrachloroethene	6.8 J	ND	3 J

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 096 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Outdoor
	SS-096-B-01A [1]	IA-096-B-01	OA-096-G-01
	3/17/2005	3/9/2005	3/9/2005
Trichloroethene	ND	ND	ND
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	ND	ND	ND
1,1-Dichloroethene	ND	ND	ND
Methylene chloride	1.1 J	ND	ND
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND
1,1,1-Trichloroethane	ND	ND	ND
Tetrachloroethene	1.4 J	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

1 - Regulator malfunction. Sample recollected.

EIT/Huron Bldg. 250 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	First Floor	Sub-slab	First Floor	Sub-slab	First Floor	Outdoor
	SS-250-1-01	IA-250-1-01	SS-250-1-02	IA-250-1-02	SS-250-1-03	IA-250-1-03	OA-250-G-01
	3/2/2005	3/2/2005	3/2/2005	3/2/2005	3/2/2005	3/2/2005	3/2/2005
Trichloroethene	1	ND	1.7	ND	0.91	ND	ND
Vinyl chloride	ND	ND	ND	ND	ND	ND	ND
Chloroethane	0.63	ND	ND	ND	ND	ND	ND
Freon 113	ND	ND	ND	ND	ND	ND	0.99 J
1,1-Dichloroethene	ND	ND	ND	ND	ND	ND	ND
Methylene chloride	1.3	ND	2.4	ND	2.5	ND	2.3
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND	ND	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND	ND
1,1,1-Trichloroethane	4.1	ND	ND	ND	ND	ND	ND
Tetrachloroethene	5.7	ND	2.2	ND	1.8	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 256 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	First Floor	Sub-slab	First Floor	Sub-slab	First Floor	Outdoor
	SS-256-1-01	IA-256-1-01	SS-256-1-02	IA-256-1-02	SS-256-1-03	IA-256-1-03	OA-256-G-01
	3/3/2005	3/3/2005	3/3/2005	3/3/2005	3/3/2005	3/3/2005	3/3/2005
Trichloroethene	ND	ND	ND	ND	0.19	ND	ND
Vinyl chloride	ND	ND	ND	ND	ND	ND	ND
Chloroethane	ND	ND	ND	ND	ND	ND	ND
Freon 113	1.1	1.2	4.7	1.7 J	2.3 J	3.2	ND
1,1-Dichloroethene	ND	ND	ND	ND	ND	ND	ND
Methylene chloride	ND	ND	1.2	ND	ND	ND	1.4
trans-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND	ND	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND	ND
1,1,1-Trichloroethane	1	ND	ND	ND	ND	ND	ND
Tetrachloroethene	ND	ND	2.1	ND	ND	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 257 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Outdoor
	SS-257-B-01	IA-257-B-01	OA-257-G-01
	2/25/2005	2/25/2005	2/25/2005
Trichloroethene	3.1	ND	ND
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	ND	ND	ND
1,1-Dichloroethene	ND	ND	ND
Methylene chloride	2.5	ND	ND
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND
1,1,1-Trichloroethane	3.7	ND	ND
Tetrachloroethene	ND	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

EIT/Huron Bldg. 258 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Outdoor
	SS-258-B-01	IA-258-B-01	OA-258-G-01
	2/25/2005	2/25/2005	NS [1]
Trichloroethene	0.26 J	ND	
Vinyl chloride	ND	ND	
Chloroethane	ND	ND	
Freon 113	ND	ND	
1,1-Dichloroethene	ND	ND	
Methylene chloride	5 J	ND	
trans-1,2-Dichloroethene	ND	ND	
1,1-Dichloroethane	ND	ND	
cis-1,2-Dichloroethene	ND	ND	
1,1,1-Trichloroethane	ND	ND	
Tetrachloroethene	1.5	ND	

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

NS [1] - No sample submitted to laboratory. Cannister possibly tampered with.

EIT/Huron Bldg. 259 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	First Floor	Outdoor
	SS-259-1-01	IA-259-1-01	OA-259-G-01
	3/11/2005	3/11/2005	3/11/2005
Trichloroethene	1.2 J	ND	ND
Vinyl chloride	ND	ND	ND
Chloroethane	ND	ND	ND
Freon 113	1.7	ND	1 J
1,1-Dichloroethene	ND	ND	ND
Methylene chloride	ND	1 J	ND
trans-1,2-Dichloroethene	ND	ND	ND
1,1-Dichloroethane	ND	ND	ND
cis-1,2-Dichloroethene	ND	ND	ND
1,1,1-Trichloroethane	1.5	ND	ND
Tetrachloroethene	15 J	ND	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

EIT/Huron Bldg. 268 -- Compounds detected in February/March 2005 air samples
Endicott, New York
Results are reported in micrograms per cubic meter (mcg/m3)

Compound	Sub-slab	Basement Floor	Outdoor
	SS-268-B-01	IA-268-B-01	OA-268-G-01
	3/11/2005	3/11/2005	3/11/2005
Trichloroethene	R	13	ND
Vinyl chloride	R	ND	ND
Chloroethane	R	ND	ND
Freon 113	R	ND	ND
1,1-Dichloroethene	R	ND	ND
Methylene chloride	R	1.8	1.3
trans-1,2-Dichloroethene	R	ND	ND
1,1-Dichloroethane	R	0.91	ND
cis-1,2-Dichloroethene	R	ND	ND
1,1,1-Trichloroethane	R	8.5	ND
Tetrachloroethene	R	1.5 J	ND

Notes:

Bolded typeface indicates the concentration detected is above typical background levels (i.e., above commonly found concentrations of the chemical in indoor or outdoor air from samples collected that were not near known sources of VOCs)

ND = Compound was analyzed for, but not detected above the laboratory reporting limit

J = Estimated value; results may be biased

R - Rejected. Quality control indicates that the data are unusable (compound may or may not be present).

BLDG 001

COND. PUMP ROOM

SS-001-B-01

IA-001-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Pump Rm BUD6 001	**Collector(s):**	Pm
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	MiniRae 2000 110-005859	**Building No:**	001

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	25252	Canister Serial No.:	25303	Canister Serial No.:	NA
Flow Controller Id No:	5550	Flow Controller Id No:	03-34	Flow Controller Id No:	↓
Start Date/Time:	03/01/05 1414	Start Date/Time:	03/01/05 / 1414	Start Date/Time:	↓
Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	↓
Stop Date/Time:	3/2/05 1414	Stop Date/Time:	3/2/05 1414	Stop Date/Time:	↓
Stop Pressure: (inches Hg)	-3.5	Stop Pressure: (inches Hg)	-28	Stop Pressure: (inches Hg)	↓
Sample ID: IA-001-B-01		**Sample ID:** SS-001-B-01		**Sample ID:**	↓

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	↓
Room	Pump Rm	Floor Slab Thickness (inches) *[if present]*	5"	Distance from Building	↓
Indoor Air Temp (°F)	78 °F	Potential Vapor Entry Points Observed?	MANY CRACKS IN FLOOR/ WALLS - PEELING PAINT	Intake Height Above Ground Level (ft.)	↓
Intake Height Above Floor Level (ft.)	49"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	↓
Noticeable Odor?	OIL & GREASE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-7"	Distance to nearest Roadway (ft.)	↓
PID Reading (ppm)	0.8	PID Reading (ppm)	0.5	PID Reading (ppm)	↓
Barometric Pressure ("Hg or mb)	29.325	Noticeable Odor?	NONE	Noticeable Odor?	↓
Duplicate Sample?	NONE	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	↓
—	↓	Duplicate Sample?	NONE		↓
—	↓			—	↓

Comments:

* base broken

Signature: S. Schuckart

OSR – 3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/1/05 1416

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Walter First Name: Ronald

Address: Huron Mngmnt

County: Broome

Home Phone: — Office Phone: 607-755-8287

Number of Occupants/persons at this location 50± Age of Occupants > 18

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

Interviewed: (Y) / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6023

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)~~

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) pump room

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? NA

Other characteristics:

Number of floors_____ Building age 101 yrs.

Is the building insulated? Y / N UNKNOWN How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

Location is in pump room which is directly below the electrical room. Open grates in pump room ceiling allow free air flow.

Airflow near source

DRAFT ENTERING ROOM FROM ADJOINING PUMP ROOM
COOL AIR ENTERS WARM ROOM

Outdoor air infiltration

Yes, there are open doors to the NW of the pump room where cold air is entering.

Infiltration into air ducts

No ductwork.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 12 (feet)

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

Many Larger Cracks in floor opening in wall ~8' to the south of sample
Walls Cracked & Peeling where piping exits.

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

NO DUCTWORK

RADIANT HEAT - HIGH & LOW PRESSURE STEAM

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	ELECTRICAL ROOM / SUB BASEMENT PUMP ROOM
1st Floor	N/A
2nd Floor	N/A
3rd Floor	N/A
4th Floor	N/A

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. **Is there an attached garage?** Y / N

b. **Does the garage have a separate heating unit?** Y / N / NA

c. **Are petroleum-powered machines or vehicles stored in the garage** (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. **Has the building ever had a fire?** Y / N When?_____

e. **Is a kerosene or unvented gas space heater present?** Y / N Where?_____

f. **Is there a workshop or hobby/craft area?** Y / N Where & Type?_____

g. **Is there smoking in the building?** Y / N How frequently?_____

h. **Have cleaning products been used recently?** Y / N When & Type?_____

i. **Have cosmetic products been used recently?** Y / N When & Type?_____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? WD-40 & some grease

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

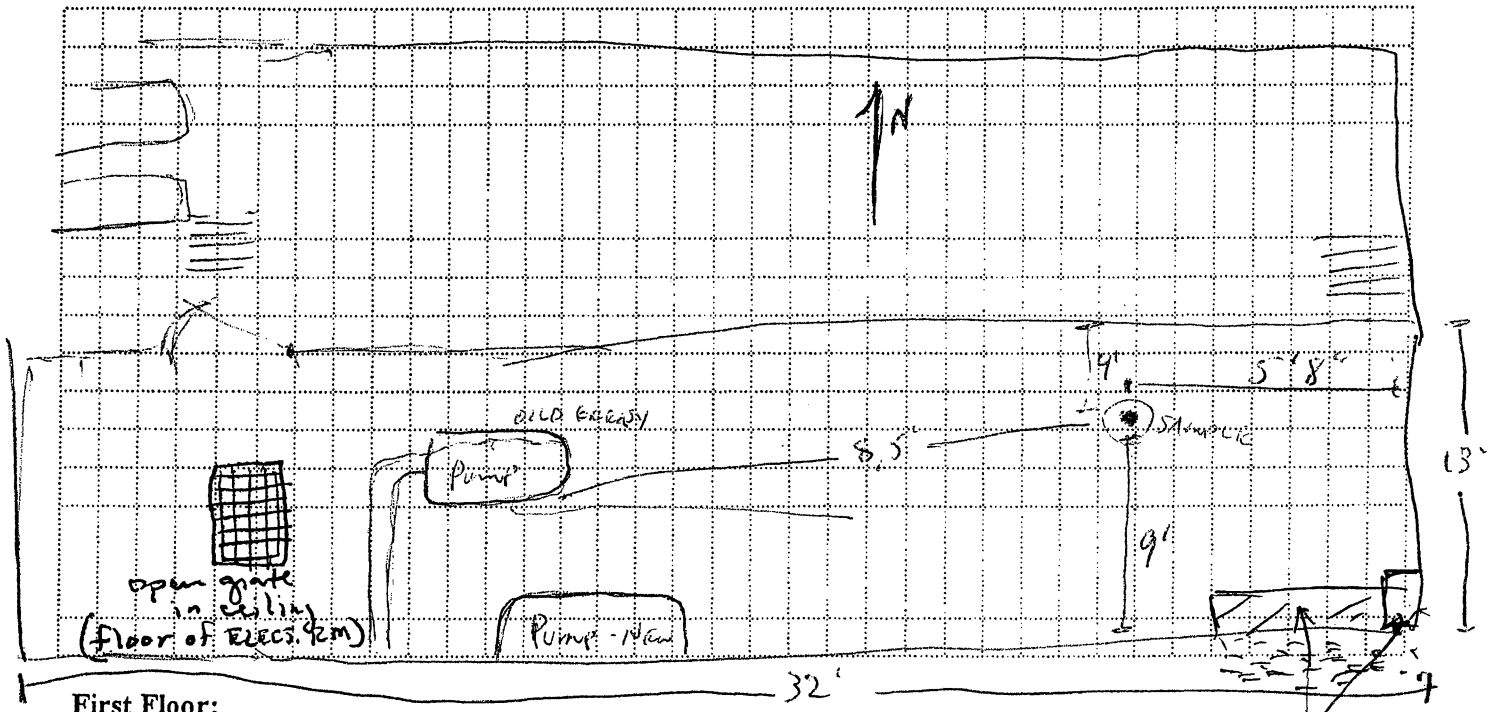
d. Relocation package provided and explained to residents? Y / N

001 – 8 – 01

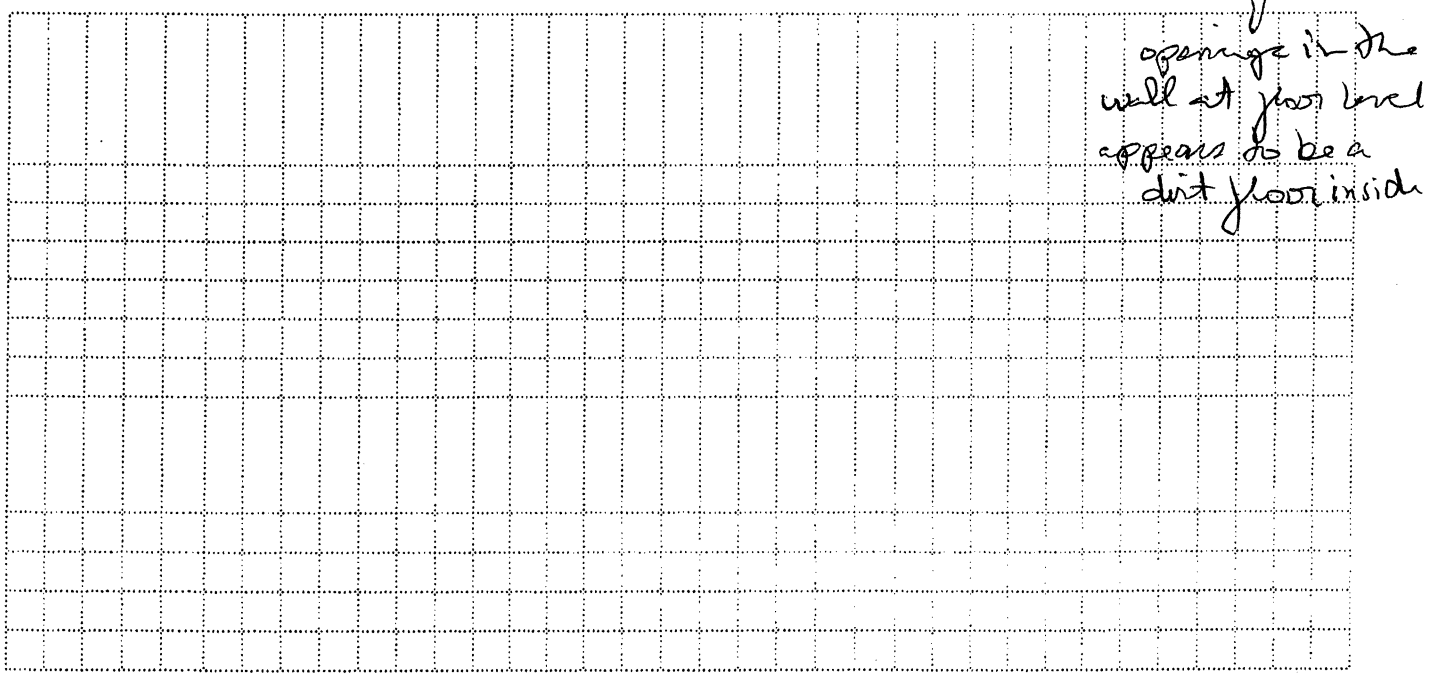
11. FLOOR PLANS

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.

Basement:



First Floor:

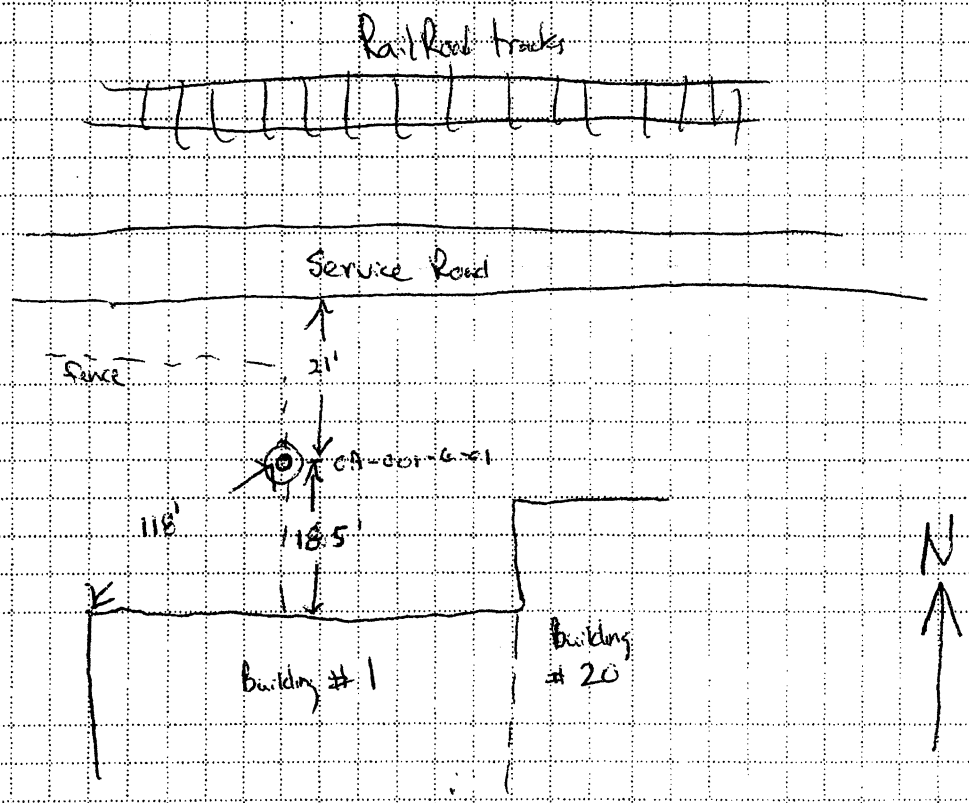


001-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



001-B-01

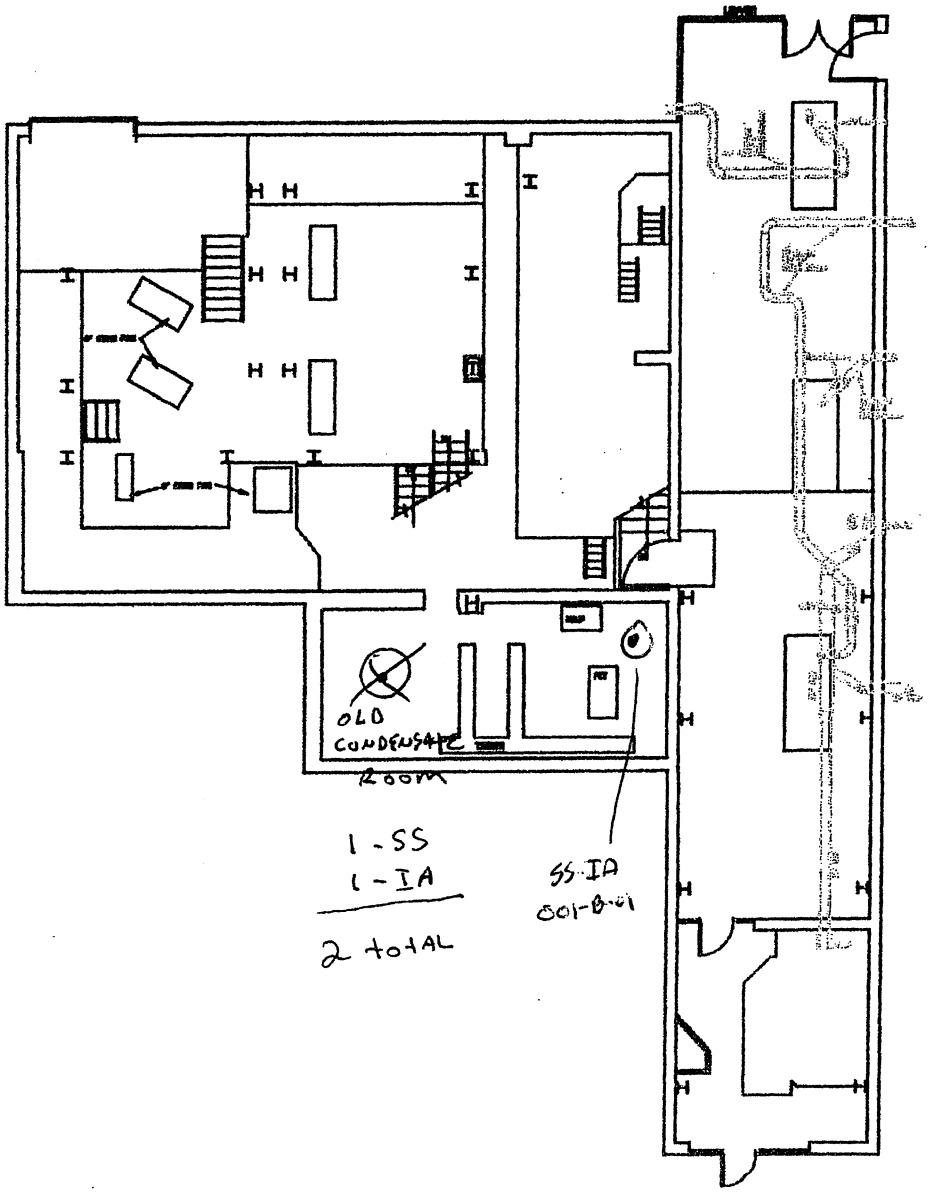
13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE PID 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
001-B-01	DTE LITE	1 GAL	U	NOT LABELED		Y
PUMP ROOM	40 WT INDUSTRIAL	1 GAL	U	NOT LABELED		Y
"	OIL					
"	OPEN TUB OF OIL-LIKE	64 OZ	U/D	NOT LABELED		Y
"	SUBSTANCE					
"	TELLUS 68	128 OZ	U	NOT LABELED		Y
"	-DTE HEAVY MED					
"	SIKADUR 35 HI MOD LV	256 OZ	U	BENZYL ALCOHOL, NONYLPHENOL, 2,4,6, TRIPHENOL, AROMATIC		Y
"	-EPOXY ADHESIVE			HYDROCARBON		
"	VARIOUS OPEN OR					Y
"	CONTAINERS					
ADJOINING	EXXON LUBRICATING	5 LB	U/D	LID DETERIORATED & MISSING		Y
PUMP RM	GREASE			∴ CANNOT READ INGREDIENTS		
	GREAM HAND CLEANER	15 OZ	U	ISOPARAFFINS, SODIUM OLEATE, OCTOXYNOL 9, PROPYLENE		Y
				GLYCOL, NONOXYNOL-9, LANOLIN, SODIUM O-PHENYLPHENATE, SODIUM		
				BENZOATE, FD&C RED NO. 4		
	VARIOUS UNLABELED CANS	N	U/D	NO LABELS		Y
↓	↓	↓	↓	↓	↓	↓

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.



Bld. 1

HURON

BLDG 1

OA-001-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	NORTH SIDE OF BLDG 001	**Collector(s):**	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	MINIRAE 2000 110-005859	**Building No:**	001

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	NA	Canister Serial No.:	NA	Canister Serial No.:	12014
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	5882
Start Date/Time:		Start Date/Time:		Start Date/Time:	03/01/05/1423
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-30
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/2/05 1423
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-3.5
Sample ID:		**Sample ID:**		**Sample ID:**	OA-001-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	NA	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	OA
Story/Level		Basement or Crawl Space?		Direction from Building	NORTH
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	18'6"
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	56"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	TEFLON
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	21'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	No
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	NONE
		Duplicate Sample?			

Comments:

Signature: S Schuchart

OSR – 3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Shannon Schuchart Date/Time Prepared 3/16/05 1440

Preparer's Affiliation ~~Popli Consulting~~ ERM Phone No. ~~305-300-2000~~ 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Walter First Name: Ronald

Address: Huron Mngmnt

County: Broome

Home Phone: – Office Phone: 607-755-8287

Number of Occupants/persons at this location 50± Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mngmnt Endicott, NY

County: Broome

Home Phone: NA Office Phone: 607 755-6073

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)

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? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N If yes, how many? NA

Other characteristics:

Number of floors NA Building age NA

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

NA

Airflow near source

NA

Outdoor air infiltration

NA

Infiltration into air ducts

NA

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

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

NA

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) NA

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene	NA
Electric	Propane	Solar	
Wood	Coal		

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____	NA
Air Conditioning:	Central Air	Window units	Open Windows	None	NA

Are there air distribution ducts present? Y / N NA

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.

NA

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	NA
1st Floor	NA
2nd Floor	NA
3rd Floor	NA
4th Floor	NA

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage?	Y / N NA	
b. Does the garage have a separate heating unit?	Y / N / NA NA	
c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)	Y / N / NA	Please specify NA
d. Has the building ever had a fire?	Y / N	When? NA
e. Is a kerosene or unvented gas space heater present?	Y / N	Where? NA
f. Is there a workshop or hobby/craft area?	Y / N	Where & Type? NA
g. Is there smoking in the building?	Y / N	How frequently? NA
h. Have cleaning products been used recently?	Y / N	When & Type? NA
i. Have cosmetic products been used recently?	Y / N	When & Type? NA

j. Has painting/staining been done in the last 6 months? Y / N Where & When? NA

k. Is there new carpet, drapes or other textiles? Y / N Where & When? NA

l. Have air fresheners been used recently? Y / N When & Type? NA

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? NA

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? NA

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? NA

Are there odors in the building? Y / N NA
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N N/A
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? NA

If yes, are their clothes washed at work? Y / N NA

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown NA
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

9. WATER AND SEWAGE NA

Water Supply:	Public Water	Drilled Well	Driven Well	Dug Well	Other: _____
Sewage Disposal:	Public Sewer	Septic Tank	Leach Field	Dry Well	Other: _____

10. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

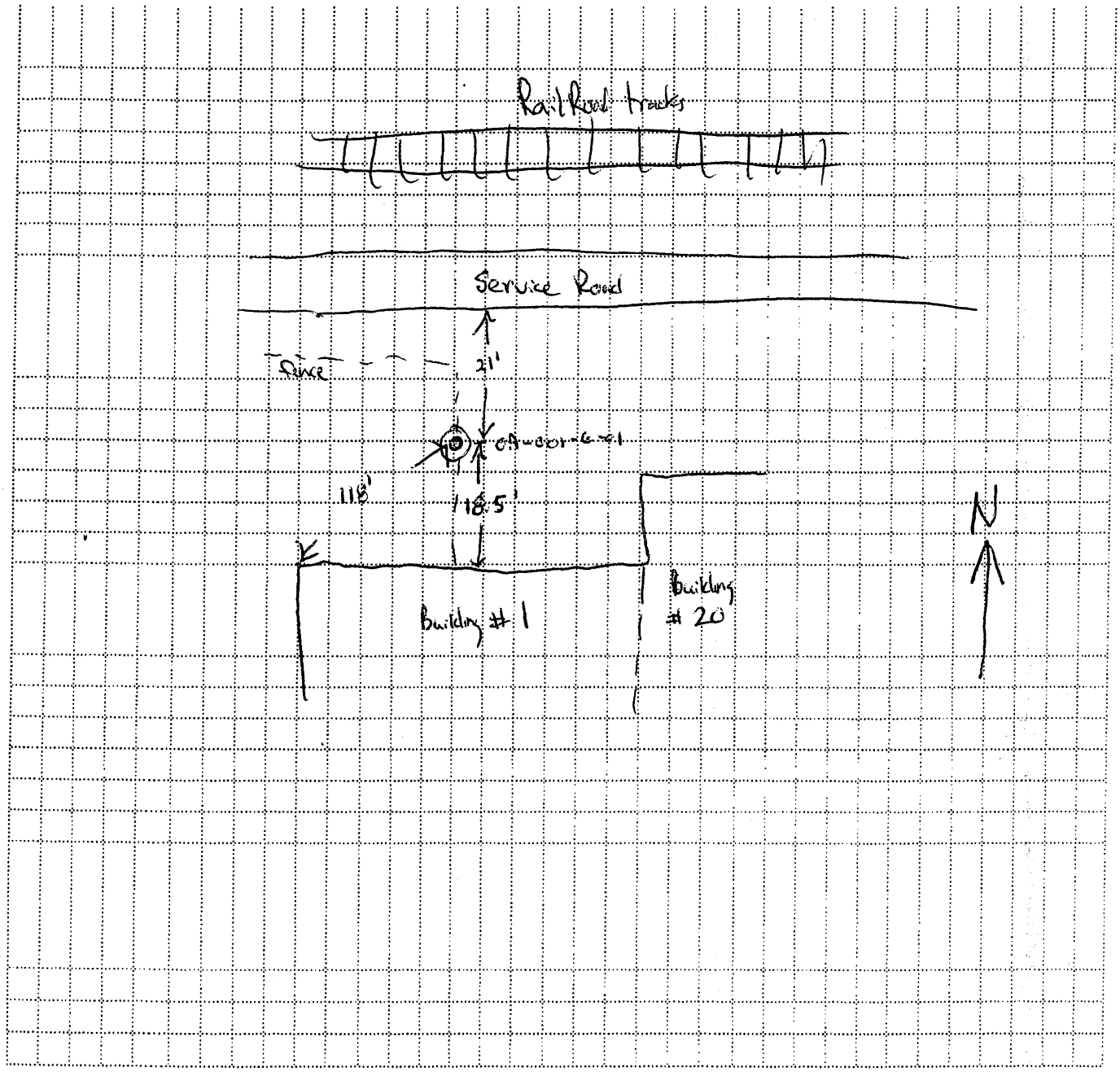
First Floor:

001-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



001-6-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
NA	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 3

COL. 15

SS-003-B-01

IA-003-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Inside clean Rm near column 15 Bldg 003	Collector(s):	TM DV
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MiniRAE 2000 - 110 - 005859	Building No:	003

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	~~9549~~ DV 1623	Canister Serial No.:	9549	Canister Serial No.:	NA
Flow Controller Id No:	~~03-46~~ DV 103-05	Flow Controller Id No:	03-46	Flow Controller Id No:	
Start Date/Time:	03/01/05 / ~~-27~~ 0957	Start Date/Time:	03/01/05 / 0957	Start Date/Time:	
Start Pressure: (inches Hg)	~~0957~~ -27	Start Pressure: (inches Hg)	~~0957~~ -29	Start Pressure: (inches Hg)	
Stop Date/Time:	3/2/05 0957	Stop Date/Time:	3/2/05 0957	Stop Date/Time:	
Stop Pressure: (inches Hg)	-5.5	Stop Pressure: (inches Hg)	-2.5	Stop Pressure: (inches Hg)	
Sample ID: IA-003-B-01		**Sample ID:** SS-003-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	Clean Rm near col. 15	Floor Slab Thickness (inches) *[if present]*	6"	Distance from Building	
Indoor Air Temp (°F)	71.6°F	Potential Vapor Entry Points Observed?	NONE	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	49"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-8"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.45	Noticeable Odor?	NONE	Noticeable Odor?	
Duplicate Sample?	YES	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	YES		

Comments:

Signature: Todd R Marsh

OSR – 3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-29-05 1300

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Potenzino First Name: Larry

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-2454

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Manufacturing

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? N/A

Other characteristics:

Number of floors 4 Building age 98 yrs

Is the building insulated? Y / N Unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

Very thick and compacted floors

Airflow near source

Supply Air Vents overhead of sample - minimal

Outdoor air infiltration

Dock area but quite removed

Infiltration into air ducts

None

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with paint	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 8 (feet)

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

Wooden floor in good condition

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

AIR SUPPLY LOCATED IN VARIOUS LOCATIONS IN DROP CEILING - AIR RETURN IN 2 LOCATIONS ON WALL @ HEAD LEVEL

DUCTWORK NOT VISIBLE IN MOST CASES

WHERE IT IS VISIBLE, DUCT IN GOOD CONDITION

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	manufacturing and storage
1st Floor	manufacturing and offices
2nd Floor	offices
3rd Floor	"
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage?	Y / N	
b. Does the garage have a separate heating unit?	Y / N / NA	
c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)	Y / N / NA	Please specify
d. Has the building ever had a fire?	Y / N	When?
e. Is a kerosene or unvented gas space heater present?	Y / N	Where?
f. Is there a workshop or hobby/craft area?	Y / N	Where & Type?
g. Is there smoking in the building?	Y / N	How frequently?
h. Have cleaning products been used recently?	Y / N	When & Type? Unknown
i. Have cosmetic products been used recently?	Y / N	When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

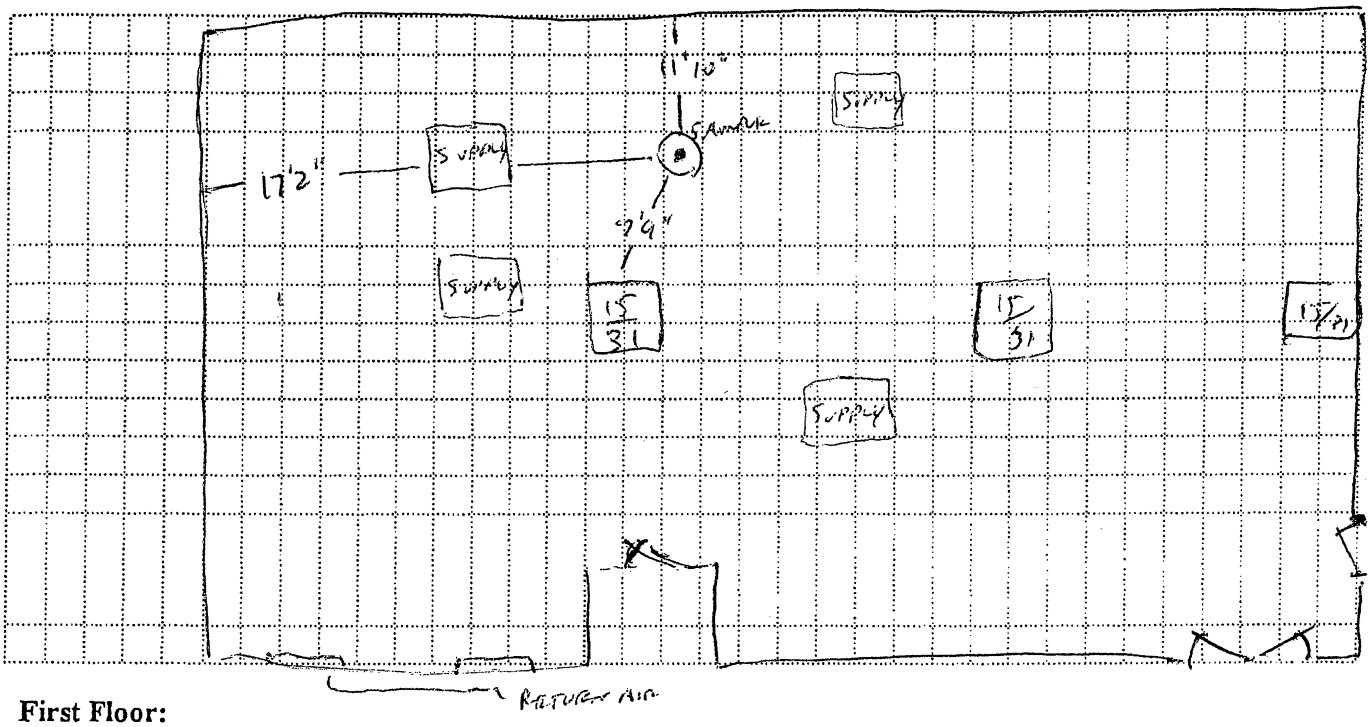
11. FLOOR PLANS

003 - B - 01

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.

N

Basement:



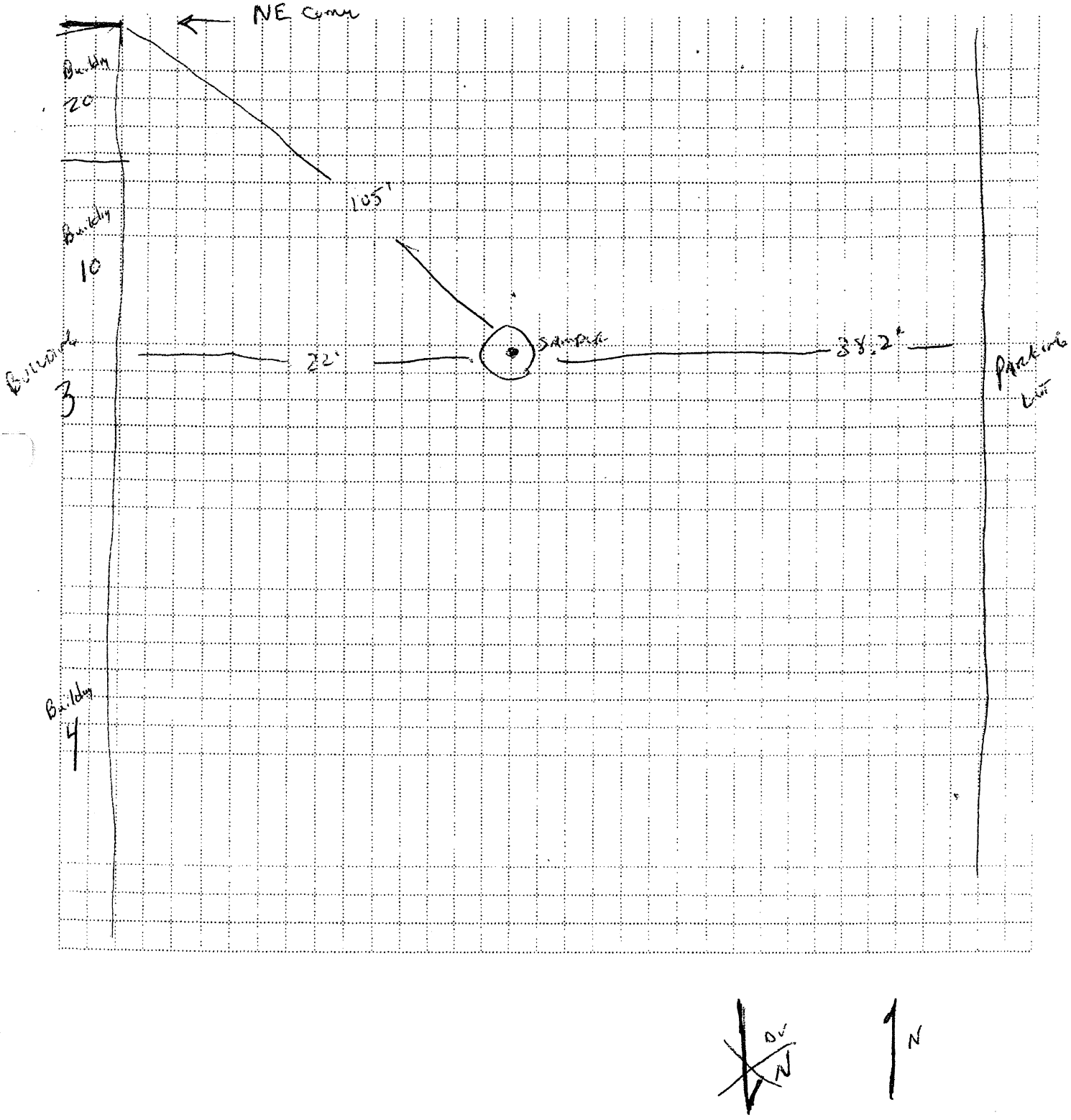
First Floor:

003 - 6 - 01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



003-B-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
NONE	NONE	NONE	NONE	NONE	NONE	NONE

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLOG. 3

SS DUP 030105-01

IA DUP 030105-02

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	inside clean Rm, near column 15	Collector(s):	Th
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	Mini Rae 2000 110-005859	Building No:	003

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	4200	Canister Serial No.:	31155	Canister Serial No.:	NA
Flow Controller Id No:	03-05	Flow Controller Id No:	58-72	Flow Controller Id No:	
Start Date/Time:	03/01/05/0957	Start Date/Time:	03/01/05/0957	Start Date/Time:	
Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	
Stop Date/Time:	3/2/05 0957	Stop Date/Time:	3/2/05 0957	Stop Date/Time:	
Stop Pressure: (inches Hg)	-6.5	Stop Pressure: (inches Hg)	-3.0	Stop Pressure: (inches Hg)	
Sample ID: IA-DUP030105-02		**Sample ID:** SSRP030105-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Near Col. 15	Floor Slab Thickness (inches) *[if present]*	6"	Distance from Building	
Indoor Air Temp (°F)	~~80.4°F~~ DV 71.6°F	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	49"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-8"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.45	Noticeable Odor?	None	Noticeable Odor?	
Duplicate Sample?	Yes	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
—	—	Duplicate Sample?	Yes		
—	—			—	

Comments:

Signature: Todd E Marsh

BLDG 3

OA-003-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	E. SIDE of BUILDING	**Collector(s):**	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	MINI RAE 2000 110 - 005859	**Building No:**	003

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	NA	Canister Serial No.:	NA	Canister Serial No.:	21077
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	55-30
Start Date/Time:		Start Date/Time:		Start Date/Time:	03/01/05 / 1012
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-30+
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/2/05 1012
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-30+
Sample ID:		**Sample ID:**		**Sample ID:**	OA-003-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	NA	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	A
Story/Level		Basement or Crawl Space?		Direction from Building	~~22~~ ~~WEST~~ OV EAST
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	22'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	53"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	TEFLON
Noticeable Odor?		If *A* , intake depth, if *A-1* , Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	~~Fa~~ 38.2'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	NONE
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	NA
—		Duplicate Sample?			
—				—	

Comments:

Signature: Todd R Marsh

OSR – 3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-29-05 1240

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Potenzino First Name: Larry

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-2454

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) manufacturing

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? N/A

Other characteristics:

Number of floors 4 Building age 98 yrs

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

Outside Air Sample

Outdoor air infiltration

Outside Air Sample

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with paint	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N not applicable			

Basement/Lowest level depth below grade: 8 (feet)

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

NA

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

N/A

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Manufacturing – Storage
1st Floor	Manufacturing – offices
2nd Floor	offices
3rd Floor	offices
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

NA

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type?

i. Have cosmetic products been used recently? Y / N When & Type?

N/A

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

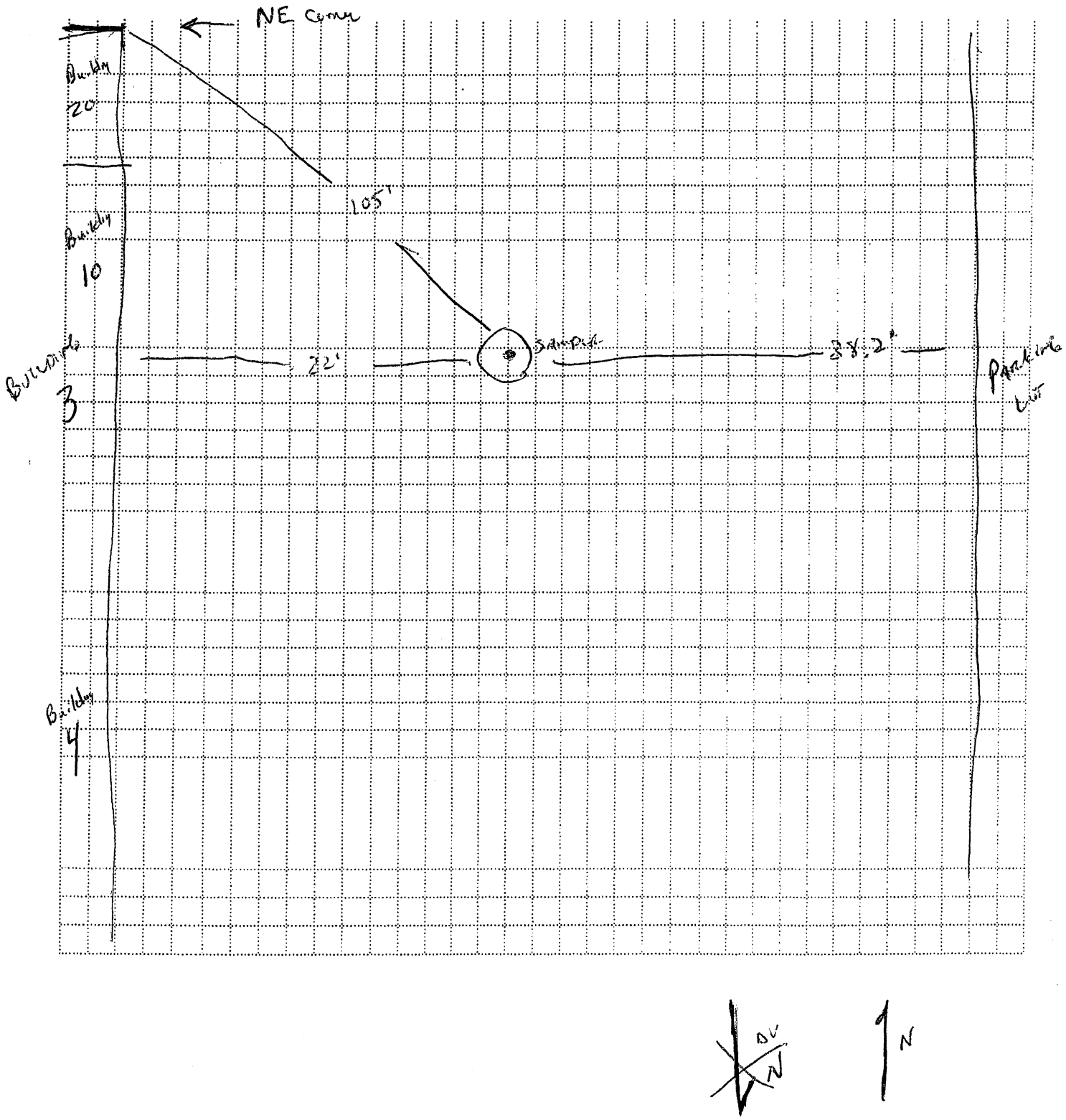
First Floor:

003 - 6 - 01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



023-6-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
NA	NA	NA	NA	NA	0.0 NA	NA

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BOX. 04

OA-004-G-01 (E)

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 04 - outdoors	Collector(s):	TM, DV, SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Thermo 580 B - 33689 - 245	Building No:	004

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	10782
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	103-03
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/8/05 1551
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-29
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/8/05 1551
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-3 in Hg
Sample ID:		**Sample ID:**		**Sample ID:**	OA-004-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3…)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	East
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	55-5'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	50"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	111'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	No
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	No
—		Duplicate Sample?		—	

Comments:

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-29-05 1325

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Hartmann First Name: Robert

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6667

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) manufacturing

Does it include residences (i.e. multi-use)? Y / N (N circled) If yes, how many? N/A

Other characteristics:

Number of floors 4 Building age 94 yrs

Is the building insulated? Y / N Unknown How air tight? Tight / Average / Not Tight (Tight circled)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

↓

Airflow near source

Outside Air Sample

↓

Outdoor air infiltration

Outside Air Sample

↓

Infiltration into air ducts

N/A

↓

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with paint	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y N			
k. Water in sump?	Y N not applicable			

Basement/Lowest level depth below grade: 8 (feet)

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

N/A

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

N/A

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Engineering Lab – office space
1st Floor	Manufacturing – office space
2nd Floor	office space
3rd Floor	office space
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? many acids - cleaners - thinners

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

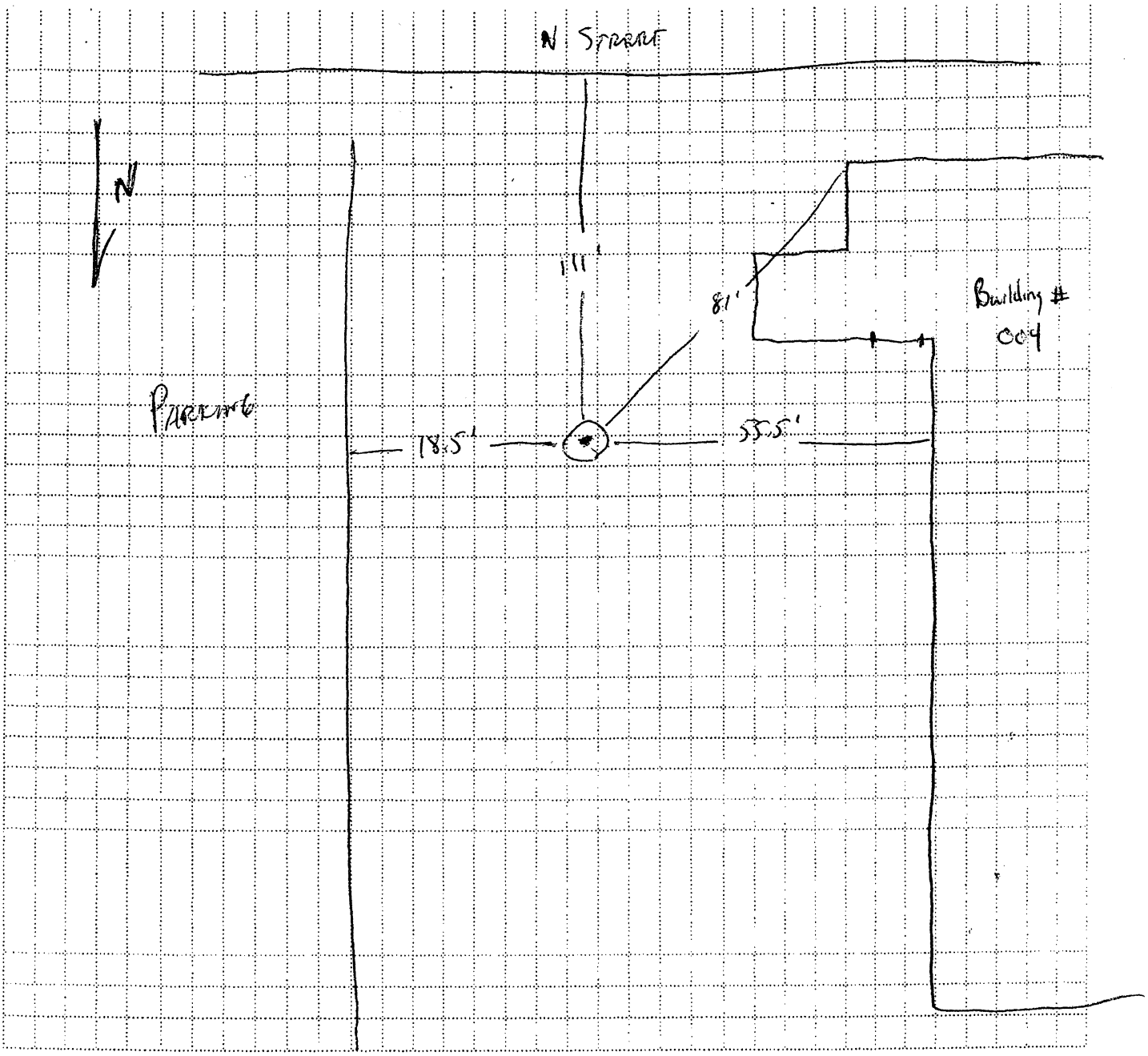
First Floor:

7
004- G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



OA-004-G-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Thermo

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
near sample		N/A	N/A	none	0.0	N/A

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 4

OFFICE E-014

SS-004-B-01

IA-004-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	NEXT OFFICE E-014	Collector(s):	TM, DV, SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Thermo 580B- 33689 - 245	Building No:	004

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	35138	Canister Serial No.:	33544	Canister Serial No.:	
Flow Controller Id No:	102-10	Flow Controller Id No:	103-13	Flow Controller Id No:	
Start Date/Time:	3/7/05 1541	Start Date/Time:	3/7/05 1541	Start Date/Time:	
Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	3/8/05 1541	Stop Date/Time:	3/8/05 1541	Stop Date/Time:	
Stop Pressure: (inches Hg)	-5.0	Stop Pressure: (inches Hg)	-3.5	Stop Pressure: (inches Hg)	
Sample ID: IA-004-B-01		**Sample ID:** SS-004-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	basement	Basement or Crawl Space?	basement	Direction from Building	
Room	E-014	Floor Slab Thickness (inches) *[if present]*	7"	Distance from Building	
Indoor Air Temp (°F)	72.0°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	9"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.3	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.62	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
		Duplicate Sample?	No		

Comments:

Signature: Todd L Marsh

004-B-01

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/7/05 1520

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Hartmann First Name: Robert

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6667

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential	School	Commercial/Multi-Use
Industrial	Church	Other: _____

004-B-01

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

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) General Manuf./offices

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 4 Building age 94 yrs

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's deliver air to each floor separately

Airflow near source

MINIMAL AIRFLOW NEAR SOURCE
SUPPLY AIR OVER SAMPLE LOCATION NOT BLOWING AIR @ TIME OF SAMPLING

Outdoor air infiltration

No avenues to outside air observed

Infiltration into air ducts

Air ducts not visible (behind drop ceiling).

004-B-01

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE	
e. Concrete floor:	unsealed	sealed	sealed with Glue/Tile	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 8 (feet)

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

None - floor Tiles in Good Condition

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

004-B-01

Are there air distribution ducts present? Y / N

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.

Air vents exposed in drop ceiling are in good condition

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	~~General~~ Engineering Lab and office space
1st Floor	Manufacturing and office space
2nd Floor	office space
3rd Floor	office space
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? acids - thinners - cleaners

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

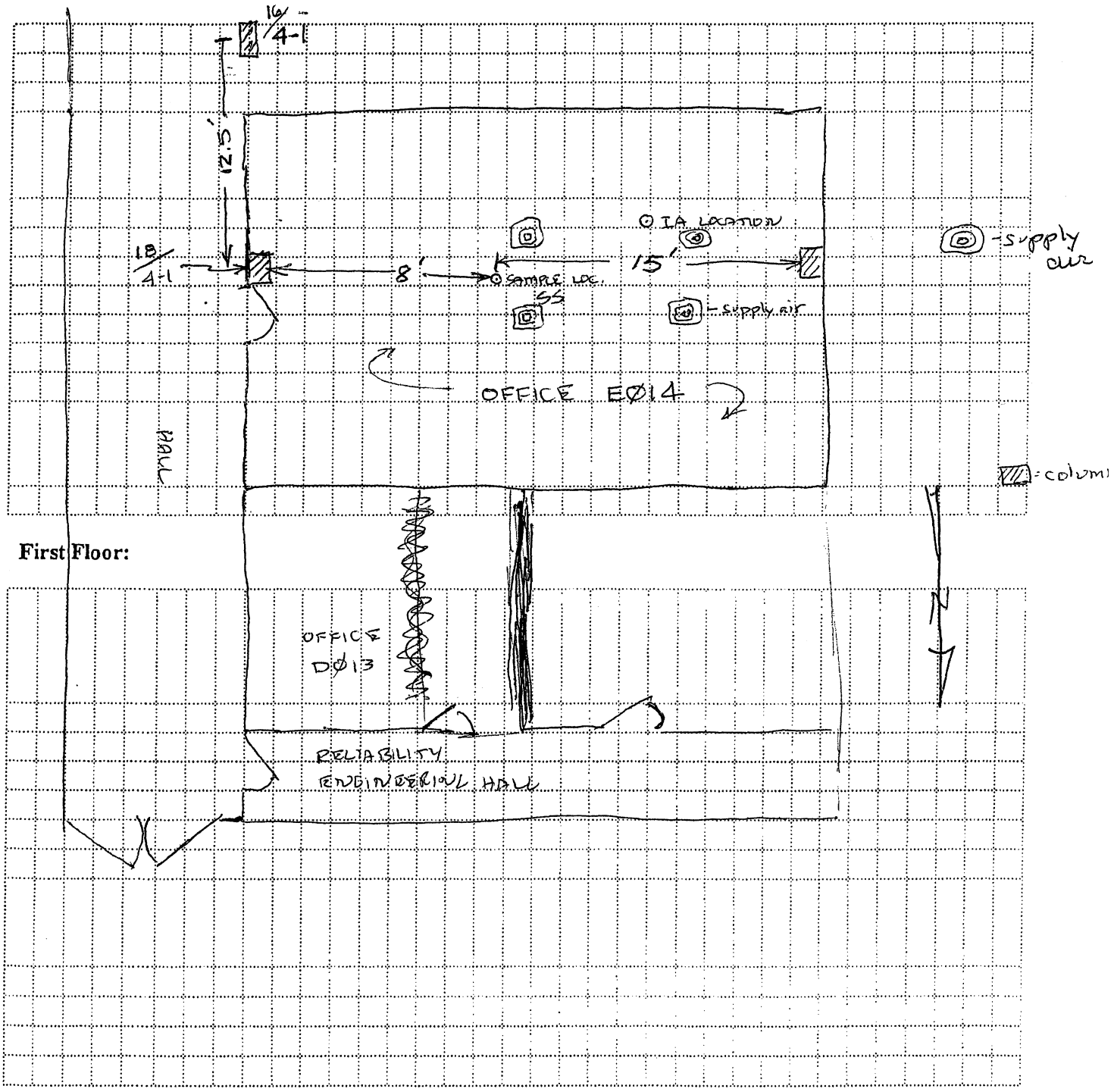
d. Relocation package provided and explained to residents? Y / N

004-B-01

11. 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.

Basement:



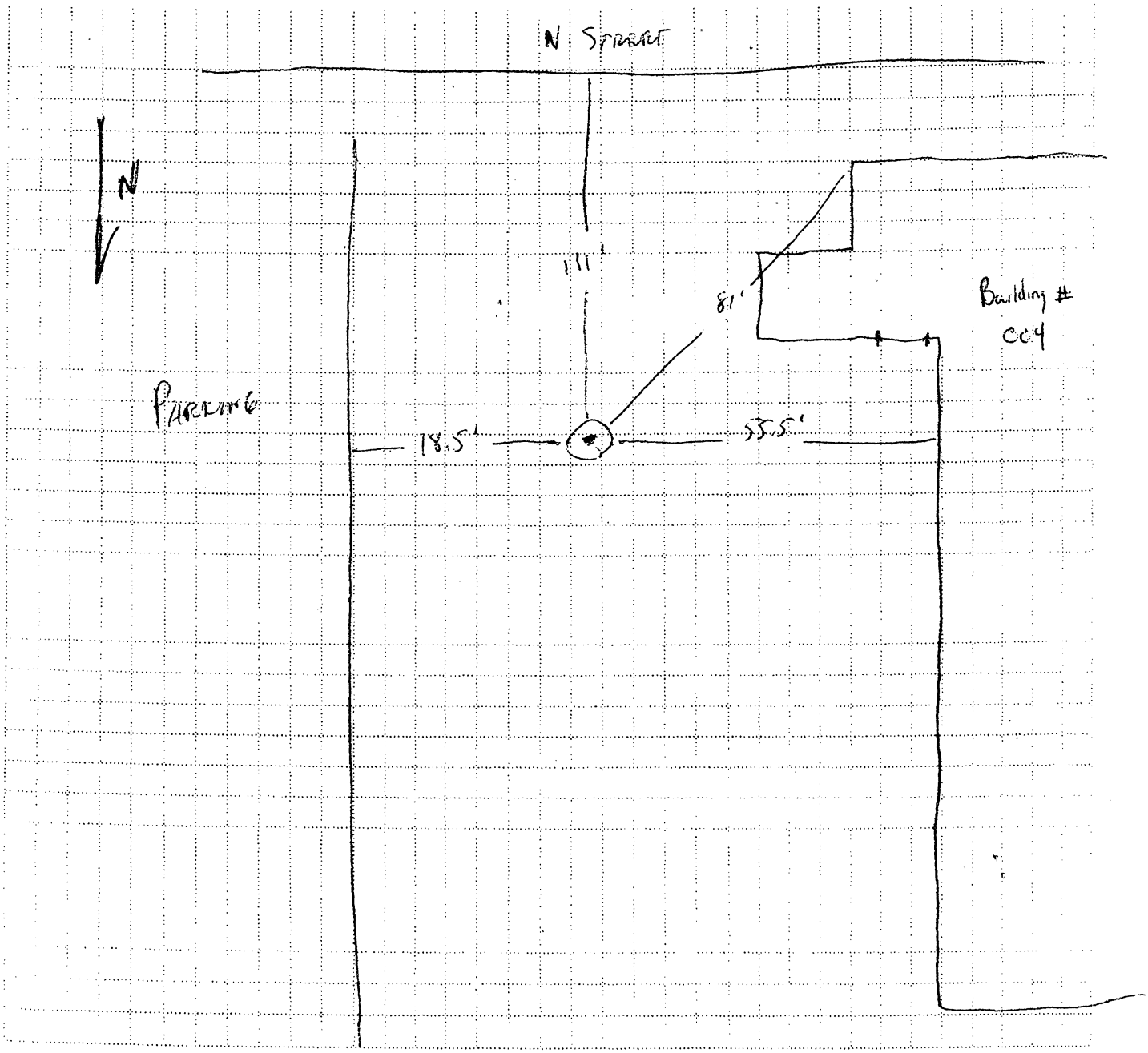
First Floor:

7
004- G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



004-B-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Thermo -580B

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
OFFICE F 014	WINDEX	32.50z	✓	STANDARD WINDEX	0.0	N
	AMMONIA HAZARD	32.00z	✓	NA	0.0	N

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 8

COL. 1

SS-008-B-01

IA-008-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	AT TRANSITION from BUILDING 22 TO 8 NEAR VENDING	**Collector(s):**	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	MiniRAE 2000	**Building No:**	08

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	13360	Canister Serial No.:	34348	Canister Serial No.:	NA
Flow Controller Id No:	103-99	Flow Controller Id No:	53-53	Flow Controller Id No:	
Start Date/Time:	02/28/05 / 0910	Start Date/Time:	02/28/05 / 0910	Start Date/Time:	
Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	3/1/05 910	Stop Date/Time:	3/1/05 910	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	
Sample ID: IA-008-B-01		**Sample ID:** SS-008-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	HALLWAY	Floor Slab Thickness (inches) *[if present]*	6"	Distance from Building	
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?	NONE	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-8"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.0	Noticeable Odor?	NONE	Noticeable Odor?	
Duplicate Sample?	NONE	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NONE		

Comments:

* SAMPLE LOCATED ACROSS HALL FROM VENDING MACHINES

Signature: S Schuchat

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/1/05 1015

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Latta First Name: Dave

Address: Huron

County: Broome

Home Phone: N/A Office Phone: 607-755-8150

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N (Y circled) If yes, how many? NA

Other characteristics:

Number of floors 1 Building age 93+

Is the building insulated? Y / N UNKNOWN How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's deliver air to each floor separately.

Airflow near source

None - Sample located in L-cove in hallway

Outdoor air infiltration

No avenues to outside air observed

Infiltration into air ducts

No air ducts observed

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with Paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with Paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

None - floor in good condition - No Cracks

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)

Hot air circulation P	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:

Natural Gas P	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

~~No Ductwork~~ w NO DUCTWORK - SLIGHT DRAFT IN HALLWAY

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	GENERAL MANUFACTURING
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage?	Y / N	
b. Does the garage have a separate heating unit?	Y / N / NA	
c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)	Y / N / NA	Please specify_____
d. Has the building ever had a fire?	Y / N	When?_____
e. Is a kerosene or unvented gas space heater present?	Y / N	Where?_____
f. Is there a workshop or hobby/craft area?	Y / N	Where & Type?_____
g. Is there smoking in the building?	Y / N	How frequently?_____
h. Have cleaning products been used recently?	Y / N	When & Type? unknown
i. Have cosmetic products been used recently?	Y / N	When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

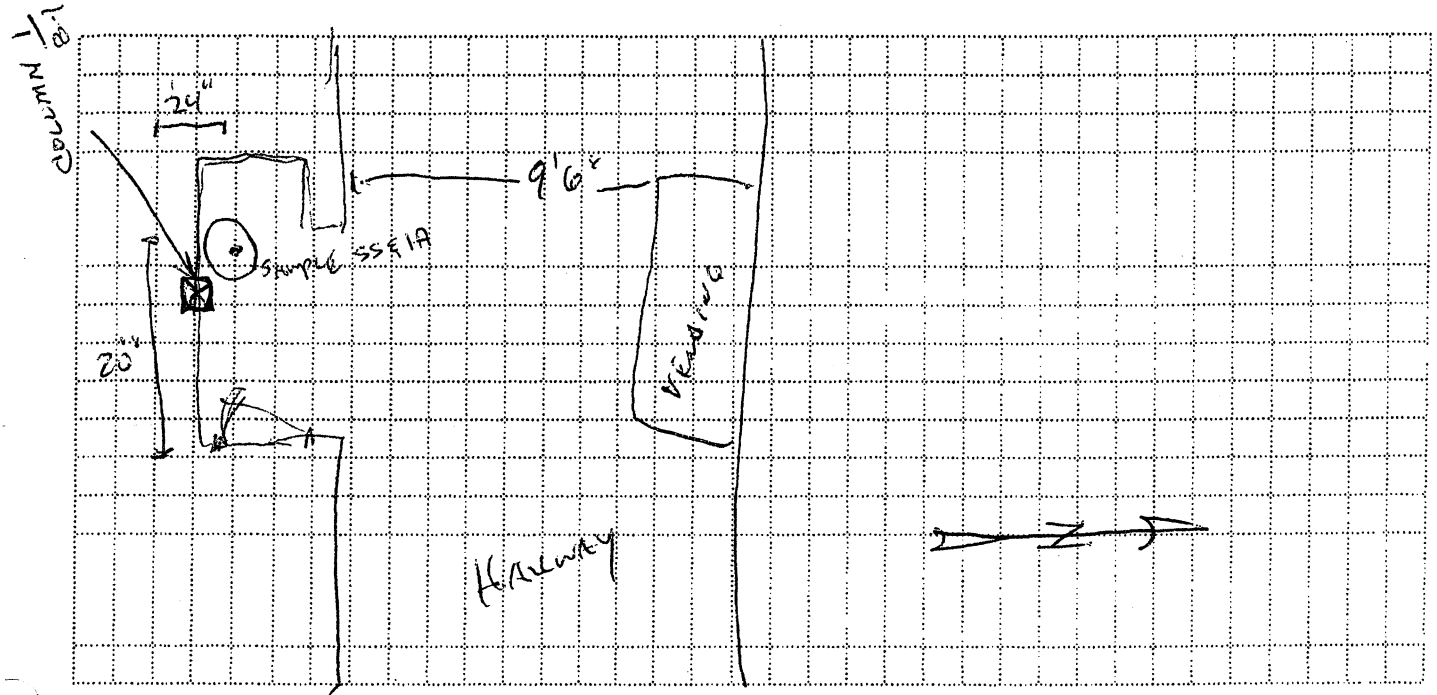
d. Relocation package provided and explained to residents? Y / N

08-B-01

11. 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.

Basement:



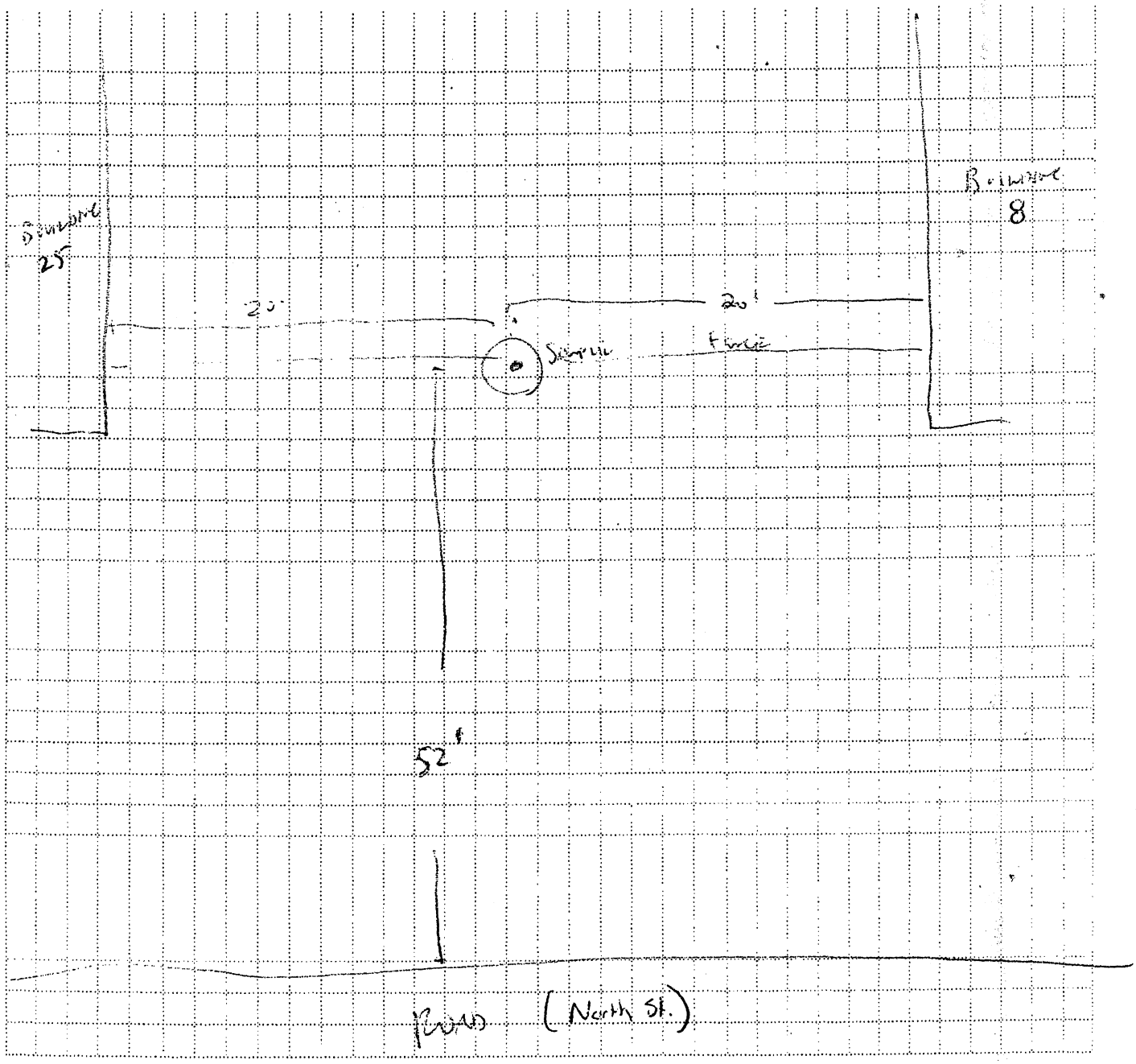
First Floor:

008- 04-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



 08-B-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini RAE 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
HALLWAY	NO CHEMICALS TO REPORT					
	* VENDING MACHINES	9'6"	FROM SAMPLE			

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 8

OA - 008 - G - 1

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	OUTSIDE 008 - S. SIDE of BUILDING	**Collector(s):**	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	WWI RAE 2000	**Building No:**	008

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	NA	Canister Serial No.:	NA	Canister Serial No.:	9423
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	03-39
Start Date/Time:		Start Date/Time:		Start Date/Time:	02/28/05 / 0932
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-30"
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/1/05 951
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	* See note -30"
Sample ID:		**Sample ID:**		**Sample ID:**	OA-008-G-1

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	NA	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	S. SIDE
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	20'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	49"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	TEFLON
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	52'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	NONE
		Duplicate Sample?			

Comments:

* needle did not move on guage over course of sample

Signature: S. Schuchart

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Shannon Schuchart Date/Time Prepared 3/17/05 1055

Preparer's Affiliation ENCM Phone No. 315 445 2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Latta First Name: Dave

Address: Huron

County: Broome

Home Phone: N/A Office Phone: 607-755-8150

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mnghnt

County: Broome

Home Phone: NA Office Phone: 607 755 6073

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)

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? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N (N circled) If yes, how many? NA

Other characteristics:

Number of floors NA Building age NA

Is the building insulated? Y / N NA How air tight? Tight / Average / Not Tight NA

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

NA

Airflow near source

OUTDOOR

Outdoor air infiltration

Infiltration into air ducts

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

N/A

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

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

OUTDOOR

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N NA

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.

OUTDOOR

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage?		Y / N
b. Does the garage have a separate heating unit?		Y / N / NA
c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)		Y / N / NA Please specify_____
d. Has the building ever had a fire?		Y / N When?_____
e. Is a kerosene or unvented gas space heater present?		Y / N Where?_____
f. Is there a workshop or hobby/craft area?	Y / N	Where & Type? _____
g. Is there smoking in the building?	Y / N	How frequently? _____
h. Have cleaning products been used recently?	Y / N	When & Type? _____
i. Have cosmetic products been used recently?	Y / N	When & Type? _____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? N/A

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

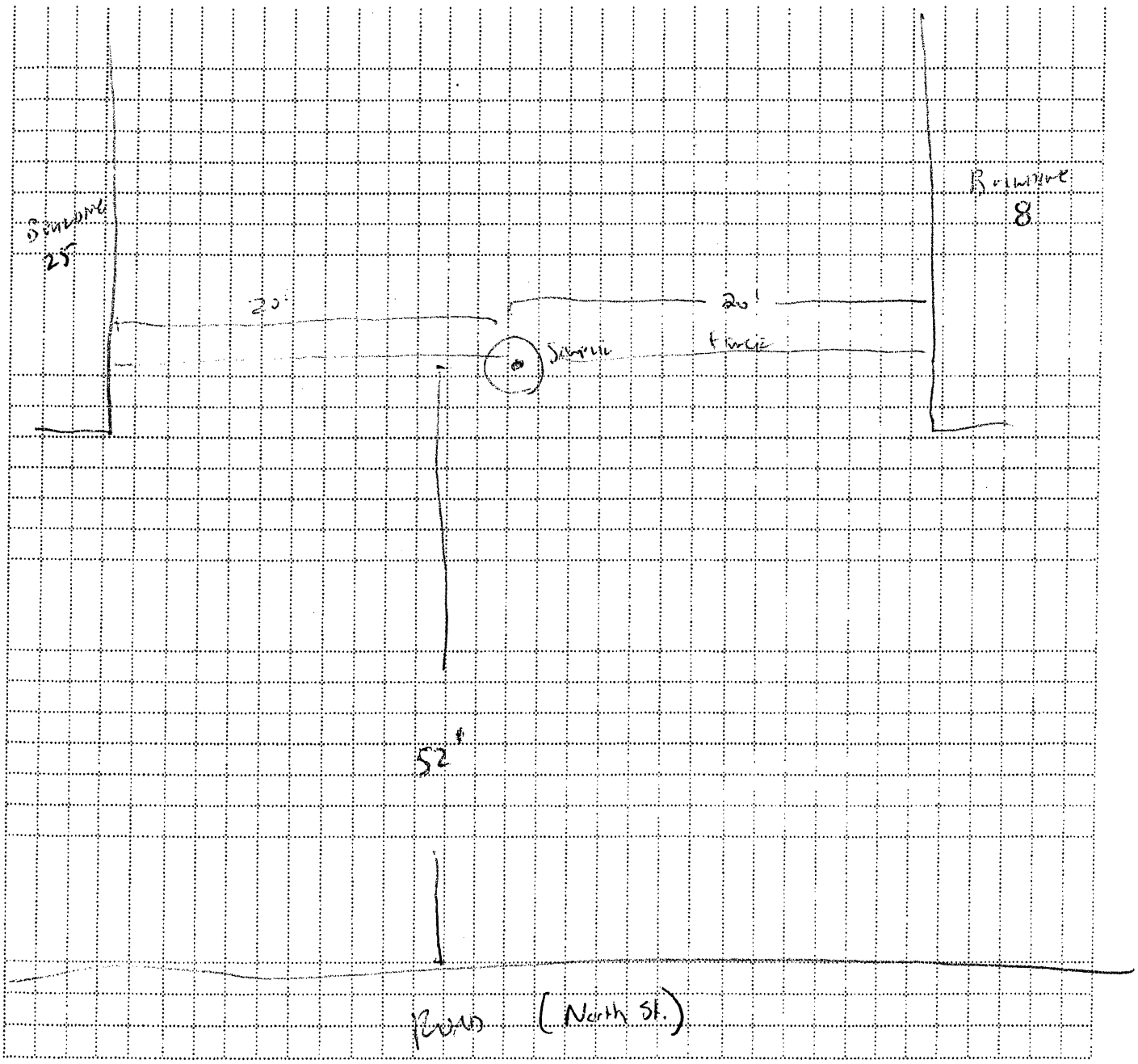
First Floor:

008- 06-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



0045-6-0

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini RAE 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
NA	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BUILDING 14

NEAR COLUMN L-4

OA-014-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 14	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Thermo 580-B	**Building No:**	014

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	34018
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	103-53
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/9/05 1110
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-28
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/10/05 1110
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	0
Sample ID:		**Sample ID:**		**Sample ID:**	OA-014-B-1

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3…)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	North
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	102'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	43"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	20'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	No
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	No
—		Duplicate Sample?			

Comments:

Signature: Todd R Marsh

OSR – 3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-29-05 1400

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Spink First Name: Ken

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-4744

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) office space

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? N/A

Other characteristics:

Number of floors 4 Building age 34

Is the building insulated? Y / N Unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

Outside Air Sample

Outdoor air infiltration

Outside Air Sample

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with Carpet	
e. Concrete floor:	unsealed	sealed	sealed with glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 6 (feet)

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

N/A

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other Building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

N/A

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Office Space
1st Floor	" "
2nd Floor	" "
3rd Floor	" " and Lab space
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. **Is there an attached garage?** Y / N

b. **Does the garage have a separate heating unit?** Y / N / NA

c. **Are petroleum-powered machines or vehicles stored in the garage** (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. **Has the building ever had a fire?** Y / N When?_____

e. **Is a kerosene or unvented gas space heater present?** Y / N Where?_____

f. **Is there a workshop or hobby/craft area?** Y / N Where & Type?_____

g. **Is there smoking in the building?** Y / N How frequently?_____

h. **Have cleaning products been used recently?** Y / N When & Type? Unknown

i. **Have cosmetic products been used recently?** Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? Unknown

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

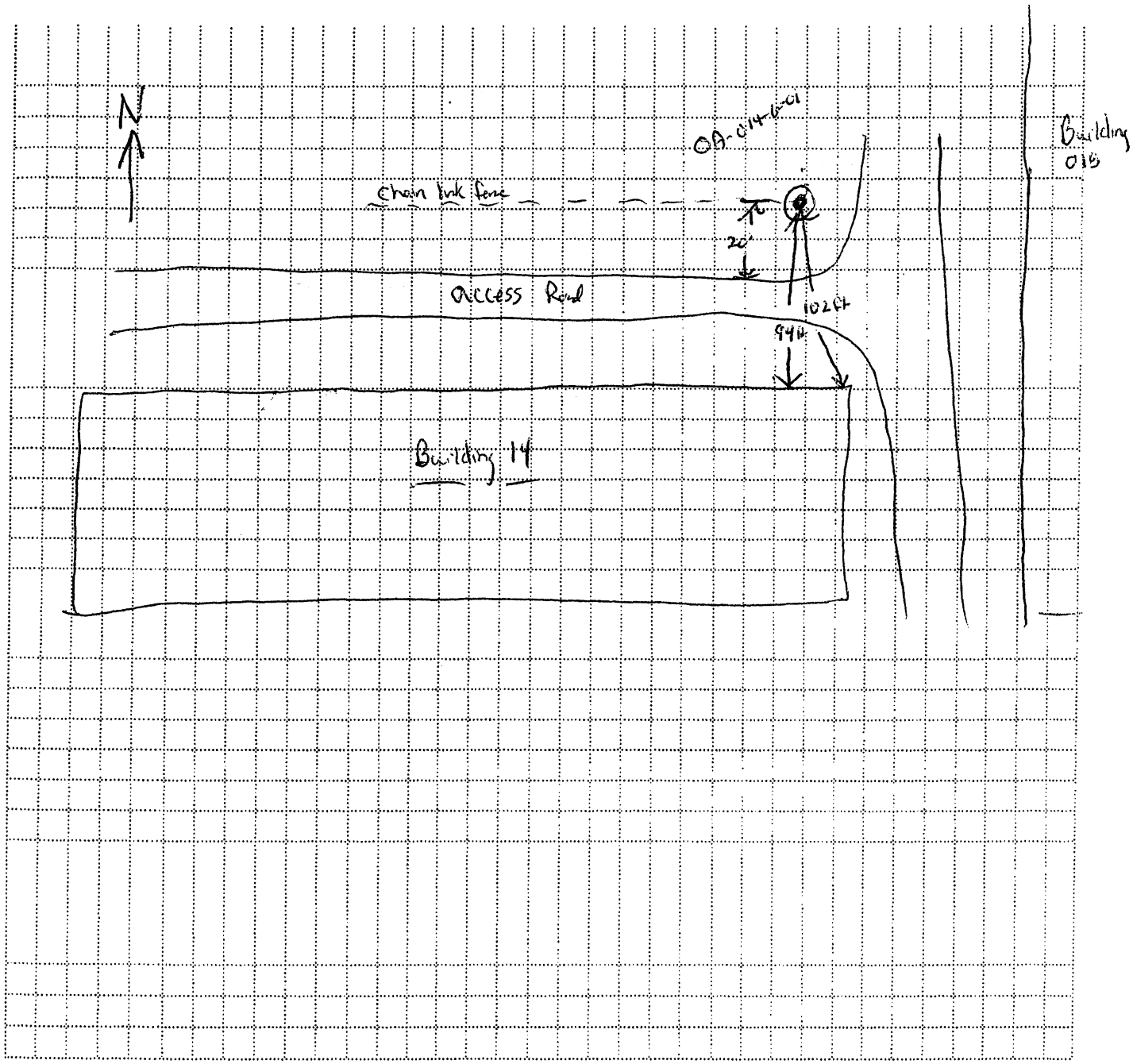
First Floor:

OA-014-0-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



OA-014-6-a

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Thermo

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
near sample		N/A	N/A	None	0.0	N/A

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BUILDING 14

SS - 014 - B - 01

IA - 014 - B - 01

NEAR COLUMN L-4

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 14, col. L-4	Collector(s):	TM DV SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Thermo 580B	Building No:	014

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	12943	Canister Serial No.:	35135	Canister Serial No.:	
Flow Controller Id No:	03-48	Flow Controller Id No:	100-81	Flow Controller Id No:	
Start Date/Time:	3/9/05 1059	Start Date/Time:	3/9/05 1059	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	
Stop Date/Time:	3/10/05 1059	Stop Date/Time:	3/10/05 1059	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	
Sample ID: IA-014-B-01		**Sample ID:** SS-014-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	basement	Basement or Crawl Space?	basement	Direction from Building	
Room	bldg 14 1-5 1-13 col L-4	Floor Slab Thickness (inches) *[if present]*	10"	Distance from Building	
Indoor Air Temp (°F)	72.5°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	49"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	12"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.55	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
—		Duplicate Sample?	No		

Comments: offices 1-5, 1-13

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Cromber Date/Time Prepared 3/10/05 1100

Preparer's Affiliation ERM Phone No. 315 445 2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Spink First Name: Ken

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-4744

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) offices

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 5 Building age 34 yrs

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues

Airflow near source

Airflow from supply air duct w/in 5' of sample
Very minimal air movement @ time of sampling

Outdoor air infiltration

No avenues to outside air

Infiltration into air ducts

Behind drop ceiling

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpet	
e. Concrete floor:	unsealed	sealed	sealed with some glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y N			
k. Water in sump?	Y / N not applicable			

Basement/Lowest level depth below grade: 8 (feet)

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

None - Carpeted floor in Good Condition

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

Supply & Return Ducts not visible - Vents are exposed in various locations in Sample Room & are in Good Condition. (See included floor plan)

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	offices space
1st Floor	office space
2nd Floor	office and Lab space
3rd Floor	office space
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. **Is there an attached garage?** Y (N)

b. **Does the garage have a separate heating unit?** Y / N (NA)

c. **Are petroleum-powered machines or vehicles stored in the garage** (e.g., lawnmower, atv, car etc.) Y / N (NA) Please specify_____

d. **Has the building ever had a fire?** Y (N) When?_____

e. **Is a kerosene or unvented gas space heater present?** Y (N) Where?_____

f. **Is there a workshop or hobby/craft area?** Y (N) Where & Type?_____

g. **Is there smoking in the building?** Y (N) How frequently?_____

h. **Have cleaning products been used recently?** Y / N When & Type? unknown

i. **Have cosmetic products been used recently?** Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

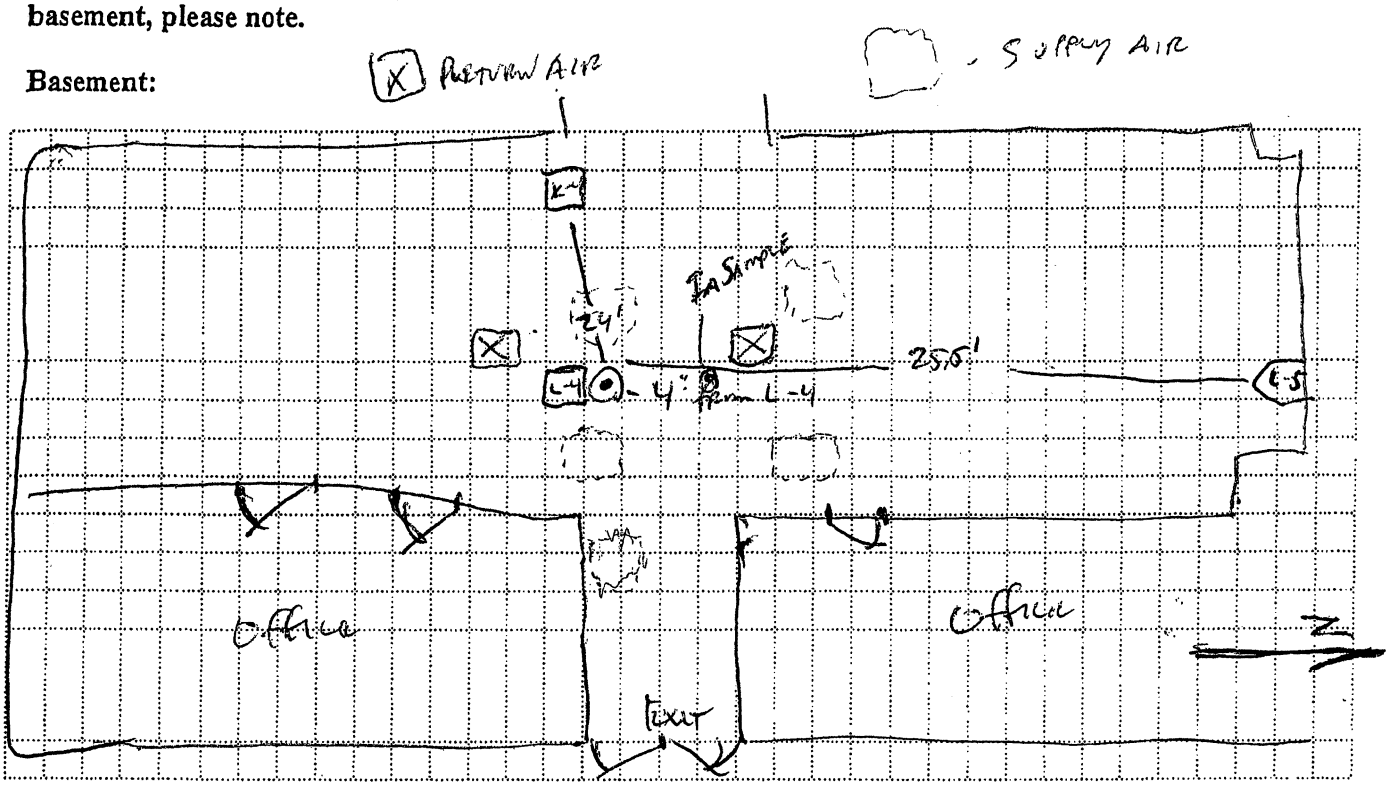
d. Relocation package provided and explained to residents? Y / N

04-B-01

11. 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.

Basement:

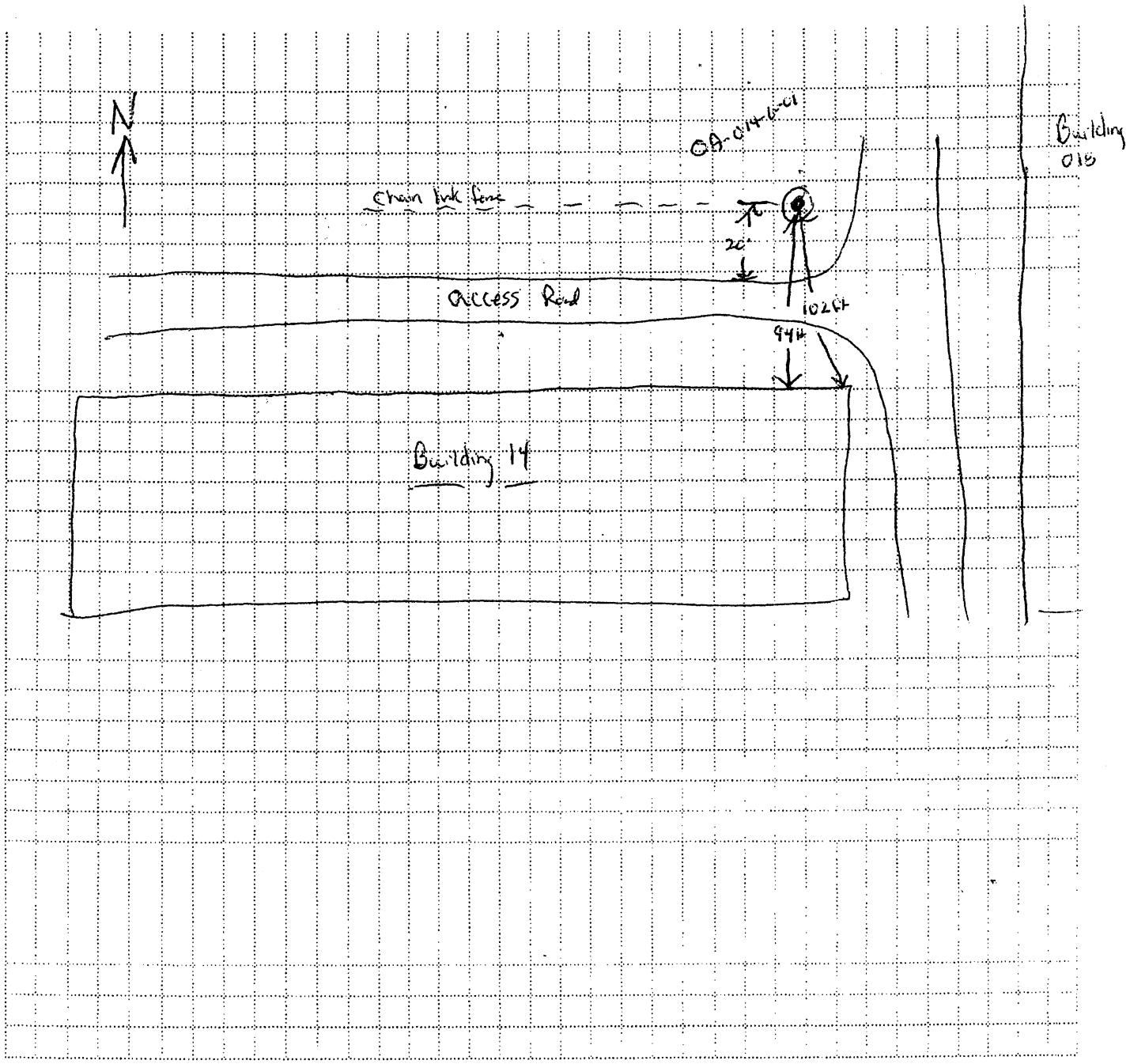


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



014-B-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: THERMO 580B

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
COLUMN L-4	WINDEX	32 oz	✓	STANDARD WINDEX	0-0	N
RADIA						
NA	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BUILDING 18

OA-018-6-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	04 NORTHWEST SIDE OF BUILDING 18	**Collector(s):**	TM DV
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MINI RAE 2000 110-005859	**Building No:**	18

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	12709 DV NA	Canister Serial No.:	NA	Canister Serial No.:	12709
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	10379
Start Date/Time:		Start Date/Time:		Start Date/Time:	02/23/05 0901
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-29
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	2/24/05 0909
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-13
Sample ID: ~~04-013-C-01DV~~		**Sample ID:**		**Sample ID:** 04-018-G-01	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	NW SIDE
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	13'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	50"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	TEFLON
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	~ 300'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	NONE
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	NONE
		Duplicate Sample?			

Comments:

02-24-05 0755 04-018-G-01 -13 In Hg

Signature:

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Kris Porrett Date/Time Prepared 3/28/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Tinkelman First Name: Bob

Address: Huron Mott, Endicott, NY

County: Broome

Home Phone: NA Office Phone: (607) 755-8824

Number of Occupants/persons at this location NA Age of Occupants NA
outdoors

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mott, Endicott, NY

County: Broome

Home Phone: — Office Phone: (607) 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) INDUSTRIAL

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? NA

Other characteristics:

Number of floors 5 Building age 1964

Is the building insulated? Y (N) How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

NA

Airflow near source

NA

Outdoor air infiltration

NA

Infiltration into air ducts

NA

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

N A

OUTDOOR SAMPLE

Basement/Lowest level depth below grade: _____ (feet)

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

_____

_____

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

OUTDOOR SAMPLE

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	TANK FARM
1st Floor	MANUFACTURING
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently? 0

h. Have cleaning products been used recently? Y / N When & Type? UNKNOWN

i. Have cosmetic products been used recently? Y / N When & Type? UNKNOWN

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Solvents used Indoors

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

First Floor:

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

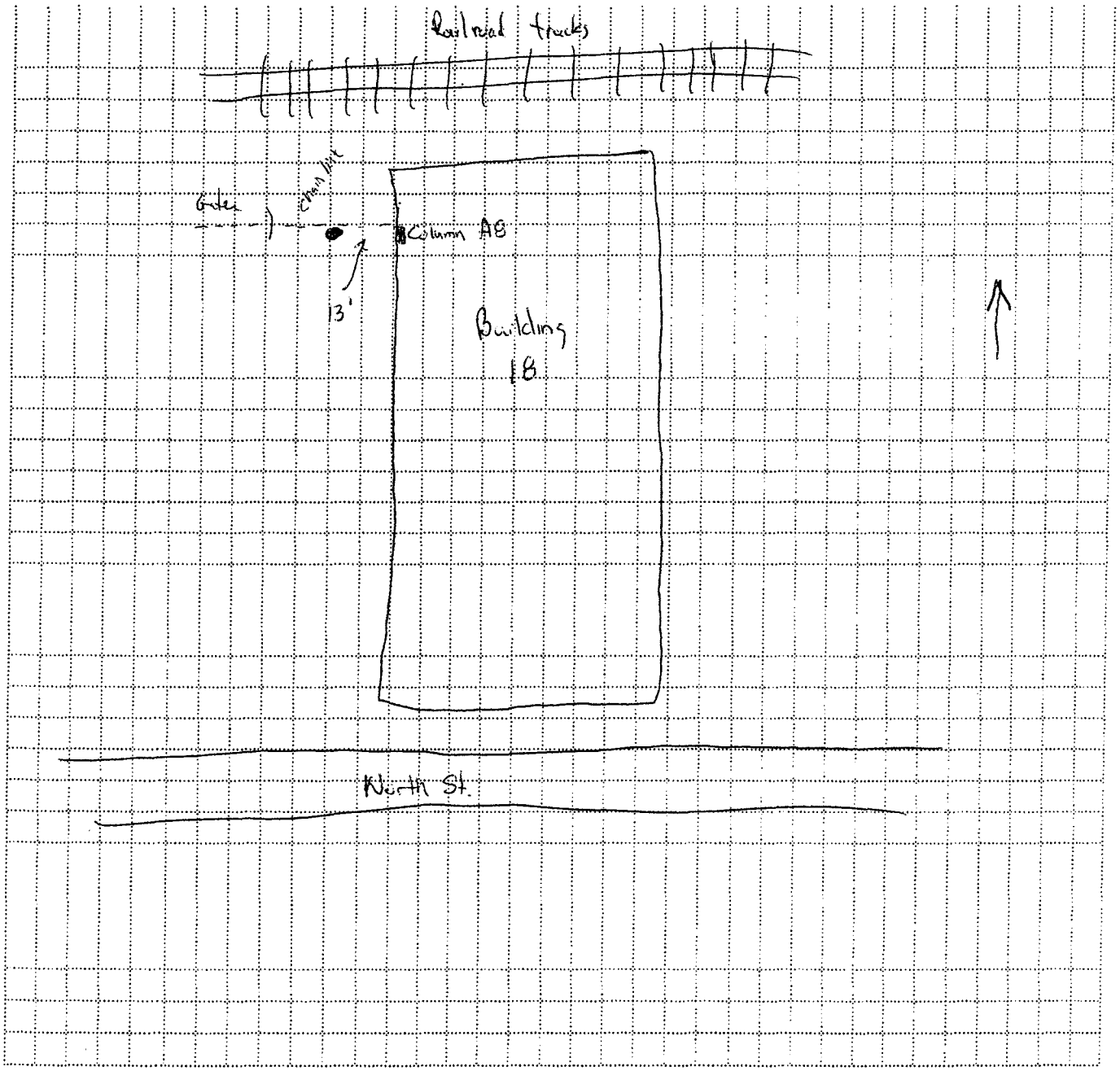
Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N

* Describe the condition of the product containers as **Unopened (UO)**, Used (U), or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



BUILDING 18

IA - 018 - 1 - 01

SS - 018 - 1 - 01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	BUILDING 18 / CHEMICAL & WATER SUPPLY RM NEAR - F-10	**Collector(s):**	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	MINI RAE 110 - 005859	**Building No:**	18

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	24998	Canister Serial No.:	1616	Canister Serial No.:	NA
Flow Controller Id No:	103-101	Flow Controller Id No:	103-65	Flow Controller Id No:	
Start Date/Time:	02/23/05 / 1104	Start Date/Time:	02/23/05 / 1104	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	
Stop Date/Time:	2/24/05 / 1104	Stop Date/Time:	2/24/05 / 1104	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3.5	Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	
Sample ID: IA-018-1-01		**Sample ID:** SS-018-1-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)		Sample Category ID: (AA)	NA
Story/Level	first floor	Basement or Crawl Space?	NA	Direction from Building	
Room	Chem Rm.	Floor Slab Thickness (inches) *[if present]*	7"	Distance from Building	
Indoor Air Temp (°F)	70.2°F	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-8"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0 - .1ppm	PID Reading (ppm)	1.2 ppm	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.975	Noticeable Odor?	NONE	Noticeable Odor?	
Duplicate Sample?	NONE	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
/	/	Duplicate Sample?	NONE		

Comments:

02-24-05 0255 SS-018-1-01 -5 In Hg
IA-018-1-01 -7 In Hg

Signature:

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/24/05 1058

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: TINKLEPAUGH First Name: BOB

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: (607) 755-8824

Number of Occupants/persons at this location 0 Age of Occupants 718

* Confined space - trained personel only

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) General Manufacturing/Waste with treatment area

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NA

Other characteristics:

Number of floors 5 (includes partial basement) Building age 1964

Is the building insulated? Y / N (unknown) How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No areas observed where air could flow between floors

Airflow near source

No Air Flow In Room Present

Outdoor air infiltration

No areas observed where outdoor air could infiltrate

Infiltration into air ducts

No air flow duct work observed

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 1 (feet)

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

floor in Good Condition

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

NO DUCTWORK IN ROOM

RADIANT HEAT FROM NEARBY HEAT SOURCES

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Chemical & water supply room
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? CUPRIC & LIGHT LUBRICATION OIL

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel NA

c. Responsibility for costs associated with reimbursement explained? Y / N NA

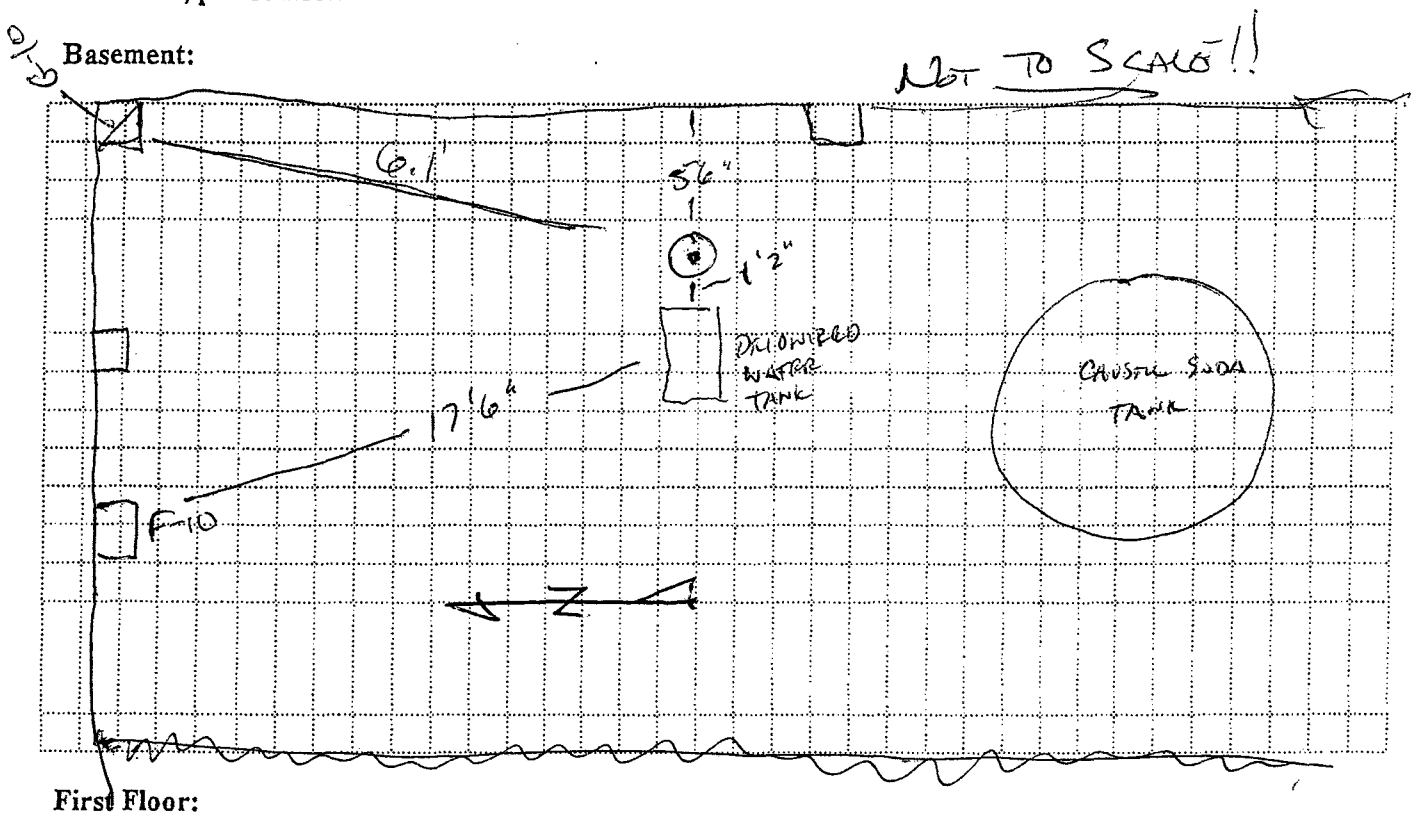
d. Relocation package provided and explained to residents? Y / N NA

018-1-01

11. 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.

Basement:

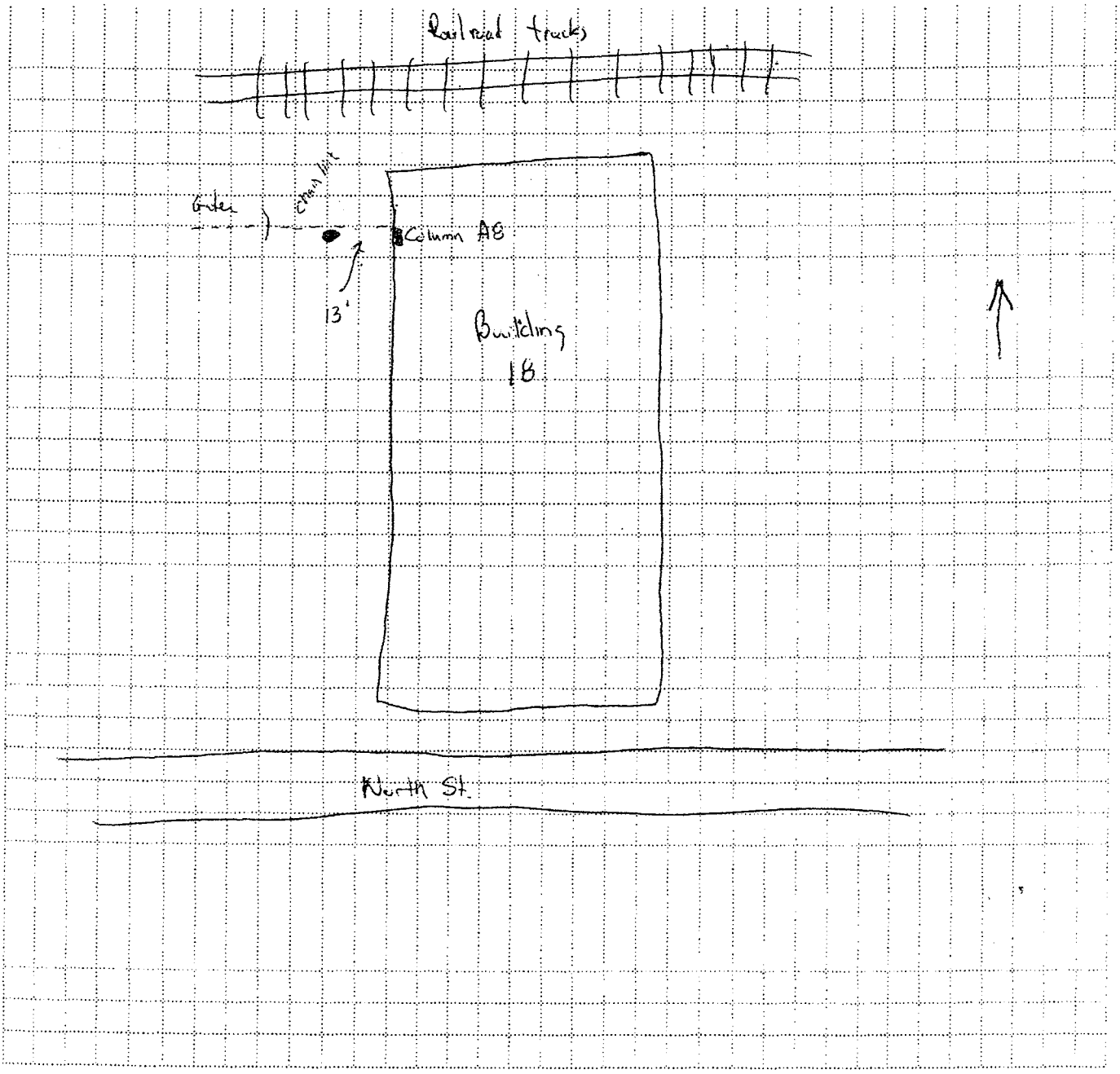


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



018-1-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MiniRae 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
~20' from Sample	LUBRICANT CAN	1 QT	U	NA	0.0	Y
~40' from Sample	44 GREASE	8 OZ	U	SILICONE GREASE DOW CORNING CORP MIDLAND, MICH 48640	0.0	Y

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BUILDING ~~29~~ 18

IA-018-1-02

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Empty Rm, Near A2	**Collector(s):**	Tm
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	MINI RAE 2000 110-005859	**Building No:**	18

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	13133	Canister Serial No.:	NA	Canister Serial No.:	
Flow Controller Id No:	100-11	Flow Controller Id No:		Flow Controller Id No:	
Start Date/Time:	02/23/05 / 0846	Start Date/Time:		Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	
Stop Date/Time:	2/24/05 0909	Stop Date/Time:		Stop Date/Time:	
Stop Pressure: (inches Hg)	-8	Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	
Sample ID: IA-018-1-02		**Sample ID:**		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	NA
Story/Level	first floor	Basement or Crawl Space?		Direction from Building	
Room	Empty Rm	Floor Slab Thickness (inches) *[if present]*		Distance from Building	
Indoor Air Temp (°F)	71.1°F	Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	
PID Reading (ppm)	NA	PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.175	Noticeable Odor?		Noticeable Odor?	
Duplicate Sample?	NA	Percent $O_2/CO_2/CH_4$		Duplicate Sample?	
		Duplicate Sample?			

Comments:

0749 Vacuum -9 INHg

Signature: [signature]

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/24/05 0909

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: TINKLEBAUGH First Name: BOB

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: (607) 755-8824

Number of Occupants/persons at this location 50± Age of Occupants >18

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

Interviewed: Y / N

Last Name: RETCHUCK First Name: Jim

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) INDUSTRIAL

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? NA

Other characteristics:

Number of floors 5 (includes partial basement) Building age 1964

Is the building insulated? Y / N (unknown) How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's distribute air to each floor separately

Airflow near source

AIRFLOW MINIMAL NEAR SOURCE - SLIGHT DRAFT

Outdoor air infiltration

No entry points observed

Infiltration into air ducts

No ductwork observed

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

No Soil Vapor Entry Points Obvious

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

No Ductwork in Room

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tank farm - Hazardous Waste
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? (Y) / N Where & When? Floor when unknown

k. Is there new carpet, drapes or other textiles? Y / (N) Where & When? _____

l. Have air fresheners been used recently? Y / (N) When & Type? _____

m. Is there a kitchen exhaust fan? Y / (N) If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / (N) If yes, where vented? _____

o. Is there a clothes dryer? Y / (N) If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / (N) When & Type? _____

Are there odors in the building? (Y) (N) oil
If yes, please describe: _____

Do any of the building occupants use solvents at work? (Y) / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Cupric & Light Lubrication Oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) (Unknown)
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

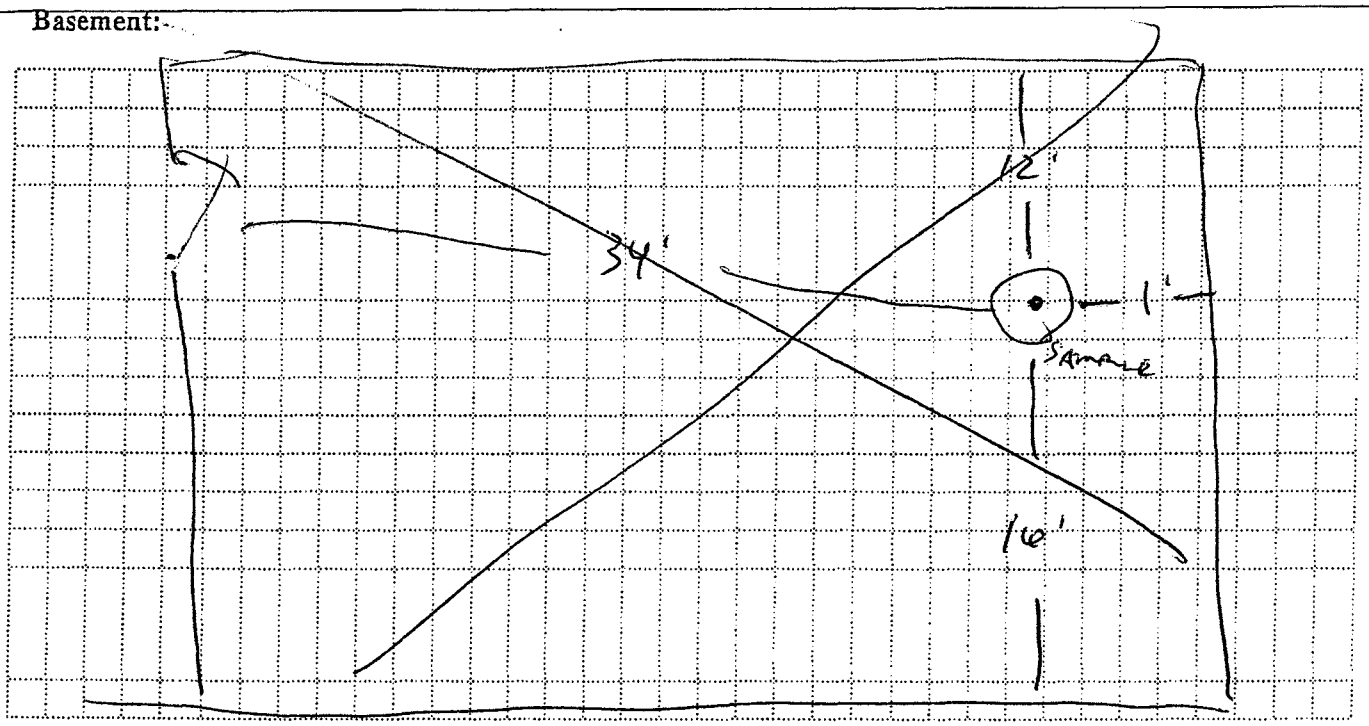
d. Relocation package provided and explained to residents? Y / N

IA-018-1-02

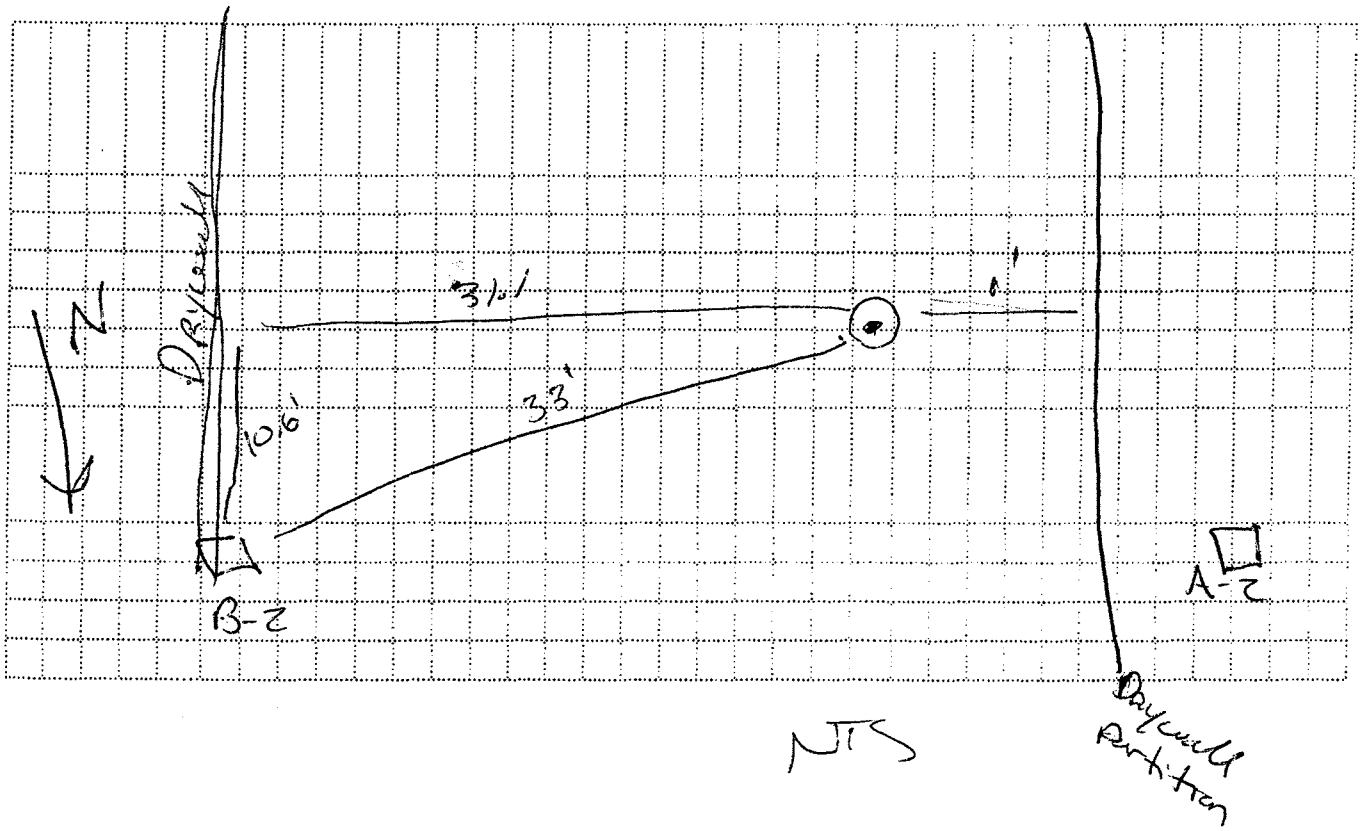
11. FLOOR PLANS

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.

Basement:



First Floor:

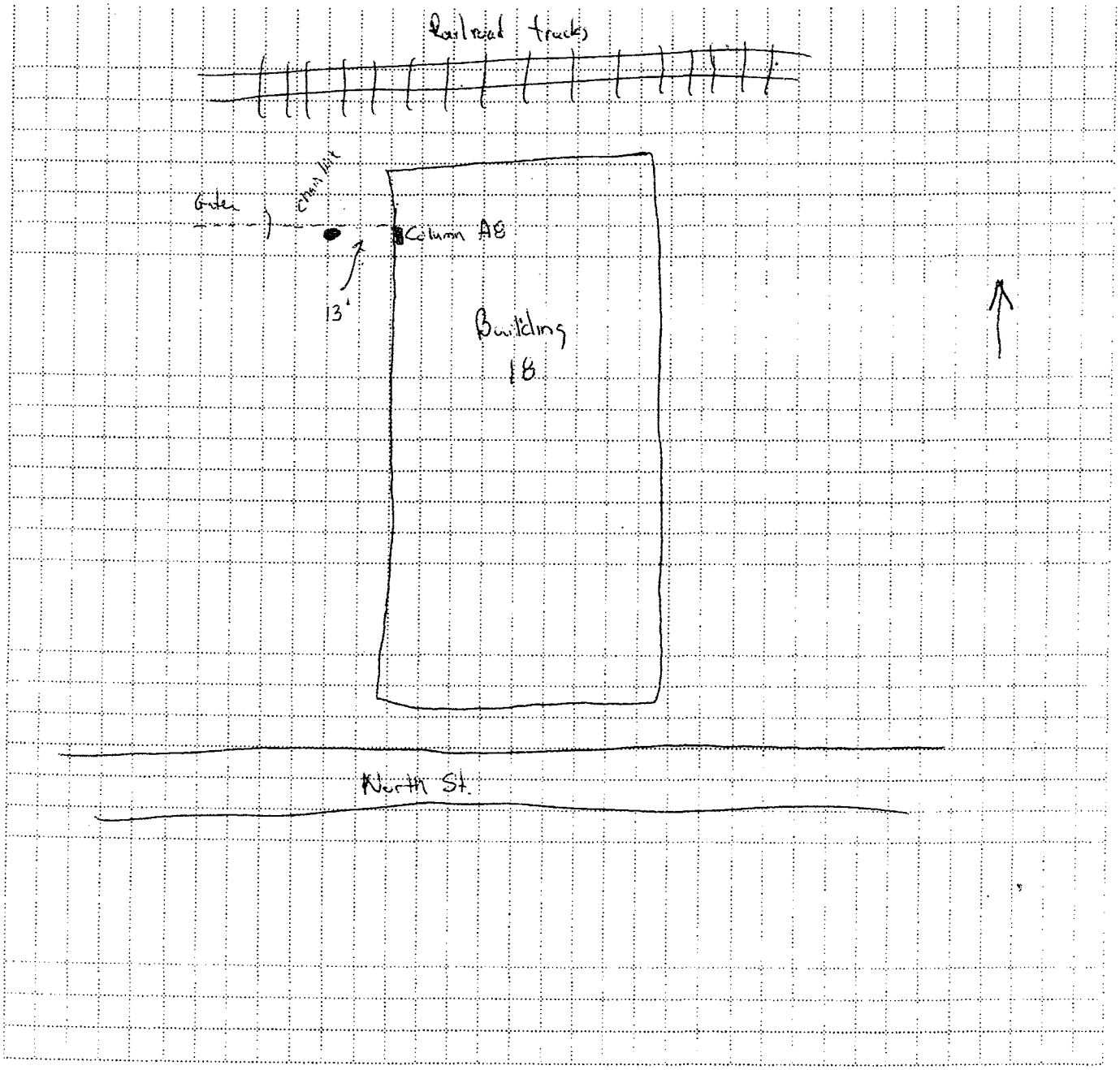


NTS

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



IA-018-1-02

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini RAE 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
Empty Rm NR, A2	None	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 18

FA-018-1-03

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	B.OG. 18, A8/A9	**Collector(s):**	TM DV
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MiniRae PGM-7615 103051	**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33934	Canister Serial No.:		Canister Serial No.:	
Flow Controller Id No:	101-33	Flow Controller Id No:		Flow Controller Id No:	
Start Date/Time:	3/24/05 1306	Start Date/Time:		Start Date/Time:	
Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	
Stop Date/Time:	3-25-05 1306	Stop Date/Time:		Stop Date/Time:	
Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	
Sample ID: IA-018-1-03		**Sample ID:**		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)		Sample Category ID: (AA)	
Story/Level	1	Basement or Crawl Space?		Direction from Building	
Room	Hallway	Floor Slab Thickness (inches) *[if present]*		Distance from Building	
Indoor Air Temp (°F)	71°f	Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	41"	Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.98	Noticeable Odor?		Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$		Duplicate Sample?	
	—	Duplicate Sample?			
	—				

Comments:

Signature: Todd A Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-24-05 1511

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Tinkle Pauch First Name: Bob

Address: Huron Mont. Endicott, NY

County: Broome

Home Phone: NA Office Phone: (607) 755-8824

Number of Occupants/persons at this location 50± Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: Ketchum First Name: Jim

Address: Huron Mont, Endicott NY

County: Broome

Home Phone: — Office Phone: (607) 755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Industrial

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? —

Other characteristics:

Number of floors 5 Building age Built 1964

Wooden Partial Basement

Is the building insulated? Y / (N) How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

Compartment floors

Airflow near source

Vent pushing air into hallway 14' above sample and through open doorway 8 feet from sample

Outdoor air infiltration

None

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other All 3 in D.F. Areas.
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 Paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N Trenches			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Floors are very competent

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

ductwork is in good condition. Vents are dirty pushing considerable air into hallway

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	TANKS / HAZ MA. STORAGE
1st Floor	MANUFACTURING
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? Unk.

i. Have cosmetic products been used recently? Y / N When & Type? Unk.

j. Has painting/staining been done in the last 6 months? Y / N Where & When? [illegible]

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Cupric + Light Lube oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

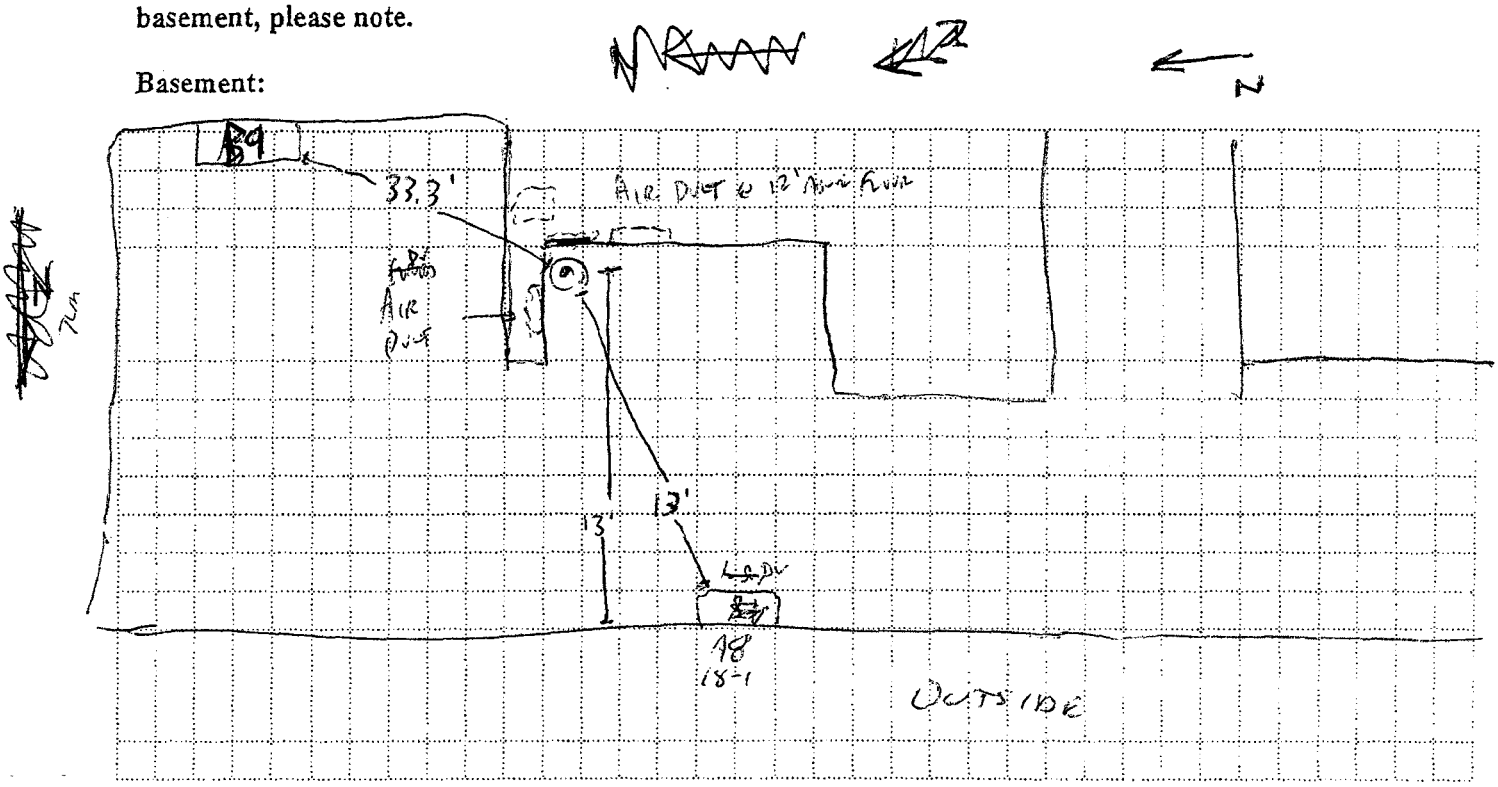
d. Relocation package provided and explained to residents? Y / N

IA-018-1-03

11. 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.

Basement:

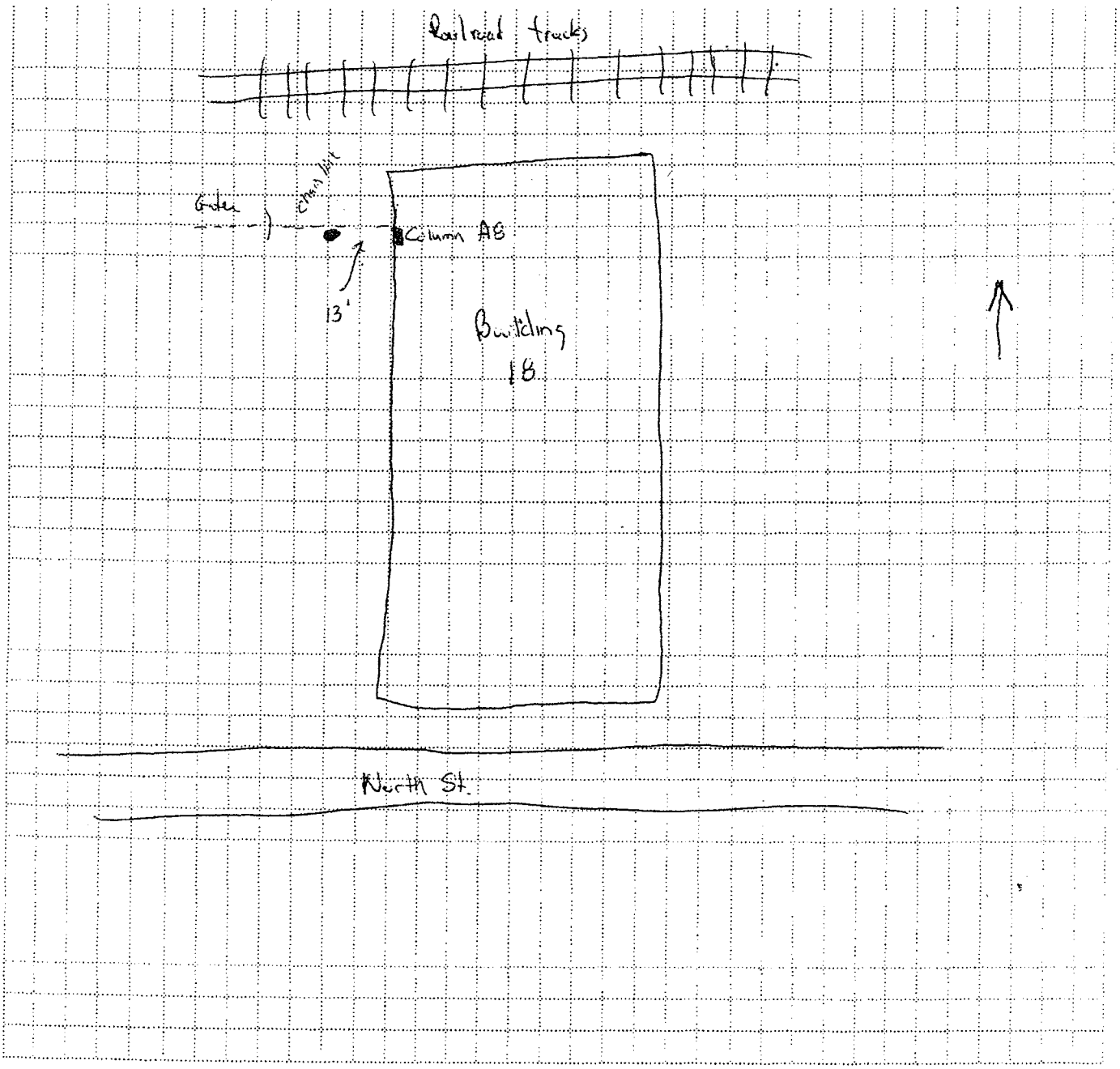


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



IA-018-1-03

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: M.i. Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Describe the condition of the product containers as **Unopened (UO)**, Used (U), or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 18

IA-018-1-04

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 18 BS166	Collector(s):	TM DV
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae PGM-7615 103051	Building No:	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	35147	Canister Serial No.:		Canister Serial No.:	
Flow Controller Id No:	103-04	Flow Controller Id No:		Flow Controller Id No:	
Start Date/Time:	3-24-05 1311	Start Date/Time:		Start Date/Time:	
Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	
Stop Date/Time:	3-25-05 1311	Stop Date/Time:		Stop Date/Time:	
Stop Pressure: (inches Hg)	-5	Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	
Sample ID: IA-018-1-04		**Sample ID:**		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)		Sample Category ID: (AA)	
Story/Level	1	Basement or Crawl Space?		Direction from Building	
Room	Hallway	Floor Slab Thickness (inches) *[if present]*		Distance from Building	
Indoor Air Temp (°F)	71	Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	59"	Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.95	Noticeable Odor?		Noticeable Odor?	
Duplicate Sample?	None	Percent $O_2/CO_2/CH_4$		Duplicate Sample?	
		Duplicate Sample?			

Comments:

Burning solder for circuit boards

Signature: Todd L Marsh

OSR – 3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-24-05/1518

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air

1. OCCUPANT:

Interviewed: Y (N)

Last Name: TINKLEPAUGH First Name: Bob

Address: Huron Mart

County: Broome

Home Phone: — Office Phone: (607) 755-9824

Number of Occupants/persons at this location 50± Age of Occupants >18

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

Interviewed: (Y) N

Last Name: KETCHUK First Name: Jim

Address: Huron Mart.

County: Broome

Home Phone: — Office Phone: (607) 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) MAINT. / CHEM. OP'S

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? NA

Other characteristics:

Number of floors 5 Building age 1964

Is the building insulated? Y (N) How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

None, very compartment floors

Airflow near source

High ceiling air returns and flows. Some air movement near sample.

Outdoor air infiltration

None

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N	TRENCHES		
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

None

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters KO	Stream radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

Supply and cold air returns high on walls far removed from sample location. Some air flow can be felt near sample

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Crawl Space
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? UNK.

i. Have cosmetic products been used recently? Y / N When & Type? UNK.

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unk.

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Citric Acid + Lube oil used on floor.

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

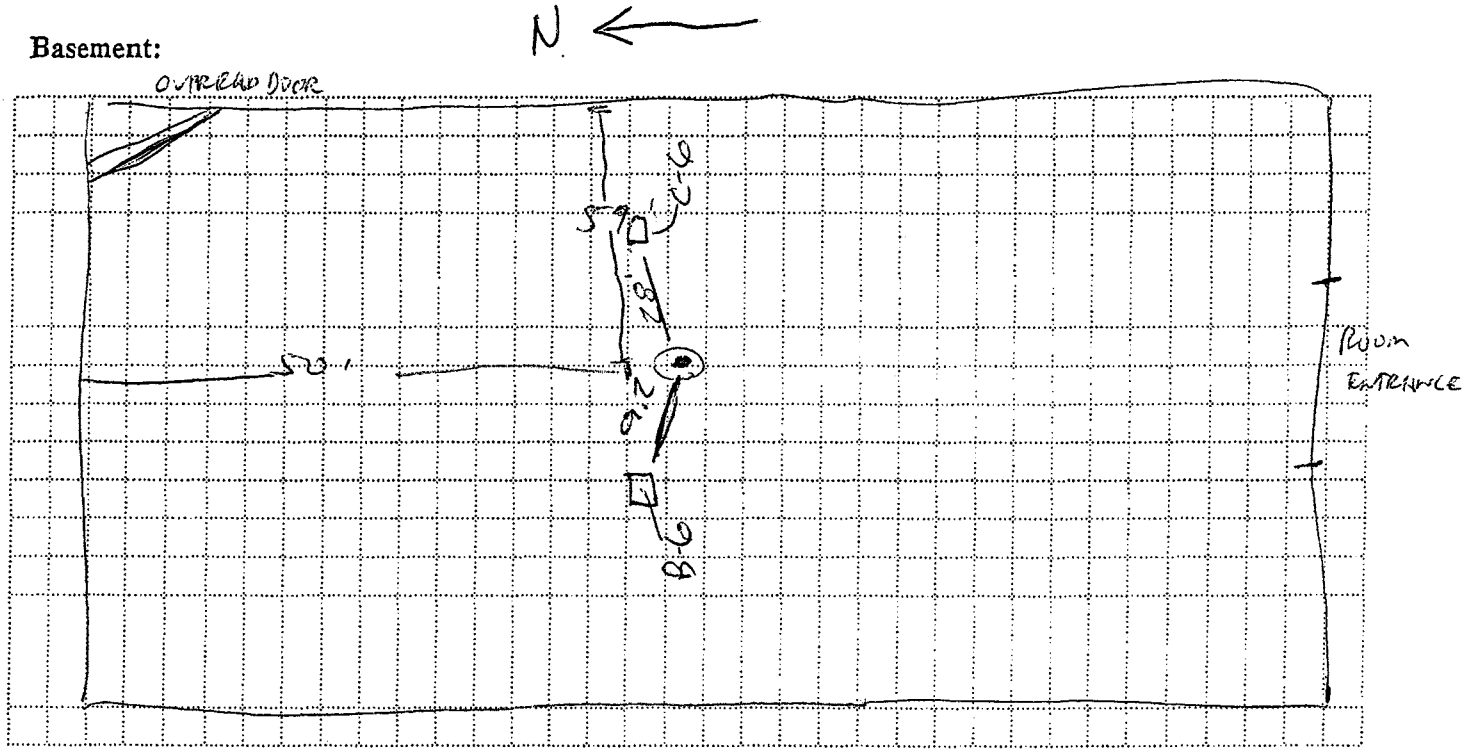
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

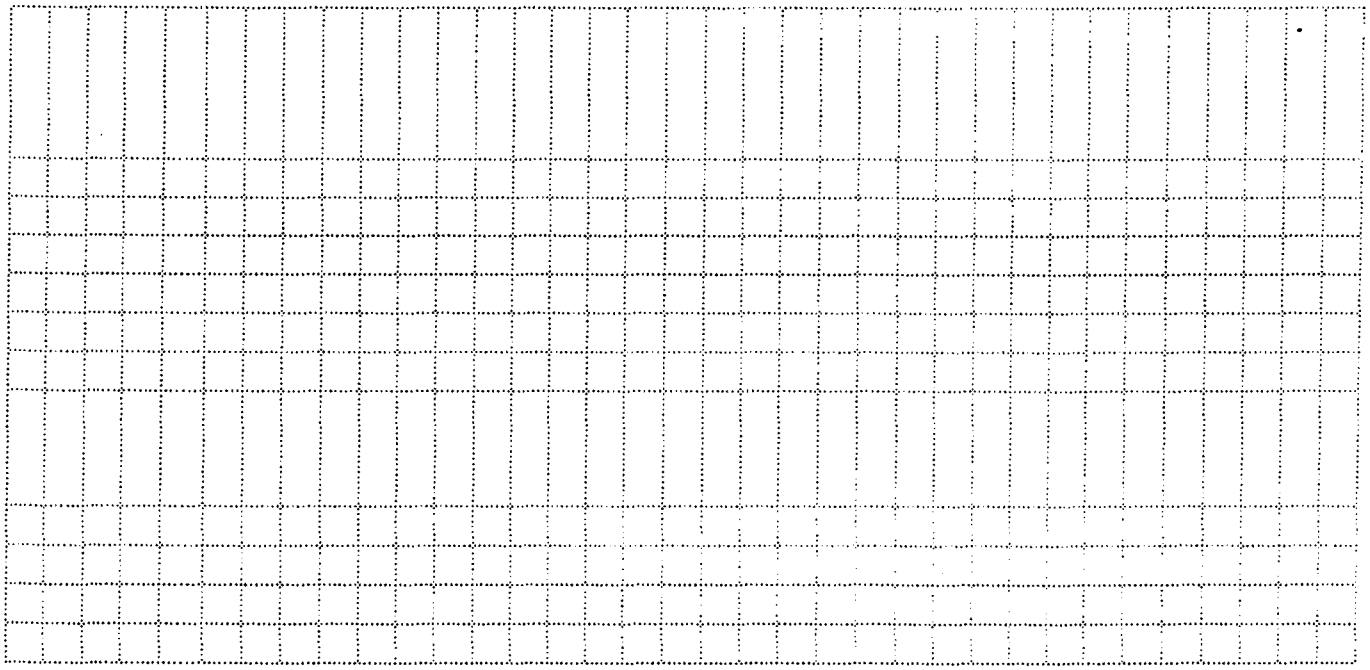
11. FLOOR PLANS

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.

Basement:



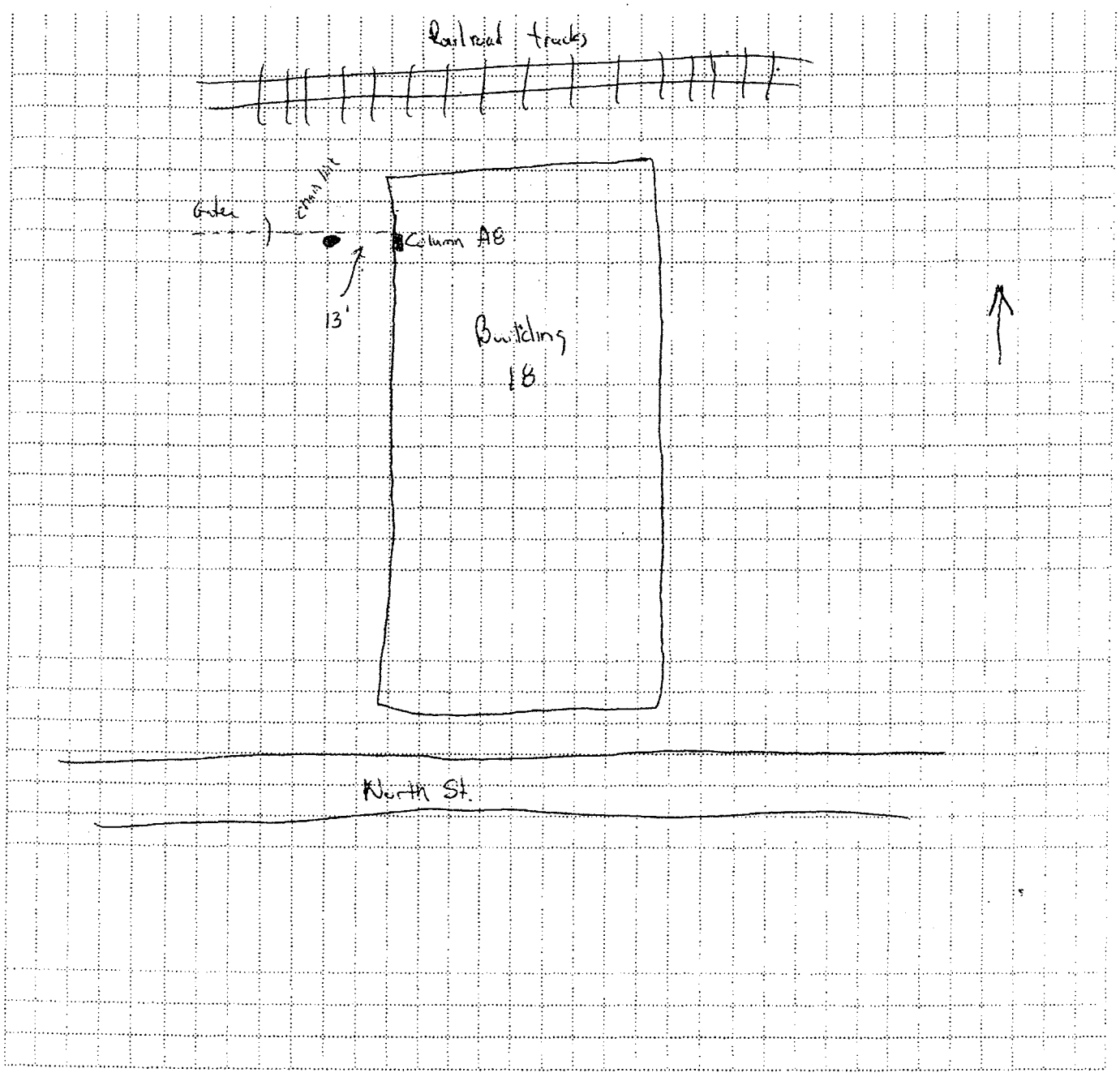
First Floor:



12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



IA-018-1-04

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 18

FA-018-1-05

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 18, Col. C2/D2	**Collector(s):**	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	Mini Rae PGM-7615 103051	**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34329	Canister Serial No.:		Canister Serial No.:	
Flow Controller Id No:	85-07	Flow Controller Id No:		Flow Controller Id No:	
Start Date/Time:	3-24-05 1315	Start Date/Time:		Start Date/Time:	
Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	
Stop Date/Time:	3-25-05 1315	Stop Date/Time:		Stop Date/Time:	
Stop Pressure: (inches Hg)	-7.5	Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	
Sample ID: IA-018-1-05		**Sample ID:**		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)		Sample Category ID: (AA)	
Story/Level	1	Basement or Crawl Space?		Direction from Building	
Room	metal and electrical workshop	Floor Slab Thickness (inches) *[if present]*		Distance from Building	
Indoor Air Temp (°F)	71°f	Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	45"	Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	
Noticeable Odor?	none	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.95	Noticeable Odor?		Noticeable Odor?	
Duplicate Sample?	no	Percent $O_2/CO_2/CH_4$		Duplicate Sample?	
		Duplicate Sample?			

Comments:

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-24-05 1522

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: TINKLEDANGA First Name: BOB

Address: HURON MGMT. ENDICOTT, NY

County: Broome

Home Phone: — Office Phone: (607) 755-8824

Number of Occupants/persons at this location 50 ± Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT. ENDICOTT, NY

County: Broome

Home Phone: — Office Phone: (607) 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) Chem ops, mant.

Does it include residences (i.e. multi-use)? Y / N If yes, how many? No

Other characteristics:

Number of floors 5 Building age 1964

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

none

Airflow near source

none

Outdoor air infiltration

none

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N	TRENCHES		
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Floor does have some lateral cracks and floor subsidence near sample - no pID readings (0.0 ppm) thru cracks.

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other Other Bed.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

High in walls far removed from sample.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Com op's, Maint.
1st Floor	Manufacturing, Maint.
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? Unk.

i. Have cosmetic products been used recently? Y / N When & Type? Unk.

j. Has painting/staining been done in the last 6 months? Y / N Where & When? UNK.

k. Is there new carpet, drapes or other textiles? Y / N Where & When? UNK

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Cutting Acid + Light Lube oil used

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

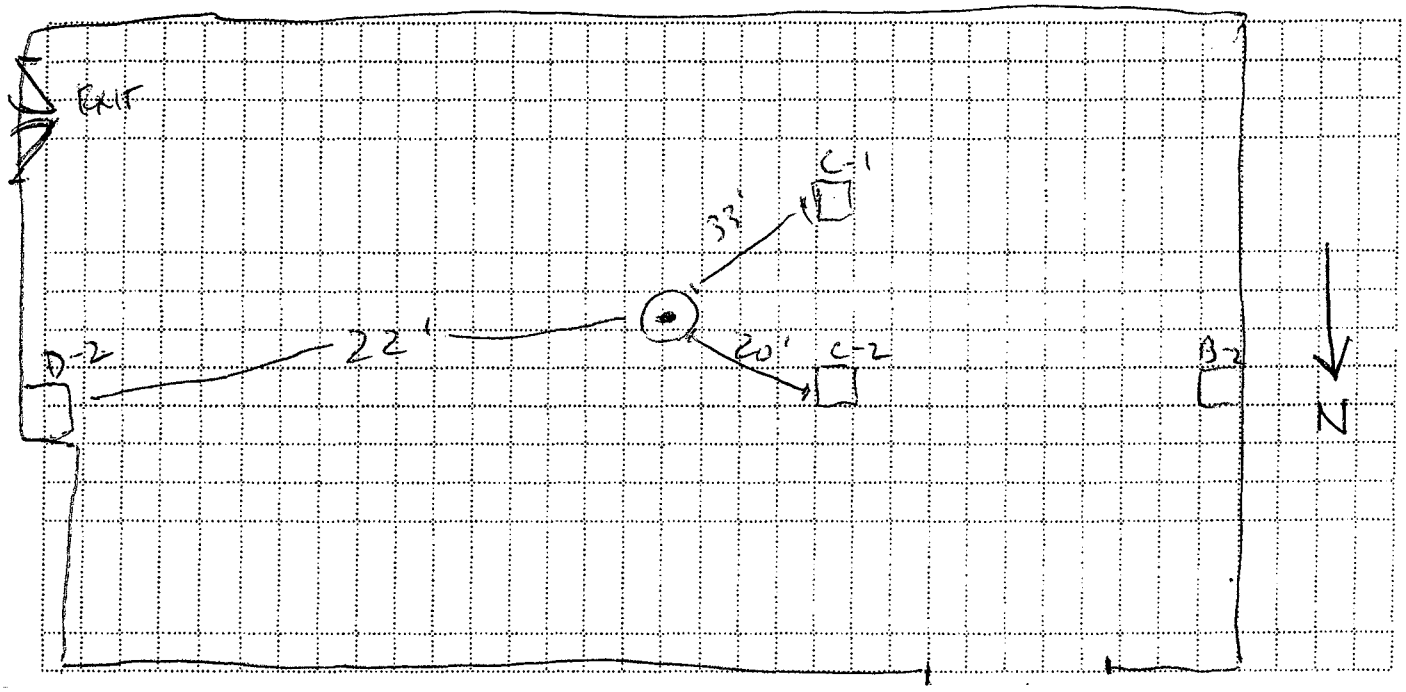
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

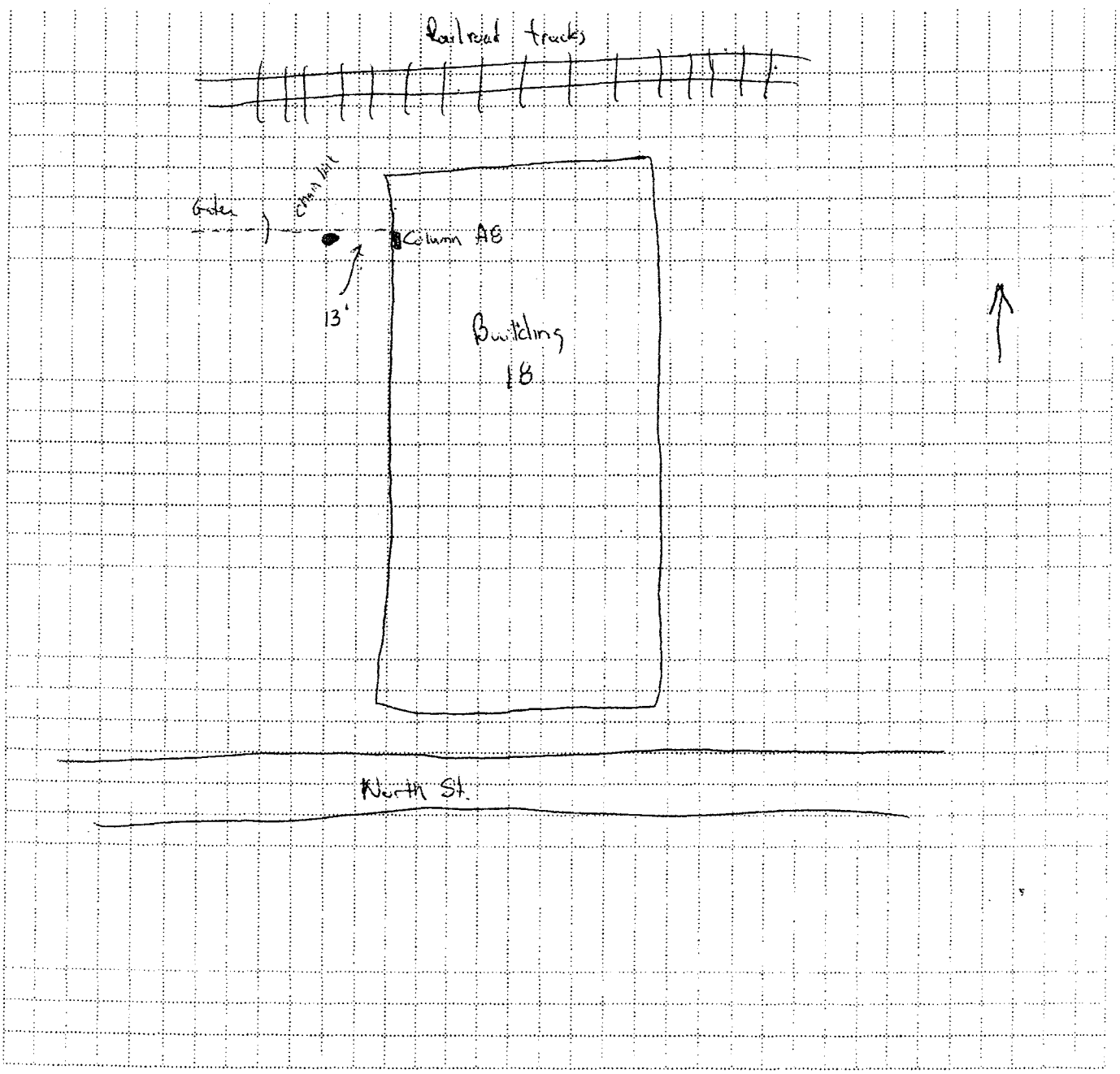


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
near col D-2	Aluminum Cutting fluid	2-4oz	U	Petroleum oil	0.0	N
"	WD-40	11oz	U		0.0	N
"	Noxon metal polish	12oz	U	Ammonia Boyle-Midway Household products	0.0	N
C-1	Loctite	1.69	U	Loctite Corp. Rocky Hill CT 06067	1.8	N
"	windex	24	U	Standard windex	0.0	N

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLOG. 18

IA-018-1-06

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 18, Coc. F1	**Collector(s):**	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	Mini Rae Plus PGM-7615- 163051	**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	~~31429~~ 31429	Canister Serial No.:		Canister Serial No.:	
Flow Controller Id No:	103-28	Flow Controller Id No:		Flow Controller Id No:	
Start Date/Time:	3-24-05 1320	Start Date/Time:		Start Date/Time:	
Start Pressure: (inches Hg)	-27	Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	
Stop Date/Time:	3-25-05 1317	Stop Date/Time:		Stop Date/Time:	
Stop Pressure: (inches Hg)	0	Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	
Sample ID: IA-018-1-06		**Sample ID:**		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)		Sample Category ID: (AA)	
Story/Level	1	Basement or Crawl Space?		Direction from Building	
Room	Hallway	Floor Slab Thickness (inches) *[if present]*		Distance from Building	
Indoor Air Temp (°F)	71°F	Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	45"	Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.95	Noticeable Odor?		Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$		Duplicate Sample?	
		Duplicate Sample?			

Comments:

Signature: Todd R Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-24-05 1529

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y (N)

Last Name: TINKER DAUGH First Name: BOB

Address: Huron Mgmt Endicott, NY

County: Broome

Home Phone: _____ Office Phone: (607) 755-8874

Number of Occupants/persons at this location 50± Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: Ketchum First Name: Jim

Address: Huron Mgmt, Endicott NY

County: Broome

Home Phone: — Office Phone: (607) 755-6073

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)

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) Comm. Ops / Maint.

Does it include residences (i.e. multi-use)? Y / N If yes, how many? NA

Other characteristics:

Number of floors 5 Building age cnst. 1964

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

Hatches to basement in hallway floor.

Airflow near source

Return Duct 10 feet from sample - no air flow felt.

Outdoor air infiltration

None

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	~~Y~~/N TRENCH			
k. Water in sump?	(Y) / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Hatches to basement near sample in hallway. Hatches are 3 sq ft.

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other Other Room
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

One return on wall - no air flow felt. Ductwork is in good condition - it is sealed

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Chem Storage / Treatment
1st Floor	Chem Off / MECT.
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? Unknown

l. Have air fresheners been used recently? Y / N When & Type? UNK.

m. Is there a kitchen exhaust fan? Y / N If yes, where vented?_____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented?_____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type?_____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Cutting Oil & Light Lube Oil on site.

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

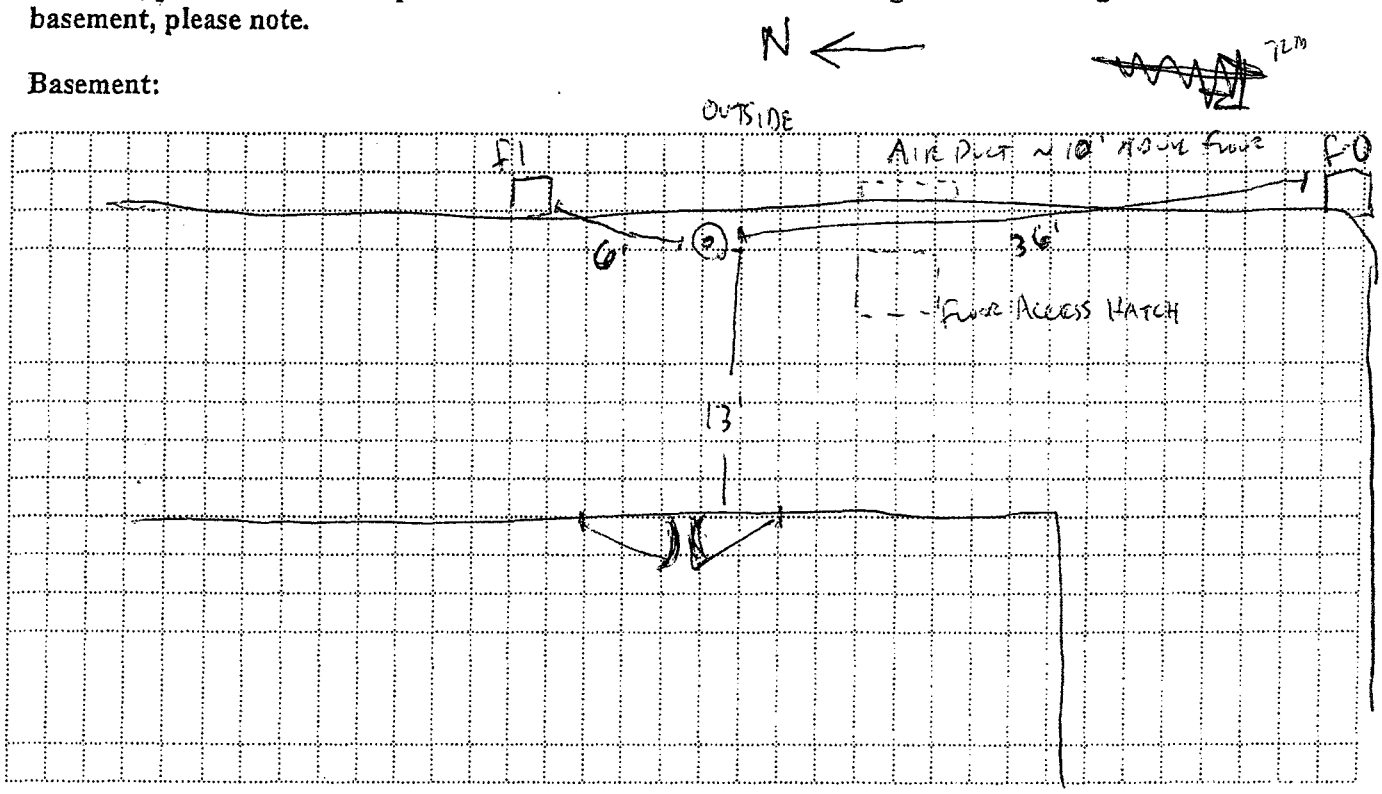
d. Relocation package provided and explained to residents? Y / N

IA-018-11-06

11. 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.

Basement:

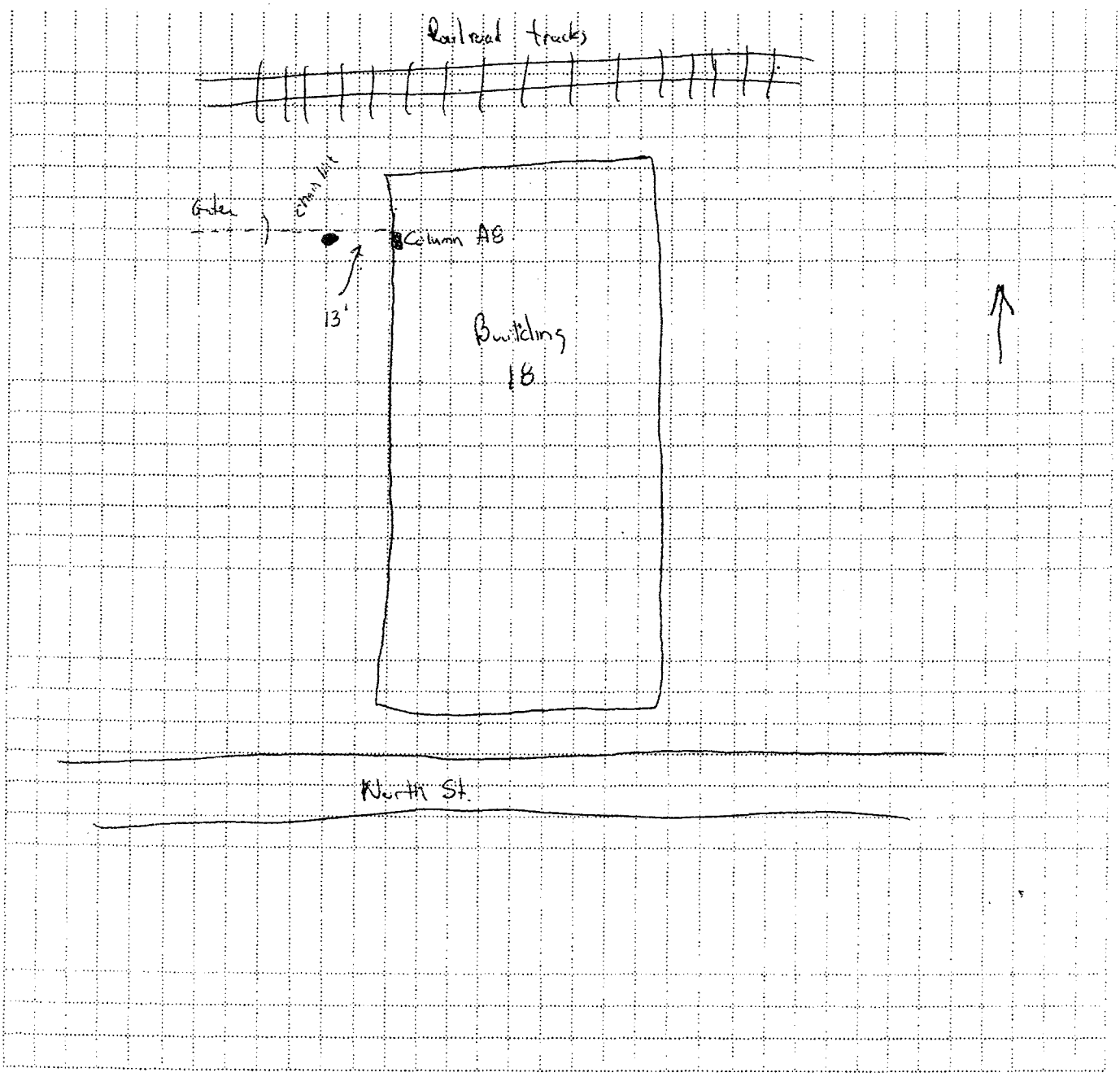


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



IA-018-1-06

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 18

COR. FILES

IA-018-1-07

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 18, Col. Files	**Collector(s):**	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	mini Rae Plus PGM-7615 103051	**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	31426	Canister Serial No.:		Canister Serial No.:	
Flow Controller Id No:	03-20	Flow Controller Id No:		Flow Controller Id No:	
Start Date/Time:	3-24-05 1321	Start Date/Time:		Start Date/Time:	
Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	
Stop Date/Time:	3-25-05 1321	Stop Date/Time:		Stop Date/Time:	
Stop Pressure: (inches Hg)	-3.5	Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	
Sample ID: IA-018-1-07		**Sample ID:**		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)		Sample Category ID: (AA)	
Story/Level	first floor	Basement or Crawl Space?		Direction from Building	
Room	Hallway f4	Floor Slab Thickness (inches) *[if present]*		Distance from Building	
Indoor Air Temp (°F)	71°f	Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	45"	Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.95	Noticeable Odor?		Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$		Duplicate Sample?	
	—	Duplicate Sample?			
	—				

Comments:

Signature: Todd L Marsh

OSR – 3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-24-05 1535

Preparer's Affiliation ERM Phone No. 315 445 2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: TINKLEPAUGH First Name: BOB

Address: Huron Motor, Endicott, NY

County: Broome

Home Phone: — Office Phone: (607) 755-8824

Number of Occupants/persons at this location 30± Age of Occupants >18

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

Interviewed: (Y) N

Last Name: Kerzhock First Name: Jim

Address: Huron Motor Endicott, NY

County: Broome

Home Phone: — Office Phone: (607) 755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Custom op's / Maint, MFCT.

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 5 Building age BET. 1964

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

only by elevator shaft.

Airflow near source

Hallway no close sources, Elevator 30 feet away.

Outdoor air infiltration

N/A

Infiltration into air ducts

none

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N	TRENCHES		
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

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

Floor is compartment

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other Other Bath
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

no ductwork near sample.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Chem Storage / Treatment
1st Floor	Manufacturing / Maint.
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify_____

d. Has the building ever had a fire? Y / (N) When?_____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where?_____

f. Is there a workshop or hobby/craft area? Y (N) Where & Type?_____

g. Is there smoking in the building? Y (N) How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? UNKNOWN

i. Have cosmetic products been used recently? Y / N When & Type? "

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? "

l. Have air fresheners been used recently? Y / N When & Type? "

m. Is there a kitchen exhaust fan? Y / N If yes, where vented?

n. Is there a bathroom exhaust fan? Y / N If yes, where vented?

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type?

Are there odors in the building? Y / N
If yes, please describe:

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Cutting Oil / Lube Oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

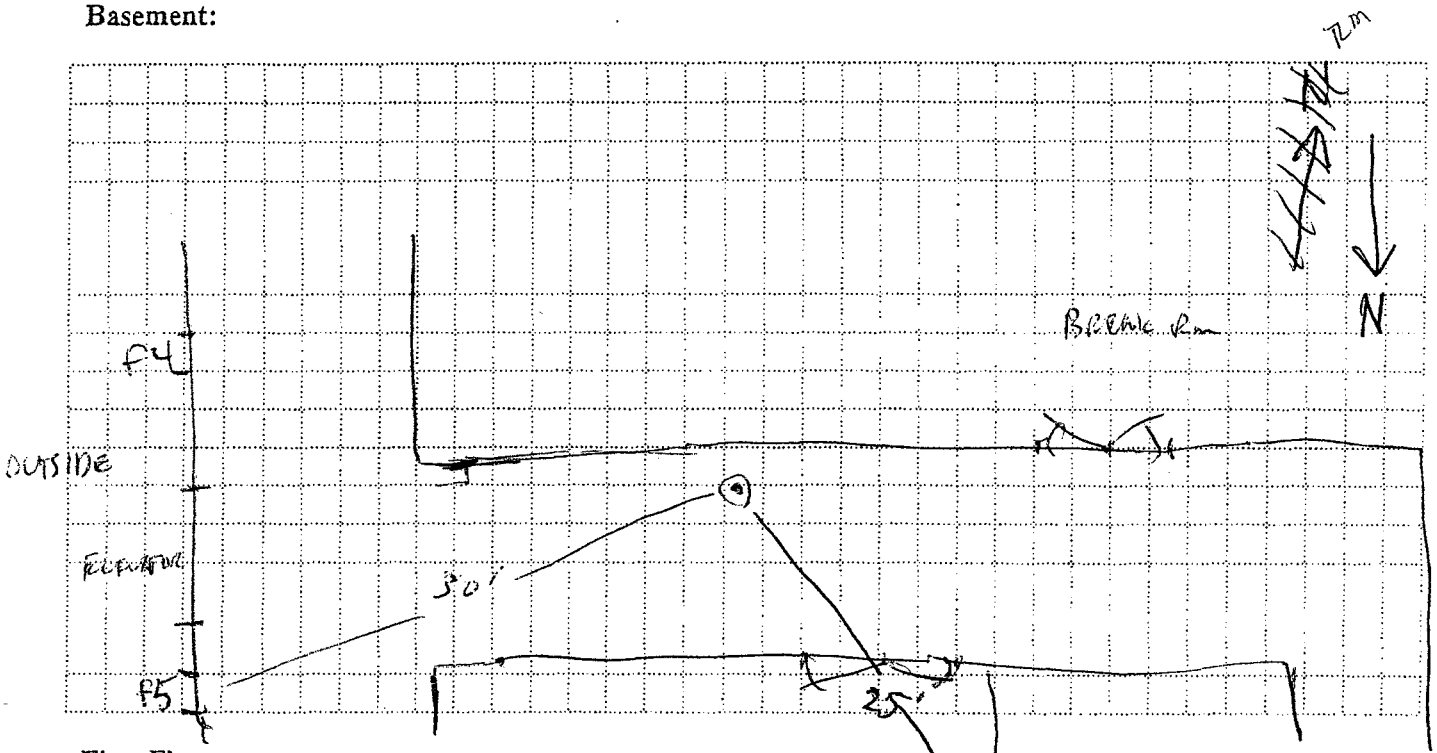
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

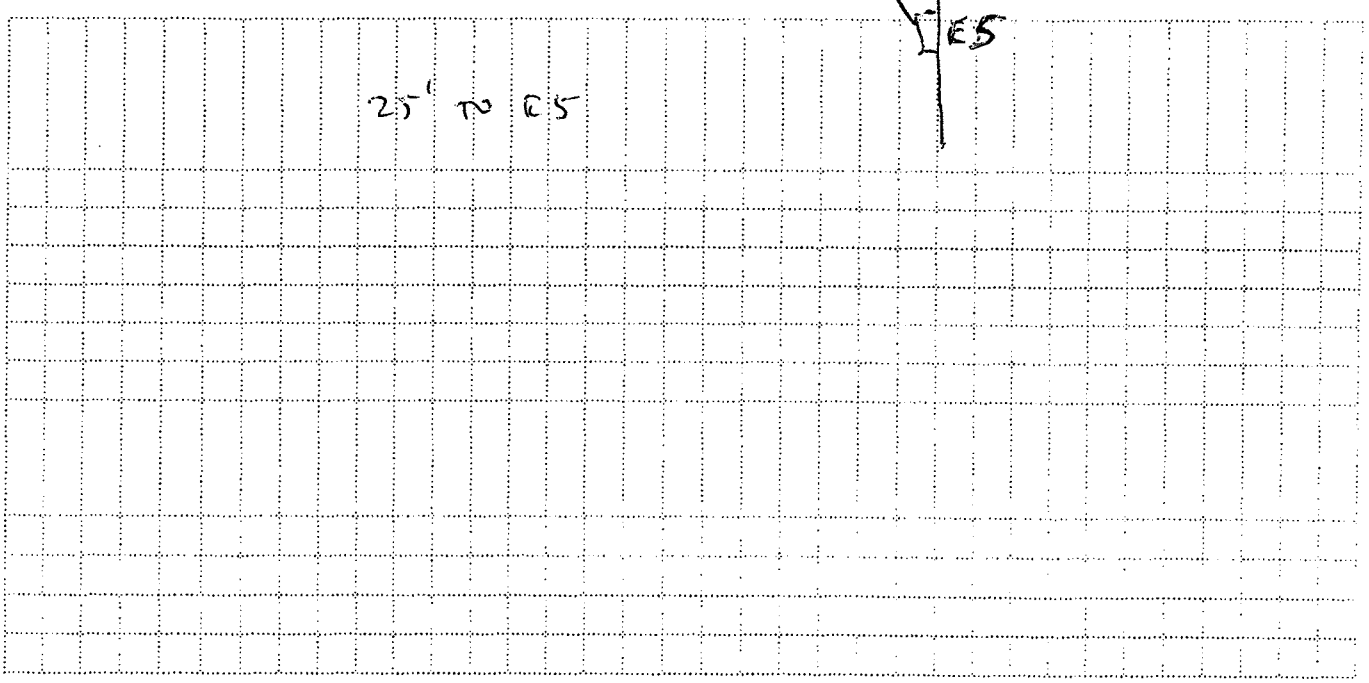
11. FLOOR PLANS

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.

Basement:



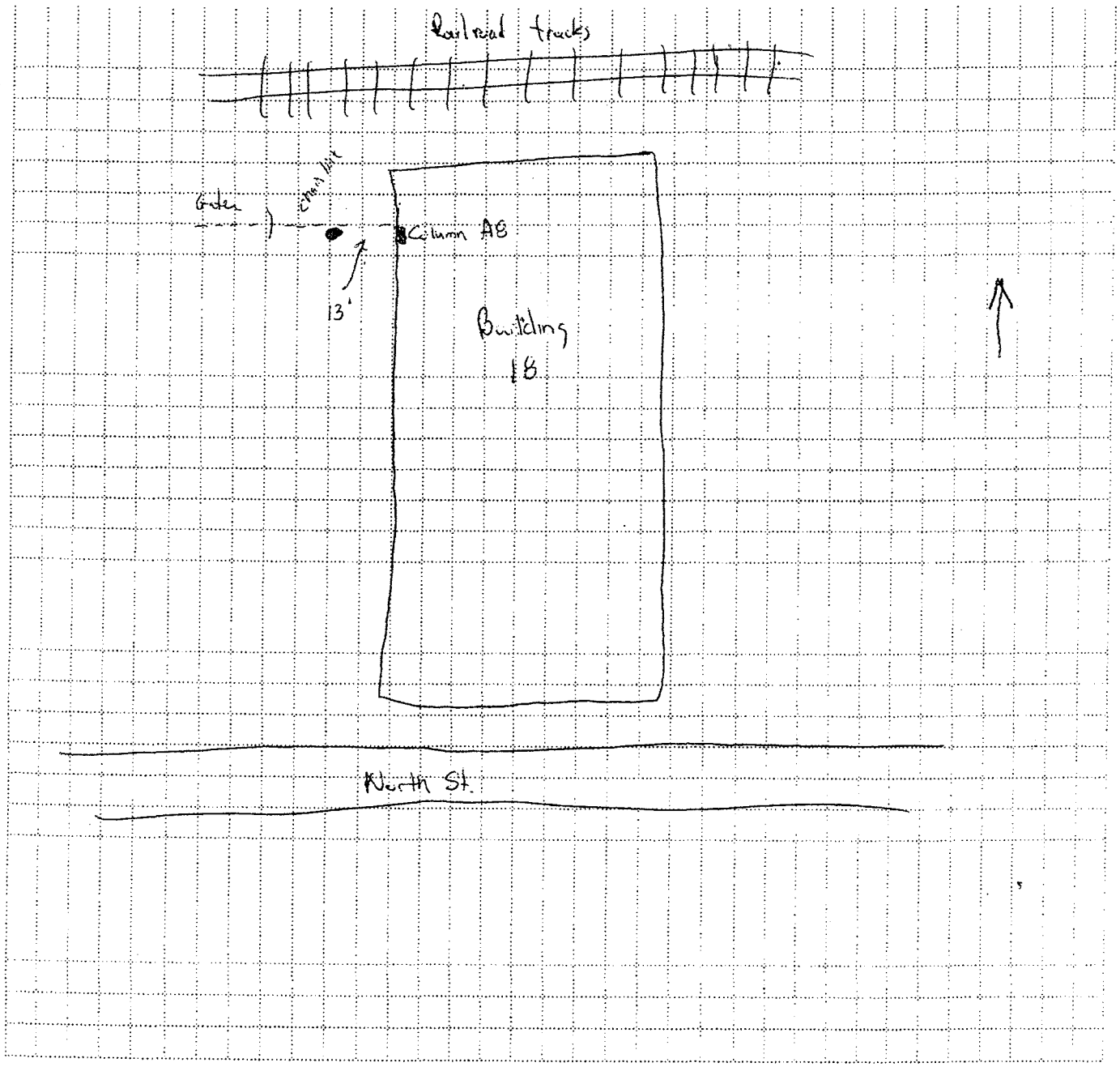
First Floor:



12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE PLUS

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

Bldg. 18

FA-018-1-08

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 18, Col. D5 D6	**Collector(s):**	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)		**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	916	Canister Serial No.:		Canister Serial No.:	
Flow Controller Id No:	103-18	Flow Controller Id No:		Flow Controller Id No:	
Start Date/Time:	3-24-05 1323	Start Date/Time:		Start Date/Time:	
Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	
Stop Date/Time:	3-25-05 1323	Stop Date/Time:		Stop Date/Time:	
Stop Pressure: (inches Hg)	-2	Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	
Sample ID: IA-018-1-08		**Sample ID:**		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)		Sample Category ID: (AA)	
Story/Level	1	Basement or Crawl Space?		Direction from Building	
Room	hallway	Floor Slab Thickness (inches) *[if present]*		Distance from Building	
Indoor Air Temp (°F)	71	Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	45"	Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.95	Noticeable Odor?		Noticeable Odor?	
Duplicate Sample?	no	Percent $O_2/CO_2/CH_4$		Duplicate Sample?	
		Duplicate Sample?			

Comments:

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-24-05 1537

Preparer's Affiliation ERM Phone No. 315-445 2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Tinkelbaugh First Name: Bob

Address: Huron Manor, Endicott, NY

County: Broome

Home Phone: — Office Phone: (607) 755-8824

Number of Occupants/persons at this location 50± Age of Occupants > 18

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

Interviewed: (Y) / N

Last Name: Korchnick First Name: Jim

Address: Huron Manor, Endicott, NY

County: Broome

Home Phone: — Office Phone: (607) 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) Cinema operations / MFCT.

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? NA

Other characteristics:

Number of floors 5 Building age Bult. 1964

Is the building insulated? Y (N) How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

None

Airflow near source

minimal from hallway - one controlled room 6' from sample.

Outdoor air infiltration

None

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N TRENCHES			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

None

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other Other Bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

3 returns 12 feet above sample (see map) in good condition

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Chem op's, Crawl space
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? _____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Outdoor

k. Is there new carpet, drapes or other textiles? Y / N Where & When? ___

l. Have air fresheners been used recently? Y / N When & Type? ___

m. Is there a kitchen exhaust fan? Y / (N) If yes, where vented? ___

n. Is there a bathroom exhaust fan? Y / (N) If yes, where vented? ___

o. Is there a clothes dryer? Y / (N) If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / (N) When & Type? ___

Are there odors in the building? Y / (N)
If yes, please describe: ___

Do any of the building occupants use solvents at work? (Y) / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Cutting Acid - Light Lube Oil

If yes, are their clothes washed at work? Y / (N)

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service
No
Unknown

Is there a radon mitigation system for the building/structure? Y / (N) Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

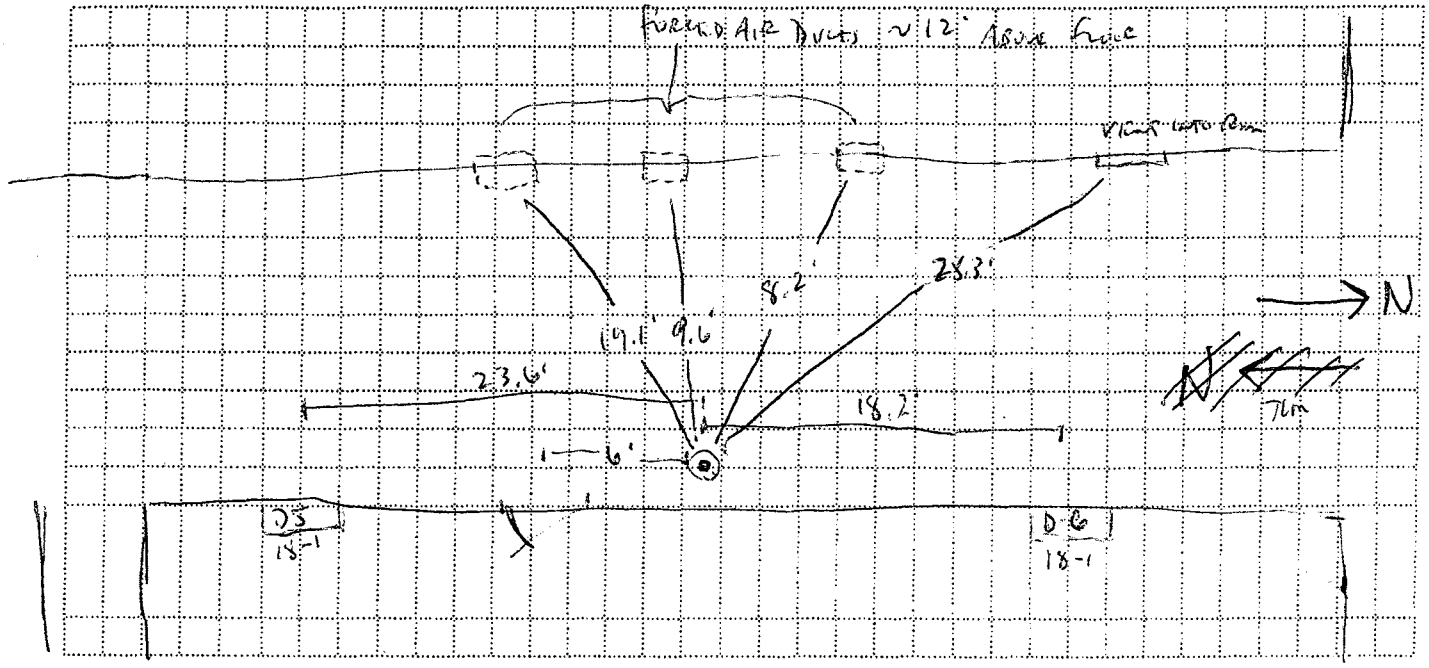
d. Relocation package provided and explained to residents? Y / N

11. FLOOR PLANS

JA- 018- 1 - 08

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.

Basement:

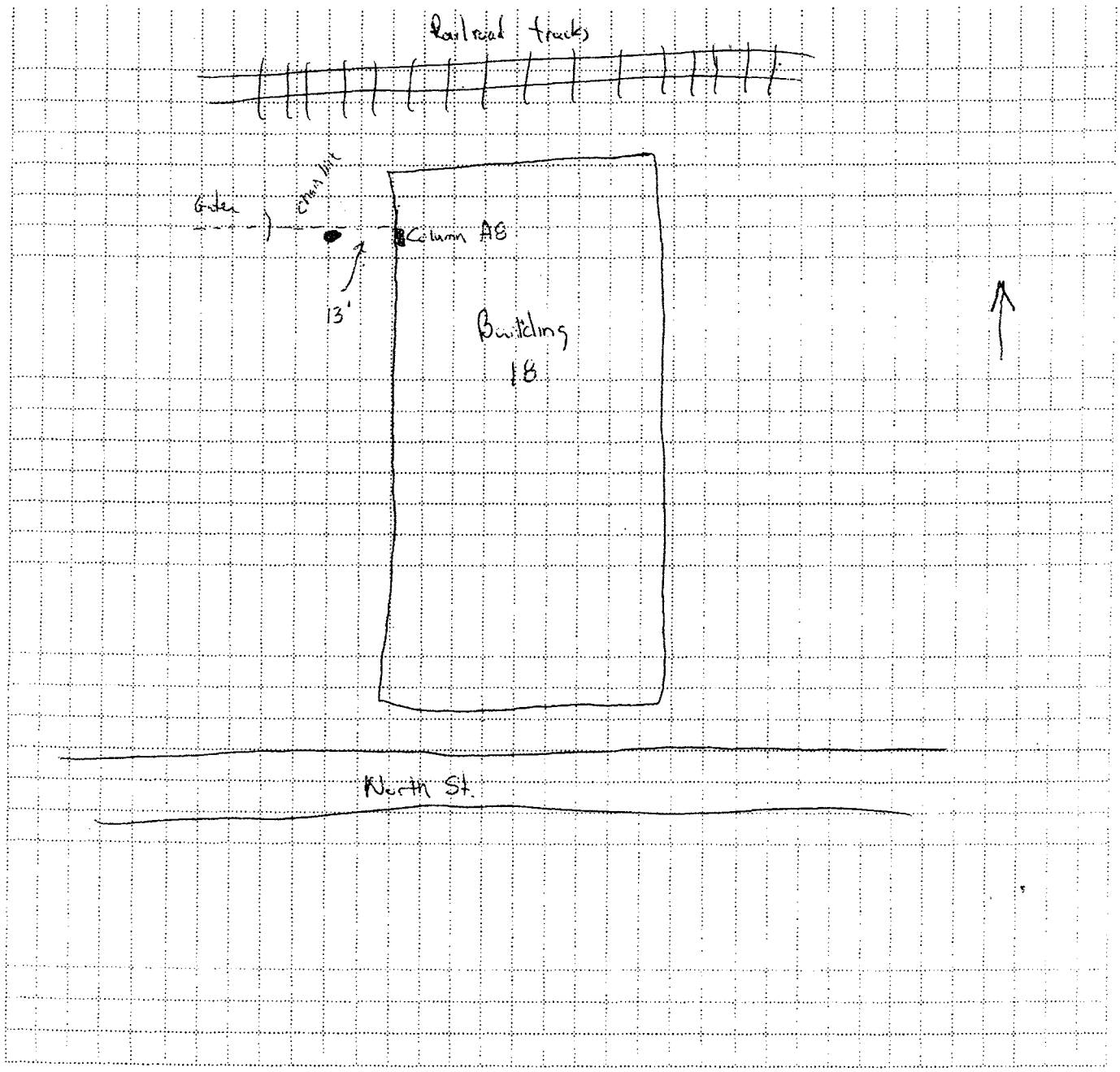


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



IA- 018-1-08

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	BLDG 18 NEAR SE CORNER	**Collector(s):**	TM, DV
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MINI RAE PLUS 103051	**Building No:**	18

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	NA	Canister Serial No.:	NA	Canister Serial No.:	10791
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	54-15
Start Date/Time:		Start Date/Time:		Start Date/Time:	03/24/05 / 1334
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-27 in Hg
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/25/05 1325
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	0
Sample ID:		**Sample ID:**		**Sample ID:**	OA-018-G-02

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	NA	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	
Story/Level		Basement or Crawl Space?		Direction from Building	SE
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	31.4'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	41"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	TEFHLON
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	22.5'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	NONE
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	NO
		Duplicate Sample?			

Comments:

Signature: Todd R Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name DEREK VAN CAMPEN Date/Time Prepared 03/24/05

Preparer's Affiliation ERM Phone No. (315) 445-2554

Purpose of Investigation HURON INDOOR AIR

1. OCCUPANT:

Interviewed: ~~Y~~ N

Last Name: TINKLEPAUGH First Name: BOB

Address: HURON MGMT. ENDICOTT, NY

County: BROOME

Home Phone: — Office Phone: (607) 755-8824

Number of Occupants/persons at this location 50+/- Age of Occupants >18

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

Interviewed: Y N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT, ENDICOTT, NY

County: BROOME

Home Phone: — Office Phone: (607) 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) MANUFACTURING / CHEM OPERATIONS

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? NA

Other characteristics:

Number of floors 5 Building age BUILT 1964

Is the building insulated? Y (N) How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

NA

Airflow near source

NA

Outdoor air infiltration

NA

Infiltration into air ducts

NA

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with PAINT	
e. Concrete floor:	unsealed	sealed	sealed with PAINT	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y N	TRENCHES		
k. Water in sump?	Y N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

NA

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: ——

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

NA

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	CHEM OP'S TUNNELS (CRAWL SPACE)
1st Floor	MANUFACTURING.
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? UNKNOWN

i. Have cosmetic products been used recently? Y / N When & Type? _____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Cupric Acid / Light Lubricant

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N NA

d. Relocation package provided and explained to residents? Y / N NA

11. 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.

Basement:

First Floor:

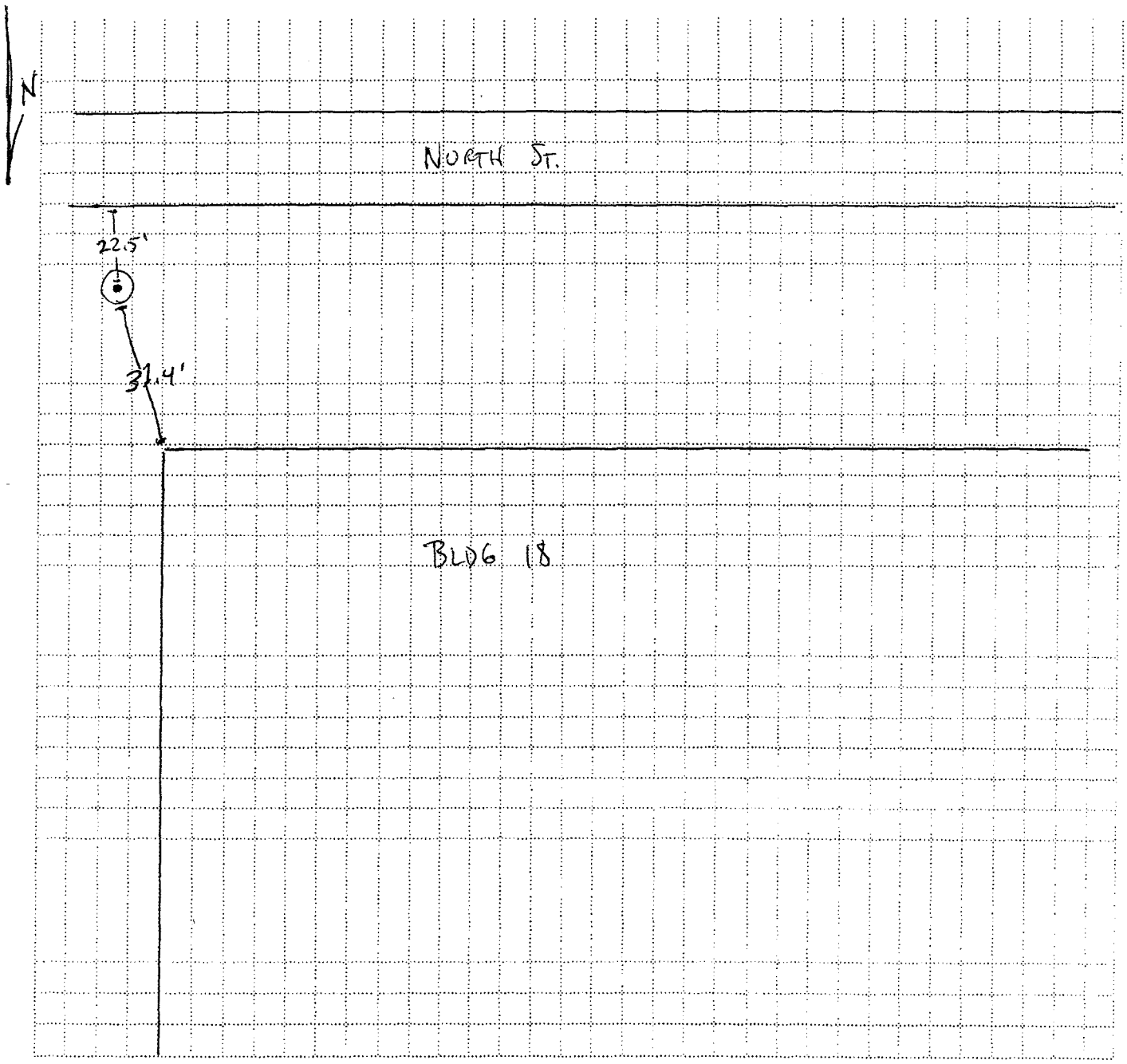
04-018-G-02

7

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae Plus

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
NA	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 18

CONF. SPACE

COL. C9/D9

SS-018-B-01

IA-018-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Basement B-018 Confined Space	**Collector(s):**	MG
Address:	Huron Campus, Endicott NY		BM
PID Meter Used: (Model, Serial #)	Mini RAE 2000	**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33931	Canister Serial No.:	1577	Canister Serial No.:	NP
Flow Controller Id No:	103-03	Flow Controller Id No:	100-82	Flow Controller Id No:	
Start Date/Time:	2/22/05 1215P	Start Date/Time:	2/22/05 1215P	Start Date/Time:	
Start Pressure: (inches Hg)	-28.5 1210P	Start Pressure: (inches Hg)	-30. 1210P	Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/05	Stop Date/Time:	2/23/05	Stop Date/Time:	
Stop Pressure: (inches Hg)	-1.5	Stop Pressure: (inches Hg)	-0.5	Stop Pressure: (inches Hg)	
Sample ID:	IA-018-B-01	**Sample ID:**	SS-018-B-01	**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Tunnel	Floor Slab Thickness (inches) *[if present]*	6.0"	Distance from Building	
Indoor Air Temp (°F)	67.6 / 70.5°F	Potential Vapor Entry Points Observed?	NONE	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	47"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	8.0"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0-0.3	PID Reading (ppm)	0.5	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.33	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent O_2/CO_2/CH_4	21.2 O_2	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

Signature: S Schuchart

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/24/05

Preparer's Affiliation ERM Phone No. 315 - 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y (N)

Last Name: Tinklepaugh First Name: Bob

Address: Huron Mngmnt

County: Broome

Home Phone: N/A Office Phone: 607 755 8824

Number of Occupants/persons at this location _____ Age of Occupants 5/8

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

Interviewed: (Y) N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt Endicott, NY

County: Broome

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N (circled N) If yes, how many? NA

Other characteristics:

Number of floors 5 includes partial basement

Building age 1964

Is the building insulated? Y / N unknown

How air tight? Tight / Average / Not Tight (circled Tight)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's distribute air to each floor separately

Airflow near source

No airflow noted in Tunnel

Outdoor air infiltration

None observed

Infiltration into air ducts

No duct work

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint/paint	
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?	Y / N Trenches			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 18 (feet)

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

Several cracks throughout area

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

None present

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tunnel Confined Space (piping)
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type?

i. Have cosmetic products been used recently? Y / N When & Type?

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Chlorinated odor

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? cupric & light lubrication oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

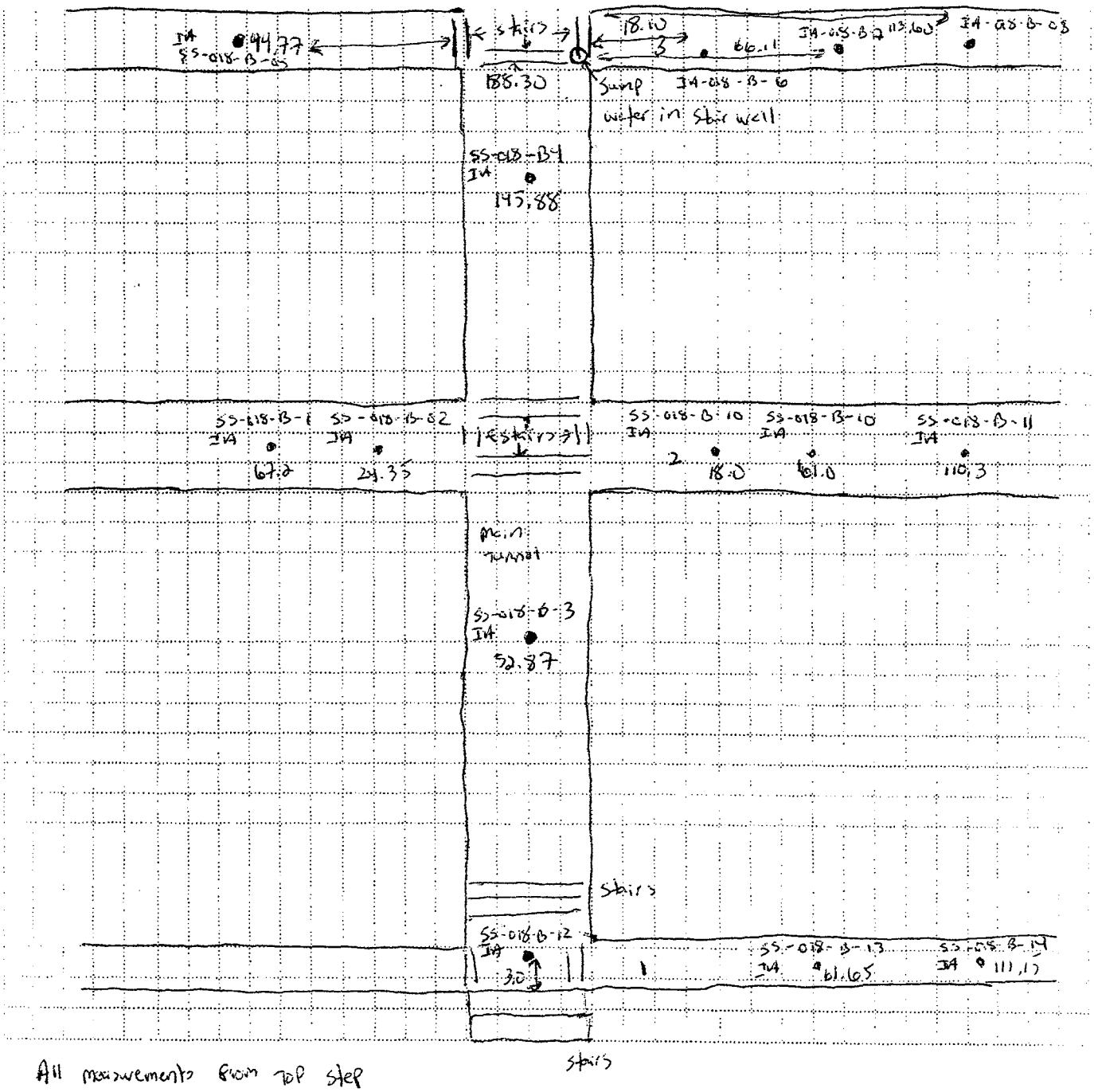
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

12. ~~OUTDOOR PLOT~~ Tunnel - (contined space) sample locations

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.

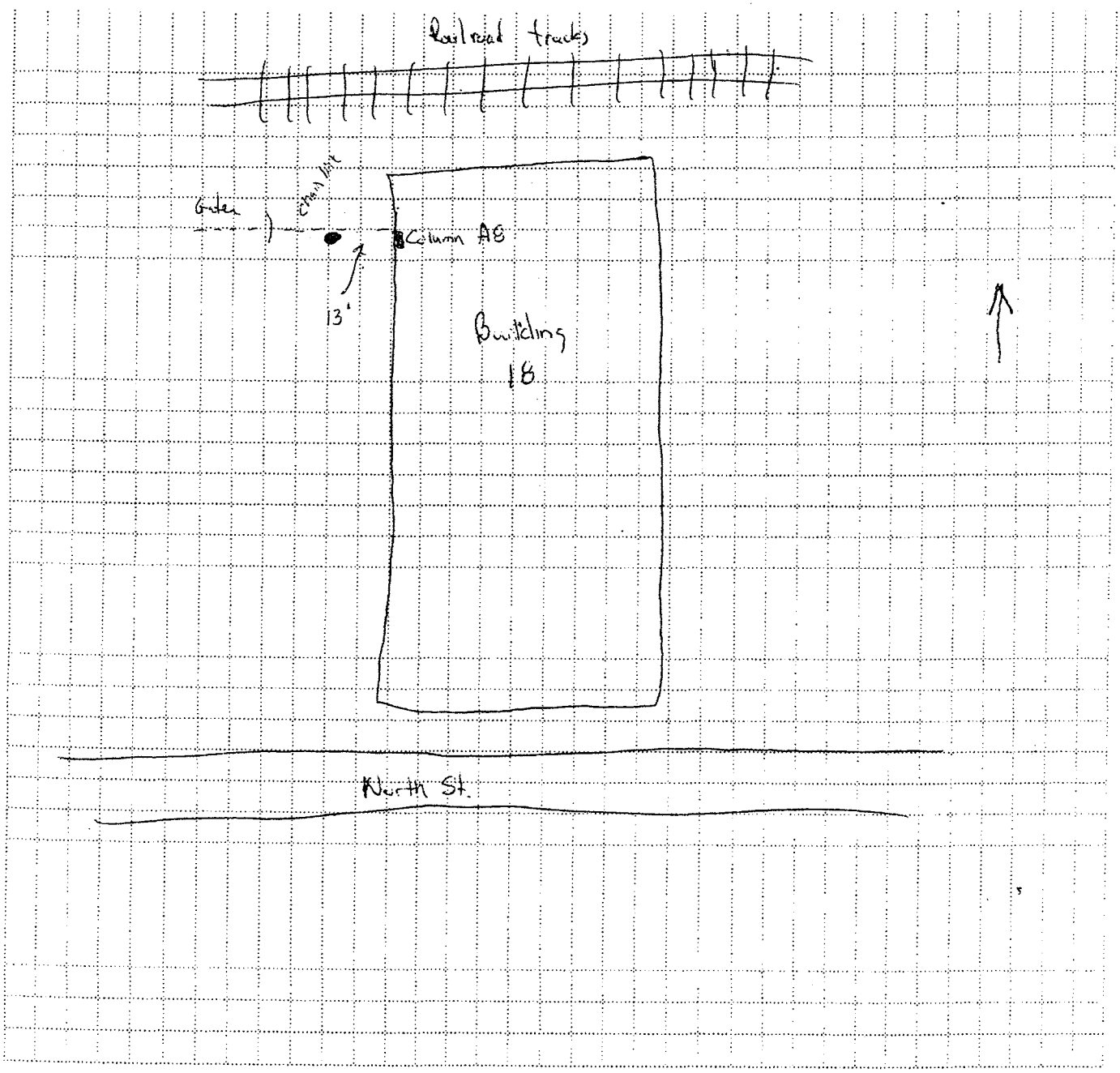


All measurements from top step
measurements for Main Tunnel from top step near entrance
measurements from tunnels 1-3 from top step on measured side
All sub-slabs in center line of tunnels

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: ~~PID~~ MICROTAP PID

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
	None Present					
	in Tunnels					

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. # 18

CONF. SPACE

COL. C7/B7

SS-018-B-02

IA-018-B-02

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Tunnel - confined space	**Collector(s):**	MG
Address:	Huron Campus, Endicott NY		BM
PID Meter Used: (Model, Serial #)	mini RAE 2000	**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	3783	Canister Serial No.:	32106	Canister Serial No.:	NA
Flow Controller Id No:	03-87	Flow Controller Id No:	04-06	Flow Controller Id No:	
Start Date/Time:	2/22/05 1220P	Start Date/Time:	2/22/05 1220P	Start Date/Time:	
Start Pressure: (inches Hg)	-25.	Start Pressure: (inches Hg)	-30.	Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/04 12.15P	Stop Date/Time:	2/23/05 12:15P	Stop Date/Time:	
Stop Pressure: (inches Hg)	-0.1	Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	
Sample ID: IA-018-B-02		**Sample ID:** SS-018-B-02		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Tunnel	Floor Slab Thickness (inches) *[if present]*	12"	Distance from Building	
Indoor Air Temp (°F)	67.6	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	49"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	14"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0-0.3	PID Reading (ppm)	2.6	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.33	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent O_2/CO_2/CH_4	21.2 O_2	Duplicate Sample?	
		Duplicate Sample?	No		

Comments:

Signature: S. Schrant

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/25/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Tinklepaugh First Name: Bob

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 8324

Number of Occupants/persons at this location _____ Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt Endicott, NY

County: Broome

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NA

Other characteristics:

Number of floors 5 includes partial basement Building age 1964

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenue for airflow between floors

Airflow near source

No airflow noted in tunnel

Outdoor air infiltration

No points of entry observed

Infiltration into air ducts

No duct work

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with partially w/ paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Occ. cracks throughout tunnel area

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

No duct work visible

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tunnel area / tank farm
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Chlorinated mat odor

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? cupric & light lubrication oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

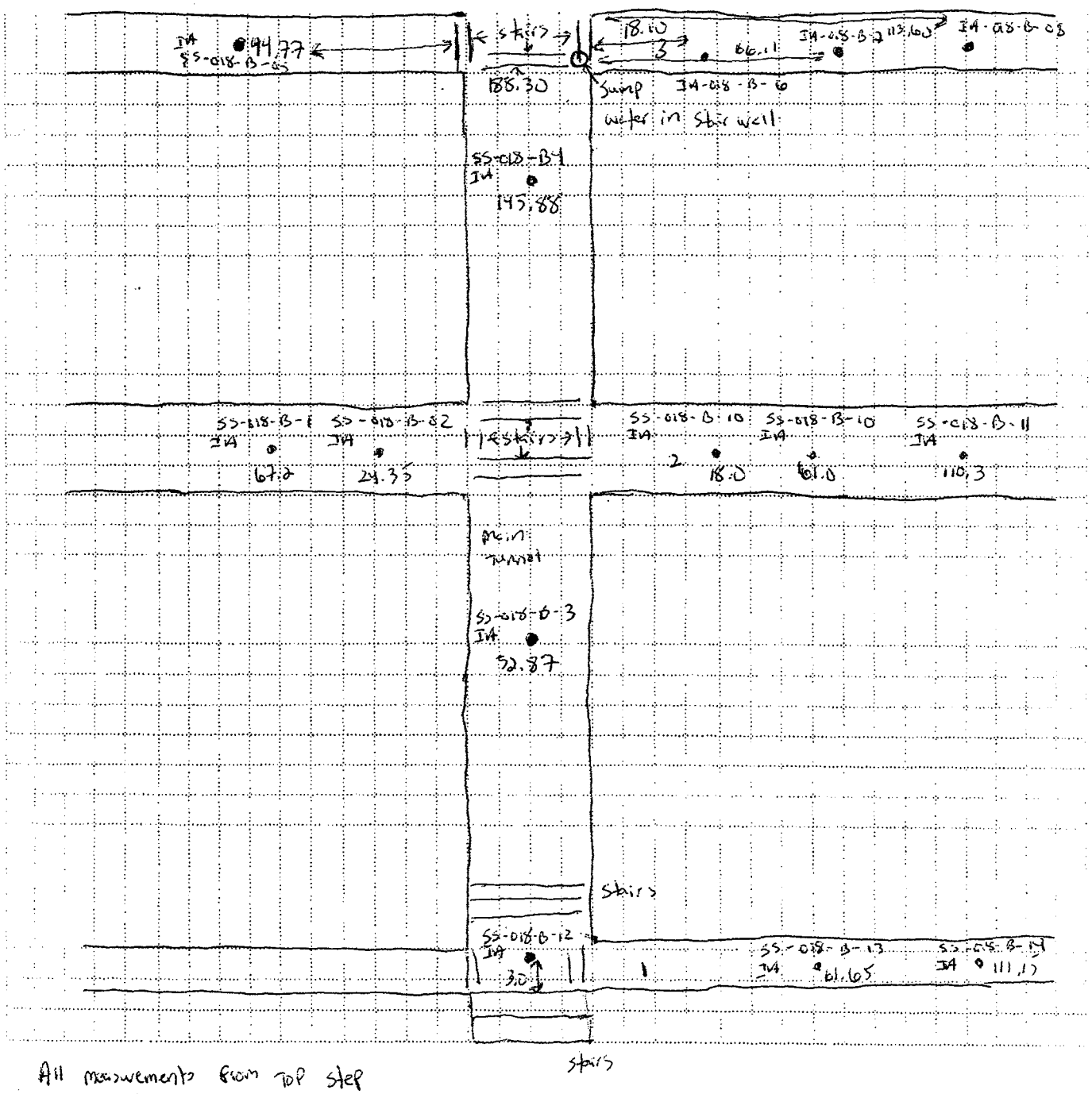
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

12. ~~OUTDOOR PLOT~~ Tunnel-(contained space) sample locations

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.

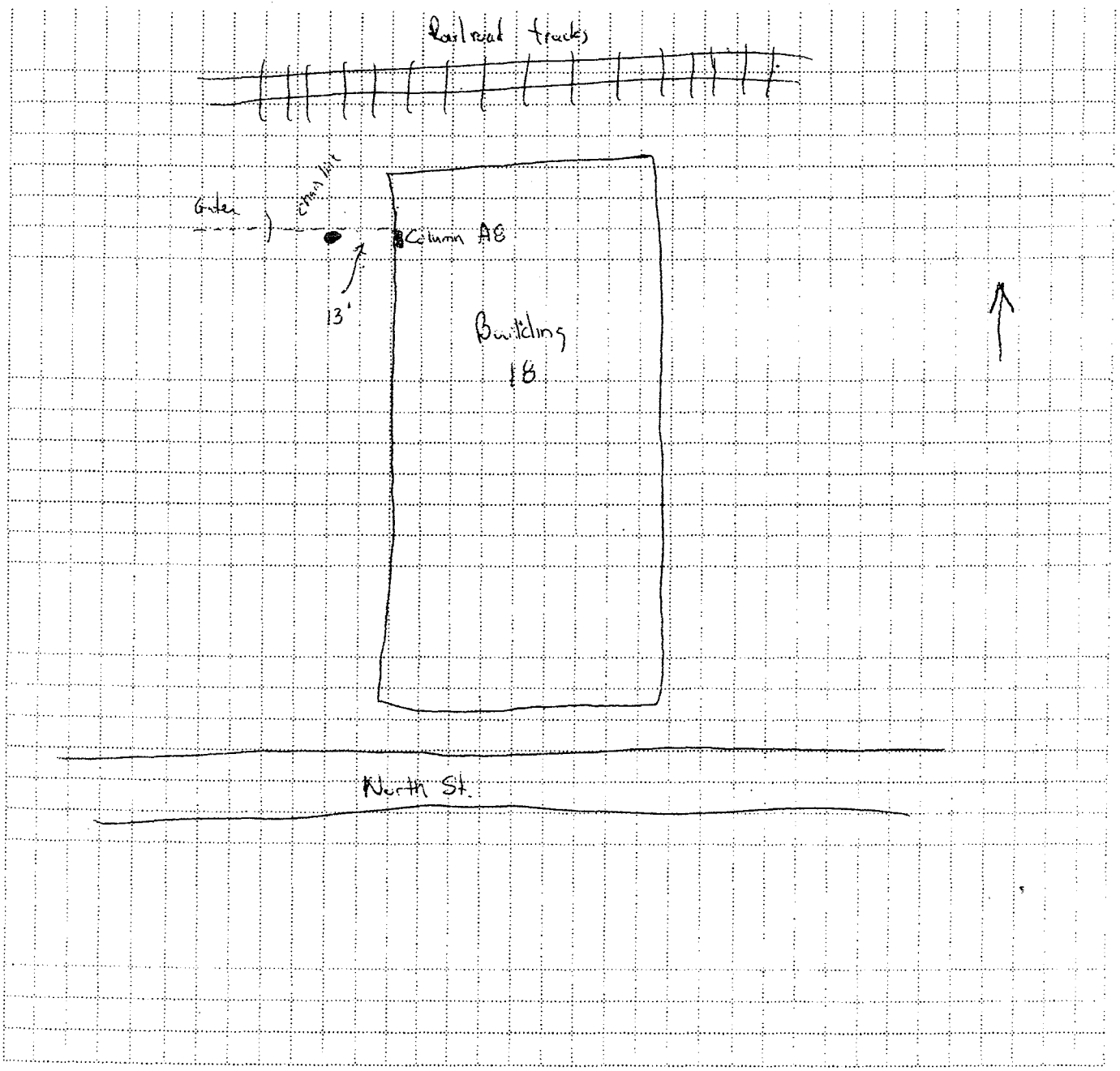


All measurements from top step
measurements for Main Tunnel from top step near entrance
measurements from tunnels 1-3 from top step on measured side
All sub-slabs in center line of tunnels

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
	No Chem Storage					
	in Tunnels					

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 18
C.S.

COL. B5/C5

SS-018-B-03

IA-018-B-03

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Tunnel - Confining Space	**Collector(s):**	MG
Address:	Huron Campus, Endicott NY		Bm
PID Meter Used: (Model, Serial #)	Mini RAE 2000	**Building No:**	18

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	R-16	Canister Serial No.:	31430	Canister Serial No.:	NA
Flow Controller Id No:	53-39	Flow Controller Id No:	103-40	Flow Controller Id No:	
Start Date/Time:	2/22/05 1130A	Start Date/Time:	2/22/05 1130A	Start Date/Time:	
Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg) ~~-30~~	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/05 1130A	Stop Date/Time:	2/23/05 1130A	Stop Date/Time:	
Stop Pressure: (inches Hg)	-0.5	Stop Pressure: (inches Hg)	-5.	Stop Pressure: (inches Hg)	
Sample ID: IA-018-B-03		**Sample ID:** SS-018-B-03		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Tunnel	Floor Slab Thickness (inches) *[if present]*	9.0"	Distance from Building	
Indoor Air Temp (°F)	67.6	Potential Vapor Entry Points Observed?	NONE	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	44"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	11.0"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0-0.3	PID Reading (ppm)	0.8	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.33	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	21.2	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

Signature: S Schuchart

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/25/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Tinklepaugh First Name: Bob

Address: Huron Mngmnt

County: Broom

Home Phone: NA Office Phone: 607 755 8824

Number of Occupants/persons at this location _____ Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N (N) If yes, how many? NA

Other characteristics:

Number of floors 5 includes partial basement Building age 1964

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues observed

Airflow near source

No airflow noted in tunnel.

Outdoor air infiltration

No points of entry observed

Infiltration into air ducts

No duct work.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with partially painted	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Occ. cracks throughout tunnel

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

No duct work observed

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tank farm
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Chlorinated mat. odor

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? cupric ; light lubrication oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

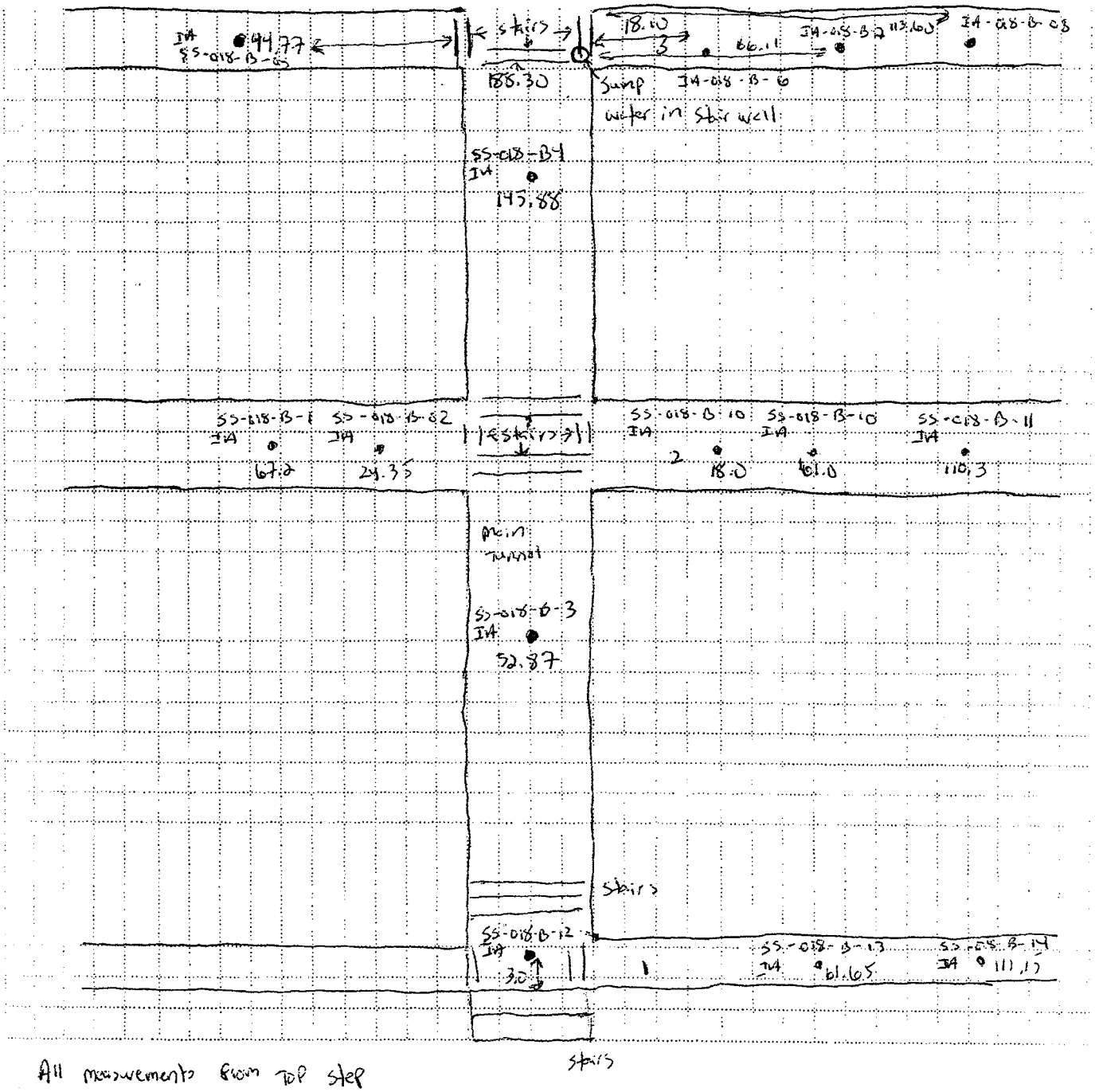
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

12. ~~OUTDOOR PLOT~~ Tunnel-(contained space) sample locations

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



All measurements from top step

measurements for Main Tunnel from top step near entrance

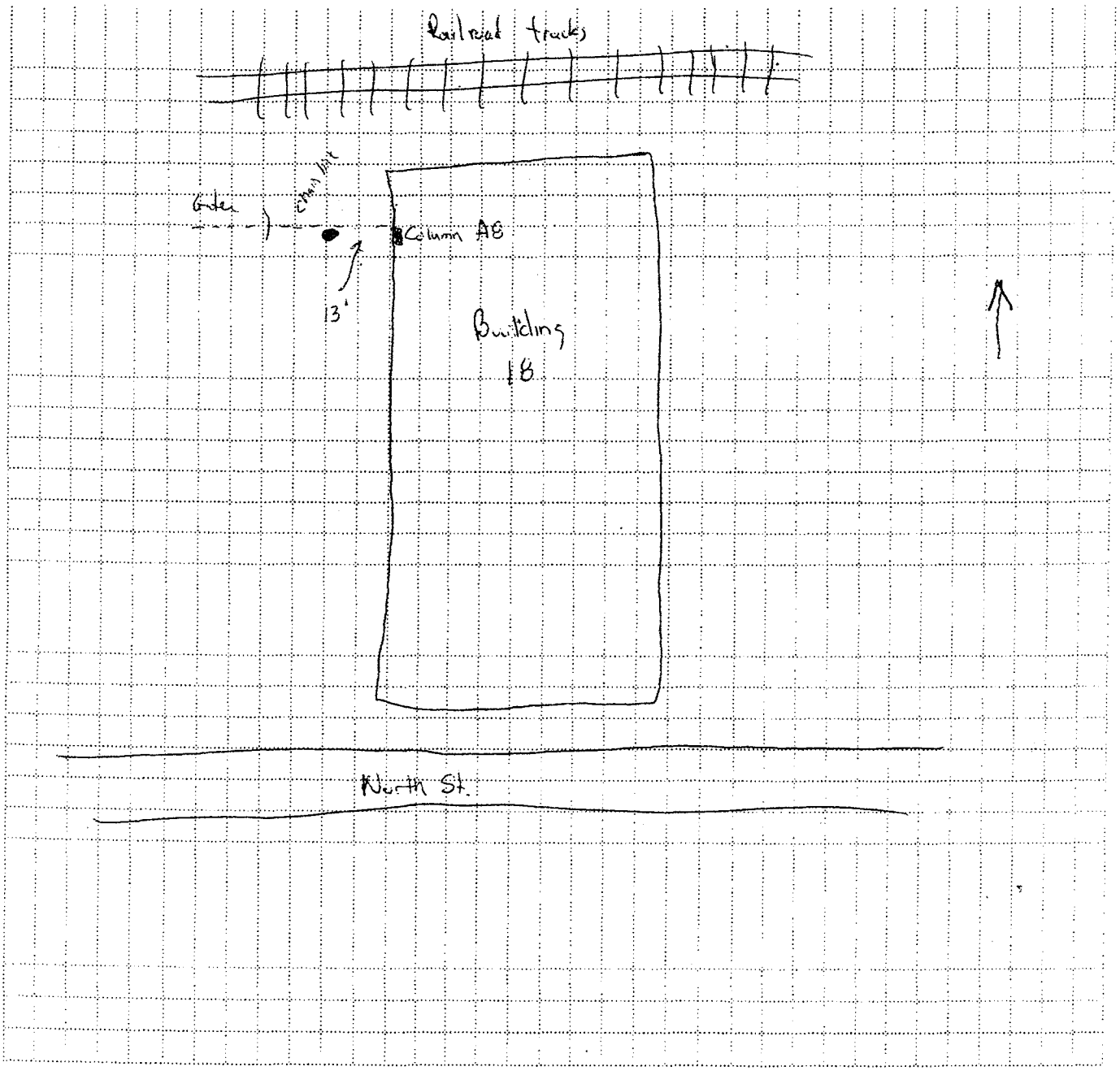
measurements from tunnels 1-3 from top step on measured side

All sub-slabs in center line of tunnels

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
	NONE OBSERVED					
	NO TUNNEL.					

* Describe the condition of the product containers as **Unopened (UO), Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 18

C. S.

E6/D6

SS-018-B-04

IA-018-B-04

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Tunnel - (confined space)	**Collector(s):**	MG
Address:	Huron Campus, Endicott NY		BM
PID Meter Used: (Model, Serial #)	mini RAE 2000	**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	1569	Canister Serial No.:	12689	Canister Serial No.:	NA
Flow Controller Id No:	97-20	Flow Controller Id No:	54-15	Flow Controller Id No:	
Start Date/Time:	2/22/05 11:35	Start Date/Time:	2/22/05 11:35 AM	Start Date/Time:	
Start Pressure: (inches Hg)	-27.5	Start Pressure: (inches Hg)	-29.	Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/05 1135 A	Stop Date/Time:	2/22/05 1135 A	Stop Date/Time:	
Stop Pressure: (inches Hg)	-5.	Stop Pressure: (inches Hg)	-2.5	Stop Pressure: (inches Hg)	
Sample ID: IA-018-B-04		**Sample ID:** SS-018-B-04		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Tunnel	Floor Slab Thickness (inches) *[if present]*	9.0"	Distance from Building	
Indoor Air Temp (°F)	67.6	Potential Vapor Entry Points Observed?	NONE	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	~~10~~ 4.4	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	11.0"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.8	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.33	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent O_2/CO_2/CH_4	21.2	Duplicate Sample?	
—	—	Duplicate Sample?	NO	—	

Comments:

Signature: S. Schuchart

OSR – 3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/25/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Tinklepaugh First Name: Bob

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 8824

Number of Occupants/persons at this location _____ Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NA

Other characteristics:

Number of floors 5 includes partial basement Building age 1964

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues observed.

Airflow near source

No airflow in tunnel.

Outdoor air infiltration

No points of entry observed.

Infiltration into air ducts

No ductwork.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with partially painted	
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Occ. cracks throughout tunnel.

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

None present

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tunnel area
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Chlorinated mat. odor

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? cupric & light lubrication oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

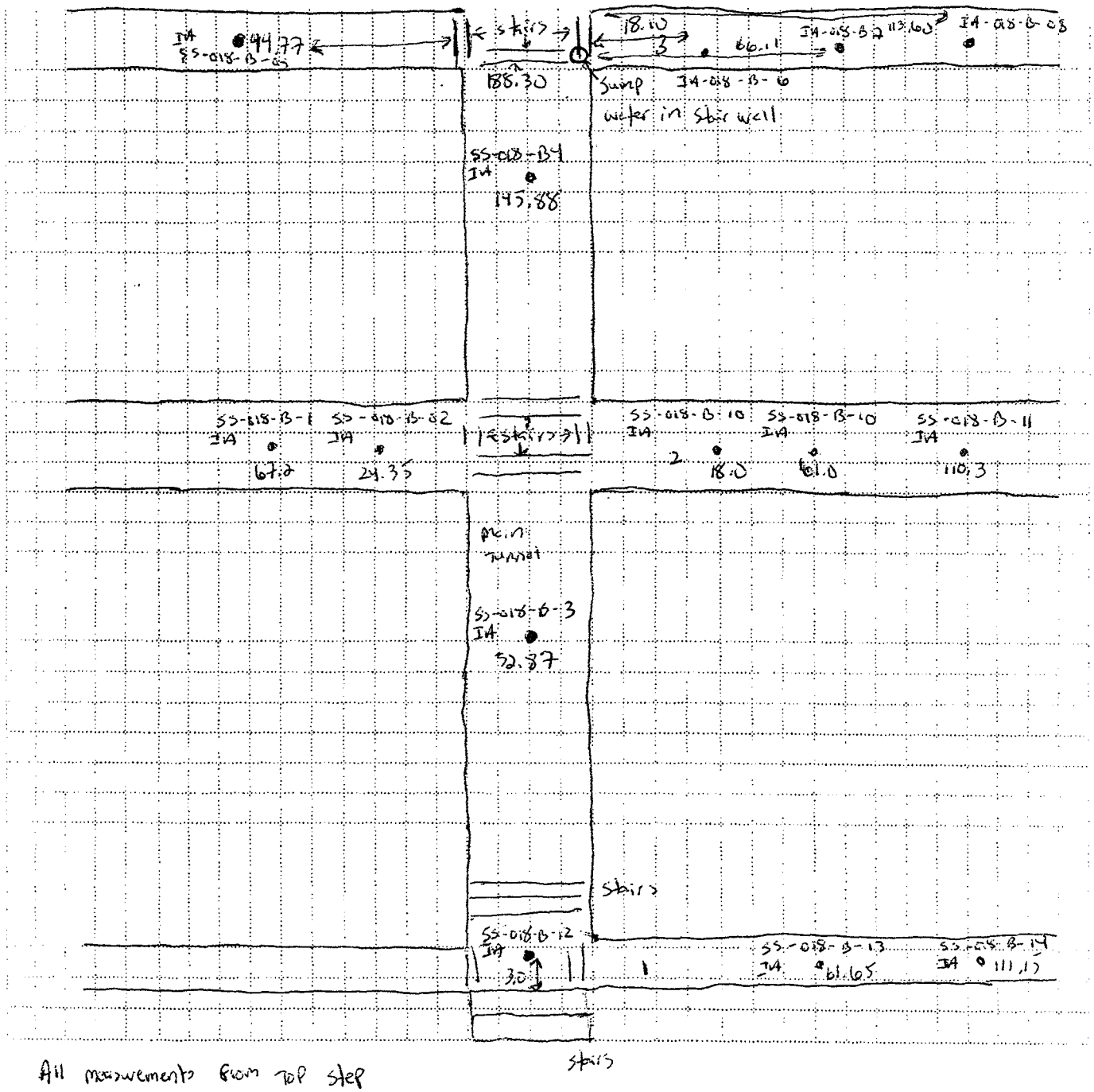
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

12. ~~OUTDOOR PLOT~~ Tunnel (contained space) sample locations

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



All measurements from top step

measurements for Main Tunnel from top step near entrance

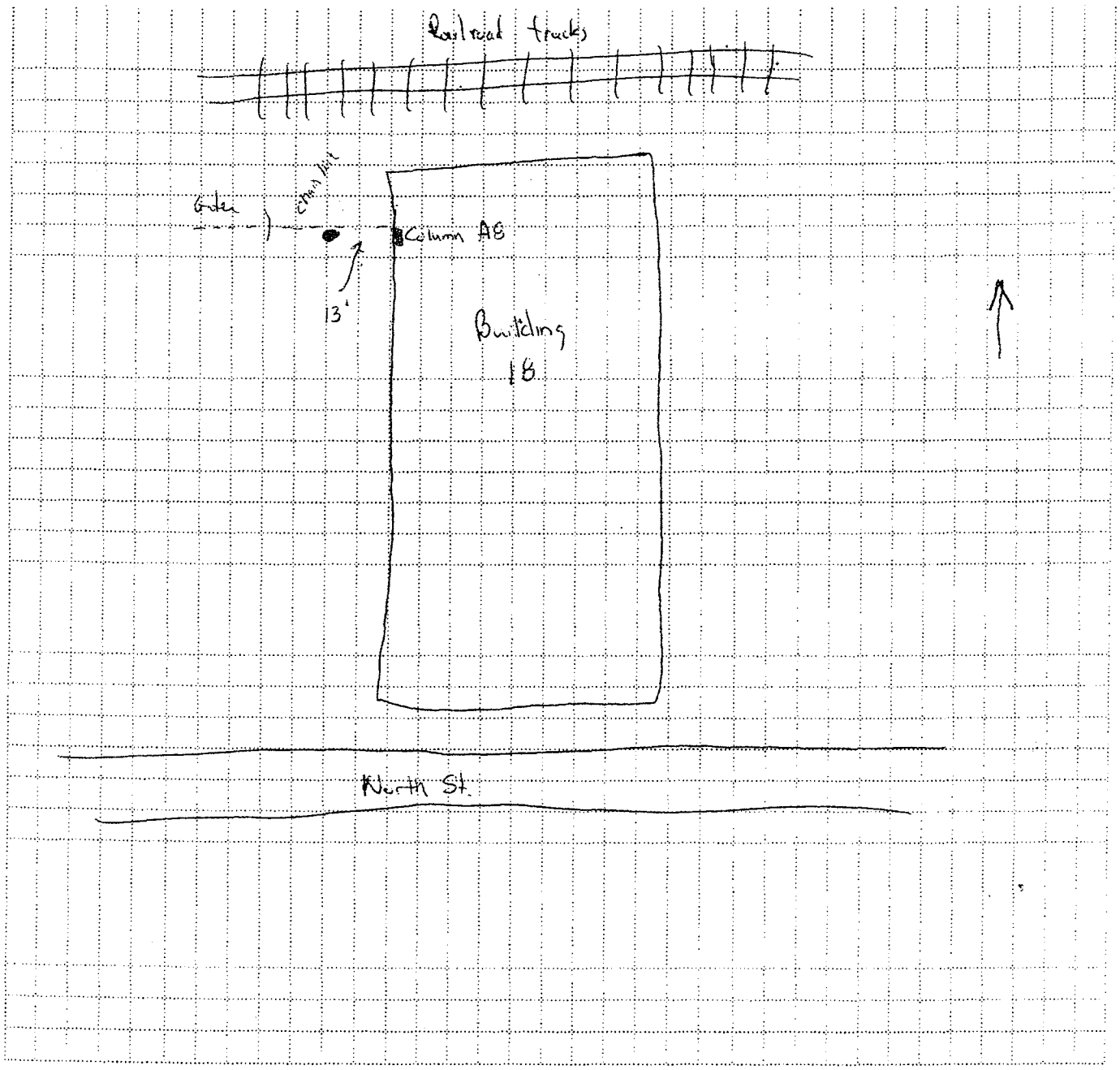
measurements from tunnels 1-3 from top step on measured side

All sub-slabs in center line of tunnels

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
	None Present					
	in Tunnels					

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 18

C.S.

Col. F7

SS-018-B-05

IA-018-B-05

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Tunnel - confined space, 101 F7	**Collector(s):**	MG
Address:	Huron Campus, Endicott NY		Bm
PID Meter Used: (Model, Serial #)	mini RAE	**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33883	Canister Serial No.:	34921	Canister Serial No.:	NA
Flow Controller Id No:	101-22	Flow Controller Id No:	5540	Flow Controller Id No:	
Start Date/Time:	2/22/05 11:40A	Start Date/Time:	2/22/05 11:40A	Start Date/Time:	
Start Pressure: (inches Hg)	-26.	Start Pressure: (inches Hg)	-27.	Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/05 1140A	Stop Date/Time:	2/23/05 1140A	Stop Date/Time:	
Stop Pressure: (inches Hg)	-2.5	Stop Pressure: (inches Hg)	-0.5	Stop Pressure: (inches Hg)	
Sample ID: IA-018-B-05		**Sample ID:** SS-018-B-05		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Tunnel	Floor Slab Thickness (inches) *[if present]*	27.5"	Distance from Building	
Indoor Air Temp (°F)	67.6	Potential Vapor Entry Points Observed?	NA/none observed	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	34"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	yes	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	30"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.3ppm	PID Reading (ppm)	6.7ppm	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.33	Noticeable Odor?	no	Noticeable Odor?	
Duplicate Sample?	NO	Percent O_2/CO_2/CH_4	21.9	Duplicate Sample?	
		Duplicate Sample?			
			No		

Comments:

Signature: [signature]

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/25/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Tinklepaugh First Name: Bob

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 8824

Number of Occupants/persons at this location _____ Age of Occupants 2/6

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

Interviewed: (Y) / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NA

Other characteristics:

Number of floors 5 includes partial basement Building age 1964

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues observed.

Airflow near source

No airflow in tunnel

Outdoor air infiltration

No points of entry observed

Infiltration into air ducts

No ductwork

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with partially painted	
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Occ. cracks throughout tunnel.

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

None present

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tunnel area
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Chlorinated mat. odor

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? cupric ; light lubrication oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

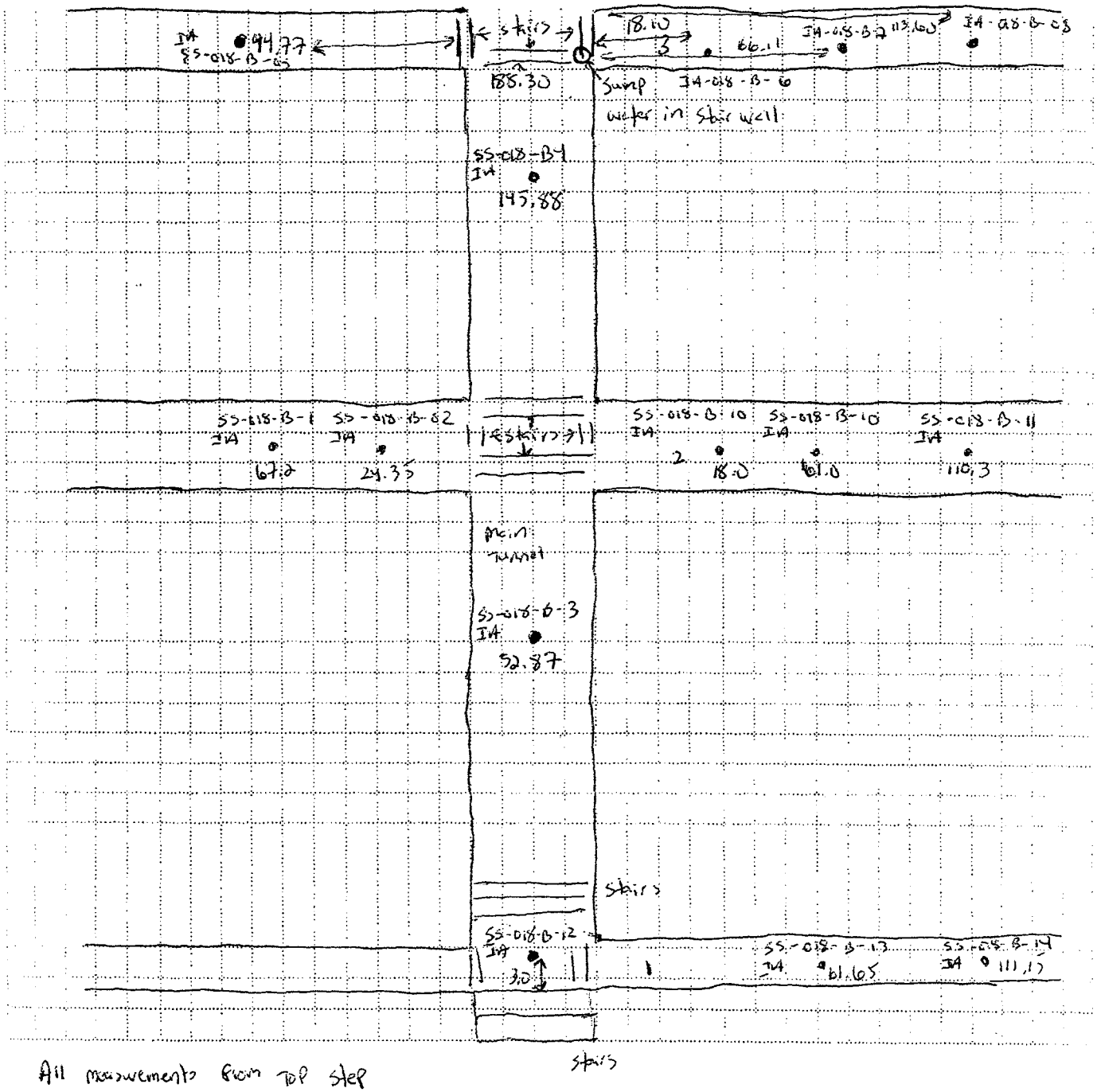
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

12. ~~OUTDOOR PLOT~~ Room Tunnel -(contained space) sample locations

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.

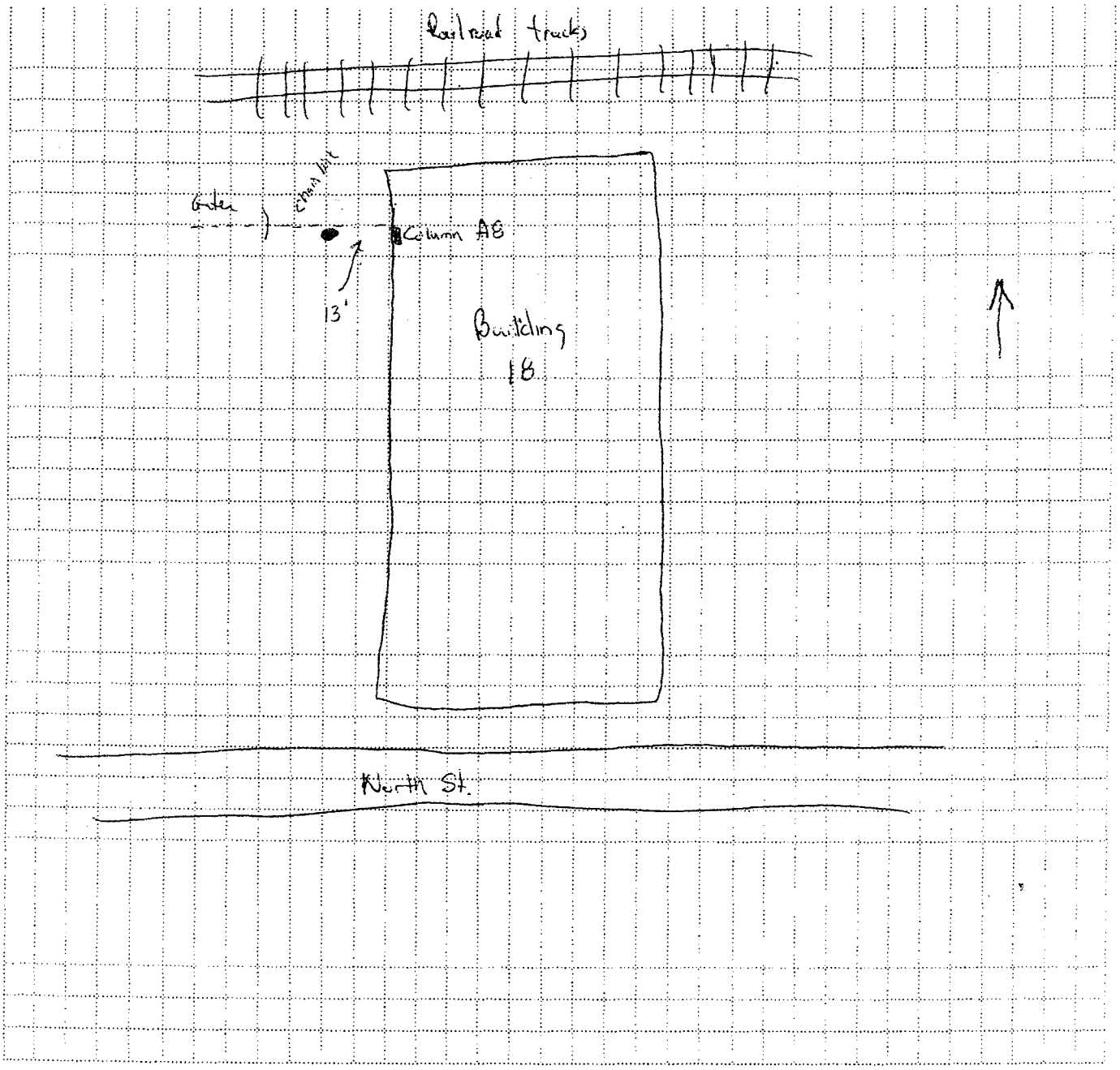


All measurements from top step
measurements for Main Tunnel from top step near entrance
measurements from tunnels 1-3 from top step on measured side
All sub-slabs in center line of tunnels

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
	None observed					
	in tunnels					

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 18

C.S.

COL. F4

SS-018-B-06

IA-018-B-06

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Tunnel - confined space col F4	**Collector(s):**	mm BM
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	mini - RAE	**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	12333	Canister Serial No.:	NA	Canister Serial No.:	NA
Flow Controller Id No:	05-12	Flow Controller Id No:		Flow Controller Id No:	
Start Date/Time:	2/22/05 1150 A	Start Date/Time:		Start Date/Time:	
Start Pressure: (inches Hg)	-27.5 1145	Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/05 ~~2/10~~ 1145	Stop Date/Time:		Stop Date/Time:	
Stop Pressure: (inches Hg)	-2.0 1145	Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	
Sample ID: IA-018-B-06		**Sample ID:** SS-018-B-06		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)		Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?		Direction from Building	
Room	Tunnel (confined space)	Floor Slab Thickness (inches) *[if present]*		Distance from Building	
Indoor Air Temp (°F)	67.6	Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	44"	Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0 ppm	PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.33	Noticeable Odor?		Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$		Duplicate Sample?	
		Duplicate Sample?			

Comments:

Sub-slab water in the hole

Signature: [signature]

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/25/05

Preparer's Affiliation ERM Phone No (315) 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y/N

Last Name: Tinklepaugh First Name: Bob

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755-8824

Number of Occupants/persons at this location _____ Age of Occupants >18

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

Interviewed: Y/N

Last Name: KETCHUCK First Name: Jim

Address: Huron Mgmt Endicott, NY

County: Broome

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NA

Other characteristics:

Number of floors 5 (include partial basement) Building age 1964

Is the building insulated? Y / N (unknown) How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues observed.

Airflow near source

No airflow in tunnel

Outdoor air infiltration

No points of entry observed

Infiltration into air ducts

No air ducts.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with partially painted	
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

occ cracks in floor throughout tunnel

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

_____

_____

_____

_____

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tunnel Area
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Chlorinated mat. odor.

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? cupric & light lubrication oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

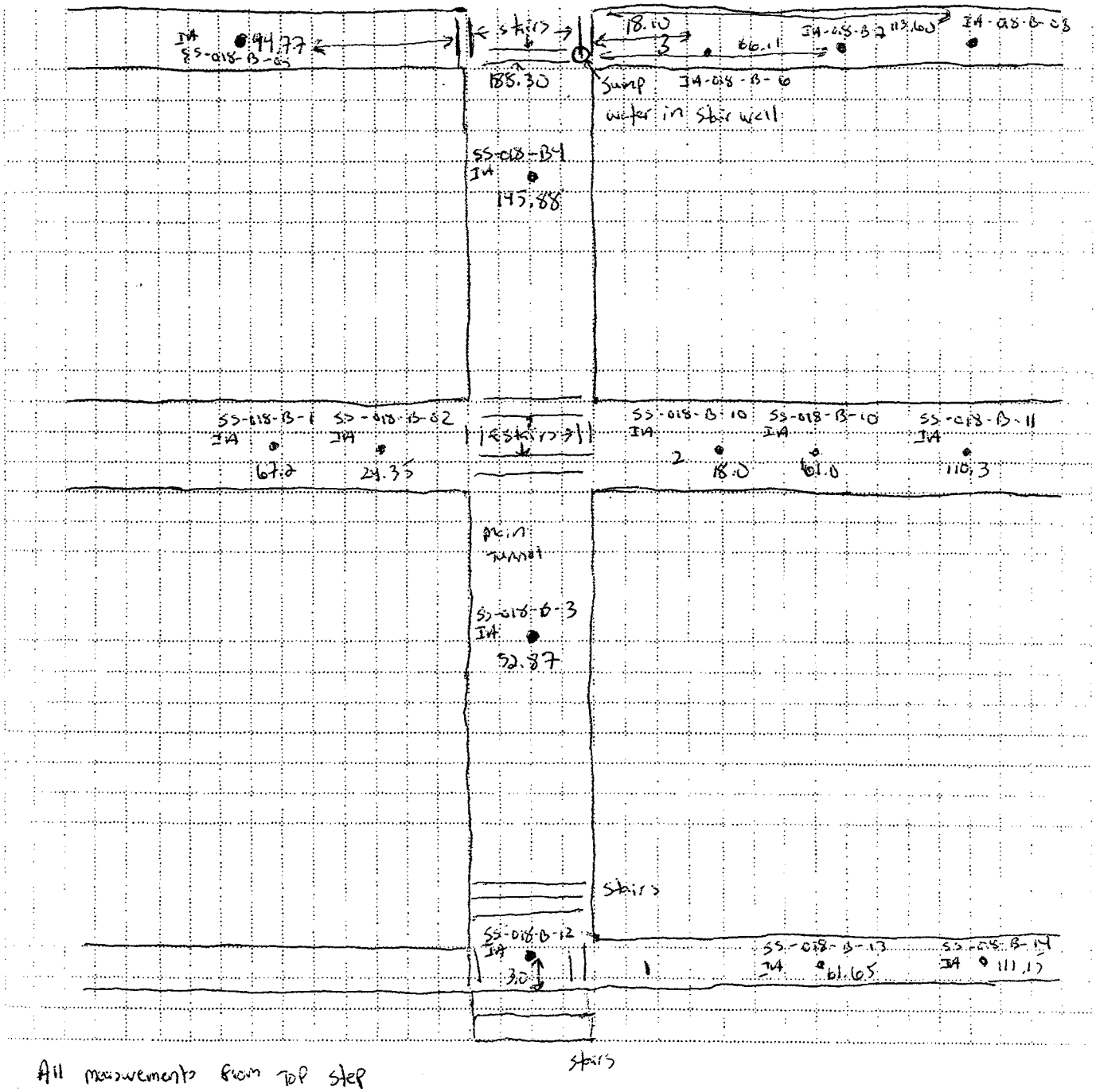
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

12. ~~OUTDOOR PLOT~~ Room Tunnel-(contained space) sample locations

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



All measurements from top step

measurements for Main Tunnel from top step near entrance

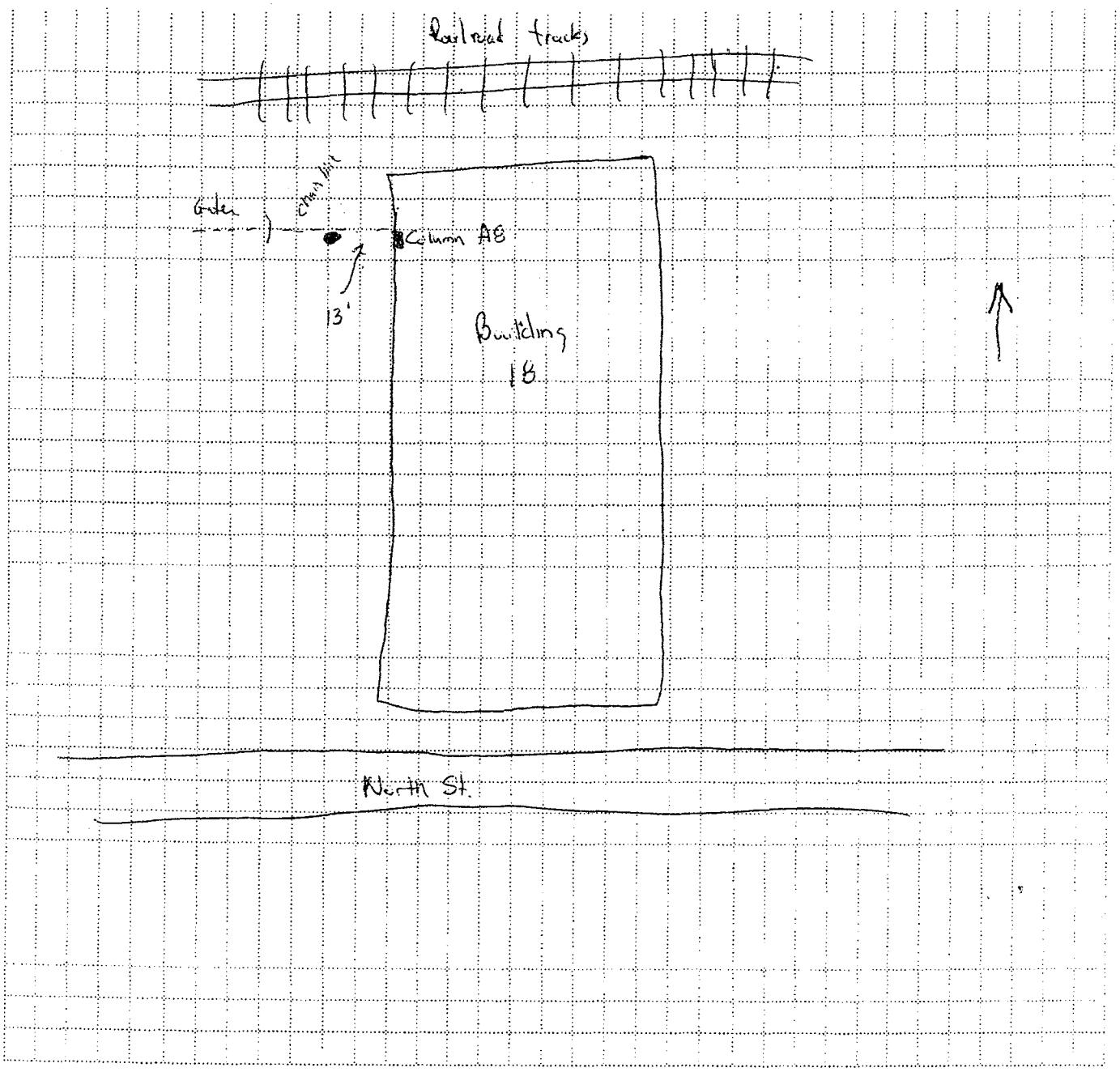
measurements from tunnels 1-3 from top step on measured side

All sub-slabs in center line of tunnels

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
	None observed					
	in trailers					

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 18

C.S.

Col. F3

SS-018-B-07

IA-018-B-07

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Tunnel- Confined Space col F3	**Collector(s):**	MM BM
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	mini RAE	**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33548	Canister Serial No.:	NA	Canister Serial No.:	NA
Flow Controller Id No:	2X	Flow Controller Id No:		Flow Controller Id No:	
Start Date/Time:	2/22/05 1150A	Start Date/Time:		Start Date/Time:	
Start Pressure: (inches Hg)	-28.	Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/05 1150	Stop Date/Time:		Stop Date/Time:	
Stop Pressure: (inches Hg)	-10.	Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	
Sample ID: IA-018-B-07		**Sample ID:** SS-018-B-07		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)		Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?		Direction from Building	
Room	Tunnel (confined space)	Floor Slab Thickness (inches) *[if present]*		Distance from Building	
Indoor Air Temp (°F)	67.6	Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	42"	Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0 ppm	PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.33	Noticeable Odor?		Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$		Duplicate Sample?	
		Duplicate Sample?			

Comments:

Sub-Slab Water in hole

Signature: [signature]

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/25/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y (N)

Last Name: Tinklepaugh First Name: Bob

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 8824

Number of Occupants/persons at this location _____ Age of Occupants >18

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

Interviewed: (Y) N

Last Name: Kretchuck First Name: Jim

Address: Huron Mgmt Endicott, NY

County: Broome

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NA

Other characteristics:

Number of floors 5 includes partial basement Building age 1964

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues observed.

Airflow near source

No airflow in the tunnel.

Outdoor air infiltration

No observed points of entry.

Infiltration into air ducts

No ductwork.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with partially painted	
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Occ. cracks throughout the tunnel.

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

No Ductwork in Tunnel

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tunnel area
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Chlorinated mat odor.

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? cupric & light lubrication oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

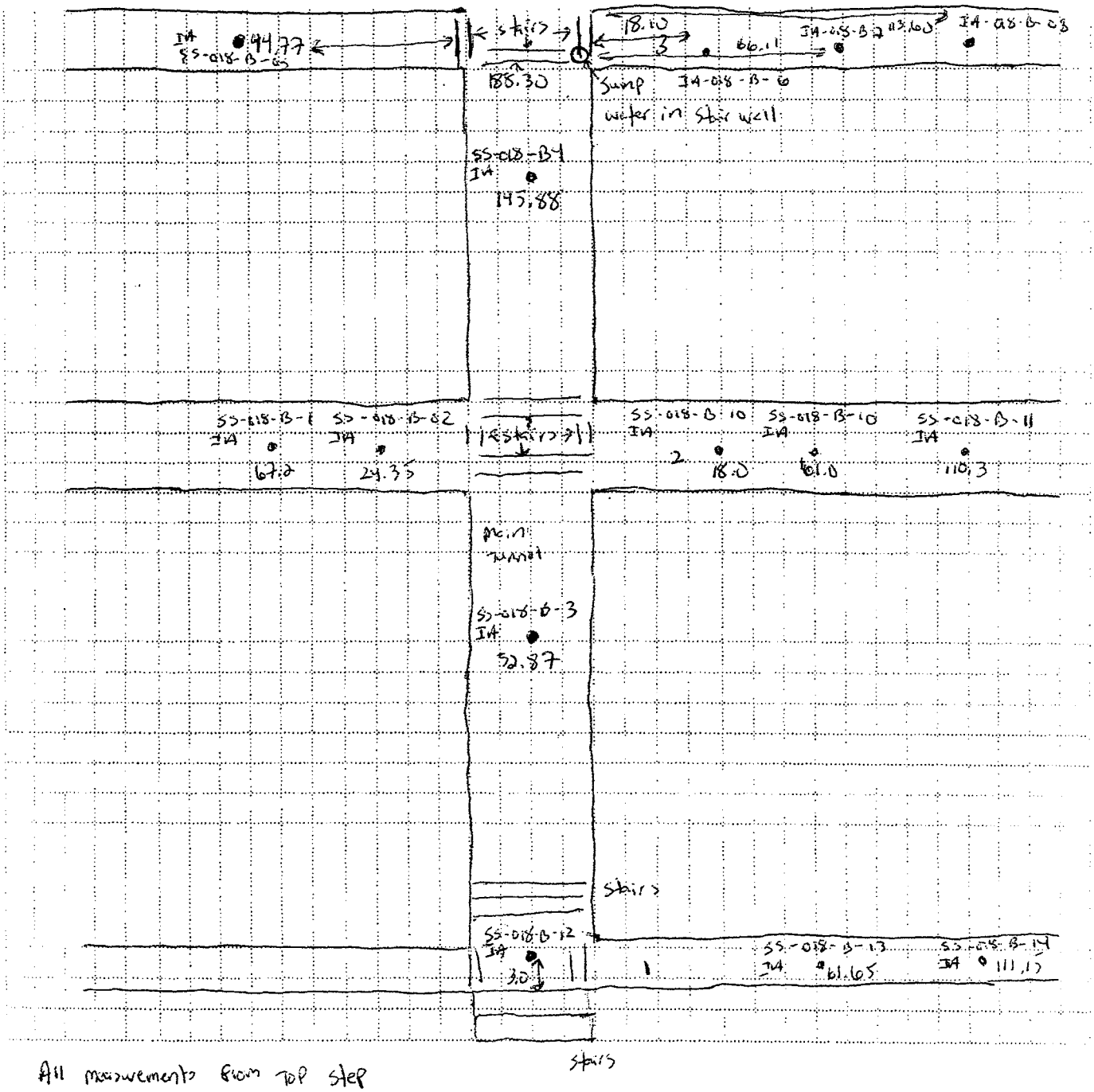
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

12. ~~OUTDOOR PLOT~~ Tunnel-(contained space) sample locations

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.

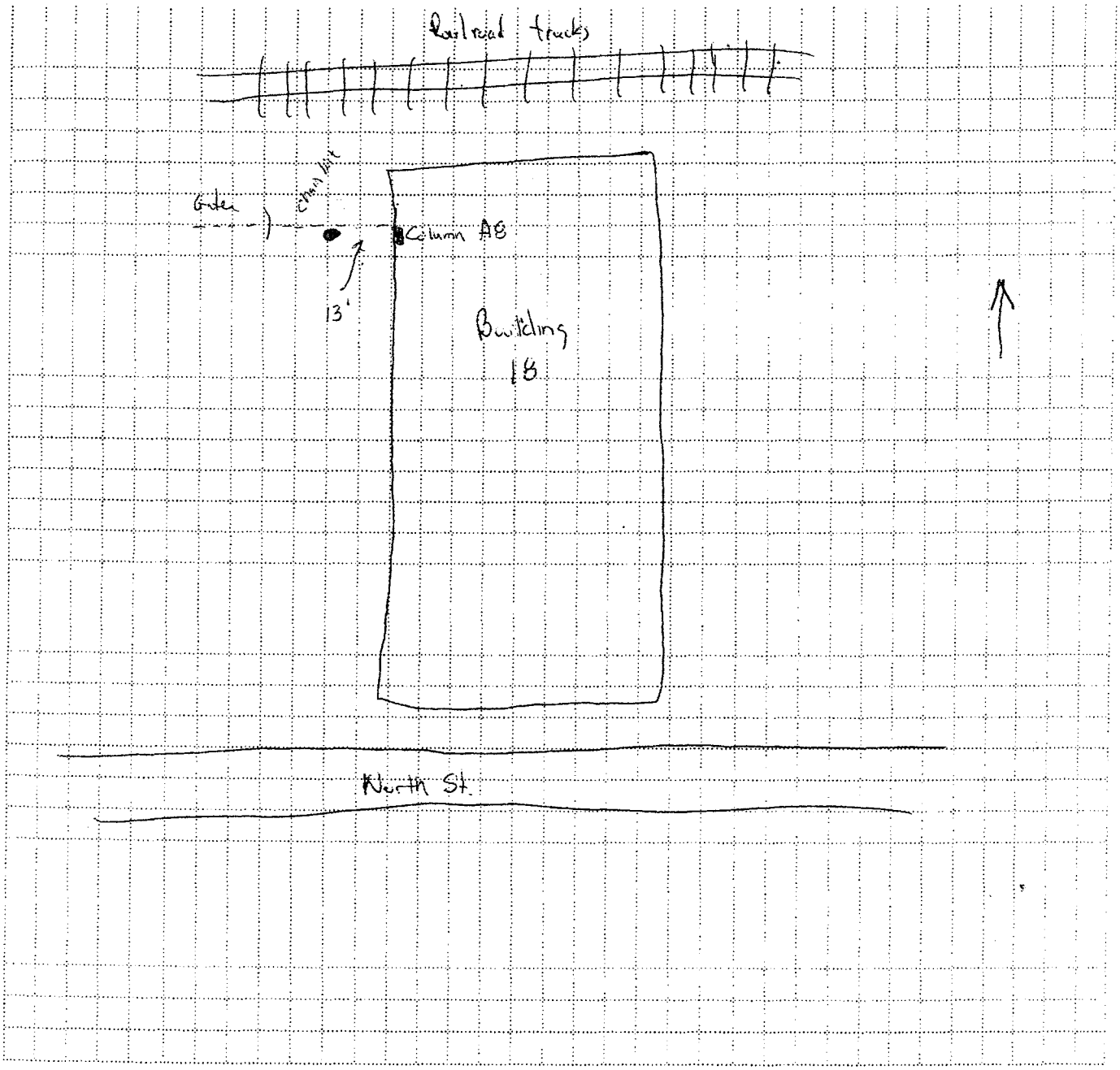


All measurements from top step
measurements for Main Tunnel from top step near entrance
measurements from tunnels 1-3 from top step on measured side
All sub-slabs in center line of tunnels

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
	NONE OBSERVED					
	IN TUNNELS					

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 18

C.S.

Col. F1

SS-018-B-08

IA-018-B-08

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Tunnel - Confined space col F1	**Collector(s):**	BM
Address:	Huron Campus, Endicott NY		MM
PID Meter Used: (Model, Serial #)	mini RAE	**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	1588	Canister Serial No.:	NA	Canister Serial No.:	NA
Flow Controller Id No:	103-70	Flow Controller Id No:		Flow Controller Id No:	
Start Date/Time:	2/22/05 11:45 A	Start Date/Time:		Start Date/Time:	
Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	
Stop Date/Time:	2/22/05 1150	Stop Date/Time:		Stop Date/Time:	
Stop Pressure: (inches Hg)	-4.	Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	
Sample ID: IA-018-B-08		**Sample ID:** SS-018-B-08		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)		Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?		Direction from Building	
Room	Tunnel (confined space)	Floor Slab Thickness (inches) *[if present]*		Distance from Building	
Indoor Air Temp (°F)	67.6	Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	44"	Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.33	Noticeable Odor?		Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$		Duplicate Sample?	
		Duplicate Sample?			

Comments:

Sub-slab water in hole

Signature: [signature]

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/25/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Air Sampling (Indoor)

1. OCCUPANT:

Interviewed: Y/N

Last Name: Tinklepaugh First Name: Bob

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 8824

Number of Occupants/persons at this location _____ Age of Occupants >18

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

Interviewed: Y/N

Last Name: Keschuck First Name: Jim

Address: Huron MGMT. Endicott, NY

County: Broome

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N If yes, how many? NA

Other characteristics:

Number of floors 5 includes partial basement Building age 1964

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues observed.

Airflow near source

No airflow in tunnel.

Outdoor air infiltration

No points of entry observed.

Infiltration into air ducts

No ductwork

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with partially painted	
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Occ. cracks throughout the tunnel.

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

_____

_____

_____

_____

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tunnel area
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Chlorinated mat. odor.

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Caprie : light lubrication oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

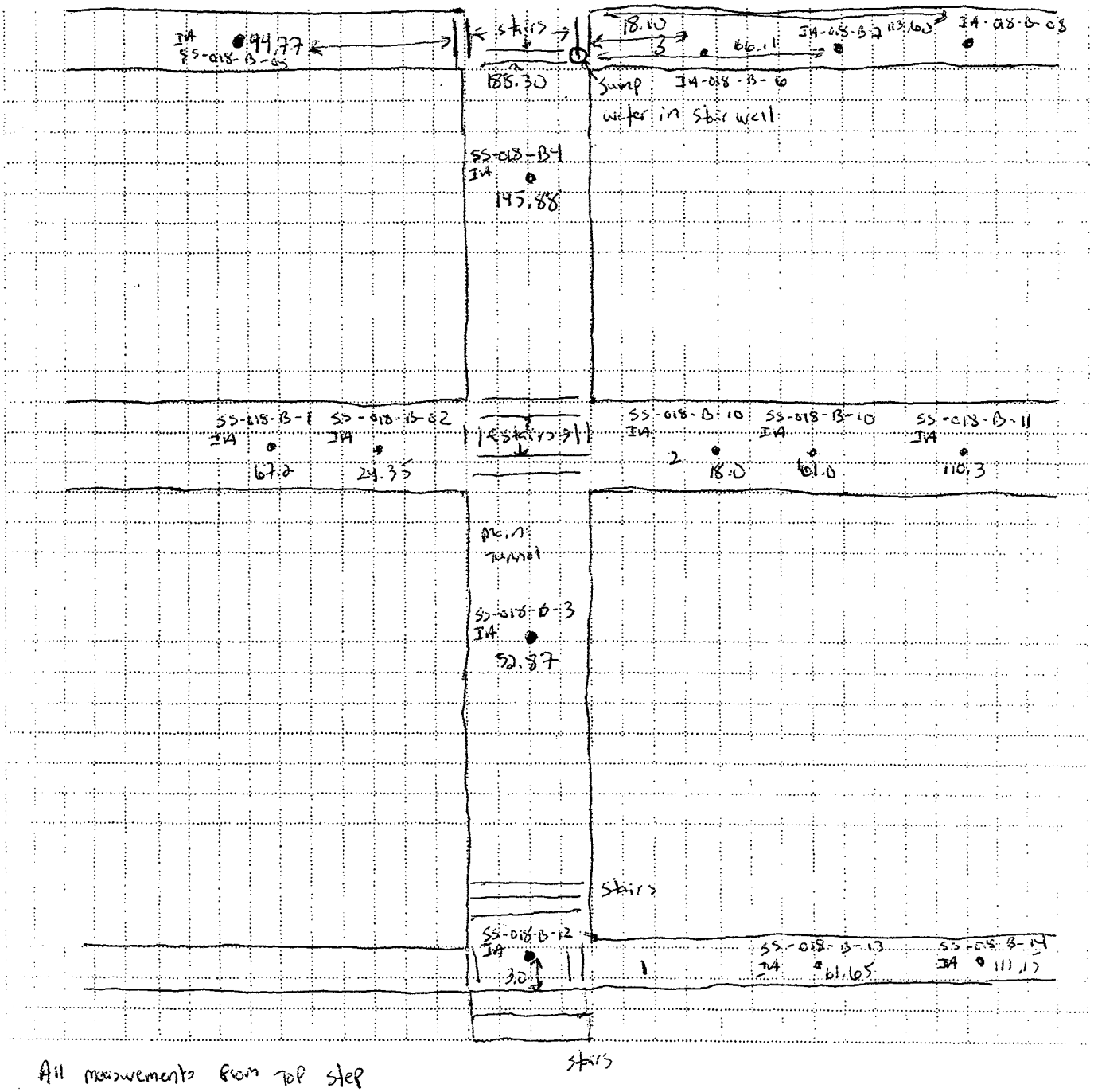
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

12. ~~OUTDOOR PLOT~~ Tunnel (contained space) sample locations

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



All measurements from top step

measurements for Main Tunnel from top step near entrance

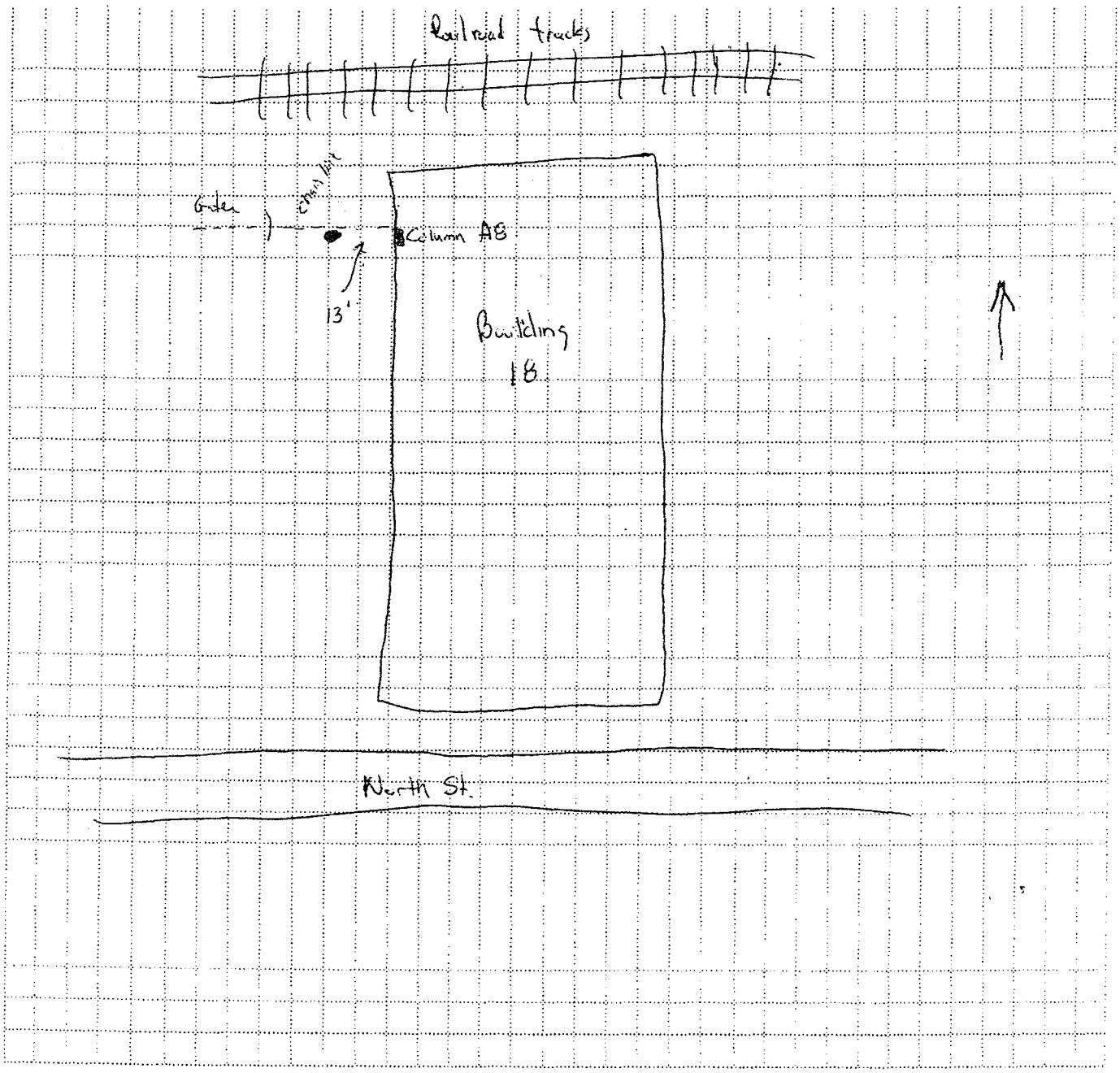
measurements from tunnels 1-3 from top step on measured side

All sub-slabs in center line of tunnels

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
	None observed					
	in crawl space					

* Describe the condition of the product containers as **Unopened (UO)**, Used (U), or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 18

C.S.

COL. C4/D4 IN TUNNEL

SS-018-B-09

FA-018-B-09

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Confined Space - Tunnel col ~~C4~~ C4 / D4	**Collector(s):**	MM
Address:	Huron Campus, Endicott NY		BM
PID Meter Used: (Model, Serial #)	Mini RAE	**Building No:**	18

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	24231	Canister Serial No.:	22507	Canister Serial No.:	NA
Flow Controller Id No:	03-74	Flow Controller Id No:	103-68	Flow Controller Id No:	
Start Date/Time:	2/22/05 1210P	Start Date/Time:	2/22/05 1210P	Start Date/Time:	
Start Pressure: (inches Hg)	-30.	Start Pressure: (inches Hg)	-29. ~~1205~~	Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/05 12:05	Stop Date/Time:	2/23/05 12:05	Stop Date/Time:	
Stop Pressure: (inches Hg)	-9.	Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	
Sample ID: IA-018-B-09		**Sample ID:** SS-018-B-09		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Tunnel (confined space)	Floor Slab Thickness (inches) *[if present]*	8.0	Distance from Building	
Indoor Air Temp (°F)	67.6 / 75.0 @ start	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	44"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	10.0	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.3-0.6	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.33	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent O_2/CO_2/CH_4	21.2	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

Signature: [signature]

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/25/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Tinklepaugh First Name: Bob

Address: Huron Mngmnt.

County: Broome

Home Phone: NA Office Phone: 607 755 8824

Number of Occupants/persons at this location ____ Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NA

Other characteristics:

Number of floors 5 (include partial basement) Building age 1964

Is the building insulated? Y / N (unknown) How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues observed.

Airflow near source

No airflow in tunnel

Outdoor air infiltration

No points of entry observed.

Infiltration into air ducts

No duct work.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with partially painted	
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 18 (feet)

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

Occ. cracks throughout tunnel.

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

NA

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tunnel area
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Chlorinated mat. odor.

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? cupric & light lubrication oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

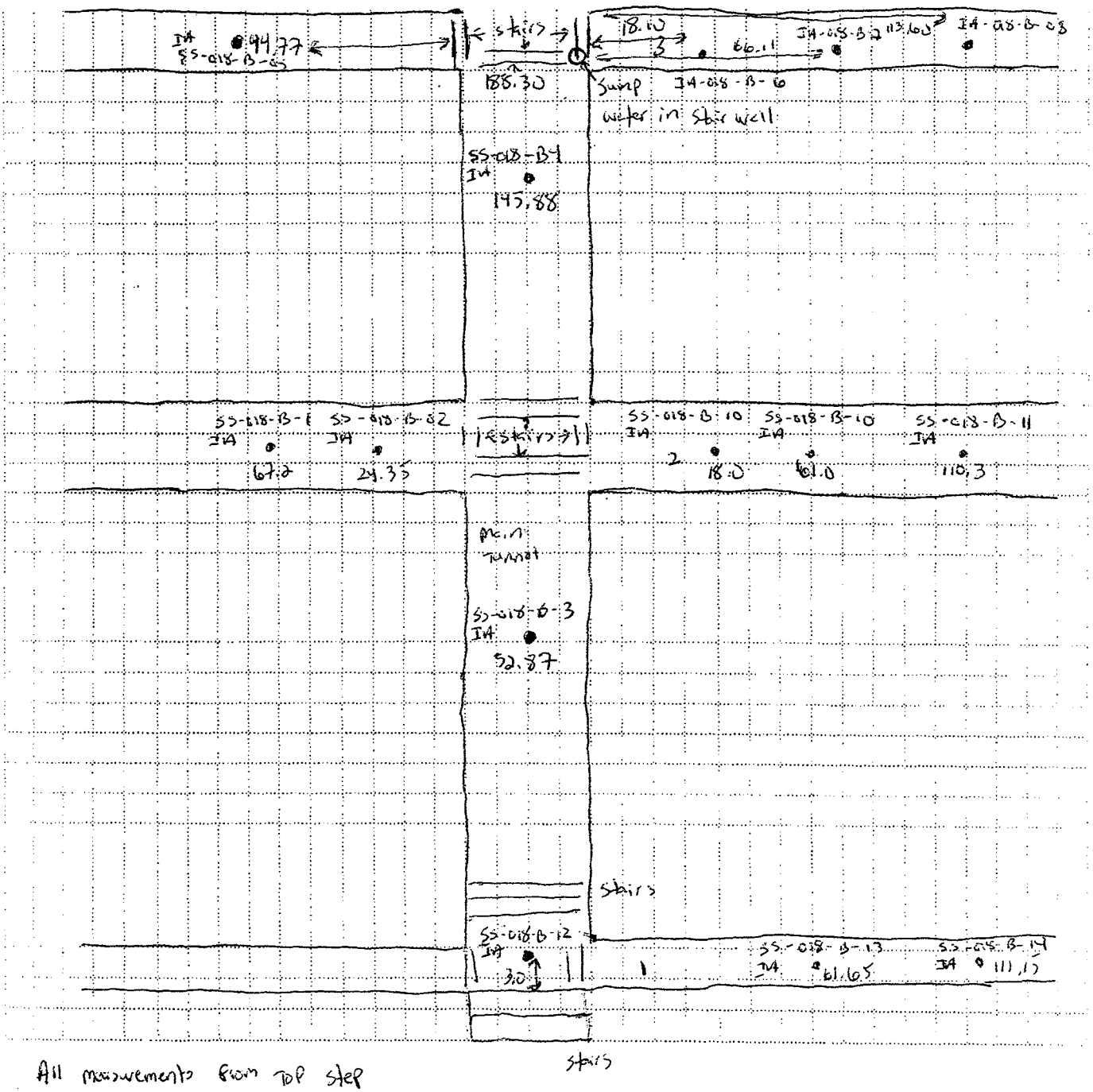
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

12. ~~OUTDOOR PLOT~~ Tunnel - (contained space) sample locations

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



All measurements from top step

measurements for Main Tunnel from top step near entrance

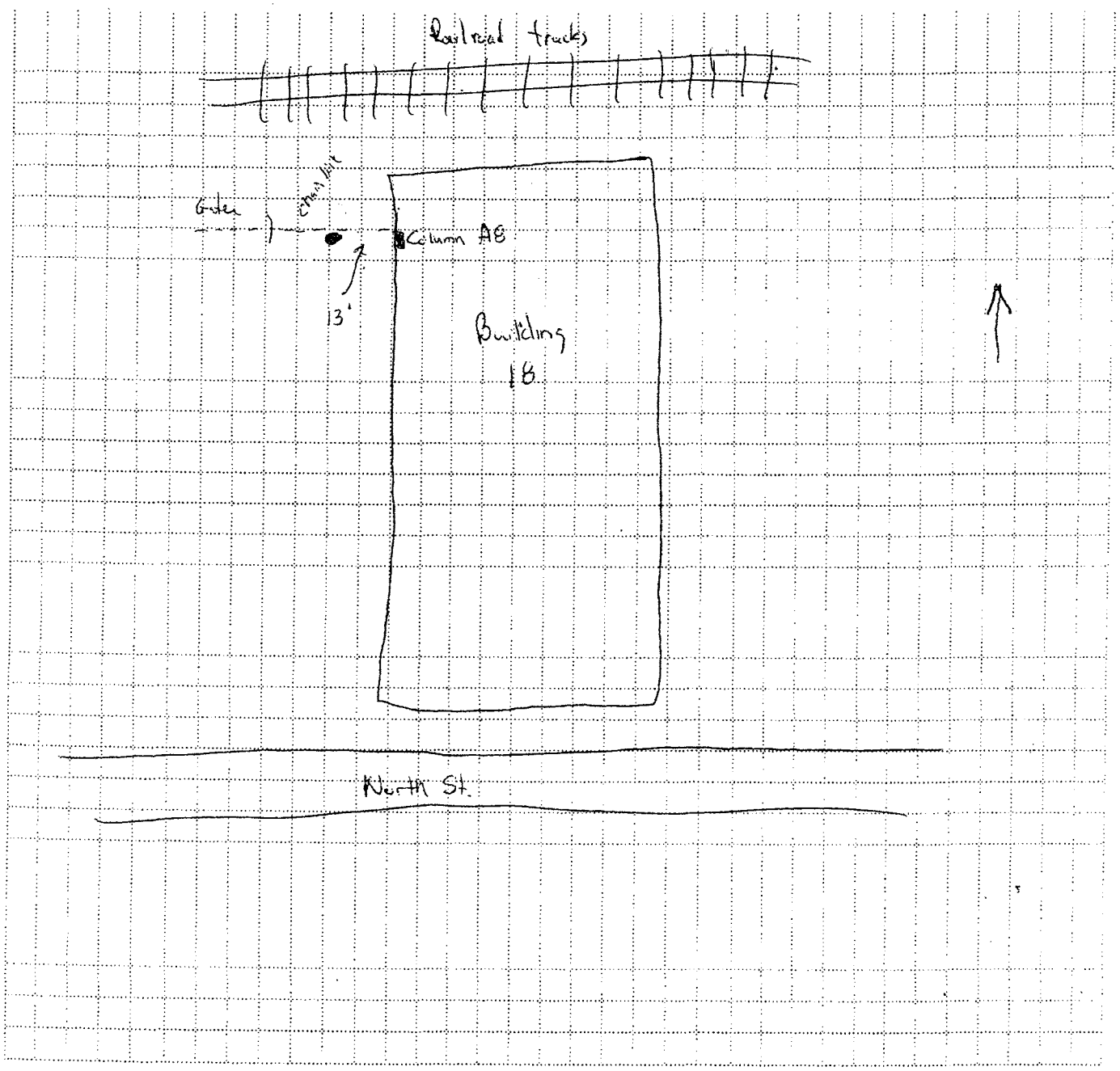
measurements from tunnels 1-3 from top step on measured side

All sub-slabs in center line of tunnels

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
	NONE OBSERVED					
	IN TUNNELS					

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 18

C.S.

COL. C31B3 IN TUNNEL

SS-018-B-10

IA-018-B-10

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Confined Space - Tunnel col C3/B3	Collector(s):	MM
Address:	Huron Campus, Endicott NY		BM
PID Meter Used: (Model, Serial #)	mini RAE	Building No:	18

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33552	Canister Serial No.:	13656	Canister Serial No.:	NA
Flow Controller Id No:	55-28	Flow Controller Id No:	103-96	Flow Controller Id No:	
Start Date/Time:	2/22/05 1205?	Start Date/Time:	2/22/05 1205?	Start Date/Time:	
Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)	-30.	Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/05 1200	Stop Date/Time:	2/23/05 1200	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4.	Stop Pressure: (inches Hg)	-4.	Stop Pressure: (inches Hg)	
Sample ID: IA-018-B-10		**Sample ID:** SS-018-B-10		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Tunnel (confined space)	Floor Slab Thickness (inches) *[if present]*	8.0	Distance from Building	
Indoor Air Temp (°F)	67.6 / 75.4°	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	46"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	10.0	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.3-0.6	PID Reading (ppm)	0.5	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.33	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent O_2/CO_2/CH_4	21.2	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

Signature: [signature]

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/25/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Tinklepaugh First Name: Bob

Address: Huron Mngmnt.

County: Broome

Home Phone: NA Office Phone: 607 755 8824

Number of Occupants/persons at this location _____ Age of Occupants >18

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

Interviewed: Y / N

Last Name: Kretchuck First Name: Jim

Address: Huron Mgmt Endicott, NY

County: Broome

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N (N circled) If yes, how many? NA

Other characteristics:

Number of floors 5 includes partial basement Building age 1964

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight (Tight circled)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues observed.

Airflow near source

No airflow in tunnel.

Outdoor air infiltration

No points of entry observed

Infiltration into air ducts

No ductwork

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with partially painted	
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 16 (feet)

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

occ. cracks throughout tunnel area

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

None present

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tunnel Area
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Chlorinated mat. odor.

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? cupric & light lubrication oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

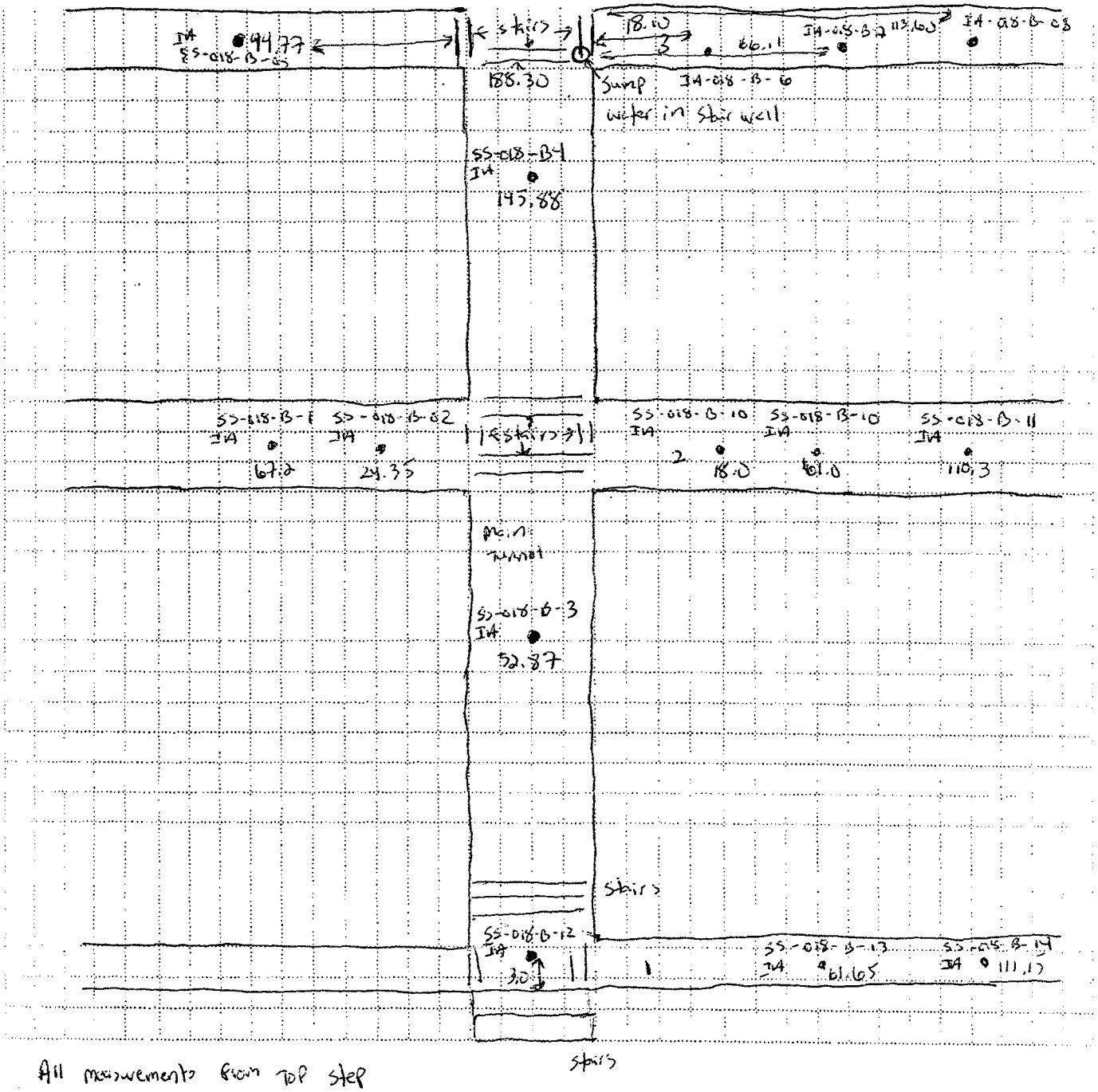
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

12. ~~OUTDOOR PLOT~~ Tunnel-(contained space) sample locations

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



All measurements from top step

measurements for Main Tunnel from top step near entrance

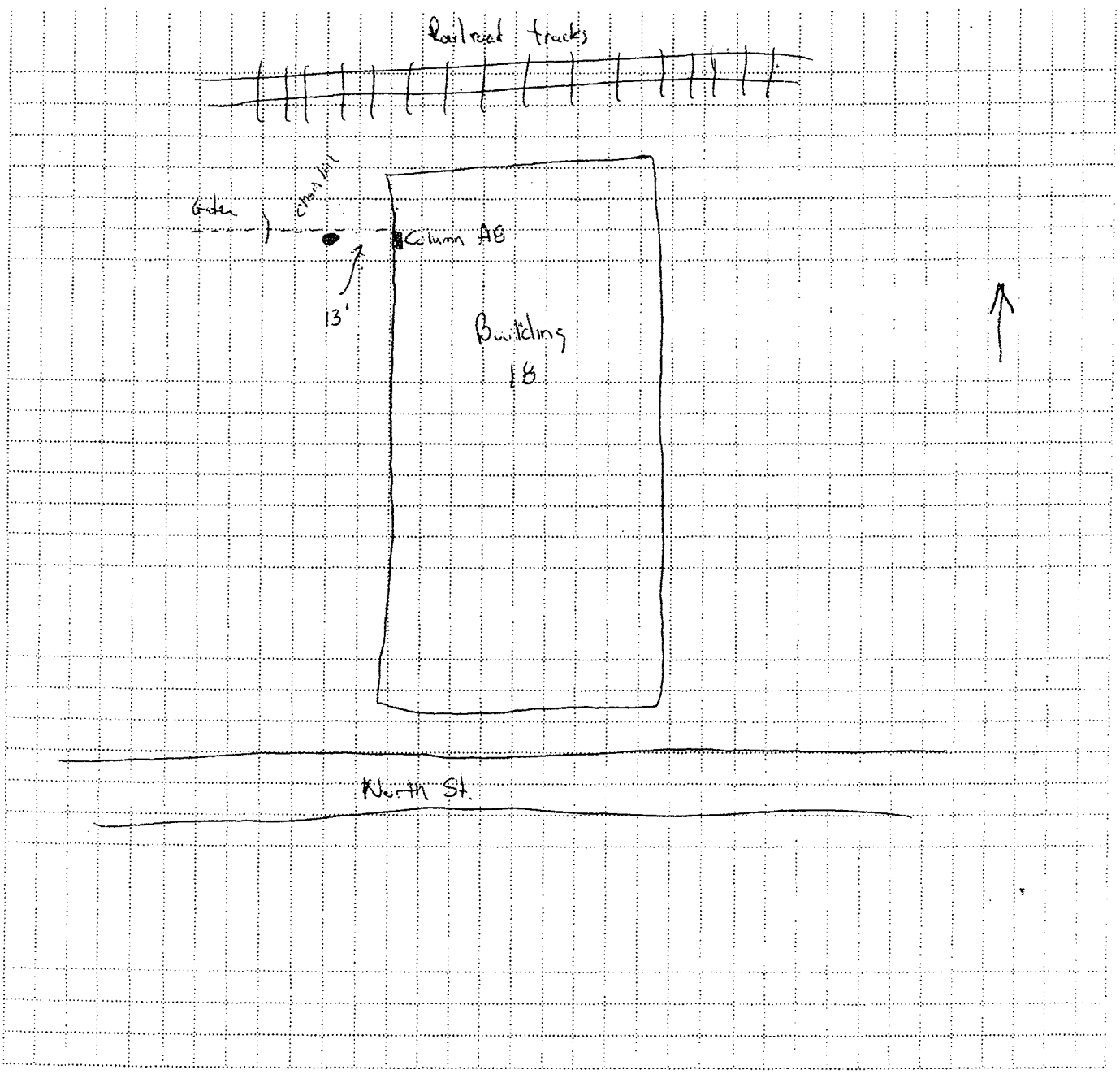
measurements from tunnels 1-3 from top step on measured side

All sub-slabs in center line of tunnels

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
	NONE OBSERVED					
	IN CRAWLSPACE					

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 18

C.S.

COL C1/D1

SS-018-B-11

IA-018-B-11

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Confined Space - Tunnel 101 C1/D1	**Collector(s):**	TM
Address:	Huron Campus, Endicott NY		BM
PID Meter Used: (Model, Serial #)	mini RAE	**Building No:**	18

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	31150	Canister Serial No.:	1570	Canister Serial No.:	NA
Flow Controller Id No:	10211	Flow Controller Id No:	5873	Flow Controller Id No:	
Start Date/Time:	2/22/05 1200N	Start Date/Time:	2/22/05 1200N	Start Date/Time:	
Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg)	-29. 1155	Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/05 1155	Stop Date/Time:	2/23/05 1155	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4.	Stop Pressure: (inches Hg)	-4.	Stop Pressure: (inches Hg)	
Sample ID: IA-018-B-11		**Sample ID:** SS-018-B-11		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	Tunnel (confined space)	Floor Slab Thickness (inches) *[if present]*	8.0	Distance from Building	
Indoor Air Temp (°F)	67.6 | 22 DV	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	~~44"~~ DV 44"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	10.0	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	3.3	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.33	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	21.2	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

Signature: [signature]

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/25/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Tinklepaugh First Name: Bob

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 8824

Number of Occupants/persons at this location _____ Age of Occupants > 18

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

Interviewed: Y / N

Last Name: RETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NA

Other characteristics:

Number of floors 5 includes partial basement Building age 1964

Is the building insulated? Y / N / unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues observed

Airflow near source

No airflow in tunnel

Outdoor air infiltration

No points of entry observed

Infiltration into air ducts

No airducts.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with partially painted	
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Occ. cracks throughout tunnel.

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BUILD.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

NA

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tunnel area
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: chlorinated mat. odor

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? cupric ; light lubrication oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service
No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

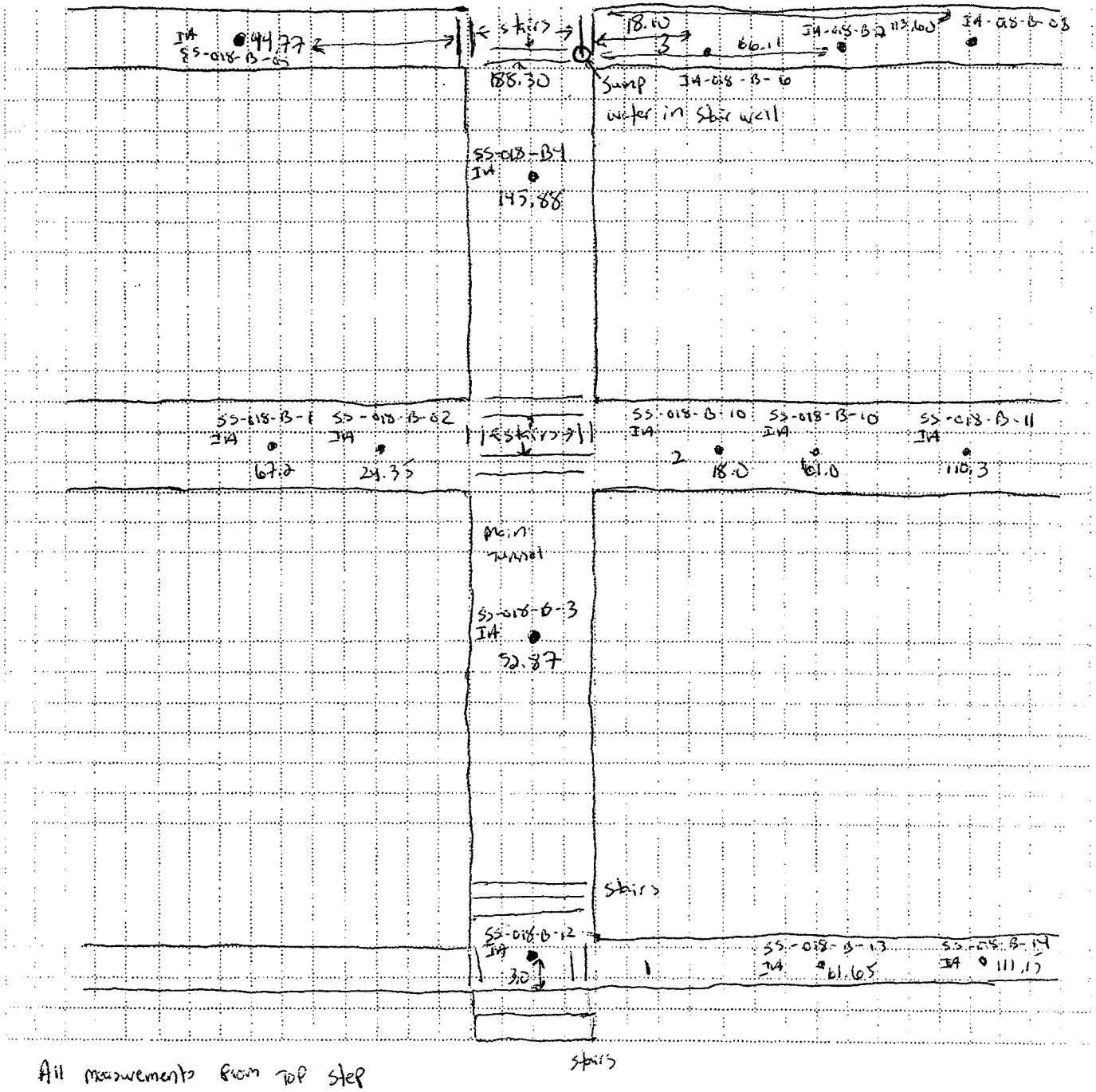
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

12. ~~OUTDOOR PLOT~~ Tunnel - (contained space) sample locations

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



All measurements from top step

measurements for main tunnel from top step near entrance

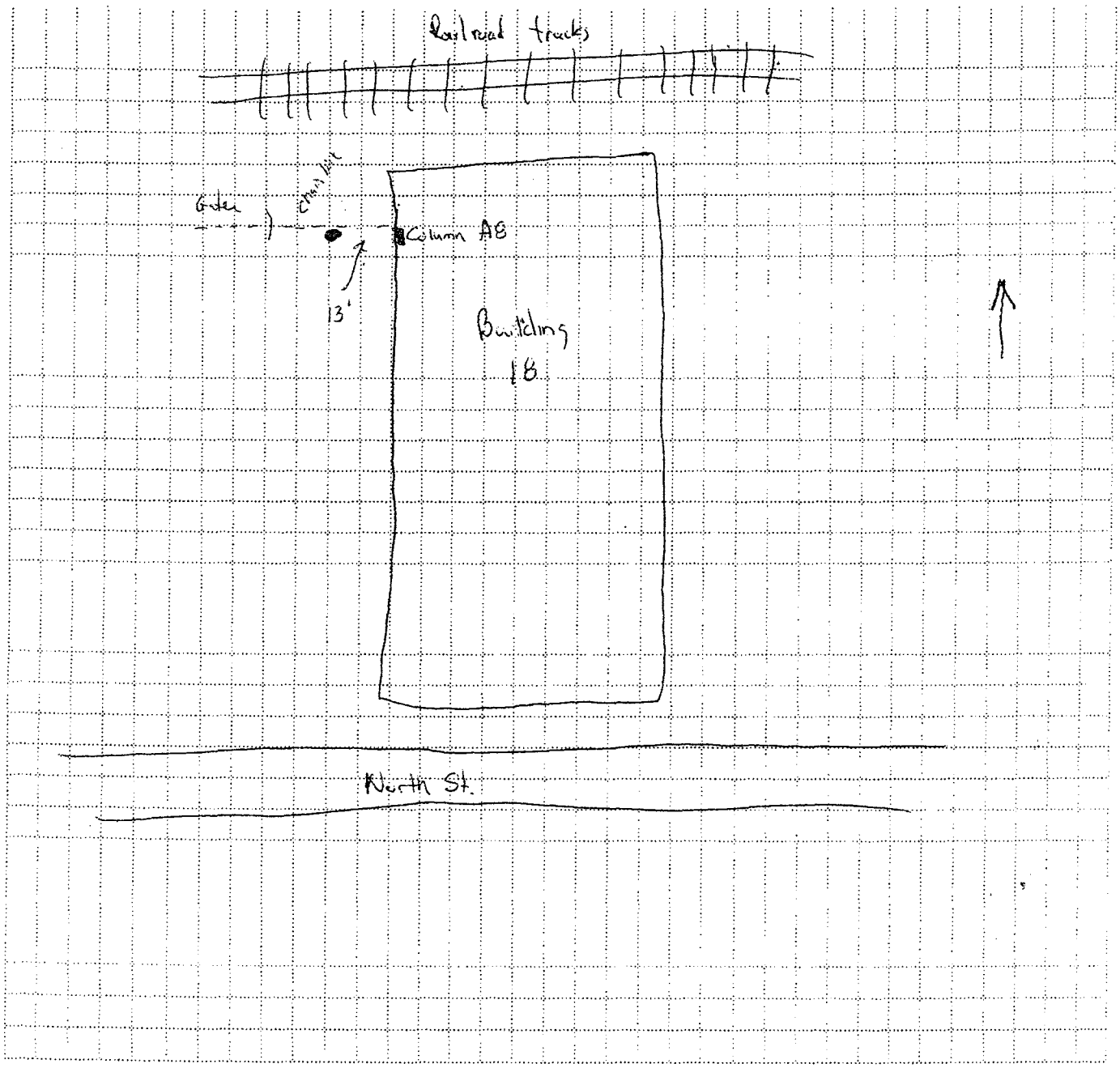
measurements from tunnels 1-3 from top step on measured side

All sub-slabs in center line of tunnels

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
	None observed					
	in Crawlspace					

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 18

C.S.

COL. A5

SS-018-B-12

IA-018-B-12

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Confined Space - Tunnel col A5	Collector(s):	BM mm
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MiniRAE 2000	Building No:	18

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	12938	Canister Serial No.:	33961	Canister Serial No.:	NA
Flow Controller Id No:	03-37	Flow Controller Id No:	53-52	Flow Controller Id No:	
Start Date/Time:	2/22/05 1125A	Start Date/Time:	2/22/05 1125A	Start Date/Time:	
Start Pressure: (inches Hg)	-30.	Start Pressure: (inches Hg)	-28.	Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/05 1225A	Stop Date/Time:	2/23/05 ~~0.5~~ 1225	Stop Date/Time:	
Stop Pressure: (inches Hg)	-7.	Stop Pressure: (inches Hg)	-0.5	Stop Pressure: (inches Hg)	
Sample ID: IA-018-B-12		**Sample ID:** SS-018-B-12		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Tunnel (confined space)	Floor Slab Thickness (inches) *[if present]*	11.25	Distance from Building	
Indoor Air Temp (°F)	62.6	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	44"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	13.25	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	2.2	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.33	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NONE	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NONE		

Comments:

Signature: _____

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/25/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Tinklepaugh First Name: Bob

Address: Huron Mugwit

County: Broome

Home Phone: N/A Office Phone: 607 755 8824

Number of Occupants/persons at this location _____ Age of Occupants > 18

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

Interviewed: Y / N

Last Name: RETCHUCK First Name: Jim

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N (N circled) If yes, how many? NA

Other characteristics:

Number of floors 5 includes partial basement Building age 1964

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues observed.

Airflow near source

No airflow in tunnel.

Outdoor air infiltration

No points of entry observed

Infiltration into air ducts

No air ducts

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with partially painted	
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Occ. cracks throughout tunnel.

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

NA

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tunnel area
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Chlorinated mat. odor.

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Cupric ; light lubrication oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service
No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

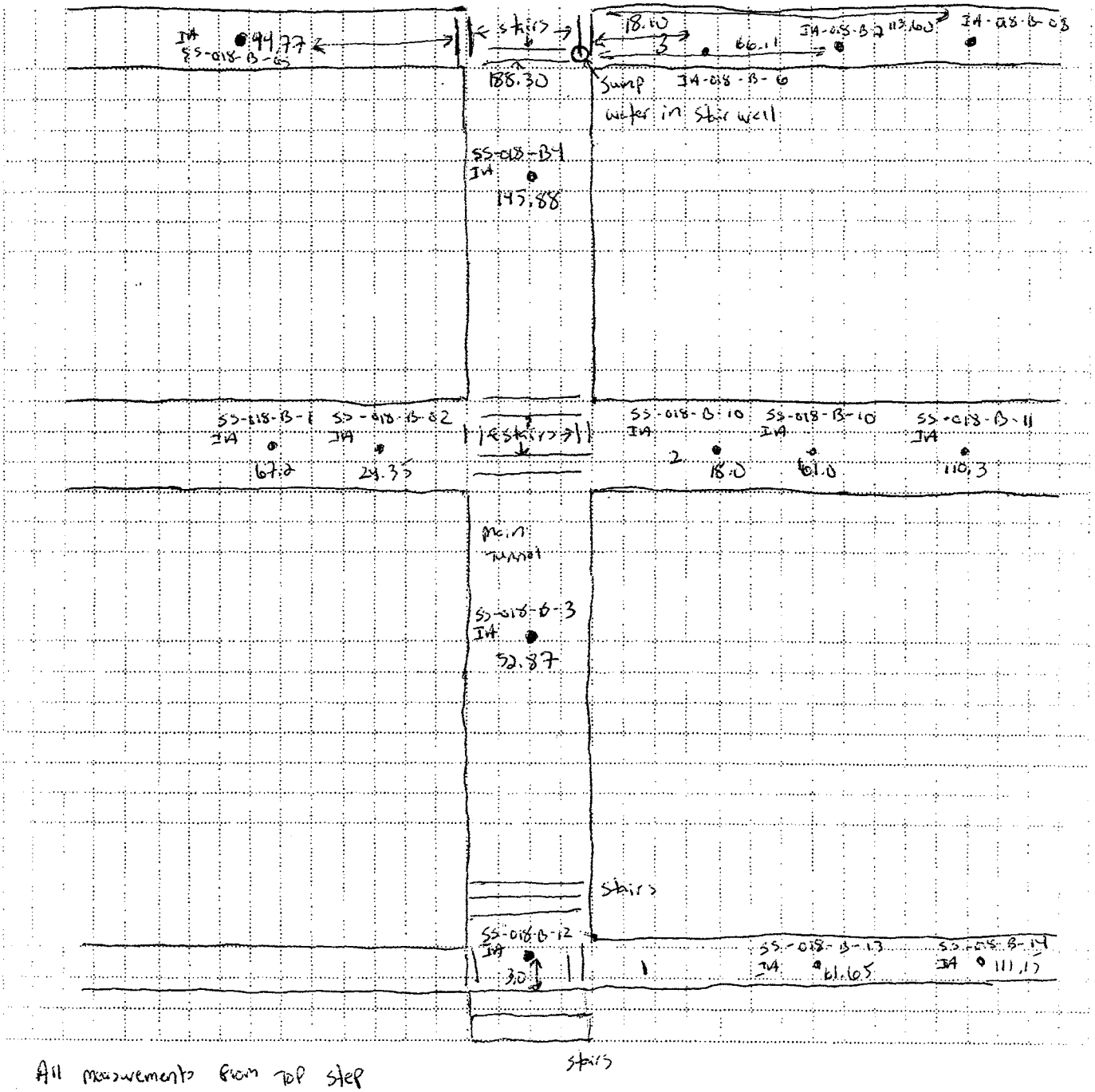
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

12. ~~OUTDOOR PLOT~~ Tunnel (contained space) sample locations

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



All measurements from top step

measurements for Main Tunnel from top step near entrance

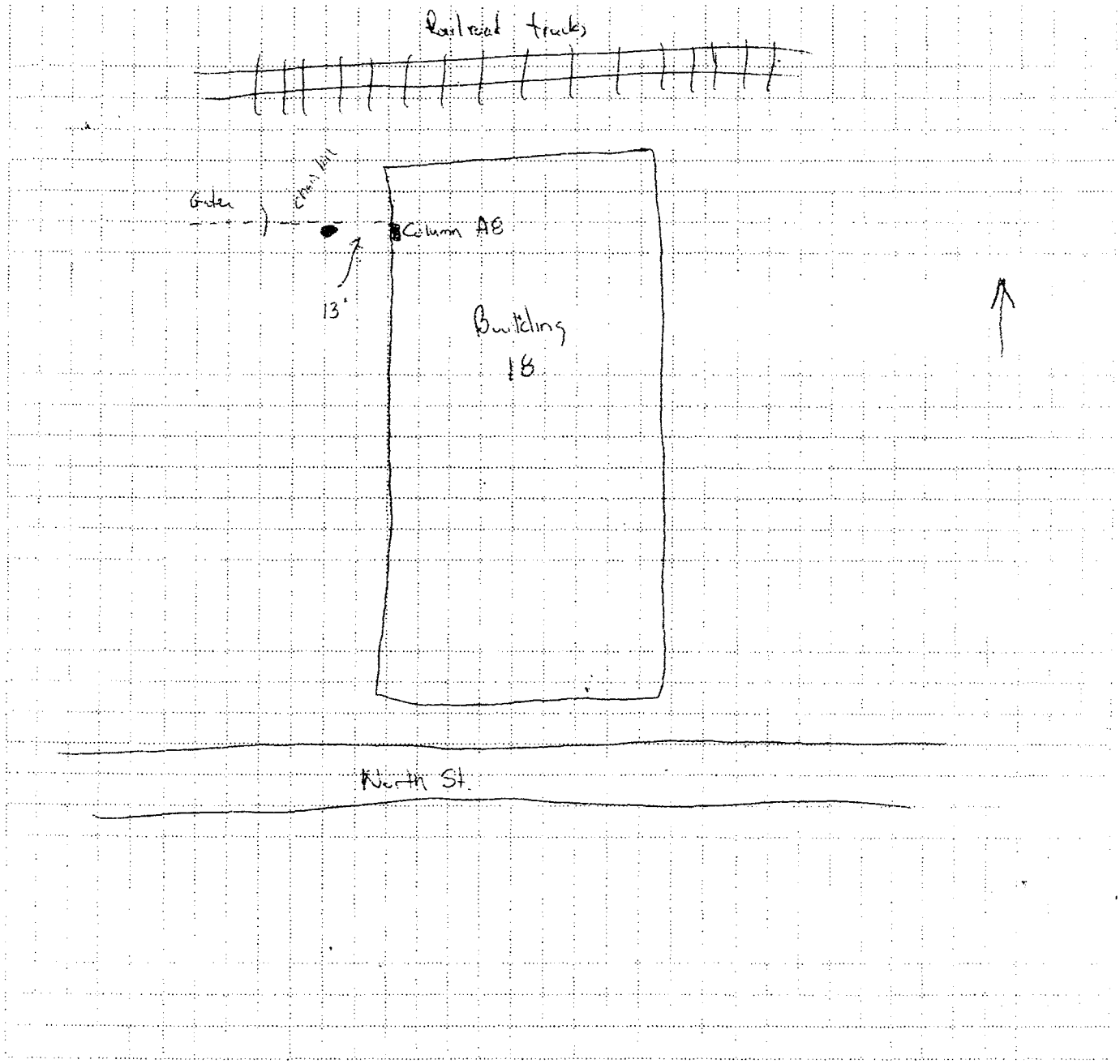
measurements from tunnels 1-3 from top step on measured side

All sub-slabs in center line of tunnels

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
	NONE OBSERVED					
	IN CRAWLSPACE.					

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 18
C.S.
COL. A3

SS-018-B-13

IA-018-B-13

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Confined Space - Tunnel COL A3	**Collector(s):**	BM
Address:	Huron Campus, Endicott NY		MM
PID Meter Used: (Model, Serial #)	min: RAE	**Building No:**	18

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	4033	Canister Serial No.:	33655	Canister Serial No.:	NA
Flow Controller Id No:	05-11	Flow Controller Id No:	5541	Flow Controller Id No:	
Start Date/Time:	2/22/05 1230P	Start Date/Time:	2/22/05 1230P	Start Date/Time:	
Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg)	-28.	Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/05 1225P	Stop Date/Time:	2/23/05 1225P	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4.	Stop Pressure: (inches Hg)	-2.	Stop Pressure: (inches Hg)	
Sample ID: IA-018-B-13		**Sample ID:** SS-018-B-13		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	Tunnel (confined space)	Floor Slab Thickness (inches) *[if present]*	15.0	Distance from Building	
Indoor Air Temp (°F)	62.6	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	44"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	17.0	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	3.4	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.33	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	None	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NONE		

Comments:

Signature:

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/25/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Tinklepaugh First Name: Bob

Address: Huron Mngmnt.

County: Broome

Home Phone: NA Office Phone: 607 755 8824

Number of Occupants/persons at this location _____ Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NA

Other characteristics:

Number of floors 5 includes partial basement Building age 1964

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues observed.

Airflow near source

No airflow in tunnel

Outdoor air infiltration

No points of entry observed.

Infiltration into air ducts

No air ducts

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with partially painted	
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Occ. cracks throughout tunnel.

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

NA

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tunnel Area
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Chlorinated mat. odor.

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? cupric + light lubrication oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

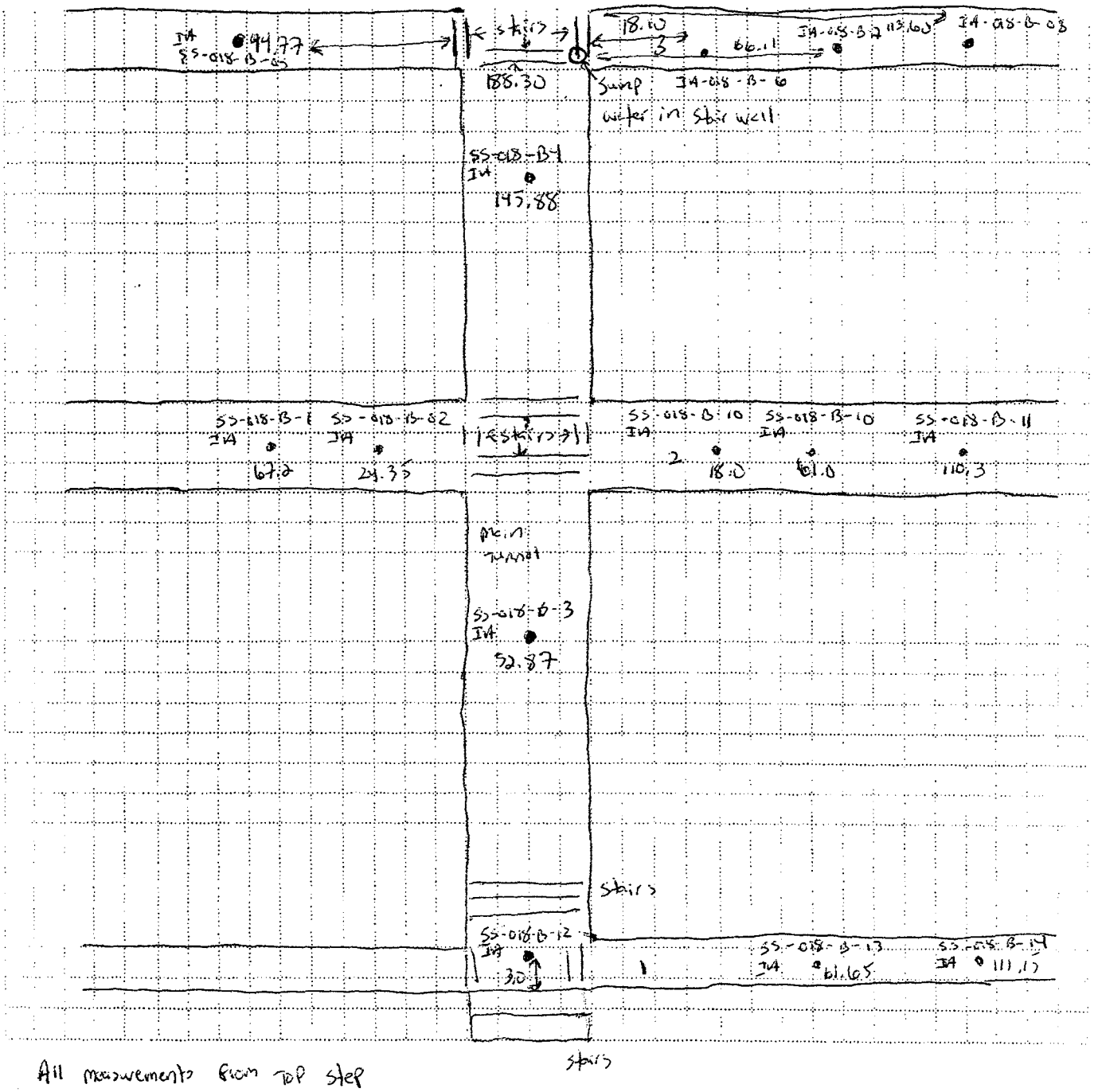
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

12. ~~OUTDOOR PLOT~~ Tunnel (contained space) sample locations

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



All measurements from top step

measurements for Main Tunnel from top step near entrance

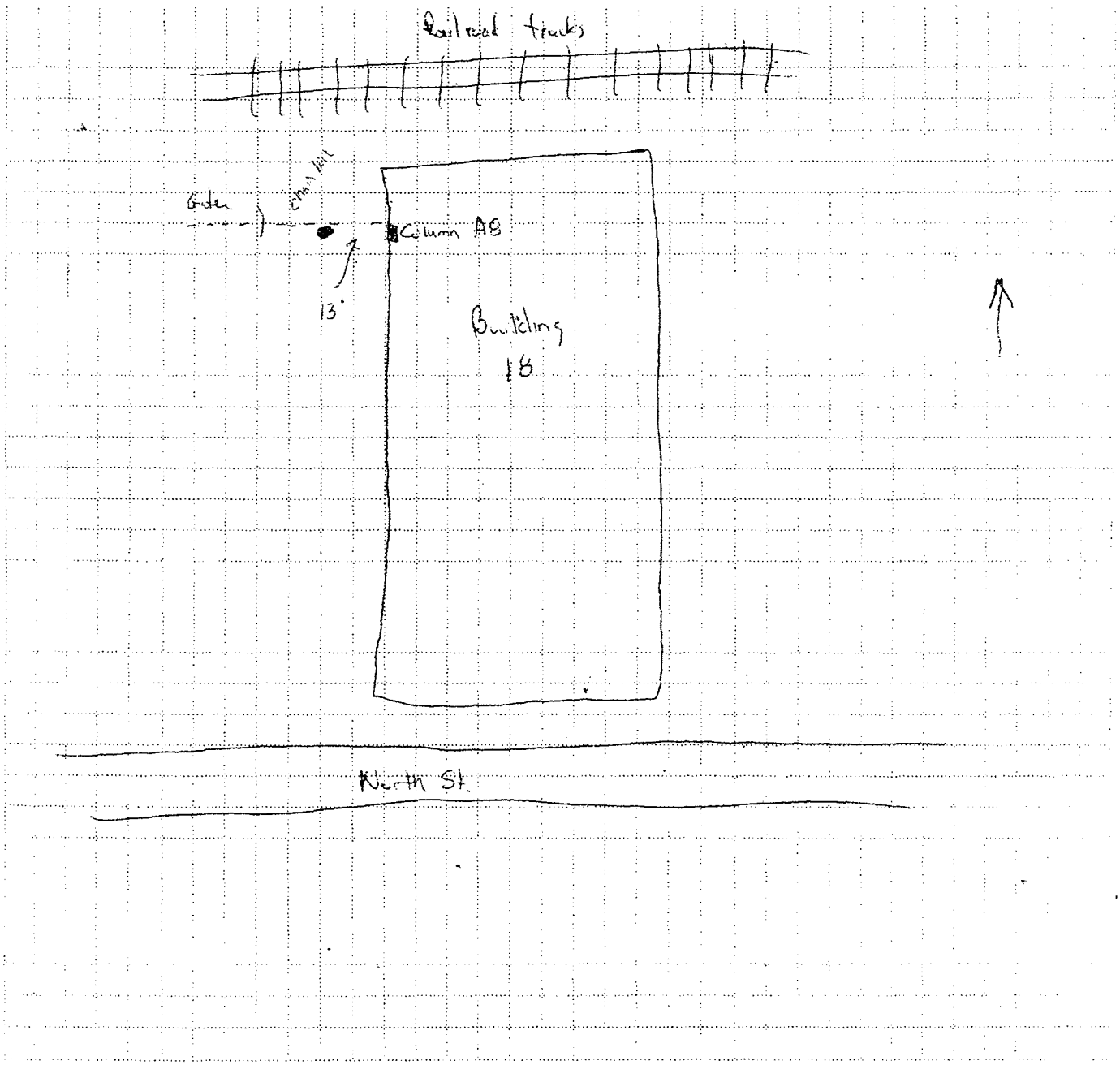
measurements from tunnels 1-3 from top step on measured side

All sub-slabs in center line of tunnels

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
	None Observed					
	in Tunnels					

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 18

C.S.

COL. A1

SS-018-B-14

IA-018-B-14

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Confined Space- Tunnel col A1	**Collector(s):**	MM
Address:	Huron Campus, Endicott NY		BM
PID Meter Used: (Model, Serial #)	min: RAE	**Building No:**	18

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	1621	Canister Serial No.:	12007	Canister Serial No.:	NA
Flow Controller Id No:	98-11	Flow Controller Id No:	5543	Flow Controller Id No:	
Start Date/Time:	2/22/05 1225P	Start Date/Time:	2/22/05 1225P	Start Date/Time:	
Start Pressure: (inches Hg)	-30.	Start Pressure: (inches Hg)	-30.	Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/05 1220P	Stop Date/Time:	2/23/05 1220P	Stop Date/Time:	
Stop Pressure: (inches Hg)	~~-X-~~ -4.	Stop Pressure: (inches Hg)	-4.	Stop Pressure: (inches Hg)	
Sample ID: IA-018-B-14		**Sample ID:** SS-018-B-14		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	Tunnel (Confined Space)	Floor Slab Thickness (inches) *[if present]*	12.0	Distance from Building	
Indoor Air Temp (°F)	67.6	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	49"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	19.0	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	2.3	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.33	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NONE	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NONE		

Comments:

Signature: _____

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/25/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y/N

Last Name: Tinklepaugh First Name: Bob

Address: Huron Magnet

County: Broome

Home Phone: NA Office Phone: 607 755 8824

Number of Occupants/persons at this location _____ Age of Occupants > 18

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

Interviewed: Y/ N

Last Name: RETCHUCK First Name: JIM

Address: HURON MONT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N (N circled) If yes, how many? NA

Other characteristics:

Number of floors 5 (includes partial basement) Building age 1964

Is the building insulated? Y / N (unknown) How air tight? Tight / Average / Not Tight (Tight circled)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues observed.

Airflow near source

No airflow in tunnel.

Outdoor air infiltration

No entry points observed.

Infiltration into air ducts

No duct work

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with partially painted	
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Occ. cracks throughout the tunnel.

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

NA

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tunnel area
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Chlorinated mat. odor

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Lupril ; light lubrication oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

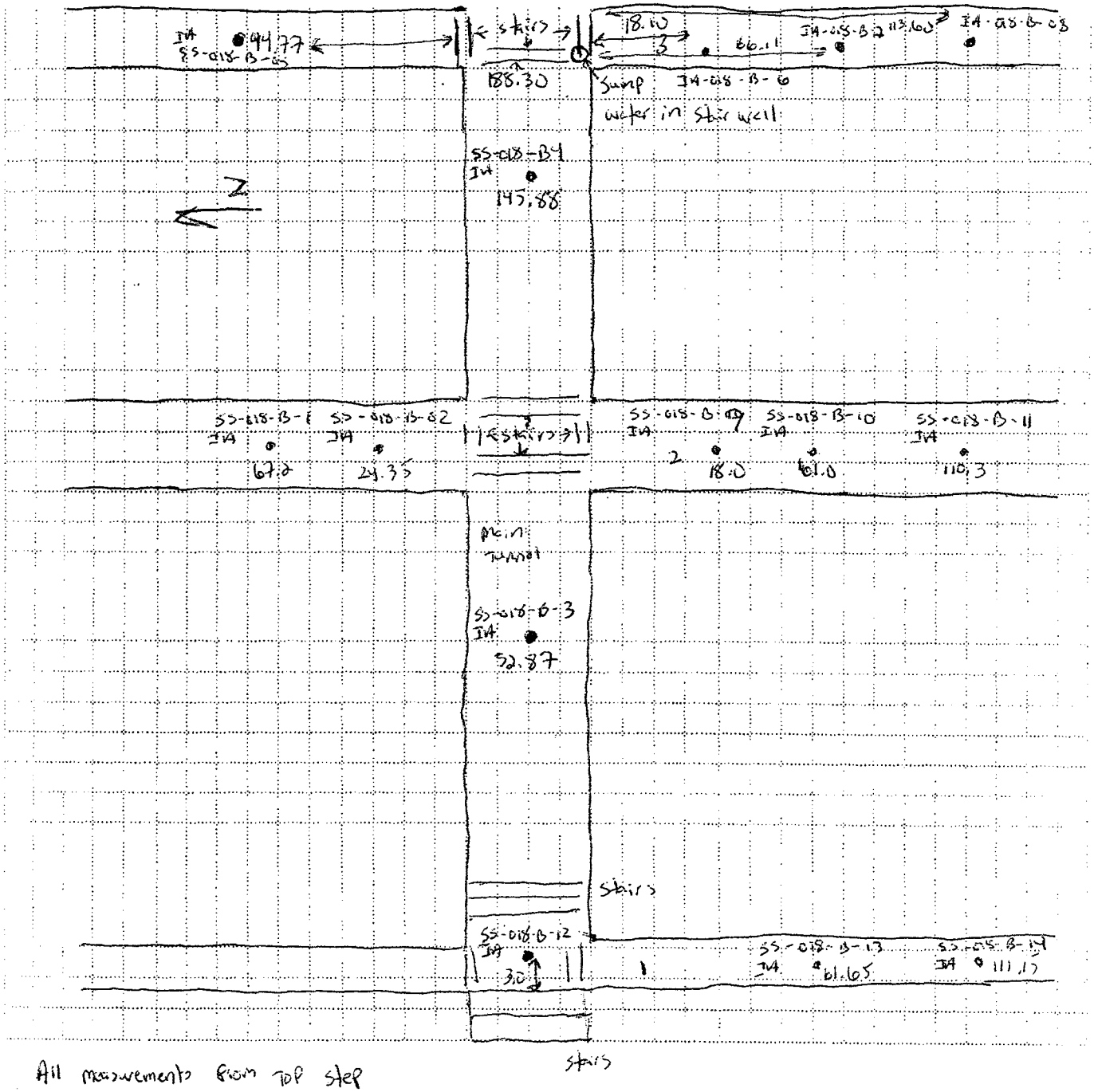
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

12. ~~OUTDOOR PLOT~~ Room Tunnel -(contained space) sample locations

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.

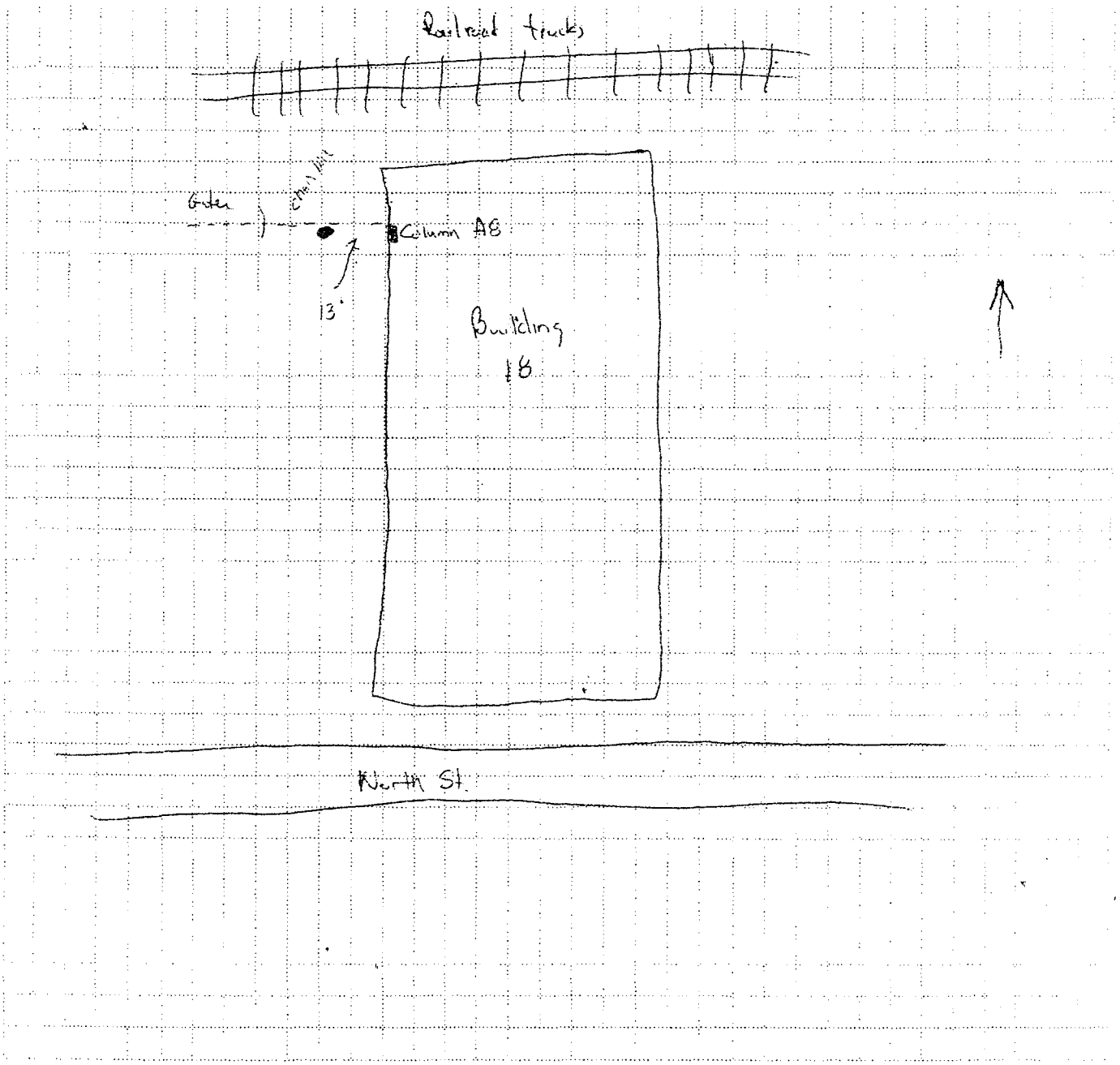


All measurements from top step
measurements for main tunnel from top step near entrance
measurements from tunnels 1-3 from top step on measured side
All sub-slabs in center line of tunnels

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
	NONE OBSERVED					
	W TUNNELS					

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

Bldg 18

SS-018-B-15A

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 18	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 110-008820	**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:	~~35160~~ (n) 35179	Canister Serial No.:	
Flow Controller Id No:		Flow Controller Id No:	(n) ~~5538~~ 03-57	Flow Controller Id No:	
Start Date/Time:		Start Date/Time:	3/15/05 1532	Start Date/Time:	
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:		Stop Date/Time:	3/16/05 1532	Stop Date/Time:	
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-2.0	Stop Pressure: (inches Hg)	
Sample ID:		**Sample ID:**	SS-018-B-15A	**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level		Basement or Crawl Space?	basement	Direction from Building	
Room		Floor Slab Thickness (inches) *[if present]*	7"	Distance from Building	
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?	floor grates	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	9"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)		PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)		Noticeable Odor?	yes	Noticeable Odor?	
Duplicate Sample?		Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	No		

Comments:

Signature: S. Schuchart

BLDG 18

TANK ROOM

ROW 5 - CENTER

SS-018-B-15

IA-018-B-15

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Basement	**Collector(s):**	BM
Address:	Huron Campus, Endicott NY		MG
PID Meter Used: (Model, Serial #)	Mini-Rae 103051	**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	05545	Canister Serial No.:	24483	Canister Serial No.:	NA
Flow Controller Id No:	101-35	Flow Controller Id No:	05-05	Flow Controller Id No:	
Start Date/Time:	2/22/05 1645	Start Date/Time:	2/22/05 1645	Start Date/Time:	
Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/05 1645	Stop Date/Time:	2/23/05 1645	Stop Date/Time:	
Stop Pressure: (inches Hg)	-5	Stop Pressure: (inches Hg)	-2	Stop Pressure: (inches Hg)	
Sample ID: IA-018-B-15		**Sample ID:** SS-018-B-15		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	tank farm	Floor Slab Thickness (inches) *[if present]*	9"	Distance from Building	
Indoor Air Temp (°F)	55.6	Potential Vapor Entry Points Observed?	holes in wall leading to sample 18-18 room	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	51"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	no	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	11	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0-0.4	PID Reading (ppm)	2.4	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.41	Noticeable Odor?	no	Noticeable Odor?	
Duplicate Sample?	no	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	no		

Comments:

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/25/05 1215

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: TINKLEPAUGH First Name: BOB

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: (607) 755-8824

Number of Occupants/persons at this location 0 Age of Occupants NA

* Confined Space only

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) INDUSTRIAL

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NA

Other characteristics:

Number of floors 5 includes partial basement Building age 1964

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues observed.

Airflow near source

Minimal air flow in this area.

Outdoor air infiltration

No points of infiltration observed.

Infiltration into air ducts

No points of infiltration observed

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other partial
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy water leaking in through ceiling
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y N			
k. Water in sump?	Y N not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Several drains in the area.

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

No Ductwork in Room

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tank Farm (Haz. Waste) area
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Slight Chemical odor

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.) *

If yes, what types of solvents are used? Cupric & Light Lubrication oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service
No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel NA

c. Responsibility for costs associated with reimbursement explained? Y / N NA

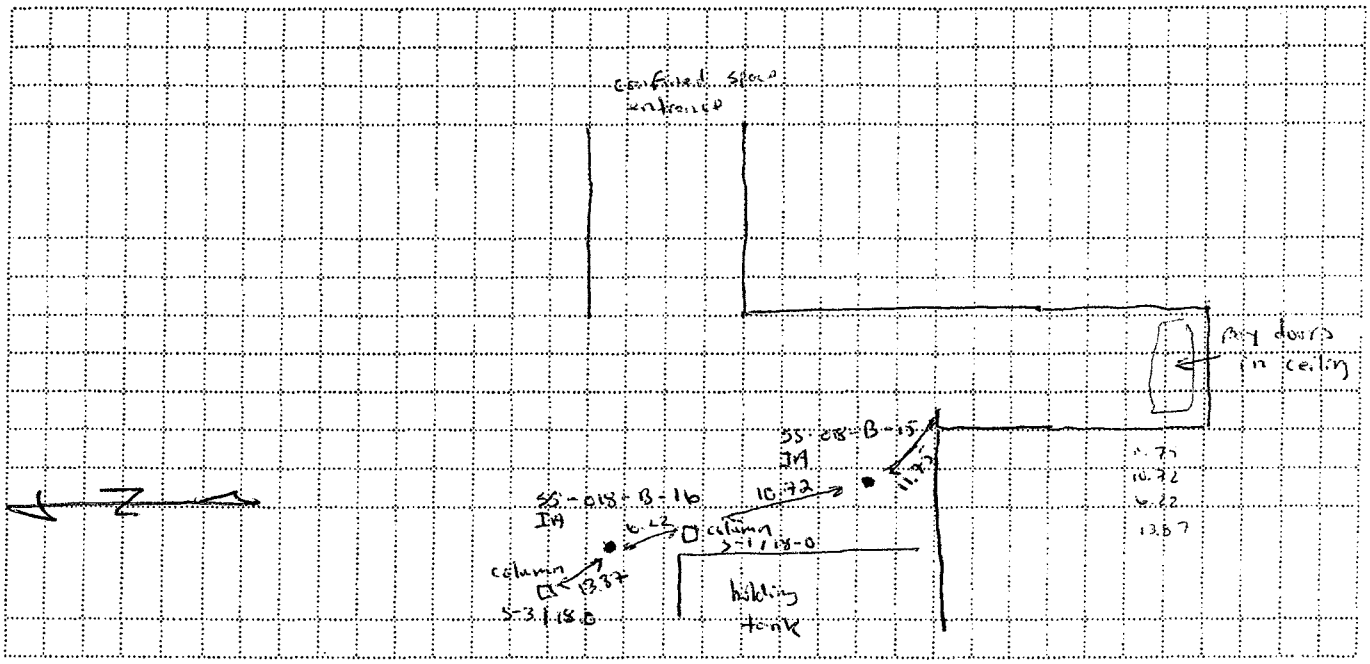
d. Relocation package provided and explained to residents? Y / N NA

018-B-15
018-B-16

11. 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.

Basement:

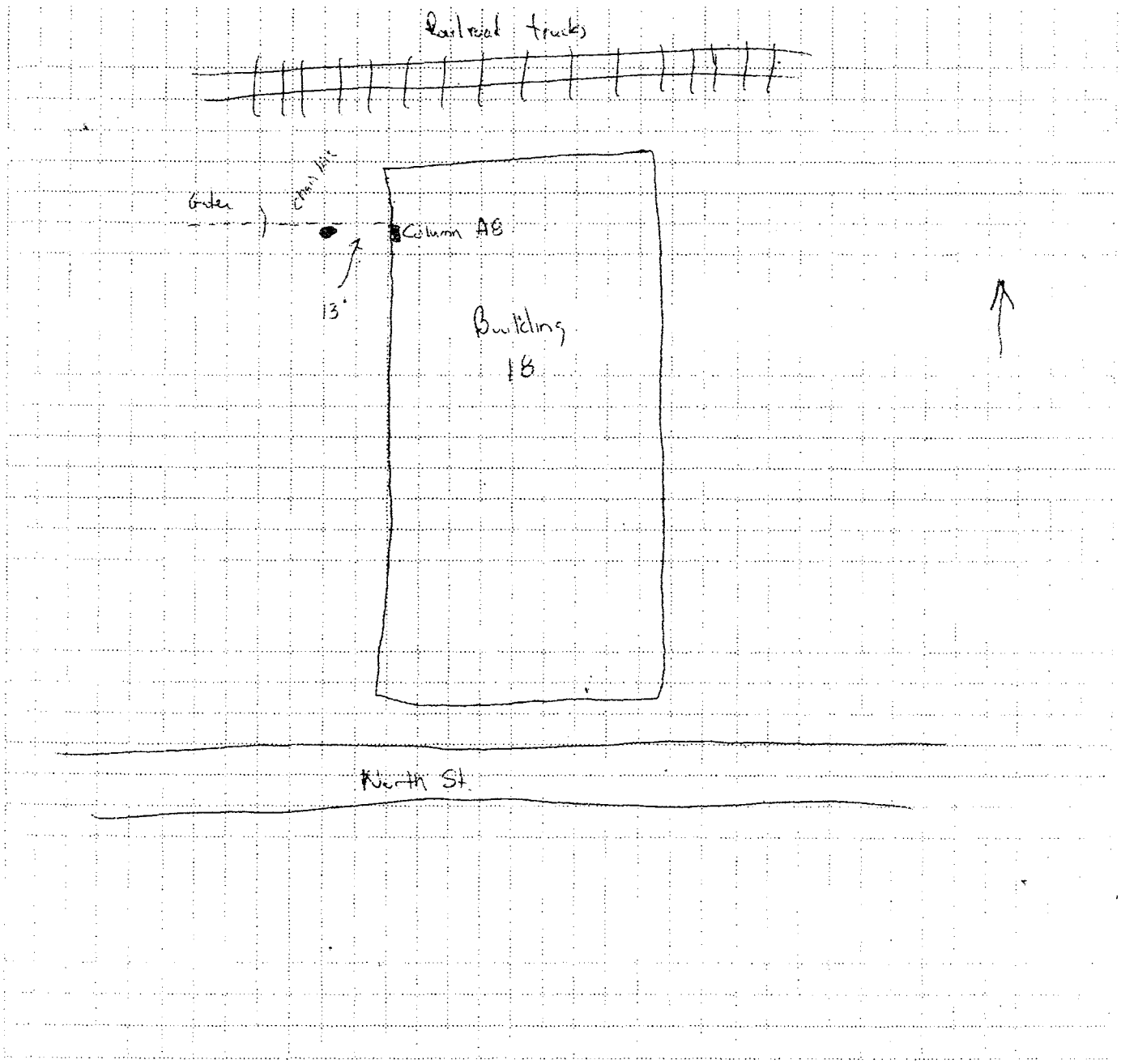


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



018-B-15
018-B-16

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
	NaOH 11%	4000G		11% NaOH	0.0	N
	Cupric Chloride	3000G		5 counted	0.0	
	Agricon Resist Solution	3400G		2 counted	0.0	
					0.0	
	Cupra Pro S4 weak	2250G			0.0	
	Agricon Resist Soln.	3250G				

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Tank Farm / Basement	**Collector(s):**	MG
Address:	Huron Campus, Endicott NY		BM
PID Meter Used: (Model, Serial #)	mini RAE	**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33893	Canister Serial No.:	1	Canister Serial No.:	NA
Flow Controller Id No:	203-02	Flow Controller Id No:	101-07	Flow Controller Id No:	
Start Date/Time:	2/22/05 ~~1634~~ 1640 KGM	Start Date/Time:	2/22/05 ~~1634~~ 1640 KGM	Start Date/Time:	
Start Pressure: (inches Hg)	~~-27.5~~ KGM -30.0	Start Pressure: (inches Hg)	~~-27~~ -28.0	Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/05 1640	Stop Date/Time:	2/23/05 1640	Stop Date/Time:	
Stop Pressure: (inches Hg)	-5	Stop Pressure: (inches Hg)	see below 2/24/05 1640 -5	Stop Pressure: (inches Hg)	
Sample ID: IA-018-B-16		**Sample ID:** SS-018-B-16		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Tank Farm	Floor Slab Thickness (inches) *[if present]*	KGM 9.0 KGM ~~Tank Farm~~	Distance from Building	
Indoor Air Temp (°F)	55.6	Potential Vapor Entry Points Observed?	Draft from Bay doors in ceiling	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	11.0	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	10.6	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.~~67~~ 41 KGM	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

* 2-23-03 Sample SS-018-B-16 was not turned on - the tank valve was open but the upper single valve was not. TM turned the valve on @ 1641 the vacuum was -27.5.

Signature: [signature]

OSR-3

018-B-16

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Gomez Date/Time Prepared 2/25/05 1215

Preparer's Affiliation ERM Phone No. 315 425-2559

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: TINKLEPAUGH First Name: BOB

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: (607) 755-8824

Number of Occupants/persons at this location 0 Age of Occupants NA

* Confined Space - Trained Personel only

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

Interviewed: Y / N

Last Name: RETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) INDUSTRIAL

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? NA

Other characteristics:

Number of floors 5 includes partial basement Building age 1964

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues observed

Airflow near source

Minimal air flow in this area.

Outdoor air infiltration

No points of infiltration observed.

Infiltration into air ducts

No infiltration into air ducts.

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

a. Above grade construction:	wood frame	(concrete)	stone	brick
b. Basement type:	full	crawlspace	slab	other partial
c. Basement floor:	(concrete)	dirt	stone	other _____
d. Basement floor:	(uncovered)	covered	covered with _____	
e. Concrete floor:	unsealed	(sealed)	sealed with paint	
f. Foundation walls:	(poured)	block	stone	other _____
g. Foundation walls:	unsealed	(sealed)	sealed with paint	
h. The basement is:	wet	(damp)	dry	moldy water leaking in from ceiling
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	(Y)/N			
k. Water in sump?	Y (N) not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Several drains in area.

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)

(Hot air circulation) P	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:

(Natural Gas)	(Fuel Oil)	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	(Central Air)	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

NO DUCTWORK IN BASEMENT

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	TANK FARM (HAZ. WASTE) AREA
1st Floor	manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Chlorinated mat. odor.

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Cupric & Light Lubrication oil

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel NA

c. Responsibility for costs associated with reimbursement explained? Y / N NA

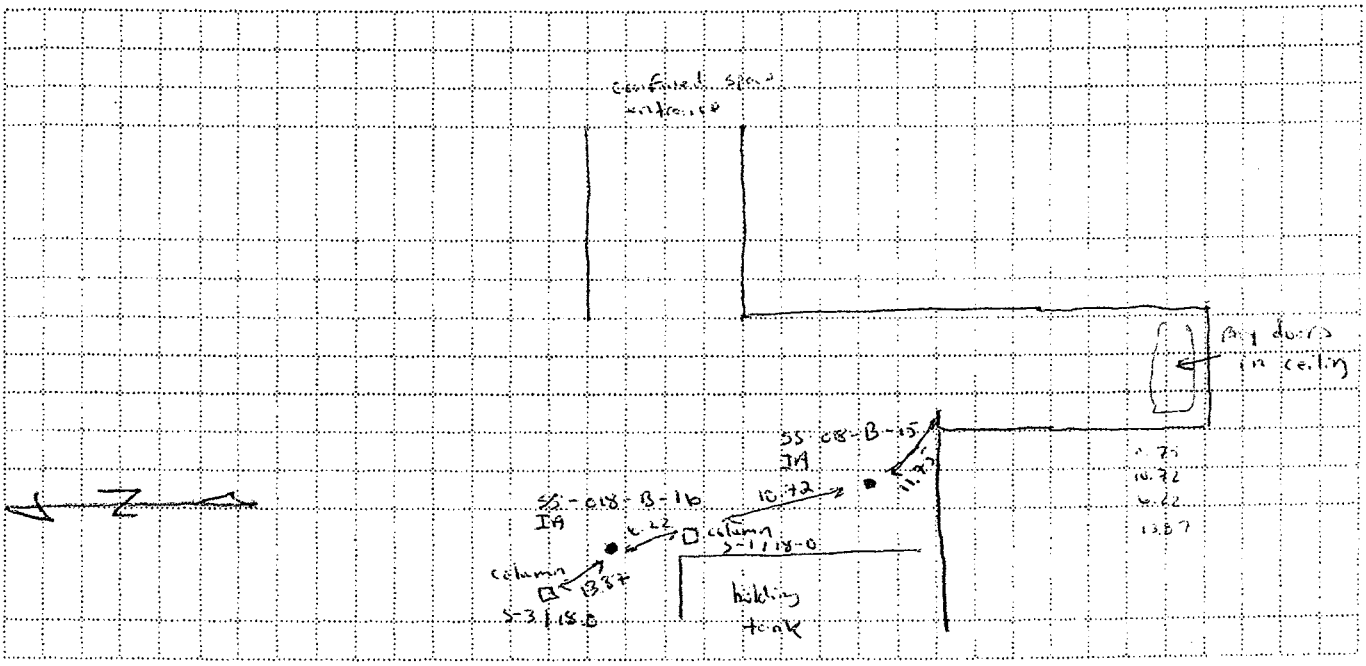
d. Relocation package provided and explained to residents? Y / N NA

018-B-15
018-B-16

11. 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.

Basement:

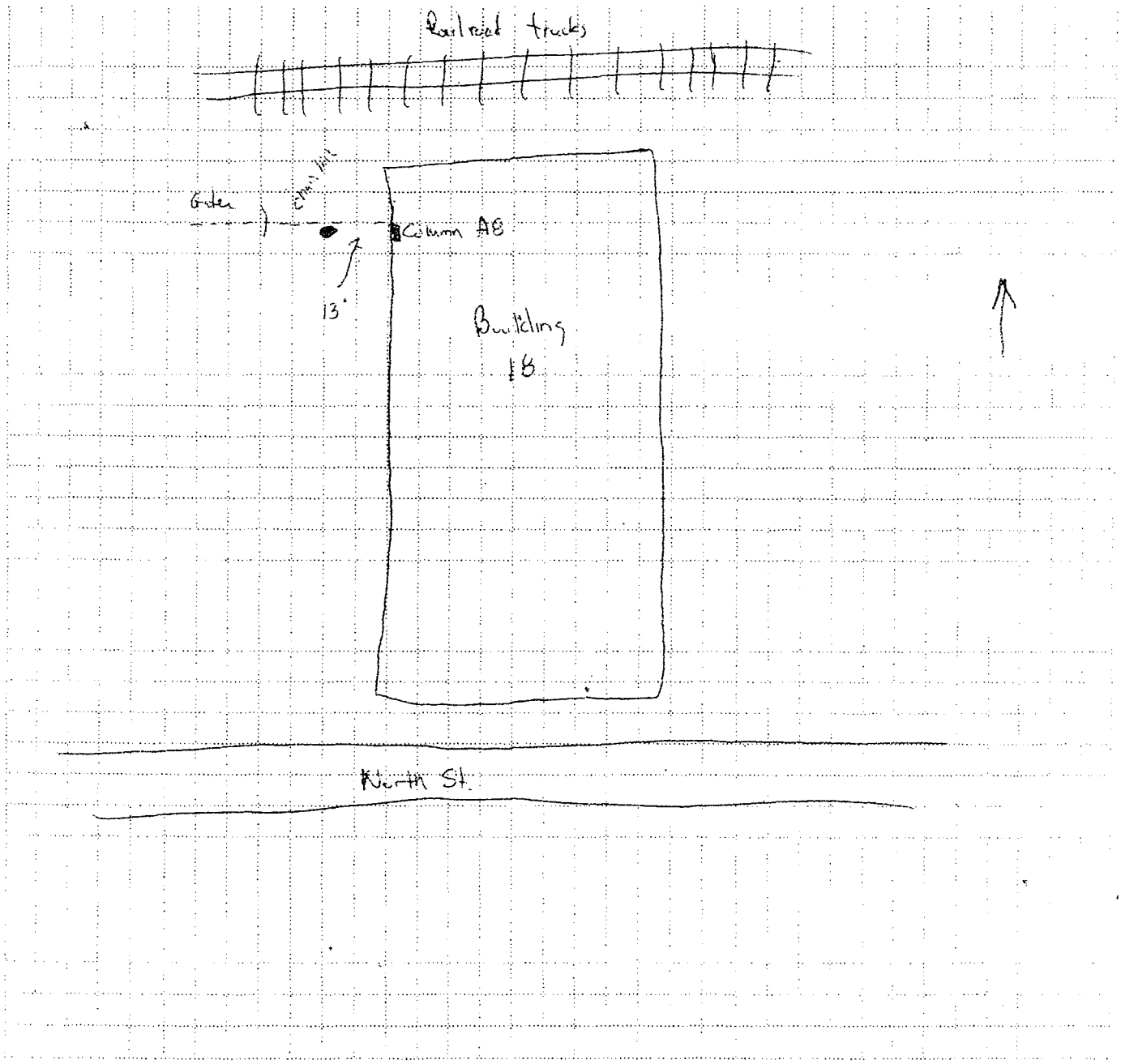


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



018-B-15
018-B-16

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
	NaOH 11%	4000G		11% NaOH	0.0	N
	Cupric Chloride	3000G		5 counted	0.0	
	Agrion Resist Solution	3400G		2 counted	0.0	
	Cupra Pro S4 weak	2250G				
	Agrion Resist Soln.	3250G				
					0.0	

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 18

TANK ROOM

ROW 8 - CENTER

SS-018-B-17
IA-018-B-17

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Basement near furnaces	**Collector(s):**	MG
Address:	Huron Campus, Endicott NY		BM
PID Meter Used: (Model, Serial #)	mini RAE 103051	**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34735	Canister Serial No.:	33967	Canister Serial No.:	NA
Flow Controller Id No:	05-02	Flow Controller Id No:	103-97	Flow Controller Id No:	
Start Date/Time:	2/22/05 1634	Start Date/Time:	2/22/05 1634	Start Date/Time:	
Start Pressure: (inches Hg)	-27.5	Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/05 1634	Stop Date/Time:	2/23/05 1634	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	-2	Stop Pressure: (inches Hg)	
Sample ID:	IA-018-B-17	**Sample ID:**	SS-018-B-17	**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	—	Floor Slab Thickness (inches) *[if present]*	10.5	Distance from Building	
Indoor Air Temp (°F)	55.6	Potential Vapor Entry Points Observed?	loading dock in ceiling	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	45"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	12.5	Distance to nearest Roadway (ft.)	
PID Reading (ppm)		PID Reading (ppm)	6.7	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.41	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
—	—	Duplicate Sample?	NO		
—	—				

Comments:

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/23/05 1155

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Tinklepaugh First Name: Robert

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 8824

Number of Occupants/persons at this location 5 Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? NA

Other characteristics:

Number of floors 5 incl. partial basement Building age 1964

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues observed

Airflow near source

Minimal air flow in area.

Outdoor air infiltration

No points of infiltration observed.

Infiltration into air ducts

No airflow observed

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other Partial
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 18 (feet)

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

Floor in good condition, several drains

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

No ductwork observed

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Tank farm area (haz waste)
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Chemical

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Cupric; light lubrication oil is used

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

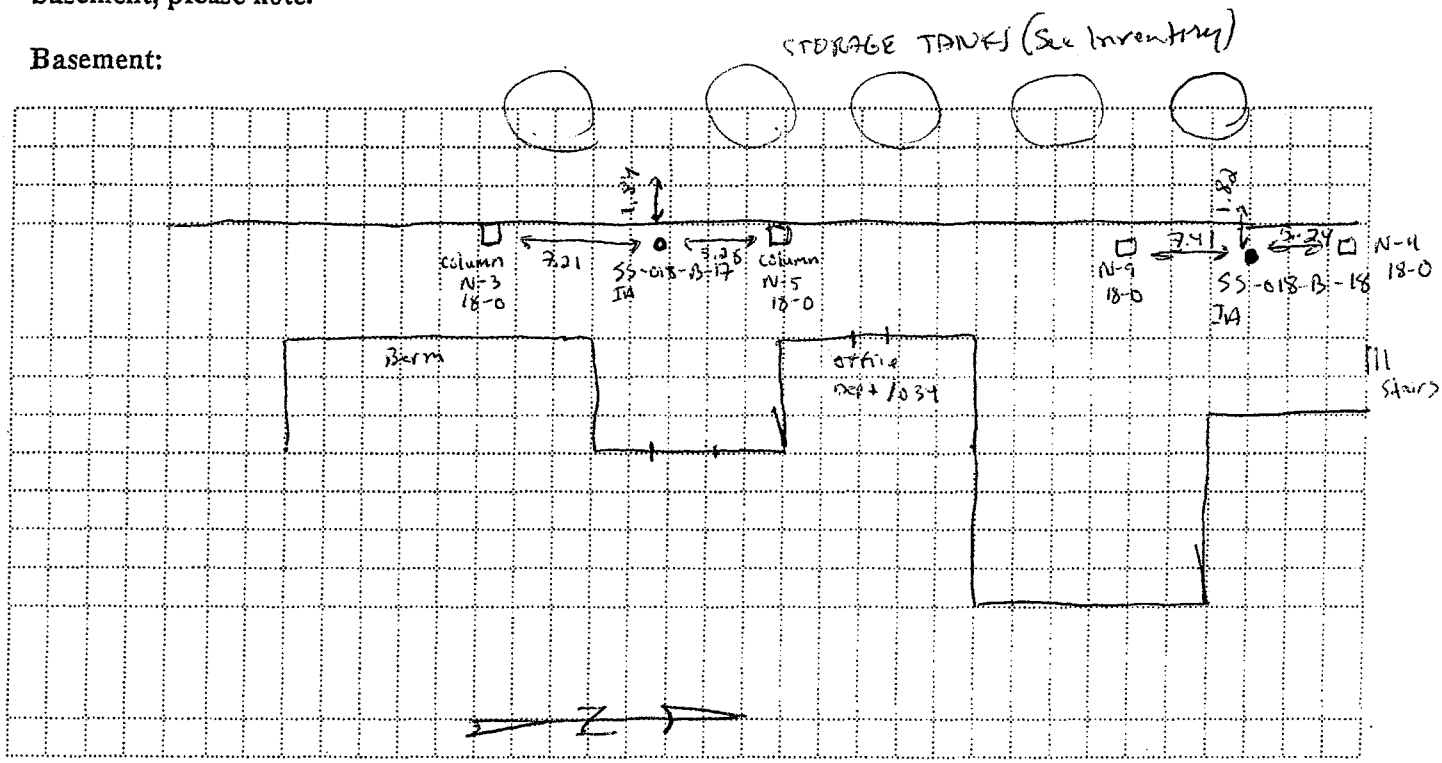
d. Relocation package provided and explained to residents? Y / N

018-B-17
018-B-16

11. 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.

Basement:

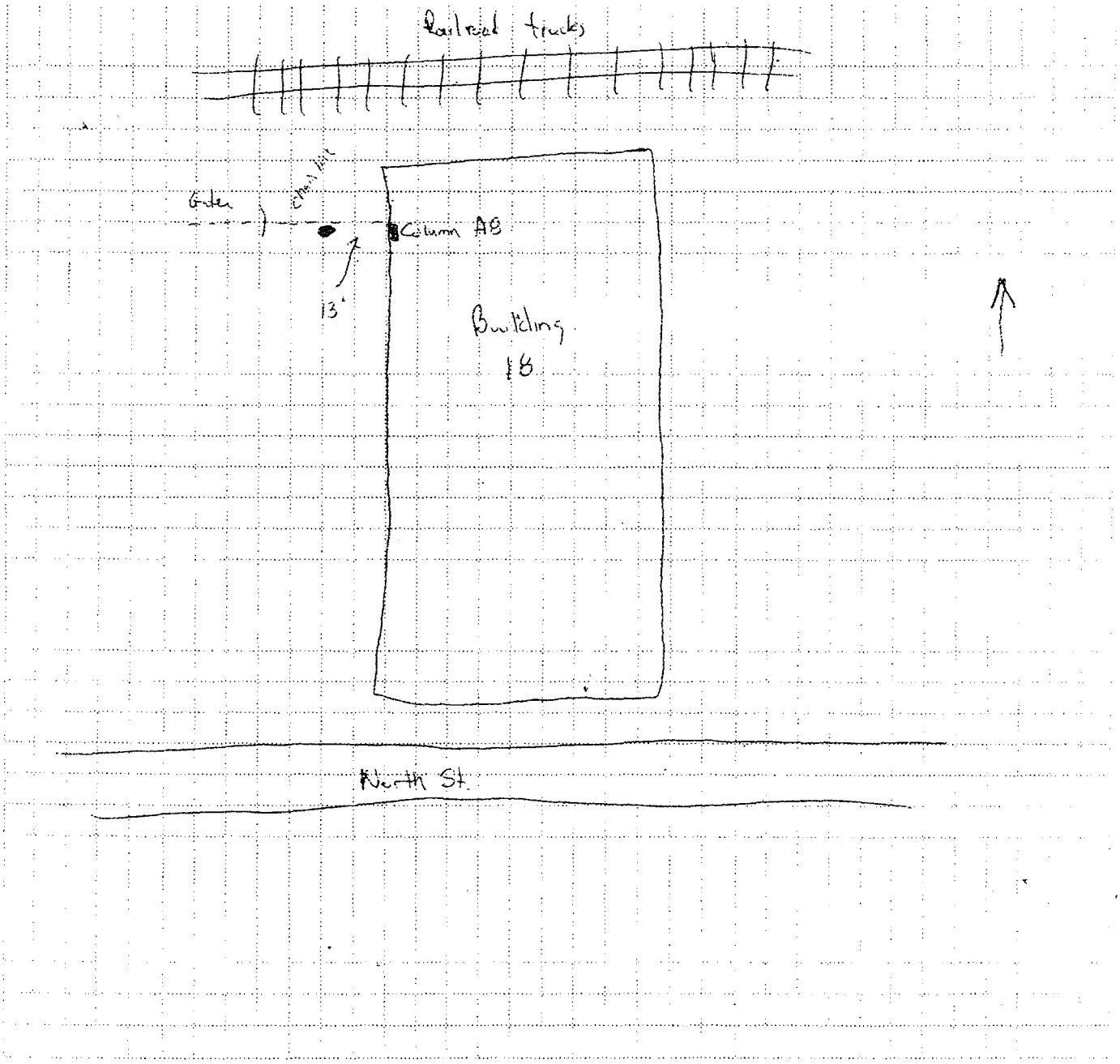


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size ~~(oz.)~~	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
	Aqueous Resist Waste	3800G		Sodium Hydroxide, Sodium Carbonate		N
	" " "	"		" " "		N
	Bio Waste	2000G		NaOH, Sodium Carbonate, Propylene Carbonate		N
	Aqueous Resist Waste	3800G		NaOH, Sodium Carbonate		N
	" " "	"		" "		N
	Sodium Persulfate Etch Soln.	3800G		Sodium Persulfate		N
						N
	Chrome Rinse	3000G				N
	Neutra Clean 68	3800G		Neutra Clean 68		N
	Solvent Waste	2000G		IPA, XYLENES, PERC, N-Butyl Acetate		N
	"overflow" tank	1400G		" " " "		

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BOX. 18

TANK ROOM

ROW 9 - CENTER

SS-018-B-18

IA-018-B-18

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Basement - near tunnel	**Collector(s):**	KM
Address:	Huron Campus, Endicott NY		MM
PID Meter Used: (Model, Serial #)	MiniRAE 103051	**Building No:**	018

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	31140	Canister Serial No.:	3775	Canister Serial No.:	NA
Flow Controller Id No:	98-07	Flow Controller Id No:	100-60	Flow Controller Id No:	
Start Date/Time:	2/22/05 1632	Start Date/Time:	2/22/05 1632	Start Date/Time:	
Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	
Stop Date/Time:	2/23/05 1632	Stop Date/Time:	2/23/05 1632	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	-5	Stop Pressure: (inches Hg)	
Sample ID: IA-018-B-~~M~~18		**Sample ID:** SS-018-B-18		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Basement near tunnel	Floor Slab Thickness (inches) *[if present]*	~~14~~ 9 11	Distance from Building	
Indoor Air Temp (°F)	55.6	Potential Vapor Entry Points Observed?	loading doors in ceiling	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	45"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	~~13~~ ~~14~~ 13	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0 - 0.3	PID Reading (ppm)	~~2.4~~ 3.2 ~~3.0~~ in borehole	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.41	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
—	—	Duplicate Sample?	NO		
—	—				

Comments:

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/23/05 1155

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Tinklepaugh First Name: Bob

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 8824

Number of Occupants/persons at this location _____ Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt Endicott, NY

County: Broome

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N (N circled) If yes, how many? NA

Other characteristics:

Number of floors 5 includes partial basement Building age 1964

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight (Tight circled)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues observed.

Airflow near source

Minimal airflow in this area.

Outdoor air infiltration

No points of infiltration observed

Infiltration into air ducts

no infiltration into ducts observed

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other partial
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Floor in good condition
Several drains in area.

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

No duct work observed

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	TANK FARM AREA (HAZ-WASTE)
1st Floor	Manufacturing
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / (N) Where & When? _____

l. Have air fresheners been used recently? Y / (N) When & Type? _____

m. Is there a kitchen exhaust fan? Y / (N) If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / (N) If yes, where vented? _____

o. Is there a clothes dryer? Y / (N) If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / (N) When & Type? _____

Are there odors in the building? slight (Y) / N
If yes, please describe: chem. odor

Do any of the building occupants use solvents at work? (Y) / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? cupric & light lubrication oil

If yes, are their clothes washed at work? Y / (N)

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) (Unknown)
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

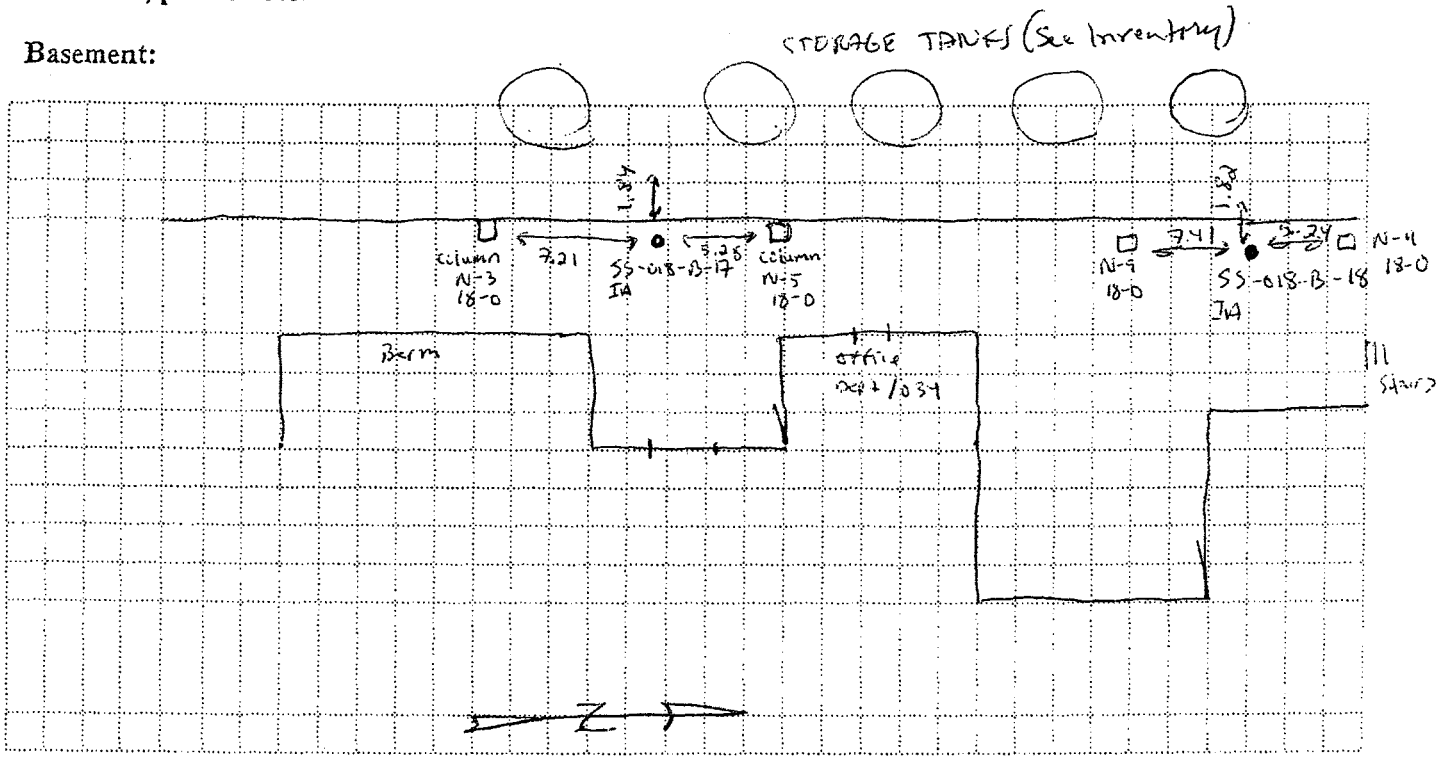
d. Relocation package provided and explained to residents? Y / N

018-B-17
018-B-16

11. 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.

Basement:

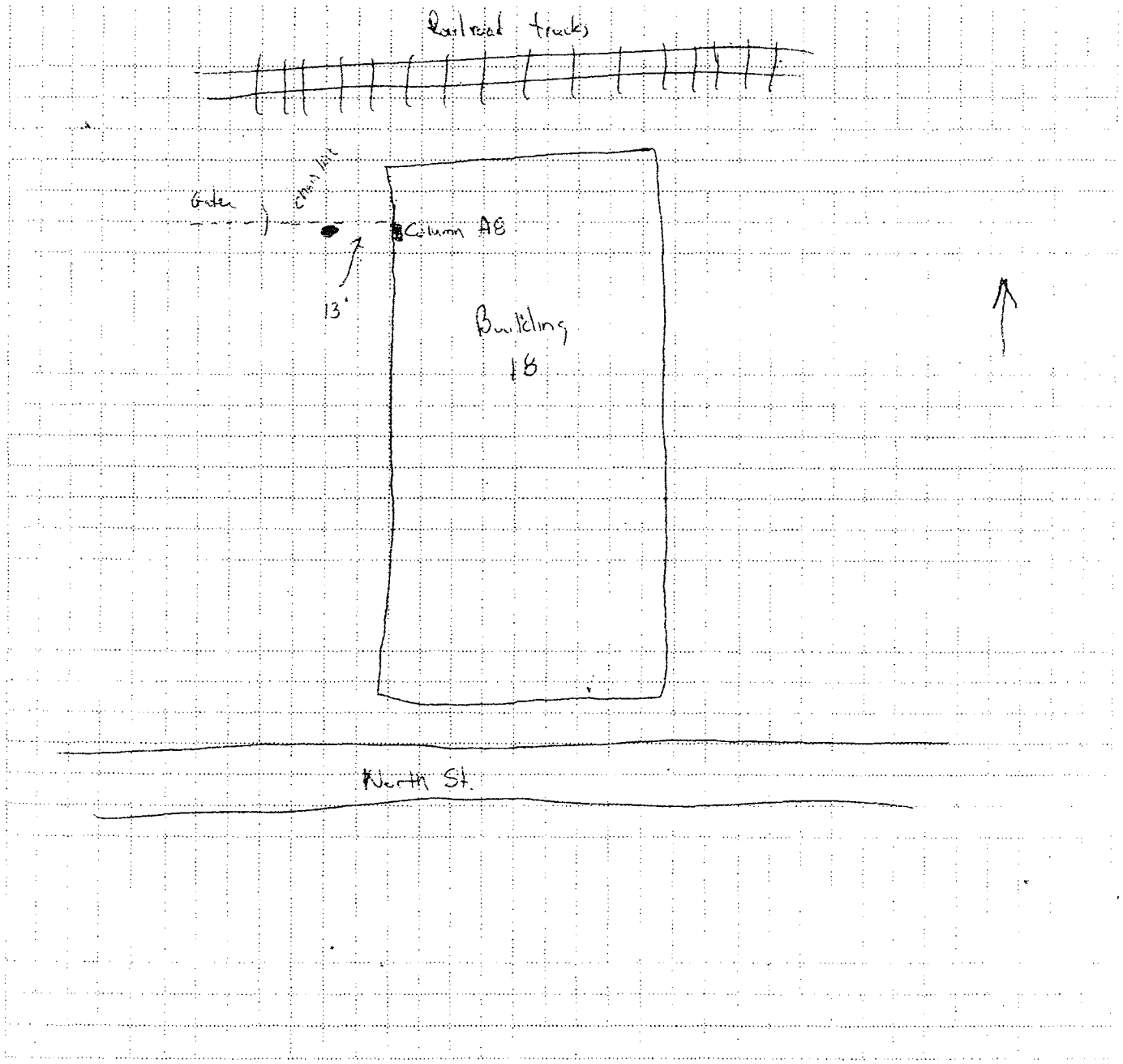


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size ~~(oz.)~~	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
	Aqueous Resist Waste	3800G		Sodium Hydroxide, Sodium Carbonate		N
	" " "	"		" " "		N
	Bio Waste	2000G		NaOH, Sodium Carbonate, Propylene Carbonate		N
	Aqueous Resist Waste	3800G		NaOH, Sodium Carbonate		N
	" " "	"		" "		N
	Sodium Persulfate Etch Soln.	3800G		Sodium Persulfate		N
						N
	Chrome Rinse	3000G				N
	Neutra Clean 68	3500G		Neutra Clean 68		N
	Solvent Water	2800G		IPA, XYLENES, PERC, N-BUTYL ACETATE		N
	"overflow" tank	1400G		" " " "		

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BUILDING 19

SS-019-1-01

IA-019-1-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	LOADING DOCK BROWN 19	Collector(s):	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	MINI RAE - 103051	Building No:	18

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33876	Canister Serial No.:	12047	Canister Serial No.:	NA
Flow Controller Id No:	03-02	Flow Controller Id No:	103-72	Flow Controller Id No:	
Start Date/Time:	02/24/05 / 0935	Start Date/Time:	02/24/05 / 0935	Start Date/Time:	
Start Pressure: (inches Hg)	-30+	Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	
Stop Date/Time:	02/25/05 0935	Stop Date/Time:	02/25/05 / 0935	Stop Date/Time:	
Stop Pressure: (inches Hg)	-6	Stop Pressure: (inches Hg)	-6.5	Stop Pressure: (inches Hg)	
Sample ID: IA-019-1-01		**Sample ID:** SS-019-1-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)		Sample Category ID: (AA)	NA
Story/Level	First floor brown level	Basement or Crawl Space?	NA	Direction from Building	
Room	LOADING / POOL STORAGE	Floor Slab Thickness (inches) *[if present]*	7"	Distance from Building	
Indoor Air Temp (°F)	70°F	Potential Vapor Entry Points Observed?	NO MAJOR CRACKS IN FLOOR / REF FAN MINOR	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	55"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-8"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.2 ppm	PID Reading (ppm)	
Barometric Pressure (°Hg or mb)	29.99	Noticeable Odor?	NONE	Noticeable Odor?	
Duplicate Sample?	None	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
—	—	Duplicate Sample?	NONE		
—	—			—	

Comments:

02-25-05 0819 Checked vacuum remaining in canister IA-019-1-01 -7 In Hg
SS-019-1-01 -7 In Hg

Signature: Todd L Marsh

OSR – 3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/28/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Cronin First Name: Joe

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 7205

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

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt Endicott, NY

County: Broome

Home Phone: — Office Phone: 607 755-6073

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)

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) General Manufacturing

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 1 Building age_____

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No points where air could infiltrate between floors observed

AHU's service each floor separately

Airflow near source

GARAGE DOORS NEAR SOURCE ARE FUNCTIONAL & USED FREQUENTLY -- DRAFTY

Outdoor air infiltration

From doors leading to the outside (see sketch)

Infiltration into air ducts

No points of infiltration observed

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with partially painted	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

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

Minor cracks in floor

floor Drains 20' from Sample

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation P	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

No Ductwork overhead - Radiant Heat

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manufacturing
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: Petroleum

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? motor oils - hydraulic equipment - Aerosol paints Cleaners

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

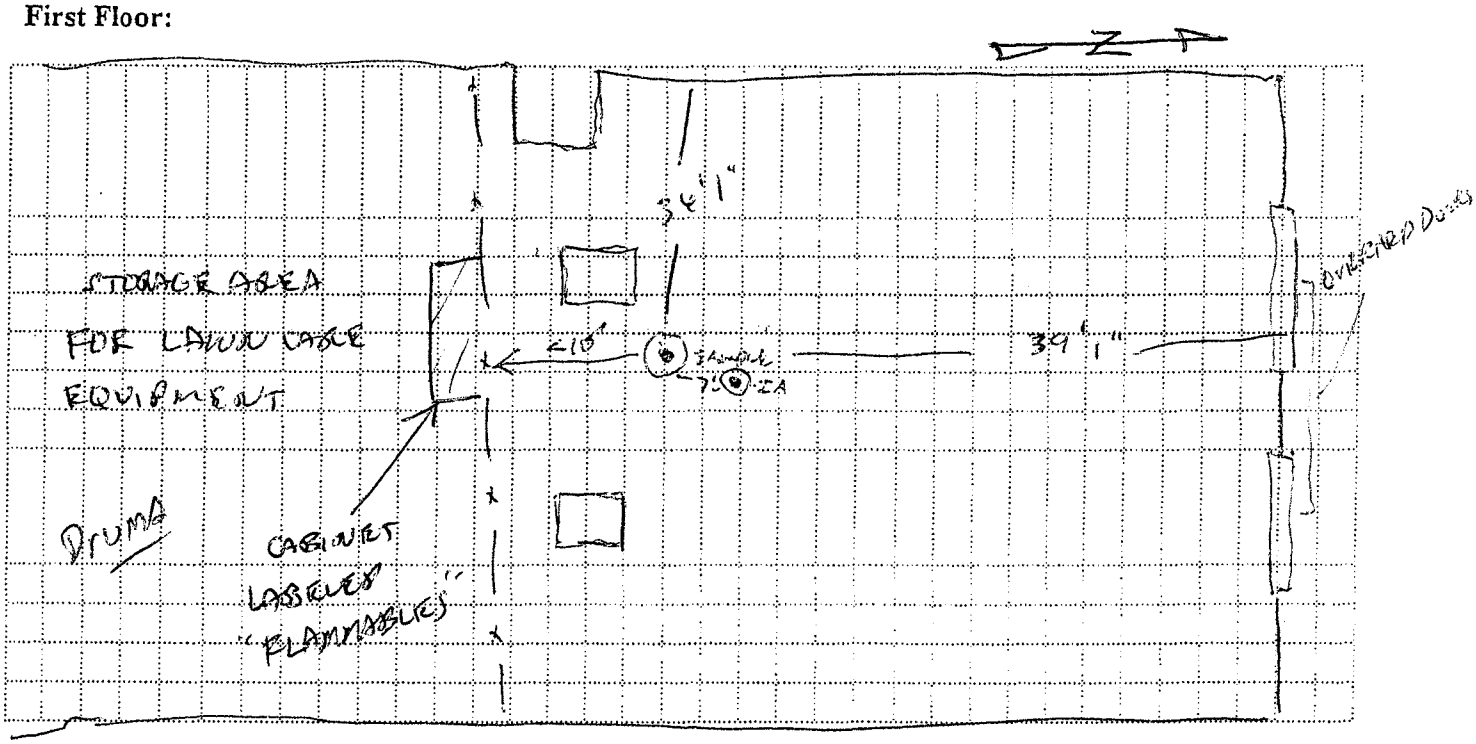
019-1-01

11. 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.

Basement:

First Floor:



12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.

NO Outside Air

019-1-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
019-101	WINDEX	32 oz	U	STANDARD WINDEX	0.0	N
"	motor oils - gasoline equipment		U	Fenced off measured with PID thru fence	0.0	N

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 21

OFFICE DOOR

IA-021-B-01

SS-021-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	BLDG 21 - OFFICE D004	Collector(s):	TM, DV, SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Mini Rae 2000	Building No:	021

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33973	Canister Serial No.:	30850	Canister Serial No.:	
Flow Controller Id No:	95-81	Flow Controller Id No:	5533	Flow Controller Id No:	
Start Date/Time:	3/3/05 13:30	Start Date/Time:	3/3/05 13:30	Start Date/Time:	
Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	
Stop Date/Time:	3/4/05 1330	Stop Date/Time:	3/4/05 1330	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3.5	Stop Pressure: (inches Hg)	-2	Stop Pressure: (inches Hg)	
Sample ID: IA-021-B-01		**Sample ID:** SS-021-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	basement	Basement or Crawl Space?	No	Direction from Building	
Room	D004	Floor Slab Thickness (inches) *[if present]*	7"	Distance from Building	
Indoor Air Temp (°F)	70.3°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, Intake depth, if *A-1*, Intake Height (ft. relative to floor level)	9"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	2.90	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.0	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
—		Duplicate Sample?	No		
—				—	

Comments:

Signature: Todd L Marsh

OSR-3

021-B-01

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/3/05 1415

Preparer's Affiliation ERM Phone No. (315) 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Rai First Name: Rajinder

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-7071

Number of Occupants/persons at this location N/A Age of Occupants 7/8

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: Jim

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) General Manufacturing

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? N/A

Other characteristics:

Number of floors 4 Building age 85 yrs

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's deliver air to each floor separately

Airflow near source

SLIGHT DRAFT NEAR SOURCE from AIR SUPPLY OVERHEAD

Outdoor air infiltration

No avenues to outside air

Infiltration into air ducts

Duct work in good condition.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with Linoleum	
e. Concrete floor:	unsealed	sealed	sealed with glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

None - floor in Good Condition

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

Ductwork overhead of sample is supply air & in good condition (represented on floor plan)
Return air near sample location also represented on accompanying floor plan.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General manufacturing - Labs - offices
1st Floor	Office space - manufacturing
2nd Floor	Office Space
3rd Floor	office Space
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage?	Y/(N)	
b. Does the garage have a separate heating unit?	Y / N/(NA)	
c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)	Y / N (NA)	Please specify_____
d. Has the building ever had a fire?	Y(/N)	When?_____
e. Is a kerosene or unvented gas space heater present?	Y(/N)	Where?_____
f. Is there a workshop or hobby/craft area?	Y(/N)	Where & Type?_____
g. Is there smoking in the building?	Y(/N)	How frequently?_____
h. Have cleaning products been used recently?	Y / N	When & Type? unknown
i. Have cosmetic products been used recently?	Y / N	When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

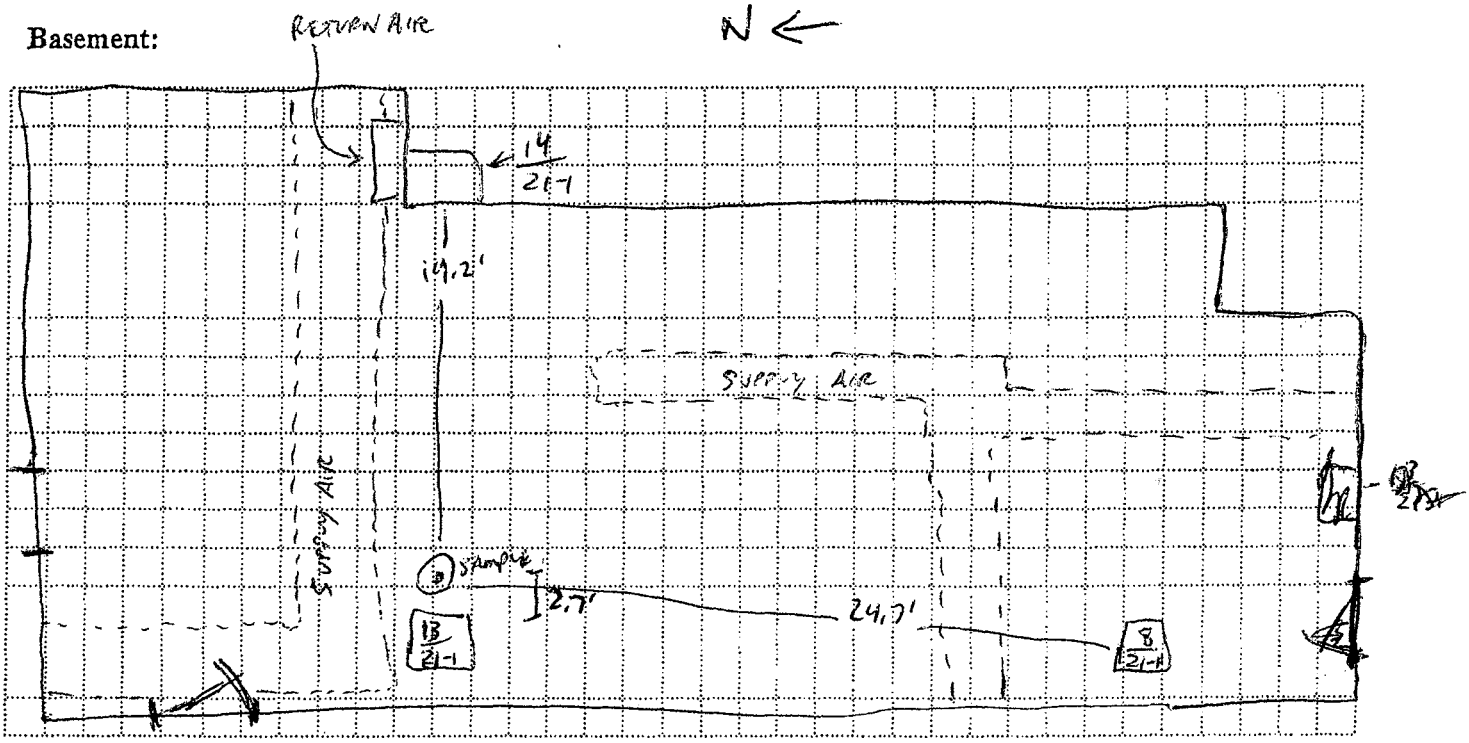
d. Relocation package provided and explained to residents? Y / N

11. FLOOR PLANS

021 - B - 01

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.

Basement:



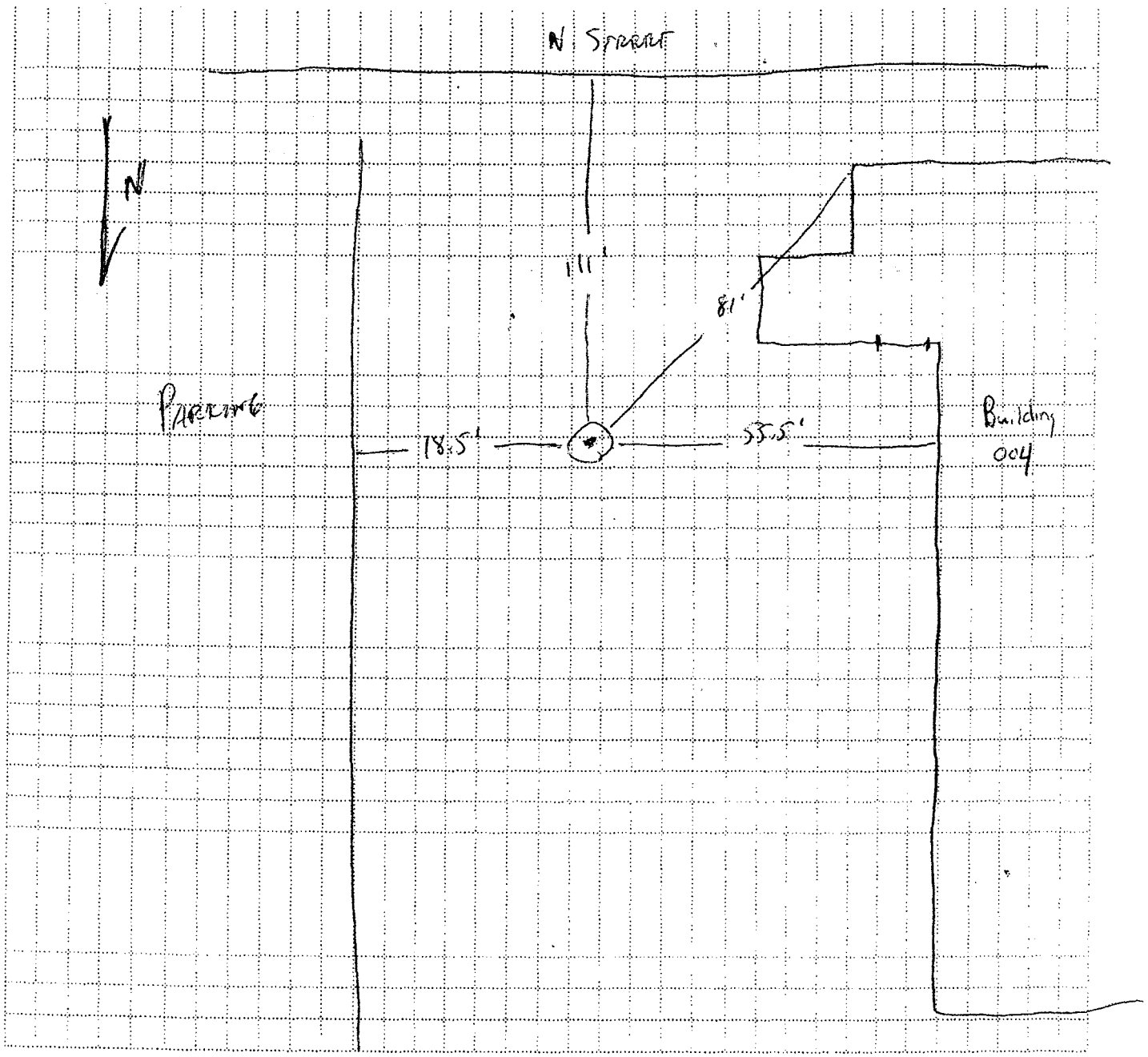
First Floor:

7
021-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



021-B-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini RAE 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
Rm D003 BUX	None					
21		NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 21

OA-21-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	East side of Bldg 021	Collector(s):	TM, DV, SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	mini Rae 2000	Building No:	021

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	R-3
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	5547
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/3/05 13:44
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-29
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/4/05 1344
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-1
Sample ID:		**Sample ID:**		**Sample ID:**	OA-021-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	A
Story/Level		Basement or Crawl Space?		Direction from Building	East
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	55.5'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	53"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	111'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	NO
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	NO
—		Duplicate Sample?			
—				—	

Comments: near parking lot

Signature: Todd R Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-29-05 1420

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Rai First Name: Rajinder

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-7071

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Office and Manufacturing

Does it include residences (i.e. multi-use)? Y / N (N) If yes, how many? N/A

Other characteristics:

Number of floors 4 Building age 85yrs

Is the building insulated? Y / N Unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

~~N/A~~ Outside air sample

Outdoor air infiltration

Outside Air Sample

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with paint	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other paint
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Outdoor - NA

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

NA

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Manufacturing - Lab and office space
1st Floor	manufacturing and office space
2nd Floor	Office space
3rd Floor	Office space
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

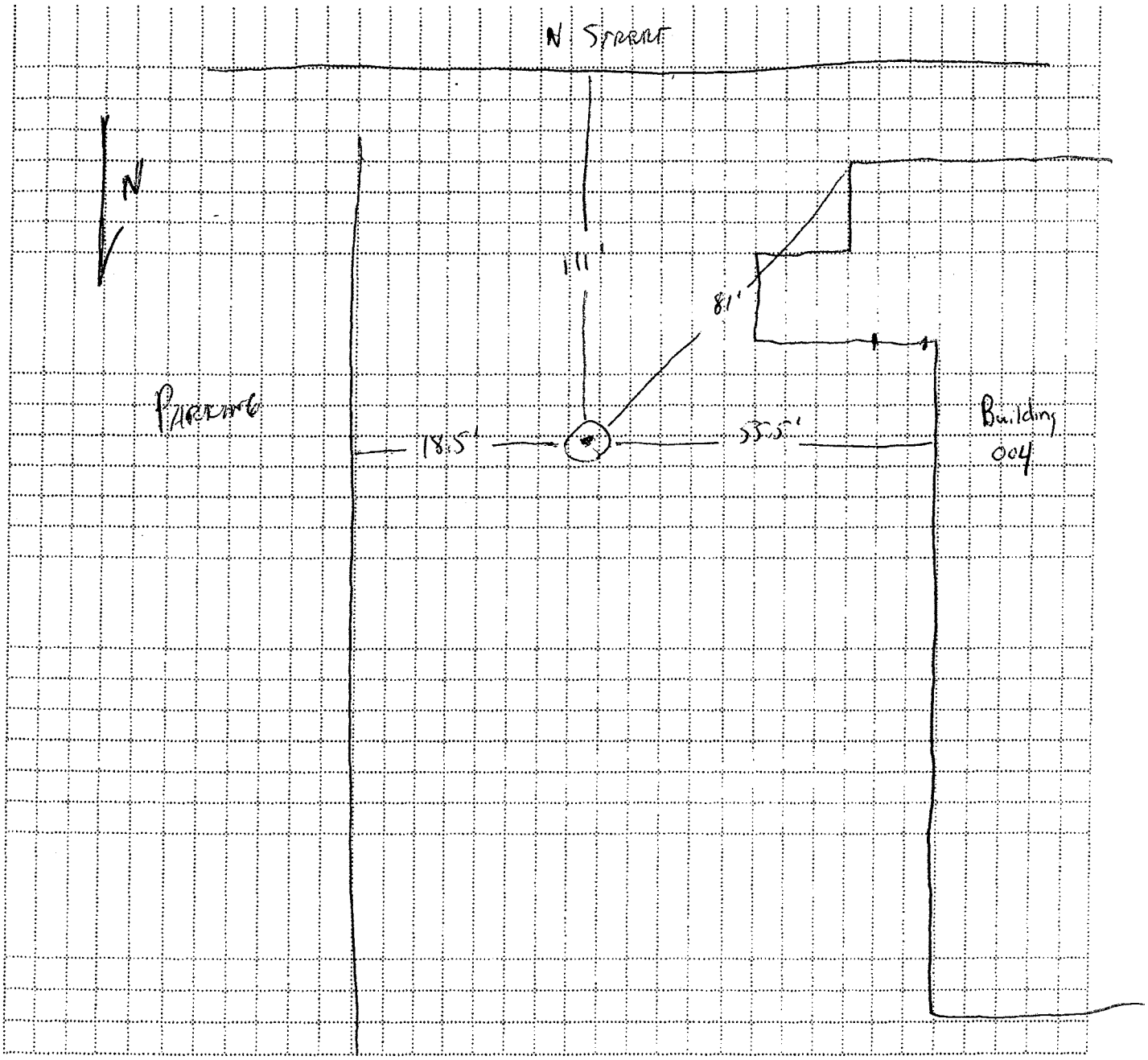
First Floor:

021-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



021-6-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
near	Sample	N/A	N/A	None	0.0	N/A

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 22

OFFICE G-024

SS-022-B-01

IA-022-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	office 6-024 BLDG 22	**Collector(s):**	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	Mini Rae 2000	**Building No:**	22

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	6219	Canister Serial No.:	34330	Canister Serial No.:	NA
Flow Controller Id No:	03-10	Flow Controller Id No:	103-87	Flow Controller Id No:	
Start Date/Time:	02/28/05 / 1557	Start Date/Time:	02/28/05 / 1557	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	3/1/05 1557	Stop Date/Time:	3/1/05 1557	Stop Date/Time:	
Stop Pressure: (inches Hg)	-7.5	Stop Pressure: (inches Hg)	-3.5	Stop Pressure: (inches Hg)	
Sample ID: IA-022-B-01		**Sample ID:** SS-022-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	6-024	Floor Slab Thickness (inches) *[if present]*	7"	Distance from Building	
Indoor Air Temp (°F)	71.6°F	Potential Vapor Entry Points Observed?	NONE	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	49"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-9"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.675	Noticeable Odor?	NONE	Noticeable Odor?	
Duplicate Sample?	YES	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	YES		

Comments:

Signature: S Schuchart

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combs Date/Time Prepared 2/28/05 1530

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Buck First Name: Martha

Address: Huron Management

County: Broome

Home Phone: N/A Office Phone: 607-755-9910

Number of Occupants/persons at this location N/A Age of Occupants > 18

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

Interviewed: (Y) / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: Broome

Home Phone: N/A Office Phone: 607 755-6077

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) General Manufacturing/office space

Does it include residences (i.e. multi-use)? Y / N (N circled) If yes, how many? NA

Other characteristics:

Number of floors ~~8~~ 4 Building age 85yrs

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight (Tight circled)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU'S deliver air to each floor separately

Airflow near source

Air vent supply as shown on sketch

Outdoor air infiltration

No avenues to outdoor air

Infiltration into air ducts

Ducts appear to be in good condition
No return ducts observed

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpet	
e. Concrete floor:	unsealed	sealed	sealed with carpet/glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Floor covered, no soil vapor entry points observed.

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

In good condition

7. OCCUPANCY

Basement / Is lowest level occupied? (Full time) Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Offices / General Manufacturing
1st Floor	Office space
2nd Floor	" "
3rd Floor	" "
4th Floor	" "

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify_____

d. Has the building ever had a fire? Y / (N) When?_____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where?_____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type?_____

g. Is there smoking in the building? Y / (N) How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? General Cleaning agents Windex - 409

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

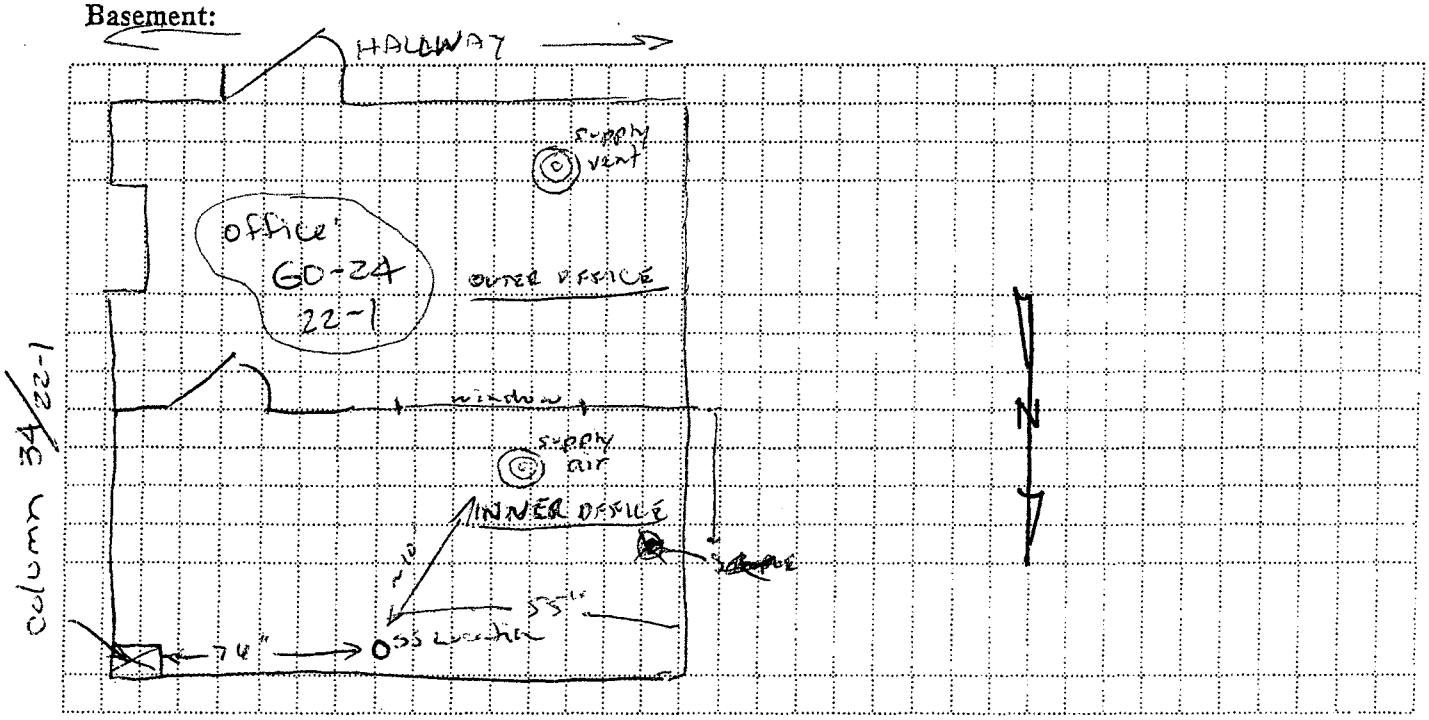
d. Relocation package provided and explained to residents? Y / N

11. FLOOR PLANS

022-B-01

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.

Basement:



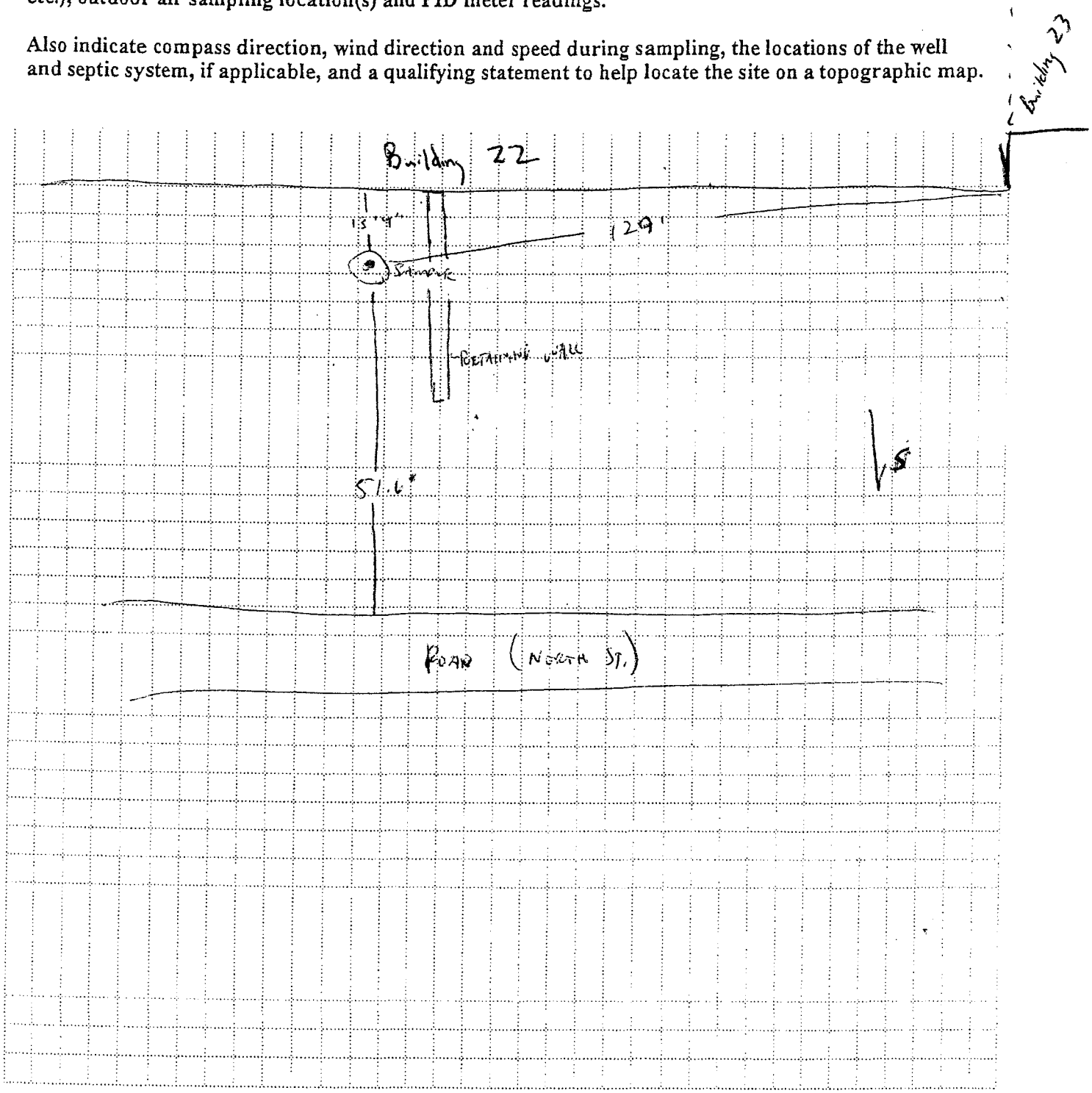
First Floor:

022-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: RAE Mini RAE

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
N/A	N/A	N/A	N/A	N/A	0.0	N

* Describe the condition of the product containers as **Unopened (UO), Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 22

OFFICE K012 - COLUMN 1

SS-022-B-02

IA-022-B-02

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	J-10 / K-12	**Collector(s):**	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	MiniRAE 2000 110-005859	**Building No:**	22

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34433	Canister Serial No.:	14120	Canister Serial No.:	NA
Flow Controller Id No:	5529	Flow Controller Id No:	100-83	Flow Controller Id No:	
Start Date/Time:	03/01/05 / 1110	Start Date/Time:	03/01/05 / 1110	Start Date/Time:	
Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	
Stop Date/Time:	3/2/05 1110	Stop Date/Time:	3/2/05 1110	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	-22	Stop Pressure: (inches Hg)	
Sample ID: IA-022-B-02		**Sample ID:** SS-022-B-02		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	J-10 / K-12	Floor Slab Thickness (inches) *[if present]*	5"	Distance from Building	
Indoor Air Temp (°F)	70.2°F	Potential Vapor Entry Points Observed?	Floor Tile in Poor Condition - Wall Peeling	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-6"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0 - 0.1	PID Reading (ppm)	0.4	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.475	Noticeable Odor?	None	Noticeable Odor?	
Duplicate Sample?	None	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	None		

Comments:

Signature: S. Schuchart

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/1/05 1310

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. ~~OCCUPANT~~: Contact

Interviewed: Y / (N)

Last Name: Buck First Name: Marsha

Address: Huron

County: Broome

Home Phone: N/A Office Phone: 607-755-9910

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: KETCHUCK First Name: Jim

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N (N circled) If yes, how many? NA

Other characteristics:

Number of floors 34 Building age 85

Is the building insulated? Y / N Unknown How air tight? Tight / Average / Not Tight (Tight circled)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's deliver air to each floor separately

Airflow near source

AIR DUCT RUNNING THROUGH RM W/ SS-022-B-02 SAMPLE
SMALL DRAFT FROM DUCTWORK

Outdoor air infiltration

No avenues to the outdoor air were observed.

Infiltration into air ducts

Ductwork appears to be in good condition
There is a return duct in area of sample.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE	
e. Concrete floor:	unsealed	sealed	sealed with TILE/GLUE/SOME CARPETED (@ IA)	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

FLOOR TILES & WALL PAINT IN POOR CONDITION BUT NO MAJOR EVIDENCE OF SOIL VAPOR ENTRY POINTS

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

LARGE RETURN AIR DUCT IN RM W/ SUBSLAB SAMPLE - SMALL DRAFT FROM IT NEAR SUBSLAB SAMPLE LOCATION
NO SUPPLY VENTS IN SS ROOM HOWEVER IN ROOM ADJACENT TO IT THERE ARE
AIR SUPPLY VENTS & RETURN DUCTS IN CEILING & IN GOOD CONDITION

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manufacturing / offices
1st Floor	Office Space
2nd Floor	" "
3rd Floor	" "
4th Floor	" "

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify ____

d. Has the building ever had a fire? Y / (N) When? ____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where? ____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type? ____

g. Is there smoking in the building? Y / (N) How frequently? ____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? General Cleaning agents - windex - 409

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

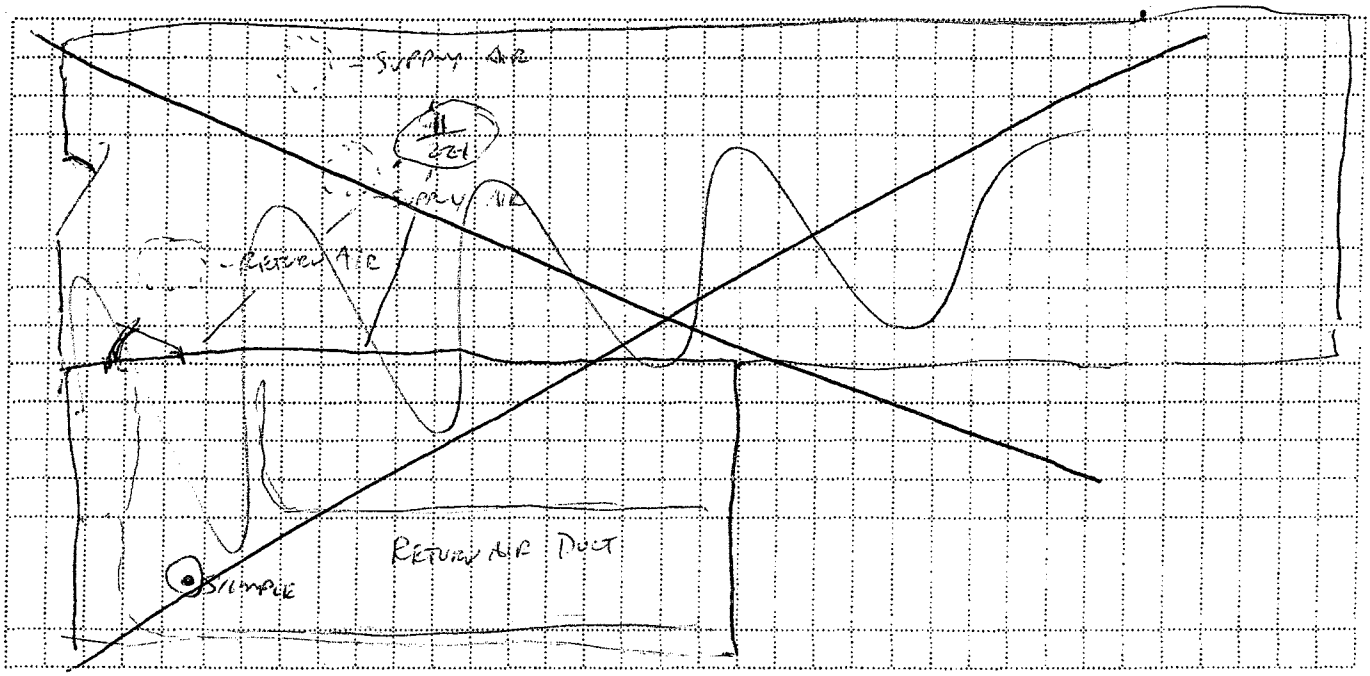
d. Relocation package provided and explained to residents? Y / N

11. FLOOR PLANS

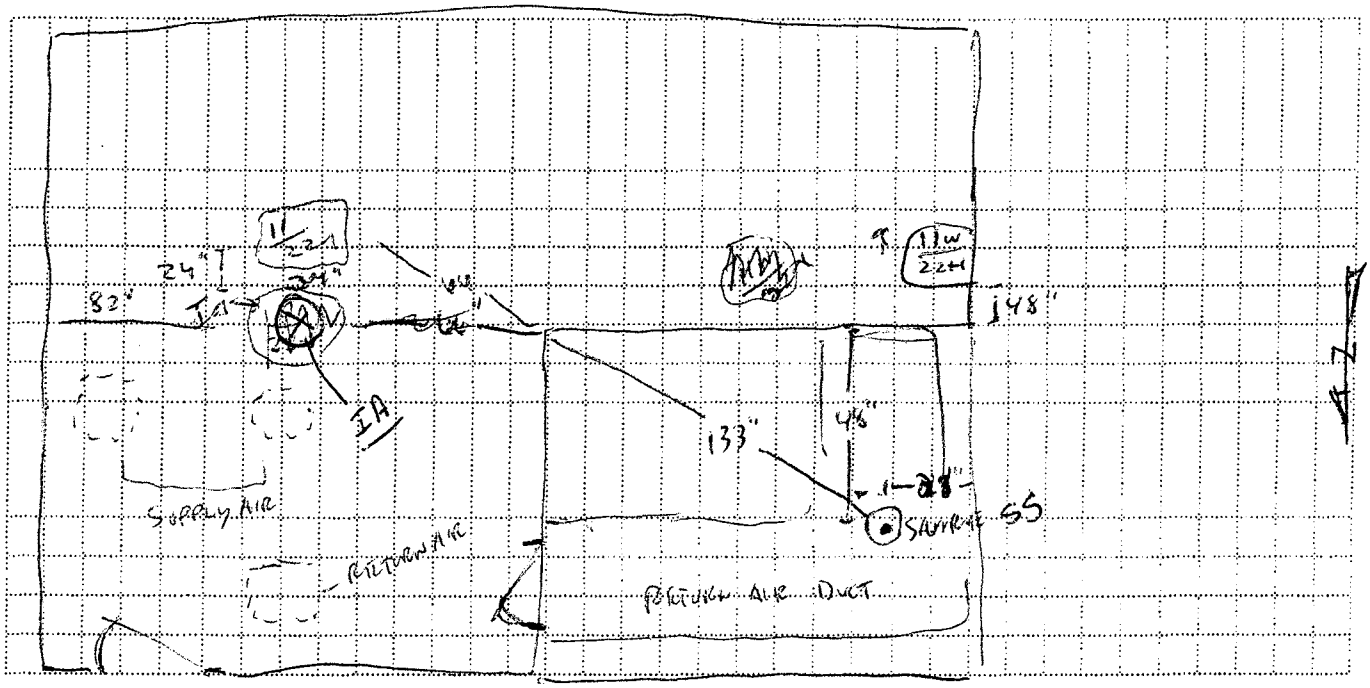
022-B-02

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.

~~Basement~~:



~~First Floor~~: BASEMENT

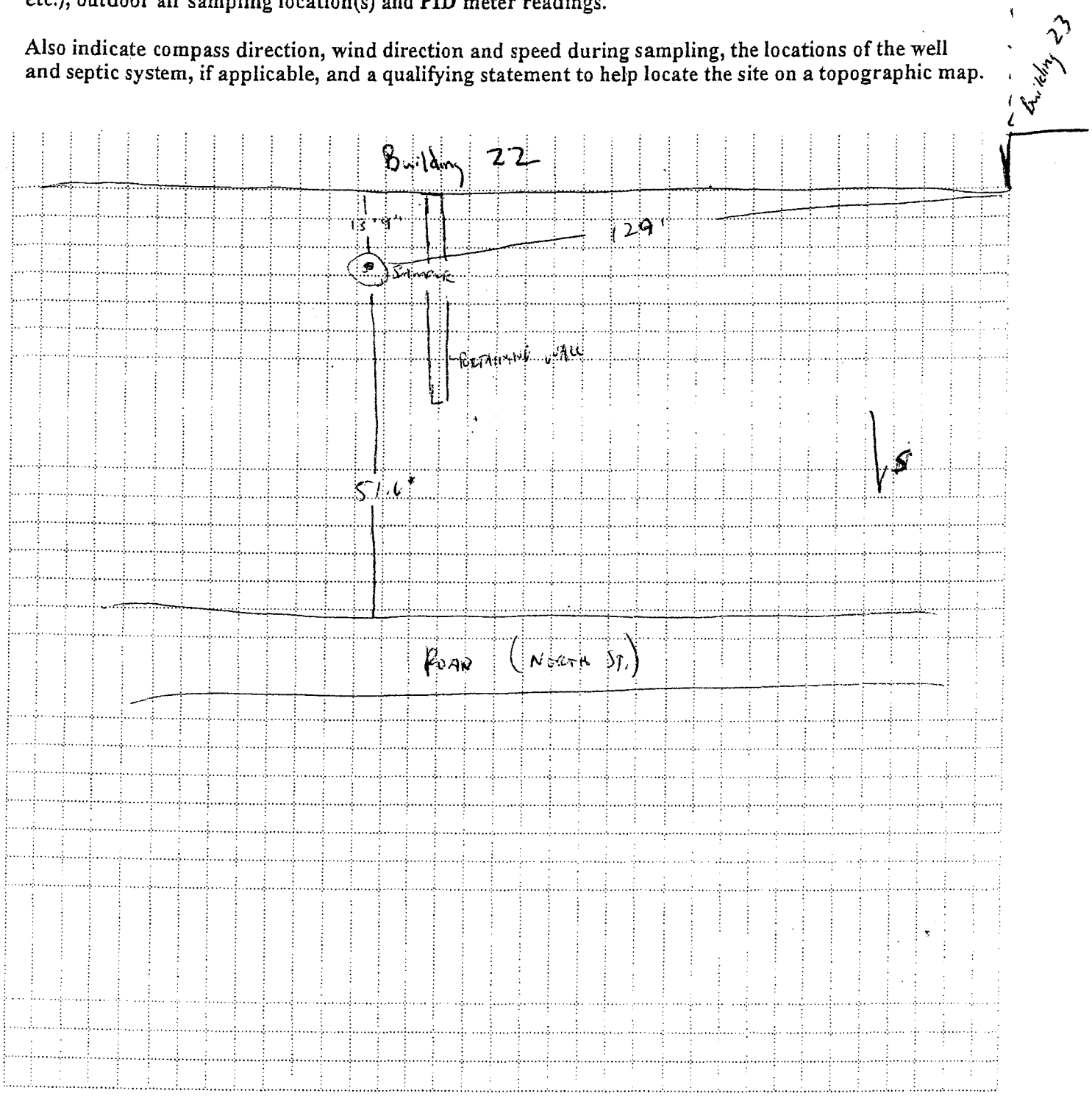


022-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



022-B-02

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
022-B-02	BLUE GLASS CLEANER	32	U	NOT LABELED 1-800-558-2332	0.0	N
022-B-02	SUPER LUBE/LUBRICANT	11	U	MULTI PURPOSE LUBRICANT W/		
				TEFLON - NO CHEMICAL LABEL	0.0	N
022-B-02	DEW - KOTE DRY	11	U	NOT LABELED WITH INGREDIENTS	0.0	N
	LUBE					

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 22

IADUP022805-01
SSDUP022805-02

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	BLDG. 22 office G-024 @ column 34/22-1	Collector(s):	TM DV
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MINI RAE 2000 110-005859	Building No:	22

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	9418	Canister Serial No.:	3734	Canister Serial No.:	NA
Flow Controller Id No:	53-45	Flow Controller Id No:	102-05	Flow Controller Id No:	
Start Date/Time:	02/28/05 / ~~-30~~ 1557 DV	Start Date/Time:	02/28/05 / ~~-29~~ 1557 DV	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	
Stop Date/Time:	3/1/05 1557	Stop Date/Time:	3/1/05 1557	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4.0	Stop Pressure: (inches Hg)	-3.0	Stop Pressure: (inches Hg)	
Sample ID: IADUP022805-01		**Sample ID:** SSDUP022805-02		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B.	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	G-024	Floor Slab Thickness (inches) *[if present]*	7"	Distance from Building	
Indoor Air Temp (°F)	71.6	Potential Vapor Entry Points Observed?	NONE	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	49"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-9"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.675	Noticeable Odor?	NONE	Noticeable Odor?	
Duplicate Sample?	YES	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	YES		

Comments:

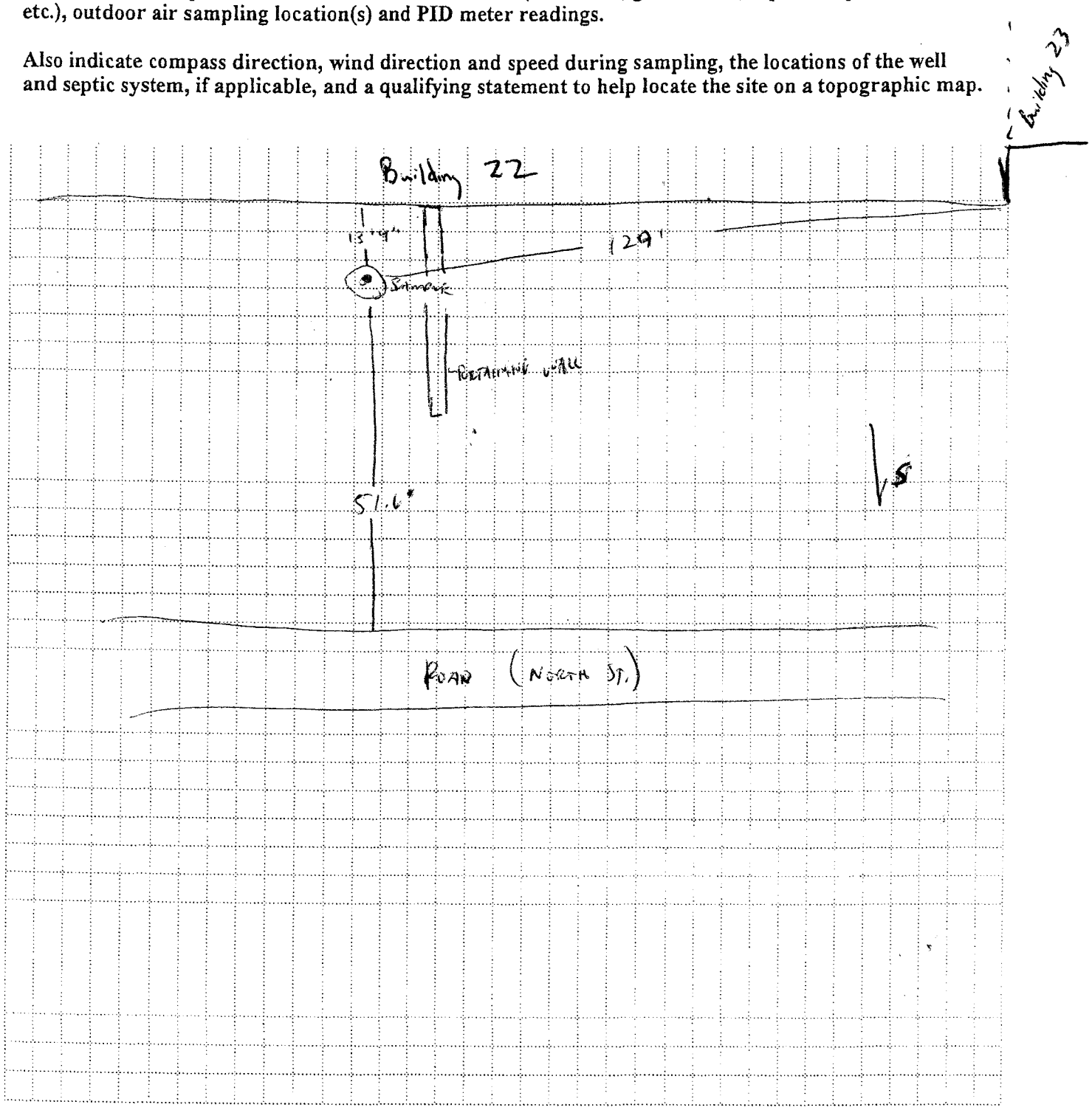
Signature: Todd L Marsh

022-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



BLDG. 22

OA - 022 - G - 01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	North Side of Bldg 22	**Collector(s):**	Tm
Address:	Huron Campus, Endicott NY		Dv
PID Meter Used: (Model, Serial #)	Mini RAE 2000 110-005859	**Building No:**	22

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	NA	Canister Serial No.:	NA	Canister Serial No.:	10988
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	101-10
Start Date/Time:		Start Date/Time:		Start Date/Time:	03/01/05/1118
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	~~3/2/05 1118~~ 29
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/2/05 1115 ~~1115~~
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-2.0
Sample ID:		**Sample ID:**		**Sample ID:**	OA-022-B-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	NA	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	A
Story/Level		Basement or Crawl Space?		Direction from Building	~~NORTH~~ SOUTH
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	13.4'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	43"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	TEFLON
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	51.6
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	NONE
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	NONE
		Duplicate Sample?			
				/	/

Comments:

Signature: [signature]

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Shannon Sweet Date/Time Prepared 3/17/05 1045

Preparer's Affiliation ERM Phone No. 315 445 2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Buck First Name: Marsha

Address: Huron

County: Broome

Home Phone: N/A Office Phone: 607-755-9916

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 6073

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)

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? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N (circled N) If yes, how many? NA

Other characteristics:

Number of floors NA Building age NA

Is the building insulated? Y / N NA How air tight? Tight / Average / Not Tight NA

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

NA

Airflow near source

Outdoor air infiltration

Infiltration into air ducts

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

NA

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

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

_____

_____

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N NA

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.

_____

_____

_____

_____

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? _____

i. Have cosmetic products been used recently? Y / N When & Type? _____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? NA

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

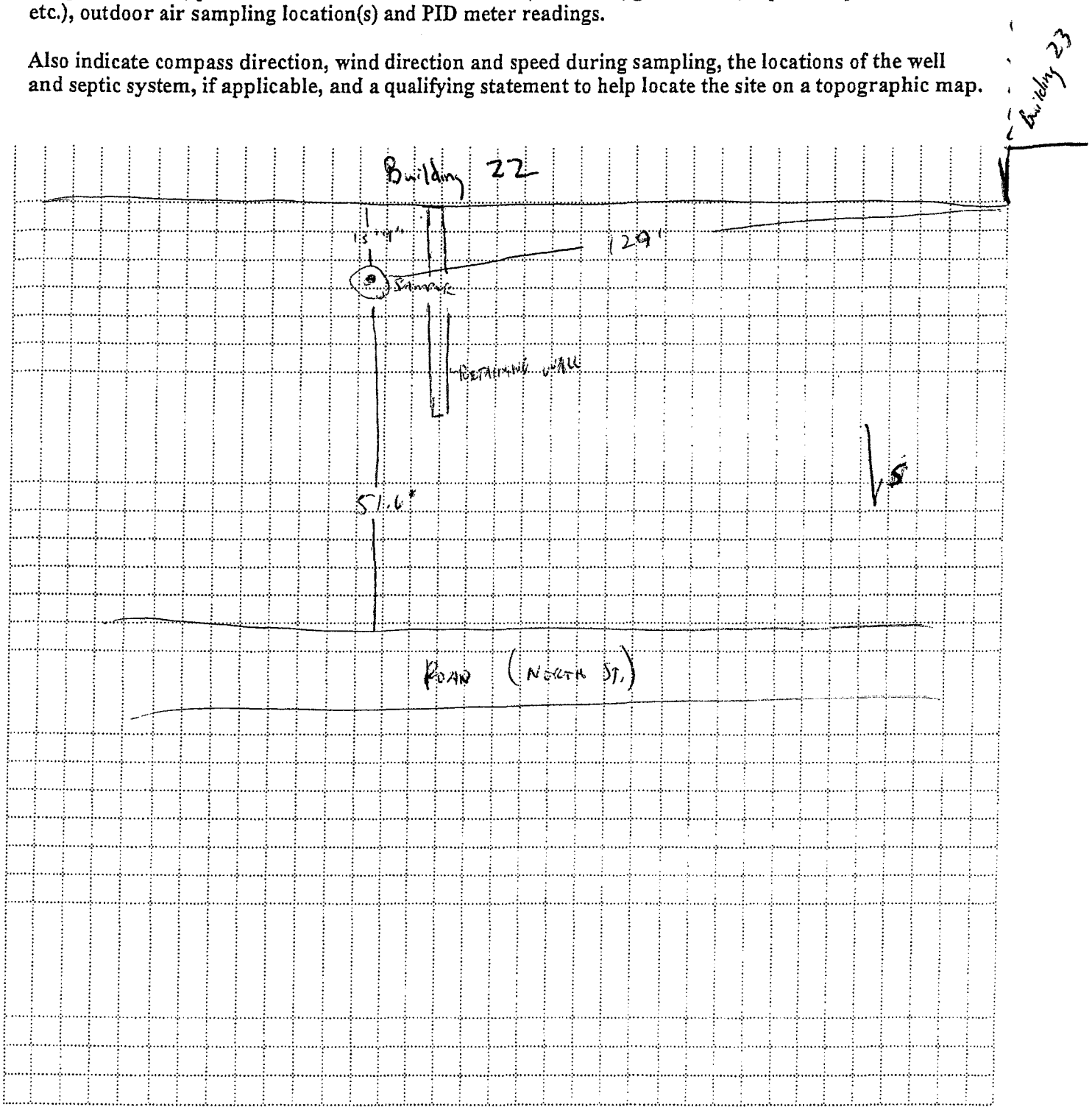
First Floor:

022-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



022-6-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 23

COL. 9

IA-023-B-01

SS-023-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 23 - Column 9	**Collector(s):**	TM, DV, SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 2000	**Building No:**	023

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	433	Canister Serial No.:	4187	Canister Serial No.:	
Flow Controller Id No:	10314	Flow Controller Id No:	SS-31	Flow Controller Id No:	
Start Date/Time:	3/3/05 14:30	Start Date/Time:	3/3/05 14:30	Start Date/Time:	
Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	
Stop Date/Time:	3/4/05 1430	Stop Date/Time:	3/4/05 1430	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3.5	Stop Pressure: (inches Hg)	-1	Stop Pressure: (inches Hg)	
Sample ID: IA-023-B-01		**Sample ID:** SS-023-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	basement	Basement or Crawl Space?	No	Direction from Building	
Room	Bldg 23 Column 9	Floor Slab Thickness (inches) *[if present]*	4.5"	Distance from Building	
Indoor Air Temp (°F)	74.8°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	6.5"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.4	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.95	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments: Metal fabricating room - Shop

Signature: Derek Van Campen

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/7/05 0845

Preparer's Affiliation EFM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Foster First Name: Dan

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-9945

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT. ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) General Manufacturing

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 3 Building age 85 yrs

Is the building insulated? Y / N UNKNOWN How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's distribute air to each floor separately.

Airflow near source

MINIMAL AIR FLOW FROM FORCED AIR HEAT NEAR COVER

Outdoor air infiltration

No avenues for outside air observed.

Infiltration into air ducts

All duct work appears to be in good condition

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered GC	covered with [illegible] GC	
e. Concrete floor:	unsealed	sealed	sealed with [illegible] GC paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

None - floor in Good Condition

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER FLOR
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

SUPPLY AIR IN RM & DUCTWORK IN GOOD CONDITION - BLOWING COLD AIR

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General manufacturing / offices / maintenance area
1st Floor	manufacturing - office space
2nd Floor	office space
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? UNKNOWN

i. Have cosmetic products been used recently? Y / N When & Type? UNKNOWN

j. Has painting/staining been done in the last 6 months? Y / N Where & When? UNKNOWN

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Cleaners (meth) / contact cements / insecticides

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

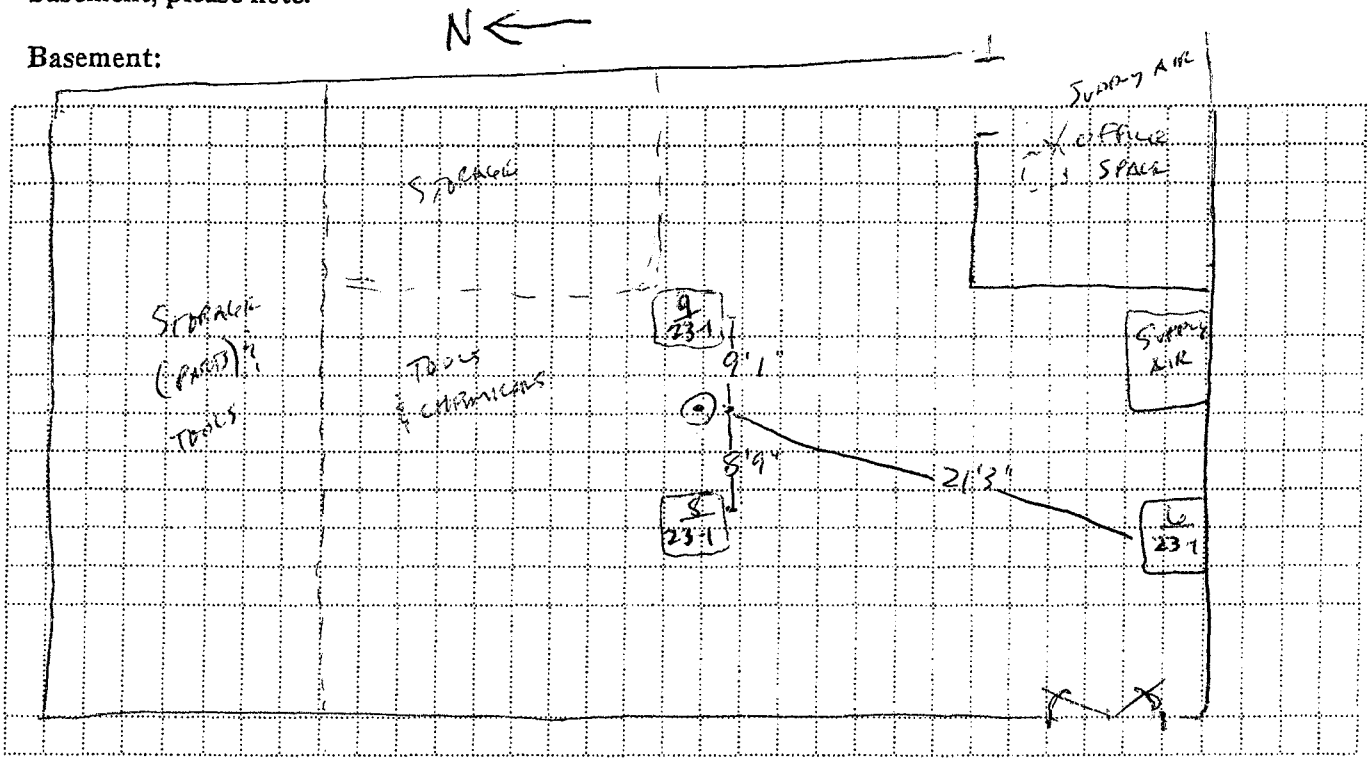
d. Relocation package provided and explained to residents? Y / N

023 - B - 01

11. 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.

Basement:



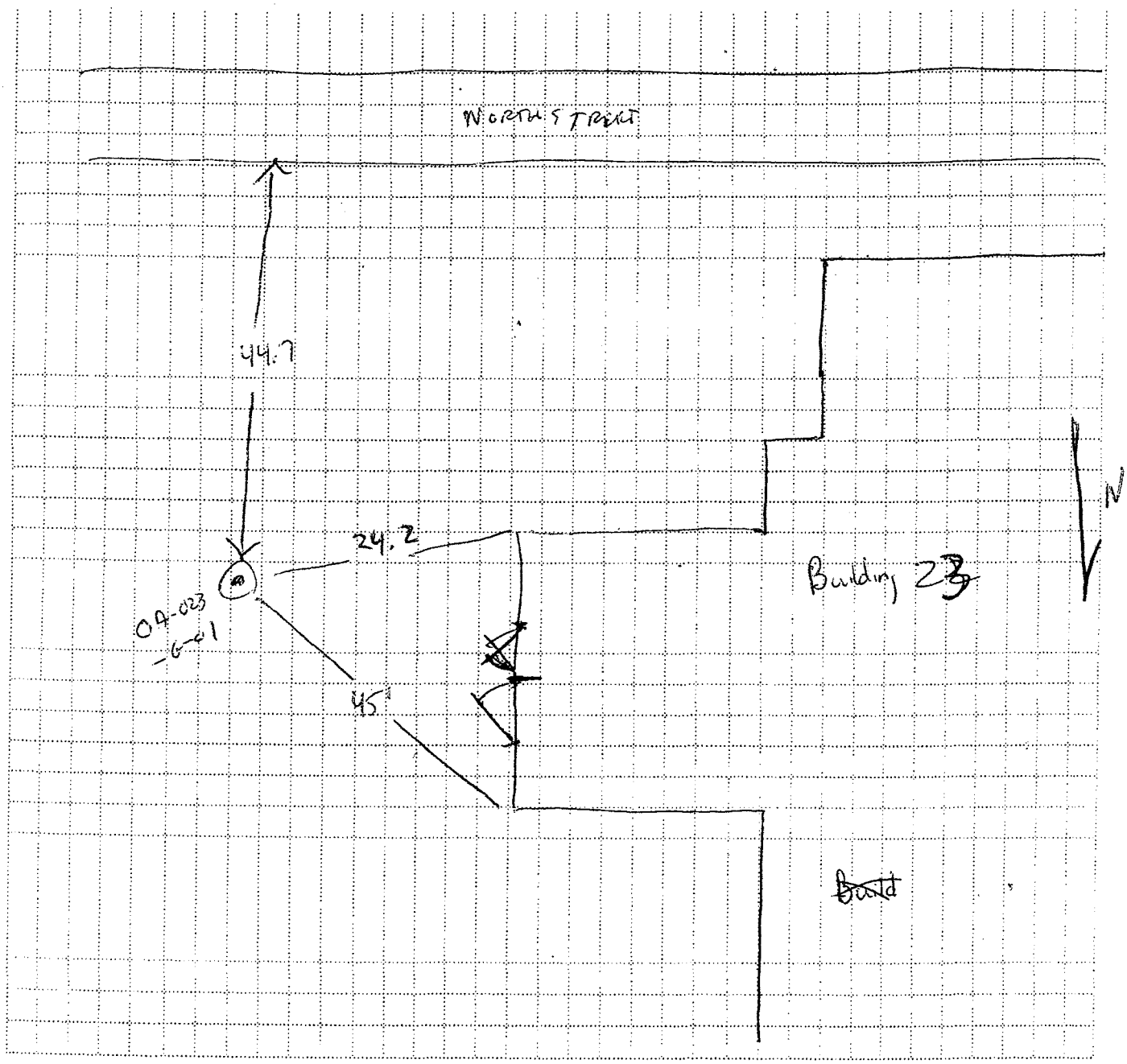
First Floor:

023-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



023 - B - 01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
NEAR COL. 9	DUO KILL INSECTICIDE	16 OZ	U SPRAY CAN	TETRAMETHRIN, METHYL 2, DIMETHYL 3, CYCLOPROPANECARBOXYLATE	0.0	N
BLDG 23	VERTICLOR BOWL CLEANER	1 QT	U	HYDROGEN CHLORIDE, DIMETHYL BENZYL AMMONIUM CHLORIDES, DIMETHYL ETHYL	0.0	N
				BENZYL AMMONIUM CHLORIDES		
	NEVER-SEEZ - ANTI SEEZ	8 OZ	U	NA - NEVER-SEEZ COMPOUND CORP. 2910 S. 16TH AVE	0.0	N
				BROADVIEW, ILL. 60153		
	TRI-FLOW PENETRATING LUBE	18 OZ	U	NA - THOMPSON & FORNBY INC. MEMPHIS TENN 38127	0.0	N
	SOAP	18 OZ	U	NOT LABELED		
	WD - 40	11 OZ	U	STANDARD WD - 40	0.0	N
	VARIOUS OIL DISPENSER	VAR.	U	NOT LABELED	0.0	N
	CANS					
	PIPE THREADER	NA	NA	NA	0.0	N

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 23

OA-023-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Outdoors - Bldg 23	**Collector(s):**	TM, DV, SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Mini Rae 2000	**Building No:**	023

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	12953
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	03-61
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/3/05 | 14:43
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-28
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	03/04/05 / 1443
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-3.5 in Hg
Sample ID:		**Sample ID:**		**Sample ID:**	OA-023-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	A
Story/Level		Basement or Crawl Space?		Direction from Building	South
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	24.2'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	54"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	44.7'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	No
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	No
—		Duplicate Sample?			
—				—	

Comments:

Signature: [signature]

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-29-05 1435

Preparer's Affiliation ERM Phone No. 315-445-2551

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Foster First Name: Dan

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-9945

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Maintenance Area

Does it include residences (i.e. multi-use)? Y / N If yes, how many? N/A

Other characteristics:

Number of floors 3 Building age 85

Is the building insulated? Y / N Unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

~~N/A~~ Outside Air Sample

Outdoor air infiltration

Outside Air Sample

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with paint	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

NA

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other Building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

NA

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	maintenance area - office space
1st Floor	manufacturing - office space
2nd Floor	office space
3rd Floor	—
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? sample location

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Cleaners - contact cements - insecticides

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

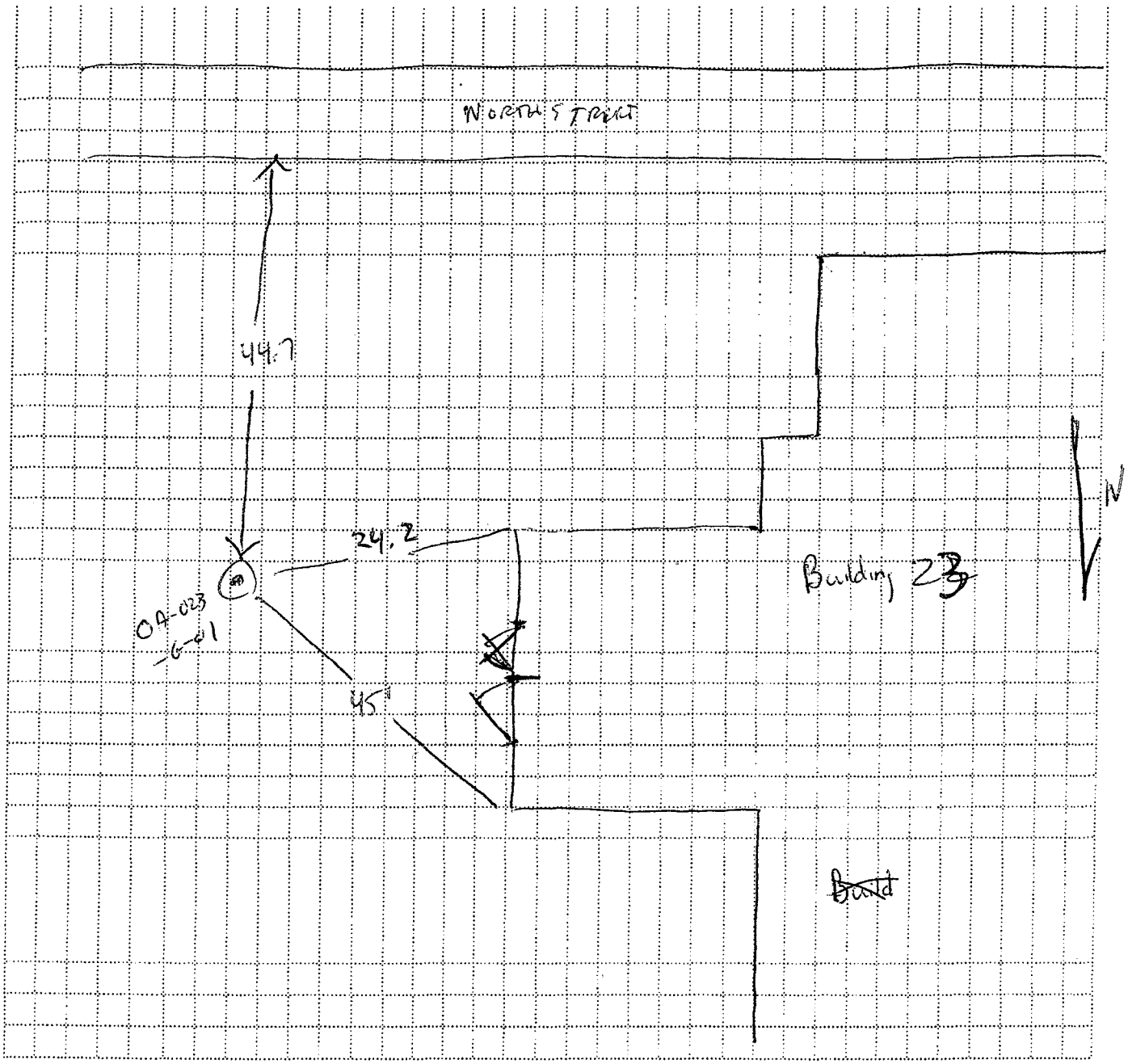
First Floor:

023-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



023-G-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
OUTDOORS	NONE	NA	NA	NA	NA	N
EAST SIDE OF						
BLDG. 23						

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

Box.
025

Col. 18

SS-025-B-01
IA-025-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 025 col. 18/mechanical room	Collector(s):	TM, DV, SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Thermo 580B-33689-245	Building No:	025

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	4032	Canister Serial No.:	32112	Canister Serial No.:	
Flow Controller Id No:	03-82	Flow Controller Id No:	45-20	Flow Controller Id No:	
Start Date/Time:	3/7/5 1331	Start Date/Time:	3/7/5 1331	Start Date/Time:	
Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg)	
Stop Date/Time:	3/8/05 1517 ~~-3.0~~	Stop Date/Time:	3/8/05 1517 ~~-1.0~~	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3.0	Stop Pressure: (inches Hg)	-1.0	Stop Pressure: (inches Hg)	
Sample ID: IA-025-B-01		**Sample ID:** SS-025-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	basement	Basement or Crawl Space?	basement	Direction from Building	
Room		Floor Slab Thickness (inches) *[if present]*	7"	Distance from Building	
Indoor Air Temp (°F)	72.7°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	9"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	4.6	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.42	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
		Duplicate Sample?	No		

Comments: IA right near cold air return vents

Signature: S Schuchart

025-B-01

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combs Date/Time Prepared 3/7/05 1320

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

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

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Motor Endicott, NY

County: Broome

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) General Manuf.

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 3 Building age_____

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's distribute air to each floor separately

Airflow near source

MINIMAL AIR FLOW NEAR SOURCE LARGE AIR MOVING UNIT NEAR SAMPLE

Outdoor air infiltration

No avenues to outside air observed

Infiltration into air ducts

Ducts in good condition

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

None - floor in good condition

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Stream radiation P	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

where IA is — in this room SS

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

DUCTWORK IN GOOD CONDITION - NO APPARENT LEAKS

DUCTWORK ILLUSTRATED ON FLOOR PLAN

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manny.
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. **Is there an attached garage?** Y / (N)

b. **Does the garage have a separate heating unit?** Y / N / (NA)

c. **Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)** Y / N / (NA) Please specify_____

d. **Has the building ever had a fire?** Y / (N) When?_____

e. **Is a kerosene or unvented gas space heater present?** Y / (N) Where?_____

f. **Is there a workshop or hobby/craft area?** Y / (N) Where & Type?_____

g. **Is there smoking in the building?** Y / (N) How frequently?_____

h. **Have cleaning products been used recently?** Y / N When & Type? unknown

i. **Have cosmetic products been used recently?** Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

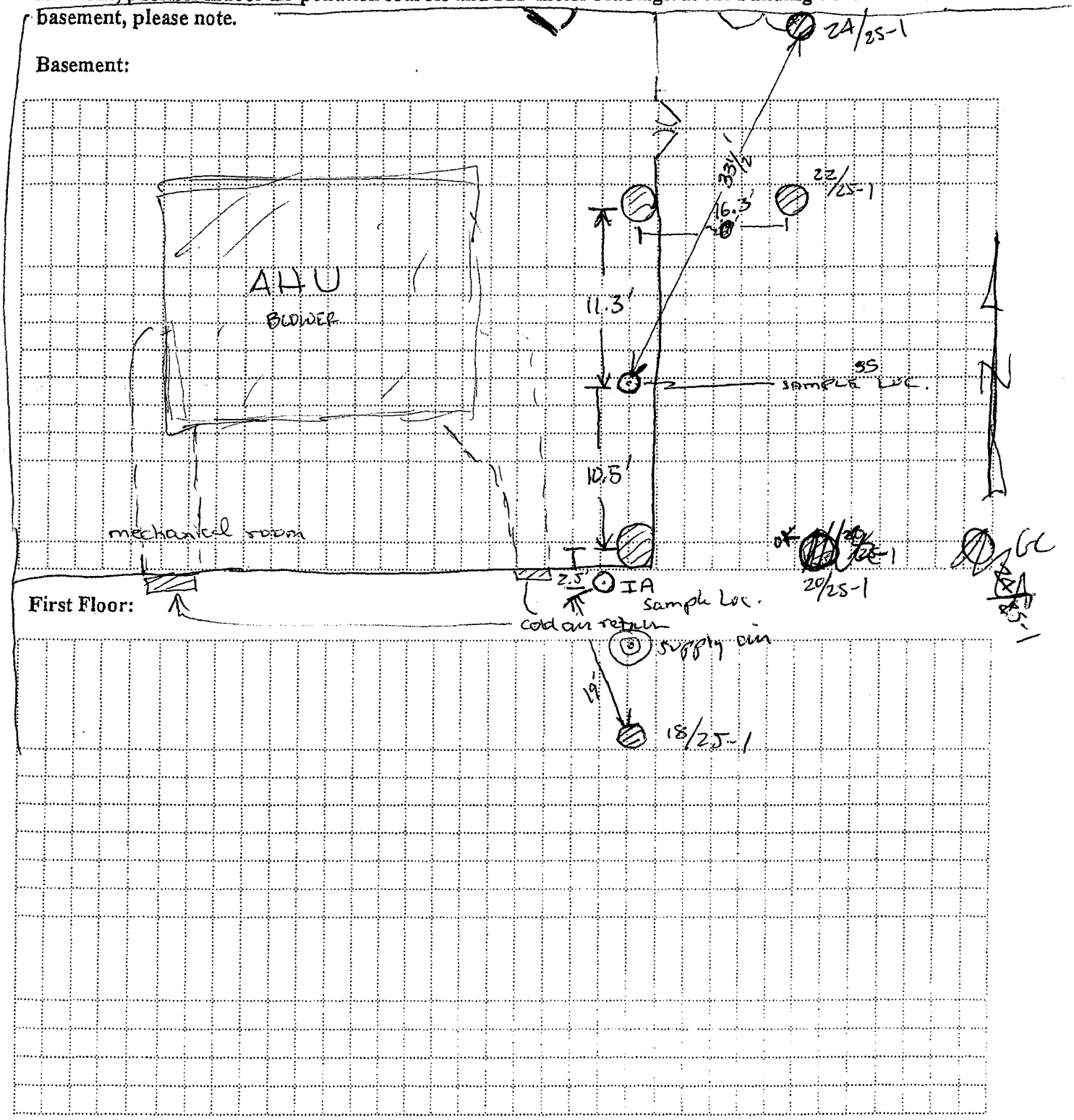
d. Relocation package provided and explained to residents? Y / N

025-B-01

11. 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.

Basement:

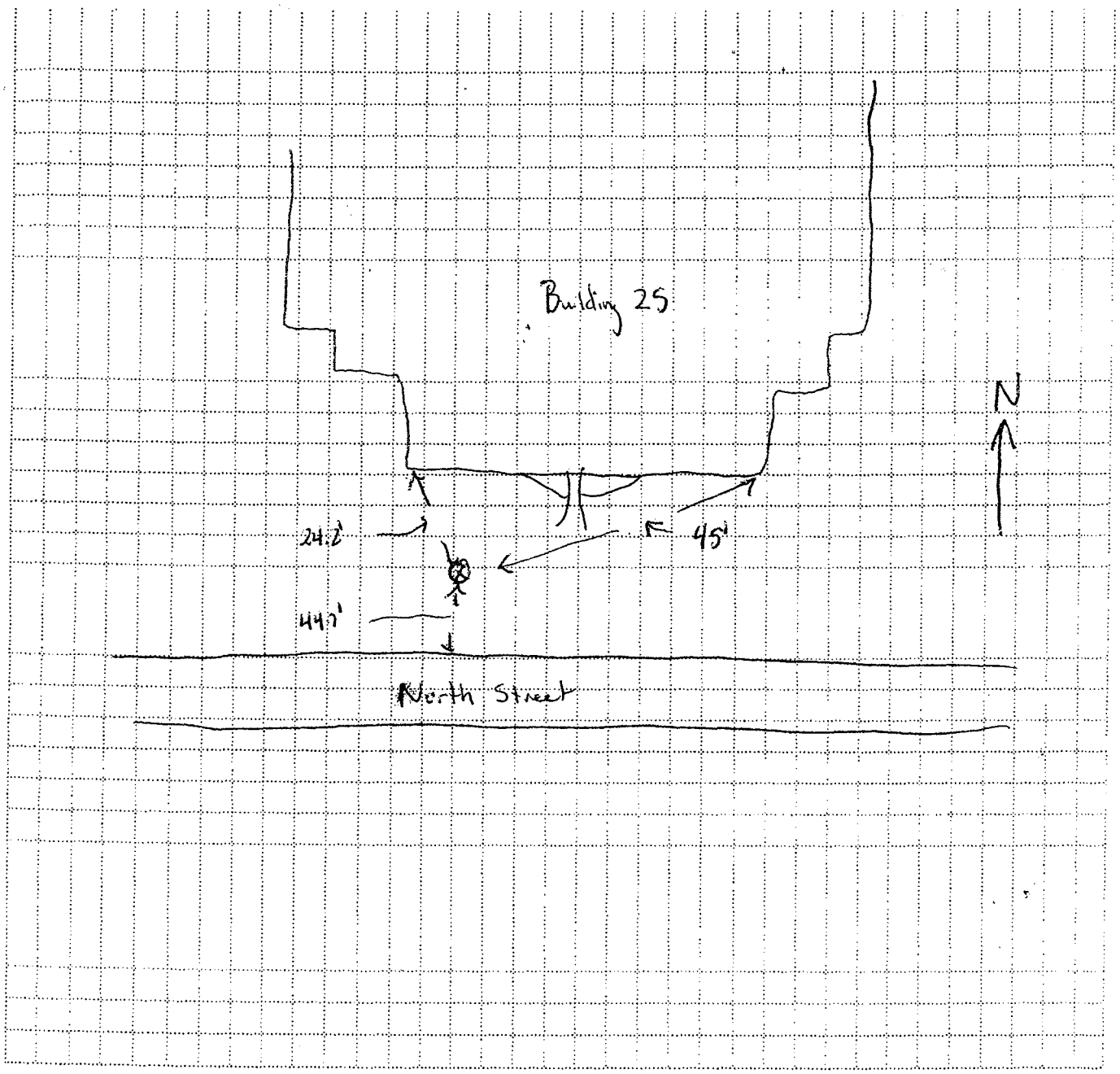


OA- 025-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



~~Thermo~~ ~~OSI~~ 025-B-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Thermo

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
025-B-01	NONE	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 25

OA-25-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 025	**Collector(s):**	TM, DV, SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Thermo 580B-33689-245	**Building No:**	025

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	D2245
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	03-43
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/7/05 1351
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-29
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/8/05 1351
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-2.0
Sample ID:		**Sample ID:**		**Sample ID:**	OA-025-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	North
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	24.2'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	48"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	44.7'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	NO
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	NO
		Duplicate Sample?			

Comments:

Signature: S. Schuchart

OSR – 3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Shannon Schuchart Date/Time Prepared 3/17/05 1345

Preparer's Affiliation ERM Phone No. 315 445 2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

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

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

Interviewed: Y / N

Last Name: Ketchuch First Name: Jim

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 0073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N If yes, how many? NA

Other characteristics:

Number of floors NA Building age NA

Is the building insulated? Y / N NA How air tight? Tight / Average / Not Tight NA

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

NA

Airflow near source

Outdoor air infiltration

Infiltration into air ducts

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

NA

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

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

_____

_____

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)

~~Hot air circulation~~	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N NA

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.

_____

_____

_____

_____

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type?_____

i. Have cosmetic products been used recently? Y / N When & Type?_____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? NA

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

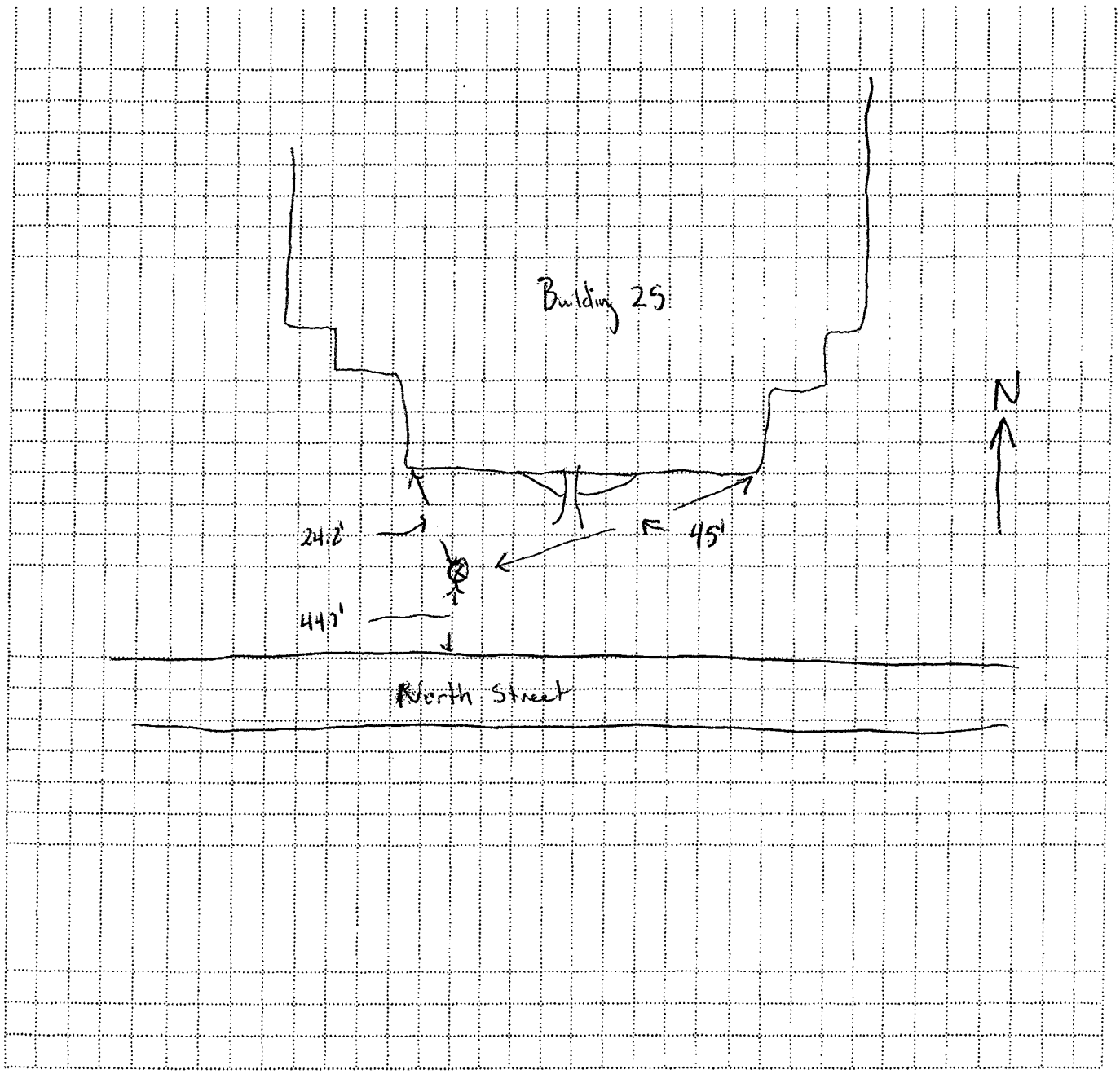
First Floor:

OA- 025-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Describe the condition of the product containers as **Unopened (UO)**, Used (U), or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 28

COL. 23

SS-028-B-01

FA-028-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 28 Col. 23	Collector(s):	TM, DV, SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Thermo 580B - 33689 - 245	Building No:	028

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34732	Canister Serial No.:	33989	Canister Serial No.:	
Flow Controller Id No:	03-44	Flow Controller Id No:	103-47	Flow Controller Id No:	
Start Date/Time:	3/7/05 1015	Start Date/Time:	3/7/05 1115	Start Date/Time:	
Start Pressure: (inches Hg)	-27	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	3/8/05 1140	Stop Date/Time:	3/8/05 1140	Stop Date/Time:	
Stop Pressure: (inches Hg)	Ø	Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	
Sample ID: IA-028-B-01		**Sample ID:** SS-028-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	basement.	Basement or Crawl Space?	basement	Direction from Building	
Room	lazer radiation col 23	Floor Slab Thickness (inches) *[if present]*	9"	Distance from Building	
Indoor Air Temp (°F)	71.4°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	11"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.1	PID Reading (ppm)	10.0 (SS)	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.55	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
		Duplicate Sample?	No		

Comments:

Signature: Todd L Marsh

028-B-01

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/7/05 1115

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Sedlak First Name: Mark

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-2015

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

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) GENERAL MANUF.

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? N/A

Other characteristics:

Number of floors 4 Building age 68 yrs

Is the building insulated? Y / N ? unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's deliver air to each floor separately

Airflow near source

DRAFTY - AIR FLOW FROM SUPPLY AIR VENTS IN VARIOUS LOCATIONS THROUGHOUT ROOM & NEAR SAMPLE LOCATIONS

Outdoor air infiltration

No avenues to outside air

Infiltration into air ducts

Cold air return approx. 10' west of location

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

NONE - floor in Good Condition

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BUIL
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

AIR SUPPLY & RETURN VENTS ~~[illegible]~~ EXPOSED IN DROP ~~[illegible]~~ CEILING @ ~ 8' HEIGHT ARE IN VARIOUS LOCATIONS THROUGHOUT SAMPLE ROOM & IN GOOD CONDITION

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manufacturing
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

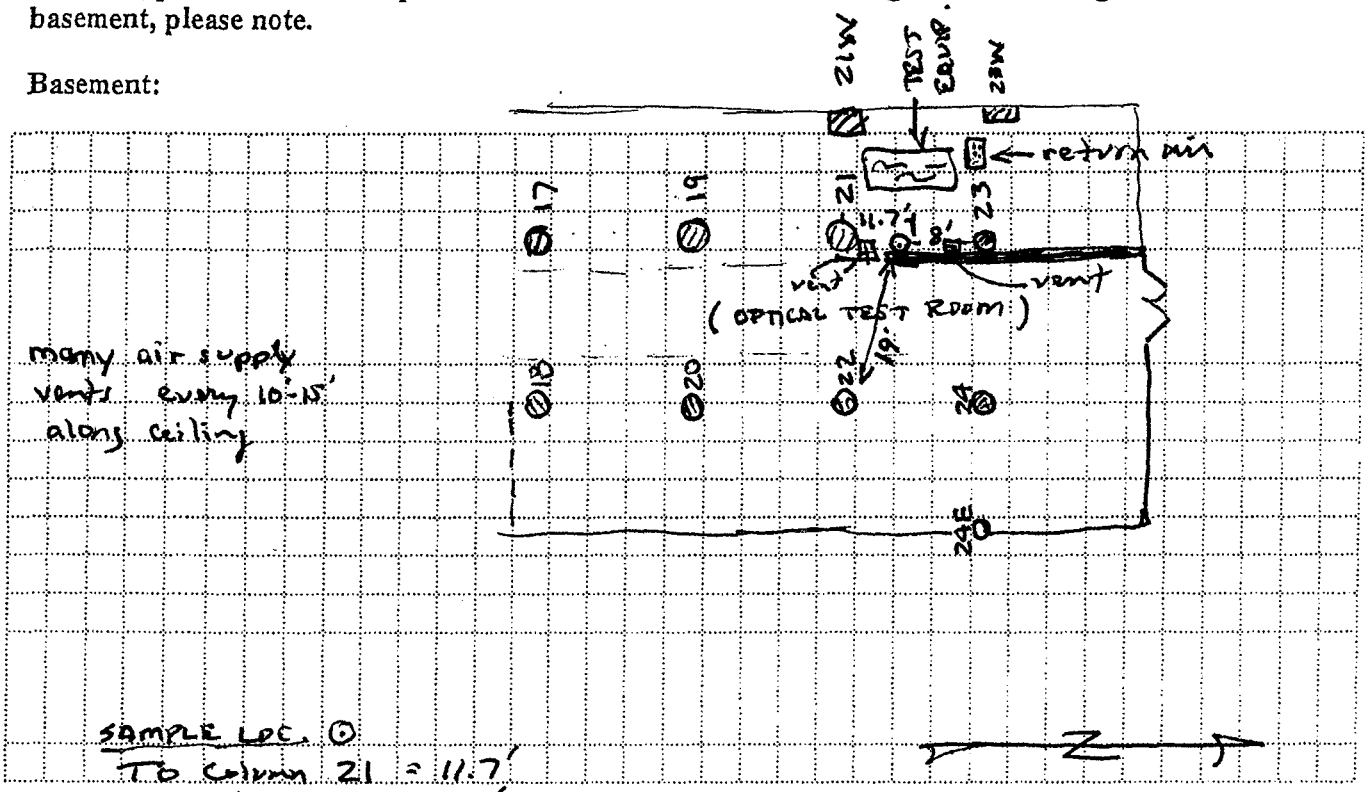
d. Relocation package provided and explained to residents? Y / N

028-B-01

11. 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.

Basement:

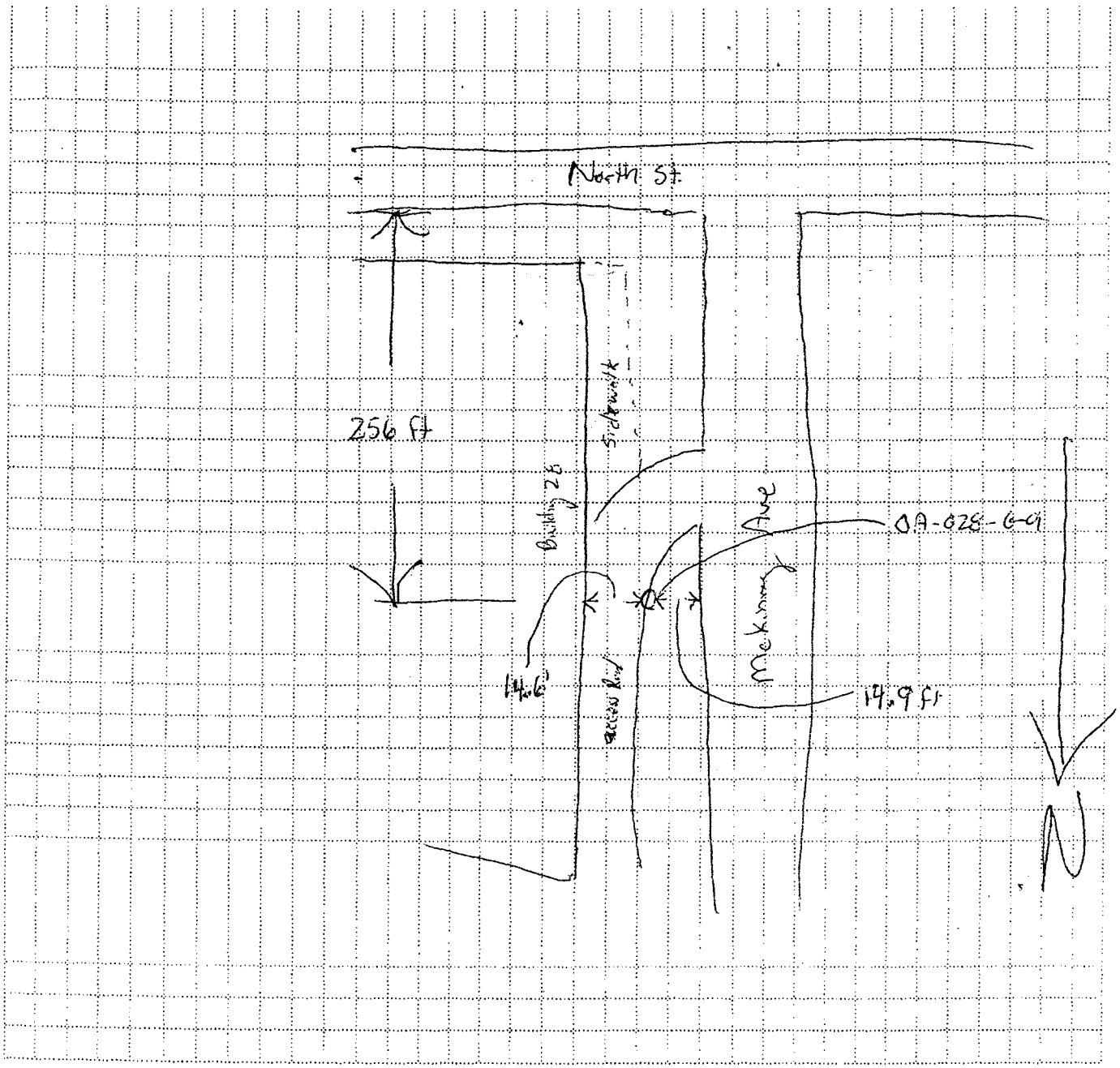


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: THERMO 580-B

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
BLDG 28	WINDEX	32 oz	U	STANDARD WINDEX	0.0	N
Rm LASER EXPERIMENT	MAGIC MARKERS / SHARPIES	NA	U	STANDARD MARKERS	0.1 In Rm	N
	THROUGHOUT Rm					
NA	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 28

OA-028-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 028, McKinnley St. near bridge	Collector(s):	TM, DV, SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Thermo 580B - 33689 - 245	Building No:	028

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	13661
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	10203
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/7/05 1131
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-26
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/8/05 1140
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-2
Sample ID:		**Sample ID:**		**Sample ID:**	OA-028-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	west
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	14.6'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	40"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	14.9'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	NO
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	NO
—		Duplicate Sample?			
—				—	

Comments:

Signature: Todd L Marsh

OSR – 3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Shannon Schuchart Date/Time Prepared 3/17/05 1420

Preparer's Affiliation ERM Phone No. 315 445 2554

Purpose of Investigation Huron Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Sedlak First Name: Mark

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-2615

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 6073

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)

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

NA

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) _____

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors_____ Building age_____

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

_____

_____

_____

Airflow near source

_____

_____

_____

Outdoor air infiltration

_____

_____

_____

Infiltration into air ducts

_____

_____

_____

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

NA

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

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

_____

_____

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N NA

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.

_____

_____

_____

_____

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? _____

i. Have cosmetic products been used recently? Y / N When & Type? _____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? NA

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

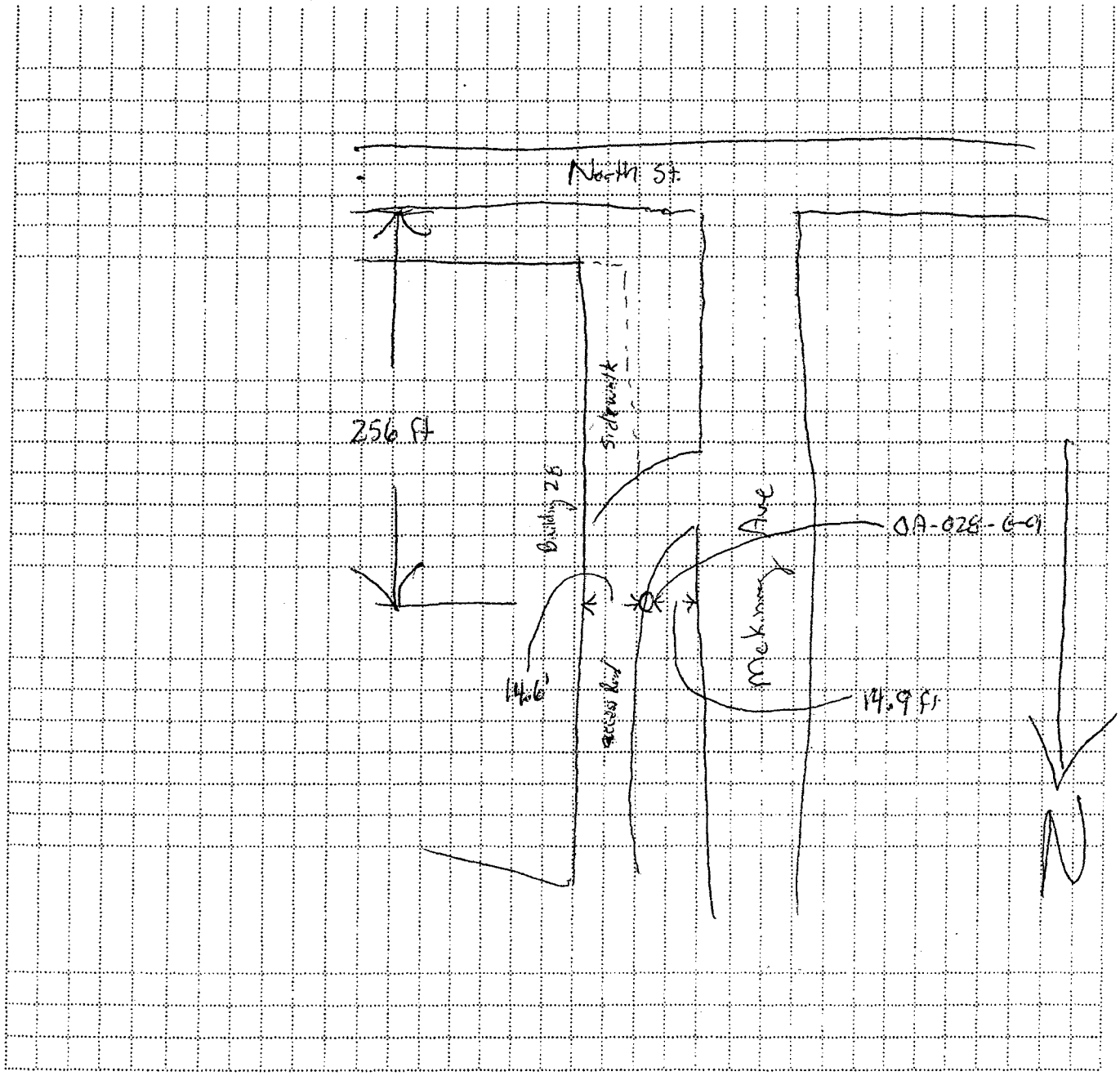
Basement:

First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 29

BULB STORAGE AREA

IA-029-1-01

SS-029-1-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Light Bulb Storage Room	Collector(s):	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	Mini Rae 2000 110-005859	Building No:	29

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33935	Canister Serial No.:	12716	Canister Serial No.:	NA
Flow Controller Id No:	03-78	Flow Controller Id No:	103-25	Flow Controller Id No:	
Start Date/Time:	02/23/05 / 1609	Start Date/Time:	02/23/05 / 1609	Start Date/Time:	
Start Pressure: (inches Hg)	-30+	Start Pressure: (inches Hg)	-30+	Start Pressure: (inches Hg)	
Stop Date/Time:	2/24/05 / 1609	Stop Date/Time:	2/24/05 / 1609	Stop Date/Time:	
Stop Pressure: (inches Hg)	-12-in	Stop Pressure: (inches Hg)	-10-in	Stop Pressure: (inches Hg)	
Sample ID: IA-029-1-01		**Sample ID:** SS-029-1-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)		Sample Category ID: (AA)	NA
Story/Level	first floor	Basement or Crawl Space?	NA	Direction from Building	
Room	Light Bulb Supply	Floor Slab Thickness (inches) *[if present]*	6"	Distance from Building	
Indoor Air Temp (°F)	49°F	Potential Vapor Entry Points Observed?	floor grates throughout	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	49"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-7"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.975	Noticeable Odor?	None	Noticeable Odor?	
Duplicate Sample?	Yes	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	Yes		

Comments:

02-24-05 vacuum @ 0811 IA 029-1-01 -20 In Hg check valve if was open
SS-029-1-01 -17 In Hg

Signature: Todd L Marsh

029-1-01

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/28/04 1030

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Cronin First Name: Joe

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 7205

Number of Occupants/persons at this location 50± Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) storage

Does it include residences (i.e. multi-use)? Y / N If yes, how many? NA

Other characteristics:

Number of floors 1 Building age 72 yrs.

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

Pathways above sample location through ceiling

Airflow near source

DRAFTY - UNHEATED

Outdoor air infiltration

Several points of active entry.

Infiltration into air ducts

~~None~~ No infiltration points observed.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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 Brick
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?	Y / N			
k. Water in sump?	Y / N / not applicable unknown			

Basement/Lowest level depth below grade: 0 (feet)

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

Floor Drains Near (w/in 10') of ~~Sump~~ Sample Location

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)

DOES NOT APPEAR TO BE HEATED AT THIS LOCATION

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

OLD NON-FUNCTIONING FURNACE 10' from SAMPLE LOCATION

ACTIVE STEAM VENT 15'4" from SAMPLE LOCATION

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	STORAGE
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage?	Y / N	
b. Does the garage have a separate heating unit?	Y / N / NA	
c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)	Y / N / NA	Please specify
d. Has the building ever had a fire?	Y / N	When?
e. Is a kerosene or unvented gas space heater present?	Y / N	Where?
f. Is there a workshop or hobby/craft area?	Y / N	Where & Type?
g. Is there smoking in the building?	Y / N	How frequently?
h. Have cleaning products been used recently?	Y / N	When & Type? unknown
i. Have cosmetic products been used recently?	Y / N	When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.) ?

If yes, what types of solvents are used? NA

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

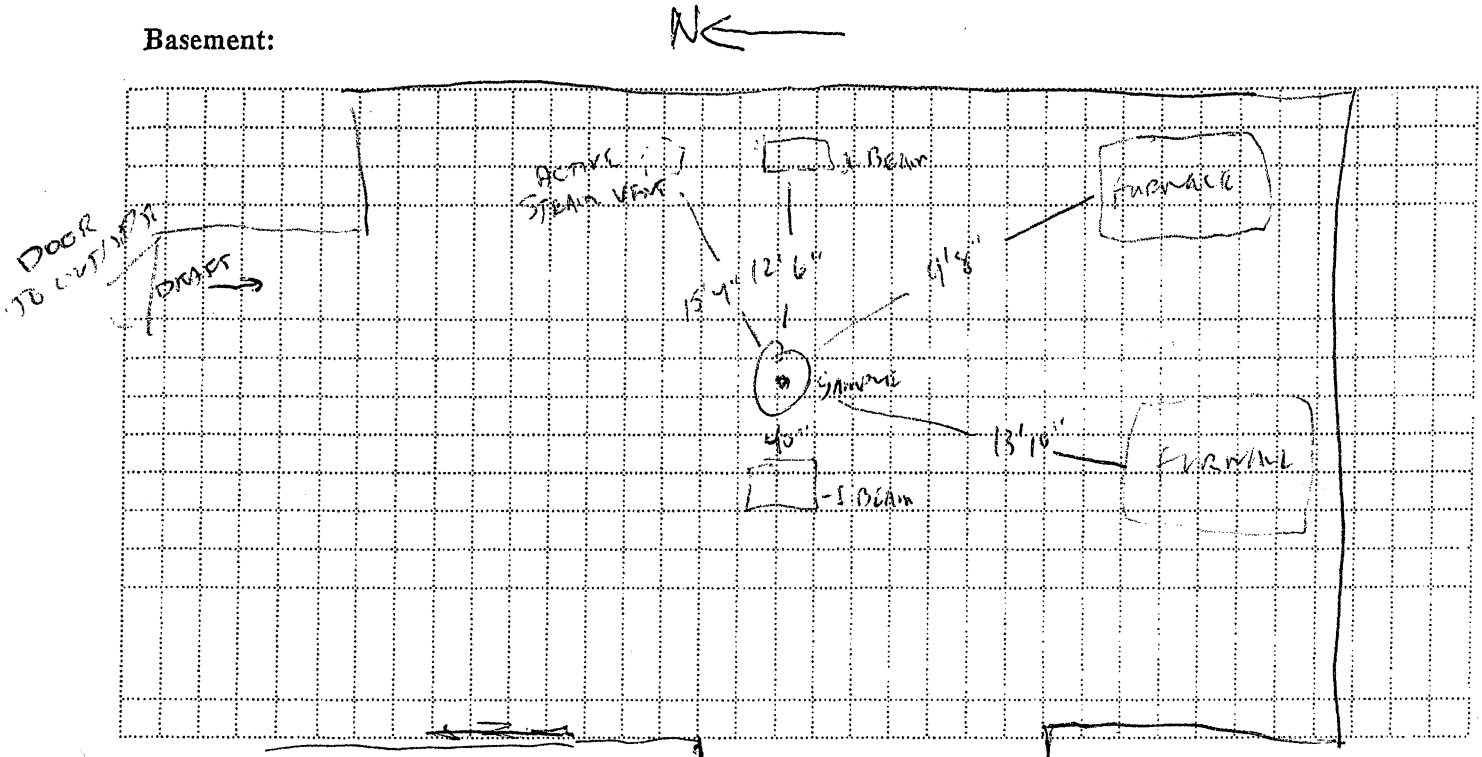
d. Relocation package provided and explained to residents? Y / N

029-1-01

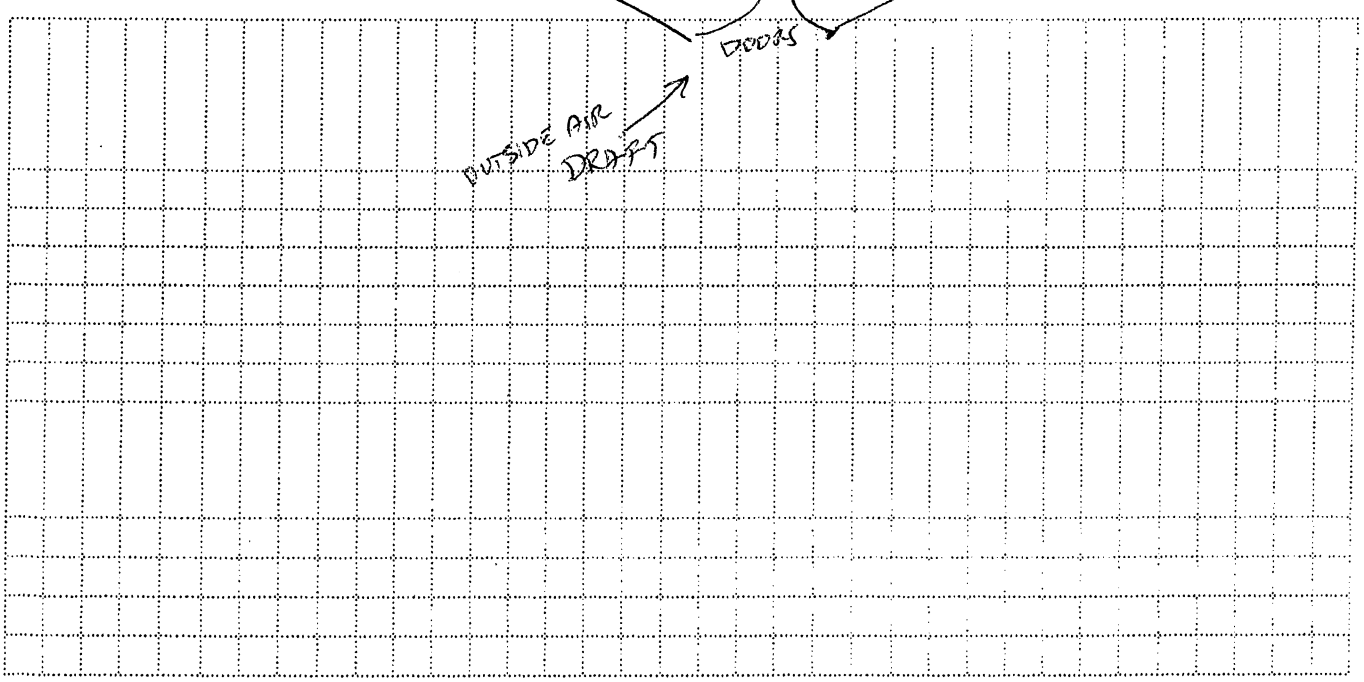
11. FLOOR PLANS

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.

Basement:



First Floor:

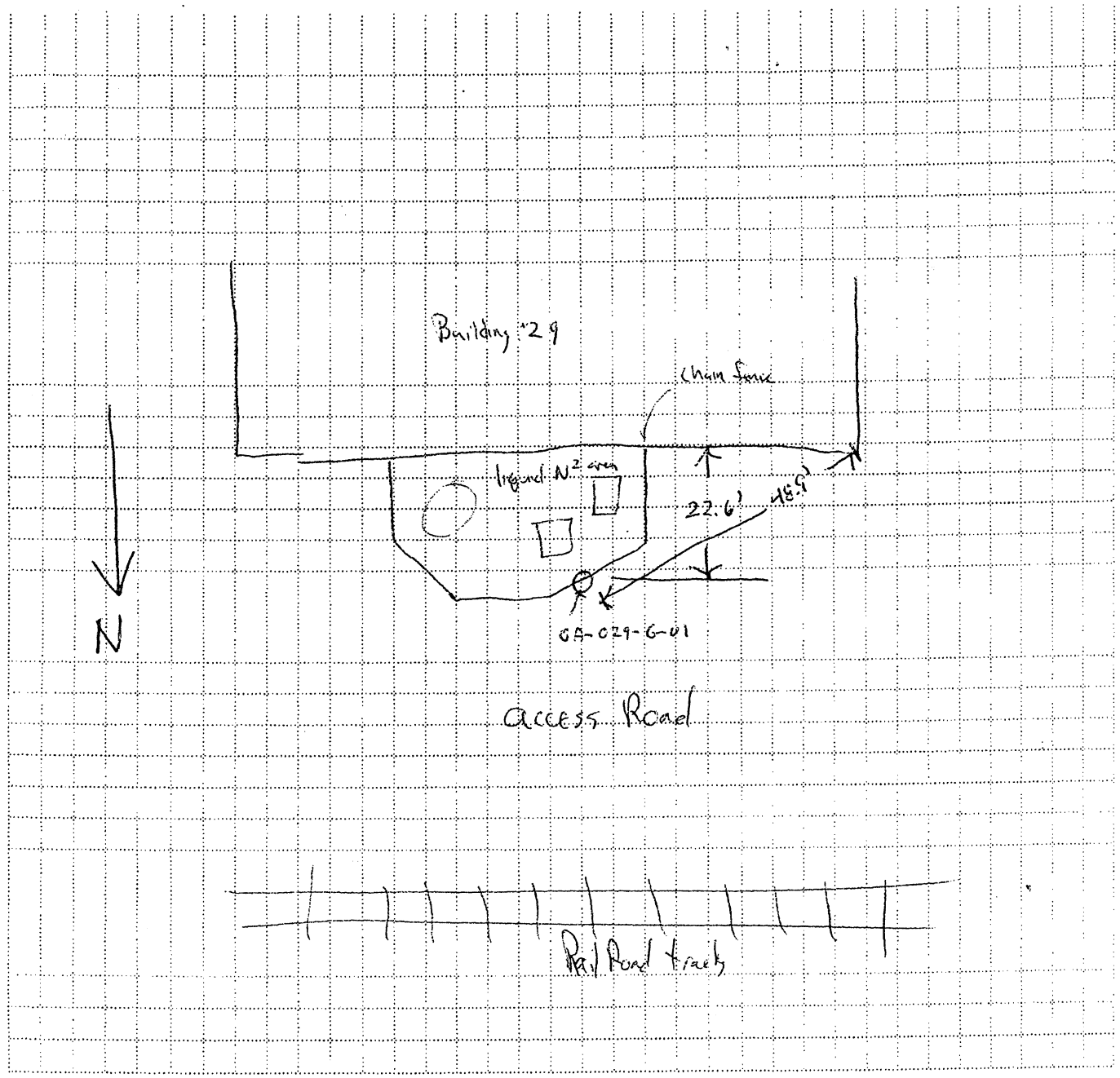


OA-029-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



BLDG 29

OA-029-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	NW CORNER BUILDING 29	**Collector(s):**	DJ
Address:	Huron Campus, Endicott NY		TM
PID Meter Used: (Model, Serial #)	MINIRAE	**Building No:**	029

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	NA	Canister Serial No.:	NA	Canister Serial No.:	20950
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	54-16
Start Date/Time:		Start Date/Time:		Start Date/Time:	02/23/05 / 1615
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-29
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	2/24/05 / 1625
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	0 -ur
Sample ID:		**Sample ID:**		**Sample ID:**	OA-029-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	NA	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	OA
Story/Level		Basement or Crawl Space?		Direction from Building	NW SIDE OF BUILD
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	24'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	48"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	TEFLON
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.) Dual Rd.	15'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	NONE
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	NA
—		Duplicate Sample?		—	

Comments:

02-24-05 0813 -9.5 In Hg

Signature: Todd L Mank

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Shannon Schuchart Date/Time Prepared 3/16/05 1710

Preparer's Affiliation ERM Phone No. 315 445 2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Cronin First Name: Joe

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 7205

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

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

Interviewed: (Y) / N

Last Name: Ketchuck First Name: Jim

Address: Huron mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 6073

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

NA

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) _____

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors_____ Building age_____

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

_____

_____

_____

Airflow near source

_____

_____

_____

Outdoor air infiltration

_____

_____

_____

Infiltration into air ducts

_____

_____

_____

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

NA

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

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

_____

_____

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N N/A

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.

_____

_____

_____

_____

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? _____

i. Have cosmetic products been used recently? Y / N When & Type? _____

NA

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

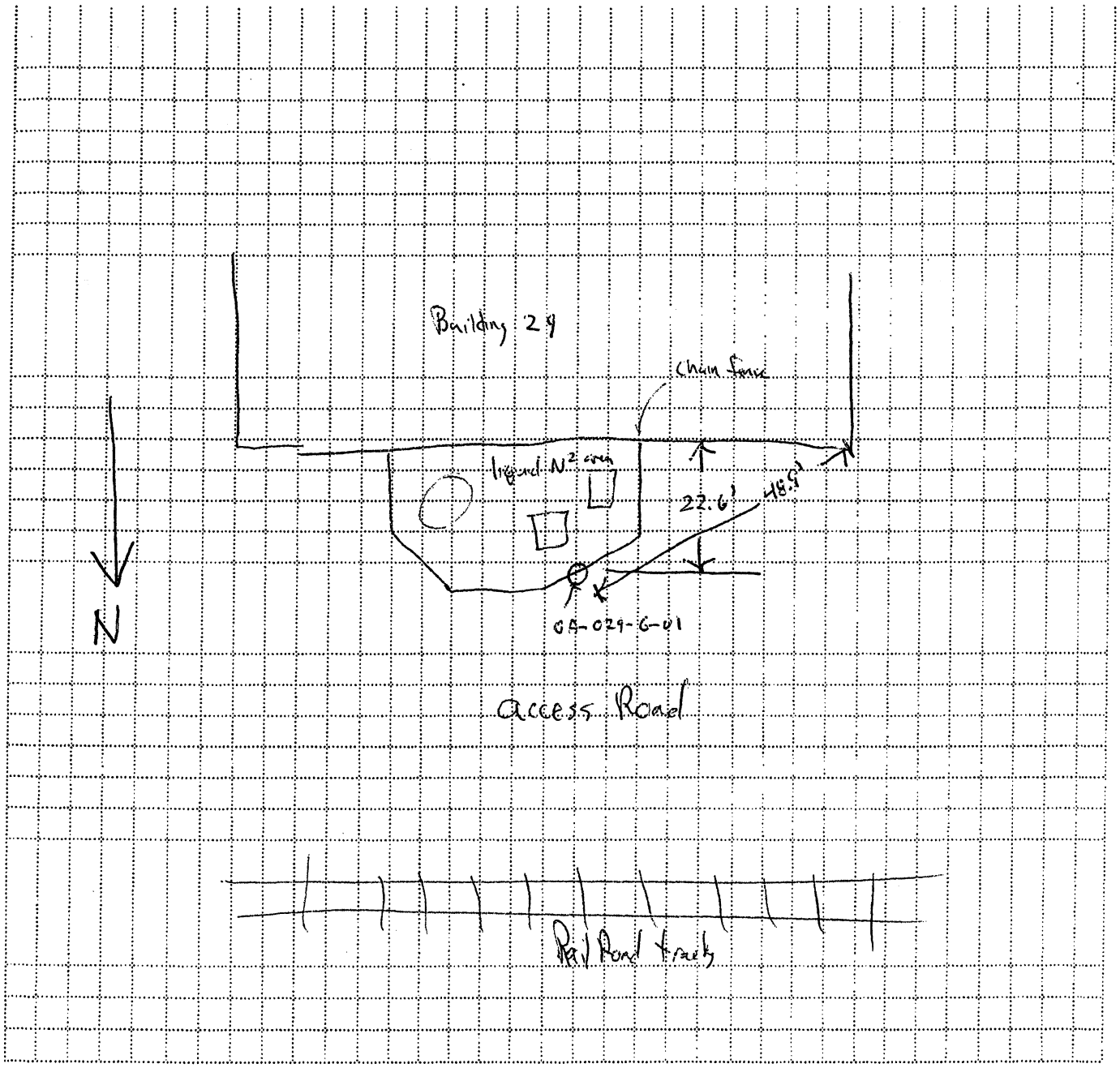
First Floor:

OA-029-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



029-6-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
near Location		N/A	N/A	none	0.0	N/A

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 29
SS-DUP022305-01
IA-DUP022305-02

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	LIGHT BULB STORAGE BUDGT 29	Collector(s):	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	MWI RAE 2000	Building No:	29

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	14880	Canister Serial No.:	34437	Canister Serial No.:	NA
Flow Controller Id No:	03-83	Flow Controller Id No:	100-16	Flow Controller Id No:	
Start Date/Time:	02/23/05 / 1609	Start Date/Time:	02/23/05 / 1609	Start Date/Time:	
Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	-26	Start Pressure: (inches Hg)	
Stop Date/Time:	2/24/05 / 1619	Stop Date/Time:	2/24/05 / 1619	Stop Date/Time:	
Stop Pressure: (inches Hg)	-5 in	Stop Pressure: (inches Hg)	0	Stop Pressure: (inches Hg)	
Sample ID: IA-DUP022305-02		**Sample ID:** SS-DUP022305-02		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)		Sample Category ID: (AA)	NA
Story/Level	FIRST FLOOR	Basement or Crawl Space?	NA	Direction from Building	
Room	LIGHT BULB SUPPLY	Floor Slab Thickness (inches) *[if present]*	6"	Distance from Building	
Indoor Air Temp (°F)	48°F	Potential Vapor Entry Points Observed?	FLOOR DRAINS & GRATES	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	49"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-7"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.975	Noticeable Odor?	NONE	Noticeable Odor?	
Duplicate Sample?	YES	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	YES		

Comments:

02-24-05 vacuum 0911 IA DUP022305-02 -11 In Hg
SS-DUP022305-01 -8 In Hg

Signature: Todd L Marsh

BLDG 32

CLASS ROOM CODE

SS-032-B-02 B01

FA-032-B-02 B01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Beneath Stairs Near T004 Bldg 32	**Collector(s):**	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	Minirae 2000 110 - 005 859	**Building No:**	32

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	05361	Canister Serial No.:	32110	Canister Serial No.:	NA
Flow Controller Id No:	55-34	Flow Controller Id No:	110-05	Flow Controller Id No:	
Start Date/Time:	02/28/05 / 1452	Start Date/Time:	02/28/05 / 1452	Start Date/Time:	
Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	3/1/05 1745	Stop Date/Time:	3/1/05 / 1745	Stop Date/Time:	
Stop Pressure: (inches Hg)	0	Stop Pressure: (inches Hg)	0	Stop Pressure: (inches Hg)	
Sample ID: IA-032-B-~~02~~ 1		**Sample ID:** SS-032-B-~~02~~ 1		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3…)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	T004	Floor Slab Thickness (inches) *[if present]*	3"	Distance from Building	
Indoor Air Temp (°F)	68.5°F	Potential Vapor Entry Points Observed?	Small cracks in ~~None~~ DV concrete floor	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	Paint fumes	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-5"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	2.9	PID Reading (ppm)	~~2.9~~ DV .5	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.85	Noticeable Odor?	Paint fumes in Rm.	Noticeable Odor?	
Duplicate Sample?	None	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

Hallway painted recently - smells of paint

Signature: [signature]

OSR – 3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/1/05 0910

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Shea First Name: Patty

Address: Huron

County: Broome

Home Phone: N/A Office Phone: 607-755-3516

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT, ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N (N circled) If yes, how many? NA

Other characteristics:

Number of floors ~~5~~ 4 Building age 85 yrs

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight (Tight circled)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's distribute air to each floor separately

Airflow near source

MINIMAL AIR FLOW - SMALL RUN BENEATH STAIRS

Outdoor air infiltration

No avenues to outside air

Infiltration into air ducts

No ductwork observed

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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 paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Minor Cracks in Concrete floor

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

No Ductwork - Hot water Radiant Heat

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Office and Class room space
1st Floor	Office Space
2nd Floor	" "
3rd Floor	" "
4th Floor	" "

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type?

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? General Cleaning agents

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

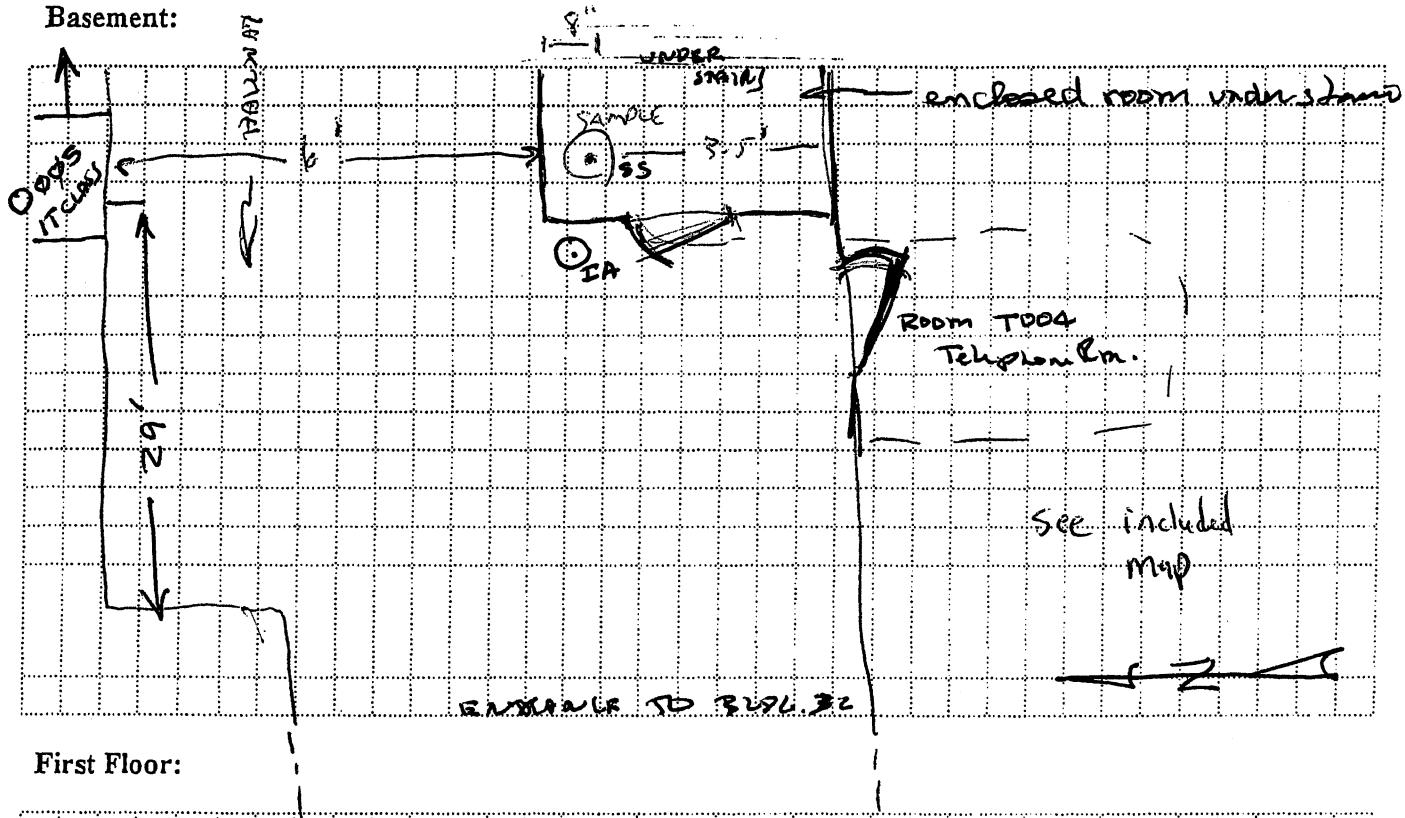
032 - B - 02

11. 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.

032-B-02

Basement:



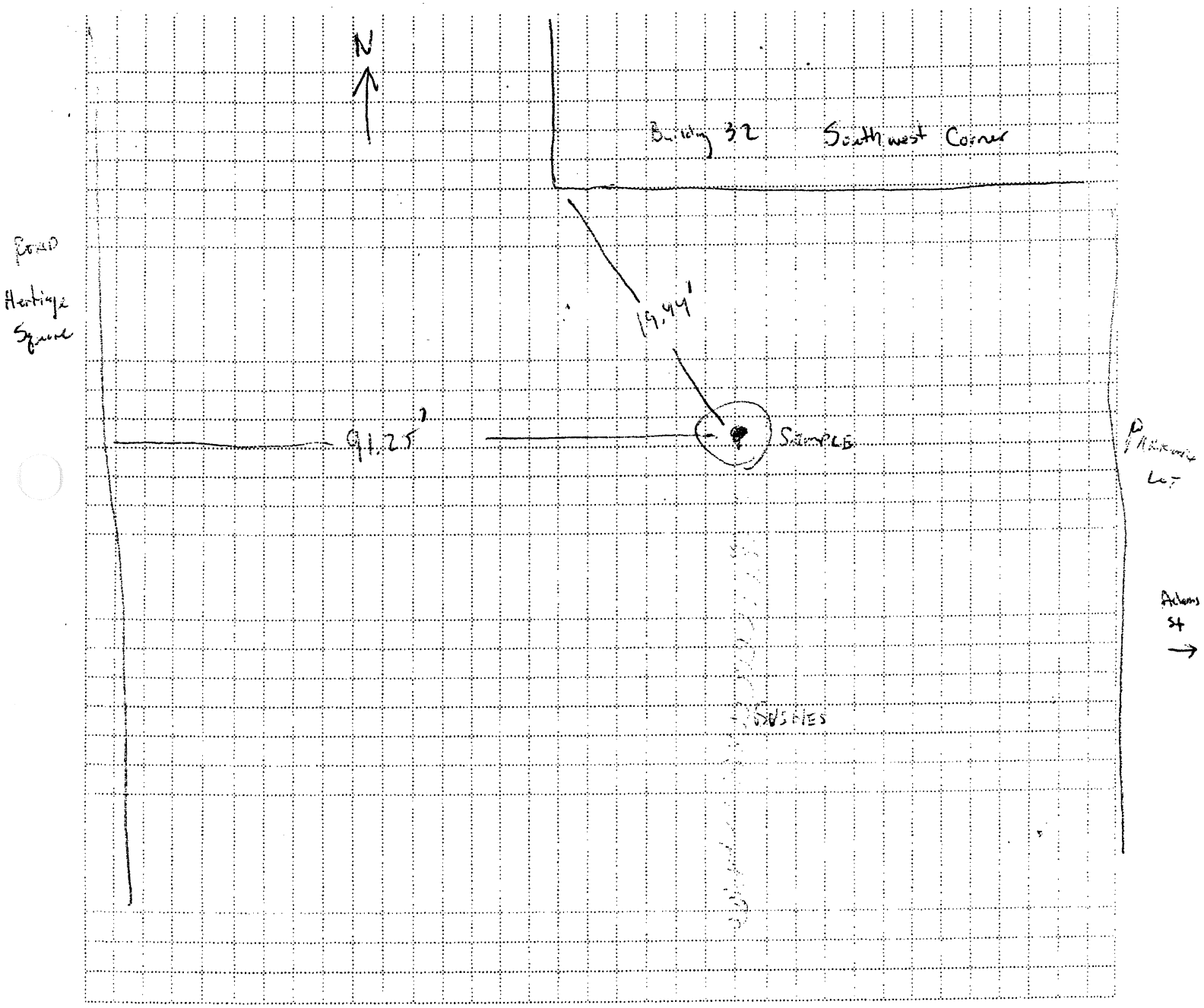
First Floor:

032-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



032 - B - 02

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini RAE

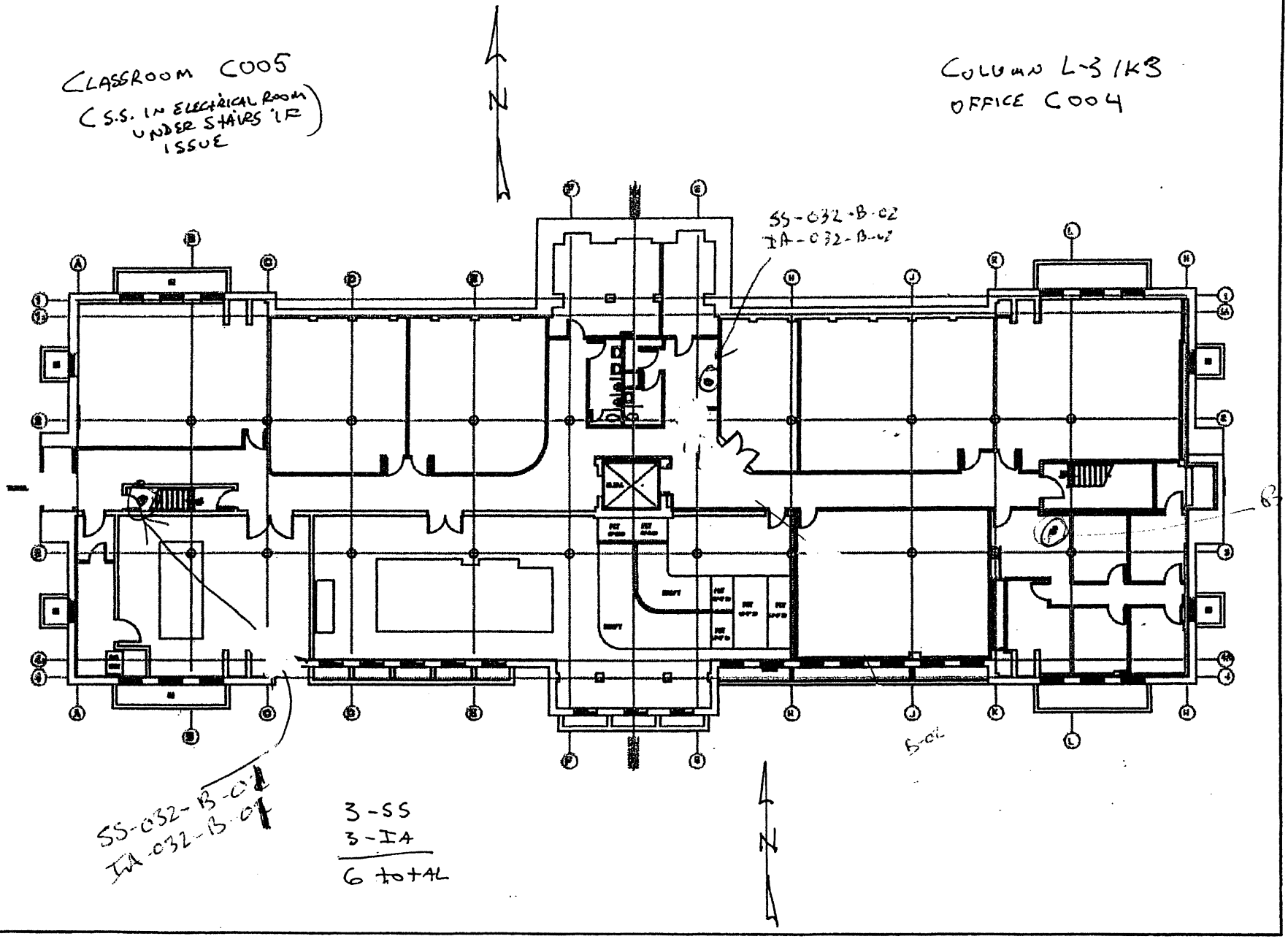
List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

CLASSROOM C005
(S.S. IN ELECTRICAL ROOM UNDER STAIRS 1F ISSUE)

COLUMN L-3 / K3
OFFICE C004



3 - SS
3 - IA
6 total

Bld 32

SS-032-B-03
IA-032-B-03

Building 32 Floor 1

HURON

BLDG. 32

OFFICE COOLY

SS-032-B-02

IA-032-B-02

32-B03 - SS - 2

IA - 2 1749

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Office C004	**Collector(s):**	TM, DV, SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 2000	**Building No:**	032

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33897	Canister Serial No.:	34461	Canister Serial No.:	
Flow Controller Id No:	55-32	Flow Controller Id No:	101-27	Flow Controller Id No:	
Start Date/Time:	3/2/05 16:33	Start Date/Time:	3/2/05 16:33	Start Date/Time:	
Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	
Stop Date/Time:	03/03/05 1433	Stop Date/Time:	03/03/05 1433	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	
Sample ID: IA-032-B-02		**Sample ID:** SS-032-B-02		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	basement	Basement or Crawl Space?	basement	Direction from Building	
Room	C-004	Floor Slab Thickness (inches) *[if present]*	6'	Distance from Building	
Indoor Air Temp (°F)	66.9°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	~~48'~~ 52'	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	8'	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	.8	PID Reading (ppm)	.7	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.80	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
		Duplicate Sample?	No		

Comments:

Signature: [illegible]

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/1/05 0930

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Shea First Name: Patty

Address: Heron

County: Broome

Home Phone: N/A Office Phone: 607-755-3514

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) office space

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors ~~5~~ 4 Building age 85 yrs

Is the building insulated? Y / N UNKNOWN How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's distribute air to each floor separately.

Airflow near source

Minimal Airflow

Outdoor air infiltration

No avenues to outside air observed.

Infiltration into air ducts

No ductwork observed

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE	
e. Concrete floor:	unsealed	sealed	sealed with TILE/GLUE	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

NONE No soil vapor entry points observed.

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

~~NO DUCTWORK RADIANT HOT WATER HEAT~~ DROP CEILING RETURN AIR W/ 5' PVF SAMPLE

~~FOR~~ SUPPLY AIR IN NEARBY ROOM SEPARATED BY WALLS

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Office and Classroom space
1st Floor	Office space
2nd Floor	" "
3rd Floor	" "
4th Floor	" "

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? UNKNOWN

i. Have cosmetic products been used recently? Y / N When & Type? UNKNOWN

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Cleaning agents.

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

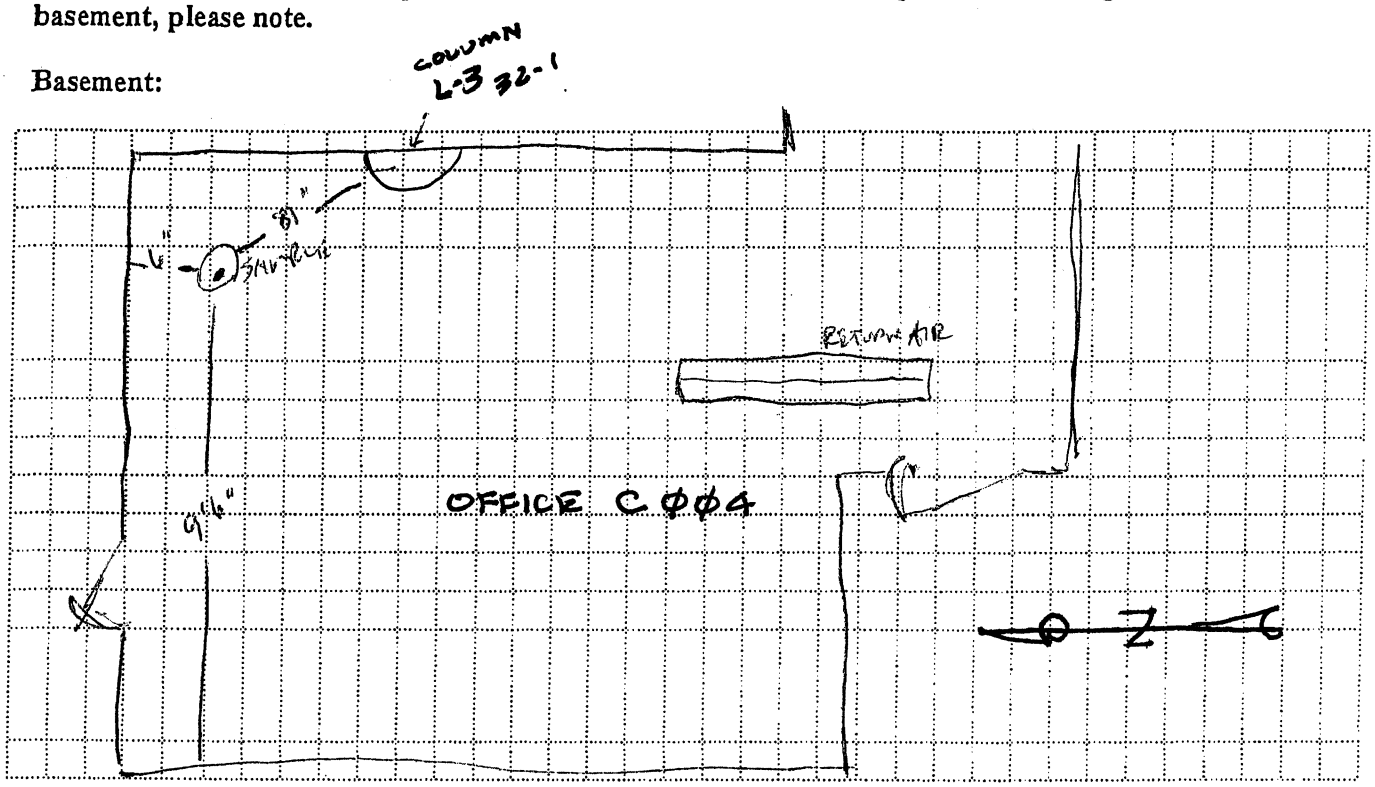
d. Relocation package provided and explained to residents? Y / N

032-B-01

11. 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.

Basement:



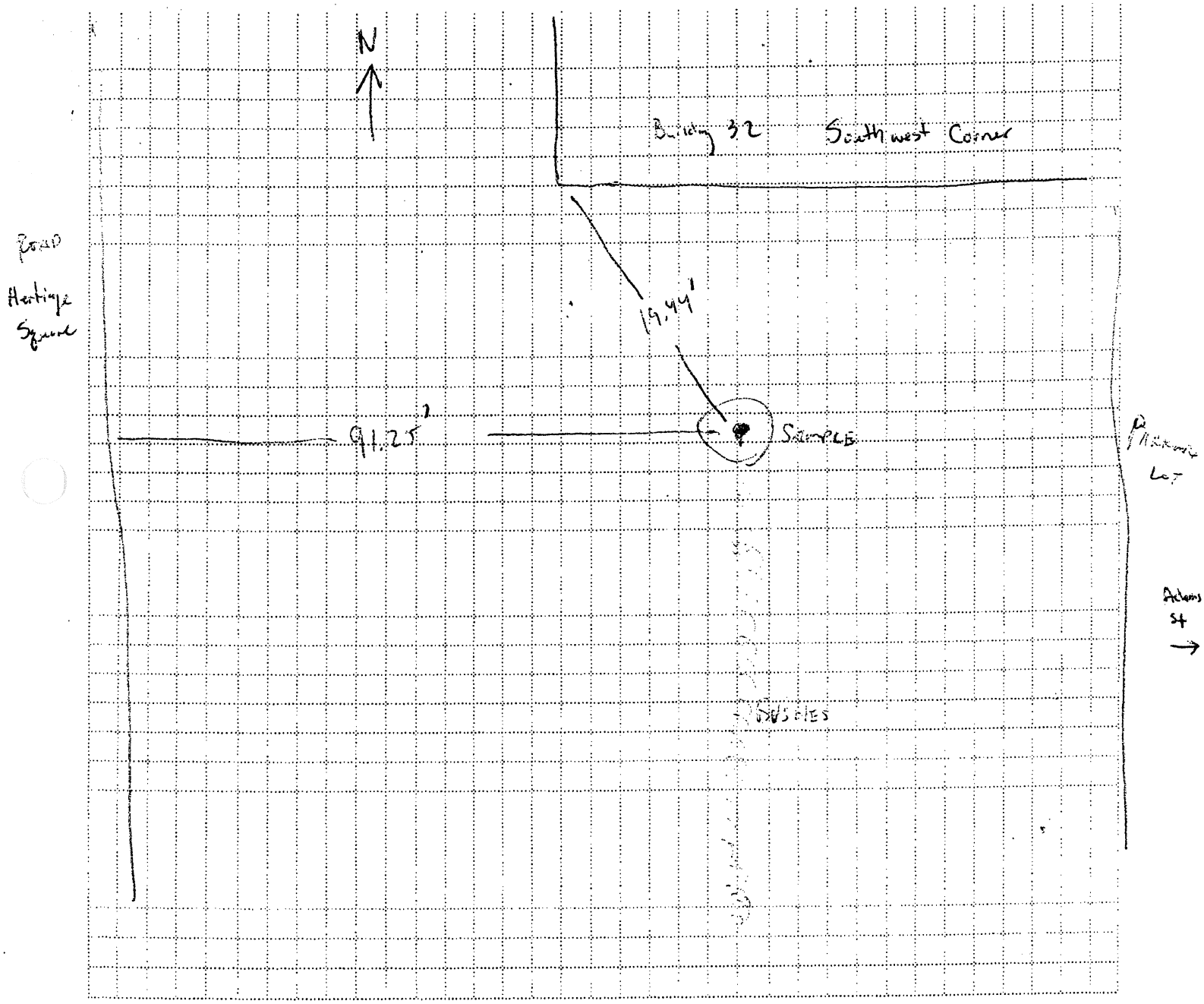
First Floor:

032-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



032-B-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MiniRAE 2000

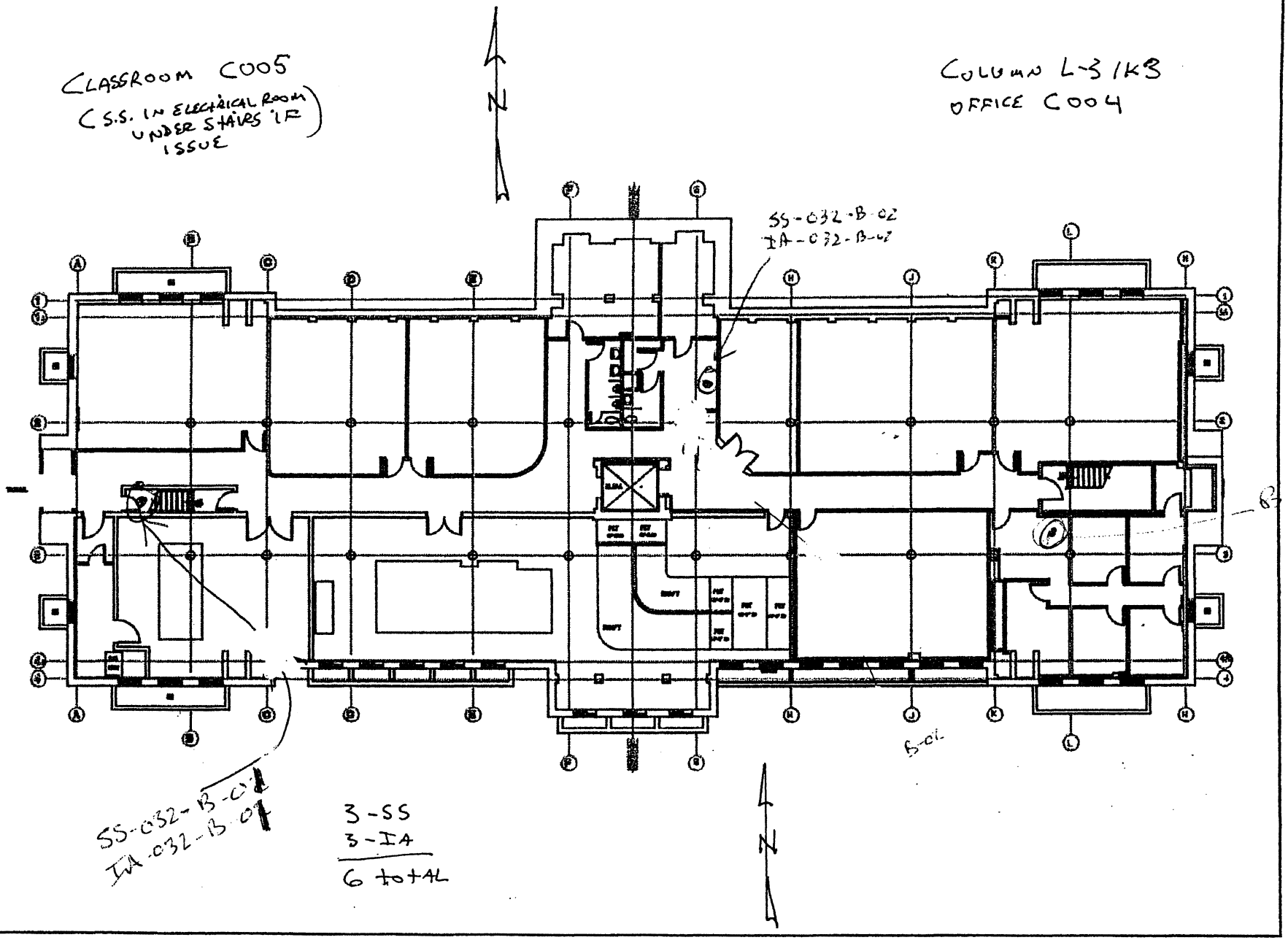
List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
None						

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

CLASSROOM C005
(S.S. IN ELECTRICAL ROOM UNDER STAIRS IF ISSUE)

COLUMN L-3 / K3
OFFICE C004



3 - SS
3 - IA
6 total

Bld 32

SS-032-B-03
IA-032-B-03

Building 32 Floor 1

HURON

BLDG 32

COL. G-2

SS-032-B-03

IA-032-B-03

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	hallway near G-2, bldg. 32	Collector(s):	Tmarsh, DVanCampen, SSchuchart
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 2000	Building No:	032

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	3431	Canister Serial No.:	4588	Canister Serial No.:	
Flow Controller Id No:	5884	Flow Controller Id No:	10329	Flow Controller Id No:	
Start Date/Time:	3/2/05 / 1636	Start Date/Time:	3/2/05 / 1636	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	3/3/05 / 1634	Stop Date/Time:	3/3/05 / 1634	Stop Date/Time:	
Stop Pressure: (inches Hg)	-5	Stop Pressure: (inches Hg)	-8	Stop Pressure: (inches Hg)	
Sample ID: IA-032-B-03		**Sample ID:** SS-032-B-03		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	basement	Basement or Crawl Space?	~~No~~ basement	Direction from Building	
Room	hall near G-2	Floor Slab Thickness (inches) *[if present]*	7'	Distance from Building	
Indoor Air Temp (°F)	69.0°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48'	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	paint ~~No~~	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	9'	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.8	PID Reading (ppm)	0.4	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.875	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
		Duplicate Sample?	No		

Comments:

Signature: S Schuchart

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/1/05 0900

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Shea First Name: Patty

Address: Huron

County: Broome

Home Phone: N/A Office Phone: 607-755-3516

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT. ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N If yes, how many? NA

Other characteristics:

Number of floors 4 Building age 85 yr

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's distribute air to each floor separately.

Airflow near source

Air flow minimal in corridor where smokes stay up

Outdoor air infiltration

No avenues for outdoor air infiltration.

Infiltration into air ducts

No ductwork visible (behind drop ceiling?)

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE	
e. Concrete floor:	unsealed	sealed	sealed with TILE/GLUE	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

None. No soil vapor entry points were observed

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

No Ductwork – Radiant Heat

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Office and Classroom space
1st Floor	Office Space
2nd Floor	" "
3rd Floor	" "
4th Floor	" "

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y (N)

b. Does the garage have a separate heating unit? Y / N (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N (NA) Please specify_____

d. Has the building ever had a fire? Y (N) When?_____

e. Is a kerosene or unvented gas space heater present? Y (N) Where?_____

f. Is there a workshop or hobby/craft area? Y (N) Where & Type?_____

g. Is there smoking in the building? Y (N) How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? UNKNOWN

i. Have cosmetic products been used recently? Y / N When & Type? UNKNOWN

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? General Cleaning agents

If yes, are their clothes washed at work? Y / N unknown

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

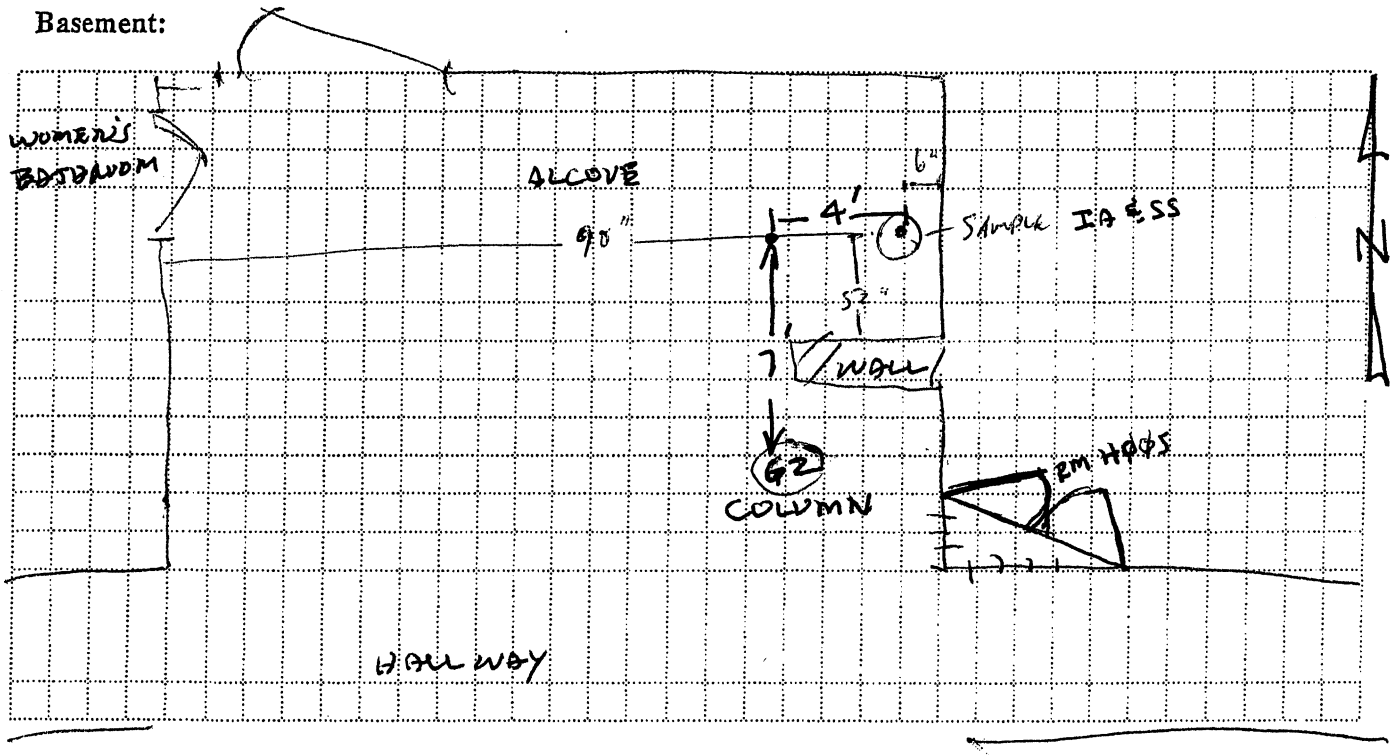
d. Relocation package provided and explained to residents? Y / N

032 - B - 03

11. 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.

Basement:



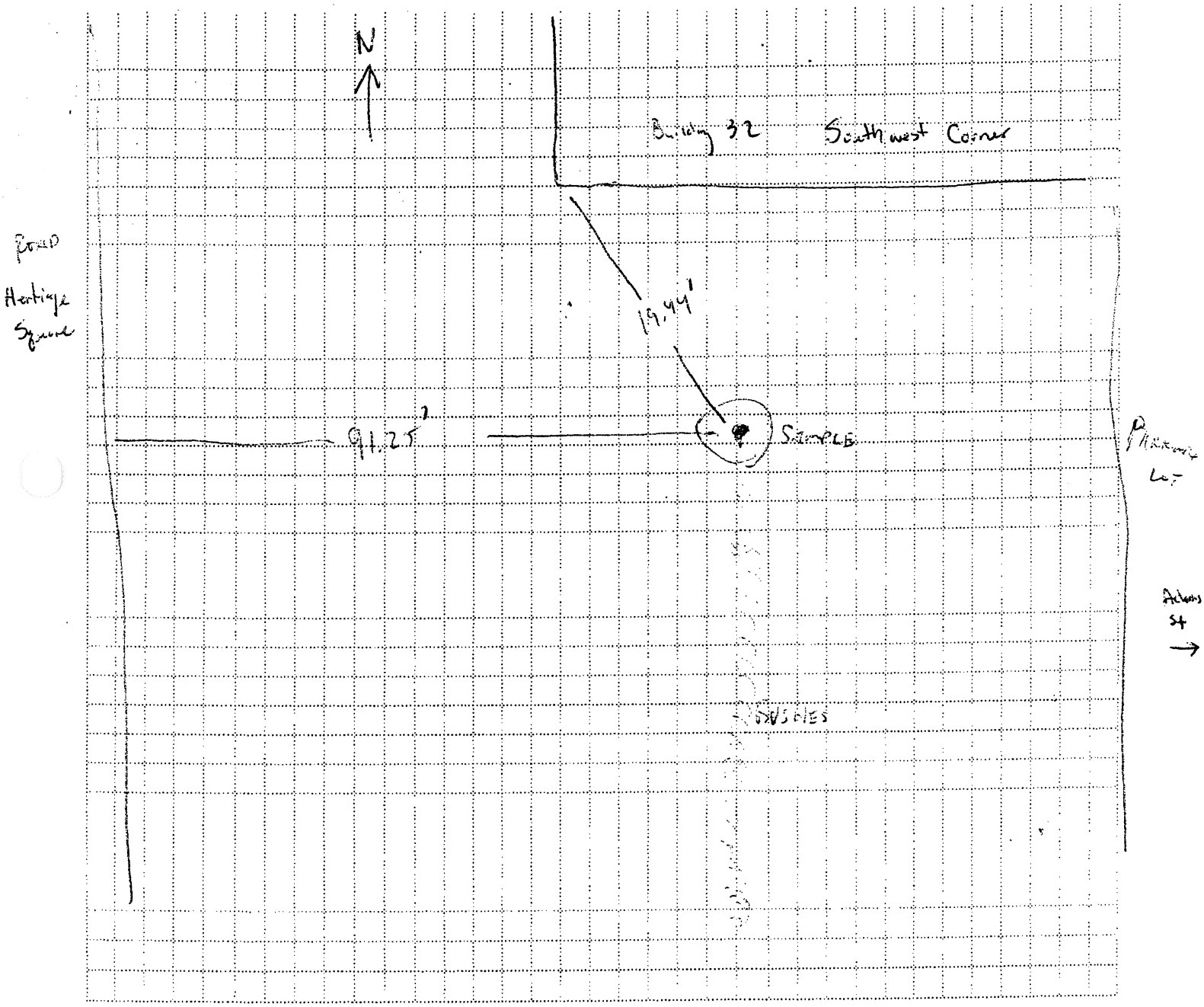
First Floor:

032-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE 2000

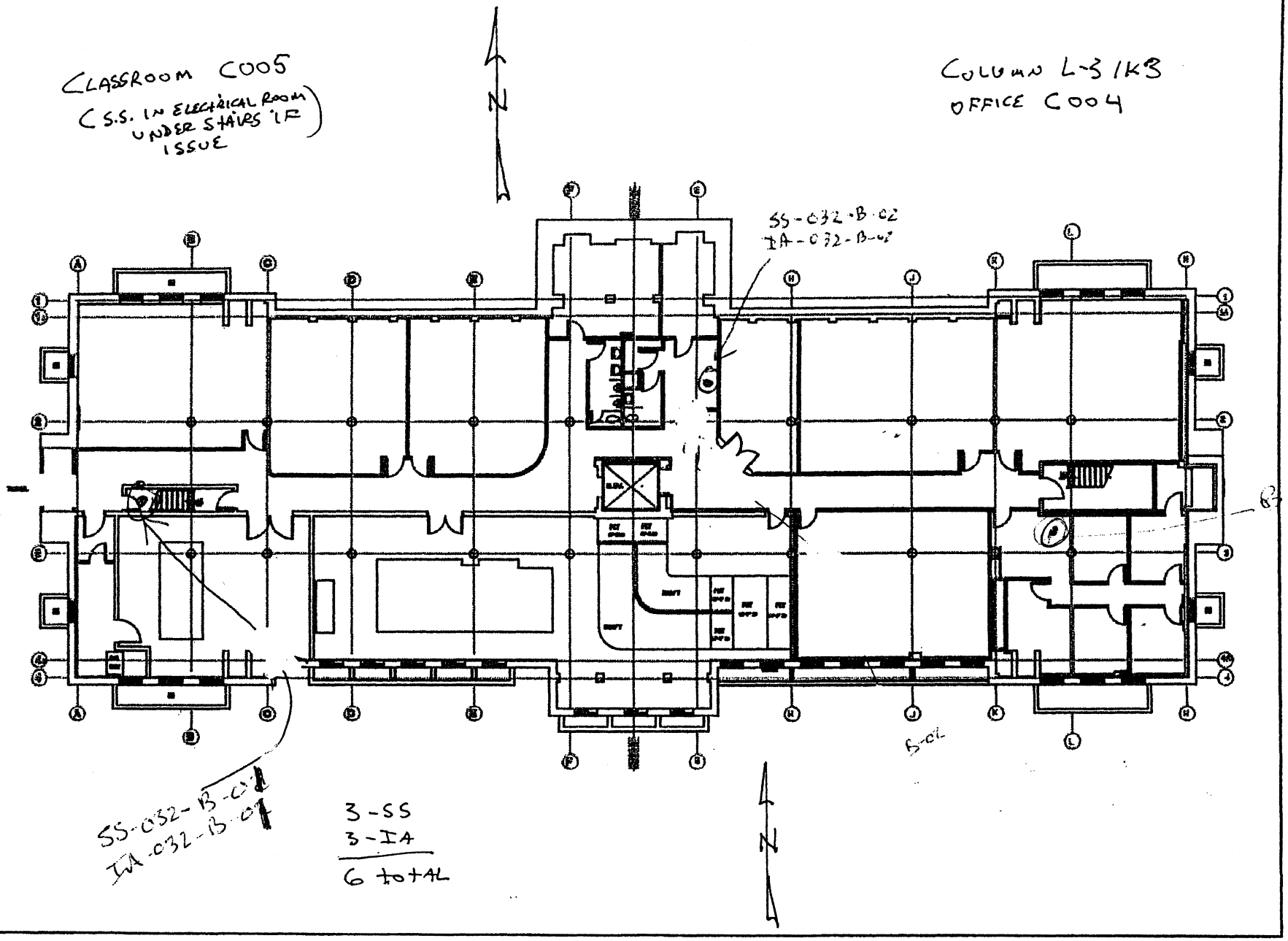
List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
NONE	PAINT SMELL IN HALL				1.8	

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

CLASSROOM C005
(S.S. IN ELECTRICAL ROOM UNDER STAIRS IF ISSUE)

COLUMN L-3 / K3
OFFICE C004



3-SS
3-IA
6 total

Bld 32

SS-032-B-03
IA-032-B-03

Building 32 Floor 1

HURON

BLDG 32

OUTSIDE

OA-032-6-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	S. Side of Bldg 32	**Collector(s):**	TM, DV, SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 2000	**Building No:**	032

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	N/A	Canister Serial No.:	N/A	Canister Serial No.:	22501
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	03-34
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/2/05 1638
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-30
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/3/05 1638
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-1.5
Sample ID:		**Sample ID:**		**Sample ID:**	OA-032-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	N/A	Sample Category ID: (A or A-1)	N/A	Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	South
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	19.4
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	45"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	91.25
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	None
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	No
		Duplicate Sample?			

Comments:

Signature: A. Schuchart

OSR – 3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Shannon Schuchart Date/Time Prepared 3/17/05 1040

Preparer's Affiliation ERM Phone No. 315 445 2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Shea First Name: Patty

Address: Huron

County: Broome

Home Phone: N/A Office Phone: 607-755-3516

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: Ketchuck First Name: Jim

Address: Huron Muzzet

County: Broome

Home Phone: NA Office Phone: 607 755 6073

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)

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? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N If yes, how many? NA

Other characteristics:

Number of floors NA Building age NA

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

NA

Airflow near source

NA

Outdoor air infiltration

Infiltration into air ducts

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

NA

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

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

NA

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N NA

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.

NA

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type?_____

i. Have cosmetic products been used recently? Y / N When & Type?_____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? NA

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

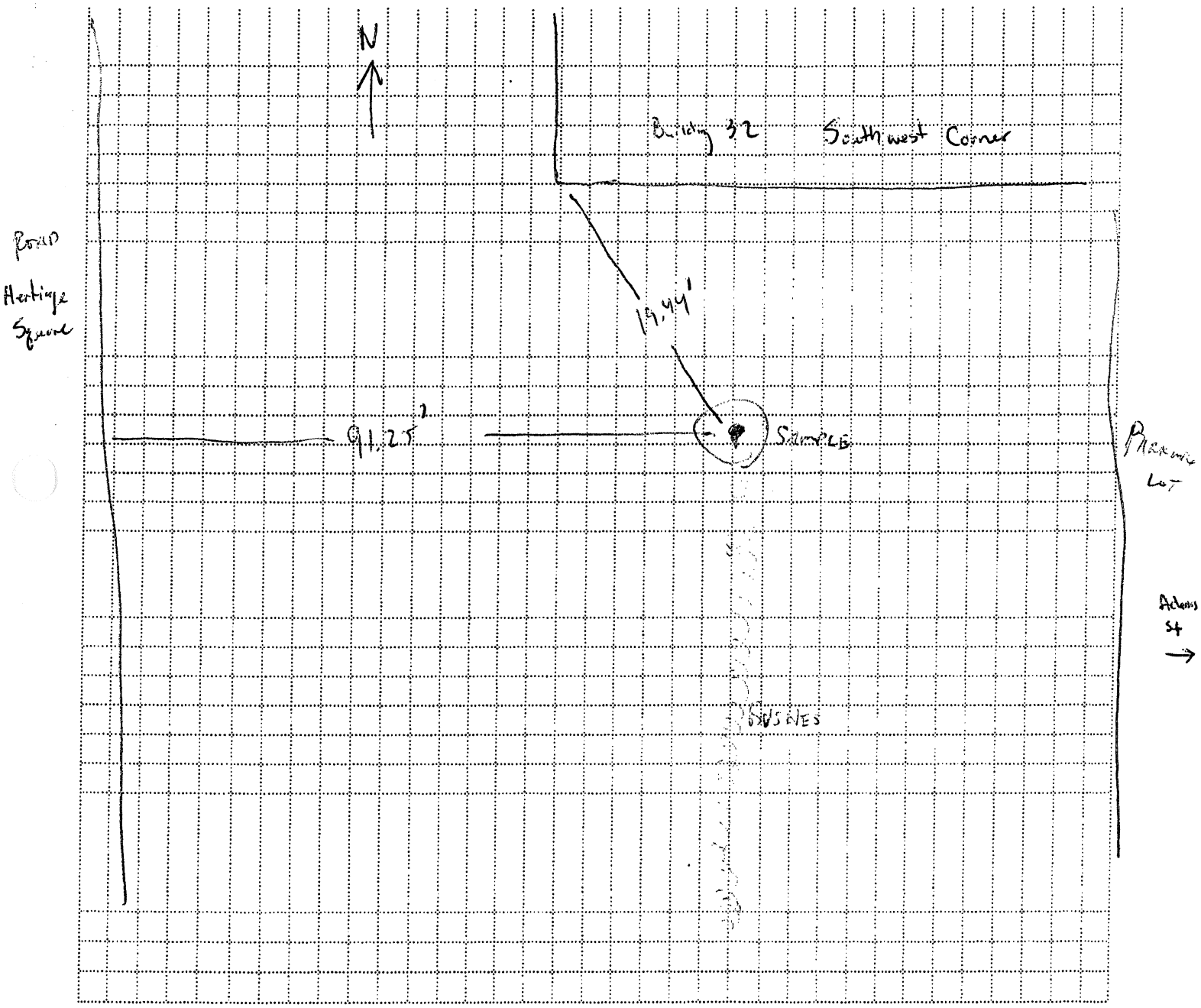
First Floor:

032-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



032-6-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MIRAN 200

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
NA	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 38

COLUMN EZ

FA - 038-1-01

SS - 038-1-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 38, Col. E2	**Collector(s):**	TM, DV, SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Thermo 580B	**Building No:**	038

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33785	Canister Serial No.:	35173	Canister Serial No.:	
Flow Controller Id No:	101-32	Flow Controller Id No:	03-75	Flow Controller Id No:	
Start Date/Time:	3/8/05 1026	Start Date/Time:	3/8/05 1026	Start Date/Time:	
Start Pressure: (inches Hg)	-25	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	3/9/05 1030	Stop Date/Time:	3/9/05 1030	Stop Date/Time:	
Stop Pressure: (inches Hg)	0.0	Stop Pressure: (inches Hg)	-3.0	Stop Pressure: (inches Hg)	
Sample ID: IA-038-1-01		**Sample ID:** SS-038-1-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st level	Basement or Crawl Space?	N/A	Direction from Building	
Room	Bldg 38 Col E-2	Floor Slab Thickness (inches) *[if present]*	5"	Distance from Building	
Indoor Air Temp (°F)	66.2°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	7"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.2	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.60	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
—	↓	Duplicate Sample?	No	—	

Comments: Soil is very hard

Signature: Todd L Marsh

038-1-01

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/8/05 1006

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location _____ Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential	School	Commercial/Multi-Use
(Industrial)	Church	Other: _____

038-1-07

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

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) General Manufacturing

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 6 Building age_____

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's deliver air to each floor separately

Airflow near source

Air flow, both delivered air and return air ducts above location within 8'-10'.

Outdoor air infiltration

No avenues to outside air observed

Infiltration into air ducts

Visible duct work in good condition. Most behind drop ceiling.

038-1-01

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpet	
e. Concrete floor:	unsealed	sealed	sealed with some glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

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

Floor appears to be in good condition

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

038-1-01

Are there air distribution ducts present? Y / N

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.

Air duct work behind drop ceiling.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	office space,
1st Floor	office space
2nd Floor	General Manufacturing
3rd Floor	" "
4th Floor	" "
	5th & 6th STORAGE

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

038-101

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

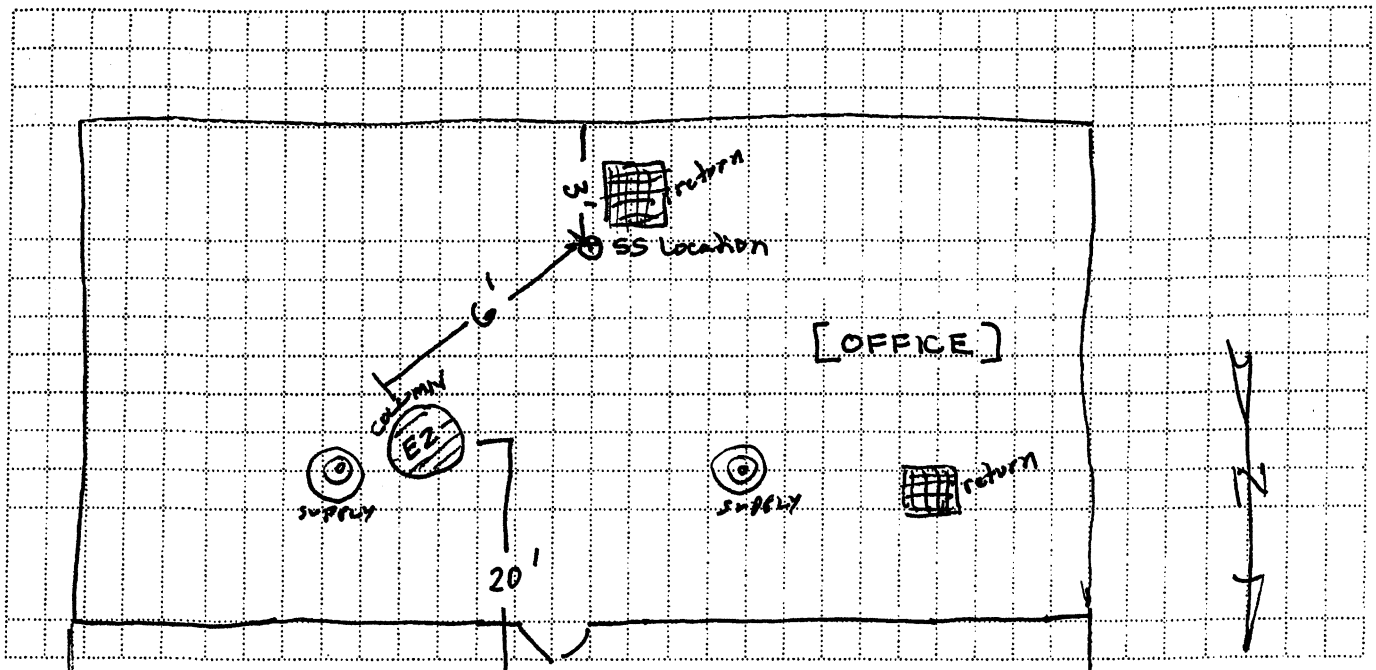
d. Relocation package provided and explained to residents? Y / N

11. FLOOR PLANS

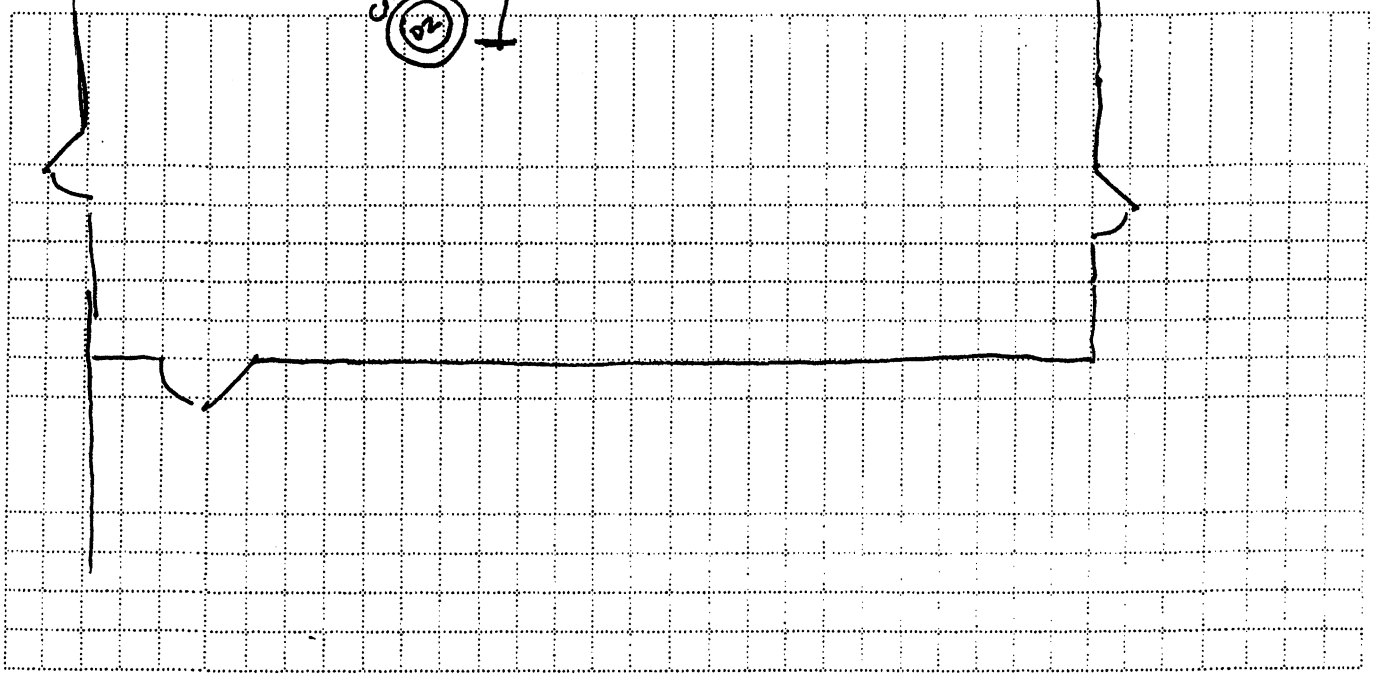
038-1-01

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.

Basement:



First Floor:

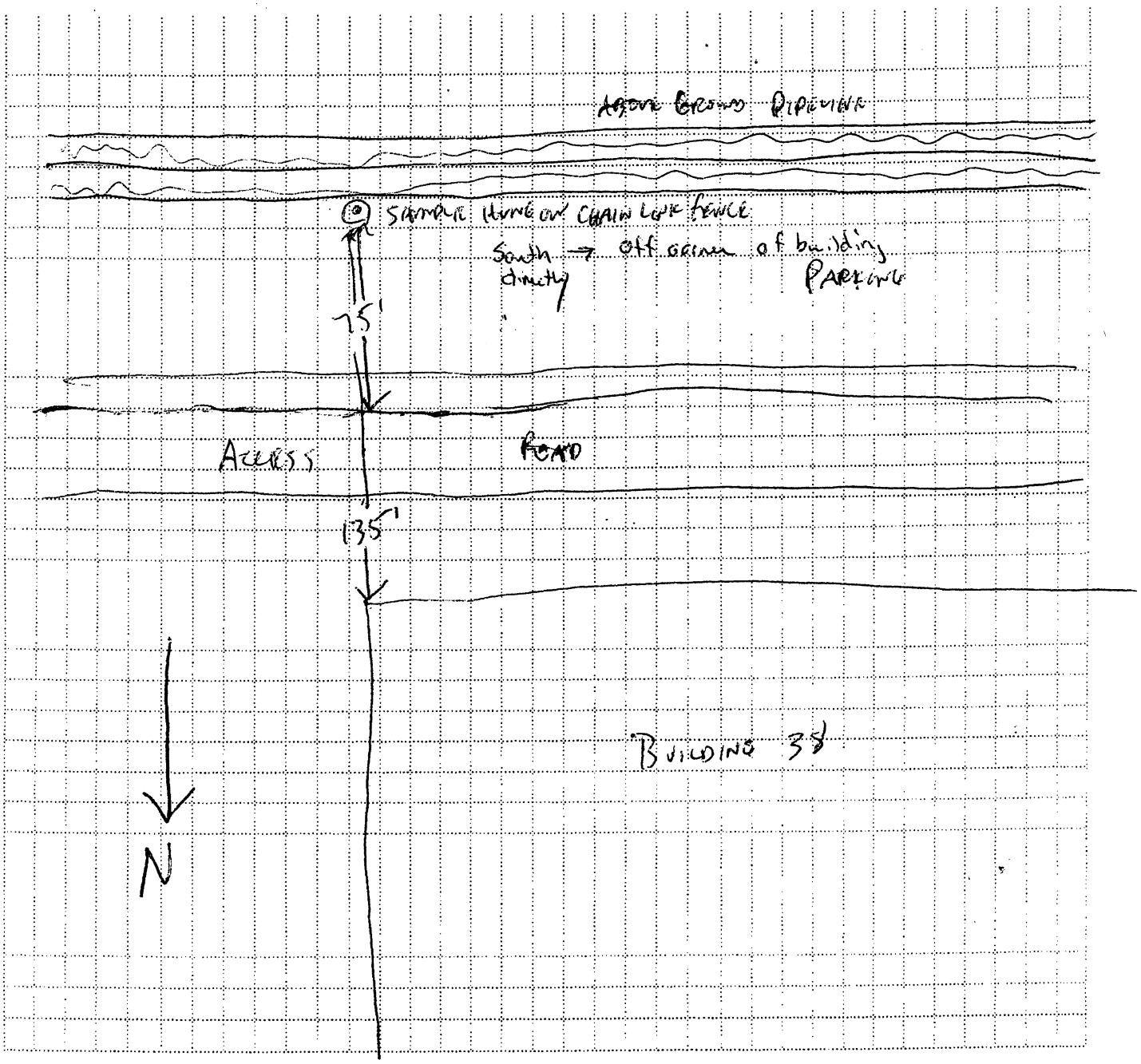


OA-038-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



038-1-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Thermo 580 B

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

Location Bldg 38	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
Near Col E-2	Windex	32oz	✓	Standard Windex	0.0	N

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 38

OA-038-G-01

OA DUP 030805-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg.038	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Thermo 580B	**Building No:**	038

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	35167
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	03-20
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/8/05 1042
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-28
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/9/05 1042
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-2.5
Sample ID:		**Sample ID:**		**Sample ID:**	OA-038-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	135'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	50"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	75'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	NO
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	yes
—		Duplicate Sample?			
—				—	

Comments:

Signature: Todd R Marsh

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 038	Collector(s):	TM DV SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Thermo 580B	Building No:	038

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	3516S
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	95-24
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/8/05 1042
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-26
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/9/05 1042
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-3.5
Sample ID:		**Sample ID:**		**Sample ID:**	OA-DUP030805-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	135'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	50"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	75'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	NO
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	YES
—		Duplicate Sample?			
—		—		—	

Comments:

Signature: Todd P. Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-29-05 1130

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

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

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Industrial

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? N/A

Other characteristics:

Number of floors 6 Building age_____

Is the building insulated? Y / N Unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

Outside air sample

Outdoor air infiltration

Outside air sample

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with paint - carpet	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

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

N/A

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y (N)

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.

N/A

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Office space
1st Floor	" "
2nd Floor	General Manufacturing
3rd Floor	" "
4th Floor	" "
	5th - 6th storage

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

N/A

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type?_____

i. Have cosmetic products been used recently? Y / N When & Type?_____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? N/A

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

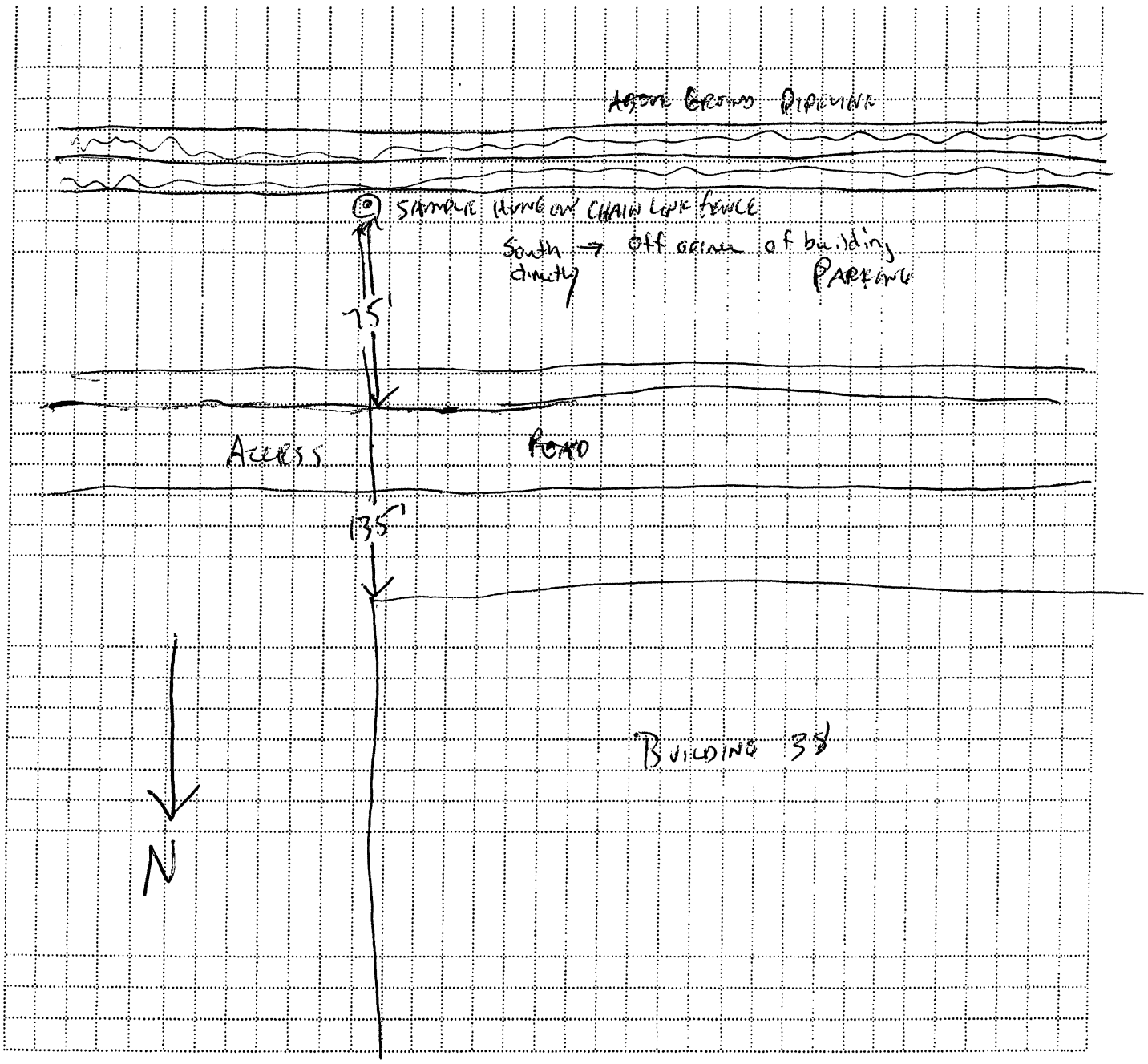
First Floor:

OA-038-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



DA-038-G-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: THERMO 580 B

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
Bldg 38						

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 39

COL. C7

SS-039-B-01

IA-039-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	MECHANICAL ROOM - BOILERS BUILDING 39 NEAR COL. C7	Collector(s):	DV
Address:	Huron Campus, Endicott NY		TM
PID Meter Used: (Model, Serial #)	MINI RAE 2000 110-005859	Building No:	39

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34329	Canister Serial No.:	12077	Canister Serial No.:	NA
Flow Controller Id No:	5856	Flow Controller Id No:	101-13	Flow Controller Id No:	
Start Date/Time:	02/24/05 / 1605	Start Date/Time:	02/24/05 / 1605	Start Date/Time:	
Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)	
Stop Date/Time:	02/25/05 / 1554	Stop Date/Time:	02/25/05 / 1554	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	-6	Stop Pressure: (inches Hg)	
Sample ID: IA-039-B-01		**Sample ID:** SS-039-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3…)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	COMPRESSOR ROOM MECHANICAL	Floor Slab Thickness (inches) *[if present]*	9	Distance from Building	
Indoor Air Temp (°F)	81°F	Potential Vapor Entry Points Observed?	FLOOR DRAINS SOME CRACKS	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	PAINT / GREASE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-10	Distance to nearest Roadway (ft.)	
PID Reading (ppm)		PID Reading (ppm)	1.5 ppm	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	~~30.1~~ DVC 29.7	Noticeable Odor?	NONE	Noticeable Odor?	
Duplicate Sample?	NONE	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NONE		

Comments:

10' FROM SAMPLE LOCATION IS A PAINT STORAGE CABINET WITH OPEN CONTAINERS SUCH AS PAINT THINNER & OTHER PAINT PRODUCTS - SOME REGISTERING

ROOM SMELLS LIKE GREASE
GREASE PAILS IN VARIOUS LOCATIONS THROUGHOUT ROOM

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Shannon Schuchart Date/Time Prepared 3/17/05 1030

Preparer's Affiliation ERM Phone No. 315 445 2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Lotito First Name: Mike

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6093

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: (Y) N

Last Name: Ketchuck First Name: Jim

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N If yes, how many? NA

Other characteristics:

Number of floors 3 Building age 65 yrs

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

Stair wells and elevators

Airflow near source

VERY DRAFTY - WARM AIR - RANDOM AIR MOVEMENT - VERY LOUD - MANY MOVING PARTS

Outdoor air infiltration

Dock areas allow some air to enter from outside

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with paint	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

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

floor Drains, Some minor floor cracks

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

No Ductwork

Machinery Creates Very Warm Air

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Power House
1st Floor	Offices
2nd Floor	Offices
3rd Floor	—
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify_____

d. Has the building ever had a fire? Y / (N) When?_____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where?_____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type?_____

g. Is there smoking in the building? Y / (N) How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? unknown

l. Have air fresheners been used recently? Y / N When & Type? unknown

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? unknown

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? unknown

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? unknown

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? See MSDS's

If yes, are their clothes washed at work? Y / N unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency) NA

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

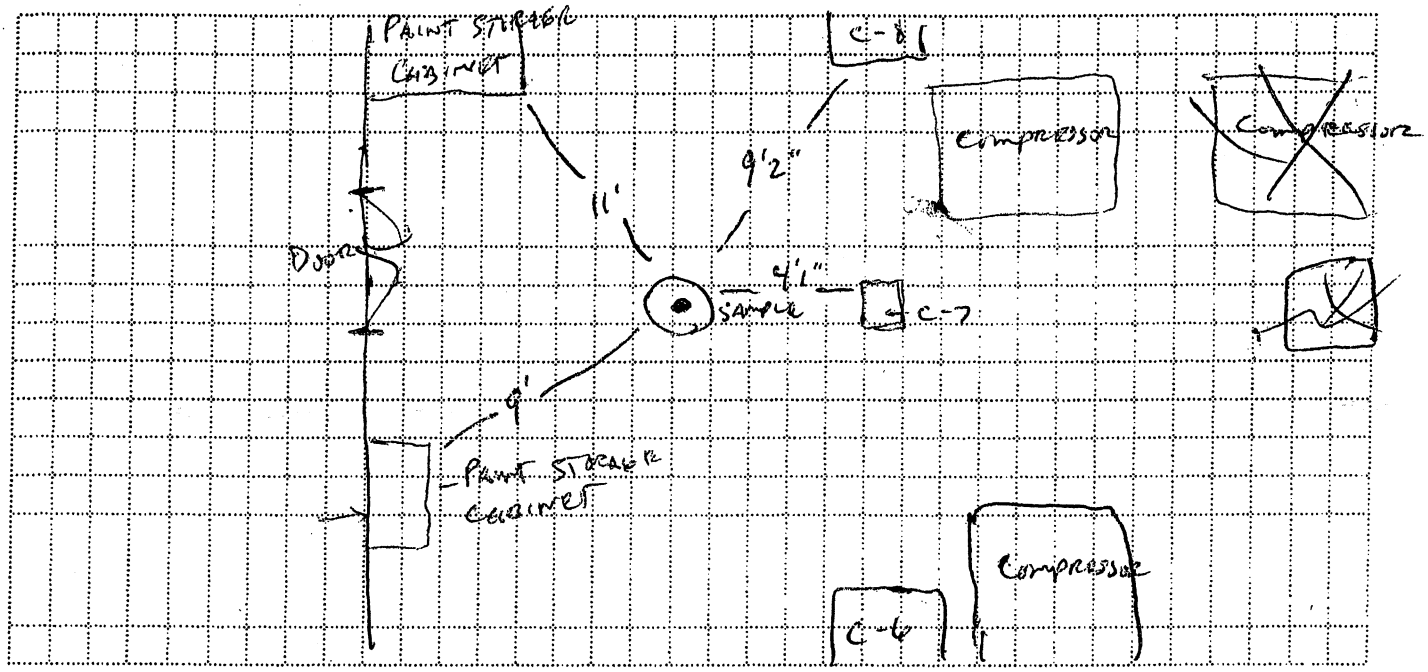
d. Relocation package provided and explained to residents? Y / N

039-B-01

11. 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.

Basement:

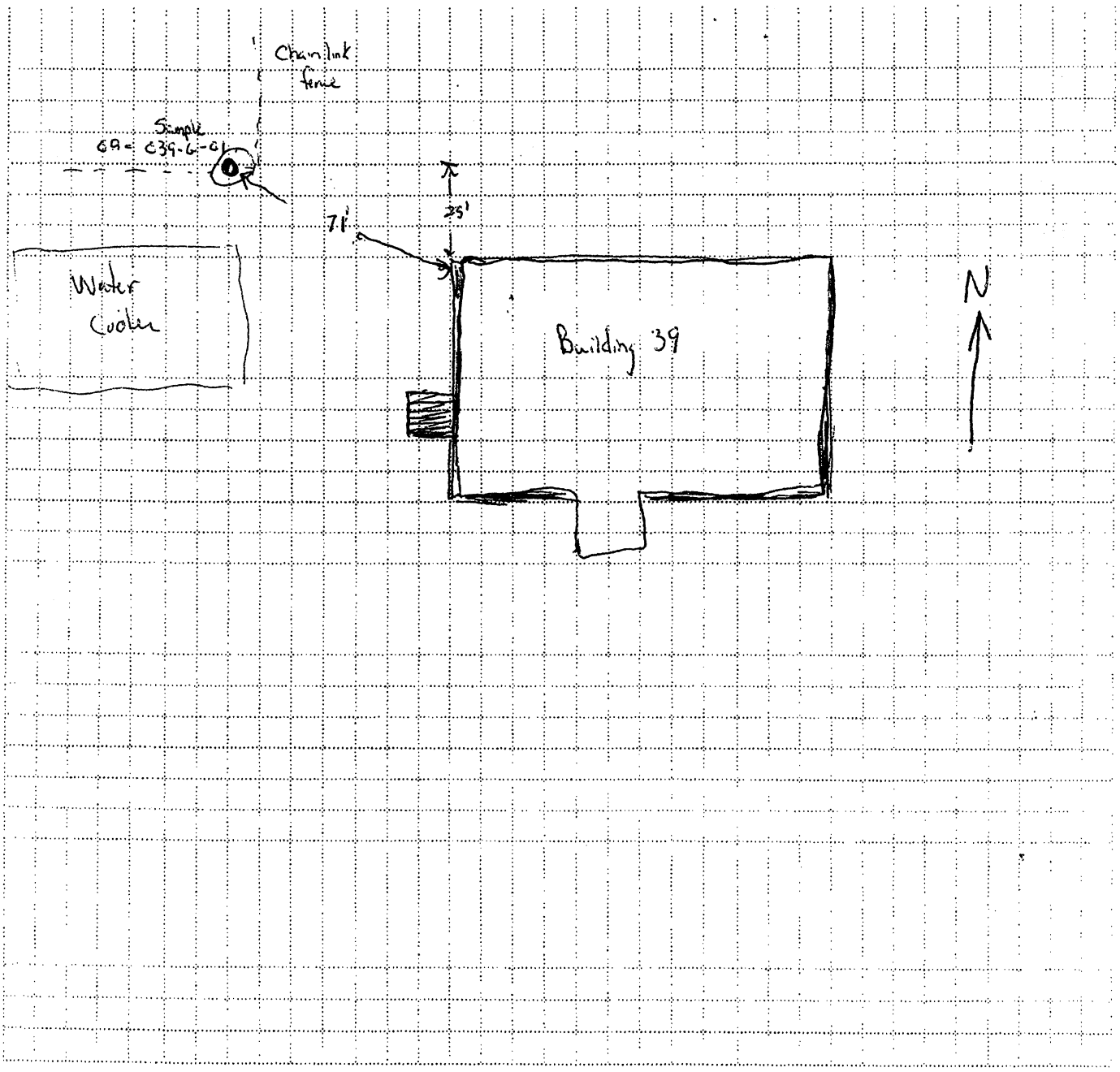


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



039-B-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
Utility Rm	Many Paint Supplies		many open U	* See MSDS	0 – 560 ppm	Y
	Grease Pits in Many			Included		Y
	Locations		Containers			
	Dirty Rag Bins in		in good			
	Many Locations		shape			
	See MSDS for					
	Chemicals					

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 39

GENERAL LAB AREA

NR. COL. C2

SS-039-B-02

FA-039-B-02

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	CHILLED WATER SUPPLY & RETURN RM NR. COL 22	**Collector(s):**	TM DV
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MINI RAE 2000 110-005859	**Building No:**	39

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33775	Canister Serial No.:	14879	Canister Serial No.:	NA
Flow Controller Id No:	~~FO-22262~~ 103-35 OV	Flow Controller Id No:	103-100	Flow Controller Id No:	
Start Date/Time:	02/24/05 / 1607	Start Date/Time:	02/24/05 / 1607	Start Date/Time:	
Start Pressure: (inches Hg)	-25	Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)	
Stop Date/Time:	02/25/05 / 1556	Stop Date/Time:	02/25/05 / 1556	Stop Date/Time:	
Stop Pressure: (inches Hg)	-13	Stop Pressure: (inches Hg)	-6	Stop Pressure: (inches Hg)	
Sample ID: IA-039-B-02		**Sample ID:** SS-039-B-02		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	CHILLED WATER SUP. & RET	Floor Slab Thickness (inches) *[if present]*	8"	Distance from Building	
Indoor Air Temp (°F)	74.8°F	Potential Vapor Entry Points Observed?	DRAINS & VENTS IN VARIOUS LOCATIONS	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	47"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-10"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.6	Noticeable Odor?	NONE	Noticeable Odor?	
Duplicate Sample?	NONE	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NONE		

Comments:

DRAFTY - WARM & COLD

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-28-05 1428

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Lotito First Name: Mike

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmnt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Power Plant

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? N/A

Other characteristics:

Number of floors 3 Building age 65 yr

Is the building insulated? Y / N Unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

Elevators and stairways - floors tight

Airflow near source

RANDOM DRAFTS WARM & COLD from VARIOUS ACTIVE MACHINERY & CHILLED WATER LINES

Outdoor air infiltration

Through dock areas

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with paint	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with unknown	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

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

Vent Pipe 7' from Sample - .5 ppm inside Pipe

Drainage in ~~fire~~ floor in various locations

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

No Air Supply or Return Ductwork

Drafts Created by Machinery

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Power Plant
1st Floor	offices
2nd Floor	offices
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage?	Y / (N)	
b. Does the garage have a separate heating unit?	Y / N / (NA)	
c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)	Y / (N) / NA	Please specify
d. Has the building ever had a fire?	Y / (N)	When?
e. Is a kerosene or unvented gas space heater present?	Y / (N)	Where?
f. Is there a workshop or hobby/craft area?	Y / (N)	Where & Type?
g. Is there smoking in the building?	Y / (N)	How frequently?
h. Have cleaning products been used recently?	Y / N	When & Type? Unknown
i. Have cosmetic products been used recently?	Y / N	When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? See MSDSs

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

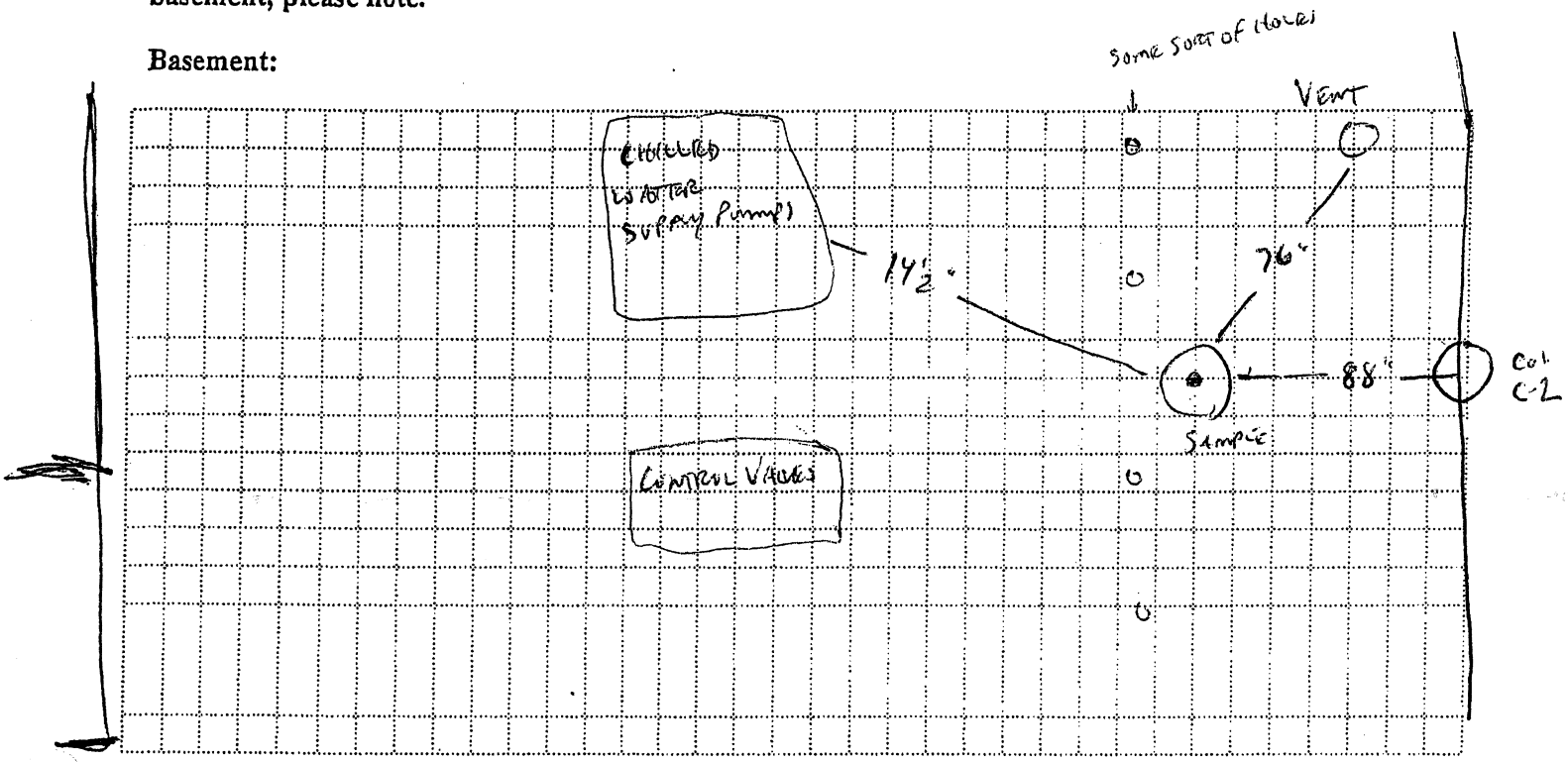
d. Relocation package provided and explained to residents? Y / N

039-B-02

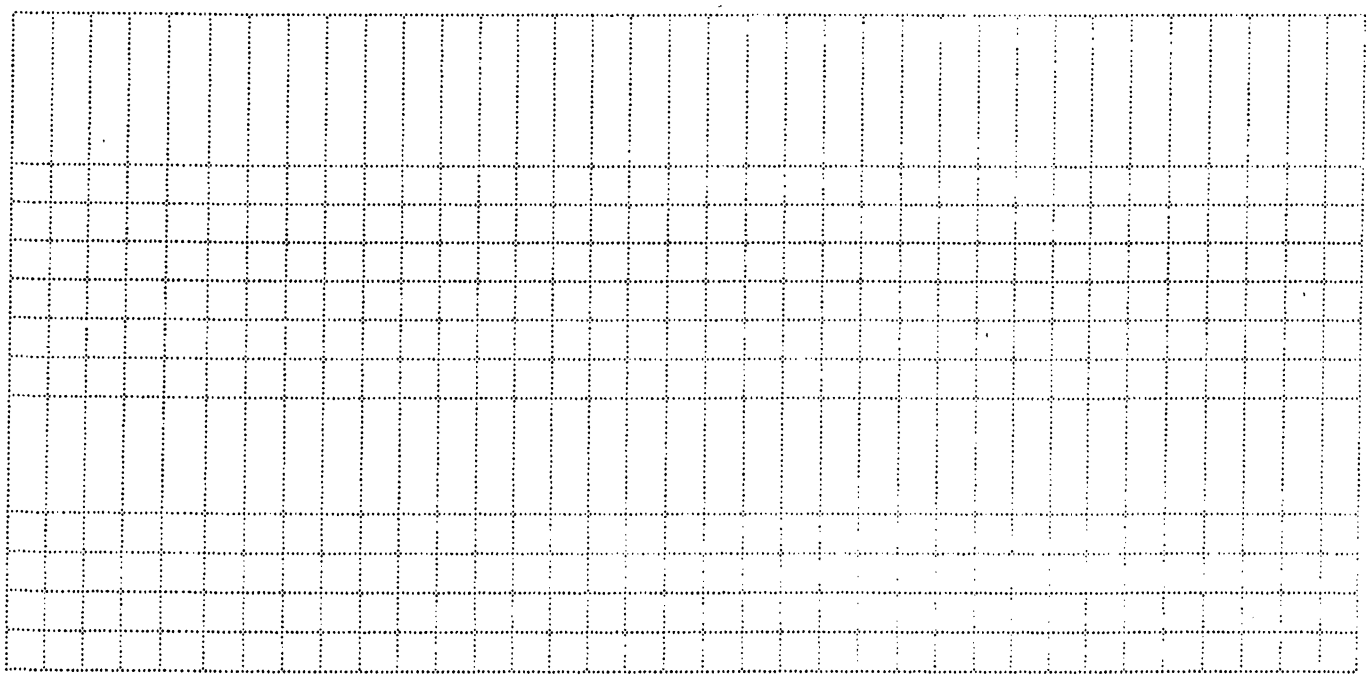
11. FLOOR PLANS

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.

Basement:



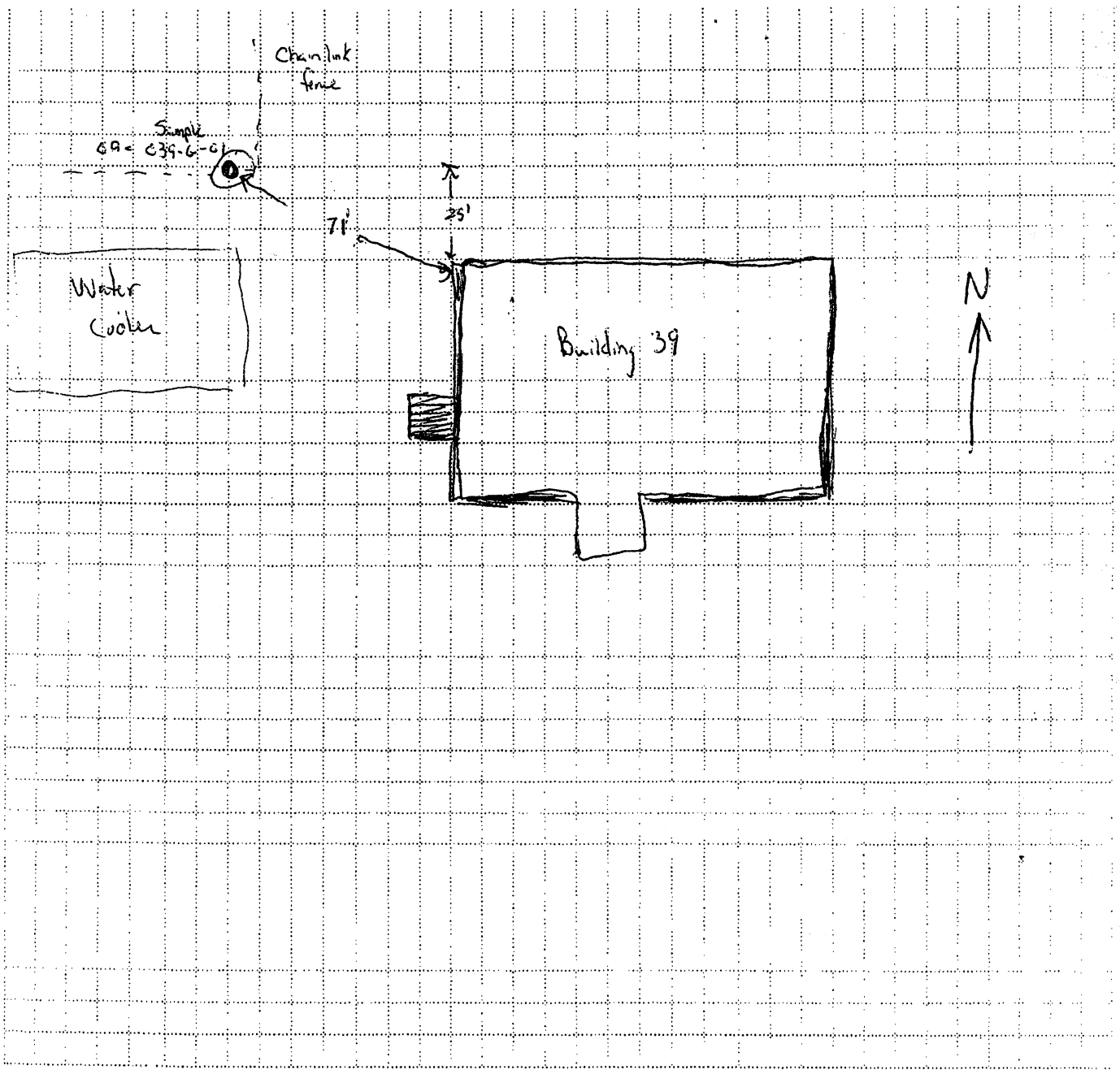
First Floor:



12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



039-B-02

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MiniRae 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
Utility Rm	Dirty Rags	5 Gal Can	U	NA	.6	N
Utility Rm	50 Gal Chem. Bins	50 Gal	UO	See MSDS Included	0.0	Y

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 39

OA-039-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	OUTSIDE BLDG 39 NEAR CHILLER	**Collector(s):**	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	MINIRAE 2000 110 - 005859	**Building No:**	39

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	NA	Canister Serial No.:	NA	Canister Serial No.:	33891
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	56-49
Start Date/Time:		Start Date/Time:		Start Date/Time:	02/24/05 / 1601
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-28
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	02/25/05 / 1551
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-4
Sample ID:		**Sample ID:**		**Sample ID:**	OA-039-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	NA	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	
Story/Level		Basement or Crawl Space?		Direction from Building	WEST
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	71'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	47"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	TEFLON
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	? 30' to parking lot
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	1.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	NONE
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	NONE
		Duplicate Sample?			

Comments:

Signature: Todd A Marsh

OSR – 3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-28-05 1603

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Lotito First Name: Mike

Address: Huron Management

County: Broome

Home Phone: N/A Office Phone: 607-755-6093

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Management

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Power Plant

Does it include residences (i.e. multi-use)? Y / N If yes, how many? NA

Other characteristics:

Number of floors 3 Building age 65

Is the building insulated? Y / N Unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

NA - OUTSIDE

Outdoor air infiltration

Infiltration into air ducts

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with paint	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other large panes glass
g. Foundation walls:	unsealed	sealed	sealed with unknown	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

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

NA - OUTSIDE

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: Unknown

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

NA - OUTSIDE

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Power Plant
1st Floor	Offices
2nd Floor	Offices
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y N Where?_____

f. Is there a workshop or hobby/craft area? Y N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? See MSDS

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

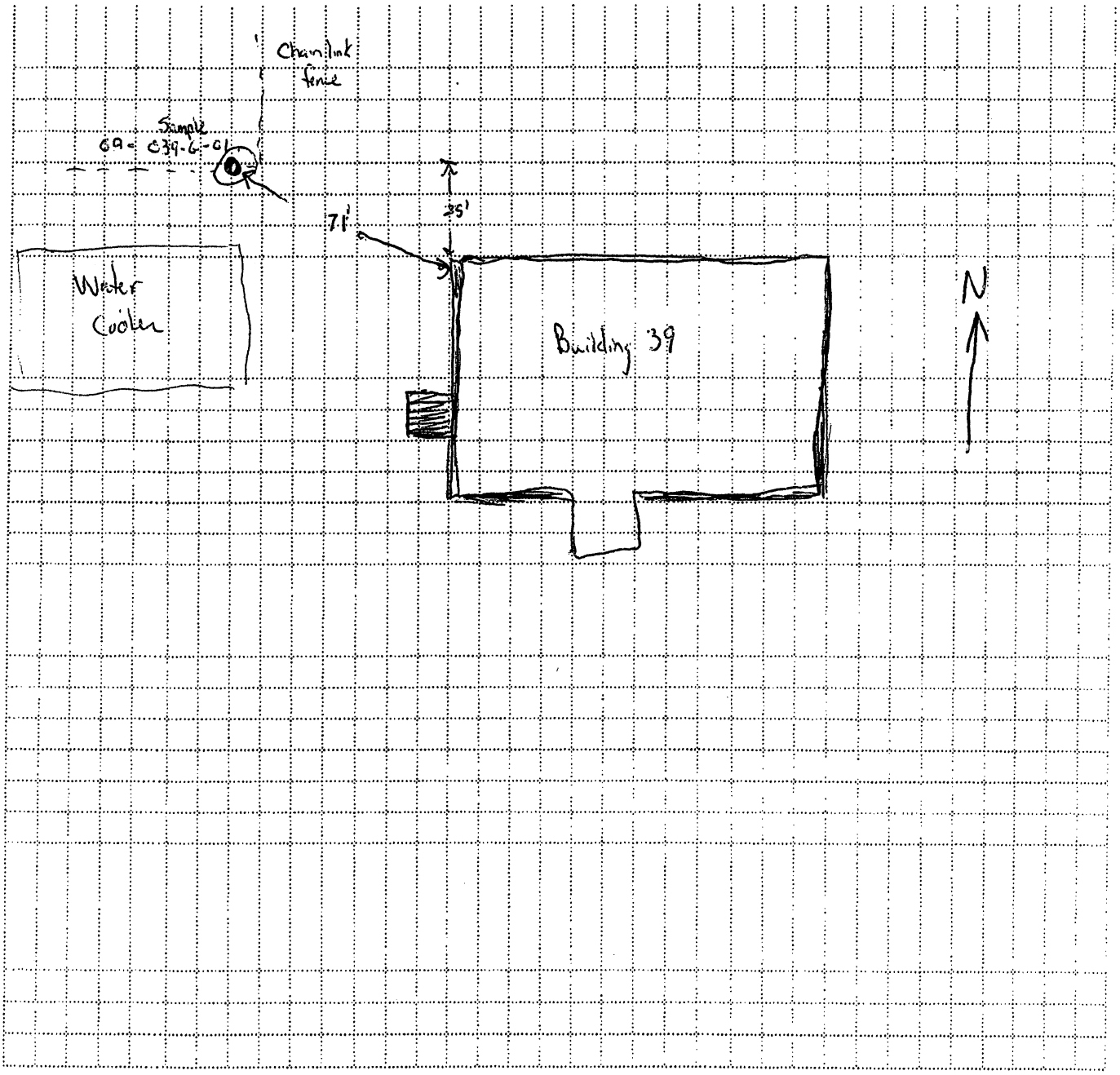
Basement:

First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



039-6-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MiniRAE

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
NA	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BetzDearborn

BETZDEARBORN MATERIAL SAFETY DATA SHEET

EFFECTIVE DATE: 21-SEP-1999
PRINTED DATE: 16-OCT-1999

1) CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME : CORTROL IS1050

PRODUCT APPLICATION AREA: POWDERED OXYGEN SCAVENGER.

COMPANY ADDRESS:
BetzDearborn
4636 Somerton Road, Trevose, PA 19053
Information phone number (215) - 355-3300

EMERGENCY TELEPHONE (HEALTH/ACCIDENT): (800)-877-1940 (USA)

2) COMPOSITION / INFORMATION ON INGREDIENTS

Information for specific product ingredients as required by the U.S. OSHA HAZARD COMMUNICATION STANDARD is listed. Refer to additional sections of this MSDS for our assessment of the potential hazards of this formulation.

HAZARDOUS INGREDIENTS:

CAS#	CHEMICAL NAME
7757-83-7	SODIUM SULFITE Severe irritant (eyes); sensitizer (skin and respiratory)

No component is considered to be a carcinogen by the National Toxicology Program, the International Agency for Research on Cancer, or the Occupational Safety and Health Administration at OSHA thresholds for carcinogens.

CONTINUED

3) HAZARDS IDENTIFICATION

****

EMERGENCY OVERVIEW

CAUTION

May cause moderate irritation to the skin. Potential skin sensititizer. May cause dermatitis. May cause moderate irritation to the eyes. May cause irritation to mucous membranes. Repeated exposure may result in respiratory sensitization.

DOT hazard is not applicable
Emergency Response Guide is not applicable
Odor: None; Appearance: White To Off-White, Powder

Fire fighters should wear positive pressure self-contained breathing apparatus(full face-piece type). Proper fire-extinguishing media: dry chemical, carbon dioxide, foam or water

****

POTENTIAL HEALTH EFFECTS

ACUTE SKIN EFFECTS:
Primary route of exposure; May cause moderate irritation to the skin. Potential skin sensititizer. May cause dermatitis.

ACUTE EYE EFFECTS:
May cause moderate irritation to the eyes.

ACUTE RESPIRATORY EFFECTS:
Primary route of exposure;May cause irritation to mucous membranes. Repeated exposure may result in respiratory sensitization.

INGESTION EFFECTS:
May cause gastrointestinal irritation with possible nausea, vomiting, abdominal discomfort and diarrhea.

TARGET ORGANS:
Prolonged or repeated exposures may cause primary irritant dermatitis, skin sensitization, and/or allergic respiratory reactions.

MEDICAL CONDITIONS AGGRAVATED:
Asthma, allergies, skin disorders, and chronic respiratory disease.

SYMPTOMS OF EXPOSURE:
May cause moderate irritation or a sensitization reaction upon direct contact with skin or respiratory tract.

CONTINUED

4) FIRST AID MEASURES

SKIN CONTACT:
Remove contaminated clothing. Wash exposed area with a large quantity of soap solution or water for 15 minutes.

EYE CONTACT:
Remove contact lenses. Hold eyelids apart. Immediately flush eyes with plenty of low-pressure water for at least 15 minutes. Get immediate medical attention.

INHALATION:
Remove to fresh air. Apply appropriate first aid treatment as necessary.

INGESTION:
Do not feed anything by mouth to an unconscious or convulsive victim. Do not induce vomiting. Immediately contact physician. Dilute contents of stomach using 3-4 glasses milk or water.

NOTES TO PHYSICIANS:
No Specific Instructions

5) FIRE FIGHTING MEASURES

FIRE FIGHTING INSTRUCTIONS:
Fire fighters should wear positive pressure self-contained breathing apparatus (full face-piece type).

EXTINGUISHING MEDIA:
dry chemical, carbon dioxide, foam or water

HAZARDOUS DECOMPOSITION PRODUCTS:
Thermal decomposition (destructive fires) yields elemental oxides.

FLASH POINT:
> 200F > 93C SETA(CC)

6) ACCIDENTAL RELEASE MEASURES

PROTECTION AND SPILL CONTAINMENT:
Ventilate area. Use specified protective equipment. Contain and absorb on absorbent material. Place in waste disposal container. Spill residue may be neutralized with 3% hydrogen peroxide solution.

DISPOSAL INSTRUCTIONS:
Water contaminated with this product may be sent to a sanitary sewer treatment facility,in accordance with any local agreement,a permitted waste treatment facility or discharged under a permit. Product as is - Incinerate or land dispose in an approved landfill.

7) HANDLING AND STORAGE

HANDLING:
Normal chemical handling.

STORAGE:
Keep containers closed when not in use. Keep dry.

 CONTINUED

8) EXPOSURE CONTROLS/PERSONAL PROTECTION

CHEMICAL NAME	EXPOSURE LIMITS
SODIUM SULFITE	
PEL (OSHA):	NOT DETERMINED
TLV (ACGIH):	NOT DETERMINED

ENGINEERING CONTROLS:
adequate ventilation

PERSONAL PROTECTIVE EQUIPMENT:
Use protective equipment in accordance with 29CFR 1910 Subpart I

RESPIRATORY PROTECTION:
A RESPIRATORY PROTECTION PROGRAM THAT MEETS OSHA'S 29 CFR 1910.134 AND ANSI Z88.2 REQUIREMENTS MUST BE FOLLOWED WHENEVER WORKPLACE CONDITIONS WARRANT A RESPIRATOR'S USE.
USE AIR PURIFYING RESPIRATORS WITHIN USE LIMITATIONS ASSOCIATED WITH THE EQUIPMENT OR ELSE USE SUPPLIED AIR-RESPIRATORS.
If air-purifying respirator use is appropriate, use a respirator with dust/mist filters.

SKIN PROTECTION:
neoprene gloves-- Wash off after each use. Replace as necessary.

EYE PROTECTION:
airtight chemical goggles

9) PHYSICAL AND CHEMICAL PROPERTIES

Density	NO DATA	Vapor Pressure (mmHG)	< 0.1
Freeze Point (F)	NA	Vapor Density (air=1)	< 1.00
Freeze Point (C)	NA		
Viscosity(cps 70F,21C)	NA	% Solubility (water)	15.0

Odor		None
Appearance		White To Off-White
Physical State		Powder
Flash Point	SETA(CC)	> 200F > 93C
pH 5% Sol. (approx.)		10.0
Evaporation Rate (Ether=1)		< 1.00

NA = not applicable ND = not determined

CONTINUED

10) STABILITY AND REACTIVITY

STABILITY:
Stable under normal storage conditions.
HAZARDOUS POLYMERIZATION:
Will not occur.
INCOMPATIBILITIES:
May react with strong oxidizers.
DECOMPOSITION PRODUCTS:
Thermal decomposition (destructive fires) yields elemental oxides.
BETZDEARBORN INTERNAL PUMPOUT/CLEANOUT CATEGORIES:
"B"

11) TOXICOLOGICAL INFORMATION

Oral LD50 MOUSE: 820 mg/kg
NOTE - Rabbit oral LD50: 2,825 mg/kg
Dermal LD50 RABBIT: >1,000 mg/kg
NOTE - Estimated value

12) ECOLOGICAL INFORMATION

AQUATIC TOXICOLOGY

Rainbow Trout 96 Hour Static Acute Bioassay

LC50: 58 mg/L
No Effect Level: 32 mg/L

Daphnia magna 48 Hour Static Acute Bioassay

LC50: 203 mg/L
No Effect Level: 32 mg/L

BIODEGRADATION

COD (mg/gm): 109
TOC (mg/gm): Inorganic, N/A
BOD-5 (mg/gm): Inorganic, N/A
BOD-28 (mg/gm): Inorganic, N/A

13) DISPOSAL CONSIDERATIONS

If this undiluted product is discarded as a waste, the US RCRA hazardous waste identification number is :
Not applicable.

Please be advised; however, that state and local requirements for waste disposal may be more restrictive or otherwise different from federal regulations. Consult state and local regulations regarding the proper disposal of this material.

 CONTINUED

14) TRANSPORT INFORMATION

DOT HAZARD:	Not Applicable
UN / NA NUMBER:	Not applicable
DOT EMERGENCY RESPONSE GUIDE #:	Not applicable

15) REGULATORY INFORMATION

TSCA:
All components of this product are listed in the TSCA inventory.
CERCLA AND/OR SARA REPORTABLE QUANTITY (RQ):
No regulated constituent present at OSHA thresholds
FOOD AND DRUG ADMINISTRATION:
All ingredients in this product are authorized for use as boiler water additives where the steam produced may contact food.
SARA SECTION 312 HAZARD CLASS:
Immediate(acute);Delayed(Chronic)
SARA SECTION 302 CHEMICALS:
No regulated constituent present at OSHA thresholds
SARA SECTION 313 CHEMICALS:
No regulated constituent present at OSHA thresholds

CALIFORNIA REGULATORY INFORMATION

CALIFORNIA SAFE DRINKING WATER AND TOXIC ENFORCEMENT ACT (PROPOSITION 65) CHEMICALS PRESENT:

No regulated constituent present at OSHA thresholds

MICHIGAN REGULATORY INFORMATION

No regulated constituent present at OSHA thresholds

CONTINUED

16) OTHER INFORMATION

NFPA/HMIS		CODE TRANSLATION
Health	1	Slight Hazard
Fire	0	Minimal Hazard
Reactivity	0	Minimal Hazard
Special	NONE	No special Hazard
(1) Protective Equipment	B	Goggles,Gloves

(1) refer to section 8 of MSDS for additional protective equipment recommendations.

CHANGE LOG

	EFFECTIVE DATE	REVISIONS TO SECTION:	SUPERCEDES
MSDS status:	28-JAN-1997		** NEW **
	18-MAR-1997	15	28-JAN-1997
	16-OCT-1997	16	18-MAR-1997
	02-FEB-1998	;EDIT:9	16-OCT-1997
	21-SEP-1999	2,3,4	02-FEB-1998

GE Betz

GE Betz, Inc.
4636 Somerton Road
Trevose, PA 19053
Business telephone: (215) 355-3300

Material Safety Data Sheet

Issue Date: 01-APR-2004

EMERGENCY TELEPHONE (Health/Accident): (800) 877-1940

1 PRODUCT IDENTIFICATION

PRODUCT NAME:

CORRSHIELD MD4100

PRODUCT APPLICATION AREA:

WATER-BASED CORROSION INHIBITOR.

2 COMPOSITION / INFORMATION ON INGREDIENTS

Information for specific product ingredients as required by the U.S. OSHA HAZARD COMMUNICATION STANDARD is listed. Refer to additional sections of this MSDS for our assessment of the potential hazards of this formulation.

HAZARDOUS INGREDIENTS:

CAS#	CHEMICAL NAME
7631-95-0	SODIUM MOLYBDATE (MOLYBDIC ACID,DISODIUM SALT) Potential irritant (respiratory); potential lung toxicity
7632-00-0	SODIUM NITRITE Oxidizer; toxic (by ingestion); potential blood toxin

No component is considered to be a carcinogen by the National Toxicology Program, the International Agency for Research on Cancer, or the Occupational Safety and Health Administration at OSHA thresholds for carcinogens.

3 HAZARDS IDENTIFICATION

****

EMERGENCY OVERVIEW

WARNING

May cause slight irritation to the skin. Severe irritant to the eyes. Mists/aerosols may cause irritation to upper respiratory tract.

DOT hazard: Corrosive to aluminum, RQ
Emergency Response Guide #154
Odor: Mild; Appearance: Yellow, Liquid

Fire fighters should wear positive pressure self-contained breathing apparatus(full face-piece type). Proper fire-extinguishing media: Flood with water. Use of CO2 or foam may not be effective.

****

POTENTIAL HEALTH EFFECTS

ACUTE SKIN EFFECTS:
Primary route of exposure; May cause slight irritation to the skin.

ACUTE EYE EFFECTS:
Severe irritant to the eyes.

ACUTE RESPIRATORY EFFECTS:
Mists/aerosols may cause irritation to upper respiratory tract.

INGESTION EFFECTS:
May cause slight gastrointestinal irritation.

TARGET ORGANS:
Prolonged or repeated exposures may cause toxicity to the blood and/or lung.

MEDICAL CONDITIONS AGGRAVATED:
Not known.

SYMPTOMS OF EXPOSURE:
May cause redness or itching of skin.

4 FIRST AID MEASURES

SKIN CONTACT:
Wash thoroughly with soap and water. Remove contaminated clothing. Get medical attention if irritation develops or persists.

EYE CONTACT:
Remove contact lenses. Hold eyelids apart. Immediately flush eyes with plenty of low-pressure water for at least 15 minutes. Get immediate medical attention.

INHALATION:
If nasal, throat or lung irritation develops - remove to fresh air and get medical attention.

INGESTION:
Do not feed anything by mouth to an unconscious or convulsive victim. Do not induce vomiting. Immediately contact physician. Dilute contents of stomach using 3-4 glasses milk or water.

NOTES TO PHYSICIANS:
No special instructions

5 FIRE FIGHTING MEASURES

FIRE FIGHTING INSTRUCTIONS:
Fire fighters should wear positive pressure self-contained breathing

apparatus (full face-piece type).

EXTINGUISHING MEDIA:

Flood with water. Use of CO2 or foam may not be effective.

HAZARDOUS DECOMPOSITION PRODUCTS:

Thermal decomposition (destructive fires) yields elemental oxides.

FLASH POINT:

> 200F > 93C SETA(CC)

MISCELLANEOUS:

Corrosive to aluminum, RQ
UN3266;Emergency Response Guide #154

6 ACCIDENTAL RELEASE MEASURES

PROTECTION AND SPILL CONTAINMENT:

Ventilate area. Use specified protective equipment. Contain and absorb on absorbent material. Place in waste disposal container. Flush area with water. Wet area may be slippery. Spread sand/grit.

DISPOSAL INSTRUCTIONS:

Water contaminated with this product may be sent to a sanitary sewer treatment facility,in accordance with any local agreement,a permitted waste treatment facility or discharged under a permit. Product as is - Incinerate or land dispose in an approved landfill.

7 HANDLING & STORAGE

HANDLING:

Contains an oxidizer. Avoid all contact with reducing agents, oils, greases, organics and acids. Do not allow to dry.

STORAGE:

Keep containers closed when not in use. Do not freeze. If frozen, thaw and mix completely prior to use.

8 EXPOSURE CONTROLS / PERSONAL PROTECTION

CHEMICAL NAME	EXPOSURE LIMITS
SODIUM MOLYBDATE (MOLYBDIC ACID,DISODIUM SALT)	
PEL (OSHA):	5 MG/M3(AS Mo)
TLV (ACGIH):	0.5 MG/M3(AS Mo) RESPIRABLE FRACTION
SODIUM NITRITE	
PEL (OSHA):	NOT DETERMINED
TLV (ACGIH):	NOT DETERMINED

ENGINEERING CONTROLS:

Adequate ventilation to maintain air contaminants below exposure limits.

PERSONAL PROTECTIVE EQUIPMENT:

Use protective equipment in accordance with 29CFR 1910 Subpart I

RESPIRATORY PROTECTION:

A RESPIRATORY PROTECTION PROGRAM THAT MEETS OSHA'S 29 CFR 1910.134 AND ANSI Z88.2 REQUIREMENTS MUST BE FOLLOWED WHENEVER WORKPLACE CONDITIONS WARRANT A RESPIRATOR'S USE.
USE AIR PURIFYING RESPIRATORS WITHIN USE LIMITATIONS ASSOCIATED WITH THE EQUIPMENT OR ELSE USE SUPPLIED AIR-RESPIRATORS.
If air-purifying respirator use is appropriate, use a respirator with dust/mist filters.

SKIN PROTECTION:

neoprene gloves-- Wash off after each use. Replace as necessary.

EYE PROTECTION:

splash proof chemical goggles

9 PHYSICAL & CHEMICAL PROPERTIES

Specific Grav.(70F,21C)	1.184	Vapor Pressure (mmHG)	~ 18.0
Freeze Point (F)	14	Vapor Density (air=1)	< 1.00
Freeze Point (C)	-10		
Viscosity(cps 70F,21C)	4	% Solubility (water)	100.0

Odor		Mild
Appearance		Yellow
Physical State		Liquid
Flash Point	SETA(CC)	> 200F > 93C
pH As Is (approx.)		12.8
Evaporation Rate (Ether=1)		< 1.00

NA = not applicable ND = not determined

10 STABILITY & REACTIVITY

STABILITY:

Stable under normal storage conditions.

HAZARDOUS POLYMERIZATION:

Will not occur.

INCOMPATIBILITIES:

MAY REACT WITH STRONG REDUCING AGENTS.

DECOMPOSITION PRODUCTS:

Thermal decomposition (destructive fires) yields elemental oxides.

INTERNAL PUMPOUT/CLEANOUT CATEGORIES:

"B"

11 TOXICOLOGICAL INFORMATION

Oral LD50 RAT:	825 mg/kg
NOTE - Estimated value	
Dermal LD50 RABBIT:	>2,000 mg/kg
NOTE - Estimated value	

12 ECOLOGICAL INFORMATION

AQUATIC TOXICOLOGY

Bluegill Sunfish 96 Hour Static Acute Bioassay
LC50= 3258; No Effect Level= 1800 mg/L

Daphnia magna 48 Hour Static Acute Bioassay
LC50= 5997; No Effect Level= 500 mg/L

Fathead Minnow 96 Hour Acute Toxicity (Estimated)
LC50= 2730; No Effect Level= 1850 mg/L

Rainbow Trout 48 Hour Static Screen
0% Mortality= 2000 mg/L

BIODEGRADATION

BOD-28 (mg/g): 1
BOD-5 (mg/g): 0

COD (mg/g): 39
TOC (mg/g): 6

13 DISPOSAL CONSIDERATIONS

If this undiluted product is discarded as a waste, the US RCRA hazardous waste identification number is : D002=Corrosive(pH).

Please be advised; however, that state and local requirements for waste disposal may be more restrictive or otherwise different from federal regulations. Consult state and local regulations regarding the proper disposal of this material.

14 TRANSPORT INFORMATION

DOT HAZARD:	Corrosive to aluminum, RQ
UN / NA NUMBER:	UN3266
DOT EMERGENCY RESPONSE GUIDE #:	154

15 REGULATORY INFORMATION

TSCA:
All components of this product are listed in the TSCA inventory.

CERCLA AND/OR SARA REPORTABLE QUANTITY (RQ):
101 gallons due to SODIUM NITRITE;

FOOD AND DRUG ADMINISTRATION:
No FDA approval for paper or paperboard having food contact.

USDA FEDERALLY INSPECTED MEAT AND POULTRY PLANTS:
SEC.G5

SARA SECTION 312 HAZARD CLASS:
Immediate(acute);Delayed(Chronic)

SARA SECTION 302 CHEMICALS:
No regulated constituent present at OSHA thresholds

SARA SECTION 313 CHEMICALS:

CAS#	CHEMICAL NAME	RANGE
7632-00-0	SODIUM NITRITE	6.0-10.0%

CALIFORNIA REGULATORY INFORMATION

CALIFORNIA SAFE DRINKING WATER AND TOXIC ENFORCEMENT ACT (PROPOSITION 65) CHEMICALS PRESENT:
This product contains these chemicals known to the state of California to cause cancer and/or reproductive toxicity:

CAS#	CHEMICAL NAME
5064-31-3	NITRILOTRIACETIC ACID,TRISODIUM SALT (NTA.3NA)

MICHIGAN REGULATORY INFORMATION

No regulated constituent present at OSHA thresholds

16 OTHER INFORMATION

NFPA/HMIS		CODE TRANSLATION
Health	2	Moderate Hazard
Fire	0	Minimal Hazard
Reactivity	0	Minimal Hazard

Special	ALK	pH above 12.0
(1) Protective Equipment	B	Goggles,Gloves

(1) refer to section 8 of MSDS for additional protective equipment recommendations.

CHANGE LOG

	EFFECTIVE DATE	REVISIONS TO SECTION:	SUPERCEDES
MSDS status:	28-JAN-1997		** NEW **
	12-MAY-1997	15	28-JAN-1997
	27-OCT-1998	3,5,14	12-MAY-1997
	08-FEB-2000	15	27-OCT-1998
	06-APR-2001	4	08-FEB-2000
	09-AUG-2001	4,16	06-APR-2001
	17-SEP-2001	8,10	09-AUG-2001
	03-JAN-2002	2,3,8	17-SEP-2001
	01-APR-2004	15	03-JAN-2002

GE Betz, Inc.
4636 Somerton Road
Trevose, PA 19053
Business telephone: (215) 355-3300

Material Safety Data Sheet

Issue Date: 19-MAR-2003

EMERGENCY TELEPHONE (Health/Accident): (800) 877-1940

1 PRODUCT IDENTIFICATION

PRODUCT NAME:

STEAMATE NA2260

PRODUCT APPLICATION AREA:

NEUTRALIZING AMINE.

2 COMPOSITION / INFORMATION ON INGREDIENTS

Information for specific product ingredients as required by the U.S. OSHA HAZARD COMMUNICATION STANDARD is listed. Refer to additional sections of this MSDS for our assessment of the potential hazards of this formulation.

HAZARDOUS INGREDIENTS:

CAS#	CHEMICAL NAME
100-37-8	DIETHYLAMINOETHANOL (DEAE) Combustible liquid; corrosive (eyes and skin); irritant (respiratory); absorbed by skin; potential skin sensitizer
108-91-8	CYCLOHEXYLAMINE Flammable; corrosive; toxic (by ingestion and skin absorption)

No component is considered to be a carcinogen by the National Toxicology Program, the International Agency for Research on Cancer, or the Occupational Safety and Health Administration at OSHA thresholds for carcinogens.

3 HAZARDS IDENTIFICATION

****

EMERGENCY OVERVIEW

DANGER

Corrosive to skin. Absorbed by skin. Potential skin sensitizer.
Corrosive to the eyes. Irritation of the upper respiratory tract.
Prolonged exposure may cause dizziness and headache.

DOT hazard: Corrosive to skin, Flammable
Emergency Response Guide #132

Odor: Amine; Appearance: Colorless To Yellow, Liquid

Fire fighters should wear positive pressure self-contained breathing apparatus(full face-piece type). Proper fire-extinguishing media: dry chemical, carbon dioxide, foam or water

****

POTENTIAL HEALTH EFFECTS

ACUTE SKIN EFFECTS:
Primary route of exposure; Toxic; Corrosive to skin. Absorbed by skin. Potential skin sensitizer.

ACUTE EYE EFFECTS:
Corrosive to the eyes.

ACUTE RESPIRATORY EFFECTS:
Primary route of exposure;Irritation of the upper respiratory tract. Prolonged exposure may cause dizziness and headache.

INGESTION EFFECTS:
May cause severe irritation or burning of mouth, throat, and gastrointestinal tract with severe chest and abdominal pain, nausea, vomiting, diarrhea, lethargy and collapse. Possible death when ingested in very large doses.

TARGET ORGANS:
Prolonged or repeated exposures may cause tissue necrosis and/or toxicity to the nervous system.

MEDICAL CONDITIONS AGGRAVATED:
Not known.

SYMPTOMS OF EXPOSURE:
Inhalation may cause lightheadedness, slurred speech, nausea, and/or vomiting (pulmonary edema may result). Skin contact can cause severe irritation or burns.

4 FIRST AID MEASURES

SKIN CONTACT:
URGENT! Wash thoroughly with soap and water. Remove contaminated clothing. Get immediate medical attention. Thoroughly wash clothing before reuse.

EYE CONTACT:
URGENT! Immediately flush eyes with plenty of low-pressure water for at least 20 minutes while removing contact lenses. Hold eyelids apart. Get immediate medical attention.

INHALATION:
Remove to fresh air. If breathing is difficult, give oxygen. If breathing has stopped, give artificial respiration. Get immediate medical attention.

INGESTION:
Do not feed anything by mouth to an unconscious or convulsive victim. Do not induce vomiting. Immediately contact physician. Dilute contents of stomach using 3-4 glasses milk or water.

NOTES TO PHYSICIANS:
Material is corrosive. It may not be advisable to induce vomiting. Possible mucosal damage may contraindicate the use of gastric lavage.

5 FIRE FIGHTING MEASURES

FIRE FIGHTING INSTRUCTIONS:
Fire fighters should wear positive pressure self-contained breathing apparatus (full face-piece type).
EXTINGUISHING MEDIA:
dry chemical, carbon dioxide, foam or water
HAZARDOUS DECOMPOSITION PRODUCTS:
Thermal decomposition (destructive fires) yields elemental oxides.
FLASH POINT:
138F 59C P-M(CC)
MISCELLANEOUS:
Corrosive to skin, Flammable
UN2734;Emergency Response Guide #132

6 ACCIDENTAL RELEASE MEASURES

PROTECTION AND SPILL CONTAINMENT:
Ventilate area. Use specified protective equipment. Contain and absorb on absorbent material. Place in waste disposal container. Remove ignition sources. Flush area with water. Spread sand/grit.
DISPOSAL INSTRUCTIONS:
Water contaminated with this product may be sent to a sanitary sewer treatment facility,in accordance with any local agreement,a permitted waste treatment facility or discharged under a permit. Product as is - Incinerate or land dispose in an approved landfill.

7 HANDLING & STORAGE

HANDLING:
Combustible. Do not use around sparks or flames. Bond containers during filling or discharge when performed at temperatures at or above the product flash point.
STORAGE:
Keep containers closed when not in use. Store in cool ventilated location. Store away from oxidizers.

8 EXPOSURE CONTROLS / PERSONAL PROTECTION

CHEMICAL NAME	EXPOSURE LIMITS
DIETHYLAMINOETHANOL (DEAE)	
PEL (OSHA):	10 PPM(SKIN)
TLV (ACGIH):	2 PPM(SKIN)
CYCLOHEXYLAMINE	
PEL (OSHA):	10 PPM
TLV (ACGIH):	10 PPM

ENGINEERING CONTROLS:
Adequate ventilation to maintain air contaminants below exposure limits.
PERSONAL PROTECTIVE EQUIPMENT:
Use protective equipment in accordance with 29CFR 1910 Subpart I
RESPIRATORY PROTECTION:
A RESPIRATORY PROTECTION PROGRAM THAT MEETS OSHA'S 29 CFR 1910.134 AND ANSI Z88.2 REQUIREMENTS MUST BE FOLLOWED WHENEVER WORKPLACE CONDITIONS WARRANT A RESPIRATOR'S USE.
USE AIR PURIFYING RESPIRATORS WITHIN USE LIMITATIONS ASSOCIATED WITH THE EQUIPMENT OR ELSE USE SUPPLIED AIR-RESPIRATORS.
If air-purifying respirator use is appropriate, use a respirator with organic vapor cartridges.
SKIN PROTECTION:

gauntlet-type neoprene gloves, chemical resistant apron -- Wash off after each use. Replace as necessary.

EYE PROTECTION:

splash proof chemical goggles, face shield

9 PHYSICAL & CHEMICAL PROPERTIES

Specific Grav.(70F,21C)	0.957	Vapor Pressure (mmHG)	~ 18.0
Freeze Point (F)	3	Vapor Density (air=1)	< 1.00
Freeze Point (C)	-16		
Viscosity(cps 70F,21C)	24	% Solubility (water)	100.0

Odor		Amine
Appearance		Colorless To Yellow
Physical State		Liquid
Flash Point	P-M(CC)	138F 58C
pH As Is (approx.)		12.6
Evaporation Rate (Ether=1)		< 1.00

NA = not applicable ND = not determined

10 STABILITY & REACTIVITY

STABILITY:

Stable under normal storage conditions.

HAZARDOUS POLYMERIZATION:

Will not occur.

INCOMPATIBILITIES:

May react with acids.

DECOMPOSITION PRODUCTS:

Thermal decomposition (destructive fires) yields elemental oxides.

INTERNAL PUMPOUT/CLEANOUT CATEGORIES:

"C"

11 TOXICOLOGICAL INFORMATION

Oral LD50 RAT:	570 mg/kg
NOTE - Estimated value	
Dermal LD50 RABBIT:	900 mg/kg
NOTE - Estimated value	
Eye Irritation Score RABBIT:	CORROSIVE

NOTE - 15% Cyclohexylamine score:101, +/-rinsing, constant irritation, nonreversible

12 ECOLOGICAL INFORMATION

AQUATIC TOXICOLOGY

Daphnia magna 48 Hour Static Renewal Bioassay (pH adjusted)
LC50= 635; No Effect Level= 63.5 mg/L

Fathead Minnow 96 Hour Acute Toxicity (Estimated)
LC50= 250; No Effect Level= 91 mg/L

BIODEGRADATION

BOD-28 (mg/g): 199
BOD-5 (mg/g): 1
COD (mg/g): 1430
TOC (mg/g): 356

13 DISPOSAL CONSIDERATIONS

If this undiluted product is discarded as a waste, the US RCRA hazardous waste identification number is : D001=Ignitable;D002=Corrosive(pH).

Please be advised; however, that state and local requirements for waste disposal may be more restrictive or otherwise different from federal regulations. Consult state and local regulations regarding the proper disposal of this material.

14 TRANSPORT INFORMATION

DOT HAZARD:	Corrosive to skin, Flammable
UN / NA NUMBER:	UN2734
DOT EMERGENCY RESPONSE GUIDE #:	132

15 REGULATORY INFORMATION

TSCA:
All components of this product are listed in the TSCA inventory.

CERCLA AND/OR SARA REPORTABLE QUANTITY (RQ):
5,579 gallons due to CYCLOHEXYLAMINE;

FOOD AND DRUG ADMINISTRATION:
ALL ingredients in this product are authorized in 21CFR173.310 for use as boiler water additives where the steam may contact food.

USDA FEDERALLY INSPECTED MEAT AND POULTRY PLANTS:
SEC.G6

SARA SECTION 312 HAZARD CLASS:
Immediate(acute);Delayed(Chronic);Fire

SARA SECTION 302 CHEMICALS:

CAS#	CHEMICAL NAME
108-91-8	CYCLOHEXYLAMINE

SARA SECTION 313 CHEMICALS:
No regulated constituent present at OSHA thresholds

CALIFORNIA REGULATORY INFORMATION

CALIFORNIA SAFE DRINKING WATER AND TOXIC ENFORCEMENT ACT (PROPOSITION 65) CHEMICALS PRESENT:

No regulated constituent present at OSHA thresholds

MICHIGAN REGULATORY INFORMATION

No regulated constituent present at OSHA thresholds

16 OTHER INFORMATION

NFPA/HMIS		CODE TRANSLATION
Health	3	Serious Hazard
Fire	2	Moderate Hazard
Reactivity	0	Minimal Hazard
Special	CORR	DOT corrosive
(1) Protective Equipment	D	Goggles,Face Shield,Gloves,Apron

(1) refer to section 8 of MSDS for additional protective equipment recommendations.

CHANGE LOG

EFFECTIVE

	DATE	REVISIONS TO SECTION:	SUPERCEDES
MSDS status:	29-JAN-1997		** NEW **
	03-APR-1997	15	29-JAN-1997
	07-APR-1997	15	03-APR-1997
	19-MAY-1998	15	07-APR-1997
	21-AUG-1998	15	19-MAY-1998
	19-MAR-2003	4	21-AUG-1998

GE Betz

GE Betz, Inc.
4636 Somerton Road
Trevose, PA 19053
Business telephone: (215) 355-3300

Material Safety Data Sheet

Issue Date: 04-FEB-2005

EMERGENCY TELEPHONE (Health/Accident): (800) 877-1940

1 PRODUCT IDENTIFICATION

PRODUCT NAME:

OPTISPERSE CL6255

PRODUCT APPLICATION AREA:

WATER BASED INTERNAL BOILER TREATMENT CHEMICAL.

2 COMPOSITION / INFORMATION ON INGREDIENTS

Information for specific product ingredients as required by the U.S. OSHA HAZARD COMMUNICATION STANDARD is listed. Refer to additional sections of this MSDS for our assessment of the potential hazards of this formulation.

HAZARDOUS INGREDIENTS:

CAS#	CHEMICAL NAME
5064-31-3	NITRILOTRIACETIC ACID,TRISODIUM SALT (NTA.3NA) Possible human carcinogen (IARC=2B; NTP=anticipated)
64-02-8	ETHYLENEDIAMINE TETRAACETIC ACID, TETRASODIUM SALT (EDTA.4NA) Corrosive (eyes); irritant (skin)

3 HAZARDS IDENTIFICATION

****

EMERGENCY OVERVIEW

CAUTION

May cause slight irritation to the skin. May cause moderate irritation to the eyes. Mists/aerosols may cause irritation to upper respiratory tract.

DOT hazard is not applicable

Emergency Response Guide is not applicable
Odor: None; Appearance: Yellow, Liquid

Fire fighters should wear positive pressure self-contained breathing apparatus(full face-piece type). Proper fire-extinguishing media: dry chemical, carbon dioxide, foam or water

****

POTENTIAL HEALTH EFFECTS

ACUTE SKIN EFFECTS:
Primary route of exposure; May cause slight irritation to the skin.

ACUTE EYE EFFECTS:
May cause moderate irritation to the eyes.

ACUTE RESPIRATORY EFFECTS:
Mists/aerosols may cause irritation to upper respiratory tract.

INGESTION EFFECTS:
May cause slight gastrointestinal irritation.

TARGET ORGANS:
Product or product component may increase the risk of cancer based on limited animal data.

MEDICAL CONDITIONS AGGRAVATED:
Not known.

SYMPTOMS OF EXPOSURE:
May cause redness or itching of skin.

4 FIRST AID MEASURES

SKIN CONTACT:
Remove contaminated clothing. Wash exposed area with a large quantity of soap solution or water for 15 minutes.

EYE CONTACT:
Immediately flush eyes with water for 15 minutes. Immediately contact a physician for additional treatment.

INHALATION:
Remove victim from contaminated area to fresh air. Apply appropriate first aid treatment as necessary.

INGESTION:
Do not feed anything by mouth to an unconscious or convulsive victim. Do not induce vomiting. Immediately contact physician. Dilute contents of stomach using 3-4 glasses milk or water.

NOTES TO PHYSICIANS:
No special instructions

5 FIRE FIGHTING MEASURES

FIRE FIGHTING INSTRUCTIONS:
Fire fighters should wear positive pressure self-contained breathing apparatus (full face-piece type).

EXTINGUISHING MEDIA:
dry chemical, carbon dioxide, foam or water

HAZARDOUS DECOMPOSITION PRODUCTS:
Thermal decomposition (destructive fires) yields elemental oxides.

FLASH POINT:

> 200F > 93C SETA(CC)

6 ACCIDENTAL RELEASE MEASURES

PROTECTION AND SPILL CONTAINMENT:
Ventilate area. Use specified protective equipment. Contain and absorb on absorbent material. Place in waste disposal container. Flush area with water. Wet area may be slippery. Spread sand/grit.

DISPOSAL INSTRUCTIONS:
Water contaminated with this product may be sent to a sanitary sewer treatment facility,in accordance with any local agreement,a permitted waste treatment facility or discharged under a permit. Product as is - Incinerate or land dispose in an approved landfill.

7 HANDLING & STORAGE

HANDLING:
Normal chemical handling.

STORAGE:
Keep containers closed when not in use. Do not freeze. If frozen, thaw and mix completely prior to use.

8 EXPOSURE CONTROLS / PERSONAL PROTECTION

CHEMICAL NAME	EXPOSURE LIMITS
NITRILOTRIACETIC ACID,TRISODIUM SALT (NTA.3NA)	
PEL (OSHA):	NOT DETERMINED
TLV (ACGIH):	NOT DETERMINED
ETHYLENEDIAMINE TETRAACETIC ACID, TETRASODIUM SALT (EDTA.4NA)	
PEL (OSHA):	NOT DETERMINED
TLV (ACGIH):	NOT DETERMINED

ENGINEERING CONTROLS:
adequate ventilation

PERSONAL PROTECTIVE EQUIPMENT:
Use protective equipment in accordance with 29CFR 1910 Subpart I

RESPIRATORY PROTECTION:
A RESPIRATORY PROTECTION PROGRAM THAT MEETS OSHA'S 29 CFR 1910.134 AND ANSI Z88.2 REQUIREMENTS MUST BE FOLLOWED WHENEVER WORKPLACE CONDITIONS WARRANT A RESPIRATOR'S USE.
USE AIR PURIFYING RESPIRATORS WITHIN USE LIMITATIONS ASSOCIATED WITH THE EQUIPMENT OR ELSE USE SUPPLIED AIR-RESPIRATORS.
If air-purifying respirator use is appropriate, use a respirator with dust/mist filters.

SKIN PROTECTION:
rubber gloves-- Wash off after each use. Replace as necessary.

EYE PROTECTION:
splash proof chemical goggles

9 PHYSICAL & CHEMICAL PROPERTIES

Specific Grav.(70F,21C)	1.099	Vapor Pressure (mmHG)	~ 18.0
Freeze Point (F)	22	Vapor Density (air=1)	< 1.00
Freeze Point (C)	-6		

Viscosity(cps 70F,21C)	ND	% Solubility (water)	100.0

Odor		None	
Appearance		Yellow	
Physical State		Liquid	
Flash Point	SETA(CC)	> 200F	> 93C
pH As Is (approx.)		12.2	
Evaporation Rate (Ether=1)		< 1.00	

NA = not applicable ND = not determined

10 STABILITY & REACTIVITY

STABILITY:
Stable under normal storage conditions.
HAZARDOUS POLYMERIZATION:
Will not occur.
INCOMPATIBILITIES:
May react with strong oxidizers.
DECOMPOSITION PRODUCTS:
Thermal decomposition (destructive fires) yields elemental oxides.
INTERNAL PUMPOUT/CLEANOUT CATEGORIES:
"B"

11 TOXICOLOGICAL INFORMATION

Oral LD50 RAT: >2,000 mg/kg
NOTE - Estimated value
Dermal LD50 RABBIT: >2,000 mg/kg
NOTE - Estimated value
Eye Irritation Score RABBIT: MODERATE
NOTE - Completely reversible; Estimated based on testing of similar material

12 ECOLOGICAL INFORMATION

AQUATIC TOXICOLOGY
Daphnia magna 48 Hour Acute Toxicity (Estimated)
LC50= 2560; No Effect Level= 1920 mg/L
Fathead Minnow 96 Hour Acute Toxicity (Estimated)
LC50= 4800; No Effect Level= 2990 mg/L

BIODEGRADATION
BOD-28 (mg/g): 5
BOD-5 (mg/g): 2
COD (mg/g): 167
TOC (mg/g): 56

13 DISPOSAL CONSIDERATIONS

If this undiluted product is discarded as a waste, the US RCRA hazardous waste identification number is :
Not applicable.

Please be advised; however, that state and local requirements for waste disposal may be more restrictive or otherwise different from federal regulations. Consult state and local regulations regarding the proper disposal of this material.

14 TRANSPORT INFORMATION

DOT HAZARD:	Not Applicable
UN / NA NUMBER:	Not applicable
DOT EMERGENCY RESPONSE GUIDE #:	Not applicable

15 REGULATORY INFORMATION

TSCA:
All components of this product are listed in the TSCA inventory.

CERCLA AND/OR SARA REPORTABLE QUANTITY (RQ):
No regulated constituent present at OSHA thresholds

FOOD AND DRUG ADMINISTRATION:
ALL ingredients in this product are authorized in 21CFR173.310 for use as boiler water additives where the steam may contact food.

SARA SECTION 312 HAZARD CLASS:
Immediate(acute);Delayed(Chronic)

SARA SECTION 302 CHEMICALS:
No regulated constituent present at OSHA thresholds

SARA SECTION 313 CHEMICALS:
No regulated constituent present at OSHA thresholds

CALIFORNIA REGULATORY INFORMATION

CALIFORNIA SAFE DRINKING WATER AND TOXIC ENFORCEMENT ACT (PROPOSITION 65) CHEMICALS PRESENT:
This product contains these chemicals known to the state of California to cause cancer and/or reproductive toxicity:

CAS#	CHEMICAL NAME
5064-31-3	NITRILOTRIACETIC ACID,TRISODIUM SALT (NTA.3NA)
50-00-0	FORMALDEHYDE

MICHIGAN REGULATORY INFORMATION

No regulated constituent present at OSHA thresholds

16 OTHER INFORMATION

NFPA/HMIS		CODE TRANSLATION
Health	1	Slight Hazard
Fire	1	Slight Hazard
Reactivity	0	Minimal Hazard
Special	ALK	pH above 12.0
(1) Protective Equipment	B	Goggles,Gloves

(1) refer to section 8 of MSDS for additional protective equipment recommendations.

CHANGE LOG

	EFFECTIVE DATE	REVISIONS TO SECTION:	SUPERCEDES
MSDS status:	03-DEC-1998		** NEW **
	19-MAY-1999	15	03-DEC-1998
	01-APR-2004	15	19-MAY-1999

04-FEB-2005 15 01-APR-2004

1) CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME : DEPOSITROL PY5203

PRODUCT APPLICATION AREA: WATER-BASED DEPOSIT CONTROL AGENT.

COMPANY ADDRESS:
BetzDearborn Inc.
4636 Somerton Road, Trevose, Pa. 19053
Information phone number: (215) - 355-3300

EMERGENCY TELEPHONE (HEALTH/ACCIDENT): (800)-877-1940 (USA)

2) COMPOSITION / INFORMATION ON INGREDIENTS

Information for specific product ingredients as required by the U.S. OSHA HAZARD COMMUNICATION STANDARD is listed. Refer to additional sections of this MSDS for our assessment of the potential hazards of this formulation.

HAZARDOUS INGREDIENTS:

This product is not hazardous as defined by OSHA regulations.

No component is considered to be a carcinogen by the National Toxicology Program, the International Agency for Research on Cancer, or the Occupational Safety and Health Administration at OSHA thresholds for carcinogens.

CONTINUED

3) HAZARDS IDENTIFICATION

****

EMERGENCY OVERVIEW

CAUTION

May cause slight irritation to the skin. May cause moderate irritation to the eyes. Vapors, gases, mists and/or aerosols may cause irritation to upper respiratory tract.

DOT hazard is not applicable
Emergency Response Guide is not applicable
Odor: Mild; Appearance: Amber, Liquid

Fire fighters should wear positive pressure self-contained breathing apparatus(full face-piece type). Proper fire-extinguishing media: dry chemical, carbon dioxide, foam or water

****

POTENTIAL HEALTH EFFECTS

ACUTE SKIN EFFECTS:
May cause slight irritation to the skin.

ACUTE EYE EFFECTS:
May cause moderate irritation to the eyes.

ACUTE RESPIRATORY EFFECTS:
Primary route of exposure;Vapors, gases, mists and/or aerosols may cause irritation to upper respiratory tract.

INGESTION EFFECTS:
No adverse effects expected. If more than several mouthfuls are swallowed, abdominal discomfort, nausea, diarrhea and weakness may occur.

TARGET ORGANS:
No evidence of potential chronic effects.

MEDICAL CONDITIONS AGGRAVATED:
Not known.

SYMPTOMS OF EXPOSURE:
Inhalation may cause irritation of the respiratory tract. Skin contact may cause itching and/or redness.

CONTINUED

4) FIRST AID MEASURES

SKIN CONTACT:
Remove contaminated clothing. Wash exposed area with a large quantity of soap solution or water for 15 minutes.
EYE CONTACT:
Immediately flush eyes with water for 15 minutes. Immediately contact a physician for additional treatment.
INHALATION:
Remove victim from contaminated area to fresh air. Apply appropriate first aid treatment as necessary.
INGESTION:
Do not feed anything by mouth to an unconscious or convulsive victim. Do not induce vomiting. Immediately contact physician. Dilute contents of stomach using 3-4 glasses milk or water.

5) FIRE FIGHTING MEASURES

FIRE FIGHTING INSTRUCTIONS:
Fire fighters should wear positive pressure self-contained breathing apparatus (full face-piece type).
EXTINGUISHING MEDIA:
dry chemical, carbon dioxide, foam or water
HAZARDOUS DECOMPOSITION PRODUCTS:
Thermal decomposition (destructive fires) yields elemental oxides.
FLASH POINT:
> 200F P-M(CC)

6) ACCIDENTAL RELEASE MEASURES

PROTECTION AND SPILL CONTAINMENT:
Ventilate area. Use specified protective equipment. Contain and absorb on absorbent material. Place in waste disposal container. Flush area with water. Wet area may be slippery. Spread sand/grit.
DISPOSAL INSTRUCTIONS:
Water contaminated with this product may be sent to a sanitary sewer treatment facility,in accordance with any local agreement,a permitted waste treatment facility or discharged under a permit. Product as is - Incinerate or land dispose in an approved landfill.

7) HANDLING AND STORAGE

HANDLING:
Acidic. Do not mix with alkaline material.
STORAGE:
Keep containers closed when not in use. Protect from freezing.

CONTINUED

8) EXPOSURE CONTROLS/PERSONAL PROTECTION

EXPOSURE LIMITS

This product is not hazardous as defined by OSHA regulations.

ENGINEERING CONTROLS:
adequate ventilation
PERSONAL PROTECTIVE EQUIPMENT:
Use protective equipment in accordance with 29CFR 1910 Subpart I
RESPIRATORY PROTECTION:
A RESPIRATORY PROTECTION PROGRAM THAT MEETS OSHA'S 29 CFR 1910.134 AND ANSI Z88.2 REQUIREMENTS MUST BE FOLLOWED WHENEVER WORKPLACE CONDITIONS WARRANT A RESPIRATOR'S USE.
USE AIR PURIFYING RESPIRATORS WITHIN USE LIMITATIONS ASSOCIATED WITH THE EQUIPMENT OR ELSE USE SUPPLIED AIR-RESPIRATORS.
If air-purifying respirator use is appropriate, use a respirator with organic vapor cartridges.
SKIN PROTECTION:
neoprene gloves-- Wash off after each use. Replace as necessary.
EYE PROTECTION:
splash proof chemical goggles

9) PHYSICAL AND CHEMICAL PROPERTIES

Specific Grav. (70F)	1.203	Vapor Pressure (mmHG)	~ 18.0
Freeze Point (F)	28.00	Vapor Density (air=1)	< 1.00
Viscosity (cps 70F)	490	% Solubility (water)	100.0

Odor	Mild	
Appearance	Amber	
Physical State	Liquid	
Flash Point (F)	> 200	P-M(CC)
pH As Is (approx.)	2.4	
Evaporation Rate (Ether=1)	< 1.00	

NA = not applicable ND = not determined

CONTINUED

10) STABILITY AND REACTIVITY

STABILITY:
Stable under normal storage conditions.
HAZARDOUS POLYMERIZATION:
Will not occur.
INCOMPATIBILITIES:
May react with strong oxidizers.
DECOMPOSITION PRODUCTS:
Thermal decomposition (destructive fires) yields elemental oxides.
BETZ INTERNAL PUMPOUT/CLEANOUT CATEGORIES:
"A"

11) TOXICOLOGICAL INFORMATION

Oral LD50 RAT:	15,380 mg/kg
Dermal LD50 RABBIT:	2,025 mg/kg
Skin Irritation Score RABBIT:	0
Eye Irritation Score RABBIT:	0

12) ECOLOGICAL INFORMATION

AQUATIC TOXICOLOGY

Fathead Minnow 96 Hour Static Renewal Bioassay
pH of test solutions was adjusted to a level of 6-9. Low water solubility resulted in precipitation.

LC50: 7500 mg/L
No Effect Level: 2100 mg/L

Daphnia magna 48 Hour Static Renewal Bioassay
pH of test solutions was adjusted to a level of 6-9. Low water solubility resulted in precipitation.

LC50: 1045 mg/L
No Effect Level: 845 mg/L

BIODEGRADATION

COD (mg/gm):	637
TOC (mg/gm):	291
BOD-5 (mg/gm):	6
BOD-28 (mg/gm):	24

CONTINUED

13) DISPOSAL CONSIDERATIONS

If this undiluted product is discarded as a waste, the US RCRA hazardous waste identification number is :
Not applicable.

Please be advised; however, that state and local requirements for waste disposal may be more restrictive or otherwise different from federal regulations. Consult state and local regulations regarding the proper disposal of this material.

14) TRANSPORT INFORMATION

DOT HAZARD:	Not Applicable
UN / NA NUMBER:	Not applicable
DOT EMERGENCY RESPONSE GUIDE #:	Not applicable

15) REGULATORY INFORMATION

TSCA:
All components of this product are listed in the TSCA inventory.
CERCLA AND/OR SARA REPORTABLE QUANTITY (RQ):
No regulated constituent present at OSHA thresholds
FOOD AND DRUG ADMINISTRATION:
21 CFR 176.170 (components of paper and paperboard in contact with aqueous and fatty foods)
SARA SECTION 312 HAZARD CLASS:
Product is non-hazardous under Section 311/312
SARA SECTION 302 CHEMICALS:
No regulated constituent present at OSHA thresholds
SARA SECTION 313 CHEMICALS:
No regulated constituent present at OSHA thresholds

CALIFORNIA REGULATORY INFORMATION

CALIFORNIA SAFE DRINKING WATER AND TOXIC ENFORCEMENT ACT (PROPOSITION 65) CHEMICALS PRESENT:

No regulated constituent present at OSHA thresholds

MICHIGAN REGULATORY INFORMATION

No regulated constituent present at OSHA thresholds

CONTINUED

16) OTHER INFORMATION

NFPA/HMIS	CODE TRANSLATION	
Health	1	Slight Hazard
Fire	1	Slight Hazard
Reactivity	0	Minimal Hazard
Special	NONE	No special Hazard
(1) Protective Equipment	B	Goggles,Gloves

(1) refer to section 8 of MSDS for additional protective equipment recommendations.

CHANGE LOG

	EFFECTIVE DATE	REVISIONS TO SECTION:	SUPERCEDES
MSDS status:	28-JAN-1997		** NEW **
	15-AUG-1997	15	28-JAN-1997

1 PRODUCT AND COMPANY IDENTIFICATION

Fluorochemicals
2000 Market Street

Philadelphia, PA 19103

EMERGENCY PHONE NUMBERS:
Chemtrec: (800) 424-9300 (24hrs) or (703) 527-3887
Medical: Rocky Mountain Poison Control Center
(303) 623-5716 (24Hrs)

Information Telephone Numbers	Phone Number	Available Hrs
Product Information	800-245-5858	8:00 am - 5:30 pm (Eastern)

Product Name	Forane (R) 134a
Product Synonym(s)	A list of applicable products can be found in Section 16
Chemical Family	Hydrofluorocarbon
Chemical Formula	CF3CH2F
Chemical Name	1,1,1,2-tetrafluoroethane (HFC - 134a)
EPA Reg Num	
Product Use	Refrigerant

2 COMPOSITION / INFORMATION ON INGREDIENTS

Ingredient Name	CAS RegistryNumber	Typical Wt. %	OSHA
1,1,1,2-Tetrafluoroethane (HFC-134a)	811-97-2	100%	Y

The substance(s) marked with a "Y" in the OSHA column, are identified as hazardous chemicals according to the criteria of the OSHA Communication Standard (29 CFR 1910.1200)

This material is classified as hazardous under Federal OSHA regulation.

The components of this product are all on the TSCA inventory list.

3 HAZARDS IDENTIFICATION

Emergency Overview
Colorless liquified gas with faint ether odor.

WARNING!
LIQUID AND GAS UNDER PRESSURE, OVERHEATING AND OVERPRESSURIZING MAY CAUSE GAS RELEASE OR VIOLENT CYLINDER BURSTING. MAY DECOMPOSE ON CONTACT WITH FLAMES OR EXTREMELY HOT METAL SURFACES TO PRODUCE TOXIC AND CORROSIVE PRODUCTS. VAPOR REDUCES OXYGEN AVAILABLE FOR BREATHING AND IS HEAVIER THAN AIR. HARMFUL IF INHALED AND MAY CAUSE HEART IRREGULARITIES, UNCONSCIOUSNESS OR DEATH. LIQUID CONTACT WITH EYES OR SKIN MAY CAUSE FROSTBITE.

Potential Health Effects

Inhalation and skin contact are expected to be the primary routes of occupational exposure to this material. As with most liquified gases, contact with the rapidly volatilizing liquid or cold vapor can cause frostbite to any tissue. High vapor concentrations are irritating to the eyes and respiratory tract and may result in central nervous system (CNS) effects such as headache, dizziness, anesthesia, drowsiness and, in severe exposure, loss of consciousness and death. The dense vapor of this material may reduce the available oxygen for breathing and produce symptoms such as headache, dizziness, drowsiness, cyanosis and lack of muscle control followed by collapse. Prolonged exposure to an oxygen-deficient atmosphere may be fatal. Inhalation of this material may cause an increase in the sensitivity of the

heart to adrenaline, which could result in irregular or rapid heartbeats and reduced heart function. Workers with heart disease or compromised heart function should limit exposure to this material.

4 FIRST AID MEASURES

IF IN EYES, immediately flush with plenty of water. Get medical attention if irritation persists.

IF ON SKIN, Flush exposed skin with lukewarm water (not hot), or use other means to warm skin slowly. Get medical attention if frostbitten by liquid or if irritation occures.

IF SWALLOWED, Not applicable - product is a gas at ambient temperatures.

IF INHALED, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention. Do not give adrenaline, epinephrin or similar drugs following exposure to this product.

5 FIRE FIGHTING MEASURES

Fire and Explosive Properties

Auto-Ignition Temperature	NA	
Flash Point	NA - GAS	Flash Point Method
Flammable Limits- Upper	NA	
Lower	NA	

Extinguishing Media

Use extinguishing media appropriate to surrounding fire conditions.

Fire Fighting Instructions

Stop the flow of gas if possible. Use water spray on person making shut-off. Fire fighters and others who may be exposed to products of combustion should wear full fire fighting turn out gear (full Bunker Gear) and self-contained breathing apparatus (pressure demand NIOSH approved or equivalent). Fire fighting equipment should be thoroughly decontaminated after use.

Fire and Explosion Hazards

May decompose on contact with flames or extremely hot metal surfaces to produce toxic and corrosive products. Liquid and gas under pressure, overheating or overpressurizing may cause gas release and/or violent cylinder bursting. Container may explode if heated due to resulting pressure rise. Some mixtures of HCFCs and/or HCFs, and air or oxygen may be combustible if pressurized and exposed to extreme heat or flame.

6 ACCIDENTAL RELEASE MEASURES

In Case of Spill or Leak

Use Halogen leak detector or other suitable means to locate leaks or check atmosphere. Keep upwind. Evacuate enclosed spaces and disperse gas with floor-level forced-air ventilation. Exhaust vapors outdoors. Do not smoke or operate internal combustion engines. Remove flames and heating elements.

7 HANDLING AND STORAGE

7 HANDLING AND STORAGE

Handling

Avoid breathing gas. Avoid contact with eyes, skin and clothing. Keep container closed. Use only with adequate ventilation. Do not enter confined spaces unless adequately ventilated.

Storage

Do not apply direct flame to cylinder. Do not store cylinder in direct sun or expose it to heat above 120 F. Do not drop or refill this cylinder. Keep away from heat, sparks and flames.

8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Engineering Controls

Investigate engineering techniques to reduce exposures below airborne exposure limits. Provide ventilation if necessary to control exposure levels below airborne exposure limits (see below). If practical, use local mechanical exhaust ventilation at sources of air contamination such as open process equipment.

Eye / Face Protection

Where there is potential for eye contact, wear chemical goggles and have eye flushing equipment available.

Skin Protection

Wear appropriate chemical resistant protective clothing and chemical resistant gloves to prevent skin contact. Consult glove manufacturer to determine appropriate type glove material for given application. Rinse contaminated skin promptly. Wash contaminated clothing and clean protective equipment before reuse. Wash skin thoroughly after handling.

Respiratory Protection

Avoid breathing gas. Use NIOSH approved respiratory protection equipment appropriate to the material and/or its components (full facepiece recommended) when airborne exposure limits are exceeded (see below). Consult respirator manufacturer to determine appropriate type equipment for a given application. Observe respirator use limitations specified by NIOSH or the manufacturer. For emergency and other conditions where exposure limit may be significantly exceeded, use an approved full face positive-pressure, self-contained breathing apparatus or positive-pressure airline with auxiliary self-contained air supply. Respiratory protection programs must comply with 29 CFR § 1910.134.

Airborne Exposure Guidelines for Ingredients

Exposure Limit		Value
1,1,1,2-Tetrafluoroethane (HFC-134a)		
WEEL TWA	-	1000 ppm 4240 mg/m3

-Only those components with exposure limits are printed in this section.
-Skin contact limits designated with a "Y" above have skin contact effect. Air sampling alone is insufficient to accurately quantitate exposure. Measures to prevent significant cutaneous absorption may be required.

9 PHYSICAL AND CHEMICAL PROPERTIES

Appearance/Odor	Colorless liquified gas with faint ether odor.
pH	NA
Specific Gravity	1.21 @ 25 C/ 77 F
Vapor Pressure	96.16 PSIA @ 77 F
Vapor Density	3.25
Melting Point	NE
Freezing Point	-101 C/ -149 F
Boiling Point	-26.4 C/ -15.5 F
Solubility In Water	Slight
Percent Volatile	100
Molecular Weight	86.48

10 STABILITY AND REACTIVITY

Stability

This material is chemically stable under specified conditions or storage, shipment and/or use. See HANDLING AND STORAGE section of this MSDS for specified conditions.

Incompatibility

Avoid contact with strong alkali or alkaline earth metals, finely powdered metals such as aluminum, magnesium or zinc and strong oxidizers, since they may react or accelerate decomposition.

Hazardous Decomposition Products

Thermal decomposition products include hydrogen fluoride, hydrogen chloride, carbon monoxide, carbon dioxide and chlorine.

11 TOXICOLOGICAL INFORMATION

Toxicological Information

1,1,1,2-Tetrafluoroethane (HFC-134a)
No allergic skin response was observed in guinea pigs following repeated skin exposure to this material. Inhalation of very high concentrations of this material (generally exceeding 50000 ppm) produces a rapid anesthetic effect in mice, dogs, cats and monkeys. As with many other halogenated hydrocarbons, inhalation of this material, followed by intravenous injection of epinephrine to simulate human stress reactions, resulted in heart sensitization at levels above about 75000 ppm in dogs. No toxic effects were observed in rats exposed 6 hours/day, 5 days/week for 13-weeks to this material concentrations up to 50000 ppm. No toxic effects and no tumors were observed in an oral dose study of rats given corn oil solutions of this material at 300 mg/kg/day for 1-year followed by lifetime observation. Long-term inhalation (2-years) of high concentrations of this material (50000 ppm) caused an increased incidence of benign, not life-threatening tumors of the testes in rats. No exposure-related effects or tumors were observed at 10000 ppm in this study. This material was negative in the mouse dominant lethal assay. No birth defects were noted in rats and rabbits exposed to this material by inhalation during pregnancy, even at levels (300000 ppm and 50000 ppm, respectively) which produced toxic effects in the mothers and their offspring. This material produced no genetic changes in standard tests using animals (in vivo tests) and animal or bacterial cells. Metabolism studies in rats exposed by the oral and inhalation routes show that this material is not metabolized or accumulated in the body to any significant extent

11 TOXICOLOGICAL INFORMATION

and is rapidly eliminated in the exhaled air. Single exposure (acute) studies indicate:
Inhalation - Practically Non-toxic to Rats (4-hr LC50 >500,000 ppm; 30-min LC50 ~750,000 ppm)
Eye Irritation - Slightly Irritating to Rabbits
Skin Irritation - Slightly Irritating to Rabbits (24-hr exposure)

12 ECOLOGICAL INFORMATION

Ecotoxicological Information

Based on its low n-octanol/water partition coefficient (log Pow of 1.06), bioaccumulation of this material is considered unlikely.

Chemical Fate Information

Based on its low n-octanol/water partition coefficient (log Pow 1.06), bioaccumulation of this material is considered unlikely. When evaluated in a 28 day activated sludge test, 3% degradation of this material was observed.

13 DISPOSAL CONSIDERATIONS

Waste Disposal

Recover, reclaim or recycle when practical. Dispose of in accordance with federal, state and local regulations. Note: Chemical additions to, processing of, or otherwise altering this material may make this waste management information incomplete, inaccurate, or otherwise inappropriate. Furthermore, state and local waste disposal requirements may be more restrictive or otherwise different from federal laws and regulations.

14 TRANSPORT INFORMATION

DOT Name	1,1,1,2-tetrafluoroethane
DOT Technical Name	
DOT Hazard Class	2.2
UN Number	UN 3159
DOT Packing Group	PG NA
RQ	

15 REGULATORY INFORMATION

Hazard Categories Under Criteria of SARA Title IIII Rules (40 CFR Part 370)

Immediate (Acute) Health	Y	Fire	N
Delayed (Chronic) Health	N	Reactive	N
		Sudden Release of Pressure	Y

The components of this product are all on the TSCA inventory list.

Ingredient Related Regulatory Information:

SARA Reportable Quantities	CERCLA RQ	SARA TPQ

SARA Reportable Quantities	CERCLA RQ	SARA TPQ
1,1,1,2-Tetrafluoroethane (HFC-134a)	NE	

16 OTHER INFORMATION

Revision Information

Revision Date	17 JUL 1999	Revision Number 1
Supercedes Revision Dated	New Document	

Revision Summary
Initial Entry

Key
NE= Not Established NA= Not Applicable (R) = Registered Trademark

Miscellaneous
This MSDS applies to the following grades:
Forane 134a - Appliance Grade
Forane 134a

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MATERIAL SAFETY DATA SHEET

1. Chemical Product and Company Identification 274

KLEA ® 134a

General Use: Refrigerant
Alternate names: Fluorocarbon 134a, R134a, HFC134a, HFA134a

INEOS Fluor Americas LLC
300 Dickinson Drive - Suite 1
Chadds Ford, PA 19317

Issue Date: 1/19/01
Rev. 13
BPCS: 274

*** Medical Emergency (24 hr.): 800-298-9164
Transportation emergency (24 hr.): CHEMTREC 800-424-9300
Product Information: 800-275-5532

2. Composition Information on Ingredients

Ingredients:	%(Wt)	OSHA PEL
1,1,1,2-Tetrafluoroethane (CAS 811-97-2)	100	Not listed

3. Hazards Identification

Emergency Overview:
Appearance: Colorless liquified gas with faint ethereal odor
Physical hazards*: Compressed liquified gas
Health hazards': Harmful (central nervous system depression, cardiac arrhythmias)

*Hazard summary (as defined by OSHA Hazard Comm. Std., 29 CFR 1910.1200):

Potential Health Effects:
General: The health hazard assessment is based on toxicity studies together with information from a search of the scientific literature and other commercial sources.

Ingestion: Extremely unlikely to occur in use.

Eye contact: Liquid splashes or vapor spray may cause freeze burns.

Skin contact: The liquid form of this product may cause freeze burns (frostbite-like lesions).

Skin absorption: This product will probably not be absorbed through human skin.

Inhalation: Exposure to very high vapor concentrations can induce anesthetic effects progressing from dizziness, weakness, nausea, to unconsciousness. It can act as an asphyxiant by limiting available oxygen. Very high doses can cause abnormal heart rhythm which is potentially fatal.

Other effects of overexposure: None expected.

4. First Aid Measures

Skin: Thaw affected area with water. Remove contaminated clothing. Caution: clothing may adhere to the skin in case of freeze burns. After contact with skin, wash immediately with plenty of warm water. If symptoms (irritation or blistering) develop, get medical attention.

Eyes: Immediately flush with plenty of water. After initial flushing, remove any contact lenses and continue flushing for at least 15 minutes. Have eyes examined and treated by medical personnel.

Ingestion: Not applicable.

Inhalation: Remove victim to fresh air. Keep warm and at rest. If not breathing, give artificial respiration, preferably mouth-to-mouth. If breathing is labored, give oxygen. In the event of a cardiac arrest, apply external cardiac massage. Do not administer adrenaline or similar sympathomimetic drugs as cardiac arrhythmias may result. Get immediate medical attention.

5. Fire Fighting Measures

Flashpoint and method: Does not flash

Autoignition temperature: Not applicable

Flammable limits (STP): Nonflammable

General hazards: Compressed liquified gas.

Heavy vapors can suffocate.

HFC 134a is not flammable in air under ambient conditions of temperature and pressure. Under conditions of high temperature and pressure, certain HFC 134a/air mixtures were shown to be flammable. Mixtures of HFC 134a and air or oxygen should not be used for pressure or leak testing.

Certain mixtures of HFC134a and chlorine may be flammable under some conditions. Thermal decomposition will evolve toxic and irritant vapors.

Firefighting instructions: Not applicable. Use media suitable for surrounding fire. Use water spray to cool containers.

Firefighting equipment: Self-contained breathing apparatus with full facepiece and protective clothing.

Hazardous combustion products: Highly toxic decomposition products.

6. Accidental Release Measures

*** Precautions should take into account the severity of the leak or spill. For large releases: Use recommended personal protection and evacuate unprotected personnel. Shut off the leak if without risk. Ventilate the spill area. If possible, dike and contain spillage. Prevent liquid from entering sewers, sumps or pit areas since vapor can create a suffocating atmosphere. Capture material for recycle or destruction if suitable equipment is available.

7. Handling and Storage

Storage temperature: Keep at temperature not exceeding 120 deg. F. (49 deg. C.).

Storage: Keep in a cool, well ventilated place. Keep containers dry. Keep away from direct sunlight, heat and sources of ignition.

Handling: Avoid causing and inhaling high concentrations of vapor. Atmospheric levels should be controlled to below the occupational exposure limit and kept as low as practicable.

Do not put mixture of HFC134a with air or oxygen under pressure; do not use such mixtures for leak or pressure testing.

Avoid HFC134a contact with flame or very hot surfaces.

8. Exposure Controls/Personal Protection

Exposure guidelines: No ACGIH TLV or OSHA PEL assigned. WEEL (AIHA): 1,000 ppm 8 hr TWA. Minimize exposure in accordance with good hygiene practice. INEOS FLUOR has established an occupational exposure limit of 1,000 ppm (8hr TWA) for this material.

Engineering controls: Ventilate low-lying areas such as sumps or pits where dense vapors collect. Use ventilation adequate to maintain safe levels. Provide eyewash station in work area.

Respiratory protection: Not normally needed if controls are adequate. If needed, use MSHA-NIOSH approved respirator for organic vapors. For high concentrations and oxygen-deficient atmospheres, use positive pressure air-supplied respirator.

Protective clothing: Impervious gloves if any possibility of skin contact with liquid. Additional protection may be required such as apron, arm covers, or full body suit, depending upon conditions.

Eye protection: Chemical tight goggles; full faceshield in addition if splashing is possible.

9. Physical and Chemical Properties

Appearance: Colorless liquified gas
Boiling point: -15.1 deg. F., -26.2 deg C.
Vapor pressure (mmHg at 20 deg . C.): 4268
Vapor density (air = 1): 3.3
Solubility in water: Very low
pH: Not applicable
Specific gravity: 1.23 at 20 deg. C.
% Volatile by volume: 100

10. Stability and Reactivity

Stability: Stable under normal conditions.

Incompatibility: Finely divided metals, magnesium and alloys containing more than 2% magnesium. Can react violently if in contact with alkali or alkali earth metals such as sodium, potassium or barium.

Stability and Reactivity (continued)

Hazardous decomposition products: Hydrogen fluoride by thermal decomposition and hydrolysis.

Hazardous polymerization: Will not occur.

11. Toxicological Information

Possible Human Health Effects:

Inhalation: High atmospheric concentrations may lead to anesthetic effects, including loss of consciousness. Very high exposures may cause an abnormal heart rhythm and prove suddenly fatal. Higher concentrations may cause asphyxiation due to reduced oxygen content of the atmosphere.

Skin contact: Liquid splashes or spray may cause freeze burns. Unlikely to be hazardous by skin absorption.

Eye contact: Liquid splashes or spray may cause freeze burns.

Ingestion: Highly unlikely, but should this occur, freeze burns will result.

Animal data:

The inhalation 4 hour LC50 in rats was greater than 500,000 ppm HFC 134a.

Slight eye irritation resulted from a brief spray of vapor.

The material was a slight skin irritant, but not a skin sensitizer.

The threshold for cardiac sensitization (arrhythmias) in dogs pretreated with epinephrine was an atmosphere of 75,000 ppm. The no observed effect level (NOEL) was 50,000 ppm.

No effect of any kind was seen in a 90 day inhalation study in the rat at dose levels up to, and including 50,000 ppm (6 hours per day, 5 days per week).

No developmental effects were seen in the rabbit following inhalation exposure to 40,000 ppm during gestation despite slight maternal toxicity. In a range-finding study in the rabbit, possible minimal embryolethality was seen at a dose level of 50,000 ppm. In the rat, slight fetotoxicity was present at an inhalation dose of 50,000 ppm administered during gestation and no effects were seen at 10,000 ppm. In another study in the rat, no developmental effects were seen at a dose of 100,000 ppm in the presence of slight maternal toxicity; clear maternal effects were followed by embryotoxicity and fetotoxicity at a dose level of 300,000 ppm. There were no increases in the incidence of fetal malformations in rats or rabbits at doses up to and including 300,000 ppm and 50,000 ppm, respectively.

HFC 134a showed no genetic toxicity in a range of *in-vitro and in-vivo* tests. No adverse effects were found in a study in which rats were followed to week 104 after receiving 300 mg/kg bodyweight/day of HFC134a by gavage for 52 weeks. In a 2-year inhalation study in rats, no adverse effects of any kind were observed except increased incidences of non-life threatening, benign, microscopic testicular interstitial (Leydig) cell tumors and associated interstitial cell hyperplasia which were confined to the top dose of 50,000 ppm.

12. Ecological Information

Persistence and degradation: Decomposes comparatively rapidly in the lower atmosphere (troposphere). Atmospheric lifetime is 15.6 years. Products of decomposition will be highly dispersed and hence will have a very low concentration. It is not a significant contributor to photochemical smog and is not considered to be a VOC. Is not considered an ozone depleting chemical.

Effect on effluent treatment: Discharges of the product will enter the atmosphere and will not result in long term aqueous contamination.

13. Disposal Considerations

Disposal method: Discarded product is not a hazardous waste under RCRA, 40 CFR 261. However, HFC134a should be recycled, reclaimed or destroyed whenever possible.

Container disposal: For disposable (DOT 39) cylinders only. Do not distribute, make available, furnish or reuse empty container when once emptied of the original product. Open valve to remove pressure in the cylinder. Then puncture, drill, crush or otherwise destroy empty cylinder and dispose of in a facility permitted for nonhazardous waste.

Refrigeration application: Subject to "no venting" regulations of Sections 608 and 609 of the Clean Air Act during the service or disposal of equipment.

14. Transport Information

DOT Hazard Description:
Proper Shipping Name: 1,1,1,2-TETRAFLUOROETHANE (RI34A)
Hazard Class: 2.2
Identification Number: UN 3159
Packing Group): None
Hazardous Substance (RQ): None
Placard/Label: NON-FLAMMABLE GAS

15. Regulatory Information

TSCA (Toxic Substances Control Act) Regulations, 40 CFR 710: All Ingredients are on the TSCA Chemical Substances Inventory.

CERCLA and SARA Regulations (40 CFR 355, 370 and 372): This product does not contain any chemicals subject to reporting requirements of SARA Section 313.

16. Other Information

The information herein is given in good faith, but no warranty, expressed or implied, is made.

*** Indicate changes since prior revision.

Information in this format is provided as a service to our customers and is intended only for their use. Others may use it at their own discretion and risk.

The MSDS format adheres to U.S. standards and regulatory requirements and may not meet regulatory requirements in other locations.

This information is based upon technical information believed to be reliable. It is subject to revision as additional knowledge and experience are gained. Please return to this website for the most current version.

"SUVA" 134a

2187FR Revised 17-AUG-2001

CHEMICAL PRODUCT/COMPANY IDENTIFICATION

Material Identification

Corporate MSDS Number	: DU000693
CAS Number	: 811-97-2
Formula	: CH2FCF3
CAS Name	: "SUVA" 134a

Tradenames and Synonyms

HFC 134a
VT1505

Company Identification

MANUFACTURER/DISTRIBUTOR
DuPont Fluoroproducts
1007 Market Street
Wilmington, DE 19898

PHONE NUMBERS

Product Information	: 1-800-441-7515 (outside the U.S. 302-774-1000)
Transport Emergency	: CHEMTREC 1-800-424-9300(outside U.S. 703-527-3887)

Medical Emergency : 1-800-441-3637 (outside the U.S. 302-774-1000)

COMPOSITION/INFORMATION ON INGREDIENTS

Components

Material	CAS Number	%
ETHANE, 1,1,1,2-TETRAFLUORO- (HFC-134a)	811-97-2	100

HAZARDS IDENTIFICATION

Potential Health Effects

INHALATION

ETHANE, 1,1,1,2-TETRAFLUORO-
Gross overexposure may cause: Central nervous system depression with dizziness, confusion, incoordination, drowsiness or unconsciousness. Irregular heart beat with a strange sensation in the chest, "heart thumping", apprehension, lightheadedness, feeling of fainting, dizziness, weakness, sometimes progressing to loss of consciousness and death. Suffocation, if air is displaced by vapors.

SKIN CONTACT

ETHANE, 1,1,1,2-TETRAFLUORO-
Immediate effects of overexposure may include: Frostbite, if liquid or escaping vapor contacts the skin.

EYE CONTACT

ETHANE, 1,1,1,2-TETRAFLUORO-
"Frostbite-like" effects may occur if the liquid or escaping vapors contact the eyes.

ADDITIONAL HEALTH EFFECTS

ETHANE, 1,1,1,2-TETRAFLUORO-
Increased susceptibility to the effects of this material may be observed in persons with pre-existing disease of the: central nervous system, cardiovascular system.

Carcinogenicity Information

None of the components present in this material at concentrations equal to or greater than 0.1% are listed by IARC, NTP, OSHA or ACGIH as a carcinogen.

FIRST AID MEASURES

First Aid

INHALATION

If high concentrations are inhaled, immediately remove to fresh air. Keep person calm. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Call a physician.

SKIN CONTACT

In case of contact, immediately flush skin with plenty of water for at least 15 minutes, while removing contaminated clothing and shoes. Call a physician. Wash contaminated clothing before reuse. Treat for frostbite if necessary by gently warming affected area.

EYE CONTACT

In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Call a physician.

INGESTION

Ingestion is not considered a potential route of exposure.

Notes to Physicians

Because of possible disturbances of cardiac rhythm, catecholamine drugs, such as epinephrine, should only be used with special caution in situations of emergency life support.

FIRE FIGHTING MEASURES

Flammable Properties

Flash Point : No flash point

Flammable Limits in Air, % by Volume:
LEL : None per ASTM E681
UEL : None per ASTM E681
Autoignition : >743 C(>1369 F)

Fire and Explosion Hazards:

Cylinders may rupture under fire conditions. Decomposition may occur.

Contact of welding or soldering torch flame with high

concentrations of refrigerant can result in visible changes in the size and color of torch flames. This flame effect will only occur in concentrations of product well above the recommended exposure limit, therefore stop all work and ventilate to disperse refrigerant vapors from the work area before using any open flames.

HFC-134a is not flammable in air at temperatures up to 100 deg. C (212 deg. F) at atmospheric pressure. However, mixtures of HFC-134a with high concentrations of air at elevated pressure and/or temperature can become combustible in the presence of an ignition source. HFC-134a can also become combustible in an oxygen enriched environment (oxygen concentrations greater than that in air). Whether a mixture containing HFC-134a and air, or HFC-134a in an oxygen enriched atmosphere become combustible depends on the inter-relationship of 1) the temperature 2) the pressure, and 3) the proportion of oxygen in the mixture. In general, HFC-134a should not be allowed to exist with air above atmospheric pressure or at high temperatures; or in an oxygen enriched environment. For example HFC-134a should NOT be mixed with air under pressure for leak testing or other purposes.

Experimental data have also been reported which indicate combustibility of HFC-134a in the presence of certain concentrations of chlorine.

Extinguishing Media

Use media appropriate for surrounding material.

Fire Fighting Instructions

Cool tank/container with water spray. Self-contained breathing apparatus (SCBA) may be required if cylinders rupture or release under fire conditions.

Water runoff should be contained and neutralized prior to release.

ACCIDENTAL RELEASE MEASURES

Safeguards (Personnel)

NOTE: Review FIRE FIGHTING MEASURES and HANDLING (PERSONNEL) sections before proceeding with clean-up. Use appropriate PERSONAL PROTECTIVE EQUIPMENT during clean-up.

Ventilate area, especially low or enclosed places where heavy vapors might collect. Remove open flames. Use self-contained breathing apparatus (SCBA) if large spill or leak occurs.

HANDLING AND STORAGE

Handling (Personnel)

Use with sufficient ventilation to keep employee exposure below recommended limits.

Handling (Physical Aspects)

HFC-134a should not be mixed with air for leak testing or used for any other purpose above atmospheric pressure. See Flammable Properties section. Contact with chlorine or other strong oxidizing agents should also be avoided.

Storage

Store in a clean, dry place. Do not heat above 52 C (126 F).

EXPOSURE CONTROLS/PERSONAL PROTECTION

Engineering Controls

Normal ventilation for standard manufacturing procedures is generally adequate. Local exhaust should be used when large amounts are released. Mechanical ventilation should be used in low or enclosed places. Refrigerant concentration monitors may be necessary to determine vapor concentrations in work areas prior to use of torches or other open flames, or if employees are entering enclosed areas.

Personal Protective Equipment

Impervious gloves and chemical splash goggles should be used when handling liquid.

Under normal manufacturing conditions, no respiratory protection is required when using this product.

Self-contained breathing apparatus (SCBA) is required if a large release occurs.

Exposure Guidelines

Exposure Limits
"SUVA" 134a

PEL	(OSHA)	: None Established
TLV	(ACGIH)	: None Established
AEL *	(DuPont)	: 1000 ppm, 8 & 12 Hr. TWA
WEEL	(AIHA)	: 1000 ppm, 8 Hr. TWA

* AEL is DuPont's Acceptable Exposure Limit. Where governmentally imposed occupational exposure limits which are lower than the AEL are in effect, such limits shall take precedence.

PHYSICAL AND CHEMICAL PROPERTIES

Physical Data

Boiling Point	: -26.5 C (-15.7 F) @ 736 mm Hg
Vapor Pressure	: 96 psia @ 25 C (77 F)
Vapor Density	: 3.6 (Air=1.0) @ 25 C (77 F)
% Volatiles	: 100 WT%
Solubility in Water	: 0.15 WT% @ 25 C (77 F) @ 14.7 psia
Odor	: Ether (slight).
Form	: Liquified Gas.
Color	: Colorless.
Liquid Density	: 1.21 g/cm3 @ 25 C (77 F)
Specific Gravity	: 1.208 @ 77 F (25 C)

Evaporation Rate : (CCL4 = 1); greater than 1

STABILITY AND REACTIVITY

Chemical Stability

Stable.

Conditions to Avoid

Avoid open flames and high temperatures.

Incompatibility with Other Materials

Incompatible with alkali or alkaline earth metals - powdered Al, Zn, Be, etc.

Decomposition

Decomposition products are hazardous. This material can be decomposed by high temperatures (open flames, glowing metal surfaces, etc.) forming hydrofluoric acid and possibly carbonyl fluoride.

These materials are toxic and irritating. Contact should be avoided.

Polymerization

Polymerization will not occur.

TOXICOLOGICAL INFORMATION

Animal Data

ETHANE, 1,1,1,2-TETRAFLUORO-

EYE:

A short duration spray of vapor produced very slight eye irritation.

SKIN:

Animal testing indicates this material is a slight skin irritant, but not a skin sensitizer.

INHALATION:

4 hour, ALC, rat: 567,000 ppm.

Single exposure caused: Cardiac sensitization, a potentially fatal disturbance of heart rhythm associated with a heightened sensitivity to the action of epinephrine.
Lowest-Observed-Adverse-Effect-Level for cardiac sensitization: 75,000 ppm. Single exposure caused: Lethargy. Narcosis. Increased respiratory rates. These effects were temporary. Single exposure to near lethal doses caused: Pulmonary edema. Repeated exposure caused: Increased adrenals, liver, spleen weight. Decreased uterine, prostate weight. Repeated dosing of higher concentrations caused: the following temporary effects - Tremors. Incoordination.

CARCINOGENIC, DEVELOPMENTAL, REPRODUCTIVE, MUTAGENIC EFFECTS:

In a two-year inhalation study, HFC-134a, at a concentration of 50,000 ppm, produced an increase in late-occurring benign testicular tumors, testicular hyperplasia and testicular weight. The no-effect-level for this study was 10,000 ppm. Animal data show slight fetotoxicity but only at exposure levels producing other toxic effects in the adult animal. Reproductive data on male mice show: No change in reproductive performance. Tests have shown that this material does not cause genetic damage in bacterial or mammalian cell cultures, or in animals. In animal testing, this material has not caused permanent genetic damage in reproductive cells of mammals (has not produced heritable genetic damage).

ECOLOGICAL INFORMATION

Ecotoxicological Information

AQUATIC TOXICITY:
48 hour EC50 - Daphnia magna: 980 mg/L.
96 hour LC50 - Rainbow trout: 450 mg/L

DISPOSAL CONSIDERATIONS

Waste Disposal

Contaminated HFC-134a can be recovered by distillation or removed to a permitted waste disposal facility. Comply with Federal, State, and local regulations.

TRANSPORTATION INFORMATION

Shipping Information

DOT/IMO

Proper Shipping Name	: 1,1,1,2-TETRAFLUOROETHANE
Hazard Class	: 2.2
UN No.	: 3159
DOT/IMO Label	: NONFLAMMABLE GAS

Shipping Containers

Tank Cars.
Tank Trucks.
Ton Tanks.
Cylinders.

REGULATORY INFORMATION

U.S. Federal Regulations

TSCA Inventory Status : Reported/Included.

TITLE III HAZARD CLASSIFICATIONS SECTIONS 311, 312

Acute	: Yes
Chronic	: Yes
Fire	: No
Reactivity	: No
Pressure	: Yes

HAZARDOUS CHEMICAL LISTS

SARA Extremely Hazardous Substance	: No
CERCLA Hazardous Substance	: No
SARA Toxic Chemical	: No

OTHER INFORMATION

NFPA, NPCA-HMIS

NPCA-HMIS Rating

Health	: 1
Flammability	: 0
Reactivity	: 1

Personal Protection rating to be supplied by user depending on use conditions.

Additional Information

MEDICAL USE: CAUTION: Do not use in medical applications involving permanent implantation in the human body. For other medical applications see DuPont CAUTION Bulletin No. H-50102.

The data in this Material Safety Data Sheet relates only to the specific material designated herein and does not relate to use in combination with any other material or in any process.

Responsibility for MSDS	: MSDS Coordinator
>	: DuPont Fluoroproducts
Address	: Wilmington, DE 19898
Telephone	: (800) 441-7515

# Indicates updated section.

End of MSDS

OxyChem®

Responsible Care® A Public Commitment

MATERIAL SAFETY DATA SHEET

Revised

1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

MSDS NUMBER : M32415 **ISSUE DATE :** 07-30-01

PRODUCT NAME : CAUSTIC SODA LIQUID (ALL GRADES)

Manufacturer's Name and Address : Occidental Chemical Corporation, Occidental Tower
5005 LBJ Freeway, P.O. Box 809050
Dallas, TX 75380 (972) 404-3800

24 HOUR EMERGENCY TELEPHONE : 1-800-733-3665 OR 972-404-3228

TO REQUEST AN MSDS : 1-800-699-4970

CUSTOMER SERVICE : 1-800-752-5151

PRODUCT USE : Metal finishing, industrial cleaners, chemical processing, petroleum industry

CHEMICAL NAME : Sodium hydroxide

CHEMICAL FORMULA : NaOH

SYNONYMS/COMMON NAMES : Sodium hydroxide solution

Revised

2. COMPOSITION/INFORMATION ON INGREDIENTS

CAS NUMBER / NAME
7732-18-5 Water

EXPOSURE LIMITS	PERCENTAGE	
PEL: Not Established	VOL	ND
TLV: Not Established	WT	48.5-94.5
PELZ2: Not Established		

COMMON NAMES:
(MW 18.02)

Listed On(List Legend Below):
00 19 22 23 51

- -

2. COMPOSITION/INFORMATION ON INGREDIENTS (Continued)

1310-73-2 Sodium hydroxide (Na(OH))

EXPOSURE LIMITS	PERCENTAGE	
PEL: 2 MG/M3 CEIL	VOL	ND
TLV: 2 MG/M3 CEIL	WT	5.5-51.5
PELZ2:Not Established		

COMMON NAMES:
CAUSTIC SODA (MW 40.00)

Listed On(List Legend Below):
00 12 13 21 22 51 56 57

- -

7647-14-5 Sodium chloride (NaCl)

EXPOSURE LIMITS	PERCENTAGE	
PEL: Not Established	VOL	ND
TLV: Not Established	WT	0-1.3
PELZ2:Not Established		

COMMON NAMES:
Salt (MW 58.4)

Listed On(List Legend Below):
00 22 23 51

- -

LIST LEGEND

00 TSCA INVENTORY	12 PA HAZARDOUS SUBSTANCE
13 PA ENVIROMENTAL HAZ SUBSTANCE	19 PA REQUIREMENT- 3% OR GREATER
21 NJ SPECIAL HEALTH HAZ SUB	22 CANADIAN DOMESTIC SUB LIST
23 NJ REQUIREMENT- 1% OR GREATER	51 EINECS
56 OSHA PERMISSIBLE EXPOSURE LIM.	57 ACGIH THRESHOLD LIMIT VALUES

Revised

3. HAZARDS IDENTIFICATION

********** **EMERGENCY OVERVIEW** **********
*
* MAY CAUSE BURNS TO THE EYES, SKIN, RESPIRATORY AND *
* GASTROINTESTINAL TRACT. MAY CAUSE PERMANENT EYE DAMAGE. *
*
* Clear liquid with no distinct odor *
****

POTENTIAL HEALTH EFFECTS

ROUTES OF ENTRY:

Inhalation, Ingestion.

TARGET ORGANS:

Eyes, Skin, Respiratory Tract, Gastrointestinal Tract.

3. HAZARDS IDENTIFICATION (Continued)

IRRITANCY:

All routes of exposure, Corrosive.

SENSITIZING CAPABILITY:

None known.

REPRODUCTIVE EFFECTS:

None known.

CANCER INFORMATION:

Not classified as carcinogenic by NTP, IARC, OSHA, ACGIH, or NIOSH.

SHORT-TERM EXPOSURE (ACUTE)

INHALATION:

Exposure can produce burns.

EYES:

Corrosive.

Contact may cause burns and tissue destruction.

The severity of the effects depend on concentration and how soon after exposure the area is washed.

MAY CAUSE PERMANENT EYE DAMAGE.

SKIN:

Corrosive.

Contact may cause burns and tissue destruction.

May cause burns that are not immediately noticed or painful.

INGESTION:

Corrosive.

Contact may cause burns and tissue destruction.

REPEATED EXPOSURE (CHRONIC)

None known.

SYNERGISTIC MATERIALS:

None known.

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE:

None known.

Revised
4. FIRST AID MEASURES

EYES:

Immediately flush eyes with a directed stream of water for at least 15 minutes, forcibly holding eyelids apart to ensure complete irrigation of all eye and lid tissues. Washing eyes within several seconds is essential to achieve maximum effectiveness. GET MEDICAL ATTENTION IMMEDIATELY.

SKIN:

Immediately flush contaminated areas with water. Remove contaminated clothing and footwear. Wash contaminated areas with plenty of soap and water. Wash clothing before reuse. Discard footwear which cannot be decontaminated. GET MEDICAL ATTENTION IMMEDIATELY.

INHALATION:

Remove to fresh air if safe to transport. Otherwise attempt to provide fresh air by ventilation. If breathing is difficult, have a trained person administer oxygen. If respiration or pulse has stopped, have a trained person administer Basic Life Support (Cardio-Pulmonary Resuscitation/Automatic External Defibrillator) and CALL FOR EMERGENCY SERVICES IMMEDIATELY (911 or emergency transport services).

INGESTION:

Never give anything by mouth to an unconscious person. If swallowed, do not induce vomiting. Give large quantities of water. (If available, give several glasses of milk.) If vomiting occurs spontaneously, keep airway clear and give more water. GET MEDICAL ATTENTION IMMEDIATELY.

NOTES TO PHYSICIAN:

No specialized procedures. Treat for clinical symptoms.

Revised
5. FIRE FIGHTING MEASURES

Flash Point: Not applicable

Method: Not applicable

Autoignition Temperature: Not applicable

FLAMMABLE LIMITS IN AIR, BY % VOLUME

Upper: Not applicable
Lower: Not applicable

EXTINGUISHING MEDIA:

Non-flammable / Non-combustible.

Use agents appropriate for surrounding fire.

5. FIRE FIGHTING MEASURES (Continued)

FIRE FIGHTING PROCEDURES:

Wear NIOSH/MSHA approved positive pressure self-contained breathing apparatus and full protective clothing.

FIRE AND EXPLOSION HAZARD:

None known.

SENSITIVITY TO MECHANICAL IMPACT:

Not sensitive.

SENSITIVITY TO STATIC DISCHARGE:

Not sensitive.

Revised

6. ACCIDENTAL RELEASE MEASURES

PERSONAL PRECAUTIONS:

Follow protective measures provided under Personal Protection in Section 8.

Evacuate unnecessary personnel and eliminate all sources of ignition.

ENVIRONMENTAL PRECAUTIONS:

Do not allow entry into sewers and waterways.

METHODS FOR CLEANING UP:

For small spills, soak up with absorbent material and place in properly labeled containers for disposal.

For large spills, dike and pump into properly labeled containers for reclamation or disposal.

Revised

7. HANDLING AND STORAGE

HANDLING:

Use with adequate ventilation.

Avoid breathing vapors.

Wear personal protective equipment as described in Exposure Controls/Personal Protection (Section 8) of the MSDS.

SPECIAL MIXING AND HANDLING INSTRUCTIONS:

Do not allow contact with materials as noted in Section 10.

7. HANDLING AND STORAGE (Continued)

STORAGE:

Keep container tightly closed and properly labeled.

Do not store in aluminum container or use aluminum fittings or transfer lines, as flammable hydrogen gas can be generated.

Revised

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

ENGINEERING CONTROLS:

Handle product in a well ventilated area.

If product is handled in an open system, the use of process enclosures, local exhaust ventilation, and/or other engineering controls should be considered to control airborne levels to below recommended exposure limits, or below acceptable levels where there are no limits.

PERSONAL PROTECTION

RESPIRATORY:

A NIOSH approved respirator with a dust, fume and mist filter may be permissible under certain circumstances where airborne concentrations are expected to exceed exposure limits, or when symptoms have been observed that are indicative of overexposure.

A respiratory protection program that meets 29 CFR 1910.134 and ANSI Z88.2 requirements must be followed whenever workplace conditions warrant use of a respirator.

EYE/FACE:

Wear chemical safety goggles plus full face shield to protect against contact when appropriate (ANSI Z87.1).

SKIN:

Wear protective clothing to minimize skin contact.

Wear chemical resistant gloves such as rubber, neoprene or vinyl.

OTHER:

Discard leather items that cannot be decontaminated.

Emergency shower and eyewash facility should be in close proximity (ANSI Z358.1).

Revised
9. PHYSICAL AND CHEMICAL PROPERTIES

	Concentration, weight %				
Physical State: Liquid:	10	20	30	40	50
Boiling Pt @ 760 mm Hg, °C:	110	113	119	129	144
Freezing Pt °C:	-10	-32	0	15	12
Vapor Press., mm Hg @ 60°C:	135	110	76	46	13
Spec. Grav. @ 15.6°C:	1.11	1.22	1.33	1.43	1.53
Density, lb/gal @ 15.6 C:	9.27	10.20	11.11	11.97	12.76

Sol. in H20, % by Wt.: . . . . . 100 . . . . . .
Vapor Density: . . . . .Not applicable. . . . ..
Odor Threshold (ppm): Not determined
Evaporation Rate: Not determined
Coefficient Water/Oil Distribution: Not applicable
pH: 7.5% solution has pH 14.0

Appearance and Odor: Clear liquid with no distinct odor

Revised
10. STABILITY AND REACTIVITY

CHEMICAL STABILITY:

X STABLE _____ UNSTABLE

REACTS WITH:

X	AIR		OXIDIZERS	X	METALS
	WATER	X	ACIDS	X	OTHER
	HEAT		ALKALIS		NONE

HAZARDOUS POLYMERIZATION:

_____ OCCURS X WILL NOT OCCUR

COMMENTS:

Product is corrosive to tin, aluminum, zinc and alloys containing these metals and will react with these metals in powder form. Avoid contact with leather, wool, acids, organic halogen compounds, or organic nitro compounds. Hazardous carbon monoxide gas can form upon contact with reducing sugars, food and beverage products in enclosed spaces and can cause death. Follow appropriate tank entry procedures.

Prolonged contact with aluminum may produce flammable hydrogen gas.

HAZARDOUS DECOMPOSITION PRODUCTS:

None.

Revised
11. TOXICOLOGICAL INFORMATION

1310-73-2 Sodium hydroxide (Na(OH))

This substance is alkaline and corrosive. Minimize contact. The irritating and corrosive properties of this substance depend on its concentration. It is toxic by the oral route. It may cause burns and other effects to the mucous membranes, mouth and digestive tract. Its dermal toxicity has not been determined. It may cause burns that are not immediately noticed or painful. Inhalation of dust or vapors can cause airway effects including burns. This substance is irritating and corrosive to the eyes and skin.

The irritating and corrosive properties of this substance depend on its concentration. In general, serious injury is associated with products with a pH of 11.5 or higher.

For further information call or write the address shown on page 1 of the MSDS.

Revised
12. ECOLOGICAL INFORMATION

1310-73-2 Sodium hydroxide (Na(OH))

TOXICITY: This material is believed to be slightly toxic to aquatic life.

PERSISTENCE: This material is believed to be unlikely to persist in the environment.

BIOACCUMULATION: This material is believed to be unlikely to bioaccumulate.

For further information call or write the address shown on page 1 of the MSDS.

Revised
13. DISPOSAL CONSIDERATIONS

Dispose of all waste and contaminated equipment in accordance with all applicable federal, state and local health and environmental regulations.

Revised
14. TRANSPORT INFORMATION

DOT PROPER SHIPPING NAME: Sodium Hydroxide, Solution

DOT HAZARD CLASS: 8

DOT IDENTIFICATION NO: UN1824

DOT PACKING GROUP: II

DOT HAZARDOUS SUBSTANCE: RQ 1,000 Lbs. (Sodium Hydroxide)

14. TRANSPORT INFORMATION (Continued)

DOT MARINE POLLUTANT(S): Not Applicable

ADDITIONAL DESCRIPTION REQUIREMENT: Not Applicable

Revised

15. REGULATORY INFORMATION

U.S. FEDERAL REGULATIONS:

OSHA Standard 29 CFR 1910.1200 requires that information be provided to employees regarding the hazards of chemicals by means of a hazard communication program including labeling, material safety data sheets, training and access to written records. We request that you, and it is your legal duty to, make all information in this Material Safety Data Sheet available to your employees.

TSCA:

All components of this product that are required to be on the TSCA inventory are listed on the inventory.

SARA/TITLE III HAZARD CATEGORIES:

If the word "YES" appears next to any category, this product may be reportable by you under the requirements of 40 CFR 370. Please consult those regulations for details.

Immediate(Acute) Health:	YES	Reactive Hazard	YES
Delayed(Chronic) Health:	NO	Sudden Release of Pressure	NO
Fire Hazard:	NO		

HMIS HAZARD RATINGS:

HEALTH HAZARD: 3 FIRE HAZARD: 0 REACTIVITY: 2

STATE REGULATIONS:

See Section 2. COMPOSITION/INFORMATION ON INGREDIENTS list legend for applicable state regulation.

Consult local laws for applicability.

INTERNATIONAL REGULATIONS:

Consult the regulations of the importing country.

CANADA:

WHMIS Hazard Class: D1B, D2B, E

16. OTHER INFORMATION

For additional non-emergency health, safety or environmental information telephone (972) 404-2076 or write to:

Occidental Chemical Corporation
Product Stewardship Department
5005 LBJ Freeway
P.O. Box 809050
Dallas, Texas 75380

MSDS LEGEND:

ACGIH = American Conference of Governmental Industrial Hygienists

CAS = Chemical Abstracts Service Registry Number

CEILING = Ceiling Limit (15 Minutes)

CEL = Corporate Exposure Limit

OSHA = Occupational Safety and Health Administration

PEL = Permissible Exposure Limit (OSHA)

STEL = Short Term Exposure Limit (15 Minutes)

TDG = Transportation of Dangerous Goods (Canada)

TLV = Threshold Limit Value (ACGIH)

TWA = Time Weighted Average (8 Hours)

WHMIS = Worker Hazardous Materials Information System (Canada)

* = See Section 3 Hazards Identification - Repeated Exposure(Chronic) Information

IMPORTANT: The information presented herein, while not guaranteed, was prepared by competent technical personnel and is true and accurate to the best of our knowledge. NO WARRANTY OF MERCHANTABILITY OR FITNESS FOR PURPOSE, OR OF ANY OTHER KIND, EXPRESS OR IMPLIED, IS MADE REGARDING PERFORMANCE, STABILITY OR OTHERWISE. This information is not intended to be all-inclusive as to the manner and conditions of use, handling and storage. Other factors may involve other or additional safety or performance considerations. While our technical personnel will be happy to respond to questions regarding safe handling and use procedures, safe handling and use remains the responsibility of the customer. No suggestions for use are intended as, and nothing herein shall be construed as a recommendation to infringe any existing patents or violate any federal, state or local laws, rules, regulations or ordinances.

This Material Safety Data Sheet (MSDS) covers the following materials:

- CAUSTIC SODA LIQUID (ALL GRADES)
- 50% CAUSTIC SODA DIAPHRAGM GRADE
- 18% CAUSTIC SODA RAYON GRADE
- 20% CAUSTIC SODA RAYON GRADE
- 25% CAUSTIC SODA RAYON GRADE
- 30% CAUSTIC SODA RAYON GRADE
- 50% CAUSTIC SODA RAYON GRADE
- 50% CAUSTIC SODA RAYON GRADE OS

16. OTHER INFORMATION (Continued)

- 50% CAUSTIC SODA MEMBRANE GRADE
- 18% CAUSTIC SODA - DIAPHRAGM
- 15% CAUSTIC SODA - DIAPHRAGM
- 30% CAUSTIC SODA - DIAPHRAGM
- 25% CAUSTIC SODA - DIAPHRAGM
- 20% CAUSTIC SODA - DIAPHRAGM
- 35% CAUSTIC SODA - DIAPHRAGM
- 50% CAUSTIC SODA - DIAPHRAGM
- 50% CAUSTIC SODA- DIAPHRAGM OS
- 50% CAUSTIC SODA - PURIFIED
- 50% CAUSTIC SODA - PURIFIED OS
- 18% CAUSTIC SODA - MEMBRANE
- CAUSTIC SODA LIQUID 70/30
- 50% CAUSTIC SODA - MEMBRANE
- 50% CAUSTIC SODA - MEMBRANE OS
- 25% CAUSTIC SODA - MEMBRANE
- 20% CAUSTIC SODA - MEMBRANE
- 40% CAUSTIC SODA - DIAPHRAGM
- 25% CAUSTIC SODA-MEMBRANE
- 6% CAUSTIC SODA-MEMBRANE
- 10% CAUSTIC SODA-DIAPHRAGM
- 25% CAUSTIC SODA-DIAPHRAGM
- MEMBRANE BLENDED
- 48% CAUSTIC SODA-MEMBRANE

Revised

17. WARNING LABEL INFORMATION

SIGNAL WORD:

DANGER

HAZARD WARNINGS:

MAY CAUSE BURNS TO THE EYES, SKIN, RESPIRATORY AND GASTROINTESTINAL TRACT.

MAY CAUSE PERMANENT EYE DAMAGE.

PRECAUTIONS:

Avoid contact with eyes, skin and clothing.

Avoid breathing dust, vapors or mist.

Use with adequate ventilation.

Wash thoroughly after handling; exposure can cause burns which are not immediately painful or visible.

Keep container tightly closed and properly labeled.

17. WARNING LABEL INFORMATION (Continued)

FIRST AID

EYES:

Immediately flush eyes with a directed stream of water for at least 15 minutes, forcibly holding eyelids apart to ensure complete irrigation of all eye and lid tissues. Washing eyes within several seconds is essential to achieve maximum effectiveness. GET MEDICAL ATTENTION IMMEDIATELY.

SKIN:

Immediately flush contaminated areas with water. Remove contaminated clothing and footwear. Wash contaminated areas with plenty of soap and water. Wash clothing before reuse. Discard footwear which cannot be decontaminated. GET MEDICAL ATTENTION IMMEDIATELY.

INHALATION:

Remove to fresh air if safe to transport. Otherwise attempt to provide fresh air by ventilation. If breathing is difficult, have a trained person administer oxygen. If respiration or pulse has stopped, have a trained person administer Basic Life Support (Cardio-Pulmonary Resuscitation/Automatic External Defibrillator) and CALL FOR EMERGENCY SERVICES IMMEDIATELY (911 or emergency transport services).

INGESTION:

Never give anything by mouth to an unconscious person. If swallowed, do not induce vomiting. Give large quantities of water. (If available, give several glasses of milk.) If vomiting occurs spontaneously, keep airway clear and give more water. GET MEDICAL ATTENTION IMMEDIATELY.

IN CASE OF SPILL OR LEAK:

Do not allow entry into sewers and waterways.

For small spills, soak up with absorbent material and place in properly labeled containers for disposal.

For large spills, dike and pump into properly labeled containers for reclamation or disposal.

FIRE:

Non-flammable / Non-combustible.

Use agents appropriate for surrounding fire.

HANDLING AND STORAGE:

Store in a cool, ventilated area away from incompatible materials (see Section 10).

DISPOSAL:

Dispose of all waste and contaminated equipment in accordance with all applicable federal, state and local health and environmental regulations.

17. WARNING LABEL INFORMATION (Continued)

INFORMATION REQUIRED BY FEDERAL, STATE OR LOCAL REGULATIONS:

This Product Contains:

CAS#	NAME
7732-18-5	Water
1310-73-2	Sodium hydroxide (Na(OH))
7647-14-5	Sodium chloride (NaCl)

HMIS RATING: HEALTH 3 FLAMMABILITY 0 REACTIVITY 2

LABEL NUMBER: 0701M32415

For Industrial Use Only

Active by Department/Contractor

Group Chemical Name	Part Number	Manufacturer
0010		
0014		
0015		
0016		
0020		
0034		
0035		
0036		
0037		
0038		
0040		
0045		
0047		
0049		
0052		
0055		
121 Tri-Plex Universal Grease	950000870	Southwestern Pe
5-MINUTE EPOXY RESIN/HARDENER	470103227	ITW DEVCON
702 ROTARY COMPRESSOR OIL	940044100	SOUTHWESTERI
708 INDUSTRIAL/TURBINE OIL	940009580	SOUTHWESTERI
723 SPRASOLVO	584210133	A.W. CHESTERT
808 PENETRATING OIL	930093810	SOUTHWESTERI
ACETYLENE	310501010	PRAXAIR, INC.
ACID STARCH INDICATOR POWDER	930007830	TAYLOR TECHN
ACTIVATED ALUMINA	920038310	FLAIR/PNEUMAT
ADVANTAGE 2000 ANTIFOAM 50	310710020	Rohm and Haas
AGWAY DIESEL 15W40 MOTOR OIL	930081810	STANDARD OIL
AGWAY HYDRAULIC ROF	930081800	STANDARD OIL
AG/AGCL REFERENCE ELECTRODE FILLING SOLUTION	934413710	ORION RESEAR

AMBERLITE IRA-410 RESIN 934411120 ROHM & HAAS (

Active by Department/Contractor

Group Chemical Name	Part Numl
AMBERLITE IRA-410 RESIN	93441112
ANDEROL 732 SYNTHETIC FLUID GREASE	93442273
ANTIFREEZE PERMANENT	93442718
BARIUM CHLORIDE 10%	92001498
BEACON 325 GREASE	93012066
BEACON P 290	93008757
BELZONA 2221 (MP FLUID ELASTOMER) BASE	94008115
BELZONA 2221 (MP FLUID ELASTOMER) SOLIDIFIER	94008116
BETZ AFS	90119175
BETZDEARBORN IEC2	90121323
BIO-TROL 97W	90113739
BIO-TROL 97W	90113739
BIO-TROL 97W	90113739
BLUE INDICATING LIQUID 6378	93008346
BRINE BEADS	31060137
BROMOCRESOL GREEN-METHYL RED	90119866
BROMOCRESOL GREEN-METHYL RED INDICATOR, REAGENT CODE L2078	94007845
BRUSHABLE CERAMIC RED HARDENER	90113542
BRUSHABLE CERAMIC RED RESIN	90113544
BUFFER SOLUTION HARDNESS 1	93427641
BUFFER SOLUTION PH 4.0	93984614
BUFFER SOLUTION PH 4.0	93984614
BUFFER SOLUTION PH 4.0	93984614
BUFFER SOLUTION PH 4.0 (COLOR CODED) (L1860)	94007842
BUFFER SOLUTION PH 7.0-8.0	93984654
BUFFER SOLUTION PH 7.0-8.0	93984654
BUFFER SOLUTION PH 7.0 (COLOR CODED) (L1861)	90124756
BUFFER SOLUTION (BIPHTHALATE), PH 4 (COLOR CODED RED)	31040103
BUFFER SOLUTION (BORATE), PH 10.0	93984674

BUFFER SOLUTION (BORATE), PH 10.0 (COLOR CODED BLUE) 31040103

Active by Department/Contractor

Group Chemical Name

BUFFER SOLUTION (BORATE), PH 10.0 (COLOR CODED BLUE)
BUFFER SOLUTION (BORATE), PH 10.0 (COLOR CODED BLUE)
BUFFER SOLUTION (BORATE), PH 10.0 (COLOR CODED BLUE)
BUFFER SOLUTION (PHOSPHATE), PH 7 (COLOR CODED YELLOW)
CALCIUM BUFFER
CALCIUM INDICATOR POWDER
CALCIUM INDICATOR, REAGENT CODE L293
CALIBRATING SOLUTION SS-1, SS-1A
CALIBRATING SOLUTION SS-2, SS-2A
CALIBRATING SOLUTION SS-5, SS-5A
CALIBRATING SOLUTION SS-6, SS-6A
CALIBRATION SOLUTION
CALVER 2 CALCIUM INDICATOR
CALVER 2 CALCIUM INDICATOR
CARBON DIOXIDE, GAS
CARBON DIOXIDE, GAS
CARBON DIOXIDE, SOLID
CASTROL ICEMATIC SW-32
CAT ENGINE OIL CE/SF 15W-40
CDTA TITRATION CARTRIDGE 0.800M, REAGENT CODE L2085
CITRUSOLVENT I
CONDUCTIVITY BUFFER SOLUTION
CONDUCTIVITY STANDARD SOLUTION 2,500 UMHOS @25, REAGENT CODE L1918
CONDUCTIVITY STANDARD SOLUTION 4,000 UMHOS @25, REAGENT CODE L1919
CONDUCTIVITY STANDARD SOLUTION, REAGENT CODE# 245
CONDUCTIVITY STANDARD SOLUTION, REAGENT CODE# 347
CORRSHIELD MD4100
CORRSHIELD MD4100
CORRSHIELD MD4100

CORTROL IS1050

Active by Department/Contractor

Group Chemical Name	Part
CORTROL IS1050	310
CORTROL IS1050	310
CORTROL IS1050	310
CRC 2 26 (AEROSOL)	934
CRC 3 36 (AEROSOL)	934
D50H74 GREASE	930
DEPOSITROL PY5203	310
DEPOSITROL PY5203	901
DESICCANT, DE-39 TABULAR SUPPORT	930
DEVGUARD 4308 ALKYD INDUSTRIAL GLOSS ENAMEL WHITE AND TINT BASES	901
DICHLORODIFLUOROMETHANE	913
DIESEL FUEL	901
DIPHENYLCARBAZONE REAGENT	930
DISSOLVED OXYGEN 3 REAGENT POWDER PILLOWS	934
DISSOLVED OXYGEN 3 REAGENT POWDER PILLOWS	934
DISSOLVED OXYGEN,0-100PPB	901
DOW CORNING 340 HEAT SINK COMPOUND	470
DOW CORNING 732 MULTI-PURPOSE SEALANT-CLEAR	470
DOW CORNING 732 MULTI-PURPOSE SEALANT-WHITE	470
DOW CORNING PENE-LUBE	930
DOWTHERM SR-1 HEAT TRANSFER FLUID, DYED	310
DS 8000 SERIES ADHESIVE (8014, 8024, 8055, 8069, 8088)	930
DS 8000 SERIES HARDENER (8014, 8024, 8055, 8069, 8088)	930
DURO NAVAL JELLY	930
EASY-OFF OVEN CLEANER (REGULAR)	930
EDTA TETRASODIUM SALT 0.800 +- 0.004 M	901
EK-40 FAST CURE RESIN/HARDENER	930
ELMER'S EPOXY E601 PART 1+2	930
ELMER'S EPOXY E601 PART 2	930

ELUANT SOLUTION FOR POLYACRYLIC ACID TEST

901

Active by Department/Contractor

Group Chemical Name	Part Number	Manufactu
ELUANT SOLUTION FOR POLYACRYLIC ACID TEST	901209600	HACH CO.
EMKARATE RL 32H	901132420	ICI AMERI
EMKARATE RL 68H	930218440	ICI AMERI
ETHYLENE GLYCOL	912902000	DOW CHE
ETHYLENE GLYCOL	912902000	FISHER S(
ETHYLENE GLYCOL	912902000	ASHLAND
ETHYLENE GLYCOL	912902000	MALLINCK
ETHYLENE GLYCOL	912902000	ALDRICH
EXTRA STRENGTH BORIC ACID F/NEUT CONDUCT	940016720	BETZDEAF
FANTASTIK	930013260	S.C. JOHN
FERROQUEST LP7200	940031110	BETZDEAF
FILLING SOLUTION CRYSTALS	930092420	ROSEMOU
FLUORESCENT GAS LEAK DETECTOR	901181310	NU-CALG(
FORM-A-GASKET SILICONE BLUE RTV GASKET MAKER	934315080	LOCTITE (
FORM-A-GASKET #2 SEALANT	470103639	LOCTITE (
FORMULA 16	930137790	ROBERTS
FUEL OIL #2	910033960	ASHLAND
FUEL OIL #6	910026040	AMERADA
FUEL OIL #6	910026040	AMERADA
FUEL OIL #6	910026040	AMERADA
FUEL PRESERVE	934401220	NUTMEG T
FUELSOLV PB2020	950004890	GE Betz
GALLIC ACID	910012730	TAYLOR T
GALLIC ACID, REAGENT CODE L276	901046930	GE BETZ,
GASOLINE, REGULAR UNLEADED	930037640	EXXON C(
GASOLINE, REGULAR UNLEADED	930037640	BP Oil Cor
GASOLINE, REGULAR UNLEADED	930037640	MOBIL OI
GASOLINE, REGULAR UNLEADED	930037640	PHILLIPS
GENERAL PURPOSE ADHESIVE #8090N	901114760	CROWN

GLID-GUARD ALKYD INDUSTRIAL ENAMEL NO. 4501 SERIES 902006130 GLIDDEN

Previous Next Expand Collapse Search

Active by Department/Contractor

Group Chemical Name	Part Number	N
GLID-GUARD ALKYD INDUSTRIAL ENAMEL NO. 4501 SERIES	902006130	C
GLID-GUARD EPOXY CHEMICAL RESISTANT FINISH NO. 5240 SERIES	930137870	C
GLID-GUARD HEAT-RESISTANT ENAMEL NO. 5548	930139900	C
GLID-GUARD SILICONE HI-TEMP NO. 5542	934423010	C
GLYCERIN	910137330	A
GLYCERIN	910137330	A
GLYCERIN	910137330	N
GLYCERIN	910137330	F
GLYPTAL 1201	935182400	C
GRAHAM RED OIL	930057520	S
GRAPHITE	901176110	N
GRAPHITE	901176110	A
GREAT STUFF MINIMAL EXPANDING POLYURETHANE FOAM	901180550	D
GREENPATCH 421	930130880	F
GSL-4	930189460	C
HABCOOL 344	934276350	H
HACH,BUFFER SOLUTION, PH 2.5	901209630	H
HANDY FLUX	939929610	H
HARDNESS BUFFER, REAGENT CODE L291	930006350	C
HARDNESS INDICATOR POWDER	934284820	T
HARDNESS INDICATOR, REAGENT CODE L290	930001350	E
HARDNESS REAGENT	930008820	T
HARDNESS REAGENT .01M	930204930	T
HARDNESS TITRANT, REAGENT CODE L292	901216690	C
HEXAMINE BUFFER	930139680	N
HYBOND 80	931417340	F
IBM AEROSOL LACQUER, CLASSIC BLUE	610602747	F
IBM AEROSOL LACQUER, PEARL WHITE	610602730	F
IBM AEROSOL LACQUER, RAVEN BLACK	610602780	F

IBM AEROSOL LACQUER, WILLOW GREEN 935181850 F

Active by Department/Contractor

Group	Chemical Name	Part Number	Manufacturer
	IBM AEROSOL LACQUER, WILLOW GREEN	935181850	RANDOLPH PRODUCTS
	INDUSTRIAL ENAMEL, NON-LEAD COLORS	930140130	SHERWIN-WILLIAMS C
	IODIDE IODATE N/63	930013230	TAYLOR TECHNOLOGIE
	KEM LUSTRAL ENAMEL, NON-LEAD COLORS	901172130	SHERWIN-WILLIAMS C
	KEROSENE K-1	910115000	AMERADA HESS CORP.
	KEY TITE PIPE JOINT COMPOUND	470105100	COOPER CAMERON CO
	KOPFLEX KHP (485887)	940090850	EXXON COMPANY, U.S.
	KOPFLEX KHP (485887)	940090850	EXXON COMPANY, U.S.
	KRYLON 1501 GLOSSY WHITE	901082950	KRYLON/SPRAYON IND
	KRYLON 1502 FLAT WHITE ENAMEL	930018900	KRYLON/SPRAYON IND
	KRYLON 1601 GLOSSY BLACK SPRAY PAINT	930201630	KRYLON/SPRAYON IND
	KRYLON 1602 ULTRA FLAT BLACK	935181510	KRYLON/SPRAYON IND
	KRYLON 1613 SEMI-FLAT BLACK	934258910	SHERWIN-WILLIAMS D
	KS-4	930152490	A.P. GREEN INDUSTRIE
	LET-GO ANTI-RUST	940067160	W.W. GRAINGER, INC.
	LOCQUIC PRIMER N 7649	930206590	LOCTITE CORP.
	LOCTITE 554 THREAD/REFRIGERANT SEALANT	930170410	LOCTITE CORP.
	LOCTITE 554 THREAD/REFRIGERANT SEALANT	930170410	LOCTITE CORP.
	LOCTITE ADHESIVE/SEALANT 262	934292260	LOCTITE CORP.
	LOCTITE ADHESIVE/SEALANT 277	930010750	LOCTITE CORP.
	LOCTITE ADHESIVE/SEALANT 290	931414210	LOCTITE CORP.
	LOCTITE BLACK 380 MAX TOUGH ADHESIVE	930021290	LOCTITE CORP.
	LOCTITE DEPEND 330 NO-MIX ADHESIVE	934303780	LOCTITE CORP.
	LOCTITE EXTEND RUST TREATMENT	934425500	LOCTITE CORP.
	LOCTITE GASKET ELIMINATOR 515 SEALANT	932340400	LOCTITE CORP.
	LOCTITE GRADE A SEALANT	931414100	LOCTITE CORP.
	LOCTITE NICKEL ANTI-SEIZE	901141880	LOCTITE CORP.
	LOCTITE PST PIPE SEALANT 567	930054500	LOCTITE CORP.
	LOCTITE PS/T 592 PIPE SEALANT	470103220	LOCTITE CORP.

LOCTITE QUICK-SET ADHESIVE 404 470103199 LOCTITE CORP.

Active by Department/Contractor

Group	Chemical Name	Part Number	Manufactu
	LOCTITE QUICK-SET ADHESIVE 404	470103199	LOCTITE (
	LOCTITE QUICK METAL PRESS FIT REPAIR	930076210	LOCTITE (
	LOCTITE REMOVABLE THREADLOCKER 242	470103216	LOCTITE (
	LOCTITE RETAINING COMPOUND 609	470103195	LOCTITE (
	LOCTITE SUPERBONDER 409 INDUST GRADE GEL INST ADH	930072290	LOCTITE (
	LOCTITE SUPERBONDER 495 INSTANT ADHESIVE	470103211	LOCTITE (
	MANVER 2	934323770	HACH CO.
	MANVER 2	934323770	BETZDEAI
	MARFAK 1	901164650	TEXACO L
	MERCURIC NITRATE 2.256 +/- 0.005N	901103500	HACH CO.
	MEROPA 150 OIL	930009440	EQUILON
	METHYL ALCOHOL	310401804	ALDRICH
	METHYL PURPLE INDICATOR, REAGENT CODE L297	950000390	GE BETZ,
	METHYL PURPLE SOLUTION	910010910	FISHER S(
	MICROHARDNESS TITRANT, REAGENT CODE# 834	901212580	BETZDEAI
	MINERAL SPIRITS	610901080	ASHLAND
	MINERAL SPIRITS	913210010	UNOCAL (
	MINERAL SPIRITS	913210010	ASHLAND
	MOBIL DTE 13 OIL	934265530	MOBIL OI
	MOBIL DTE 24	581220024	MOBIL OI
	MOBIL DTE OIL HEAVY MEDIUM	936133170	MOBIL OI
	MOBIL DTE OIL LIGHT	581220050	MOBIL OI
	MOBIL JET OIL II	934265540	MOBIL OI
	MOBILGEAR 629	930078650	MOBIL OI
	MOBILGREASE 28	936133030	MOBIL OI
	MOBILGREASE 77	930056360	MOBIL OI
	MOBILUX EP 111	940021390	MOBIL OI
	MOLYBDENUM BUFFER SOLUTION	930074950	TAYLOR T
	MOLYBDENUM INDICATOR SOLUTION	930074960	TAYLOR T

MOLYBDENUM STANDARD 10 MG/L AS MO 940016700 BETZDEAI

Active by Department/Contractor

Group Chemical Name	Par
MOLYBDENUM STANDARD 10 MG/L AS MO	94(
MOLYBDENUM TC1 POWDER 10 ML	901
MOLYBDENUM TC2 SOLUTION 5 ML	901
MOLYBDENUM TITRATING SOLUTION	93(
MOLYVER 1,MOLYBDENUM REAGENT	901
MOLYVER 2,MOLYBDENUM REAGENT	901
MOLYVER 3,MOLYBDENUM REAGENT	901
MORTON SOLAR SALT	31(
MORTON TFC PUREX SALT	901
MSA P/N 803500 CALIBRATION CHECK GAS, 100 PPM HFC - 134A IN NITROGEN	901
NALCO 7465 ANTIFOAM	93(
NATURAL GAS	91(
NCC-A SLUDGE SOLVENT	93(
NEOPRENE F1 ADHESIVE	931
NEVER SEEZ REGULAR GRADE	58
NIBCO/CHEMTROL CPVC SOLVENT CEMENT, HEAVY DUTY GRADE	47(
NIBCO/CHEMTROL PURPLE PRIMER, FOR PVC AND CPVC PIPING	47(
NITRIC ACID, 70% SOLUTION	92
NITRIC ACID, 70% SOLUTION	92
NITRIC ACID, 70% SOLUTION	92
NITROGEN, GAS	31(
NITROGEN, GAS	31(
NITROGEN, GAS	31(
NITROGEN, GAS	31(
NITROGEN, GAS	92(
NITROGEN, GAS	92(
NOKORODE SOLDERING PASTE	901
OATEY PURPLE PRIMER/CLEANER	93(
OPTION 1	93(

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Active by Department/Contractor

Group Chemical Name	Part Number	Manufacturer
IBM AEROSOL LACQUER, WILLOW GREEN	935181850	RANDOLPH PRODUCTS
INDUSTRIAL ENAMEL, NON-LEAD COLORS	930140130	SHERWIN-WILLIAMS C
IODIDE IODATE N/63	930013230	TAYLOR TECHNOLOGIE
KEM LUSTRAL ENAMEL, NON-LEAD COLORS	901172130	SHERWIN-WILLIAMS C
KEROSENE K-1	910115000	AMERADA HESS CORP.
KEY TITE PIPE JOINT COMPOUND	470105100	COOPER CAMERON CO
KOPFLEX KHP (485887)	940090850	EXXON COMPANY, U.S.
KOPFLEX KHP (485887)	940090850	EXXON COMPANY, U.S.
KRYLON 1501 GLOSSY WHITE	901082950	KRYLON/SPRAYON IND
KRYLON 1502 FLAT WHITE ENAMEL	930018900	KRYLON/SPRAYON IND
KRYLON 1601 GLOSSY BLACK SPRAY PAINT	930201630	KRYLON/SPRAYON IND
KRYLON 1602 ULTRA FLAT BLACK	935181510	KRYLON/SPRAYON IND
KRYLON 1613 SEMI-FLAT BLACK	934258910	SHERWIN-WILLIAMS D
KS-4	930152490	A.P. GREEN INDUSTRIE
LET-GO ANTI-RUST	940067160	W.W. GRAINGER, INC.
LOCQUIC PRIMER N 7649	930206590	LOCTITE CORP.
LOCTITE 554 THREAD/REFRIGERANT SEALANT	930170410	LOCTITE CORP.
LOCTITE 554 THREAD/REFRIGERANT SEALANT	930170410	LOCTITE CORP.
LOCTITE ADHESIVE/SEALANT 262	934292260	LOCTITE CORP.
LOCTITE ADHESIVE/SEALANT 277	930010750	LOCTITE CORP.
LOCTITE ADHESIVE/SEALANT 290	931414210	LOCTITE CORP.
LOCTITE BLACK 380 MAX TOUGH ADHESIVE	930021290	LOCTITE CORP.
LOCTITE DEPEND 330 NO-MIX ADHESIVE	934303780	LOCTITE CORP.
LOCTITE EXTEND RUST TREATMENT	934425500	LOCTITE CORP.
LOCTITE GASKET ELIMINATOR 515 SEALANT	932340400	LOCTITE CORP.
LOCTITE GRADE A SEALANT	931414100	LOCTITE CORP.
LOCTITE NICKEL ANTI-SEIZE	901141880	LOCTITE CORP.
LOCTITE PST PIPE SEALANT 567	930054500	LOCTITE CORP.
LOCTITE PS/T 592 PIPE SEALANT	470103220	LOCTITE CORP.

LOCTITE QUICK-SET ADHESIVE 404 470103199 LOCTITE CORP.

Active by Department/Contractor

Group Chemical Name	Part Number	Manufactu
LOCTITE QUICK-SET ADHESIVE 404	470103199	LOCTITE (
LOCTITE QUICK METAL PRESS FIT REPAIR	930076210	LOCTITE (
LOCTITE REMOVABLE THREADLOCKER 242	470103216	LOCTITE (
LOCTITE RETAINING COMPOUND 609	470103195	LOCTITE (
LOCTITE SUPERBONDER 409 INDUST GRADE GEL INST ADH	930072290	LOCTITE (
LOCTITE SUPERBONDER 495 INSTANT ADHESIVE	470103211	LOCTITE (
MANVER 2	934323770	HACH CO.
MANVER 2	934323770	BETZDEAI
MARFAK 1	901164650	TEXACO L
MERCURIC NITRATE 2.256 +/- 0.005N	901103500	HACH CO.
MEROPA 150 OIL	930009440	EQUILON
METHYL ALCOHOL	310401804	ALDRICH
METHYL PURPLE INDICATOR, REAGENT CODE L297	950000390	GE BETZ,
METHYL PURPLE SOLUTION	910010910	FISHER S(
MICROHARDNESS TITRANT, REAGENT CODE# 834	901212580	BETZDEAI
MINERAL SPIRITS	610901080	ASHLAND
MINERAL SPIRITS	913210010	UNOCAL (
MINERAL SPIRITS	913210010	ASHLAND
MOBIL DTE 13 OIL	934265530	MOBIL OI
MOBIL DTE 24	581220024	MOBIL OI
MOBIL DTE OIL HEAVY MEDIUM	936133170	MOBIL OI
MOBIL DTE OIL LIGHT	581220050	MOBIL OI
MOBIL JET OIL II	934265540	MOBIL OI
MOBILGEAR 629	930078650	MOBIL OI
MOBILGREASE 28	936133030	MOBIL OI
MOBILGREASE 77	930056360	MOBIL OI
MOBILUX EP 111	940021390	MOBIL OI
MOLYBDENUM BUFFER SOLUTION	930074950	TAYLOR T
MOLYBDENUM INDICATOR SOLUTION	930074960	TAYLOR T

MOLYBDENUM STANDARD 10 MG/L AS MO 940016700 BETZDEAI

Active by Department/Contractor

Group Chemical Name	Par
MOLYBDENUM STANDARD 10 MG/L AS MO	94(
MOLYBDENUM TC1 POWDER 10 ML	901
MOLYBDENUM TC2 SOLUTION 5 ML	901
MOLYBDENUM TITRATING SOLUTION	93(
MOLYVER 1,MOLYBDENUM REAGENT	901
MOLYVER 2,MOLYBDENUM REAGENT	901
MOLYVER 3,MOLYBDENUM REAGENT	901
MORTON SOLAR SALT	31(
MORTON TFC PUREX SALT	901
MSA P/N 803500 CALIBRATION CHECK GAS, 100 PPM HFC - 134A IN NITROGEN	901
NALCO 7465 ANTIFOAM	93(
NATURAL GAS	91(
NCC-A SLUDGE SOLVENT	93(
NEOPRENE F1 ADHESIVE	931
NEVER SEEZ REGULAR GRADE	58⁴
NIBCO/CHEMTROL CPVC SOLVENT CEMENT, HEAVY DUTY GRADE	47(
NIBCO/CHEMTROL PURPLE PRIMER, FOR PVC AND CPVC PIPING	47(
NITRIC ACID, 70% SOLUTION	92₂
NITRIC ACID, 70% SOLUTION	92₂
NITRIC ACID, 70% SOLUTION	92₂
NITROGEN, GAS	31(
NITROGEN, GAS	31(
NITROGEN, GAS	31(
NITROGEN, GAS	31(
NITROGEN, GAS	92(
NITROGEN, GAS	92(
NOKORODE SOLDERING PASTE	901
OATEY PURPLE PRIMER/CLEANER	93(
OPTION 1	93(

OPTISPERSE CL6255

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Active by Department/Contractor

Group	Chemical Name	Part Number	Man
	OPTISPERSE CL6255	310401711	GE I
	ORANGE SOLV	930172660	MIS
	OXYGEN, GAS	310501155	PRA
	OXYGEN, GAS	921080000	AIR
	PARKER O LUBE	584210129	PAR
	PENNZBELL AW 68	930044620	PEN
	PENNZOIL MULTI-PURPOSE GEAR LUBRICANT 4096	930177870	PEN
	PERMABOND 910 ADHESIVE	470103402	NAT
	PHENOLPHTHALEIN INDICATOR PP, REAGENT CODE L2145	950000400	GE I
	PHENOLPHTHALEIN INDICATOR SOLUTION, REAGENT CODE L212	901150510	GE I
	PHENOLPHTHALEIN INDICATOR (HACH)	901198670	HAC
	PHENOLPHTHALEIN SOLUTION, 0.5% IN 50% ALCOHOL	930017130	BDH
	PHOSVER 3 POWDER PILLOWS	934415680	HAC
	PHOSVER 3 POWDER PILLOWS	934415680	BET
	POLYACRYLIC ACID 1 REAGENT	901209610	HAC
	POLYACRYLIC ACID 2 REAGENT	901209620	HAC
	POTASSIUM CHLORIDE	924192500	EM :
	POTASSIUM CHLORIDE	924192500	MAL
	POTASSIUM CHLORIDE	924192500	FISH
	POTASSIUM HYDROXIDE, 8.0N SOLUTION	934420000	BET
	POTASSIUM HYDROXIDE, 8.0N SOLUTION	934420000	HAC
	POTASSIUM IODIDE	924195000	EM :
	POTASSIUM IODIDE	924195000	FISH
	POTASSIUM IODIDE	924195000	MAL
	POTASSIUM IODIDE-IODATE, REAGENT CODE L237	930220250	GE I
	POTASSIUM IODIDE - IODATE N/44 (0.023 N)	940016710	GE I
	POTASSIUM IODIDE SOLUTION	930026370	TAY
	POTASSIUM PERSULFATE P/P, REAGENT CODE 2045	901189490	BET
	POWER UP NNL 690	930190970	WYS

PROPANE 310501582 AIR(

Active by Department/Contractor

Group	Chemical Name	Part Number	Manufacturer
	PROPANE	310501582	AIRGAS, INC.
	PROPANE	310501582	BERNZ-O-MAT
	PROPANOL,1-	910603200	MALLINCKROI
	PROPANOL,1-	910603200	SIGMA-ALDRI(
	PROPANOL,1-	910603200	FISHER SCIEN
	PULSALUBE #1	934422970	PULSAFEEDER
	PUROLITE A-100 ION EXCHANGE RESIN	930207480	PUROLITE CO
	PUROLITE A-300 ION EXCHANGE RESIN	901171230	PUROLITE CO
	PUROLITE C-100 ION EXCHANGE RESIN	901171240	PUROLITE CO
	RANDOLPH PEBBLE GREY AEROSOL PAINT V-6324	934315680	RANDOLPH PF
	RECTORSEAL NO. 5	935113000	RECTORSEAL
	REGAL OIL R&O 32	934409190	EQUILON ENT
	REGAL OIL R&O 46	581225030	EQUILON ENT
	REGAL OIL R&O 68	936136080	EQUILON ENT
	RESUN LUBE 1091/101G	930171660	FLOW CONTR(
	RIDGID NUCLEAR THREAD CUTTING OIL	930013800	RIDGE TOOL (
	RTV 102	935192100	GE SILICONES
	RUSTMASTER ENAMEL NO. 1225 SERIES	930139930	GLIDDEN CO.
	SCOTCH-GRIP RUBBER AND GASKET ADHESIVE 847	470103019	3M
	SCOTCH-WELD 2216 GRAY EPOXY ADHESIVE PART A+B	934260780	3M
	SHELL TELLUS OIL 68	581230070	EQUILON ENT
	SILITE RTV SILICONE -- CLEAR, WHITE AND RED	470103226	ITW DEVCON
	SILVER CHLORIDE	920035030	FISHER SCIEN
	SIMPLE GREEN	930110260	SUNSHINE MA
	SLIMICIDE C-31	930021980	BETZ LABS., I
	SLIMICIDE C-79	901187650	BETZDEARBOI
	SODIUM HYDROXIDE, 50% SOLUTION	310401241	OCCIDENTAL (
	SODIUM HYPOCHLORITE, 10% SOLUTION	310476397	ASHLAND CHE
	SODIUM HYPOCHLORITE, 5% SOLUTION	310476398	JAMES AUSTI

SODIUM THIOSULFATE PENTAHYDRATE 924117800 FISHER SCIEN

Active by Department/Contractor

Group	Chemical Name	Part Number	Manufacturer
	PROPANE	310501582	AIRGAS, INC.
	PROPANE	310501582	BERNZ-O-MAT
	PROPANOL,1-	910603200	MALLINCKROI
	PROPANOL,1-	910603200	SIGMA-ALDRI
	PROPANOL,1-	910603200	FISHER SCIEN
	PULSALUBE #1	934422970	PULSAFEEDER
	PUROLITE A-100 ION EXCHANGE RESIN	930207480	PUROLITE CO
	PUROLITE A-300 ION EXCHANGE RESIN	901171230	PUROLITE CO
	PUROLITE C-100 ION EXCHANGE RESIN	901171240	PUROLITE CO
	RANDOLPH PEBBLE GREY AEROSOL PAINT V-6324	934315680	RANDOLPH PF
	RECTORSEAL NO. 5	935113000	RECTORSEAL
	REGAL OIL R&O 32	934409190	EQUILON ENT
	REGAL OIL R&O 46	581225030	EQUILON ENT
	REGAL OIL R&O 68	936136080	EQUILON ENT
	RESUN LUBE 1091/101G	930171660	FLOW CONTR
	RIDGID NUCLEAR THREAD CUTTING OIL	930013800	RIDGE TOOL
	RTV 102	935192100	GE SILICONES
	RUSTMASTER ENAMEL NO. 1225 SERIES	930139930	GLIDDEN CO.
	SCOTCH-GRIP RUBBER AND GASKET ADHESIVE 847	470103019	3M
	SCOTCH-WELD 2216 GRAY EPOXY ADHESIVE PART A+B	934260780	3M
	SHELL TELLUS OIL 68	581230070	EQUILON ENT
	SILITE RTV SILICONE -- CLEAR, WHITE AND RED	470103226	ITW DEVCON
	SILVER CHLORIDE	920035030	FISHER SCIEN
	SIMPLE GREEN	930110260	SUNSHINE MA
	SLIMICIDE C-31	930021980	BETZ LABS., I
	SLIMICIDE C-79	901187650	BETZDEARBOI
	SODIUM HYDROXIDE, 50% SOLUTION	310401241	OCCIDENTAL
	SODIUM HYPOCHLORITE, 10% SOLUTION	310476397	ASHLAND CHE
	SODIUM HYPOCHLORITE, 5% SOLUTION	310476398	JAMES AUSTI

SODIUM THIOSULFATE PENTAHYDRATE 924117800 FISHER SCIEN

Active by Department/Contractor

Group	Chemical Name	Part Number	Ma
	SODIUM THIOSULFATE PENTAHYDRATE	924117800	FI
	SODIUM THIOSULFATE PENTAHYDRATE	924117800	EN
	SODIUM THIOSULFATE, N/10 SOLUTION	920043550	M/
	SODIUM THIOSULFATE, N/10 SOLUTION	920043550	FI
	SOLDERLENE	930085850	HI
	SPRAYON RUST BREAKER PENETRANT	901231850	SH
	SPRED URETHANE FLORENAMEL (800 SERIES)	930160760	IC
	STAY SILV BLACK BRAZING FLUX	930092160	J.\
	STAY SILV WHITE BRAZING FLUX	934257470	J.\
	STEAMATE NA2260	310401706	BE
	STEAMATE NA2260	310401706	BE
	STEAMATE NA2260	310401706	BE
	STONKOTE GS4 STEEL GRAY AB KIT	901168320	ST
	SULFITE INDICATOR PLUS, REAGENT CODE L219	901062440	GE
	SULFURIC ACID TITRATION CRTDG. 1.600N, REAGENT CODE L2076	940080740	GE
	SULFURIC ACID, 0.25N, REAGENT CODE L6069	920016780	BE
	SULFURIC ACID, 10N SOLUTION	920040360	M/
	SULFURIC ACID, 10N SOLUTION	920040360	FI
	SULFURIC ACID, 1.6N SOLUTION	920016781	H/
	SULFURIC ACID, 50% SOLUTION	310101186	PV
	SULFURIC ACID, 93% SOLUTION	310101193	As
	SULFURIC ACID, 95% SOLUTION	310101901	M/
	SULFURIC ACID, N/50 SOLUTION	920041640	BE
	SUNTRANS II	930189450	SU
	SUPER HYBOND PLUS	930086450	A.
	SUPERIOR TX-10 SALT	901079870	AK
	SWEPCO BARIUM GREASE 105	930093790	SC
	SWEPCO MOLY GREASE 101	930093800	SC
	TETRAFLUOROETHANE, 1,1,1,2-	901052580	EL

TETRAFLUOROETHANE, 1,1,1,2- 901052580 IN

Active by Department/Contractor

Group Chemical Name

TETRAFLUOROETHANE, 1,1,1,2-
TETRAFLUOROETHANE, 1,1,1,2-
THERMAL FLOROX
TITANIUM PUTTY HARDENER/RESIN
TITRA VER HARDNESS REAGENT
TITRATING SOLUTION
TOP-FLO EVAPORATED SALT
TOTAL ALKALINITY INDICATOR
TRANSFORMER OIL 00600
TRICHLORO 1,2,2- TRIFLUOROETHANE, 1,1,2-
ULTRA-HIDE ALKYD EGGSHELL ENAMEL NO. 5086
ULTRA-HIDE POLYURETHANE INT-EXT FLOOR & PORCH ENAMEL (READY-MIX COLC
ULTRASPERSE AP200
UNIVERSAL HARDNESS BUFFER SOLUTION, REAGENT CODE L1566
UNIVOLT 60
VIRGINIA DUAL PURPOSE VACUUM PUMP OIL
Virginia Scale Remover, Liquid
WD-40
WINDEX
YORK OIL J

- 0056
- 0058
- 0059
- 0070
- 0071
- 0072
- 0077
- 0079
- 0080

▸ 0083

BLDG. 411
COLUMNS M20/020
SS-041-B-01
IA-041-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Col m20/020	Collector(s):	K. Perrit / J. Weif
Address:	Huron Campus, Endicott NY		D. Van Campen / T. Marsh
PID Meter Used: (Model, Serial #)	Mini Rae - 103051	Building No:	41

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	~~34446~~ 12690	Canister Serial No.:	34446	Canister Serial No.:	NA
Flow Controller Id No:	not recorded	Flow Controller Id No:	100-07	Flow Controller Id No:	
Start Date/Time:	2-9-05 1720	Start Date/Time:	2-9-05 1720	Start Date/Time:	
Start Pressure: (inches Hg)	-24	Start Pressure: (inches Hg)	-27	Start Pressure: (inches Hg)	
Stop Date/Time:	2-10-05 1720	Stop Date/Time:	2-10-05 1720	Stop Date/Time:	
Stop Pressure: (inches Hg)	0	Stop Pressure: (inches Hg)	3.5	Stop Pressure: (inches Hg)	
Sample ID: IA-041-B-01		**Sample ID:** SS-041-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Mech. Room	Floor Slab Thickness (inches) *[if present]*	18 inches	Distance from Building	
Indoor Air Temp (°F)	not recorded	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	4.0 ft	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	20 inches	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.5 ppm	PID Reading (ppm)	6.8 ppm	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.26	Noticeable Odor?	Yes	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	No		

Comments:

Vacuum pressure checked 2-10-05
1330 IA-041-B-01 -5.5 In Hg
1330 SS-041-B-01 -7.0 In Hg

Signature: Todd L Marsh

1 Box. 41 Col. M20/020

OSR-3

SS-041-B-01
IA-041-B-01

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Kris Perrett Date/Time Prepared 2/10/05 - 1230

Preparer's Affiliation ERM Phone No. (315) 445-2554

Purpose of Investigation Huron Mgmt. Vapor Intrusion

1. OCCUPANT:

Interviewed: (Y) / N

Last Name: Cook First Name: Cindy

Address: Huron Complex Endicott, NY

County: Broome

Home Phone: N/A Office Phone: N/A

Number of Occupants/persons at this location 20+ Age of Occupants > 18

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

Interviewed: (Y) / N

Last Name: Ketchek First Name: Jim

Address: Huron Real Estate, Endicott, NY

County: Broome

Home Phone: NA Office Phone: (607) 755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: ~~NA~~ STEEL / CONCRETE SLAB FLOOR

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) PRINTED CIRCUIT BOARDS (PCB) INSPECTION / MFGT. / TESTING

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? —

Other characteristics:

Number of floors 3 Building age ~65 YRS

Is the building insulated? Y / N UNK How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

NA - AIR HANDLERS SERVICE EACH FLOOR SEPARATELY

→ Airflow near source

AIR HANDLER UNIT

→ Outdoor air infiltration

~~NA~~ MAKE-UP AIR USED BY A.H.U.

→ Infiltration into air ducts

PRESSURE CHANGES AS AHU CYCLES

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with PAINT	
e. Concrete floor:	unsealed	sealed	sealed with PAINT	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished – MECH ROOM	
j. Sump present?	Y / N – TRENCH			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

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

UTILITY TRENCH

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? (Y) / N

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.

SAMPLE COLLECTED IN A MECHANICAL ROOM
LARGE AIR HANDER PRESENT IN ROOM, ELECTRIC
POWERED.

7. OCCUPANCY

Basement / Is lowest level occupied? (Full time) Occasionally ~~Seldom~~ (X) Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	MECH ROOMS, INDUSTRIAL MAINT. USE - PCB INSPECTION TESTING
1st Floor	PCB MANUFACTURE
2nd Floor	UNKNOWN
3rd Floor	NA
4th Floor	NA

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify_____

d. Has the building ever had a fire? Y / (N) When?_____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where?_____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type?_____

g. Is there smoking in the building? Y / (N) How frequently?_____

h. Have cleaning products been used recently? Y / (N) When & Type? NOT IN MECH. ROOM.

i. Have cosmetic products been used recently? Y / (N) When & Type? "

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? NA

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? NA

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Cleaning Grade Solvents used in Adjacent Room.

If yes, are their clothes washed at work? ~~Y~~ / N NA

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

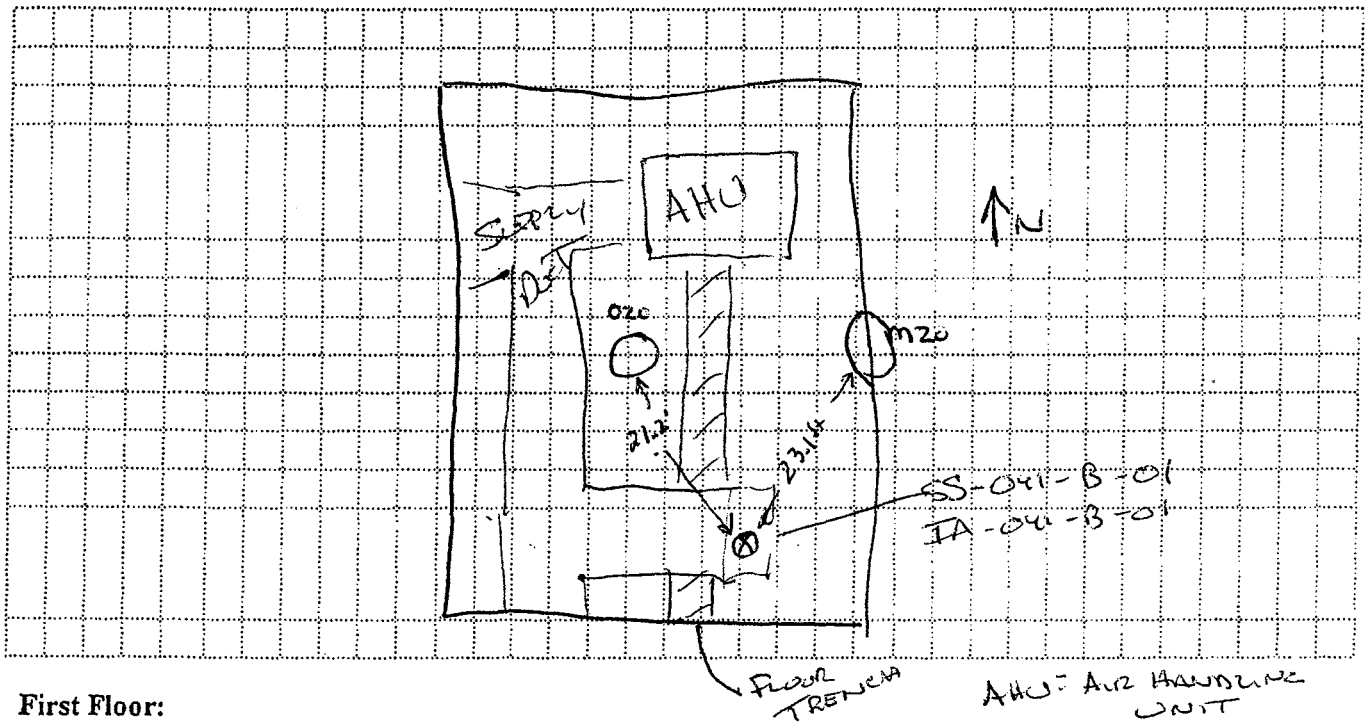
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement: MECHANICAL Room

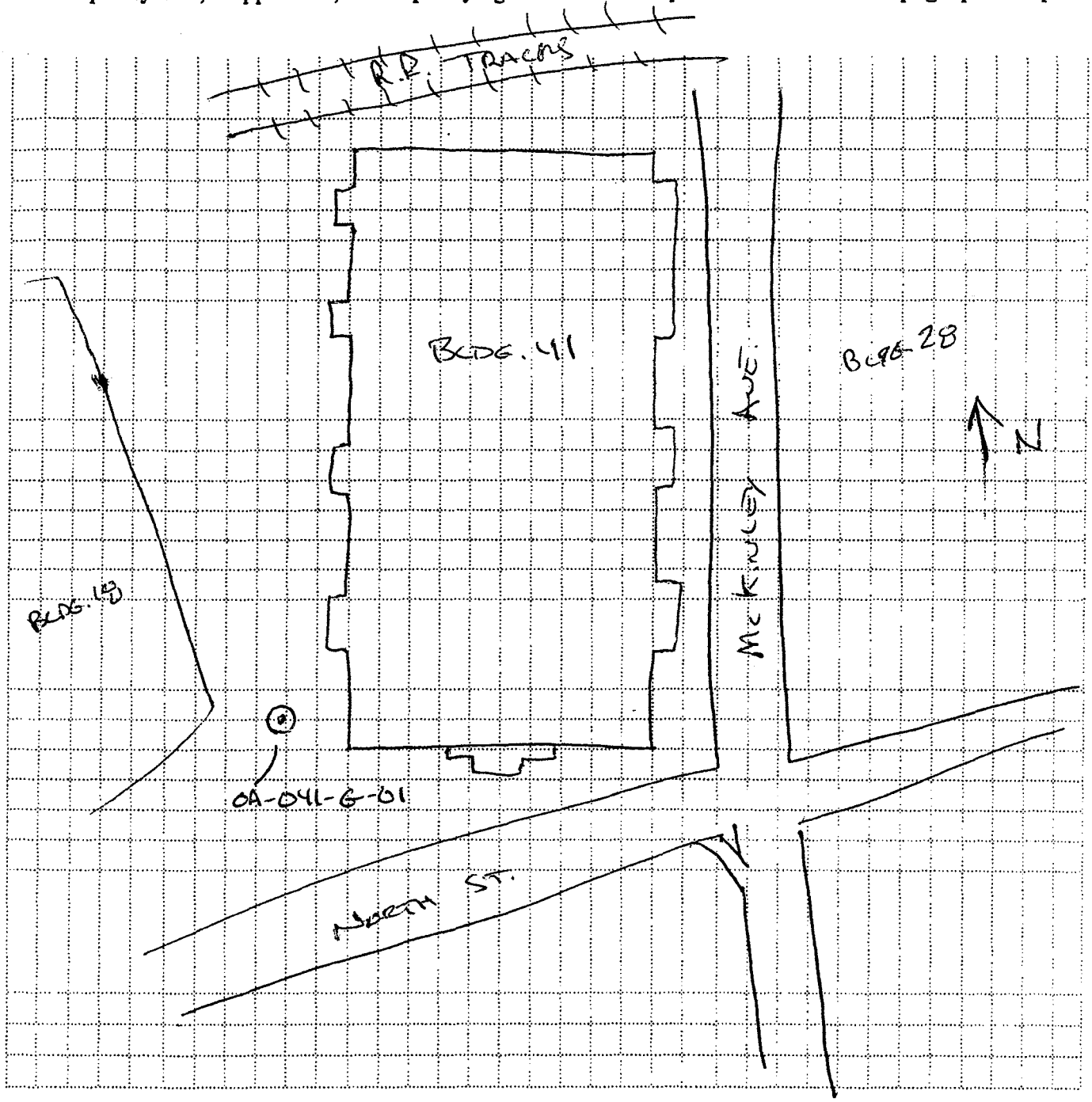


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae · Ser. no: 10351

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
Wall Cabinet next to	Column M-21	1 gal	UO	Industrial Enamel Paint	0.0	N/A
	@ boring location			- Contents not listed		
	SS-041-B-01			- on container. Paint		
				- is a mineral spirits		
				- based enamel		

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 41

COLUMN 023/R23

SAMPLE ID's: SS-041-B-02
IA-041-B-02

2/10/05 - KEN MURDICK
HAS CHEM. INV.

NEED NEW
FORM

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Between Col R23\023	Collector(s):	T. Marsh
Address:	Huron Campus, Endicott NY		D. VanCampen
PID Meter Used: (Model, Serial #)	Mini-RAE	Building No:	41

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34503	Canister Serial No.:	31147	Canister Serial No.:	NA
Flow Controller Id No:	54-09	Flow Controller Id No:	03-82	Flow Controller Id No:	
Start Date/Time:	2-10-05 1108	Start Date/Time:	2-10-05 1108	Start Date/Time:	
Start Pressure: (inches Hg)	-27.5	Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg)	
Stop Date/Time:	2-11-05 1108	Stop Date/Time:	2-11-05 1108	Stop Date/Time:	
Stop Pressure: (inches Hg)	-2.5	Stop Pressure: (inches Hg)	-4.5	Stop Pressure: (inches Hg)	
Sample ID: IA-041-B-02		**Sample ID:** SS-041-B-02		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Mech. Room	Floor Slab Thickness (inches) *[if present]*	10.5	Distance from Building	
Indoor Air Temp (°F)	64.8	Potential Vapor Entry Points Observed?	Crack in floor	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	4.5'	Ground Surface Condition (Crawl Space Only)	~~10.5~~ N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	10.5"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.79	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	No		

Comments:

2-11-05 0730 Tank Vaccum SS-041-B-02 -7 In Hg
IA-041-B-02 -6 In Hg

Signature: Todd L Marsh

OSR-3

BCRG-41 COL023/R23
SS-041-B-02
IA-041-B-02

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Kris Perritt Date/Time Prepared 2/10/05 13:10

Preparer's Affiliation ERM Phone No. (315) 445-2554

Purpose of Investigation Huron Mgmt. Indoor Air

1. OCCUPANT:

Interviewed: (Y) / N

Last Name: Cook First Name: Cindy

Address: Huron Mgmt. Endicott, NY

County: Broome

Home Phone: NA Office Phone: NA

Number of Occupants/persons at this location 20+ Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt. Endicott, NY

County: Broome

Home Phone: NA Office Phone: (607) 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) PRINTED CIRCUIT BOARD MFG. / INSPECTION IN BLDG.

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 3 Building age ~65

Is the building insulated? Y / N UNK. How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

NA - AIR HANDLERS SERVICE EACH FLOOR SEPARATELY

Airflow near source

SMALL HOLES IN CONCRETE BLOCK WALL

Outdoor air infiltration

EXHAUST FAN EXITING ROOM APPROX 10 FT FROM SAMPLE LOC.

Infiltration into air ducts

NOT NOTED

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with PAINT	
e. Concrete floor:	unsealed	sealed	sealed with PAINT	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	MECH. ROOM
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 6 (feet)

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

MINOR CRACKING IN FLOOR

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

→ Are there air distribution ducts present? Y / N

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.

HVAC SYSTEMS DELIVER AIR TO SEPARATE AREAS / FLOORS AS NEEDED. HVAC DUCT RUNS OVER SOUTH SIDE OF ROOM, BUT NO VENTS ARE IN THE ROOM. 1 GAS FIRED HEATER IN ROOM,

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally (Seldom) Almost Never

MECH. ROOM - SELDOMLY OCCUPIED

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	MECH ROOM ~~IN~~ (NB) USED TO HOUSE GW TREATMENT SYSTEM
1st Floor	PLB MFCT. / TESTING
2nd Floor	UNKNOWN
3rd Floor	NA
4th Floor	NA

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify_____

d. Has the building ever had a fire? Y / (N) When?_____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where?_____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type?_____

g. Is there smoking in the building? Y / (N) How frequently?_____

h. Have cleaning products been used recently? Y / (N) When & Type?_____

i. Have cosmetic products been used recently? Y / (N) When & Type?_____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N* If yes, where vented? * EXHAUST FAN IN ROOM

n. Is there a bathroom exhaust fan? Y / N* If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? CLEANING GRADE SOLVENTS / WASHER USED IN PCB INSP. AREA

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: * _____
Is the system active or passive? Active/Passive CELL TREATMENT RING PRESENT BUT INACTIVE

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

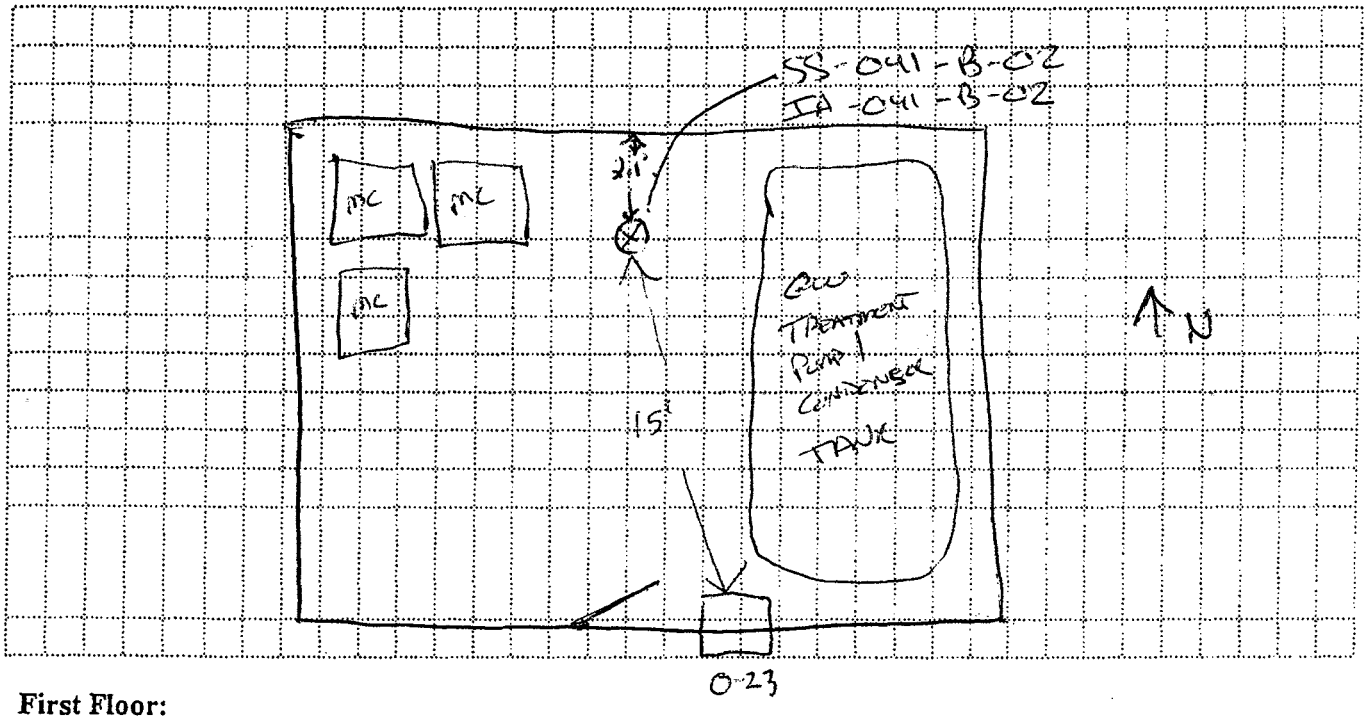
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

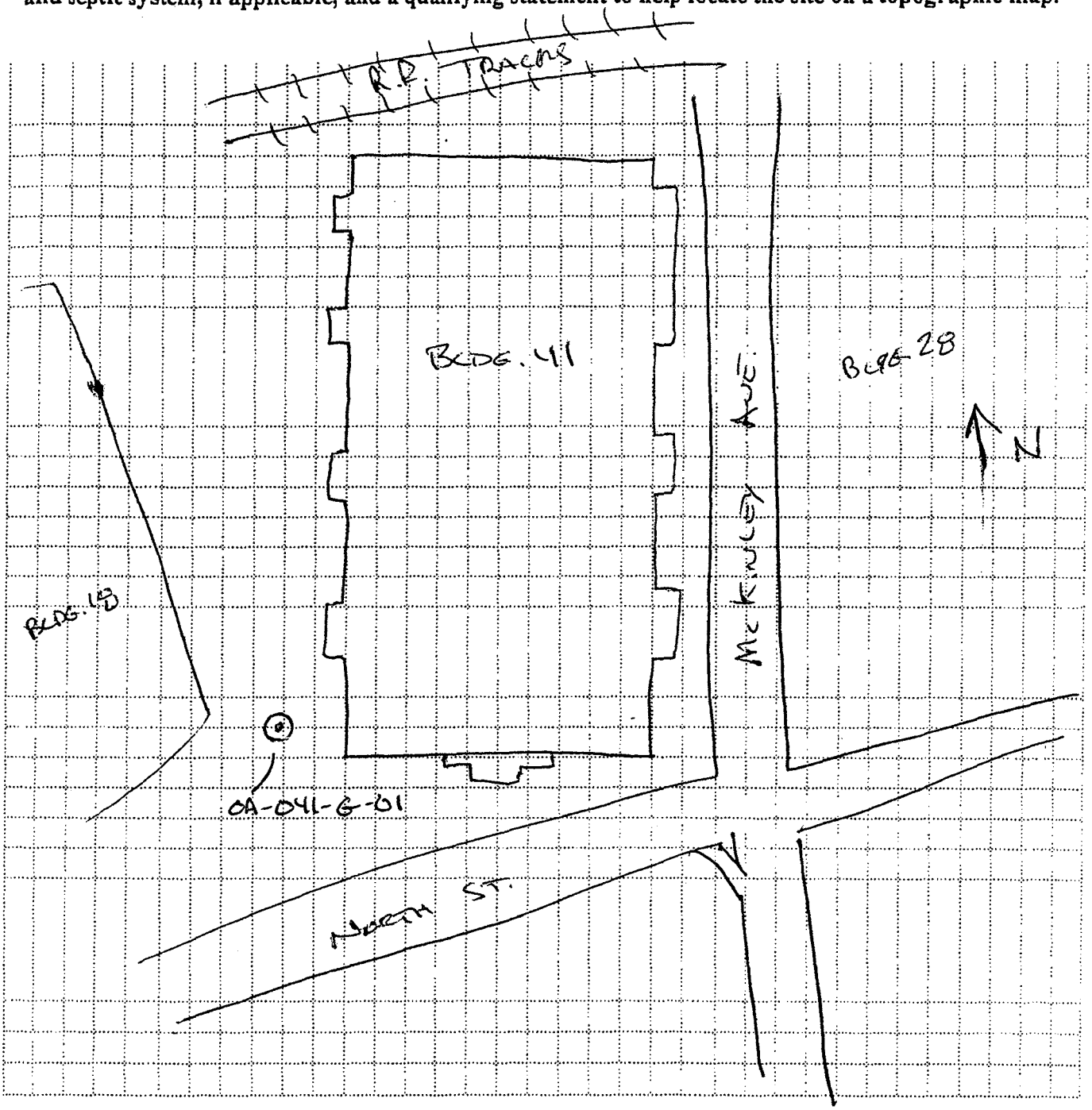


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



Col R23/025
Bldg. 41

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini-Rae Plus

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

Location	Product Description	Size ~~(oz.)~~	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
West Side	Methylene Chloride Waste Tanks	600 gal	good/UO	Empty	0.0	Y
~~of Room~~ East Side of Room	Low Threshold Sys. Pump, Condensator, Tank	NA	good/UO	Empty/Inactive	0.0	Y
South Side of Room	Storage Cabinet - Empty	NA	good/UO	Empty	0.0	N

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 41

COLUMN J-23

SS-041-B-03

IA-041-B-03

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	ELECTRICAL ROOM NEAR COLUMN M-22 141-1 - SS	Collector(s):	TM
Address:	Huron Campus, Endicott NY		DW
PID Meter Used: (Model, Serial #)	MINI RAE	Building No:	41

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34724	Canister Serial No.:	37423	Canister Serial No.:	NA
Flow Controller Id No:	103-86	Flow Controller Id No:	103-24	Flow Controller Id No:	
Start Date/Time:	2/10/05 / 12:16	Start Date/Time:	2/10/05 / 1216	Start Date/Time:	
Start Pressure: (inches Hg)	-25	Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	
Stop Date/Time:	2/11/05 / 1216	Stop Date/Time:	2/11/05 / 1216	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3.5	Stop Pressure: (inches Hg)	-4.0	Stop Pressure: (inches Hg)	
Sample ID: IA-041-B-03		**Sample ID:** SS-041-B-03		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	ELECTRICAL Rm	Floor Slab Thickness (inches) *[if present]*	2.75"	Distance from Building	
Indoor Air Temp (°F)	72.5°F	Potential Vapor Entry Points Observed?	BLOWER NEAR CEILING SOUTH WALL	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	4' 10"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	2.75"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	2.4 / from PURGE	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.63	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

CONDUIT ATTACHED TO CEILING IS OPEN & CAN VENT TO ROOM FROM OUTSIDE
PID 0.0 - 1210
BOREHOLE W/ TEMP. WAX PLUG - WILL FILL W/ EPOXY 2/14/05

Signature: Todd R Marsh

J-23
SS-041-B-03
~~SA~~-041-B-03

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name KRIS PORTEUS Date/Time Prepared _____

Preparer's Affiliation ERM Phone No. (315) 445-2554

Purpose of Investigation HURON INDOOR AIR

1. OCCUPANT:

Interviewed: (Y)/ N

Last Name: COOK First Name: CINDY

Address: HURON MOBILE HOME PARK ENDICOTT, NY

County: BROOME

Home Phone: NA Office Phone: NA

Number of Occupants/persons at this location 20+ Age of Occupants >18

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

Interviewed: (Y)/ N

Last Name: KETCHUCK First Name: JIM

Address: HURON REAL ESTATE MGMT. ENDICOTT, NY

County: BROOME

Home Phone: NA Office Phone: (607) 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

→ Business Type(s) PRINTED CIRCUIT BOARD (PCB) MFG. / TESTING / INSPECTION

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? —

→ **Other characteristics:**

Number of floors 3 Building age ~65 YRS

Is the building insulated? Y / N UNK. How air tight? (Tight) / Average / Not Tight

HURON **4. AIRFLOW**

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

→ NA. IN ELEC ROOM.

→ IN IA AREA, DROP CEILING IS PRESENT. AIR FLOW IS DESIGNED TO BE DUCTED.

Airflow near source

→ SS - FAN ON SOUTH WALL CIRCULATING AIR INTO ROOM

→ IA - SAMPLE NEAT TO DOUBLE DOORS

Outdoor air infiltration

SS - NA

IA - NA

Infiltration into air ducts

SS - HEATING DUCT W/ CUT OPENING DIRECTLY OVER SS LOCATION

IA - DIFFUSER IN CEILING 20-FT. EAST OF SAMPLE LOC.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	~~uncovered~~	~~covered~~	~~covered with PAINT~~	(RO)
e. Concrete floor:	unsealed	sealed	sealed with PAINT - BOTH SS + IA AREAS	
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

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

SS - MINOR CRACK IN FLOOR OF ELECTRICAL ROOM

IA - FLOOR IS GOOD CONDITION

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

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

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Stream radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

FUEL → **The primary type of fuel used is:**

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in: Basement Outdoors Main Floor Other OTHER BLDG.

Air Conditioning: Central Air Window units Open Windows None

Are there air distribution ducts present? Y / N

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.

AIR HANDLERS EQUIPPED WITH CHILLED / HEATING COILS TREAT AIR AND CIRCULATE THROUGH BUILDING. DIFUSER LOCATED IN CEILING APPROX 20-FT EAST OF SAMPLE LOCATION.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	PCB INSPECTION / TESTING
1st Floor	PCB MANUFACTURE
2nd Floor	UNK.
3rd Floor	N/A
4th Floor	N/A

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? WINDEX

i. Have cosmetic products been used recently? Y / N When & Type? By Same Employees

j. Has painting/staining been done in the last 6 months? Y / N Where & When? UNK.

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? ISOPROPYL ALCOHOL (IPA) USED ON ~~AREA~~ BASEMENT LEVEL

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

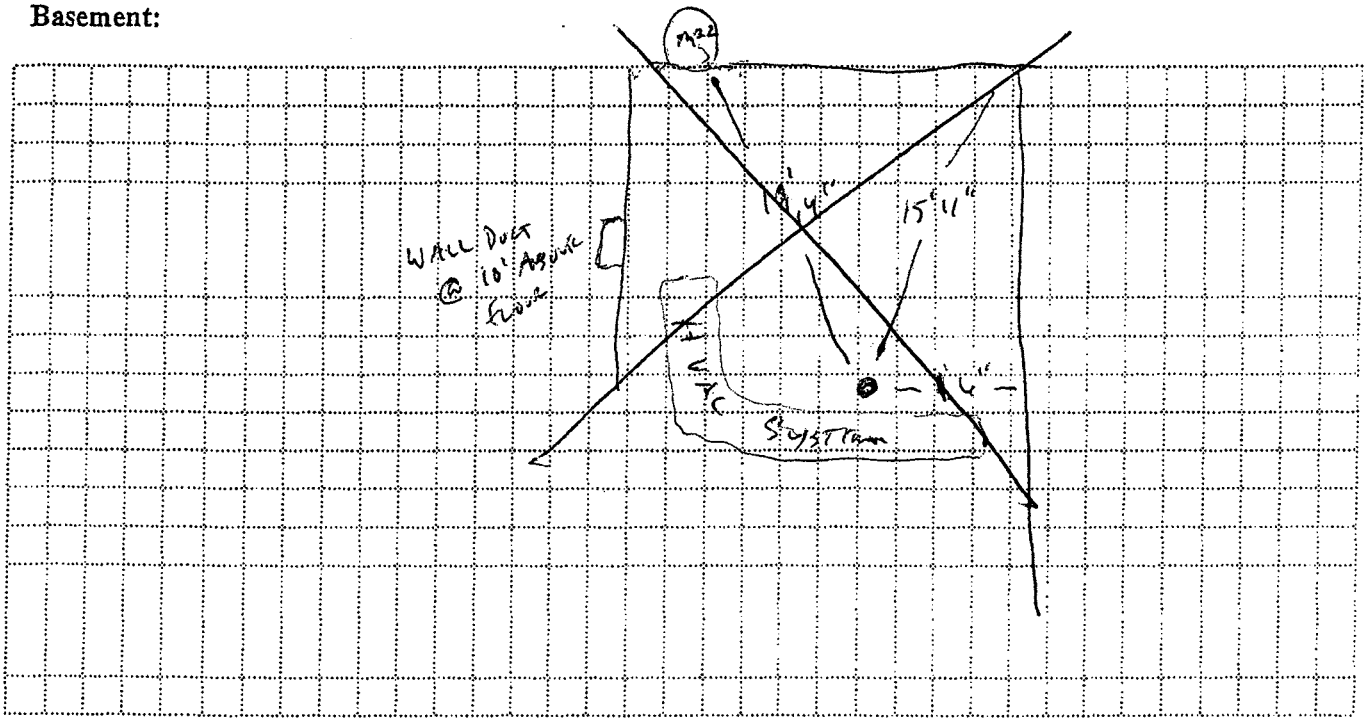
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

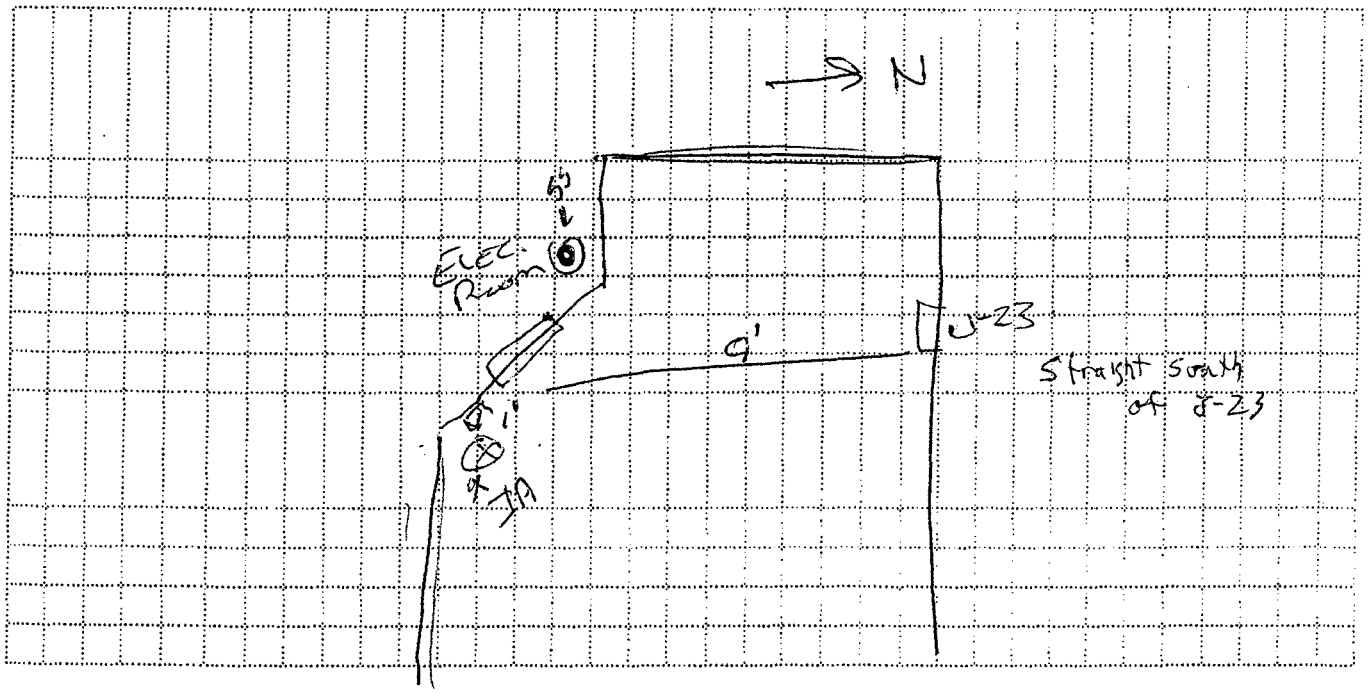
11. FLOOR PLANS

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.

Basement:



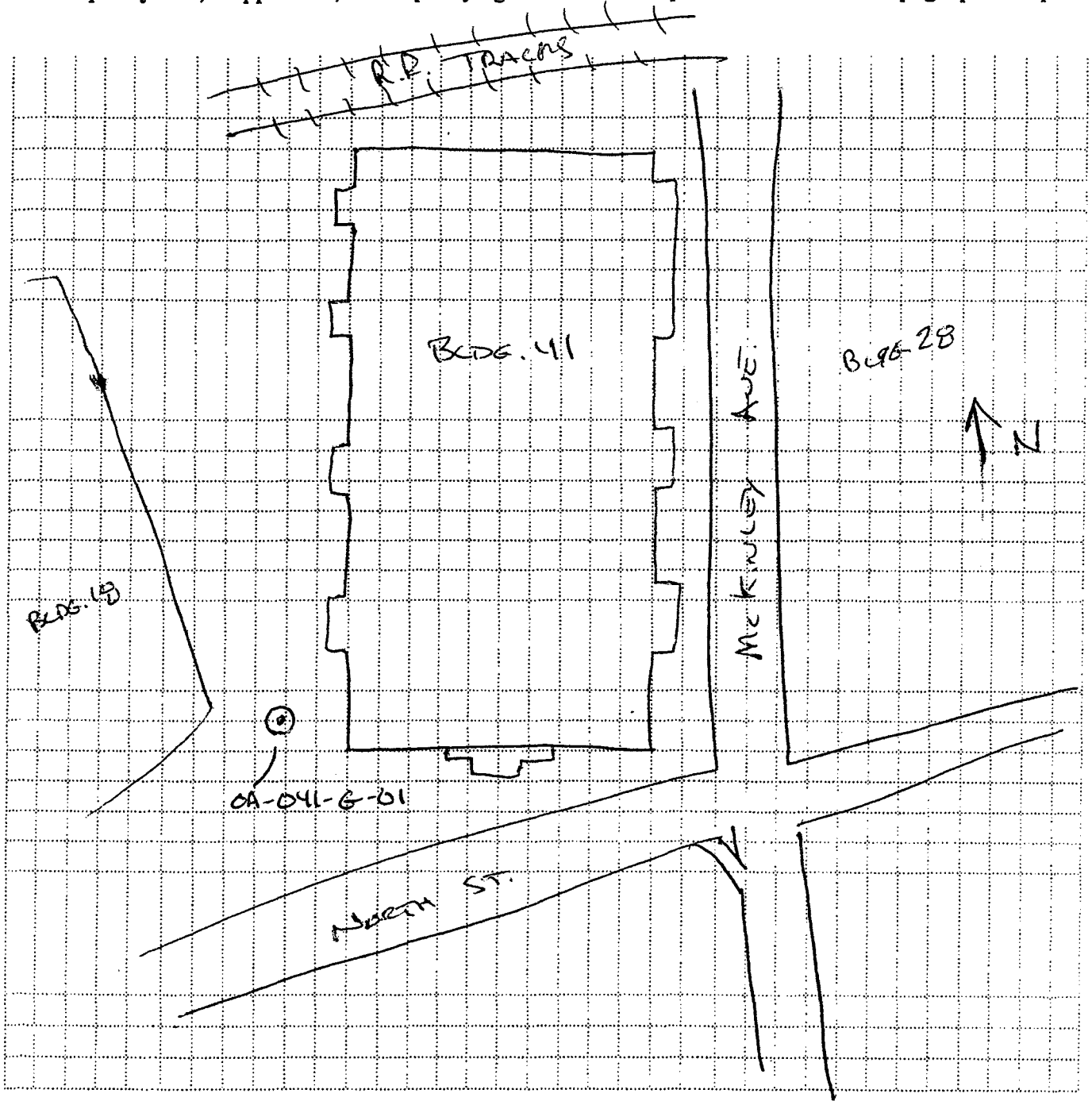
~~First Floor:~~ BASEMENT



12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE PID

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
J.23	2 METAL STE. CABINETS	–	–	EMPTY DRY GOODS	0.0	N
	ADJACENT AREA IS A MICROSCOPIC INSPECTION AREA. NO CHEMICALS USED.				0.0	N

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 41

COL. B23 | D23

SS-041-B-04

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Between Column D23 & B23	Collector(s):	Jeremy Wolf
Address:	Huron Campus, Endicott NY		Todd Marsh
PID Meter Used: (Model, Serial #)	OVM Model 580B S/N 580B-33689-245	Building No:	41

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	934	Canister Serial No.:	33918	Canister Serial No.:	NA
Flow Controller Id No:	97-12	Flow Controller Id No:	106-66	Flow Controller Id No:	
Start Date/Time:	2/14/05 1318	Start Date/Time:	2/14/05 1318	Start Date/Time:	
Start Pressure: (inches Hg)	-28 ~~-4~~ GOC	Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	
Stop Date/Time:	2/15/05 1318	Stop Date/Time:	2/15/08 1318	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	-5	Stop Pressure: (inches Hg)	
Sample ID: IA-041-B-04		**Sample ID:** SS-041-B-04		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	~	Sample Category ID: (A or A-1)	~	Sample Category ID: (AA)	NA
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Column D-23 & B-23	Floor Slab Thickness (inches) *[if present]*	~6"	Distance from Building	
Indoor Air Temp (°F)	72.5	Potential Vapor Entry Points Observed?	Floor in good condition & sealed	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	55	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-8"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	Peak 9000 ppm below slab	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.10	Noticeable Odor?	Yes @ top of hole	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	~	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

Ambient Air (Before Drilling) in breathing zone : 0.0 ppm
(After Drilling) in breathing zone : 0.0 ppm

Vacuum pressure 2-15-04
SS-041-B-04 -10" Hg @ 0710
IA-041-B-04 -10" Hg @ 0710

Signature: Dave Van Campen

OSR-3

IA-041-B-04

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name KRIS PERRITT Date/Time Prepared 2/15/05 19:00

Preparer's Affiliation ERM Phone No. (315) 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING PROJECT

1. OCCUPANT:

Interviewed: (Y)/ N

Last Name: COOK First Name: CINDY

Address: HURON MOTT. BLDG 41, ENDICOTT, NY

County: BROOME

Home Phone: NA Office Phone: NA

Number of Occupants/persons at this location 20+ Age of Occupants >18

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

Interviewed: (Y)/ N

Last Name: KETCHUCK First Name: JIM

Address: HURON MOTT, ENDICOTT, NY

County: BROOME

Home Phone: NA Office Phone: (607) 755-6073

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)

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

If multiple units, how many? —

If the property is commercial, type?

Business Type(s) PRINTED CIRCUIT BOARD MFCT / TESTING / ENGR.

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? —

Other characteristics:

Number of floors 3 Building age ~65 YRS.

Is the building insulated? Y / N UNK. How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AIR HANDLING UNITS SERVICE EACH FLOOR SEPARATELY

Airflow near source

1 OVERHEAD VENT - 10-Ft SE OF SAMPLE
1 " " - 5-Ft SOUTH " "
1 " " - 10-Ft SW " "

Outdoor air infiltration

NONE OBSERVED

Infiltration into air ducts

NA

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE / PAINT / BARE	
e. Concrete floor:	unsealed	sealed	sealed with TILE / MASTIC	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINTED INSIDE	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	MECH. ROOMS / PARTS AREAS
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 6 (feet)

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

NO CRACKS OR SUMPS IN VICINITY OF SAMPLE

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

AIR HANDLING UNITS SUPPLY WARM/COOL AIR TO AREA, SEE PG. 2 FOR DUCT/VENT LOCATIONS

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	PCB INSPECTION/TESTING
1st Floor	PCB MFCT.
2nd Floor	UNK.
3rd Floor	NA
4th Floor	NA

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? WINDEX

i. Have cosmetic products been used recently? Y / N When & Type? BY EMPLOYEE

j. Has painting/staining been done in the last 6 months? ~~Y~~ / N Where & When? Unk.

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Isopropyl Alcohol (IPA) is used

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

~~No~~
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

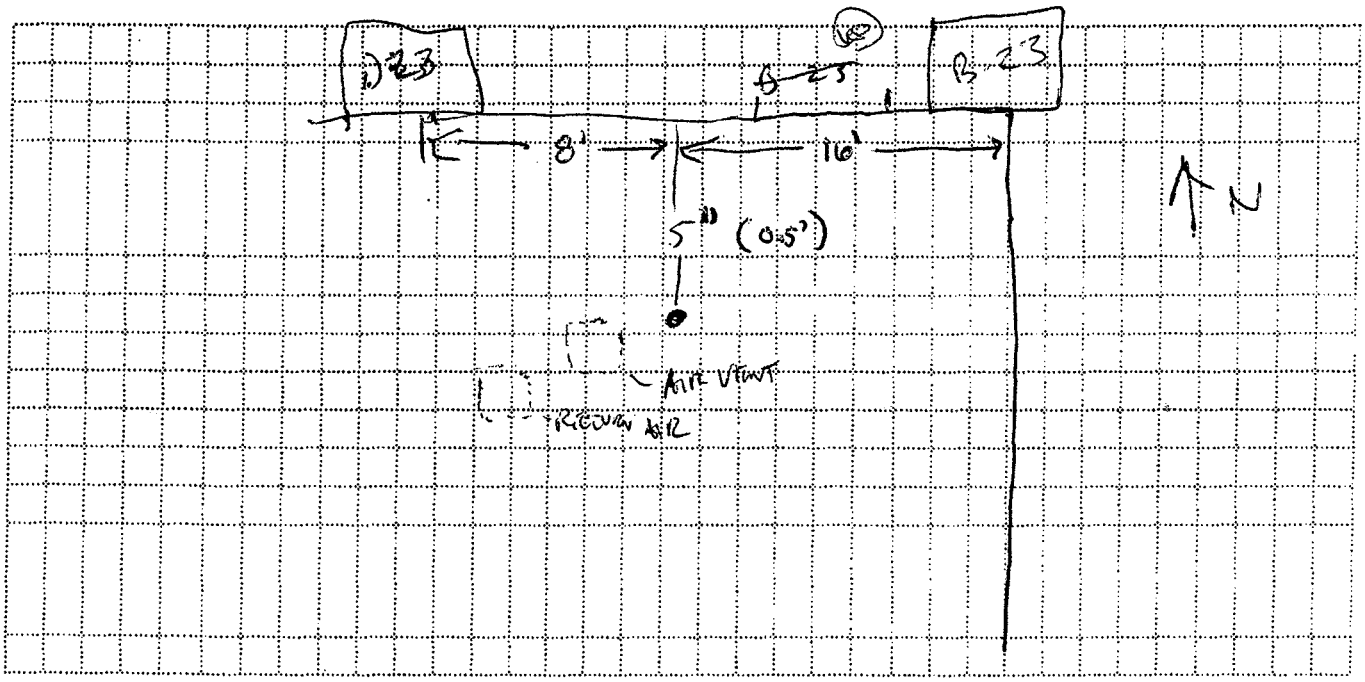
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

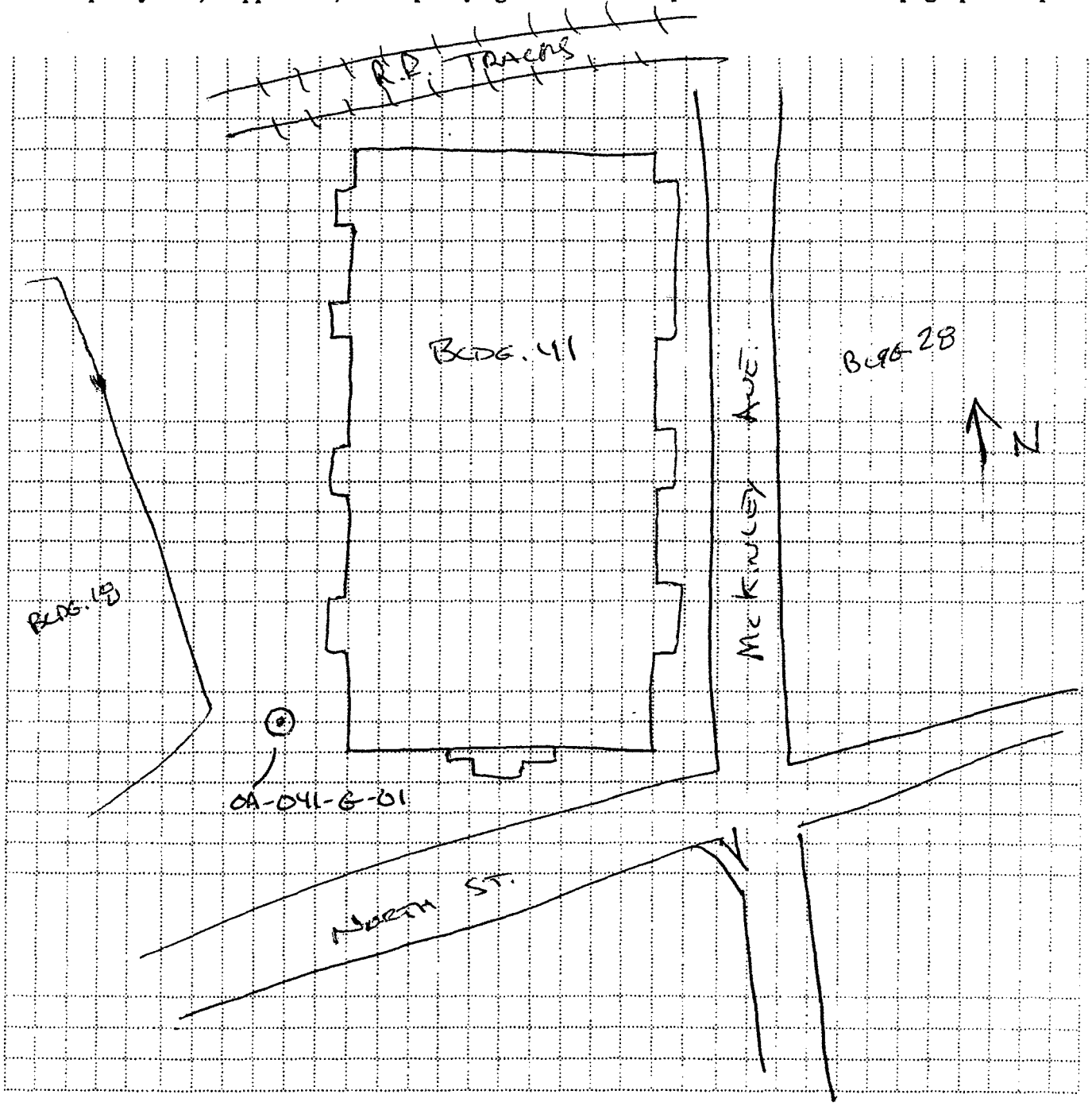


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



Col. B-23
41-1

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini - rae Plus

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
Desks	Sharpie Markers	Pen	new	VOCs - see MSDS	0.0	N
Cabinet	Windex	14	new	Alchl, etc - see MSDS	0.0	N

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 41
COL. F20
SS-041-B-05
DA-041-B-05

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Column f-20/41-1	Collector(s):	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	MINI-RAE 103051	Building No:	41

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	9541 ~~HV~~	Canister Serial No.:	34468	Canister Serial No.:	NA
Flow Controller Id No:	58-88	Flow Controller Id No:	03-72	Flow Controller Id No:	
Start Date/Time:	02/10/05 1555	Start Date/Time:	02/10/05 1554	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	02/11/05 / 1555	Stop Date/Time:	02/11/05 1555	Stop Date/Time:	
Stop Pressure: (inches Hg)	-13	Stop Pressure: (inches Hg)	-4.0	Stop Pressure: (inches Hg)	
Sample ID: IA-041-B-05		**Sample ID:** SS-041-B-05		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	NA	Direction from Building	
Room	PCB INSPECTION RM	Floor Slab Thickness (inches) *[if present]*	1.0'	Distance from Building	
Indoor Air Temp (°F)	74.8"	Potential Vapor Entry Points Observed?	HVAC SYSTEM CEILING	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	59.5"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	1.1'	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	18-24	PID Reading (ppm)	0.0 - IA	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.63	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
—	—	Duplicate Sample?	NO		
—	—				

Comments: SS CAN 05711 FAILED - CHANGED CAN - DID NOT PURGE LINE - CHANGED REGULATOR

Signature: Dave Van Cam

OSR-3

IA-041-B-05

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Kris Perrett Date/Time Prepared 2/15/05 1910

Preparer's Affiliation ERM Phone No. (315) 445-2554

Purpose of Investigation Huron Indoor Air Sampling Project

1. OCCUPANT:

Interviewed: (Y) / N

Last Name: Cook First Name: Cindy

Address: Huron Mgmt, Bldg 41, Endicott, NY

County: Broome

Home Phone: NA Office Phone: NA

Number of Occupants/persons at this location 20+ Age of Occupants 7 18

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

Interviewed: (Y) / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt, Endicott, NY

County: Broome

Home Phone: NA Office Phone: (607) 755-6073

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)

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

If multiple units, how many? —

If the property is commercial, type?

Business Type(s) PRINTED CIRCUIT BOARD (PCB) MFCT. / INSP. / TESTING

Does it include residences (i.e. multi-use)? Y / N (N circled) If yes, how many? —

Other characteristics:

Number of floors 3 Building age ~65 yrs.

Is the building insulated? Y / N UNK. How air tight? Tight / Average / Not Tight (Tight circled)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AIR HANDLER SUPPLY AIR TO EACH FLOOR SEPARATELY.

Airflow near source

COLD AIR RETURN ~~OVERHEAD~~ 5-FT. SOUTH TO VENT 15-FT. NW ~~[illegible]~~ OF SAMPLE.

Outdoor air infiltration

INTERIOR ~~HALLWAY~~ PORTION OF BLDG. NO OUTDOOR PATHWAY OBSERVED

Infiltration into air ducts

COLD AIR RETURN ABOVE.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE / PAINT	
e. Concrete floor:	unsealed	sealed	sealed with PAINT / TILE - MASTIC	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINTED INSIDE	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	MECH. ROOMS + PROCESS AREAS
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 6 (feet)

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

~~NA~~ NONE OBSERVED

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

AIR HANDLING UNITS SUPPLY AIR (WARM + COOL) TO BUILDING, SEE PAGE 3 FOR DIFUSER/ RETURN LOCATIONS.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	PCB INSPECTION / TESTING
1st Floor	PCB MACT.
2nd Floor	UNKNOWN
3rd Floor	NA
4th Floor	NA

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? WINDEX

i. Have cosmetic products been used recently? Y / N When & Type? EMPLOYEE USE

j. Has painting/staining been done in the last 6 months? Y / N Where & When? UNK.

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? IPA USED ON FLOOR LEVER

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

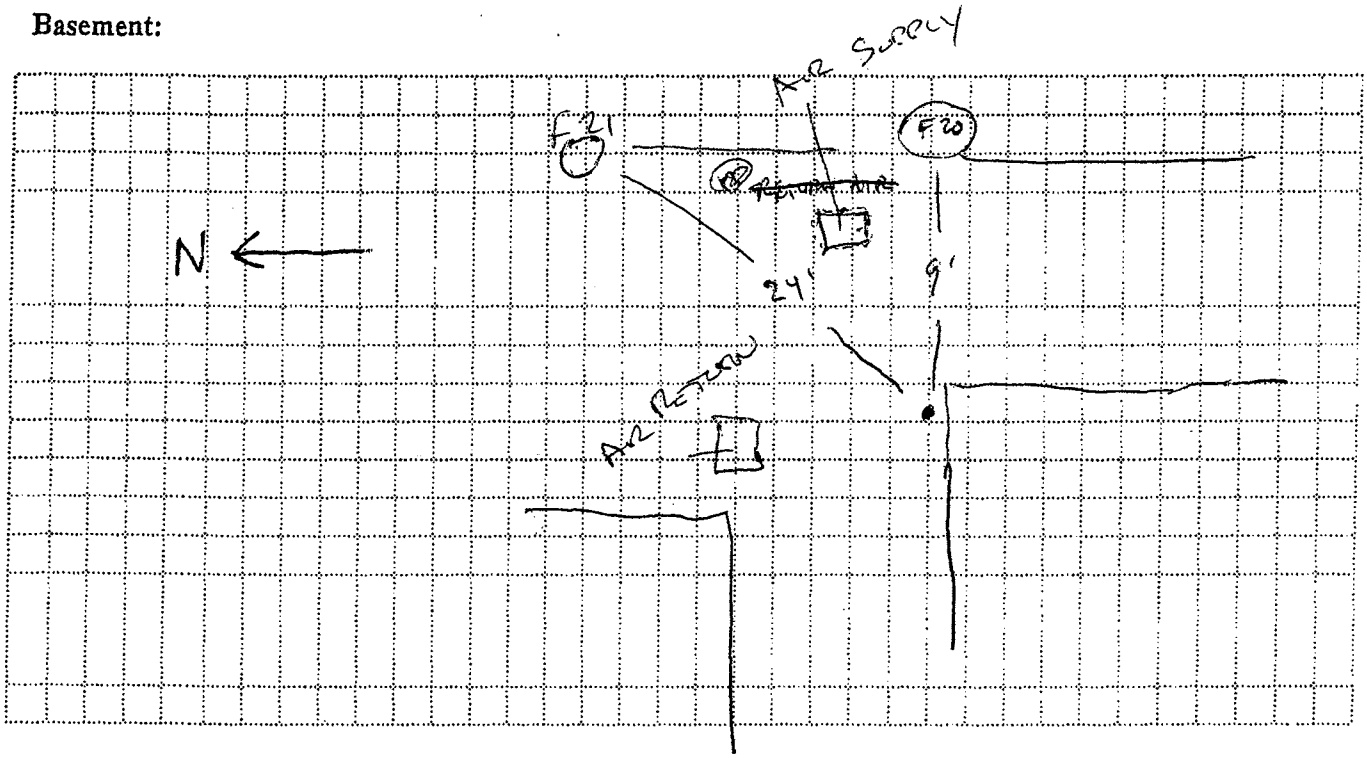
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

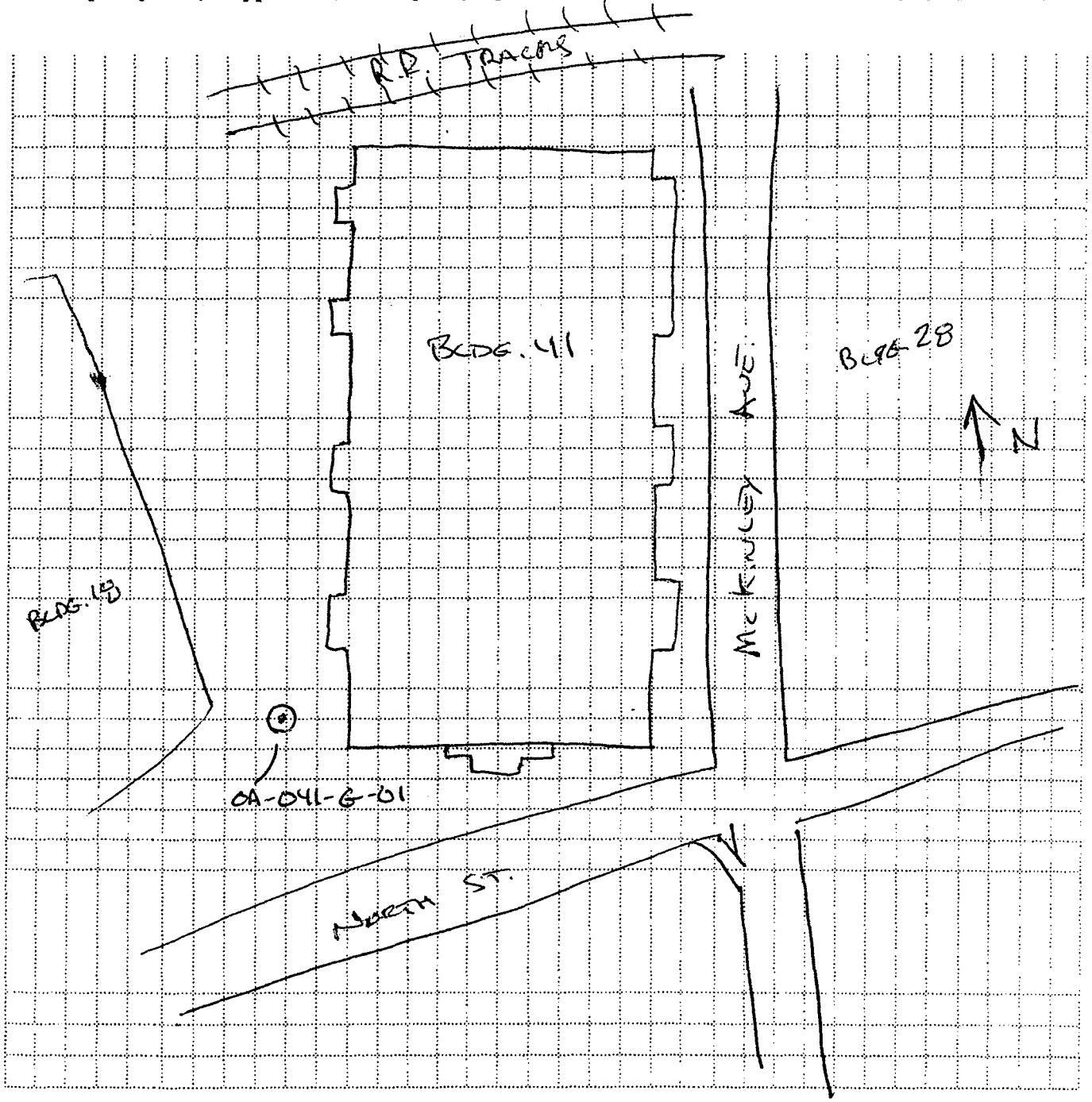


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: mini-rae plus

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
None	observed					

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

Bldg. 041

SS-041-B-~~6~~A

~~FA~~

near col F-17

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 41, col F17	Collector(s):	TM DV SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 110-008820	Building No:	041

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:	35152	Canister Serial No.:	
Flow Controller Id No:		Flow Controller Id No:	05-13	Flow Controller Id No:	
Start Date/Time:		Start Date/Time:	3/15/05 1435	Start Date/Time:	
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:		Stop Date/Time:	3/16/05 1415	Stop Date/Time:	
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-4.0.	Stop Pressure: (inches Hg)	
Sample ID:		**Sample ID:**	SS-041-B-6A	**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level		Basement or Crawl Space?	basement	Direction from Building	
Room		Floor Slab Thickness (inches) *[if present]*	15"	Distance from Building	
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	17"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)		PID Reading (ppm)	0.6	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)		Noticeable Odor?	~~No~~ Yes (AA)	Noticeable Odor?	
Duplicate Sample?		Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	No		

Comments:

Signature: S. Schmatat

BLDG. 41

COL. F17

SS-041-B-06
IA-041-B-06

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Col. F-17	Collector(s):	Todd Marsh
Address:	Huron Campus, Endicott NY		Jeremy Wolf
PID Meter Used: (Model, Serial #)	OVM MODEL 580B S/N 580B - 33689 - 245	Building No:	41

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34361	Canister Serial No.:	34751	Canister Serial No.:	NA
Flow Controller Id No:	~~0503~~ DV 03-41	Flow Controller Id No:	~~03-41~~ DV 0503	Flow Controller Id No:	
Start Date/Time:	2/14/05 1155	Start Date/Time:	2/14/05 1155	Start Date/Time:	
Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	
Stop Date/Time:	2/15/05 1155	Stop Date/Time:	2/15/05 1155	Stop Date/Time:	
Stop Pressure: (inches Hg)	-5	Stop Pressure: (inches Hg)	-0.5	Stop Pressure: (inches Hg)	
Sample ID: IA-041-B-06		**Sample ID:** SS-041-B-06		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	HALLWAY F-17	Floor Slab Thickness (inches) *[if present]*	12"	Distance from Building	
Indoor Air Temp (°F)	75.4°F	Potential Vapor Entry Points Observed?	floor in good shape	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	54"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-12"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	PEAK 100 ppm BELOW SLAB	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.10	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

0.0 PPM IN BREATHING AREA

Signature: Todd L Marsh

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IA-041-B-06

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name KRIS PERRETT Date/Time Prepared 2/15/05 1930

Preparer's Affiliation ERM Phone No. (315) 445-2554

Purpose of Investigation HURON INDOOR AIR INVESTIGATION

1. OCCUPANT:

Interviewed: (Y) N

Last Name: COOK First Name: CINDY

Address: HURON MGMT, BLDG 41, ENDICOTT, NY

County: BROOME

Home Phone: NA Office Phone: NA

Number of Occupants/persons at this location 20+ Age of Occupants >18

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

Interviewed: (Y) N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT.

County: BROOME

Home Phone: NA Office Phone: (607) 755-6073

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)

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

If multiple units, how many? —

If the property is commercial, type?

Business Type(s) PRINTED CIRCUIT BOARD (PCB) MFCT./INSPECTION/TESTING

Does it include residences (i.e. multi-use)? Y/(N) If yes, how many? —

Other characteristics:

Number of floors 3 Building age ~65 yrs

Is the building insulated? Y / N UNK. How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AIR HANDLING UNITS SUPPLY AIR SEPARATELY TO EACH FLOOR.

Airflow near source

NO DUCTS / VENTS IN AREA

Outdoor air infiltration

SAMPLE COLLECTED WITHIN INTERIOR HALLWAY. NO SOURCE OF OUTDOOR AIR NOTED.

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE / PAINT	
e. Concrete floor:	unsealed	sealed	sealed with PAINT	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT INSIDE	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished MECH ROOMS / PROCESS AREAS	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 6 (feet)

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

SURFICIAL CRACKS IN CONCRETE W CORRUPUR.
DEPTH OF CRACKS UNKNOWN

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

AIR SUPPLIED BY AHU'S ON EACH FLOOR.
NO DUCTS / VENTS IN VICINITY OF SAMPLE

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	PCB INSPECTION / TESTING
1st Floor	PCB MFCT.
2nd Floor	UNKNOWN
3rd Floor	NA
4th Floor	NA

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? ~~[illegible]~~ NOT IN CORRIDOR

i. Have cosmetic products been used recently? Y / N When & Type? EMPLOYEE USE

j. Has painting/staining been done in the last 6 months? Y / N Where & When? UNK

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? IPA USED ON BASEMENT LEVEL

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

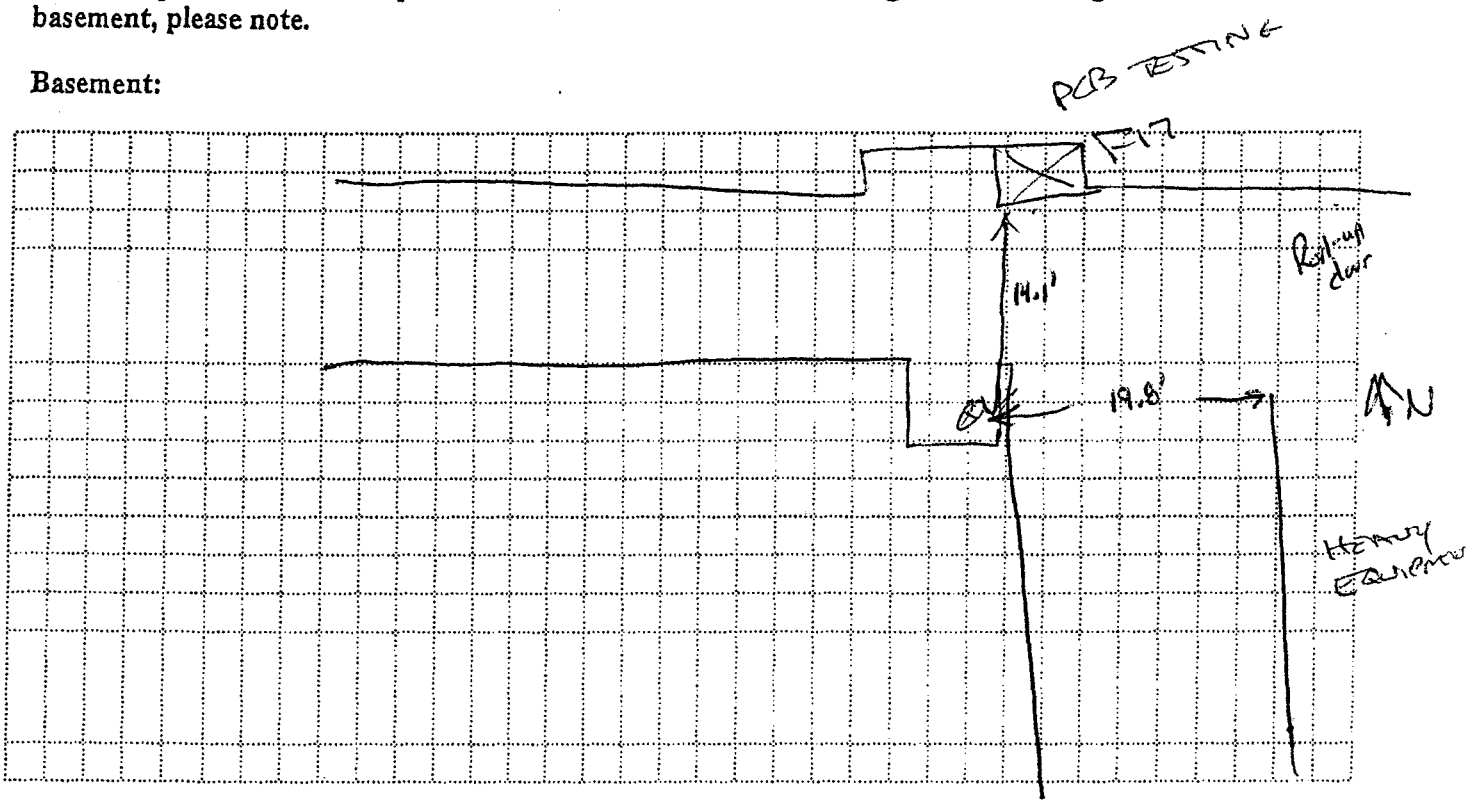
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

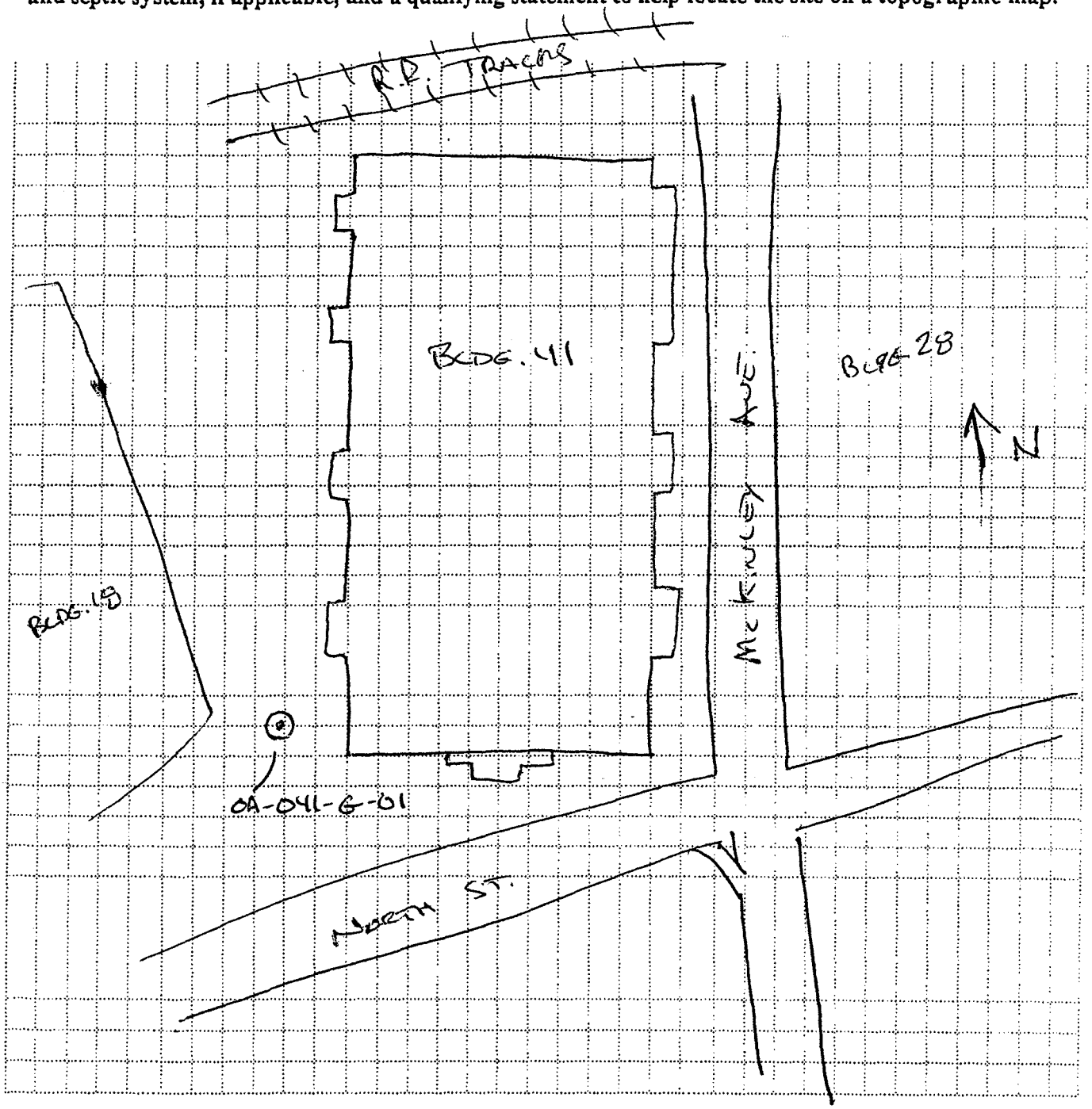


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
N/A -	Hallway Location	-	No chemicals used or stored @		this location	

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 41

Cex. M17

SS-041-B-07

IA-041-B-07

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Column M17 Hallway	Collector(s):	Jeremy Wolf
Address:	Huron Campus, Endicott NY		TODD MARSH
PID Meter Used: (Model, Serial #)	OVM MODEL 580B S/N 580B-33689-245	Building No:	41

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34453	Canister Serial No.:	34322	Canister Serial No.:	NA
Flow Controller Id No:	05-11	Flow Controller Id No:	102-11	Flow Controller Id No:	
Start Date/Time:	02/14/05 / 1105	Start Date/Time:	02/14/05 / 1105	Start Date/Time:	
Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	02/15/05 / 1105	Stop Date/Time:	02/15/05 / 1105	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	
Sample ID:	IA-041-B-07	**Sample ID:**	SS-041-B-07	**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	HALLWAY M17	Floor Slab Thickness (inches) *[if present]*	17	Distance from Building	
Indoor Air Temp (°F)	74.3°F	Potential Vapor Entry Points Observed?	NONE	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	GOOD	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-19	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	5.6	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.8	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

Signature: Derek VanCampen Todd L Marsh

OSR-3

~~IA-041-B~~ 10

NEW YORK STATE DEPARTMENT OF HEALTH IA-041-B-07
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Kris Perritt Date/Time Prepared 2/15/05 1940

Preparer's Affiliation ERM Phone No. (315) 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: (Y) / N

Last Name: Cook First Name: Cindy

Address: Huron Mont., Bldg 41, Endicott, NY

County: Broome

Home Phone: NA Office Phone: NA

Number of Occupants/persons at this location 2+ Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: Ketchum First Name: Jim

Address: Huron Mont. ~~Bldg 41~~ 600, Endicott, NY

County: Broome

Home Phone: NA Office Phone: (607) 755-6073

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)

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

If multiple units, how many? —

If the property is commercial, type?

Business Type(s) PRINTED CIRCUIT BOARD (PCB) MACH. / INSP.

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? —

Other characteristics:

Number of floors 3 Building age ~65 yrs.

Is the building insulated? Y / N UNK. How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AIR HANDLERS SUPPLY AIR TO EACH FLOOR SEPARATELY

Airflow near source

NO DUCTS / VENTS IN AREA

Outdoor air infiltration

INTERIOR HALLWAY LOCATION. ~~AIR~~ NO OUTDOOR AIR SOURCE NOTED

Infiltration into air ducts

NO RETURNS / DUCTS IN AREA

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE / PAINT	
e. Concrete floor:	unsealed	sealed	sealed with PAINT / MASTIC	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT ON INSIDE	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 6 (feet)

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

_____

_____

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? (Y) / N

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.

AHU'S SUPPLY AIR THROUGHOUT BLDG, SEE PAGE 3 FOR DUCT LOCATIONS.

7. OCCUPANCY

Basement / Is lowest level occupied? (Full time) Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	PCB INSPECTION / TESTING
1st Floor	PCB MGMT.
2nd Floor	UNK.
3rd Floor	NA
4th Floor	NA

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify_____

d. Has the building ever had a fire? Y / (N) When?_____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where?_____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type?_____

g. Is there smoking in the building? Y / (N) How frequently?_____

h. Have cleaning products been used recently? (Y) / N When & Type? CLEANING SUP.

i. Have cosmetic products been used recently? (Y) / N When & Type? BY EMPLOYEES

j. Has painting/staining been done in the last 6 months? Y / N Where & When? UNK

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? TPA USED IN BASEMENT

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service
No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

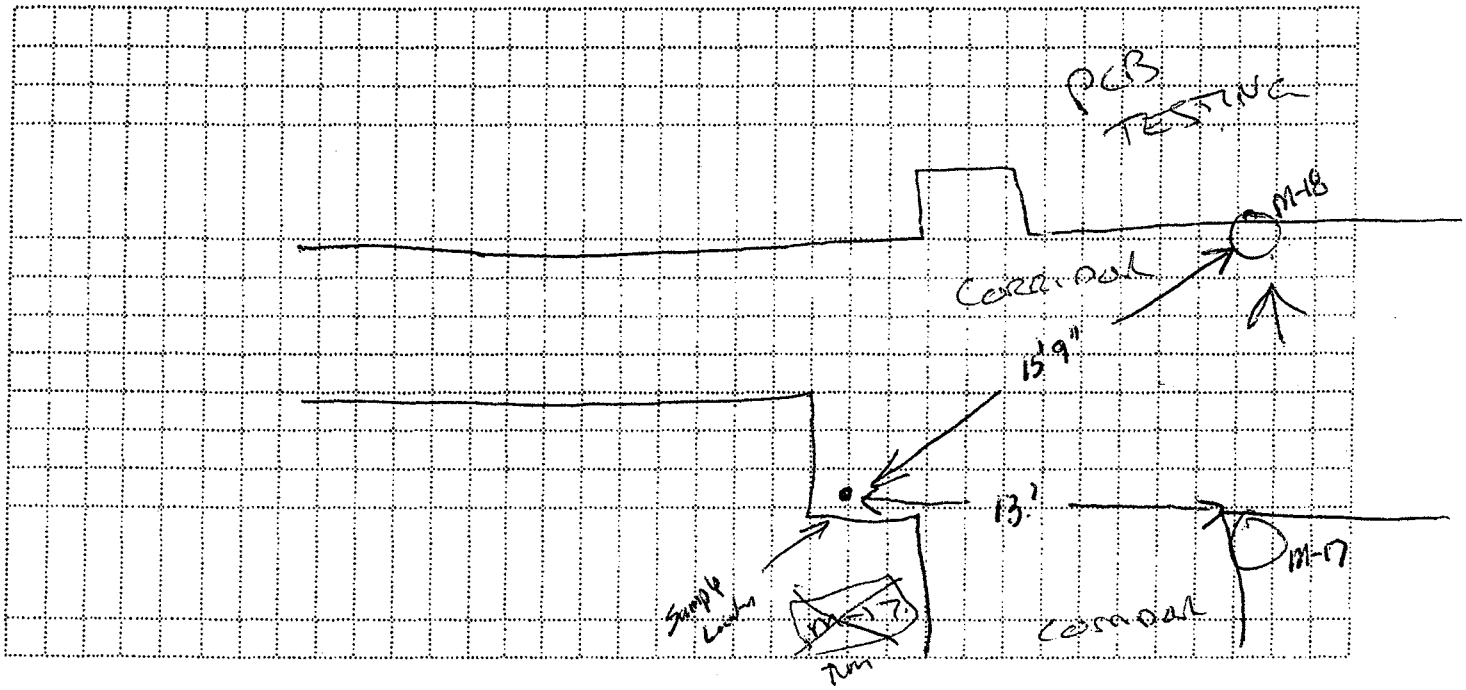
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

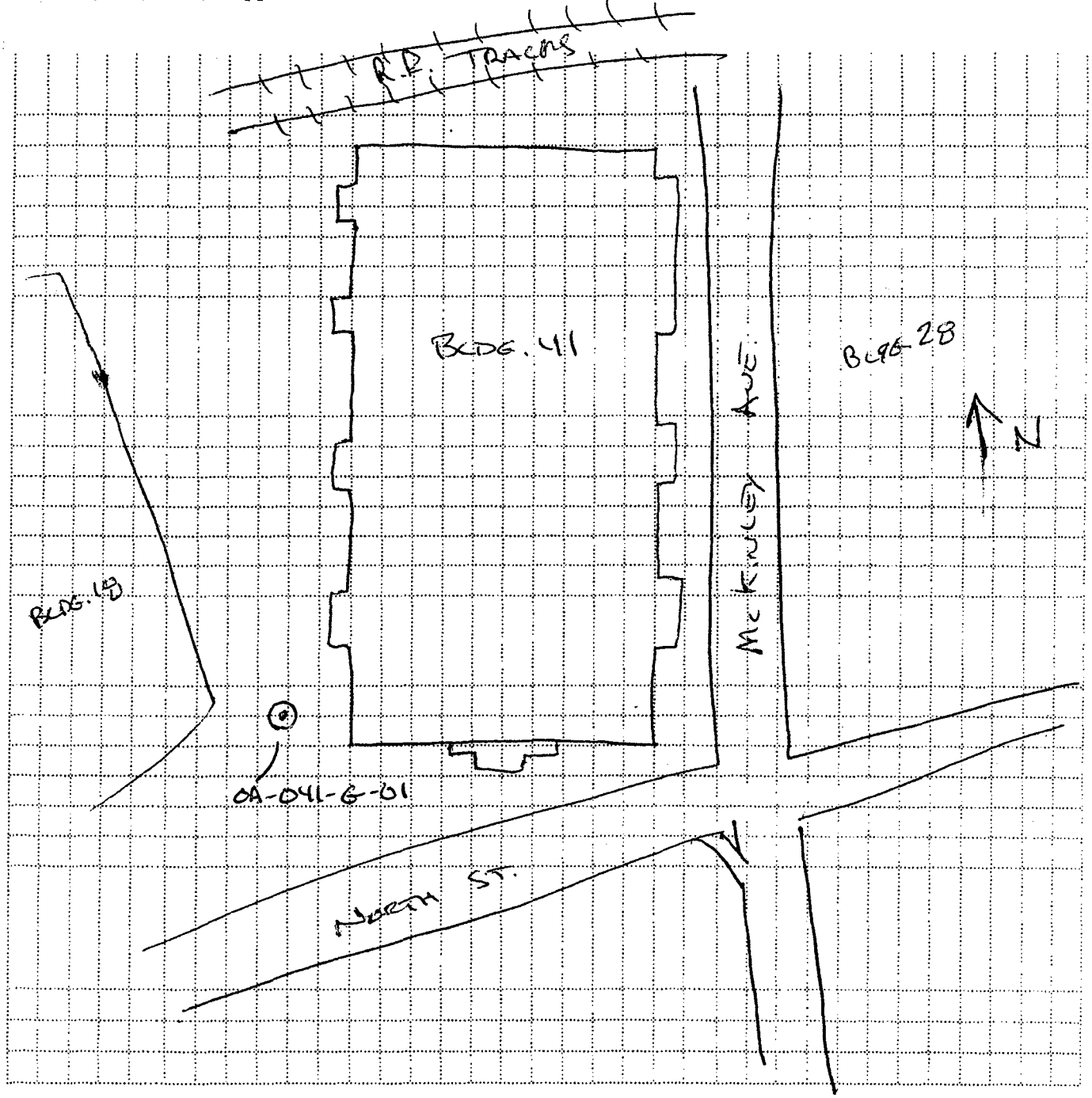


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: OVM model 580B

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
N/A	Hallway sampling location - No products used or stored here					

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 41

COL. F13

SS-041-B-08

IA-041-B-08

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	BUILD 41 NEAR COL. F13	Collector(s):	J.W.
Address:	Huron Campus, Endicott NY		TODD MARSH
PID Meter Used: (Model, Serial #)	OVM MODEL 580B S/N 580B-33689-245	Building No:	41

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33661	Canister Serial No.:	03946	Canister Serial No.:	NA
Flow Controller Id No:	103 - 25	Flow Controller Id No:	101 - 17	Flow Controller Id No:	
Start Date/Time:	02/14/05 / 1520	Start Date/Time:	02/14/05 / 1520	Start Date/Time:	
Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)	
Stop Date/Time:	02/15/05 / 1520	Stop Date/Time:	02/15/05 / 1520	Stop Date/Time:	
Stop Pressure: (inches Hg)	-5	Stop Pressure: (inches Hg)	-6	Stop Pressure: (inches Hg)	
Sample ID: IA-041-B-08		**Sample ID:** SS-041-B-08		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	F-13	Floor Slab Thickness (inches) *[if present]*	10"	Distance from Building	
Indoor Air Temp (°F)	73°F	Potential Vapor Entry Points Observed?	FLOOR IN GOOD COND.	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	58"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-12"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	630ppm IN HOLE	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	~~0.0~~ 30.05	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
—	—	Duplicate Sample?	NO		
—	—			—	

Comments:

0.0ppm AMBIANT AIR IN ROOM BEFORE & AFTER DRILLING IN BREATHING ZONE

Signature: [signature]

OSR-3

FA-041-B-08

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Kris Perrett Date/Time Prepared 2/15/05 1945

Preparer's Affiliation ERM Phone No. (315) 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: (Y) N

Last Name: Cook First Name: Cindy

Address: Huron Mobil, Blk. 41, Endicott, NY

County: Broome

Home Phone: NA Office Phone: NA

Number of Occupants/persons at this location 2 or 4 Age of Occupants >18

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

Interviewed: (Y) N

Last Name: Kotchick First Name: Jim

Address: Huron Mobil, Endicott, NY

County: Broome

Home Phone: NA Office Phone: (607) 755-6073

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)

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

If multiple units, how many? —

If the property is commercial, type?

Business Type(s) PRINTED CIRCUIT BOARD (PCB) MFCT. / INSP.

Does it include residences (i.e. multi-use)? Y / N If yes, how many? —

Other characteristics:

Number of floors 3 Building age ~65 YRS

Is the building insulated? Y / N UNK. How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU'S DIRECT AIR TO EACH FLOOR SEPARATELY

Airflow near source

AIR SUPPLY OVERHEAD 10-FT NE OF SAMPLE LOC.

Outdoor air infiltration

INTERIOR HALLWAY. PATHWAY FOR OUTDOOR AIR NOT OBSERVED

Infiltration into air ducts

RETURN DUCTS NOT OBSERVED

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with PAINT TILE	
e. Concrete floor:	unsealed	sealed	sealed with PAINT	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT INSIDE	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 6 (feet)

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

NONE OBSERVED

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

AHU CIRCULATES AIR THROUGHOUT BLDG.
SEE PG. 3 FOR VENT LOCATIONS.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	PCB INSPECTION / TESTING
1st Floor	PCB MGT.
2nd Floor	UNK.
3rd Floor	NA
4th Floor	NA

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? UNKNOWN

i. Have cosmetic products been used recently? Y / N When & Type? UNKNOWN

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? IPA USED ON BASEMENT LEVEL

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

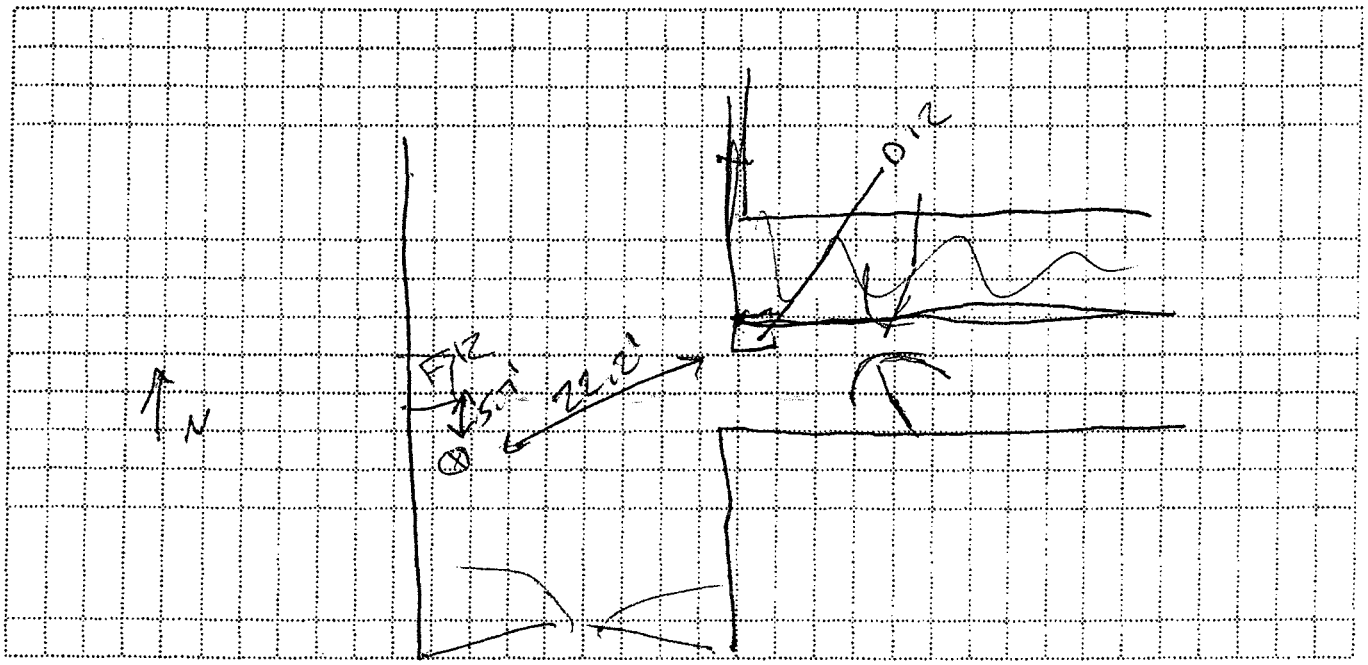
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

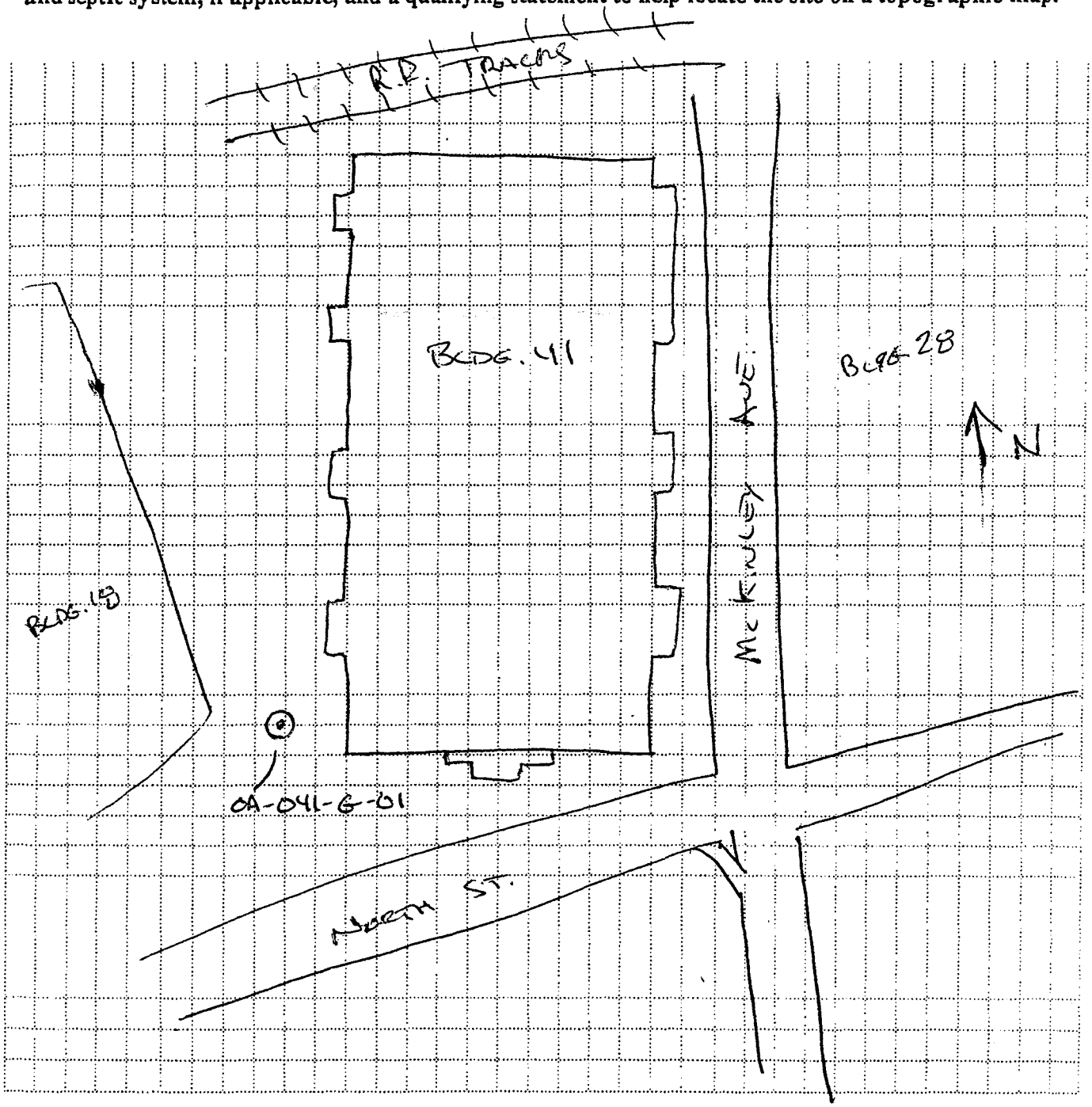


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: OVM Model 580B

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

Location	Product Description	Size ~~(oz.)~~	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
Cabinet South of D14 on East wall						
	1) IBM 3816 Toner	360g	unopened	Styrene, Butadiene copolymer	0.0	Y
	2) IBM Printer Ribbon 1040400	3	unopened	Not listed	0.0	Y
Cabinet North of D14 on East wall						
	1) Lexmark Laser Printer Cartridge	3	unopened	Not listed	0.0	Y
	2) IBM toner cartridge	2	opened/used	Not listed	0.0	Y
	3) EKC Lab Cleaner	1 gallon	unopened	not listed / flammable	0.0	Y
Cabinet	South of D-16 on east wall					
	1) Isopropyl Alcohol	1 gallon	sealed spillcan	100% IPA	0.0	Y
	2) MPO-30 lubricant	2 gal	Spillcans	unknown	0.0	Y
	3) granite plate cleaner	1 Qt	open plastic	unknown	0.0	Y
	4) Glass Cleaner	1 Qt	plastic spray	IPA, Propylene Glycol	0.0	Y

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 41

Col. J 11

SS-041-B-09

IA-041-B-09

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	SWITCH BOX Rm NEAR COL. J 11	Collector(s):	DV.
Address:	Huron Campus, Endicott NY		MM
PID Meter Used: (Model, Serial #)	MINI RAE 103051	Building No:	41

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	25240	Canister Serial No.:	945	Canister Serial No.:	NA
Flow Controller Id No:	NOT RECORDED	Flow Controller Id No:	NOT RECORDED	Flow Controller Id No:	
Start Date/Time:	02/14/05 / 1449	Start Date/Time:	02/14/05 / 1449	Start Date/Time:	
Start Pressure: (inches Hg)	-28 in Hg	Start Pressure: (inches Hg)	-22 in Hg	Start Pressure: (inches Hg)	
Stop Date/Time:	02/15/05 / 1449	Stop Date/Time:	02/15/05 / 1449	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4 in Hg	Stop Pressure: (inches Hg)	-1 in Hg	Stop Pressure: (inches Hg)	
Sample ID: IA-041-B-09		**Sample ID:** SS-041-B-09		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	N2
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	SWITCHBOX Rm.	Floor Slab Thickness (inches) *[if present]*	10"	Distance from Building	
Indoor Air Temp (°F)	73.9°F	Potential Vapor Entry Points Observed?	NONE	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	42"	Ground Surface Condition (Crawl Space Only)	GOOD	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-12	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	12.4 ppm	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.025	Noticeable Odor?	NONE	Noticeable Odor?	
Duplicate Sample?	NONE	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NONE		

Comments:

Signature: Derek Van Camp

OSR-3

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

IA-041-B-09

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Kris Perrott Date/Time Prepared 2/15/05 / 1440

Preparer's Affiliation ERM Phone No. (315) 445-2554

Purpose of Investigation Huron Indoor Air Sampling Project

1. OCCUPANT:

Interviewed: Y / ~~N~~ (18) Corridor

Last Name: Cook First Name: Cindy

Address: Huron Complex, Bldg. 41, Endicott, NY

County: Broome

Home Phone: Not Avail. Office Phone: Not Avail.

Number of Occupants/persons at this location 20 + Age of Occupants > 18

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

Interviewed: Y / N

Last Name: Ketchack First Name: Jim

Address: Huron Real Estate Management, Endicott, NY

County: Broome

Home Phone: ——— Office Phone: (607) 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) PRINTED CIRCUIT BOARD MANUFACTURE/INSPECTION OPERATION IN BUILDING

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? NA

Other characteristics:

Number of floors 3 Building age ~65 YRS

→ Is the building insulated? Y / N UNKNOWN How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

→ Airflow between floors

AIR HANDLERS SERVICE ~~ON~~ EACH FLOOR SEPARATELY

Airflow near source

CLOSED AIR DUCTS IN CEILING OF CORRIDOR, BUT DIFFUSORS / OPEN DUCTS ARE NOT OBSERVED.

Outdoor air infiltration

LOCATED IN AN INTERIOR CORRIDOR - NO OUTDOOR INFILTRATION NOTED.

Infiltration into air ducts

DUCTS APPEAR TO BE SEALED

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with SOME FLOOR TILE / SOME BARE OR PAINTED CONCRETE	
e. Concrete floor:	unsealed	sealed	sealed with PAINT IN SOME AREAS	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT ON INTERIOR	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	PROCESS / MECHANICAL AREAS
j. Sump present?	Y / N	NONE OBSERVED IN SAMPLE AREA		
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: ~6 (feet)

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

NO CRACKS OBSERVED IN VICINITY OF SAMPLE

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NONE IN BLDG.

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

MULTIPLE AIR DUCTS ARE PRESENT IN THE CORRIDOR ABOVE THE SAMPLE LOCATION. NO DIFFUSERS, AIR RETURNS OR OTHER DUCT OPENINGS ARE SEEN IN THE VICINITY OF THE SAMPLE.

7. OCCUPANCY

Basement / Is lowest level occupied? (Full time) Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	PCB TESTING / INSPECTION
1st Floor	~~UNKNOWN~~ (KP) PCB MANUFACTURING
2nd Floor	UNKNOWN
3rd Floor	NA
4th Floor	NA

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify_____

d. Has the building ever had a fire? Y / (N) When?_____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where?_____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type?_____

g. Is there smoking in the building? Y / (N) How frequently?_____

h. Have cleaning products been used recently? (Y) / N When & Type? GENERAL CLEANING SUPPLIES

i. Have cosmetic products been used recently? (Y) / N When & Type? BY VARIOUS EMPLOYEES

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: NONE NOTED IN VICINITY OF SAMPLE

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? ISOPROPYL ALCOHOL USED FOR PCB CLEANING IN BUILDING

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive NA

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

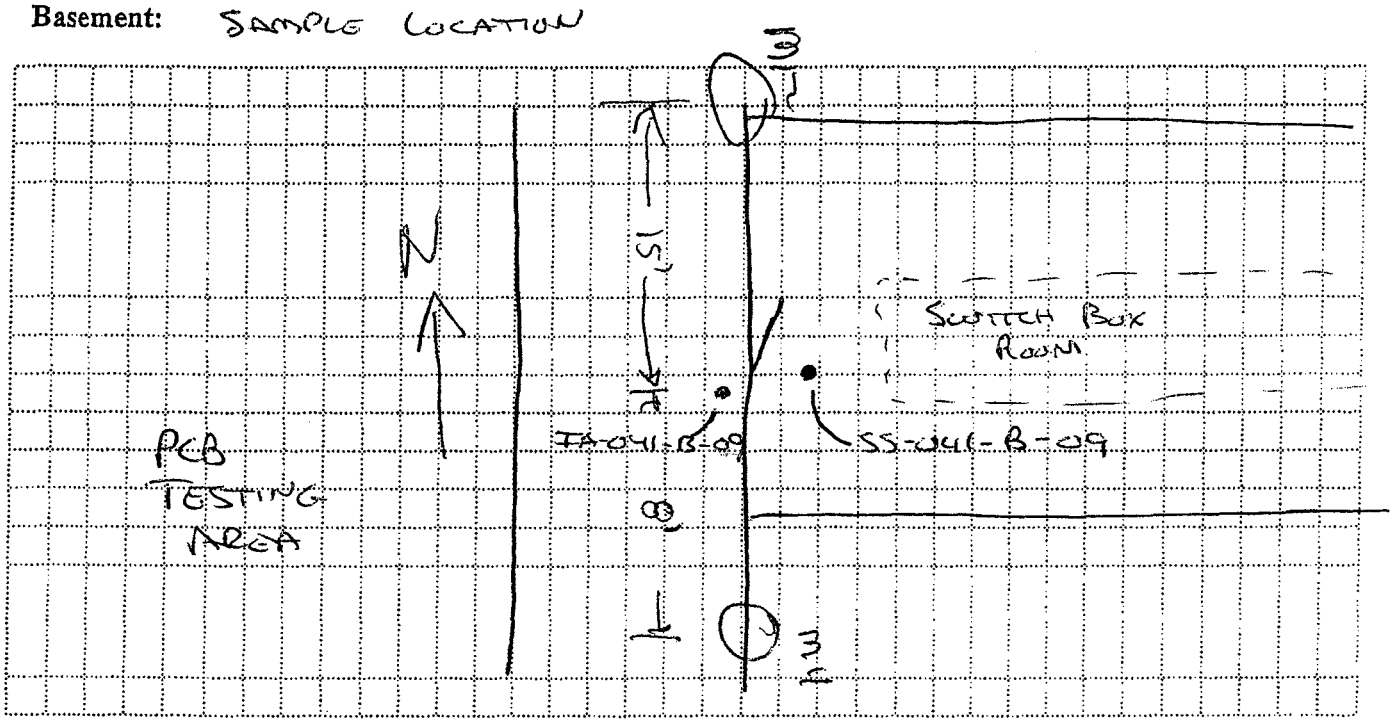
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement: SAMPLE LOCATION

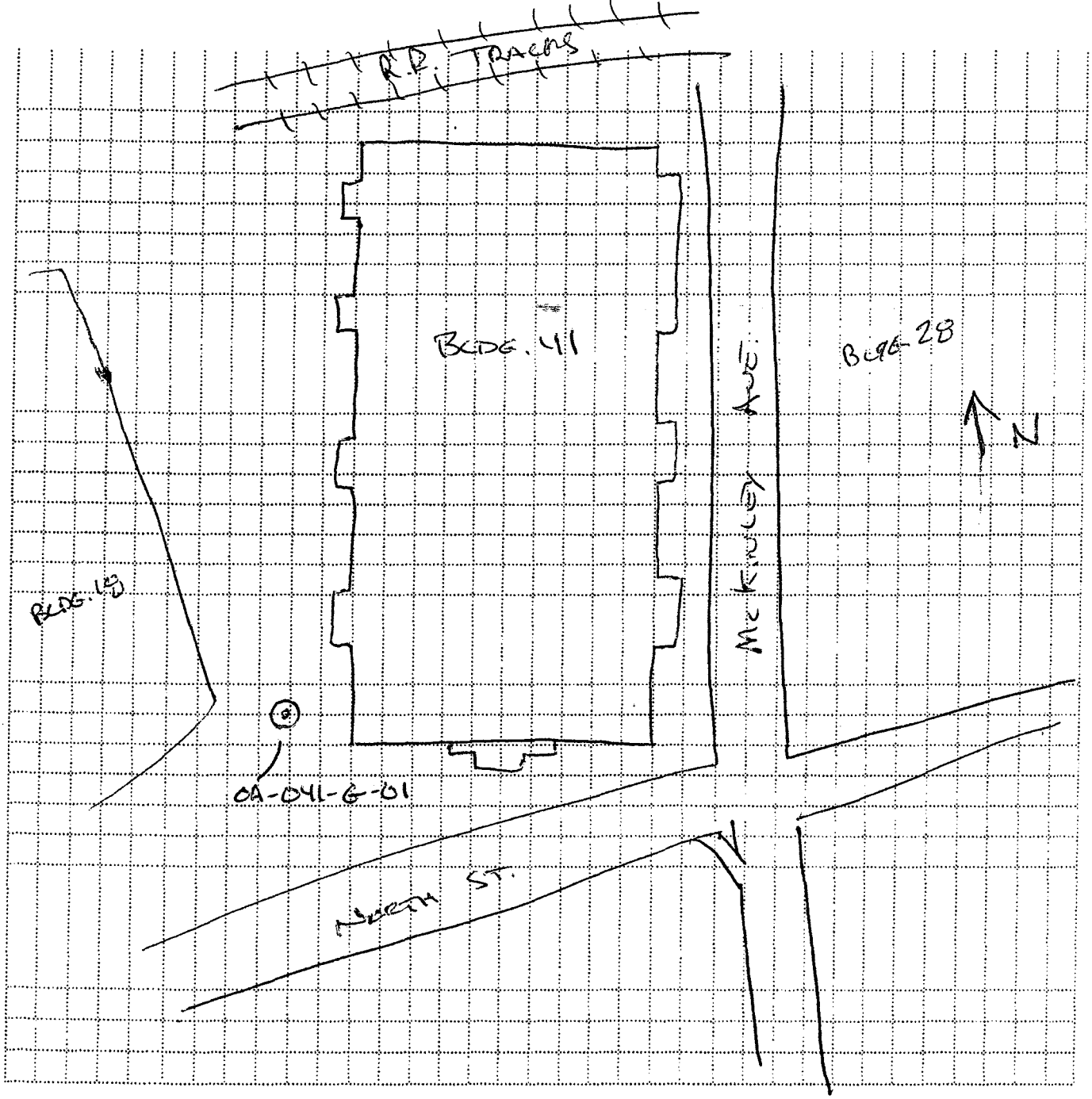


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: THERMO PID

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y/N
04-13-09	NONE OBSERVED.					
	SAMPLE COLLECTED IN CONTAINER				0.0 ppm.	

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 41

Col. P11

SS-041-B-10

IA-041-B-10

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	NEAR COLUMN P11	Collector(s):	DV, MM
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MINI RAE PID 103051	Building No:	41

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33672	Canister Serial No.:	33776	Canister Serial No.:	NA
Flow Controller Id No:	NOT DOC	Flow Controller Id No:	NOT DOC.	Flow Controller Id No:	
Start Date/Time:	02/14/05 / 1600	Start Date/Time:	02/14/05 / 1600	Start Date/Time:	
Start Pressure: (inches Hg)	-26 in Hg	Start Pressure: (inches Hg)	-26 in Hg	Start Pressure: (inches Hg)	
Stop Date/Time:	02/15/05 / 1600	Stop Date/Time:	02/15/05 / 1600	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	-5	Stop Pressure: (inches Hg)	
Sample ID: IA-041-B-10		**Sample ID:** SS-041-B-10		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	NEAR P11	Floor Slab Thickness (inches) *[if present]*	17"	Distance from Building	
Indoor Air Temp (°F)	71.1°F	Potential Vapor Entry Points Observed?	AIR VENT 5' FROM SAMPLE LOCATION	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	53"	Ground Surface Condition (Crawl Space Only)	GOOD	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-19"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.05	Noticeable Odor?	NONE	Noticeable Odor?	
Duplicate Sample?	NONE	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NONE		

Comments:

Signature: Dave Van Campen

OSR-3

IA-041-B-10

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Kris Perrott Date/Time Prepared 2/15/05 1955

Preparer's Affiliation ERM Phone No. (315) 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: (Y) / N

Last Name: Cain First Name: Cindy

Address: Huron Mgmt. Bldg 41, Endicott, NY

County: Broome

Home Phone: NA Office Phone: NA

Number of Occupants/persons at this location 20+ Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchack First Name: Jim

Address: Huron Mgmt., Endicott, NY

County: Broome

Home Phone: NA Office Phone: (607) 755-6073

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)

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

If multiple units, how many? ——

If the property is commercial, type?

Business Type(s) PRINTED CIRCUIT BOARD (PCB) MFGT / TESTING

Does it include residences (i.e. multi-use)? Y / N (N circled) If yes, how many? ——

Other characteristics:

Number of floors 3 Building age ~65 YRS

Is the building insulated? Y / N UNK. How air tight? Tight / Average / Not Tight (Tight circled)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU'S PROVIDE AIR TO EACH FLOOR SEPARATELY

Airflow near source

SUPPLY DUCT OVERHEAD

Outdoor air infiltration

STAIR WELL UP TO GROUND LEVEL - 10 FT WEST OF SAMPLE PT. (10)

Infiltration into air ducts

NO RETURN DUCT OBSERVED IN VICINITY OF SAMPLE

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with PAINT / TILE	
e. Concrete floor:	unsealed	sealed	sealed with PAINT / MASTIC	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT - INSIDE	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 6 (feet)

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

NONE OBSERVED

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

AHU'S PROVIDE COOL + WARM AIR THROUGHOUT BLDG.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	PCB INSPECTION / TESTING
1st Floor	PCB MFCT.
2nd Floor	UNKNOWN
3rd Floor	NA
4th Floor	NA

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? UNK.

i. Have cosmetic products been used recently? Y / N When & Type? UNK.

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unk.

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? IPA USED IN Room

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

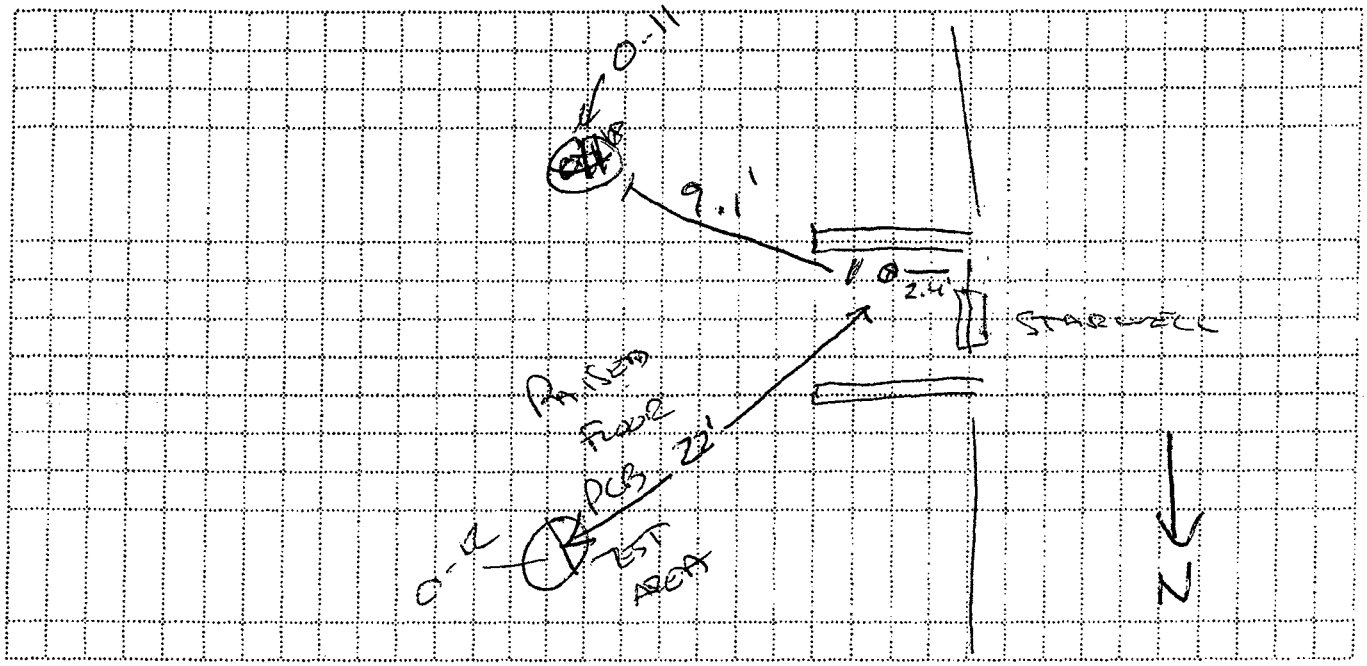
d. Relocation package provided and explained to residents? Y / N

041 - B - 10

11. 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.

Basement:

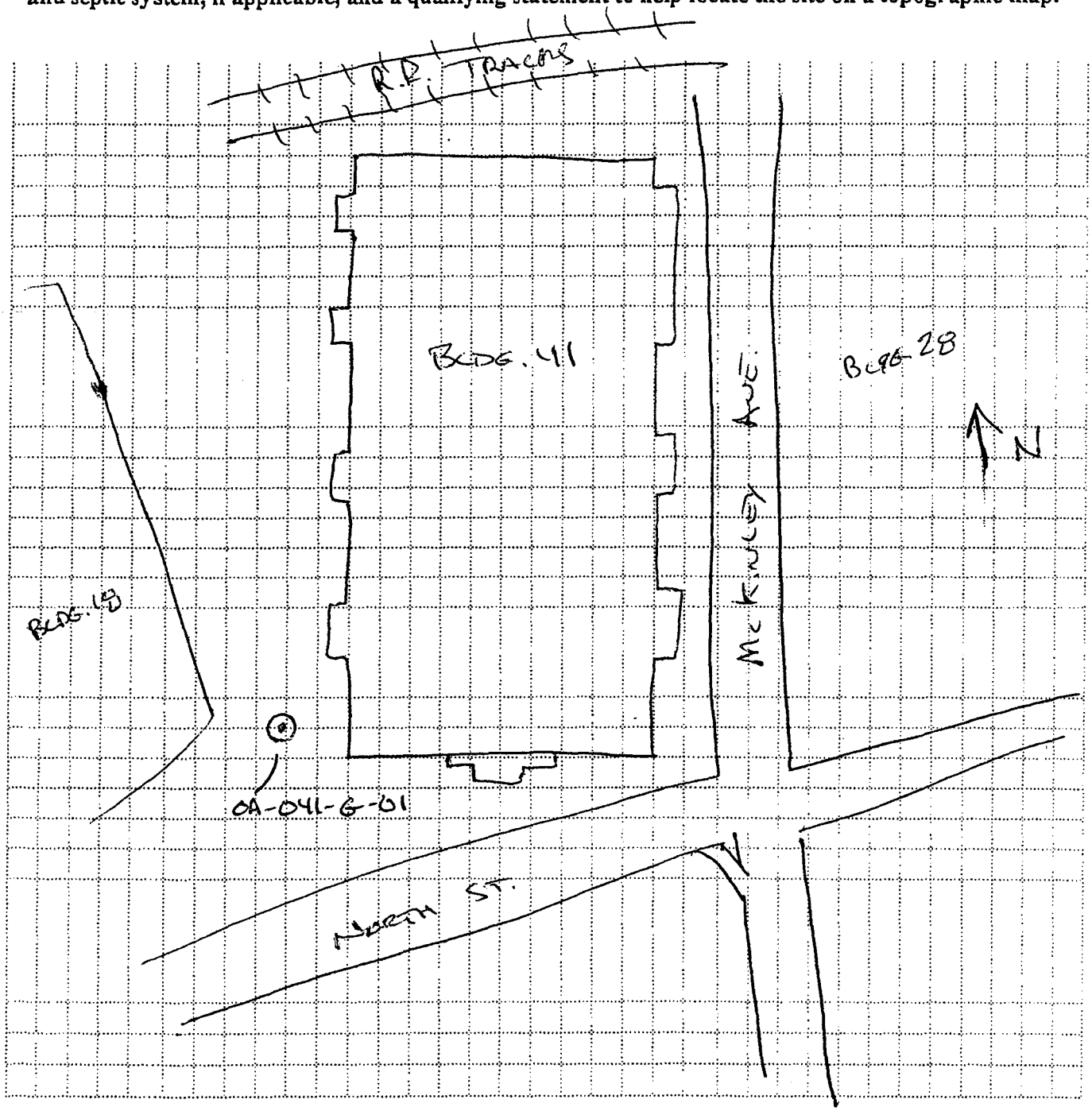


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
041-B-09	LAB CLEAN	16 oz	OPEN CONTAINER	LAB CLEAN D365	0	Y
041-B-09	REACTIVATOR	1 LITER	SEALED CONT.	VRS MARKING 805-349-9787	0	Y
041-B-09	TAIYO AMERICA INC	6 oz	OPEN CONT.	LOT # 3010717 UVR-150g	0	Y

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

Box 41

Col. B8

SS-041-B-11

IA-041-B-11

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:		Collector(s):	Todd Marsh
Address:	Huron Campus, Endicott NY		Mike Matters
PID Meter Used: (Model, Serial #)	Thermo ENV PID 580B- 33689 -245	Building No:	41

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	9567	Canister Serial No.:	32115	Canister Serial No.:	
Flow Controller Id No:	101-29	Flow Controller Id No:	103-97	Flow Controller Id No:	
Start Date/Time:	02/15/05 1030	Start Date/Time:	02/15/05 1030	Start Date/Time:	
Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	
Stop Date/Time:	02/16/05 1030	Stop Date/Time:	02/16/05 1030	Stop Date/Time:	
Stop Pressure: (inches Hg)	-5	Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	
Sample ID:	IA-041-B-11	**Sample ID:**	SS-041-B-11	**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Column B8	Floor Slab Thickness (inches) *[if present]*	12"	Distance from Building	
Indoor Air Temp (°F)	71.8	Potential Vapor Entry Points Observed?	Draft from Air Duct overhead	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	54"	Ground Surface Condition (Crawl Space Only)	Good	Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	≈ 14"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.08	Noticeable Odor?	None	Noticeable Odor?	
Duplicate Sample?	NONE	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NONE		

Comments:

Failure at Initial location by DV & MM - Resample at New Location

2-16-05 0710 Vacuum remaining in IA-041-B-11 -9 In Hg
SS-041-B-11 -7 In Hg

Signature: Dan Van Cooper

OSR-3

IA-041-B-11

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Kris Perrett Date/Time Prepared 2/16/05 940 AM

Preparer's Affiliation ERM Phone No. (315) 445-2554

Purpose of Investigation Huron Indoor Air Investigation

1. OCCUPANT:

Interviewed: (Y) / N

Last Name: Cook First Name: Cindy

Address: Huron Mobile, Bldg 41, Endicott, NY

County: Broome

Home Phone: NA Office Phone: NA

Number of Occupants/persons at this location 20+ Age of Occupants >18

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

Interviewed: (Y) N

Last Name: Ketchum First Name: Jim

Address: Huron Mobile, Endicott, NY

County: Broome

Home Phone: NA Office Phone: (607) 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) PRINTED CIRCUIT BOARD INSPECTION / TESTING

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NA

Other characteristics:

Number of floors 3 Building age 105 YRS.

Is the building insulated? Y / N UNK. How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

HVAC UNITS HANDLE AIR SEPARATELY ON EACH FLOOR

Airflow near source

DUCTS OVER HEAD, BUT NO SUPPLY VENTS

Outdoor air infiltration

NA - INTERIOR CORRIDOR

Infiltration into air ducts

NO RETURN VENTS

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE / PAINT	
e. Concrete floor:	unsealed	sealed	sealed with PAINT	
f. Foundation walls:	poured	block	stone	other ~~PAINT ON INSIDE~~
g. Foundation walls:	unsealed	sealed	sealed with PAINT	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	MECH. ROOM, PROCESS AREAS
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 6 (feet)

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

DRAFT FROM CEILING

FLOOR IN GOOD CONDITION

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

NO RETURNS & NO DUCTS - DUCTWORK LEAKS CREATING SLIGHT DRAFT
OTHERWISE DUCTWORK IN GOOD CONDITION

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	PCB INSPECTION / TESTING
1st Floor	PCB MANUFACTURE
2nd Floor	UNKNOWN
3rd Floor	NA
4th Floor	NA

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? UNKNOWN

i. Have cosmetic products been used recently? Y / N When & Type? UNKNOWN

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y (N) Where & When? _____

l. Have air fresheners been used recently? Y / (N) When & Type? _____

m. Is there a kitchen exhaust fan? Y / (N) If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / (N) If yes, where vented? _____

o. Is there a clothes dryer? Y / (N) If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / (N) When & Type? _____

Are there odors in the building? Y / (N)
If yes, please describe: _____

Do any of the building occupants use solvents at work? (Y) / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? IPA USED IN BASEMENT

If yes, are their clothes washed at work? Y (N)

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) (Unknown)
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

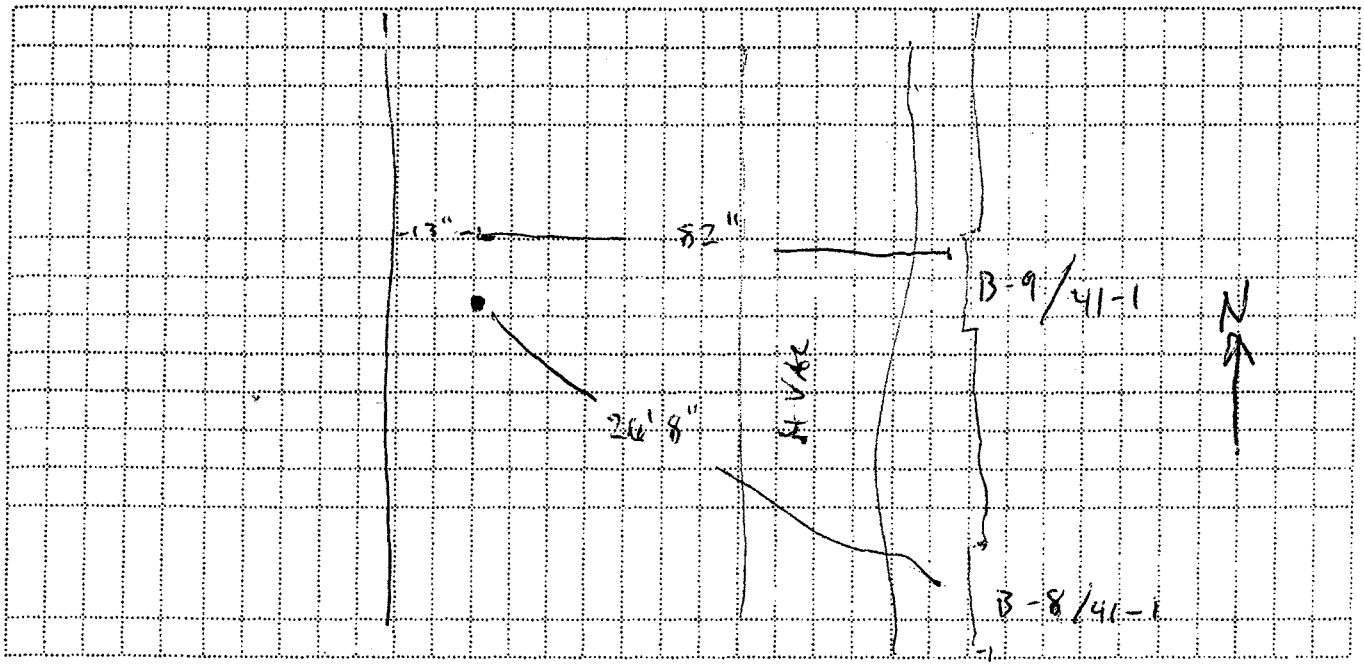
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

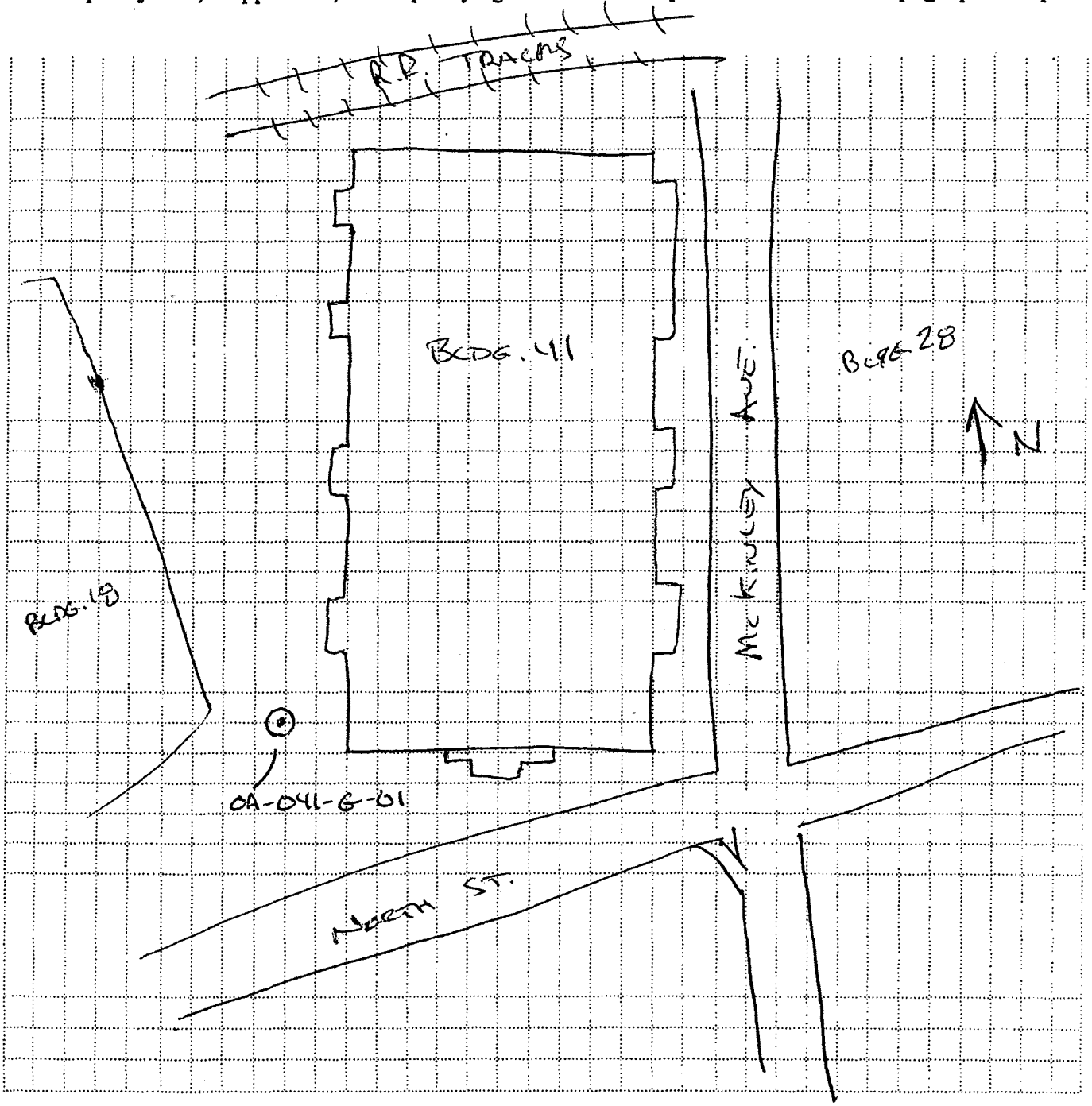


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



041-B-11

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
HALLWAY						
	- NO CHEMICALS OBSERVED IN AREA				0.0	N

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 41

COL. 07

SS-041-B-12

IA-041-B-12

ACTUAL COL.

05 → EAST

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Col 05 'r	Collector(s):	Derek Van Campen
Address:	Huron Campus, Endicott NY		Mike Matters
PID Meter Used: (Model, Serial #)	Mini Rae 103051	Building No:	41

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33894	Canister Serial No.:	24496	Canister Serial No.:	NA
Flow Controller Id No:	03-87	Flow Controller Id No:	05-13	Flow Controller Id No:	
Start Date/Time:	02-14-05 1239	Start Date/Time:	02-14-05 1239	Start Date/Time:	
Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg)	-27	Start Pressure: (inches Hg)	
Stop Date/Time:	02-15-05 1239	Stop Date/Time:	02-15-05 1239	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	
Sample ID: IA-041-B-12		**Sample ID:** SS-041-B-12		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	N/A	Floor Slab Thickness (inches) *[if present]*	16"	Distance from Building	
Indoor Air Temp (°F)	71.6	Potential Vapor Entry Points Observed?	none	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	43"	Ground Surface Condition (Crawl Space Only)	—	Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	18"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	1.5 ppm	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.23 In Hg	Noticeable Odor?	None	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	—	Duplicate Sample?	
	—	Duplicate Sample?	—		
	—				

Comments:

Vaccum Pressure 2-15-05 0718
IA-041-B-12 -9.5 In Hg
SS-041-B-12 -8 In Hg

Signature: Derek Van Campen

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Kris Perrott Date/Time Prepared 2/15/05 ~~19~~ 2005

Preparer's Affiliation ERM Phone No. (315) 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: (Y)/ N

Last Name: Coon First Name: Cindy

Address: Huron Mgmt, Bldg. 41, Endicott, NY

County: Broome

Home Phone: NA Office Phone: NA

Number of Occupants/persons at this location 20+ Age of Occupants >18

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

Interviewed: (Y) N

Last Name: Ketchum First Name: Jim

Address: Huron Mgmt.

County: Broome

Home Phone: NA Office Phone: (607) 755-6073

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)

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

If multiple units, how many? —

If the property is commercial, type?

Business Type(s) PRINTED CIRCUIT BOARD FABRICATE

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? —

Other characteristics:

Number of floors 3 Building age ~65 yrs

Is the building insulated? Y / N UNK. How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU'S DELIVER AIR TO EACH FLOOR SEPARATELY.

Airflow near source

SUPPLY OVERHEAD

Outdoor air infiltration

SAMPLE CONDUCTED ADJ. TO STAIRWELL. STAIRWELL LEADS UP TO OUTDOOR AREA.

Infiltration into air ducts

RETURN IN RAISED FLOOR 10 FT NE OF SAMPLE LOC.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE / PAINT / BARE	
e. Concrete floor:	unsealed	sealed	sealed with PAINT / MASTIC / BARE	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT ON INSIDE	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 6 (feet)

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

NONE OBSERVED

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

ATTIC DELIVER AIR THROUGHOUT BLDG

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	PCB INSPECT / TEST
1st Floor	PCB MFCT.
2nd Floor	UNKNOWN
3rd Floor	NA
4th Floor	NA

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? UNK

i. Have cosmetic products been used recently? Y / N When & Type? UNK

j. Has painting/staining been done in the last 6 months? Y / N Where & When? UNK

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? EPA used in Basement

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

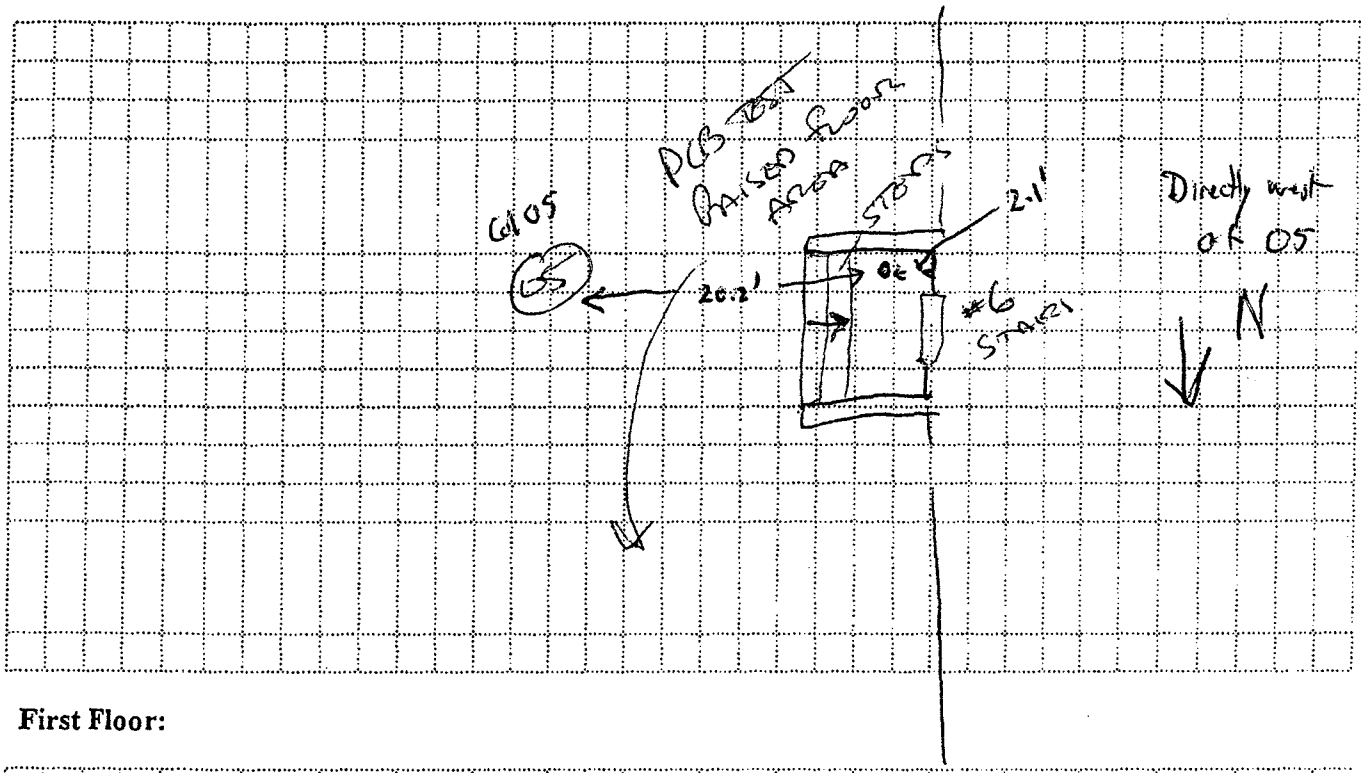
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

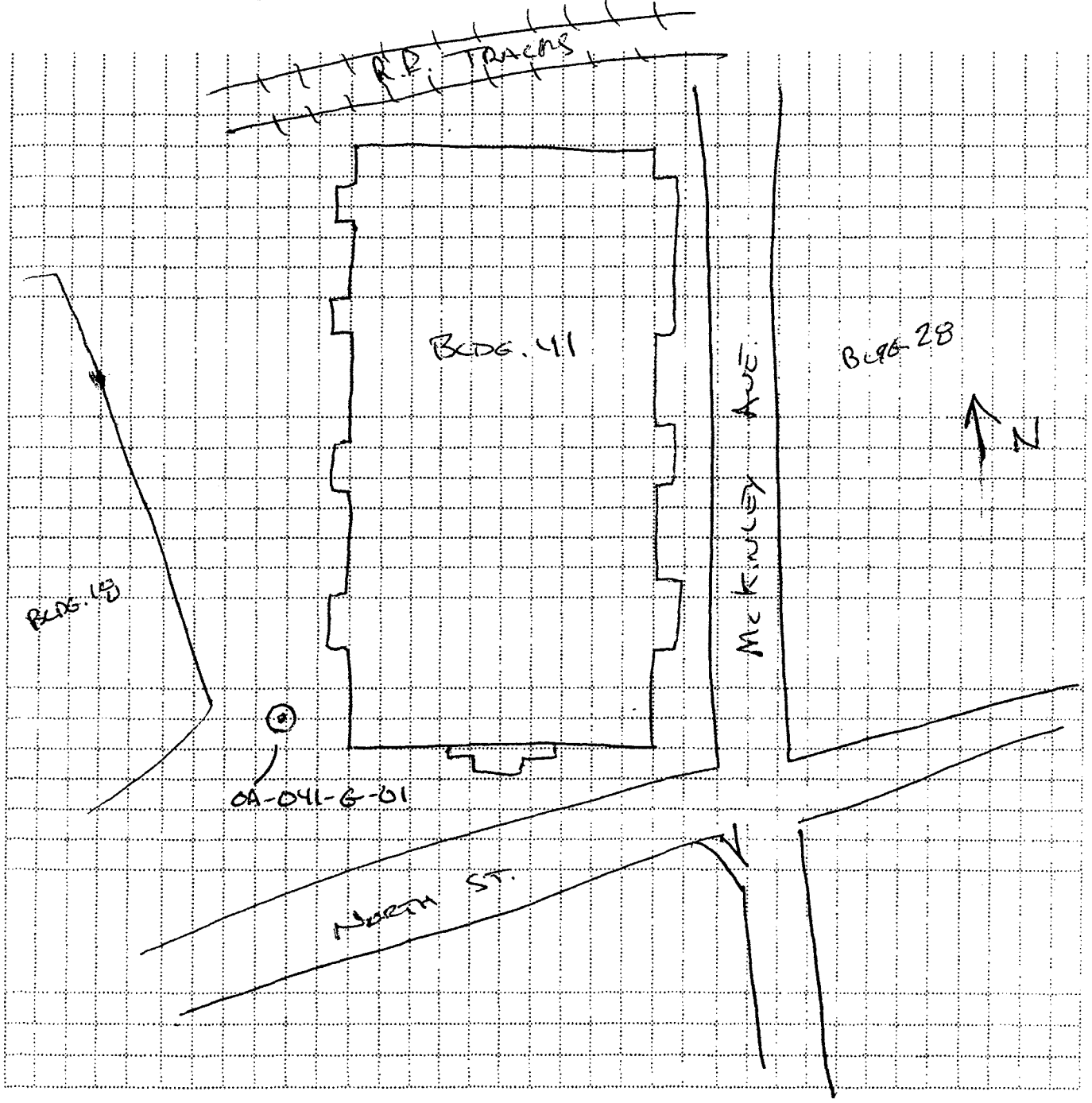


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
DV 041-B-14	SANICO LUCKY 7 CLEANING SOLUTION	1 GAL	SEALED CONT.	LINEAR ALCOHOL ETHOXYLATES	0.0	Y
041-B-12	WINDEX	32 OZ	SPRAY BOTTLES	ISOPROPYL ALCOHOL / STANDARD WINDEX	0.0	Y
041-B-12	REACTIVATOR	1 LITER	SEALED CONT.	VRS MARKING 2053-D PREISKER	0.0	Y
				LANE, SANTA MARIA, CA 93454		
041-B-12	#214 WHITE INK	4 OZ	SEALED CONT.	VRS MARKING 1-800-782-6790	0.0	Y
041 DV				(STAMP 90)		
041-B-12	TEXSTAT CLEANING PAD	SEVERAL 1 PACK	SEALED PAPER PACKAGE	CLEANTEX NO. 814 1800-284-5577	0.0	Y
041-B-12	CLEANPAK - PREWETTED WIPES	1 SEALED BAG	SEALED BAG	ISOPROPYL ALCOHOL	0.0	Y
041-B-12	ISOPROPY ALCOHOL	1 GAL	METAL CONTAINER	ISOPROPYL ALCOHOL	0.0	Y
041-B-12	METROLAB SUPER CLEANER	32 OZ	SEALED PLASTIC	METROLAB SUPER-CLEANER	0.0	Y

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 41

COL B2/C2

SS-041-B-13

~~SS~~A-041-B-13

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	041-B-13 Column B-2	Collector(s):	T. MARSH
Address:	Huron Campus, Endicott NY		D. VAN CAMPEN
PID Meter Used: (Model, Serial #)	THERMO 580B-33689-245	Building No:	41

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33991	Canister Serial No.:	33678	Canister Serial No.:	NA
Flow Controller Id No:	101-07	Flow Controller Id No:	03-83	Flow Controller Id No:	
Start Date/Time:	2/15/05 0901	Start Date/Time:	02/15/ 0901	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	02/16/05 0905	Stop Date/Time:	02/16/05 0905	Stop Date/Time:	
Stop Pressure: (inches Hg)	-5.5	Stop Pressure: (inches Hg)	-8.0	Stop Pressure: (inches Hg)	
Sample ID: IA-041-B-13		**Sample ID:** SS-041-B-13		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	HALLWAY	Floor Slab Thickness (inches) *[if present]*	6"	Distance from Building	
Indoor Air Temp (°F)	68°F	Potential Vapor Entry Points Observed?	NO	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	46"	Ground Surface Condition (Crawl Space Only)	Good	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	8"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	5.3 ppm	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.18	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	~~YES~~ NO	Percent $O_2/CO_2/CH_4$		Duplicate Sample?	
		Duplicate Sample?	YES		

Comments:

2-16-05 VACUUM IA-041-B-13 : -8 in Hg
SS-041-B-13 : -10 in Hg

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Kris Perrott Date/Time Prepared 2/18/05 1510

Preparer's Affiliation ERM Phone No. (315) 446-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: (Y)/ N

Last Name: Cook First Name: Cindy

Address: Huron Mgmt., Bldg 11, Endicott NY

County: Broome

Home Phone: NA Office Phone: NA

Number of Occupants/persons at this location 20+ Age of Occupants >18

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

Interviewed: (Y)/ N

Last Name: Ketchuk First Name: Jim

Address: Huron Mgmt. Endicott, NY

County: Broome

Home Phone: NA Office Phone: (607) 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) PCB MANUFACTURE / TESTING / INSPECTION

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NA

Other characteristics:

Number of floors 3 Building age ~65 YRS.

Is the building insulated? Y / N UNK. How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

HVAC SYSTEM DESIGNED SEPARATELY FOR EACH FLOOR

Airflow near source

SUPPLY VENT OVERHEAD, NOT IN OPERATION

Outdoor air infiltration

WINDOWS ON WALL ~10 FT EAST OF SAMPLE - CLOSED

Infiltration into air ducts

NO RETURN VENTS OBSERVED

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE/PAINT	
e. Concrete floor:	unsealed	sealed	sealed with PAINT	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT ON INSIDE	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished MECH. ROOMS + PROCESS AREAS	
j. Sump present?	Y N			
k. Water in sump?	Y N not applicable			

Basement/Lowest level depth below grade: 6 (feet)

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

NONE OBSERVED

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BUILDING
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

AHU FOR EACH FLOOR. DUCT WORK IN GOOD CONDITION.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	PCB TESTING / INSPECTION
1st Floor	PCB MANUFACTURE
2nd Floor	UNK.
3rd Floor	NA
4th Floor	NA

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? UNKNOWN

i. Have cosmetic products been used recently? Y / N When & Type? UNKNOWN

j. Has painting/staining been done in the last 6 months? Y / N Where & When? UNKNOWN

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? IPA USED IN BASEMENT

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

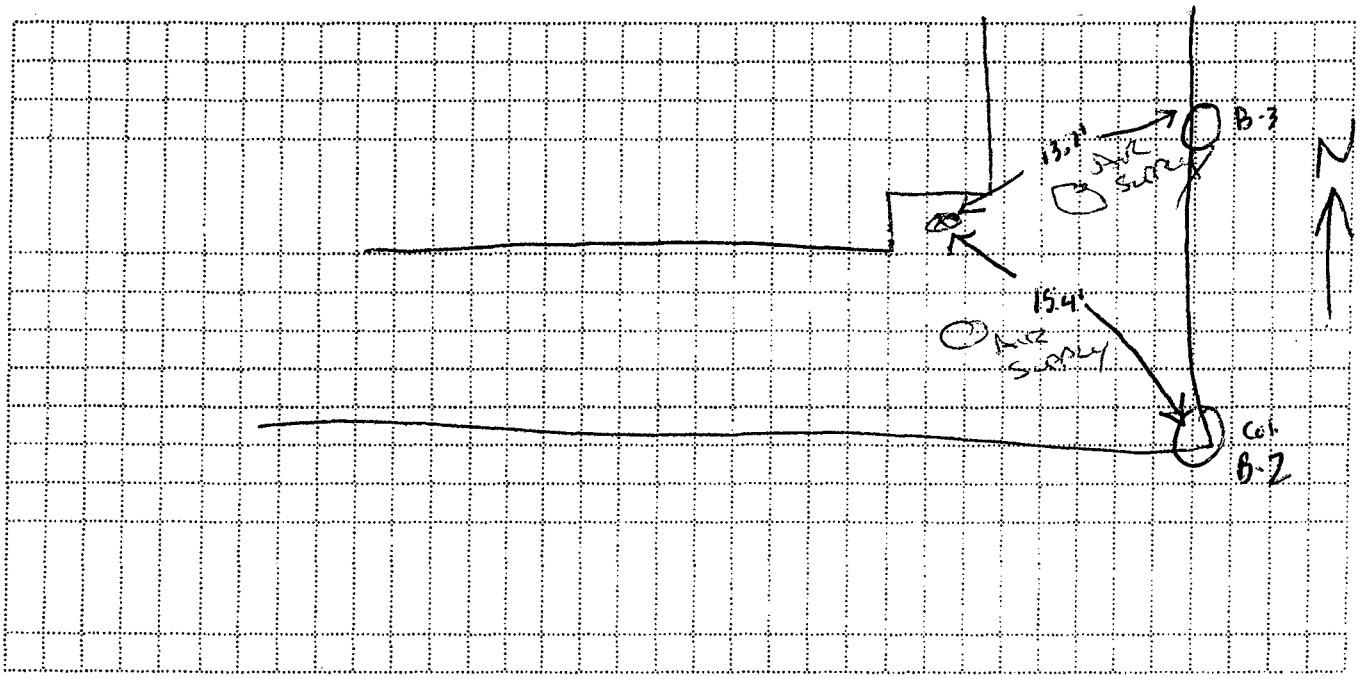
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

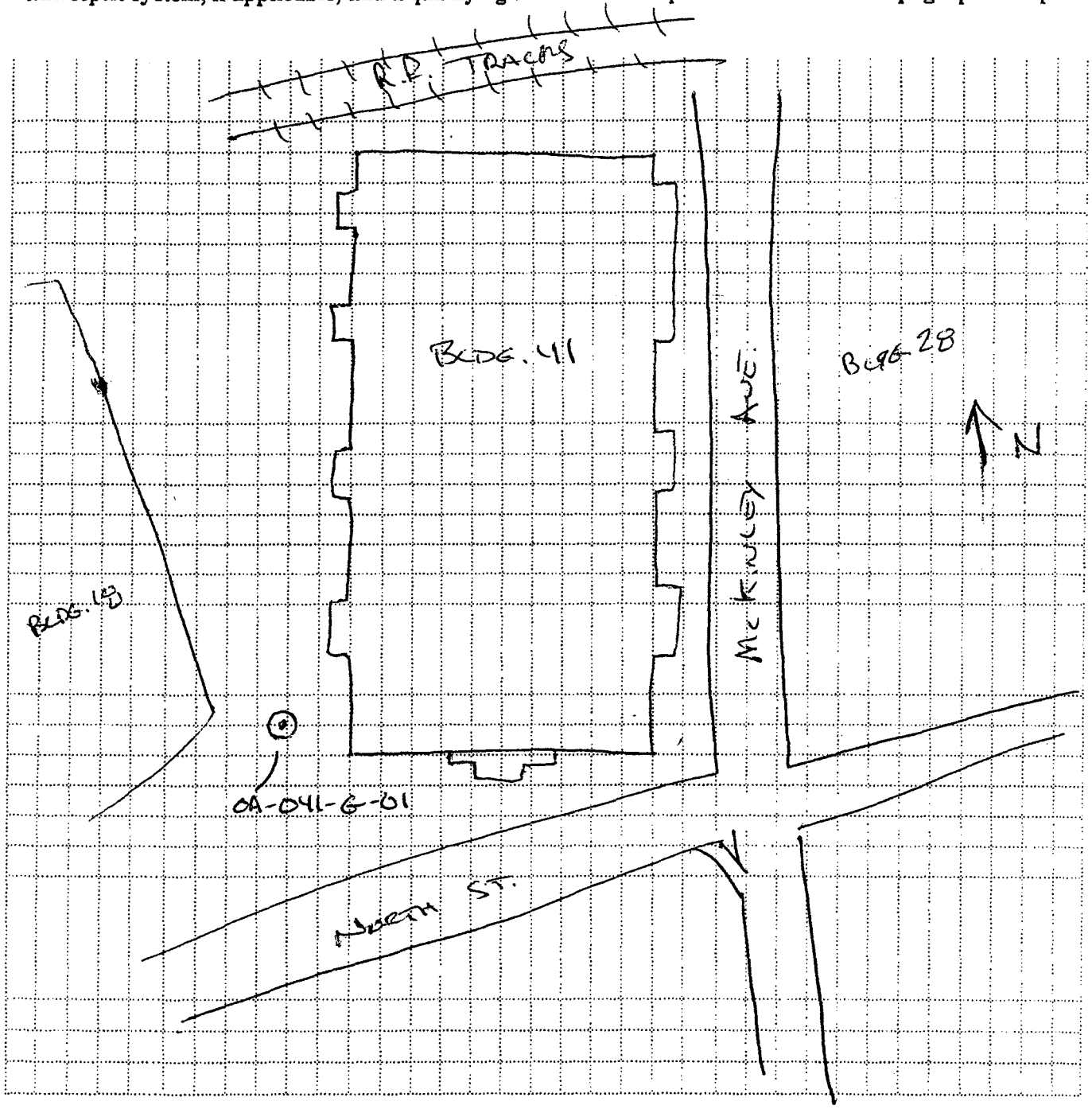


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



041-B-13

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Thermo

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
COL B2/C2	IA Sample Collected in basement hallway					
	None Observed					
	SS Sample Collected in basement ~~[illegible]~~					
	None observed					

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 41

COL. J2 | J3

SS-041-B-014

~~SS~~ TA-041-B-014

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Col J2/J3	Collector(s):	T. Marsh
Address:	Huron Campus, Endicott NY		D. Van Campen
PID Meter Used: (Model, Serial #)	Thermo	Building No:	041

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	14876	Canister Serial No.:	33904	Canister Serial No.:	N/A
Flow Controller Id No:	98-01	Flow Controller Id No:	50-50	Flow Controller Id No:	
Start Date/Time:	2/15/05 0946	Start Date/Time:	2/15/05 0946	Start Date/Time:	
Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	-27	Start Pressure: (inches Hg)	
Stop Date/Time:	2/16/05 0946	Stop Date/Time:	2/16/05 0946	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	0	Stop Pressure: (inches Hg)	
Sample ID:	IA-041-B-14	**Sample ID:**	SS-041-B-14	**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Hallway	Floor Slab Thickness (inches) *[if present]*	Hallway	Distance from Building	
Indoor Air Temp (°F)	68.7	Potential Vapor Entry Points Observed?	NONE	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level ~~(ft.)~~	48"	Ground Surface Condition (Crawl Space Only)	Good conditi	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	2" below slab bottom	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	5.9 ppm	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.20	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	Yes	Percent $O_2/CO_2/CH_4$		Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

2-16-05 Vacuum @ 0702 IA-041-B-14 -6" Hg
SS-041-B-14 -3" Hg

Signature:

IA-041-B-014

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Kris Perrott Date/Time Prepared 2/18/05 15:00

Preparer's Affiliation ERM Phone No. (315) 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Cook First Name: Cindy

Address: Huron Mgmt Bldg. 41, Endicott, NY

County: Broome

Home Phone: NA Office Phone: NA

Number of Occupants/persons at this location 20+ Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt, Endicott, NY

County: Broome

Home Phone: NA Office Phone: (607) 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) PRINTED CIRCUIT BOARD MFGT. / TESTING / INSPECTION

Does it include residences (i.e. multi-use)? Y / N (N circled) If yes, how many? NA

Other characteristics:

Number of floors 3 Building age ~65 YRS

Is the building insulated? Y / N UNK. How air tight? Tight / Average / Not Tight (Tight circled)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

NA

Airflow near source

NO SUPPLY DUCT WORK IN VICINITY OF SAMPLE

Outdoor air infiltration

NO PATHWAY OBSERVED IN VICINITY OF SAMPLE.

Infiltration into air ducts

NO RETURN DUCTWORK IN VICINITY OF SAMPLE

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE / PAINT	
e. Concrete floor:	unsealed	sealed	sealed with PAINT	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT INSIDE	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 6 (feet)

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

NONE OBSERVED

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER ROOM
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

AHU'S FOR EACH FLOOR. SEE PG. 2 FOR VENT LOCATIONS. DUCT WORK IN GOOD CONDITION.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	PCB TESTING / INSPECTION
1st Floor	PCB MANUFACTURE
2nd Floor	UNKNOWN
3rd Floor	NA
4th Floor	NA

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? UNKNOWN

i. Have cosmetic products been used recently? Y / N When & Type? UNKNOWN

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? IPA USED IN OPERATION

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

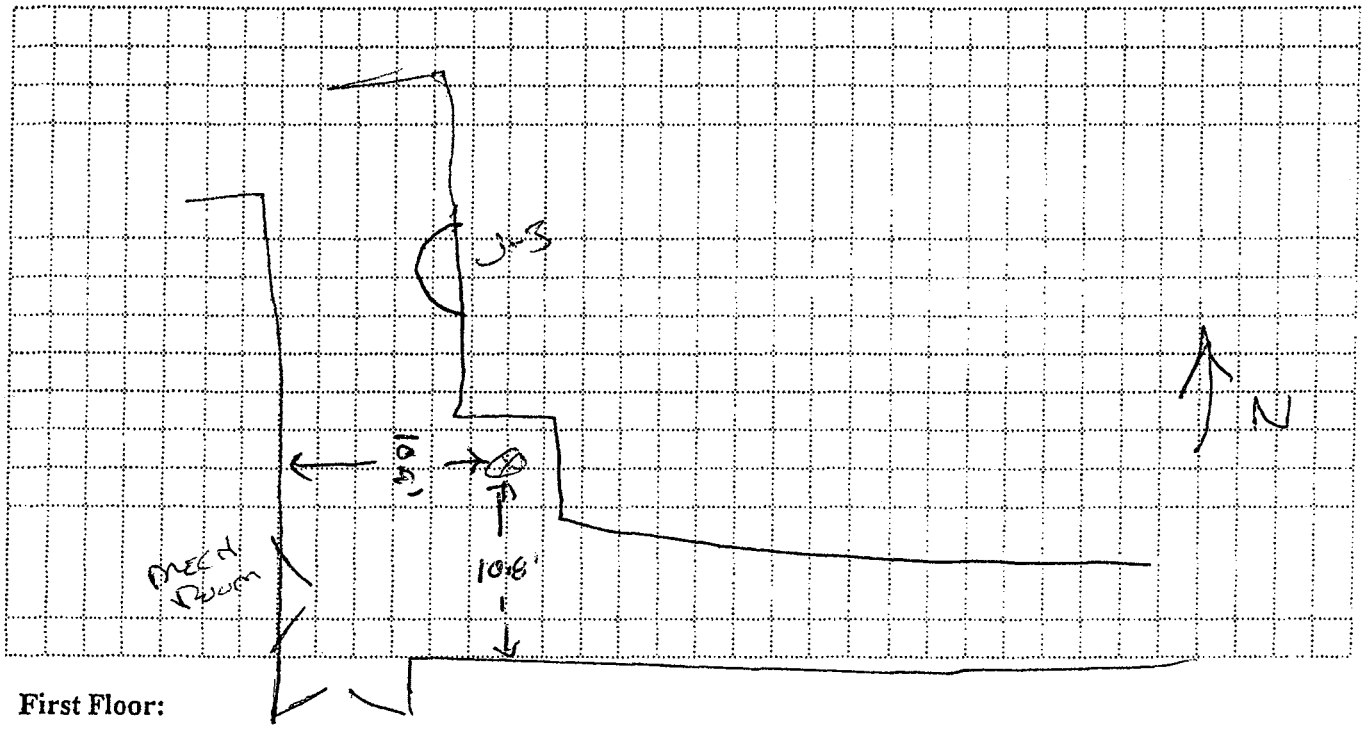
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

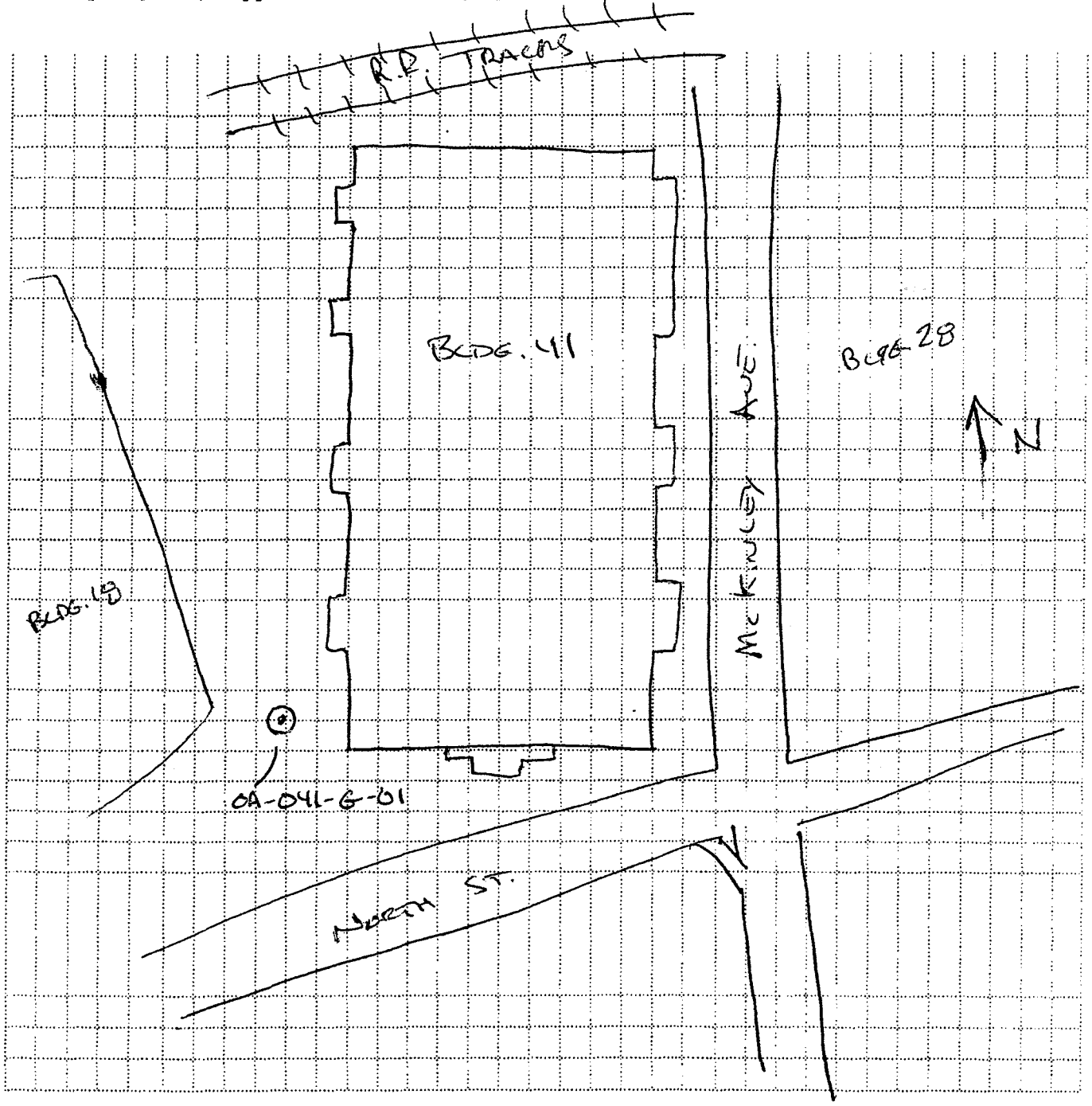


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



041-B-014

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Thermo

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

Location	Product Description Both IA & SS	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
COLUMN J2/J3	SAMPLE COLLECTED IN HALLWAY					
	NONE OBSERVED					

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLOC. 41

COL. ~~R3/33~~
04/03

SS-041-B-15

IA-041-B-15

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Column 04/41-1 raised floor room	Collector(s):	mm, KM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	Thermo	Building No:	41

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	32123	Canister Serial No.:	430	Canister Serial No.:	N/A
Flow Controller Id No:	5B-B5	Flow Controller Id No:	24-1112	Flow Controller Id No:	
Start Date/Time:	2/15/05 1122	Start Date/Time:	2/15/05 1122	Start Date/Time:	
Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	
Stop Date/Time:	2/16/05 1122	Stop Date/Time:	2/16/05 1121	Stop Date/Time:	
Stop Pressure: (inches Hg)	-6	Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	
Sample ID: IA-041-B-15		**Sample ID:** SS-041-B-15		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	NA	Direction from Building	
Room	raised floor room	Floor Slab Thickness (inches) *[if present]*	18"	Distance from Building	
Indoor Air Temp (°F)	72.9	Potential Vapor Entry Points Observed?	HVAC IN CEILING	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	56"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	ND	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	21"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.3	PID Reading (ppm)	9.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.08	Noticeable Odor?	ND	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
—	—	Duplicate Sample?	NONE		
—	—			—	

Comments:

unable to note condition of sub slab due to raised floor covering
condition of sub-slab @ sample location was good
Asked manager if O.K. to place IA sample can. on table Answer: Yes
Flammable cabinet near column 05
2/16/05 @ 0705 Vacuum remaining
IA-041-B-14 -10.5" Hg
SS-041-B-14 -7" Hg

Signature:

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name KRIS PEDRETTI Date/Time Prepared 7/18/05 1525

Preparer's Affiliation ERM Phone No. (315) 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: (Y)/ N

Last Name: COOK First Name: CINDY

Address: HURON MOBILE PARK BLDG 41, ENDICOTT, NY

County: BROOME

Home Phone: NA Office Phone: NA

Number of Occupants/persons at this location 20+ Age of Occupants > 18

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

Interviewed: (Y)/ N

Last Name: KETCHUCK First Name: JIM

Address: HURON MOBILE PARK ENDICOTT, NY

County: BROOME

Home Phone: NA Office Phone: (607) 755-6073

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential	School	Commercial/Multi-Use
Industrial	Church	Other: _____

041-B-15

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

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) PCB INSPECTION / TEST NA

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NA

Other characteristics:

Number of floors 3 Building age ~65 yrs

Is the building insulated? Y / (N) UNK. How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

NA

Airflow near source

AIR SUPPLY VENT DIRECTLY ABOVE SAMPLE - IN OPERATION

Outdoor air infiltration

WINDOWS 20-FT WEST of SAMPLE - CLOSED.

Infiltration into air ducts

RETURN NOT OBSERVED IN VICINITY of SAMPLE

041-B-15

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with Raised floor	
e. Concrete floor:	unsealed	sealed	sealed with in Room.	
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 6 (feet)

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

None observed.

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

041-B-15

Are there air distribution ducts present? Y / N

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.

SEE Pg. 2

DUCTWORK IN GOOD CONDITION

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	PLB TEST / INSPECTION
1st Floor	PLB MAG.
2nd Floor	UNKNOWN
3rd Floor	NA
4th Floor	NA

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? UNKNOWN

i. Have cosmetic products been used recently? Y / N When & Type? UNKNOWN

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? IPA used in Basement

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

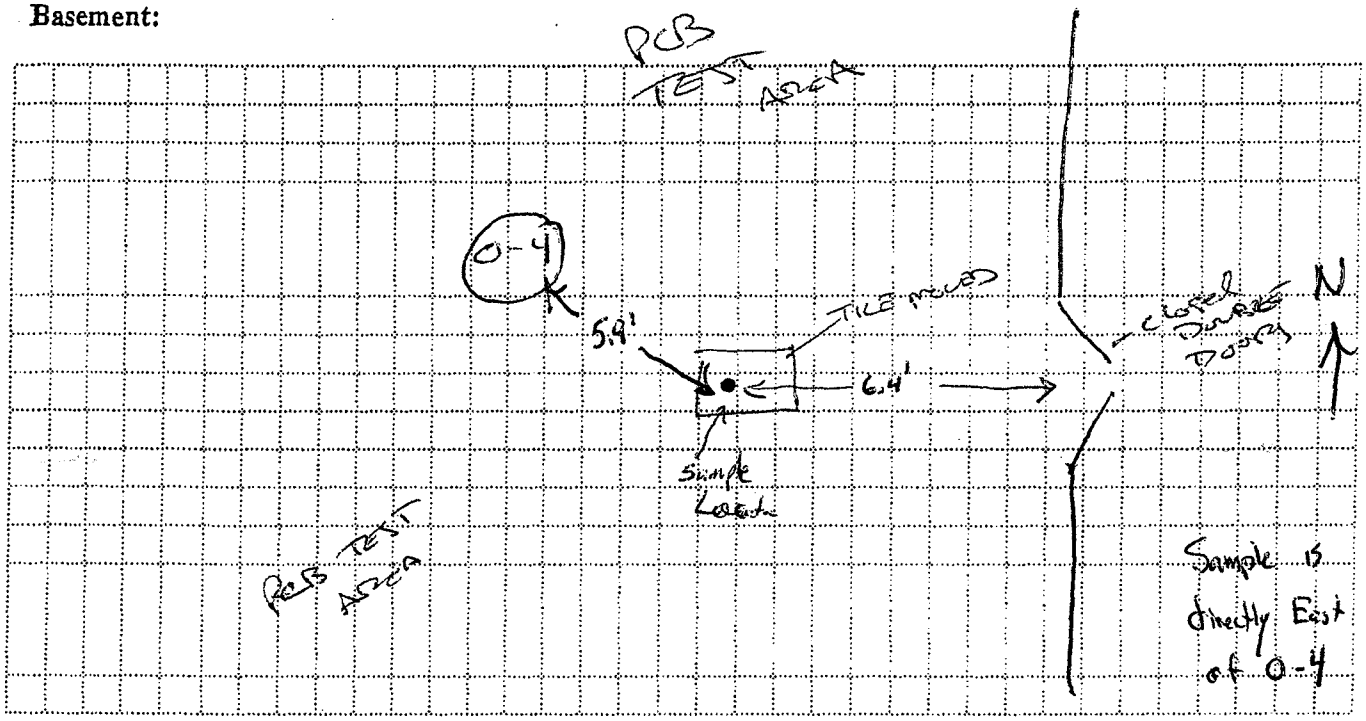
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

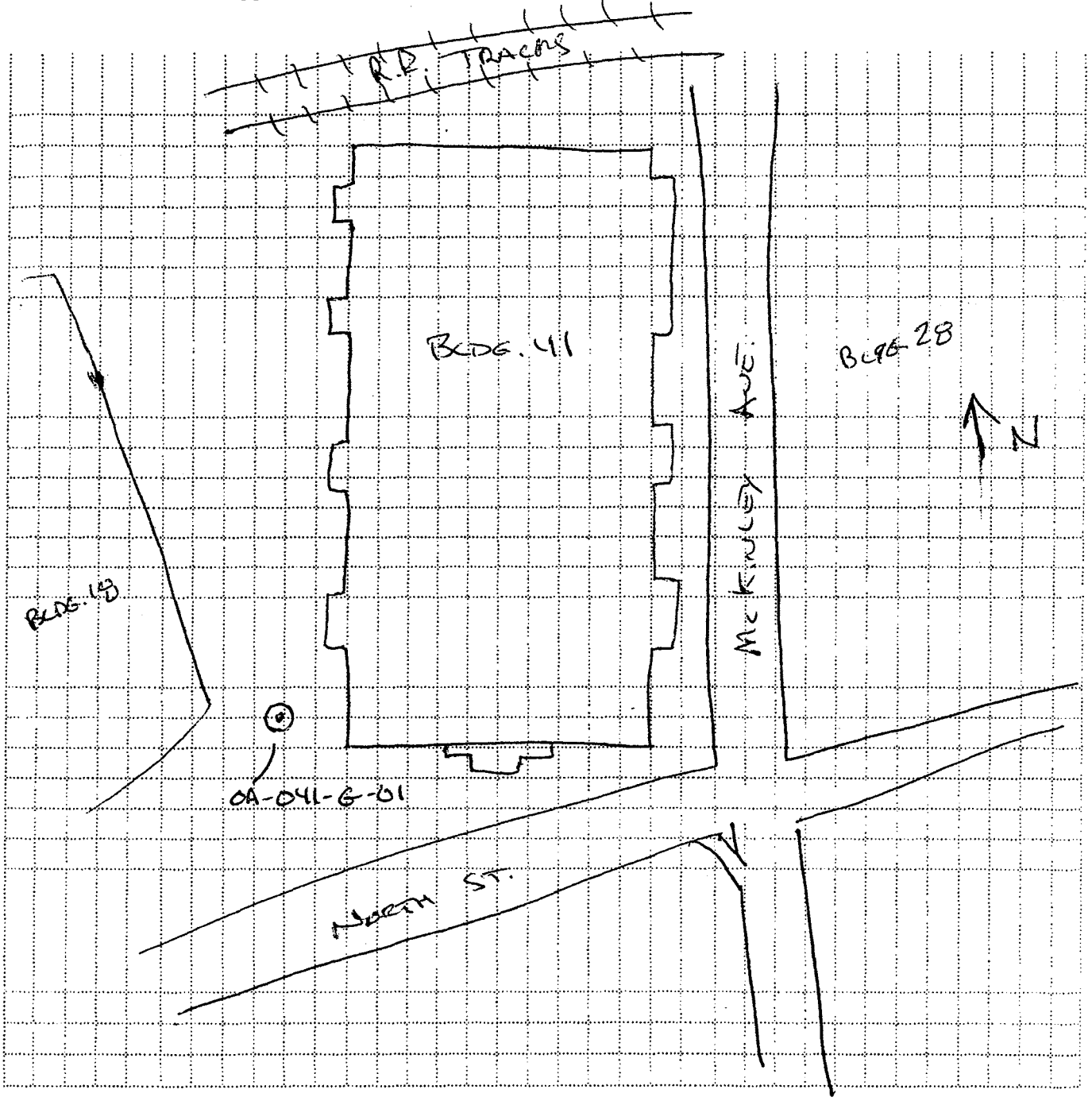


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



041-B-15

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: THERMO PID

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
COLUMN 04/03	SAMPLE COLLECTED IN BASEMENT				0.0	
	NONE OBSERVED IN AREA					

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 41

OUTDOORS -

WEST SIDE OF BLDG.

OA-041-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	West Side of Building 41	Collector(s):	TM, KM
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Thermo 580B-33689-245	Building No:	41

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	NA	Canister Serial No.:	NA	Canister Serial No.:	02249
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	103-26
Start Date/Time:		Start Date/Time:		Start Date/Time:	02/16/05 / 0938
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-25
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	02/17/05 / 0651
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	0
Sample ID:		**Sample ID:**		**Sample ID:**	OA-041-6-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	NA	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	OA
Story/Level		Basement or Crawl Space?		Direction from Building	3' SW Corner
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	3'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	54"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Small Nipple
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	20'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	None
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	No
		Duplicate Sample?			

Comments:

Outside Air Pressure: 29.66
Temp: 51.0

Canister is set in recessed area along road to Building 18 dock near intersection of N. Street
Earth is exposed
02-17-05 0651 Check vacuum on tank. Gauge @ 0 so shut tank off

Signature: Todd L Marsh

OA-041-6-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Thermo 580B-33689-245

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
	none			N/A	0.0	Y

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-28-05

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air

1. OCCUPANT:

Interviewed: (Y)/ N

Last Name: Coor First Name: Cindy

Address: Huron Mgmt Bldg 41 Endicott

County: Broome

Home Phone: NA Office Phone: NA

Number of Occupants/persons at this location 204 Age of Occupants >10

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

Interviewed: (Y)/ N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt Endicott NY

County: Broome

Home Phone: NA Office Phone: 607-755-6075

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)

OA-041-G-01

Ranch	2-Family	3-Family	N/A
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) _____

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors_____ Building age_____

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

_____

_____

_____

Airflow near source

_____

_____

_____

Outdoor air infiltration

_____

_____

_____

Infiltration into air ducts

_____

_____

_____

DA-041-G-01

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab NA	other _____
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

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

NA - OUTDOOR SAMPLE

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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. N/A

_____

_____

_____

_____

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type?_____

i. Have cosmetic products been used recently? Y / N When & Type?_____

NA

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

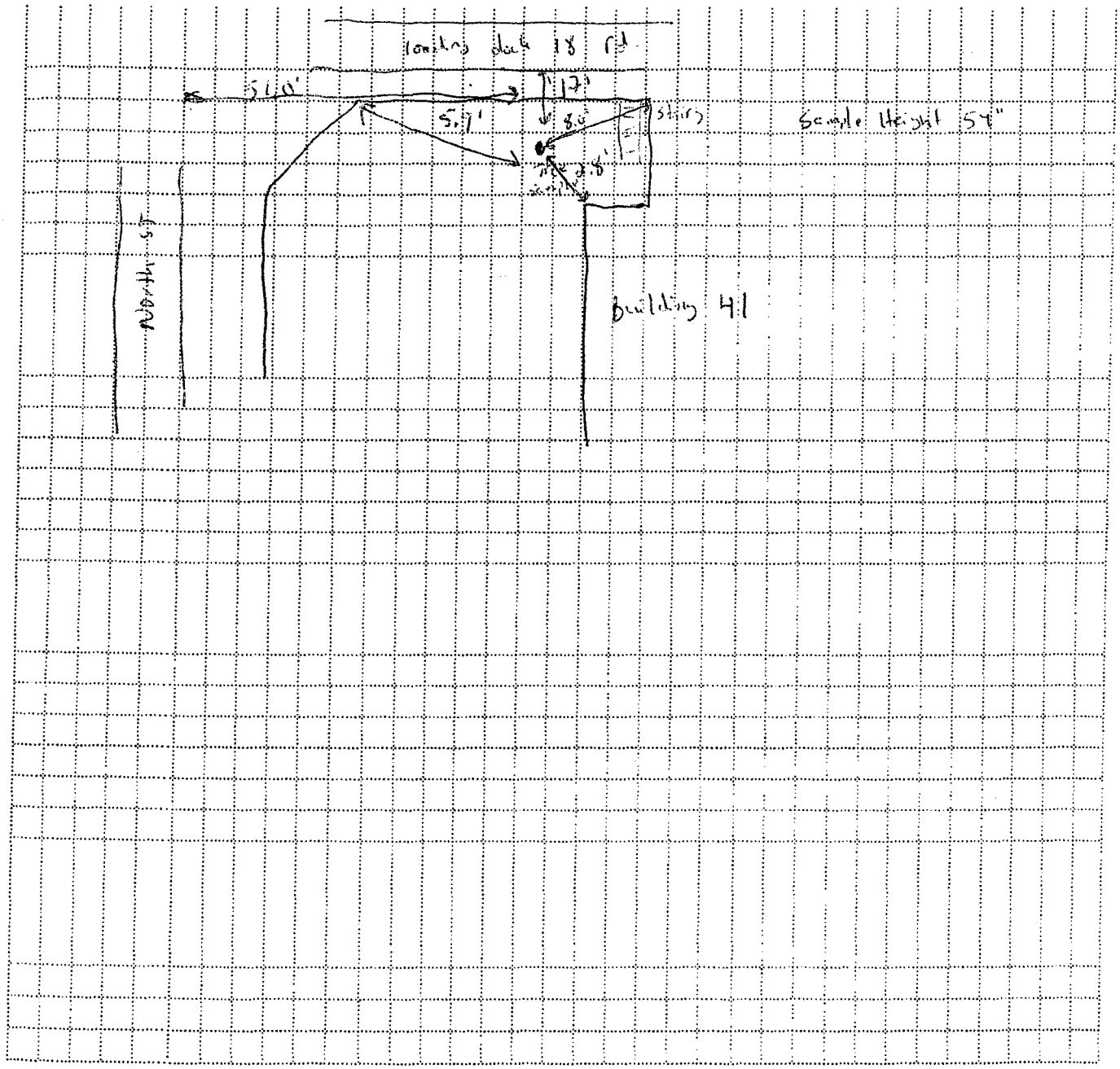
First Floor:

OA-041-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



BLDG. 41

COL. ~~B2~~ B2 / C2

DUP 021504-01 [(SS)]

DUP 021504-02 [IA]

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	BUILD 41 HALL NEAR B2/C2	Collector(s):	T. MARSH
Address:	Huron Campus, Endicott NY		D. VAN CAMPEN
PID Meter Used: (Model, Serial #)	THERMO	Building No:	41

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	14876	Canister Serial No.:	34397	Canister Serial No.:	NA
Flow Controller Id No:	2/~~15/05~~ DV 98-01	Flow Controller Id No:	50-50	Flow Controller Id No:	
Start Date/Time:	02/15/05 0946	Start Date/Time:	02/15/05 0901	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	
Stop Date/Time:	02/16/05 0946	Stop Date/Time:	02/16/05 0905	Stop Date/Time:	
Stop Pressure: (inches Hg)	-2.5	Stop Pressure: (inches Hg)	-5	Stop Pressure: (inches Hg)	
Sample ID: DUP 021505-02		**Sample ID:** DUP 021505-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	H	Floor Slab Thickness (inches) *[if present]*	6"	Distance from Building	
Indoor Air Temp (°F)	68.7°F	Potential Vapor Entry Points Observed?	NO	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	~~#~~ GOOD	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-8"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	5.3 ppm	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.25	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	~~NONE~~ YES	Percent $O_2/CO_2/CH_4$	NONE	Duplicate Sample?	
		Duplicate Sample?	YES		

Comments:

02/16/05 VAC DUP 021505-01 -8
02/16/05 VAC DUP 021505-02 --6

Signature: Todd R Marsh

BLDG. 4R

~~NEAR COL 6-9~~

NEAR COL ~~L9~~ L6

CAFETERIA SUPPLY ROOM

SS-042-B-07

IA-042-B-07

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	cafeteria supply room, near column L6	Collector(s):	KM
Address:	Huron Campus, Endicott NY		TM
PID Meter Used: (Model, Serial #)	Thermo 580B - 33689-245	Building No:	042

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	10912	Canister Serial No.:	34328	Canister Serial No.:	NA
Flow Controller Id No:	100-20	Flow Controller Id No:	05-10	Flow Controller Id No:	
Start Date/Time:	2/16/05 1131	Start Date/Time:	2/16/05 1134	Start Date/Time:	
Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	-24	Start Pressure: (inches Hg)	
Stop Date/Time:	02/17/05 1130	Stop Date/Time:	02/17/05 1130	Stop Date/Time:	
Stop Pressure: (inches Hg)	-1.5	Stop Pressure: (inches Hg)	-.5	Stop Pressure: (inches Hg)	
Sample ID:	IA-042-B-07	**Sample ID:**	SS-042-B-07	**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	cafeteria supply room	Floor Slab Thickness (inches) *[if present]*	8.0"	Distance from Building	
Indoor Air Temp (°F)	70.7	Potential Vapor Entry Points Observed?	2 holes in wall for pipes near ceiling, vent	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	50"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	10"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	1.5	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.74	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

1101 JM begins drilling sampling borehole
1110 borehole prepped for sub-slab sample
1122 prepare SS & IA canisters for sampling

02-17-05 0722 checked vacuum on gauges SS-042-B-07 -8 InHg
IA-042-B-07 -7 In Hg

Signature: [signature]

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/22/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT: MOSTLY VACANT OFFICE SPACE

Interviewed: Y / N

Last Name: Cerasaro First Name: Paul

Address: Huron Management

County: Broome

Home Phone: N/A Office Phone: 607-755-3673

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT. ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential	School	Commercial/Multi-Use
(Industrial)	Church	Other: _____

042-B-07

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

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

If multiple units, how many? —

If the property is commercial, type?

Business Type(s) OFFICE SPACE, CAFETERIA

Does it include residences (i.e. multi-use)? Y / N (N) If yes, how many? N/A

Other characteristics:

Number of floors 2/3 Building age 43 yrs

Is the building insulated? Y / N UNKNOWN How air tight? (Tight) Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No apparent flow between floors

Airflow near source

Sample collected near doorway. Some evidence of air movement
No open ducts in vicinity of sample.

Outdoor air infiltration

INSIDE ROOM. No outside air infiltration

Infiltration into air ducts

All duct work is in excellent condition. No leaks

042-B-07

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint inside	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 8 (feet)

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

Floor in good shape

No draft or obvious points of entry

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

042-B-07

Are there air distribution ducts present? Y / N

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.

NO DUCT ALL COPPER PLUMBING

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	OFFICE SPACE
1st Floor	CAFETERIA
2nd Floor	OFF CAFETERIA CONF. RMS.
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: in this area, an odor of grease

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

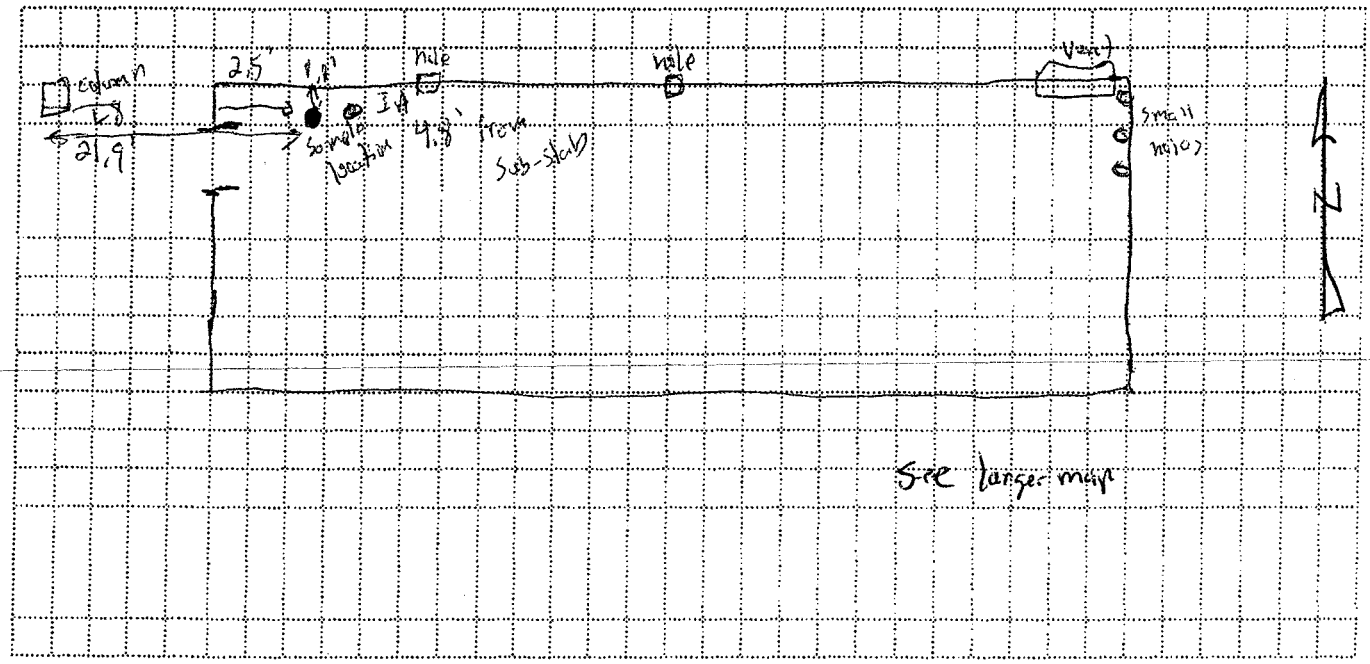
d. Relocation package provided and explained to residents? Y / N

042-B-07

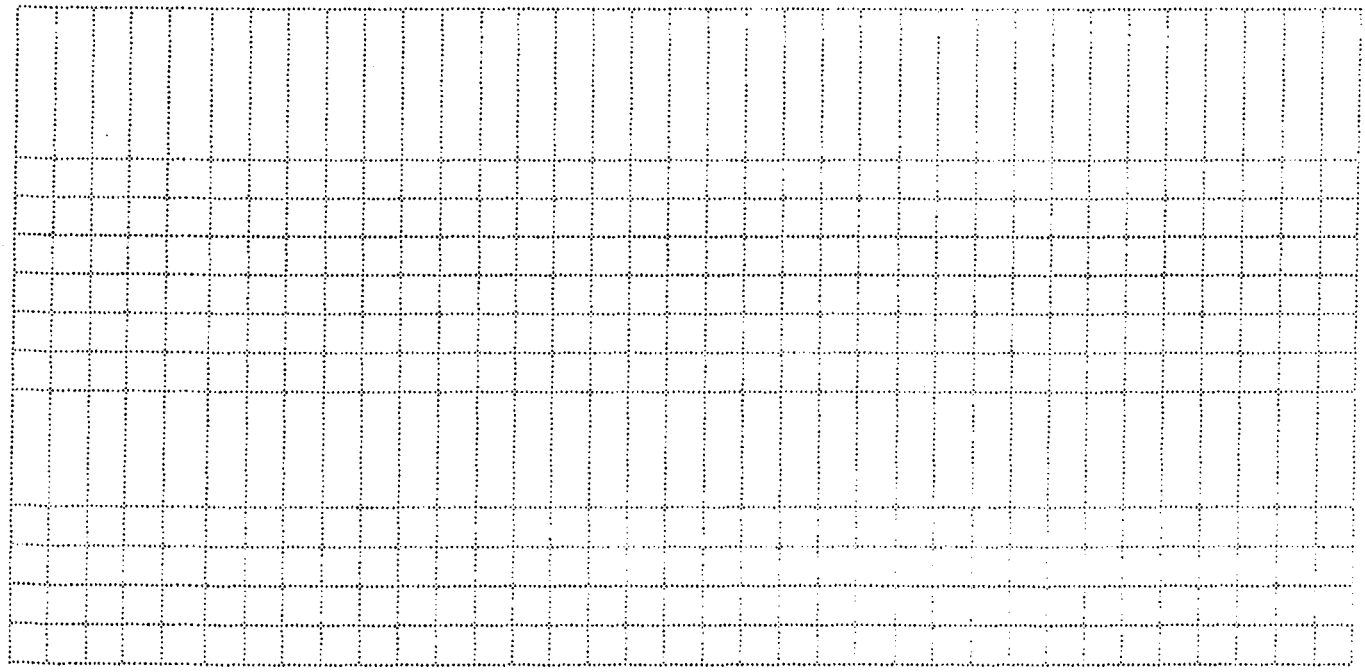
11. FLOOR PLANS

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.

Basement:



First Floor:

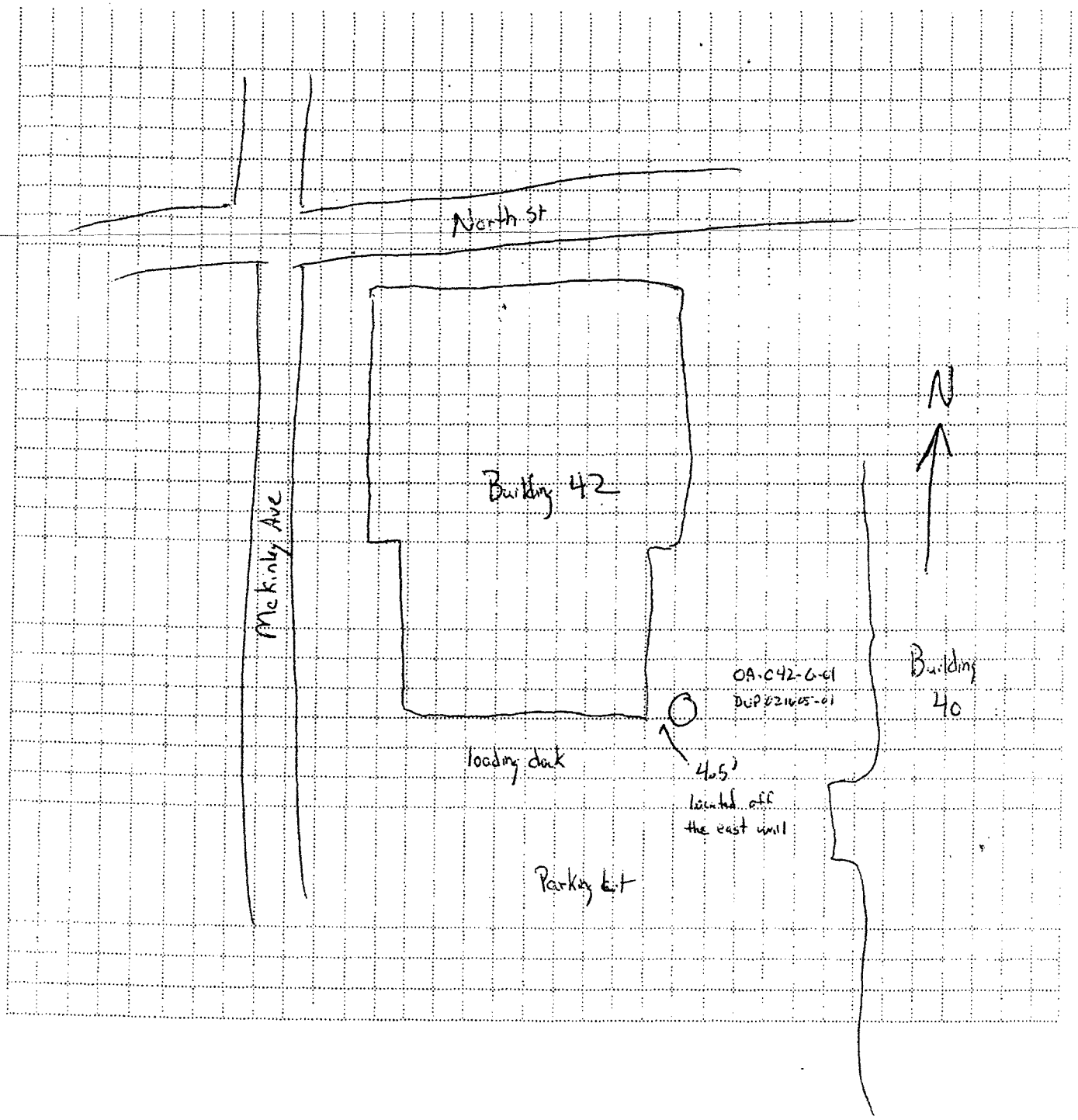


OA-042-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Thermo 580 B - 33689-245

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
	NA			NA		
	Sample loc. in supply room					
	None observed					

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 42

OA

SW CORNER

DUP 021505-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	outside building 042 south side	**Collector(s):**	KM
Address:	Huron Campus, Endicott NY		TM
PID Meter Used: (Model, Serial #)	Thermo 580B - 33689-245	**Building No:**	042

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	NA	Canister Serial No.:	NA	Canister Serial No.:	1601
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	101-31
Start Date/Time:		Start Date/Time:		Start Date/Time:	2/16/05 1434
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-30
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	02/17/05 / 1430
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-3.5
Sample ID:		**Sample ID:**		**Sample ID:**	DUP 021605-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	NA	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	SW
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	3.0
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	44"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	yes
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.) parking lot	6.0'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0
Barometric Pressure ("Hg or mb)	29.75	Noticeable Odor?		Noticeable Odor?	yes
Duplicate Sample?	YES	Percent $O_2/CO_2/CH_4$		Duplicate Sample?	yes
		Duplicate Sample?			

Comments:

fuel oil odor in vicinity
02-17-05 0710 read vacuum gauge -11 In Hg

Signature: Dave VanCamp

BLDG 42

NR. B5 IN OFFICE CORRIDOR

SS-042-B-01

IA-042-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 42, Near Column B5 in office corridor	Collector(s):	M. MATTHEWS
Address:	Huron Campus, Endicott NY		D. VAN CAMPEN
PID Meter Used: (Model, Serial #)	MINI RAE	Building No:	042

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	13845	Canister Serial No.:	9912	Canister Serial No.:	N/A
Flow Controller Id No:	03-02	Flow Controller Id No:	103-62	Flow Controller Id No:	
Start Date/Time:	02/15/05 / 1507	Start Date/Time:	02/15/05 / 1507	Start Date/Time:	
Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	
Stop Date/Time:	2/16/05 1507	Stop Date/Time:	2/16/05 1507	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	-4.5	Stop Pressure: (inches Hg)	
Sample ID: IA-042-B-01		**Sample ID:** SS-042-B-01		**Sample ID:** —	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	N/A
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room		Floor Slab Thickness (inches) *[if present]*	6"	Distance from Building	
Indoor Air Temp (°F)	70.9°F	Potential Vapor Entry Points Observed?	NONE	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	43"	Ground Surface Condition (Crawl Space Only)	GOOD	Intake Tubing used?	
Noticeable Odor?	CLEANING SUPPLIES	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.38	Noticeable Odor?	NONE - CLEANING SUPPLIES	Noticeable Odor?	
Duplicate Sample?	NONE	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
—	—	Duplicate Sample?	NONE		
—	—			—	—

Comments: Flow controller

13848 → 0302

2-16-05 Vacuum remaining in
0717 IA-042-B-01 -12 In Hg
SS-042-B-01 Not accessible

Signature: Todd L Marsh

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/21/05 1440

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y/(N) majority of office space in basement is vacant.

Last Name: Cerasaro First Name: Paul

Address: Huron Management

County: Broome

Home Phone: N/A Office Phone: 607-755-3673

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: (Y)/N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt., Endicott, NY

County: Broome

Home Phone: N/A Office Phone: 607 755-6073

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) N/A

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

If multiple units, how many? —

If the property is commercial, type?

Business Type(s) Office Space, Cafeteria

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? N/A

Other characteristics:

Number of floors 2/3 Building age 43

Is the building insulated? Y / N UNKNOWN How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

There is a stairway open to the cafeteria above.

Airflow near source

No ducts in the area of sample location

Outdoor air infiltration

None apparent. Interior hallway.

Infiltration into air ducts

Return ducts not observed

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE	
e. Concrete floor:	unsealed	sealed	sealed with TILE	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint inside	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 8 (feet)

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

No vapor entry points were noted. Floor in good condition.

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	GOC ~~Basement~~	Outdoors	Main Floor	Other other bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

There were no ducts in the vicinity of sample location, however AHU circulates air throughout the building.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	OFFICE SPACE
1st Floor	CAFETERIA
2nd Floor	OFF CAFETERIA, CONF. RMS.
3rd Floor	—
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? N/A

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? N/A

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N ?
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: unknown
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

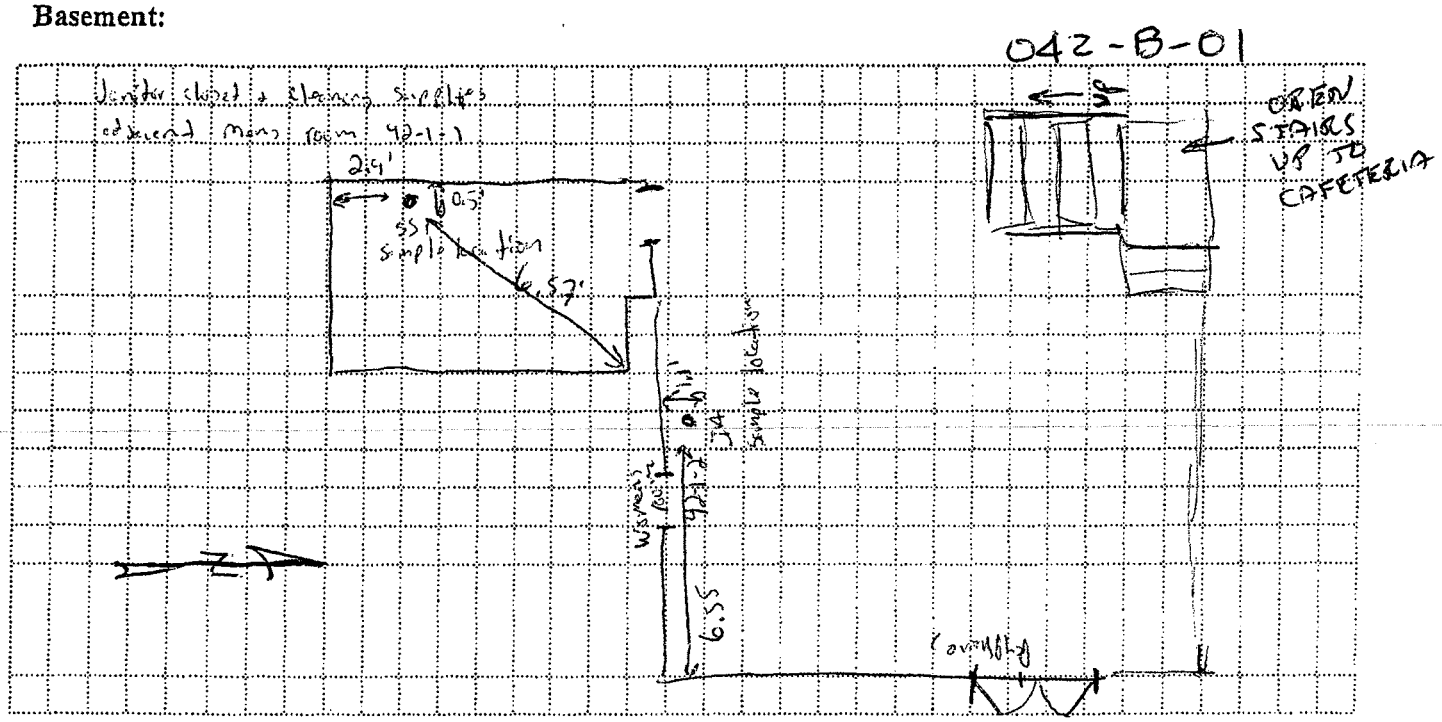
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. FLOOR PLANS

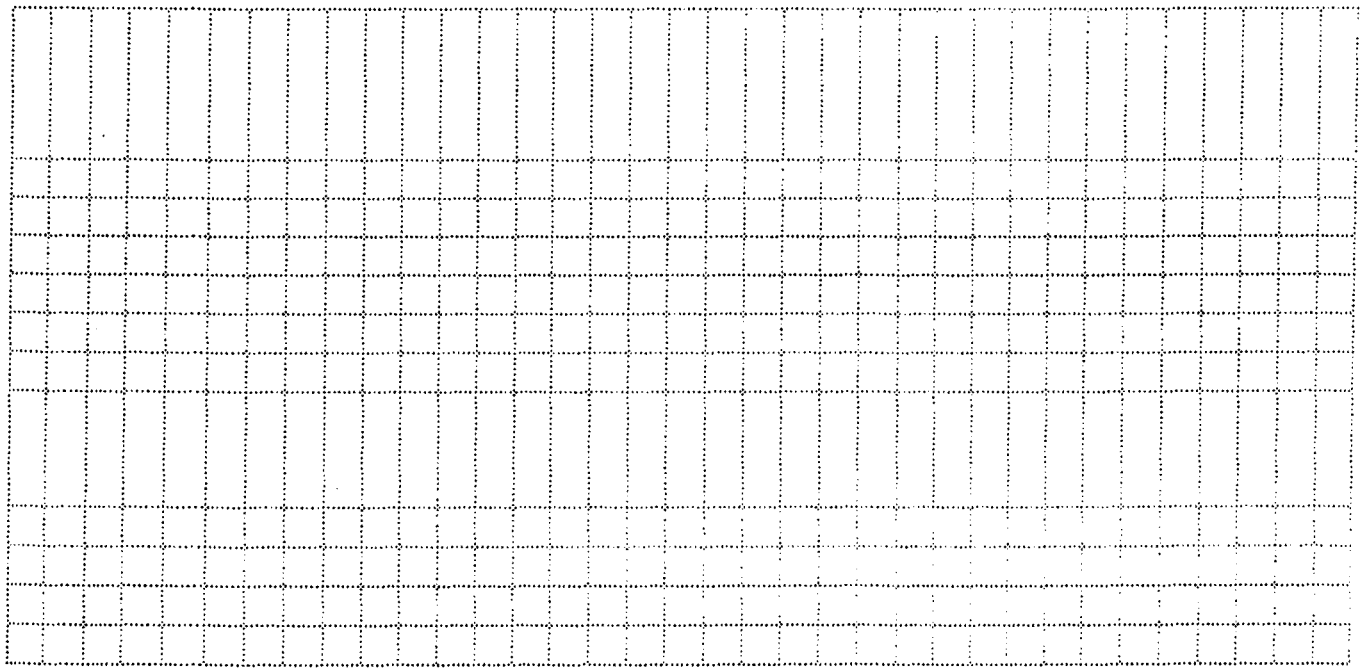
Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

Basement:



See larger map

First Floor:

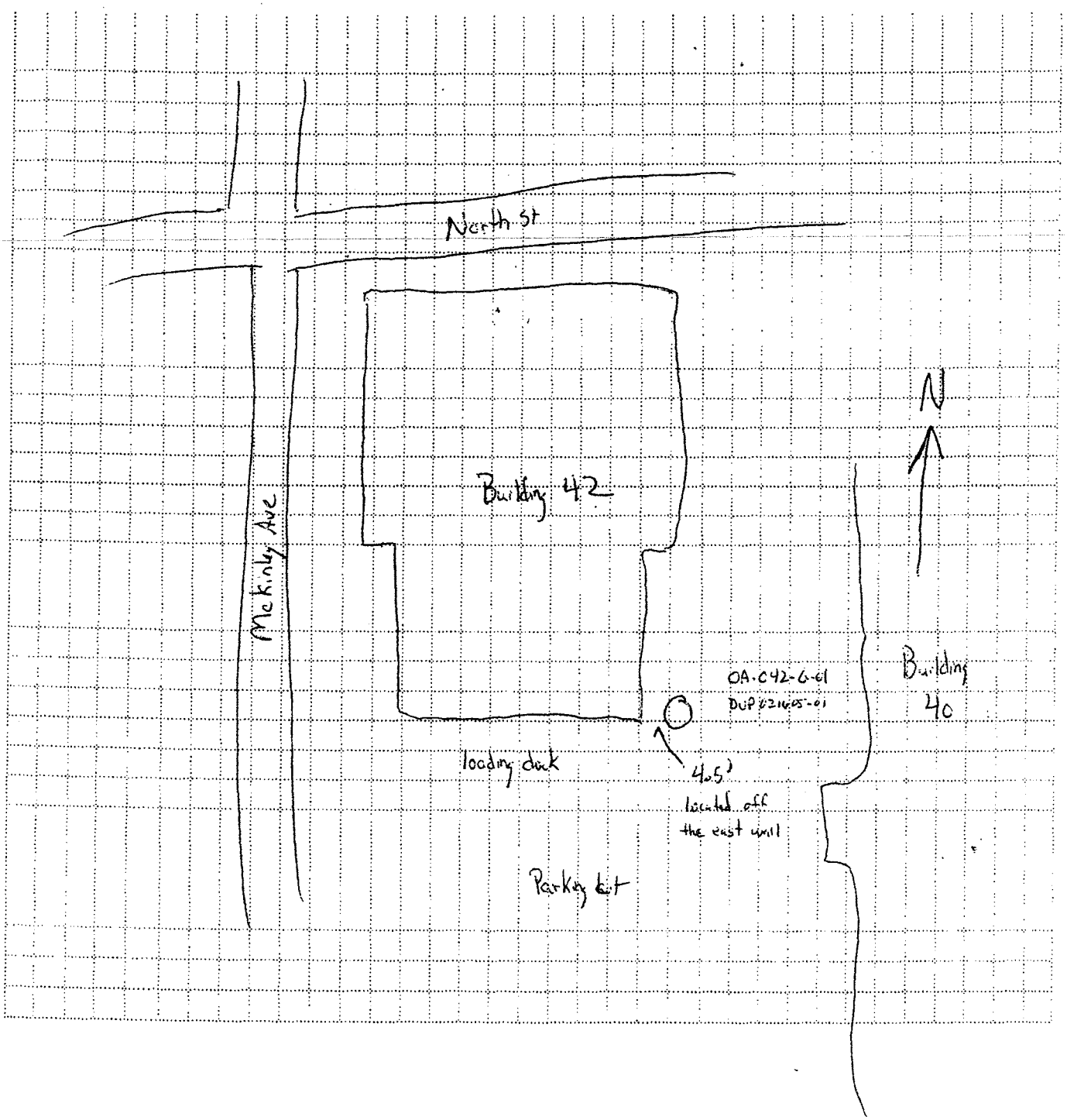


OA-042-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



 042-B-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y/N
042-B-01	STAINLESS STEEL POLISH					
	REMOVER	21 OZ	BRUSH TOP	MINERAL OIL; ISOBUTANE; SORBITAN OLEATE; ETHANOLAMINE	0.0	Y
042-B-01	DERMAPRO MOISTURIZING CREAM	27 OZ	SEALED BOX	PETROLATUM, DISTEARYLDIMONIUM CHLORIDE GLYCERINE, ISOPROPYL	0.0	Y
				MYRISTATE, CETYL ALCOHOL, DIMETHICONE, FRAGRANCE	0.0	
042-B-01	DRAIN CARE	18 OZ	SEALED CONT.	BACTERIA CULTURE, AMYLASE, LIPASE PROTEASE, CELLULASE	0.0	Y
042-B-01	SHINE-UP FURNITURE POLISH	32 OZ	SEALED CONT.	SILICONE, MINERAL OIL, ISOPARAFFINIC HYDROCARBON SOLVENT,	0.0	Y
042-B-01	COMET	32 OZ	SEALED SPRAY	SODIUM OCTYL SULFATE, SODIUM DODECYL SULFATE, SODIUM HYPOCHLORITE	0.0	Y
042-B-01	NON ACIDIC BATHROOM CLEANER	32 OZ	SEALED CONT.	OCTYL DECYL DIMETHYL AMMONIUM CHLORIDE, DIOCTYLEN DIMETHYL	0.0	Y
				AMMONIUM CHLORIDE DIMETHYL BENZYL AMMONIUM	0	Y
				CHLORIDE		
042-B-01	LIQUID POCKET CLEANER	SEVERAL PACKS	SEALED CONT.	ISOPROPANOL, 2-BUTOXY ETHANOL 2 AMINO ETHANOL	0	Y
042-B-01	URINAL CLEANER	10 PACKS	SEALED CONT.	SODIUM SULFATE, POLYETHYLENE GLYCOL, INDUSTRIAL SOAP	0	Y
				DISODIUM MONO COPPER CITRATE		
042-B-01	WD-40	11 OZ	SEALED CONT.	STANDARD WD-40	0	Y
042-B-01	GLASS & SURFACE CLEANER	84.5 OZ	OPEN CONT.	SODIUM XYLENE SULFONATE SODIUM LAURYL SULFATE	0	Y
				AMMONIUM HYDROXIDE 2 BUTOXYETHANOL		
042-B-01	SHOWER TUB & TILE CLEANER	84.5 OZ	USED	ALCOHOL ETHOXYLATES, PHOSPHORIC ACID	0	Y
~~042-B-01~~ DV						
↓	↓	↓	↓	↓	↓	↓
↓	↓	↓	↓	↓	↓	↓

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 42

NEAR G9

SS-042-B-06

IA-042-B-06

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	mechanical room 3150, 3645 near col. G9	Collector(s):	KM
Address:	Huron Campus, Endicott NY		TM
PID Meter Used: (Model, Serial #)	Thermo	Building No:	042

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	25263	Canister Serial No.:	34467	Canister Serial No.:	N/A
Flow Controller Id No:	0502	Flow Controller Id No:	100-116	Flow Controller Id No:	
Start Date/Time:	2/15/2005 1606	Start Date/Time:	2/15/2005 1606	Start Date/Time:	
Start Pressure: (inches Hg)	-28.0	Start Pressure: (inches Hg)	-27.5	Start Pressure: (inches Hg)	
Stop Date/Time:	2/16/05 1606	Stop Date/Time:	2/16/05 1606	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	-2	Stop Pressure: (inches Hg)	
Sample ID: IA-042-B-06		**Sample ID:** SS-042-B-06		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	N/A
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	3150, 3645 mechanical room	Floor Slab Thickness (inches) *[if present]*	8"	Distance from Building	
Indoor Air Temp (°F)	74.7	Potential Vapor Entry Points Observed?	holes in wall for pipes, HVAC in ceiling	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	49"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	10"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0 air 0.2 bH	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.99	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	None	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
—	—	Duplicate Sample?	None	—	—

Comments:

Wall louver - 35" w - 64" L measurements IA-042-B-06
HVAC in ceiling adjacent to sub-slab 1.0 feet on opposite side of louver
2-16-05 0730 Vacuum remaining in
IA-042-B-06 -13 In Hg SS-042-B-06
IA-042-B-06 unaccessible 6.3' from column G9
behind locked door 5.2' from corner near switches

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/21/05 1500

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT: MAJORITY OF OFFICE SPACE VACANT

Interviewed: Y / N

Last Name: Cerasaro First Name: Paul

Address: Huron Indoor Air

County: Broome

Home Phone: N/A Office Phone: 607-755-3673

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT., ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? —

If the property is commercial, type?

Business Type(s) OFFICE SPACE, CAFETERIA

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? N/A

Other characteristics:

Number of floors 2/3 Building age 43 yr

Is the building insulated? (Y) / N UNKNOWN How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's direct air to each floor separately

Airflow near source

Sample location in hallway next to open louvers to a mech. room. Slight feel of air flow. No open ducts near sample location.

Outdoor air infiltration

None noted.

Infiltration into air ducts

Air ducts in very good condition
Return ducts not observed

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpeting	
e. Concrete floor:	unsealed	sealed	sealed with ~~[illegible]~~ etc some glue?	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint inside	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 8 (feet)

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

NONE OBSERVED

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? (Y) / N

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.

Yes, however no open ducts in close proximity to sample location

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally (Seldom) Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	OFFICE SPACE
1st Floor	CAFETERIA
2nd Floor	OFF CAFETERIA, CONF. RMS.
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify _____

d. Has the building ever had a fire? Y / (N) When? _____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where? _____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type? _____

g. Is there smoking in the building? Y / (N) How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? unknown

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: unknown
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

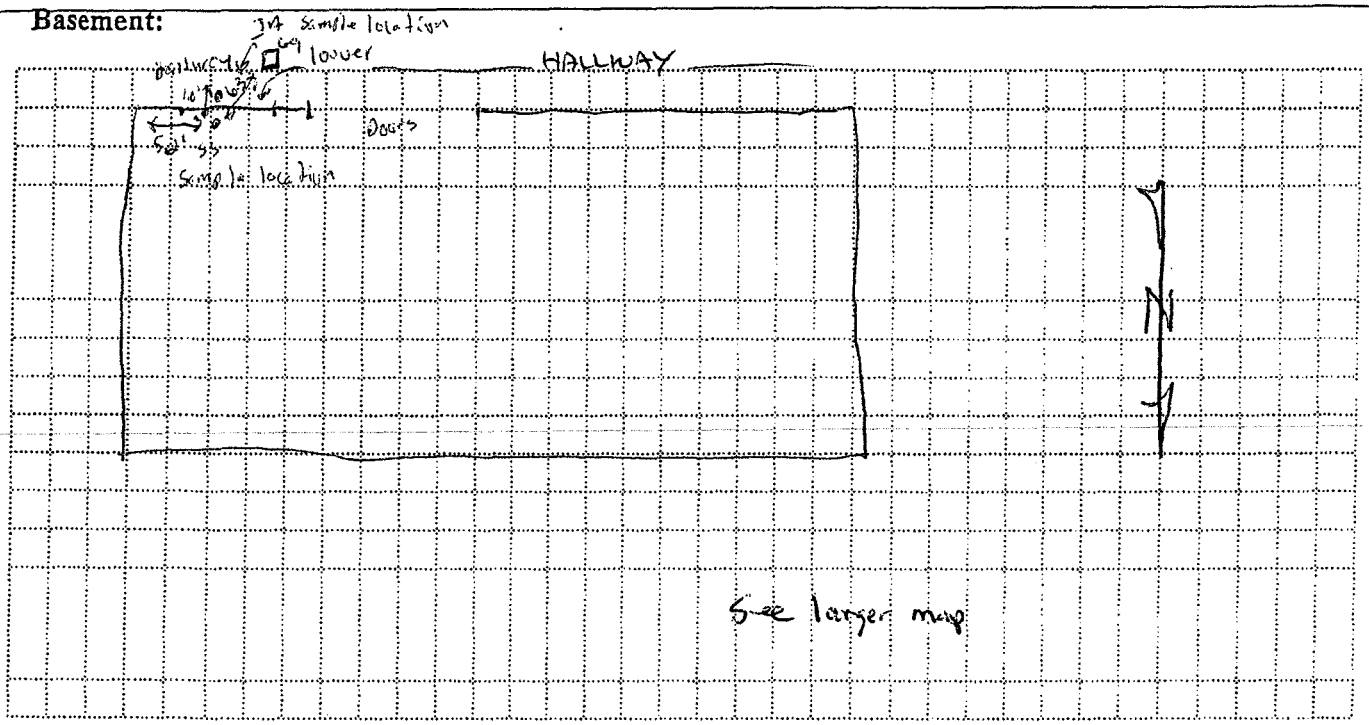
d. Relocation package provided and explained to residents? Y / N

042-B-06

11. 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.

Basement:



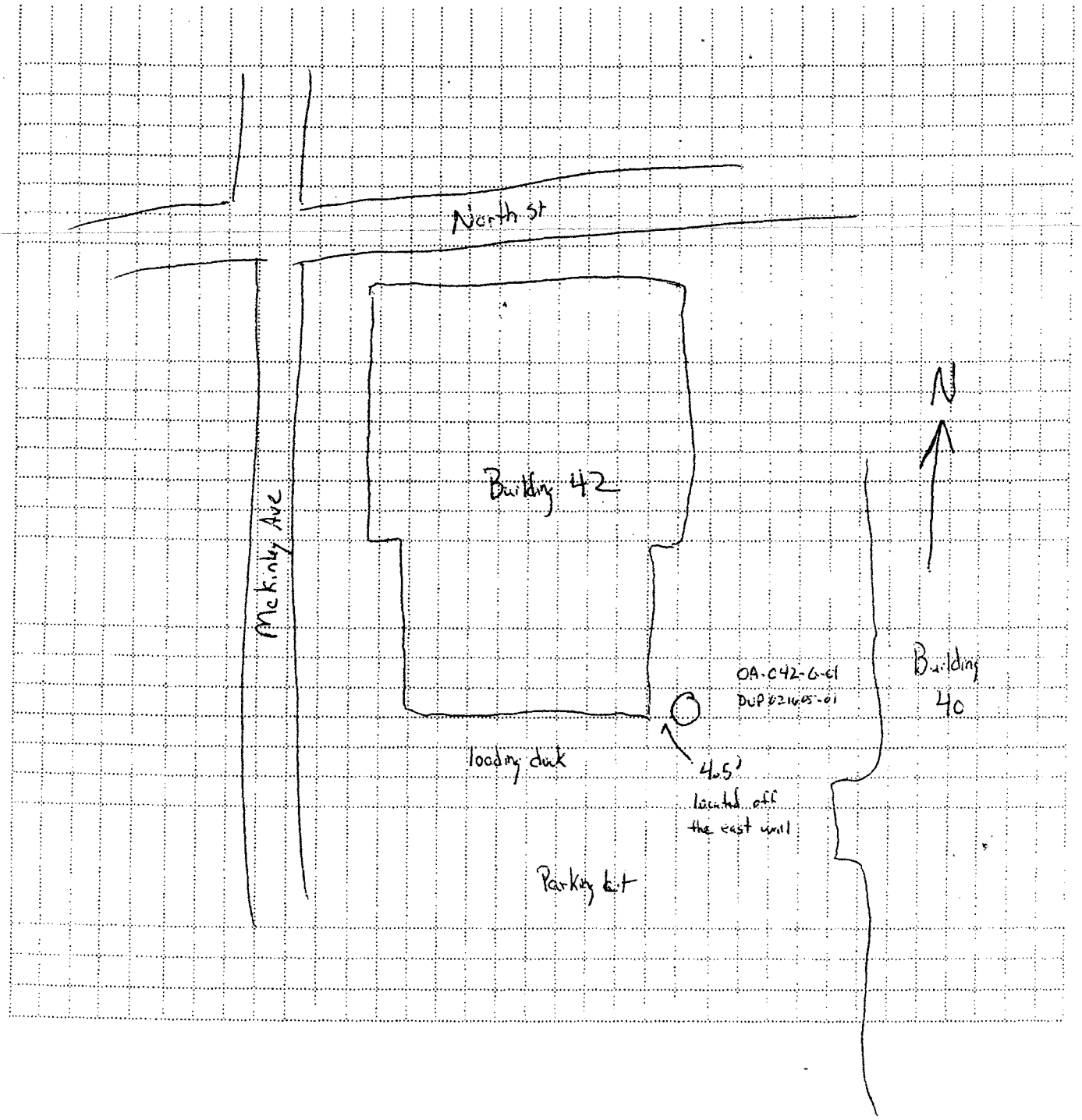
First Floor:

OA-042-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

042 - B - 06

Make & Model of field instrument used: Thermo

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
Near G-9	NONE OBSERVED				0.0	N
	SAMPLE COLLECTED IN MECHANICAL RM.					

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 42

H4 - SS IN MECH ROOM

IA IN HALLWAY

SS-042-B-05

IA-042-B-05

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	mechanical room Bldg. 42 Near Column H-4	Collector(s):	KM
Address:	Huron Campus, Endicott NY		TM
PID Meter Used: (Model, Serial #)	Mermo	Building No:	042

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33874	Canister Serial No.:	33908	Canister Serial No.:	N/A
Flow Controller Id No:	103-72	Flow Controller Id No:	100-11	Flow Controller Id No:	
Start Date/Time:	2/15/2005 1521	Start Date/Time:	2/15/2005 1521	Start Date/Time:	
Start Pressure: (inches Hg)	~~-28~~ KM -26.0	Start Pressure: (inches Hg)	-28.0	Start Pressure: (inches Hg)	
Stop Date/Time:	2/16/2005 1521	Stop Date/Time:	2/16/2005 1521	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	
Sample ID: IA-042-B-05		**Sample ID:** SS-042-B-05		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	N/A
Story/Level	Basement	Basement or Crawl Space?	basement	Direction from Building	
Room	mechanical	Floor Slab Thickness (inches) *[if present]*	8.0	Distance from Building	
Indoor Air Temp (°F)	72.1	Potential Vapor Entry Points Observed?	HVAC conduit (see notes) floor drain w/water	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	50"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	18"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.2	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.06	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	None	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
Barometer	30.06	Duplicate Sample?	None		

Comments: 2-16-05 0727 Vacuum remaining in IA-042-B-05 -10 In Hg SS-042-B-05 -12 In Hg

Large HVAC system in room Condensers & Motors running in rear of the room ~ 25' from machine. Diesel generator (emergency) located behind the door in the rear of the room. Large motor & fan inside insulated room ~ 15' from sample.
PID for mechanical room - 0.0.
Floor drain - PID = 0.0 - water at 7" hose running into it
Floor drain - PID - 0.0 - condensate drain for HVAC 27' from sample

Signature: Todd L Marsh

IA - 49' from column G-9
4.7' from doorway
SS ~ 4.6' from doorway
underneath lead pump box

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/21/05 1514

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT: MAJORITY OF OFFICE SPACE IS VACANT

Interviewed: Y / (N)

Last Name: Cerasaro First Name: Paul

Address: Huron Management

County: Broome

Home Phone: N/A Office Phone: 607-755-3673

Number of Occupants/persons at this location 0 Age of Occupants —

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

Interviewed: (Y) / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt, Endicott, NY

County: Broome

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? –

If the property is commercial, type?

Business Type(s) OFFICE SPACE, CAFETERIA

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 2/3 Building age 43yr

Is the building insulated? (Y) / N UNKNOWN How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

None detected

Airflow near source

No open ducts in vicinity of sample location.

Outdoor air infiltration

None noted.

Infiltration into air ducts

Ducts are in excellent condition. No infiltration points noted.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE	
e. Concrete floor:	unsealed	sealed	sealed with Glue / Tile	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 8 (feet)

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

NONE OBSERVED FLOOR IN GOOD CONDITION

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

~~No open ducts present~~ GDC

Possible Cold air return duct present above sample location.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	OFFICE SPACE
1st Floor	CAFETERIA
2nd Floor	DEF CAFETERIA, CONF. RMS.
3rd Floor	—
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? unknown

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

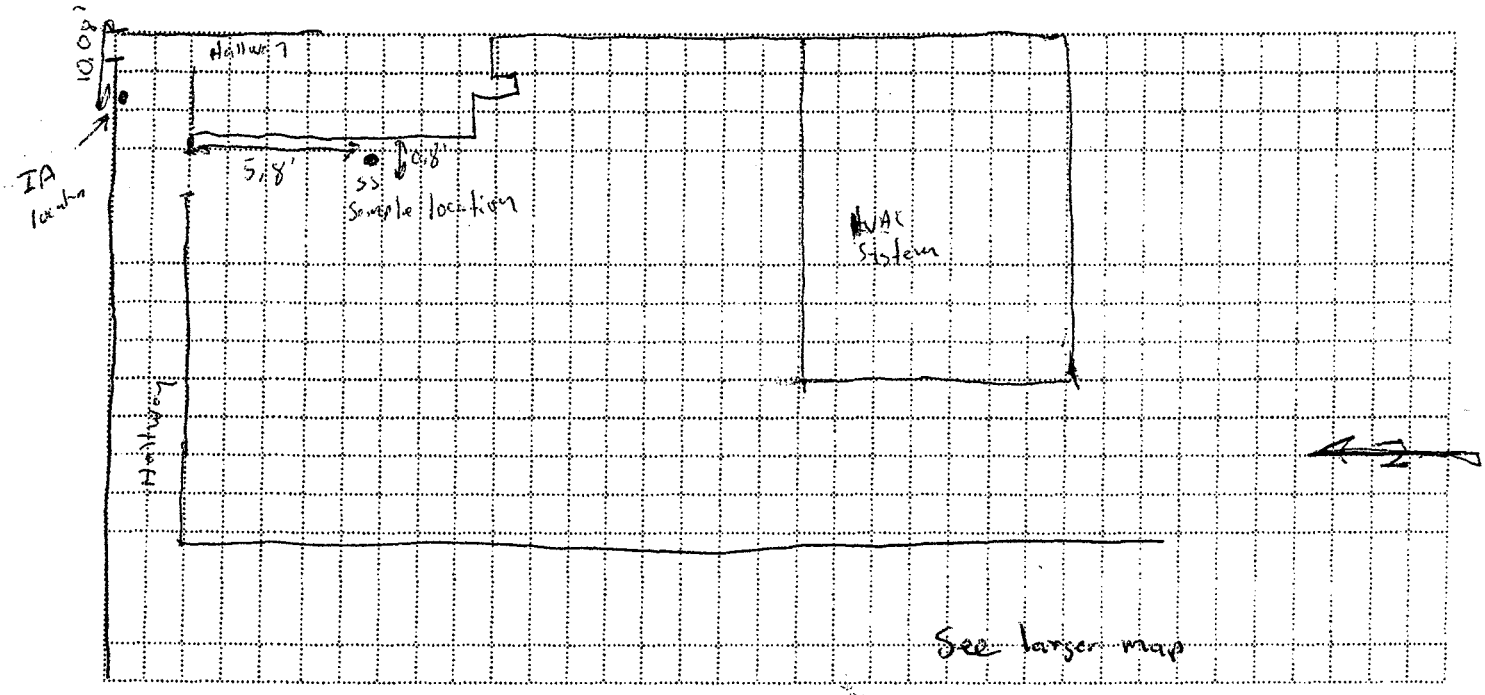
d. Relocation package provided and explained to residents? Y / N

042-B-05

11. 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.

Basement:



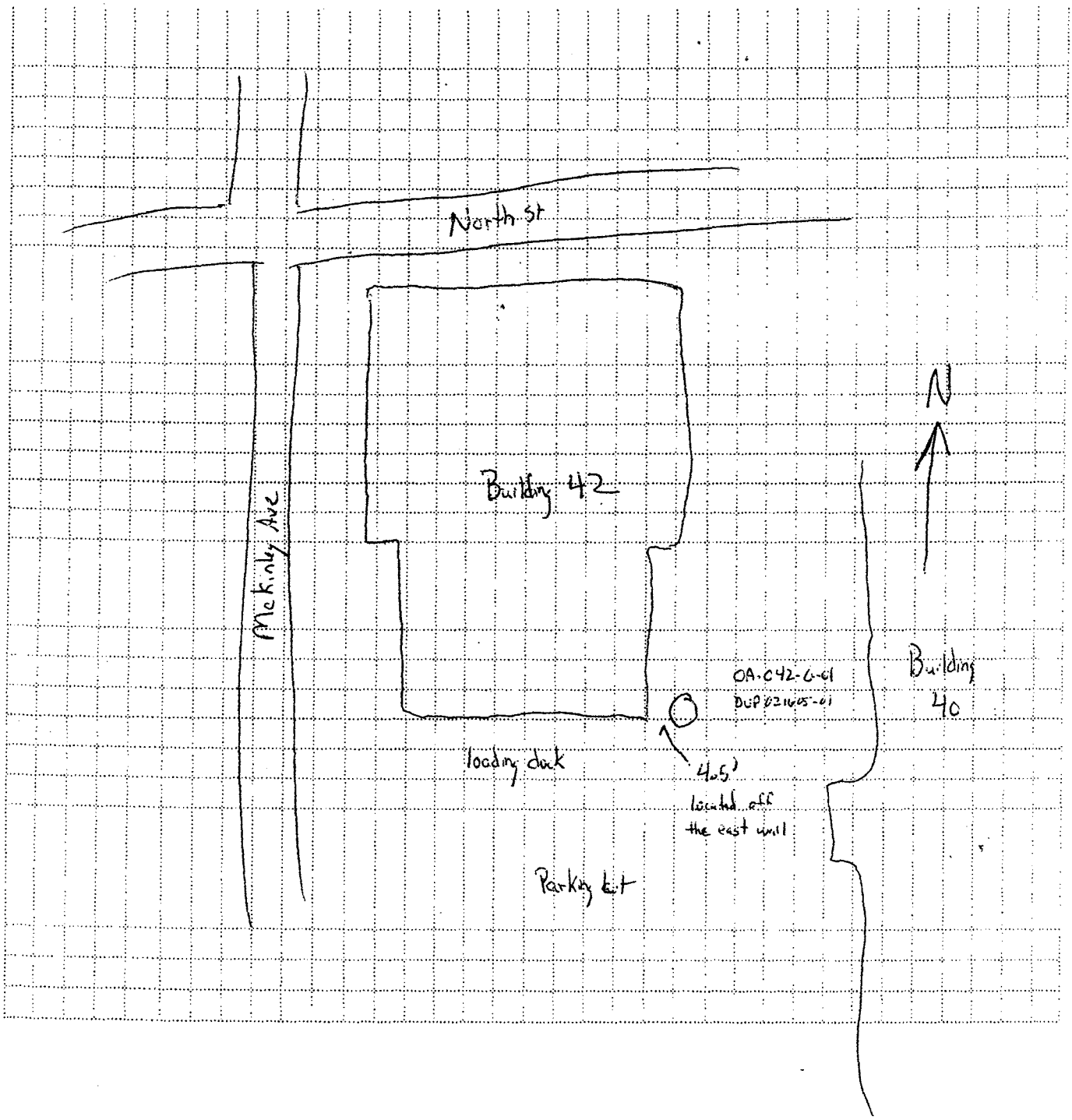
First Floor:

OA. 042-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



042-B-05

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Thermo

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
H4	SS Collected in Mechanical Room None found					
	IA collected in Hallway None Observed					

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 42

NEAR B10 IN OFFICE

~~TE~~ I019

SS-042-B-02

IA-042-B-02

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 42 near column B-10 office 1019	Collector(s):	D. Van Campen
Address:	Huron Campus, Endicott NY		M. Matters
PID Meter Used: (Model, Serial #)	Mini RAE	Building No:	42

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	9915	Canister Serial No.:	02333	Canister Serial No.:	N/A
Flow Controller Id No:	95-128	Flow Controller Id No:	101-34	Flow Controller Id No:	
Start Date/Time:	02/15/05 / 1551	Start Date/Time:	02/15/05 / 1551	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	
Stop Date/Time:	2/16/05 1551	Stop Date/Time:	2/16/05 1551	Stop Date/Time:	
Stop Pressure: (inches Hg)	-1.5	Stop Pressure: (inches Hg)	-0.5	Stop Pressure: (inches Hg)	
Sample ID: IA-042-B-02		**Sample ID:** SS-042-B-02		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	N/A
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room		Floor Slab Thickness (inches) *[if present]*	8"	Distance from Building	
Indoor Air Temp (°F)	~~74.7~~ DV 72.1	Potential Vapor Entry Points Observed?	Draft from Ceiling Ducts	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	46"	Ground Surface Condition (Crawl Space Only)	Good	Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-10"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	1.3 ppm	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.35	Noticeable Odor?	None	Noticeable Odor?	
Duplicate Sample?	None	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	None		

Comments:

2-16-05 0723 Vaccum remaining in
IA-042-B-02 -8.5 In Hg
SS-042-B-02 -14 In Hg

Signature: Dirk Van Campen

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/21/05 1532

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT: MAJORITY OF OFFICE SPACE IS VACANT

Interviewed: Y / N

Last Name: Cerasaro First Name: Paul

Address: Huron Management

County: Broome

Home Phone: N/A Office Phone: 607-755-3073

Number of Occupants/persons at this location 0 Age of Occupants 28

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

Interviewed: (Y) N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? —

If the property is commercial, type?

Business Type(s) OFFICE SPACE, CAFETERIA

Does it include residences (i.e. multi-use)? Y / N If yes, how many? —

Other characteristics:

Number of floors 2/3 Building age 43 yrs

Is the building insulated? Y / N UNKNOWN How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No apparent flow between floors

Airflow near source

Yes overhead heat duct approx 8 ft. from sample location

Outdoor air infiltration

None Observed

Infiltration into air ducts

Ducts are in good condition
No return ducts observed

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpet	
e. Concrete floor:	unsealed	sealed	sealed with some glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint inside	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 8 (feet)

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

NONE OBSERVED

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

All visible duct work in good condition
AHU circulates air throughout the bldg.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	OFFICE SPACE
1st Floor	CAFETERIA
2nd Floor	OFF CAFETERIA, CONF. RMS.
3rd Floor	—
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? unknown

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.) ?

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

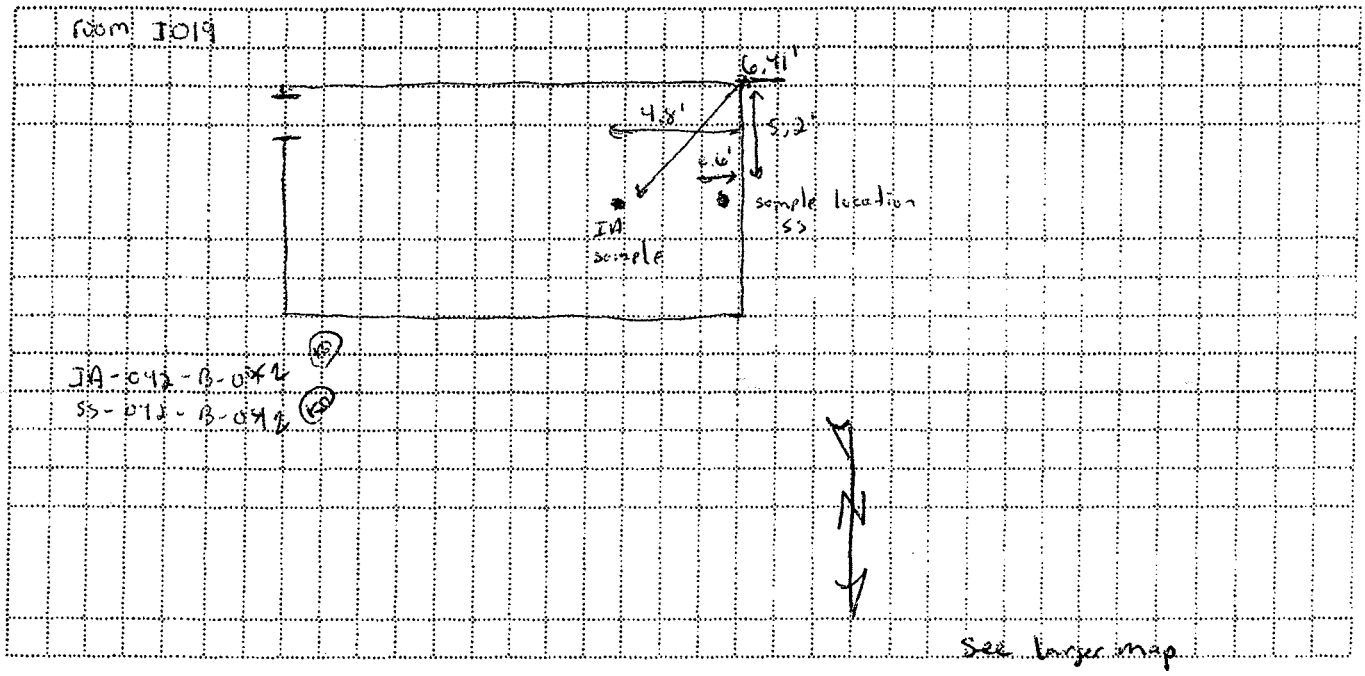
d. Relocation package provided and explained to residents? Y / N

042-B-02

11. 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.

Basement:



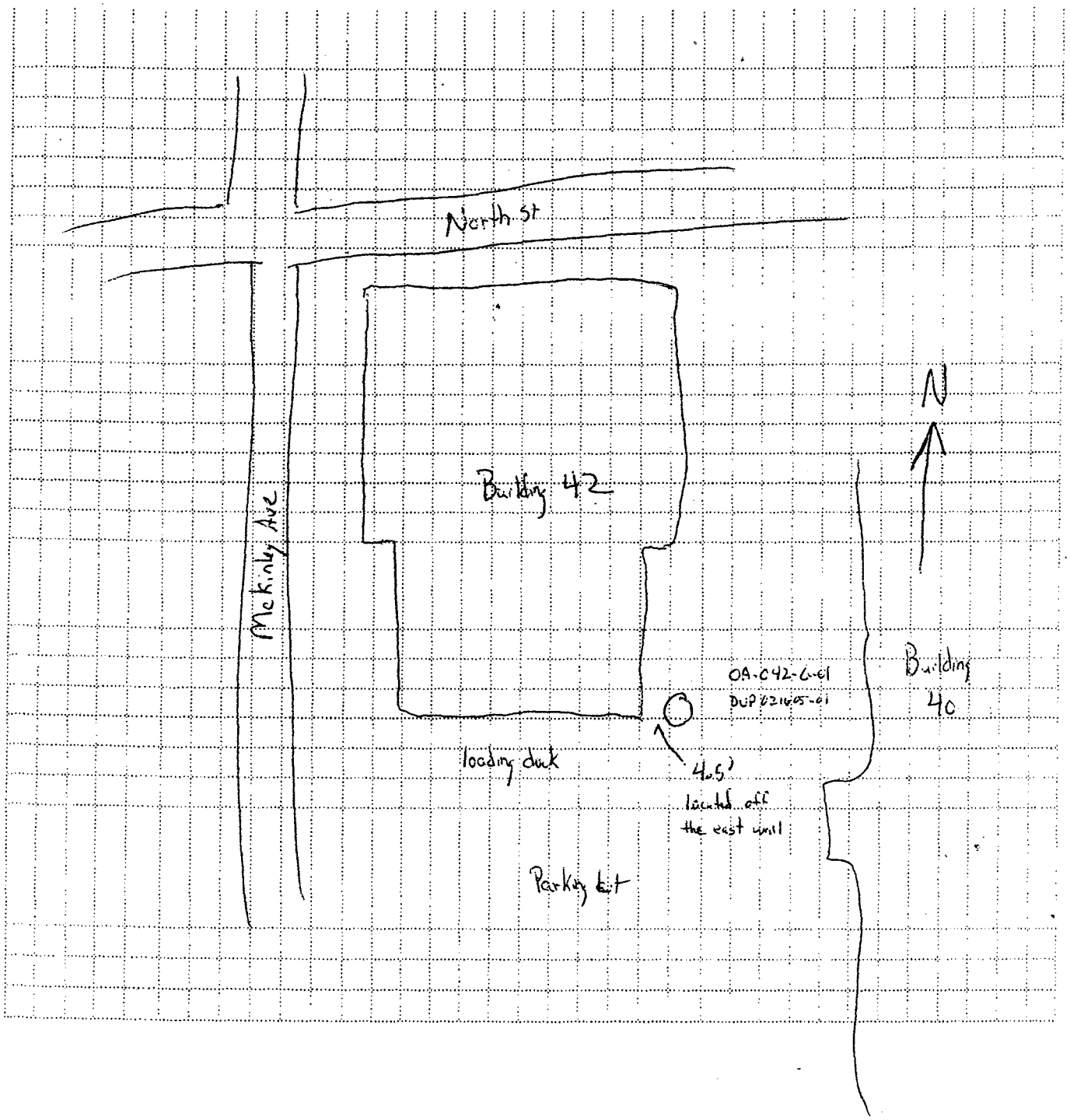
First Floor:

OA-042-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae

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

Location 042-B-02	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
042-B-02	NONE	NO	CHEMICALS	OBSERVED	0	N
	Sample inside office					

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 42

NEAR E9 IN OFFICE

H 012

SS-042-B-04

IA-042-B-04

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	IN HALLWAY NEAR COLUMN E9 across hall from office H012	Collector(s):	M. MATTERS D. VAN CAMPEN
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MINIRAE	Building No:	42

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34742	Canister Serial No.:	34364	Canister Serial No.:	NA
Flow Controller Id No:	04-04	Flow Controller Id No:	020416	Flow Controller Id No:	
Start Date/Time:	02/15/05 / 1624	Start Date/Time:	02/15/05 / 1624	Start Date/Time:	
Start Pressure: (inches Hg)	-27.5	Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	
Stop Date/Time:	02/16/05 / 1624	Stop Date/Time:	02/16/05 / 1624	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	-2	Stop Pressure: (inches Hg)	
Sample ID: IA-042-B-04		**Sample ID:** SS-042-B-04		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room		Floor Slab Thickness (inches) *[if present]*	6"	Distance from Building	
Indoor Air Temp (°F)	74.7	Potential Vapor Entry Points Observed?	NONE	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	50.0"	Ground Surface Condition (Crawl Space Only)	GOOD	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-8"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	DV ~~0.0~~ 6.3	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.257	Noticeable Odor?	NONE	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

2-16-05 Vacuum remaining in IA-042-B-04 -12 In Hg
0721 SS-042-B-04 -12 In Hg

Signature: Dave Van Campen

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/22/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT: MAJORITY OFFICE SPACE VACANT

Interviewed: Y / N

Last Name: Cerasaro First Name: Paul

Address: Huron Management

County: Broome

Home Phone: N/A Office Phone: 607-755-3673

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt, Endicott, NY

County: Broome

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? —

If the property is commercial, type?

Business Type(s) OFFICE SPACE, CAFETERIA

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? N/A

Other characteristics:

Number of floors 2/3 Building age 43 yr

Is the building insulated? Y / N UNKNOWN How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's direct air to each floor separately.

Airflow near source

No duct vents in vicinity of sample location

Outdoor air infiltration

No apparent point of entry

Infiltration into air ducts

Ducts in excellent condition. No apparent infiltration

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with CARPET	
e. Concrete floor:	unsealed	sealed	sealed with some glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint inside	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 8 (feet)

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

No entry points identified.

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

No cold air returns or open heat ducts in vicinity of sample.
Duct work in excellent condition, no leaks

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally (Seldom) Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	OFFICE SPACE
1st Floor	CAFETERIA
2nd Floor	OFF CAFETERIA, CONF. RMS.
3rd Floor	—
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify _____

d. Has the building ever had a fire? Y / (N) When? _____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where? _____

f. Is there a workshop or hobby/craft area? (Y) / N Where & Type? _____

g. Is there smoking in the building? Y / (N) How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

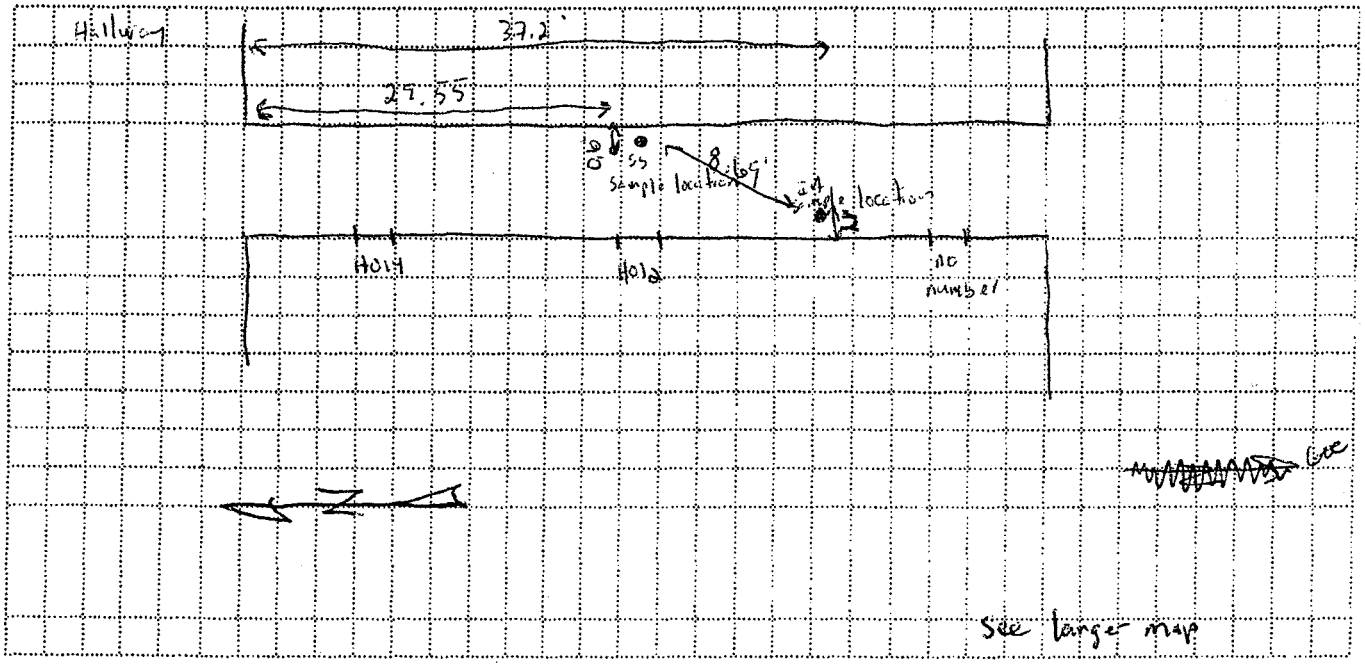
d. Relocation package provided and explained to residents? Y / N

042-B-0~~X~~4 (8)

11. 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.

Basement:



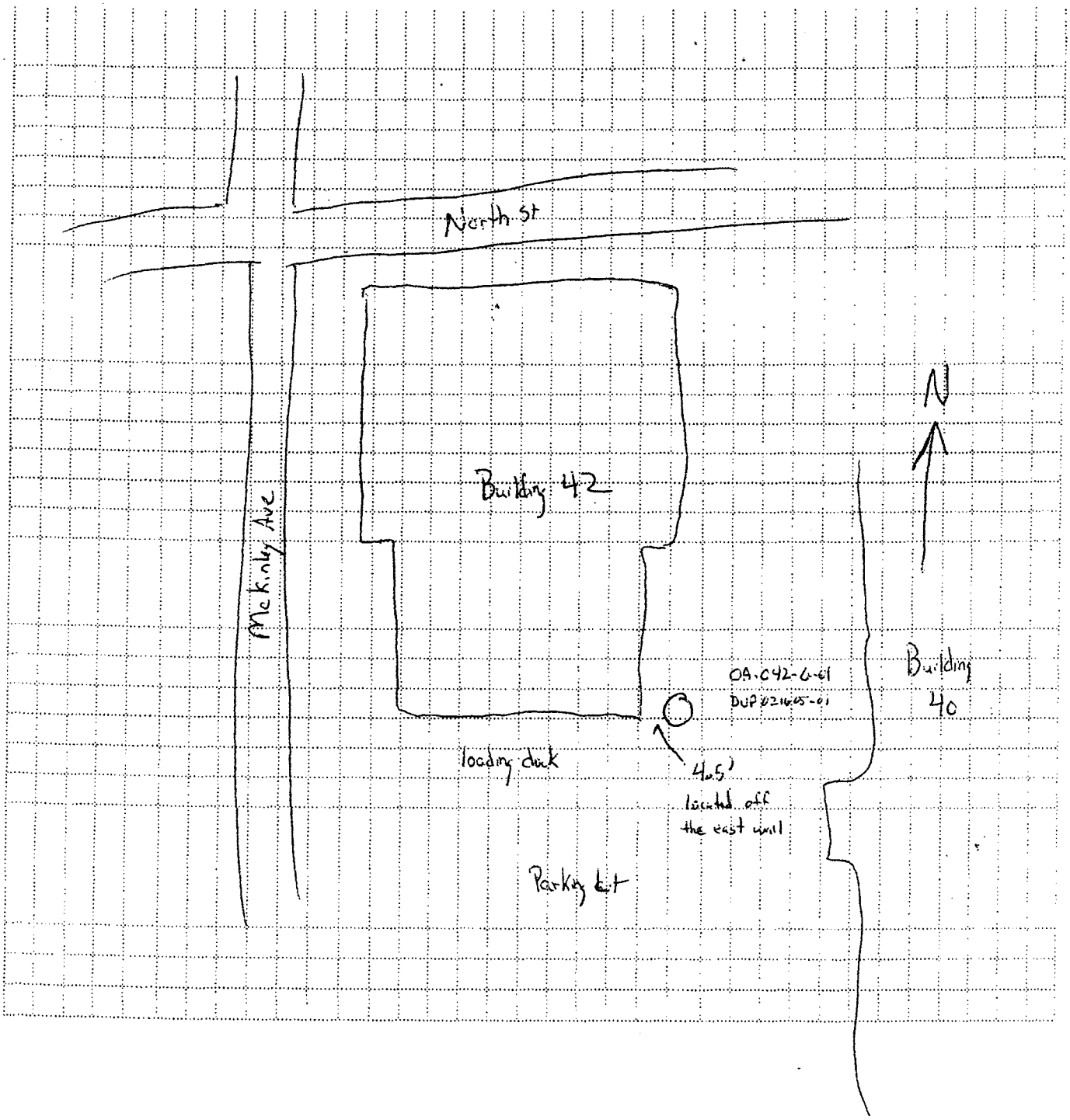
First Floor:

OA-042-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



042-B-04

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
NEAR E-9	NO CHEMICALS	OBSERVED			0.0	N
	SAMPLE LOC. IN HALLWAY					

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 42

NEAR ~~E8~~ ~~CH2~~ Column L12

IN RECOVERY WELL

ROOM

SS-042-B-08

IA-042-B-08

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Recovery well room, Near Col. L-12	Collector(s):	TM
Address:	Huron Campus, Endicott NY		KM
PID Meter Used: (Model, Serial #)	Thermo - bckgrd is 0.6 580 B-33689-245	Building No:	042

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	10802	Canister Serial No.:	21074	Canister Serial No.:	NA
Flow Controller Id No:	0310	Flow Controller Id No:	103-87	Flow Controller Id No:	
Start Date/Time:	2/16/2005 1050	Start Date/Time:	2/16/2005 1056	Start Date/Time:	
Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)	
Stop Date/Time:	02/17/2005 1052	Stop Date/Time:	02/17/2005 1052	Stop Date/Time:	
Stop Pressure: (inches Hg)	-1.0	Stop Pressure: (inches Hg)	-4.5	Stop Pressure: (inches Hg)	
Sample ID: IA-042-B-08		**Sample ID:** SS-042-B-08		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	recovery well	Floor Slab Thickness (inches) *[if present]*	9.0"	Distance from Building	
Indoor Air Temp (°F)	67.6°	Potential Vapor Entry Points Observed?	recovery well	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	50"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	no	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	110"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.6 - bckgrd	PID Reading (ppm)	6.3 in borehole	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.73	Noticeable Odor?	None	Noticeable Odor?	
Duplicate Sample?	no	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
—	—	Duplicate Sample?	no	—	
—	—				

Comments:

1024 - Setup & begin drilling sub-slab borehole PID bckgrd is 0.6 not 0.0
1029 - finish drilling prepare borehole for sampling
no valve so pursed with PID
1040 Summa canister prepared (SS) - Pictures taken floor is competent, no cracks
IA canister prepared
1056 Samples started

02-17-05 0720 checked vacuum on gauges SS-042-B-08 was -8 In Hg
IA-042-B-08 was -5 In Hg

Signature: [signature]

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/22/05

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT: MAJORITY OF OFFICE SPACE IS VACANT

Interviewed: Y / N

Last Name: Cerasaro First Name: Paul

Address: Huron Management

County: Broome

Home Phone: N/A Office Phone: 607-755-3673

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: KETCHUCK First Name: Jim

Address: HURON MGMT. ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential	School	Commercial/Multi-Use
(Industrial)	Church	Other: _____

042-B-08

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

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) OFFICE SPACE, CAFETERIA

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 2/3 Building age _____

Is the building insulated? Y / N UNKNOWN How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

INSIDE CLOSED ROOM. NO AIRFLOW BETWEEN FLOORS

Airflow near source

No duct work in this room

Outdoor air infiltration

Sealed off from any outside air

Infiltration into air ducts

No ductwork.

042-B-08

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint inside	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 8 (feet)

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

LARGE RECOVERY WELL AS POSS. VAPOR ENTRY POINT

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)

Hot air circulation ?	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

042-B-08

Are there air distribution ducts present? Y / N

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.

NO DUCTWORK - ALL RADIANT HEAT

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	MOSTLY OFFICE SPACE
1st Floor	CAFETERIA
2nd Floor	OFF CAFETERIA CONF. RMS.
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? UNKNOWN

i. Have cosmetic products been used recently? Y / N When & Type? UNKNOWN

j. Has painting/staining been done in the last 6 months? Y / N Where & When? UNKNOWN

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown ?
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

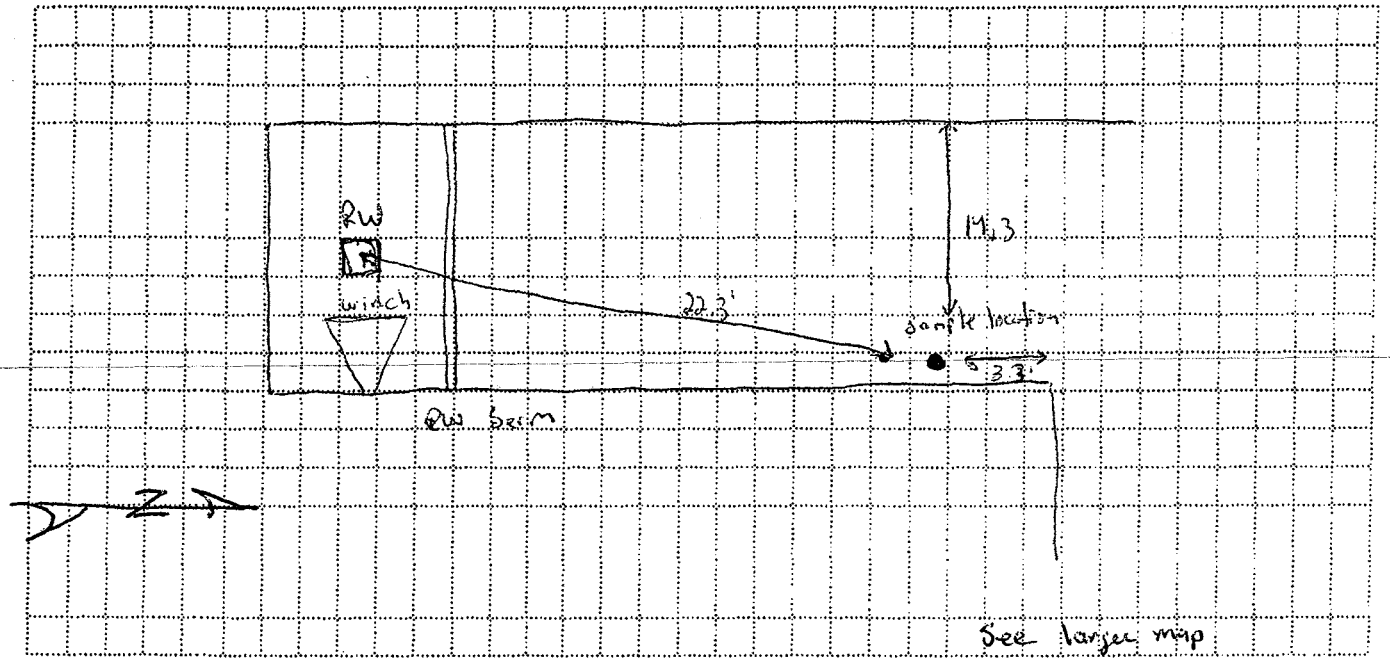
d. Relocation package provided and explained to residents? Y / N

042-B-08

11. 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.

Basement:



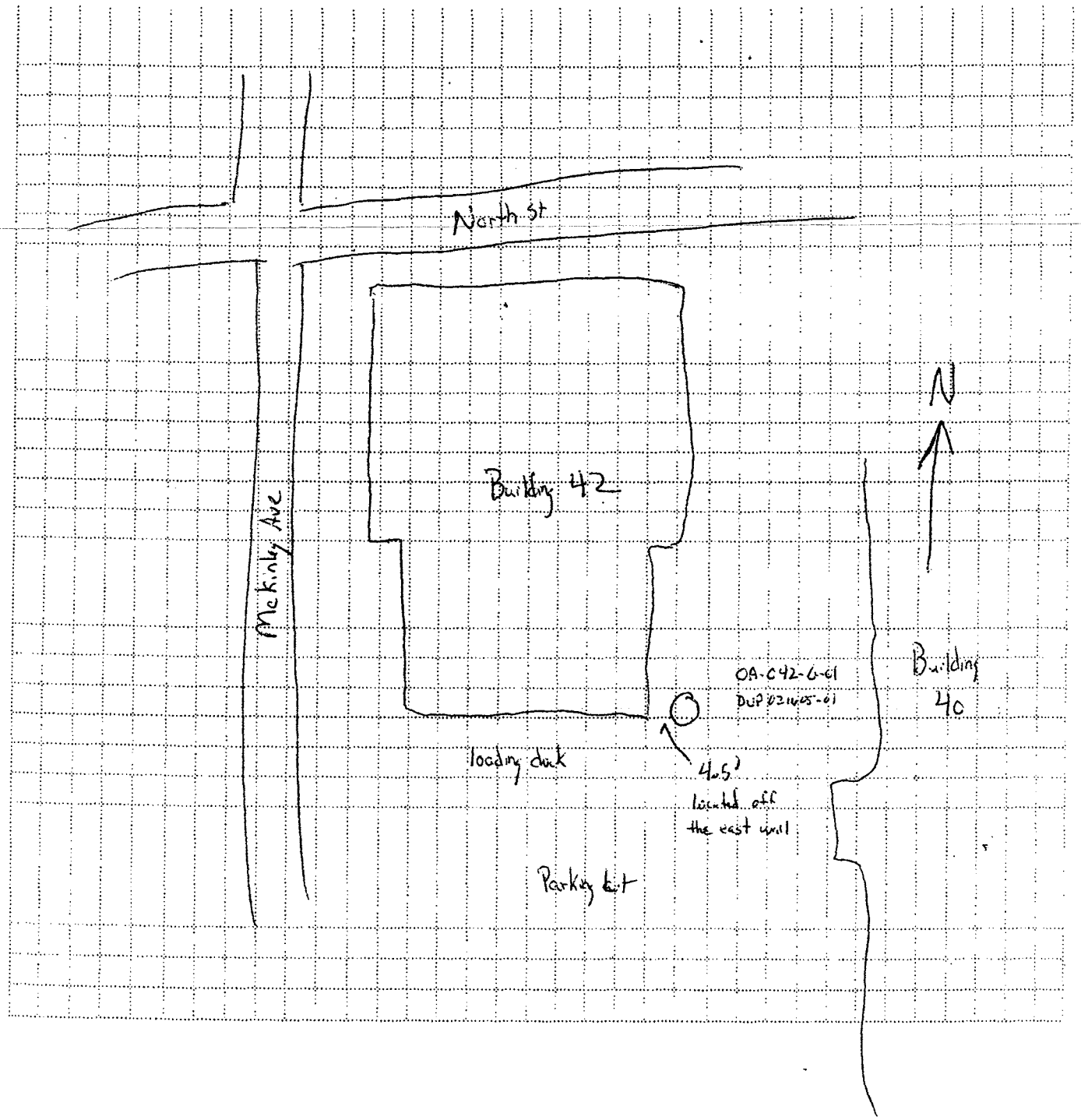
First Floor:

OA-042-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



042-B-08

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Thermo 580 B - 33689-245

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
N/A	None			NA		
	Sample Location in recovery well pumping room					

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

CREDIT UNION

SS-042-B-03

IA-042-B-03

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Credit Union	Collector(s):	TM
Address:	Huron Campus, Endicott NY		KM
PID Meter Used: (Model, Serial #)	Thermo 580B - 33689 - 245	Building No:	42

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34419	Canister Serial No.:	1600	Canister Serial No.:	NA
Flow Controller Id No:	54-06	Flow Controller Id No:	5550	Flow Controller Id No:	
Start Date/Time:	2/16/2005 1405	Start Date/Time:	2/16/2005 1405	Start Date/Time:	
Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	02/17/05 / 1402	Stop Date/Time:	02/17/05 / 1402	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3.5	Stop Pressure: (inches Hg)	-7	Stop Pressure: (inches Hg)	
Sample ID: IA-042-B-03		**Sample ID:** SS-042-B-03		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	Basement	Basement or Crawl Space?	basement	Direction from Building	
Room	credit union	Floor Slab Thickness (inches) *[if present]*	7.0"	Distance from Building	
Indoor Air Temp (°F)	72.3	Potential Vapor Entry Points Observed?	HVAC Door	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	no	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	Kom ~~48"~~ 9.0"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.1	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.77	Noticeable Odor?	no	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

HVAC in ceiling blowing into room. 6 vents in ceiling
02-17-05 09:37 Checked vaccum pressure on canisters
IA-042-B-03 -8 In Hg
SS-042-B-03 -12 In Hg

Signature: Dave Van Camp

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/22/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT: This area is occupied often. Credit Union office

Interviewed: Y / N

Last Name: Cerasaro First Name: Paul

Address: Huron Management

County: Broome

Home Phone: N/A Office Phone: 607-755-3673

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: (Y) / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT, ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential	School	Commercial/Multi-Use
(Industrial)	Church	Other: _____

042-B-03

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

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

If multiple units, how many? —

If the property is commercial, type?

Business Type(s) OFFICE SPACE, CAFETERIA

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? N/A

Other characteristics:

Number of floors 2/3 Building age 43

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's direct air to each floor separately

Airflow near source

Air supply & returns in various locations (drop ceiling) in proximity of samples (overhead return) see diagram

Outdoor air infiltration

Interior office space. Pathways for outdoor air not observed.

Infiltration into air ducts

NONE OBSERVED

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpet	
e. Concrete floor:	unsealed	sealed	sealed with some glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 8 (feet)

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

No cracks or other vapor (soil) points of entry

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? (Y) / N

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.

AIR SUPPLY & RETURNS IN VARIOUS LOCATIONS (DROP CEILING) & IN PROXIMITY OF SAMPLES (OVER HEAD RETURN) SEE DIAGRAM

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	OFFICE SPACE
1st Floor	CAFETERIA
2nd Floor	OFF CAFETERIA CONF. ROOMS
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify _____

d. Has the building ever had a fire? Y / (N) When? _____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where? _____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type? _____

g. Is there smoking in the building? Y / (N) How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

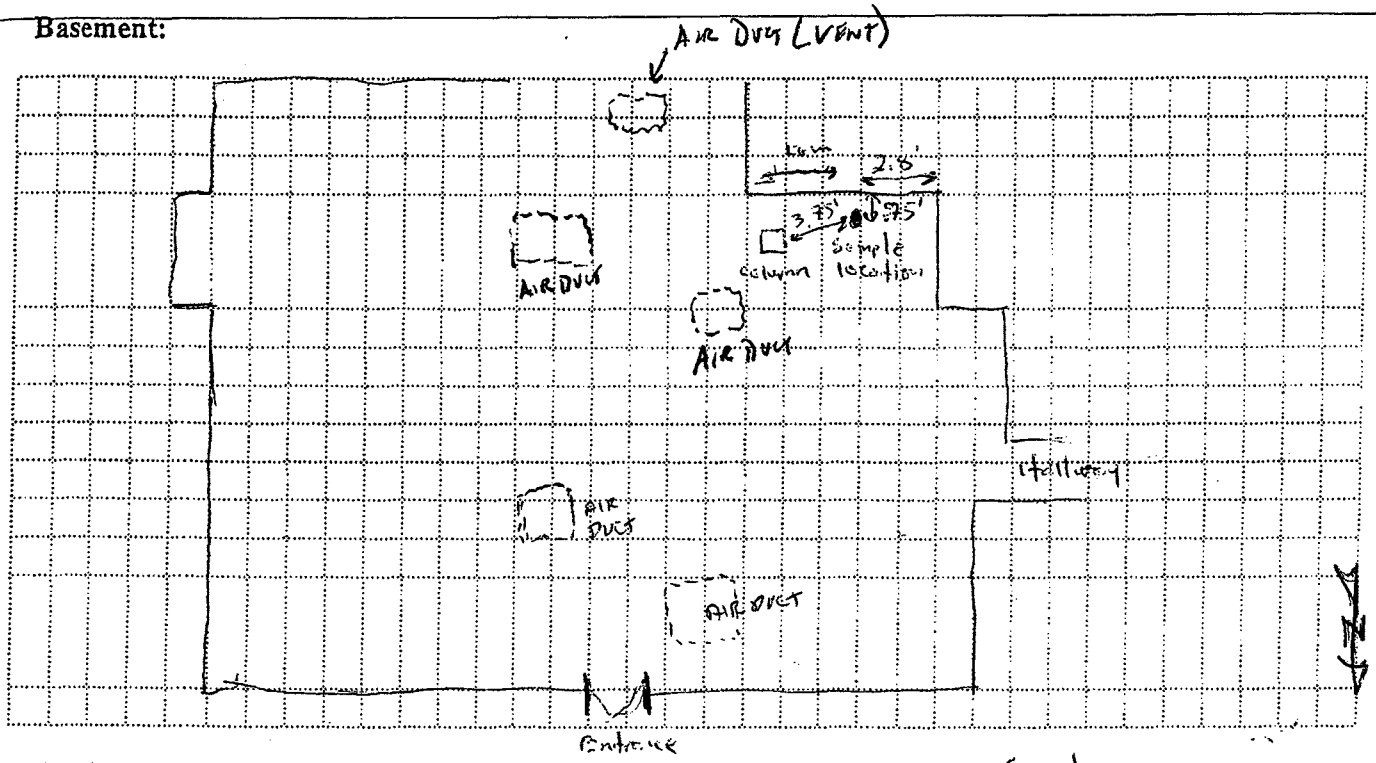
d. Relocation package provided and explained to residents? Y / N

042-B-03

11. FLOOR PLANS

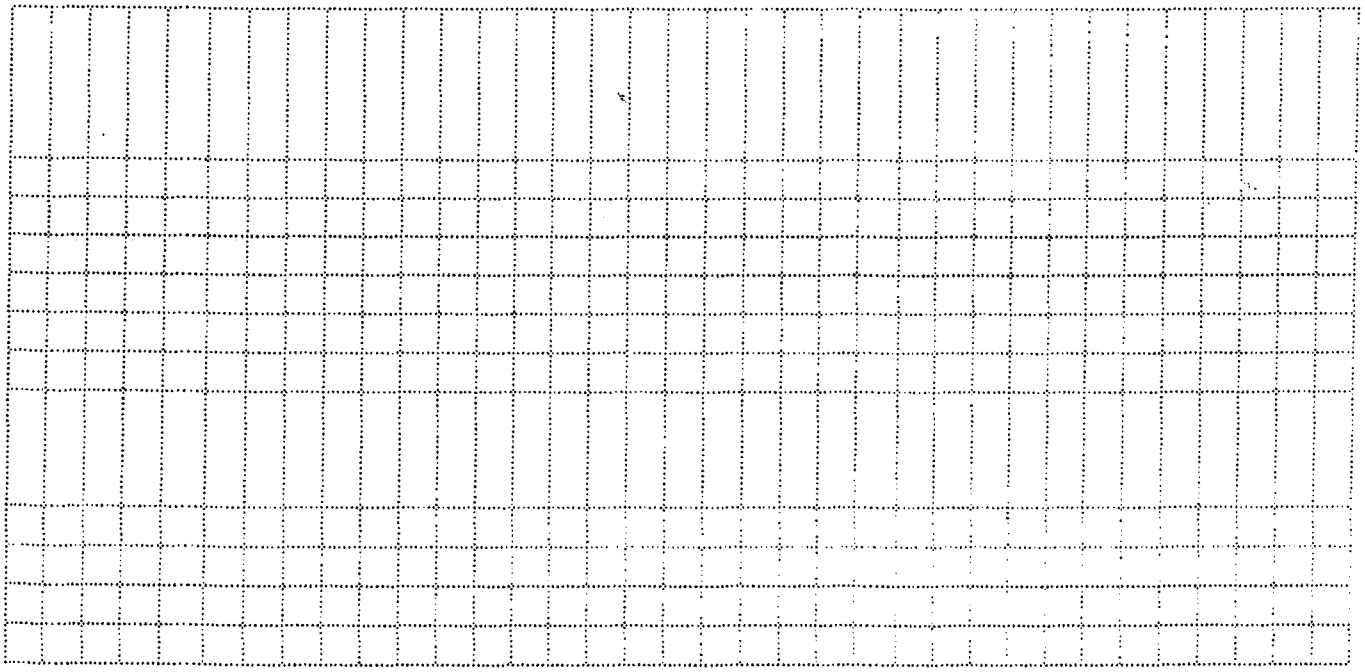
Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

Basement:



See larger map

First Floor:

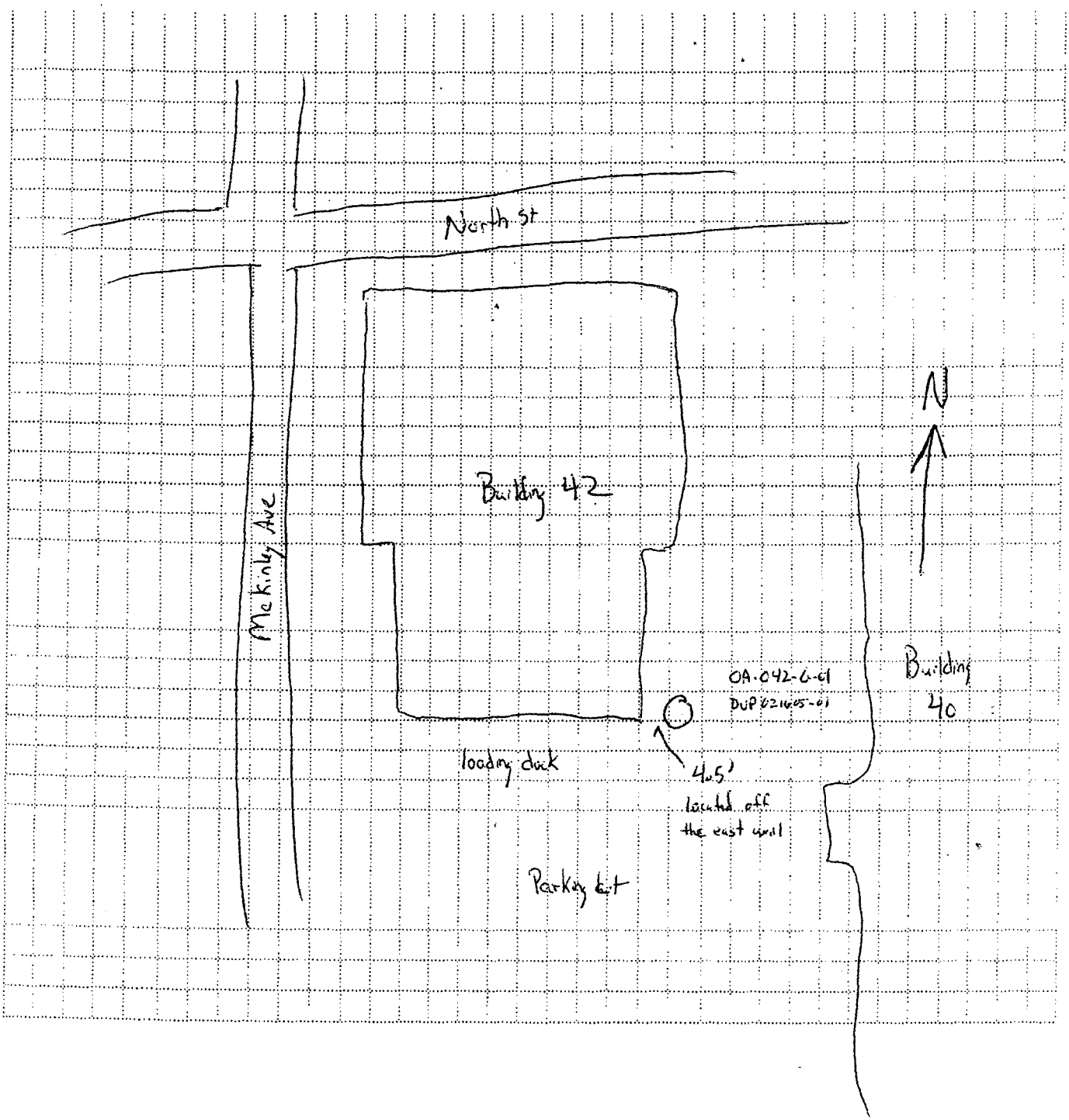


OA-042-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



042-B-03

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Thermo 580B - 33689-245

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
N/A	none observed			N/A	0.0	N
	sample in open office area					

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

OA-042-G-01

SOUTH SIDE OF BLDG

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	outside building 42 south side of Bldg	Collector(s):	Km
Address:	Huron Campus, Endicott NY		TM
PID Meter Used: (Model, Serial #)	Thermo 580B - 33689 - 245	Building No:	042

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	NA	Canister Serial No.:	NA	Canister Serial No.:	1560
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	9515
Start Date/Time:		Start Date/Time:		Start Date/Time:	2/16/2005 1434
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-28.5
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	02/17/05 | 1430
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	0
Sample ID:		**Sample ID:**		**Sample ID:**	OA-042-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	NA	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	Southwest
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	4.8'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	40"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	yes
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.) (Parking lot)	8.0'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0
Barometric Pressure ("Hg or mb)	29.75	Noticeable Odor?		Noticeable Odor?	yes
Duplicate Sample?	NA	Percent $O_2/CO_2/CH_4$		Duplicate Sample?	yes DUP 021605-01
		Duplicate Sample?			

Comments:

Fuel oil odor in vicinity
02-17-05 checked vacuum @ 0710 - gauge read -9 In Hg

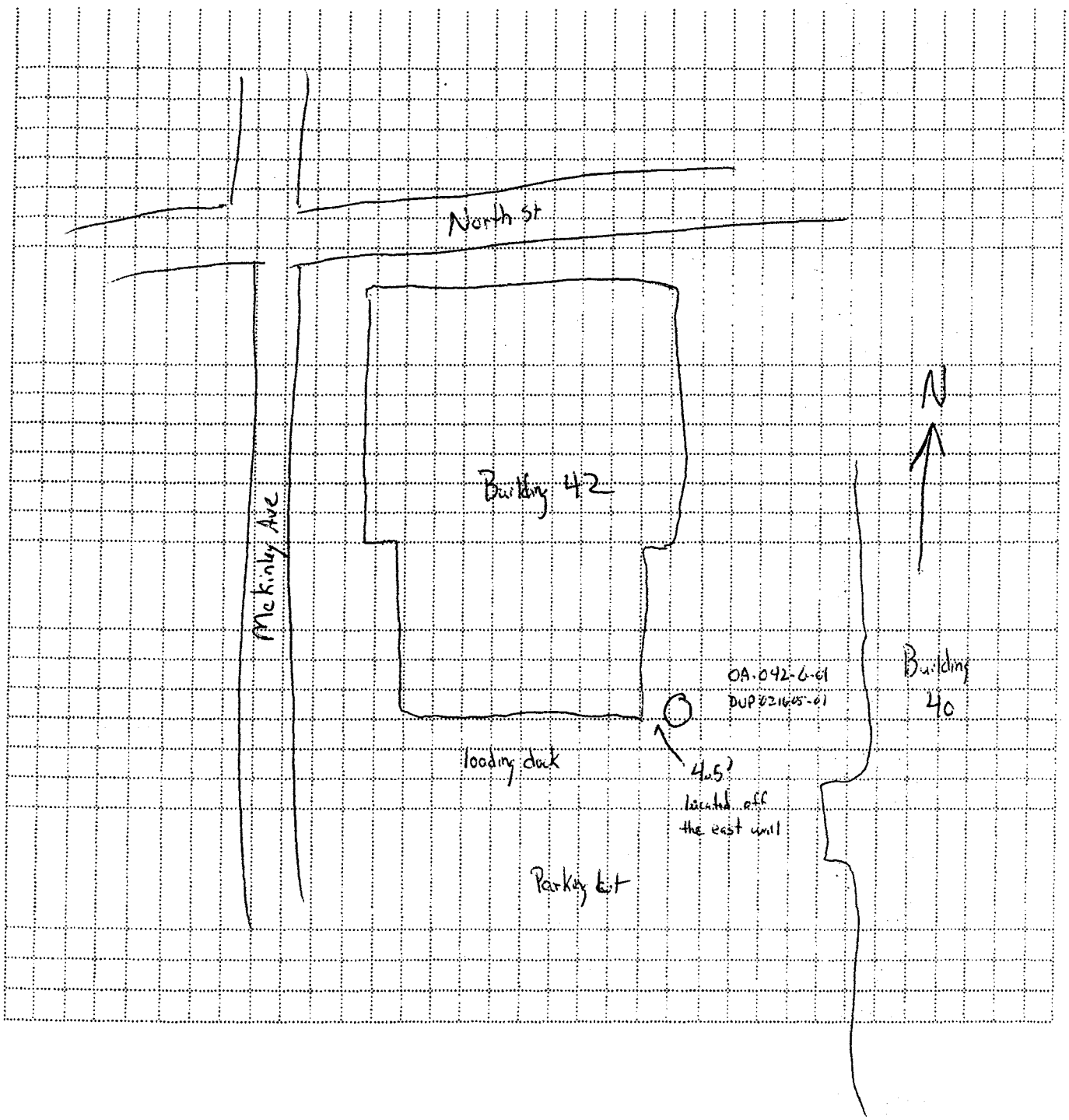
Signature: Todd L Marsh

OA-042-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



BUILDING 45

NEAR COLUMN 14

IA - 045 - B - 01

SS - 045 - B - 01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 45, Col 14	Collector(s):	TM DV SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 110-008820	Building No:	045

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	25251	Canister Serial No.:	33536	Canister Serial No.:	
Flow Controller Id No:	100-54	Flow Controller Id No:	04-06	Flow Controller Id No:	
Start Date/Time:	3/9/05 1500	Start Date/Time:	3/9/05 1500	Start Date/Time:	
Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	
Stop Date/Time:	3/10/05 1500	Stop Date/Time:	3/10/05 1500	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3.5	Stop Pressure: (inches Hg)	-28	Stop Pressure: (inches Hg)	
Sample ID: IA-045-B-01		**Sample ID:** SS-045-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	basement	Basement or Crawl Space?	~~No~~ basement	Direction from Building	
Room	loading dock	Floor Slab Thickness (inches) *[if present]*	8"	Distance from Building	
Indoor Air Temp (°F)	60.4°	Potential Vapor Entry Points Observed?	big cracks in floor	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	59"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	10"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.1	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.05	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
		Duplicate Sample?	No		

Comments: 1st attempt @ sample (VOID)

Wax in tube - no air was allowed in tank

Signature: _____

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 45, col. 14	Collector(s):	TM, DV, SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	mini Rae 110-008820	Building No:	045

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34385	Canister Serial No.:	35142	Canister Serial No.:	
Flow Controller Id No:	100-04	Flow Controller Id No:	103-40	Flow Controller Id No:	
Start Date/Time:	3/14/05 1003	Start Date/Time:	3/14/05 1003	Start Date/Time:	
Start Pressure: (inches Hg)	-27.5	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	3/15/05 1008	Stop Date/Time:	3/15/05 1008	Stop Date/Time:	
Stop Pressure: (inches Hg)	-6	Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	
Sample ID: IA-045-B-01		**Sample ID:** SS-045-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	basement	Basement or Crawl Space?	basement	Direction from Building	
Room	loading dock	Floor Slab Thickness (inches) *[if present]*	8"	Distance from Building	
Indoor Air Temp (°F)	70.4°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	49"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	10"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.05	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
—		Duplicate Sample?	No		
—				—	

Comments: 1st sample voided due to wax intake by tubing. This is the re-do.

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/9/05 1445

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Abbott First Name: Gregory

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-8766

Number of Occupants/persons at this location _____ Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) WAREHOUSE

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? NY

Other characteristics:

Number of floors 1 Building age 62 yrs

Is the building insulated? Y / N unknown How air tight? Tight / (Average) / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues

Airflow near source

There is a breeze near sample.
Overhead fan within ~20'.

Outdoor air infiltration

East of sample location are several overhead doors at loading docks

Infiltration into air ducts

Ducts appear to be in good condition

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with soy paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N	one is present however it is concrete lined and is not open to soil		
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

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

Several cracks in the vicinity of sample location
none appear to be vapor entry points.

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

Ducts (only one visible) in good condition

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Warehouse - dock area
1st Floor	—
2nd Floor	—
3rd Floor	—
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

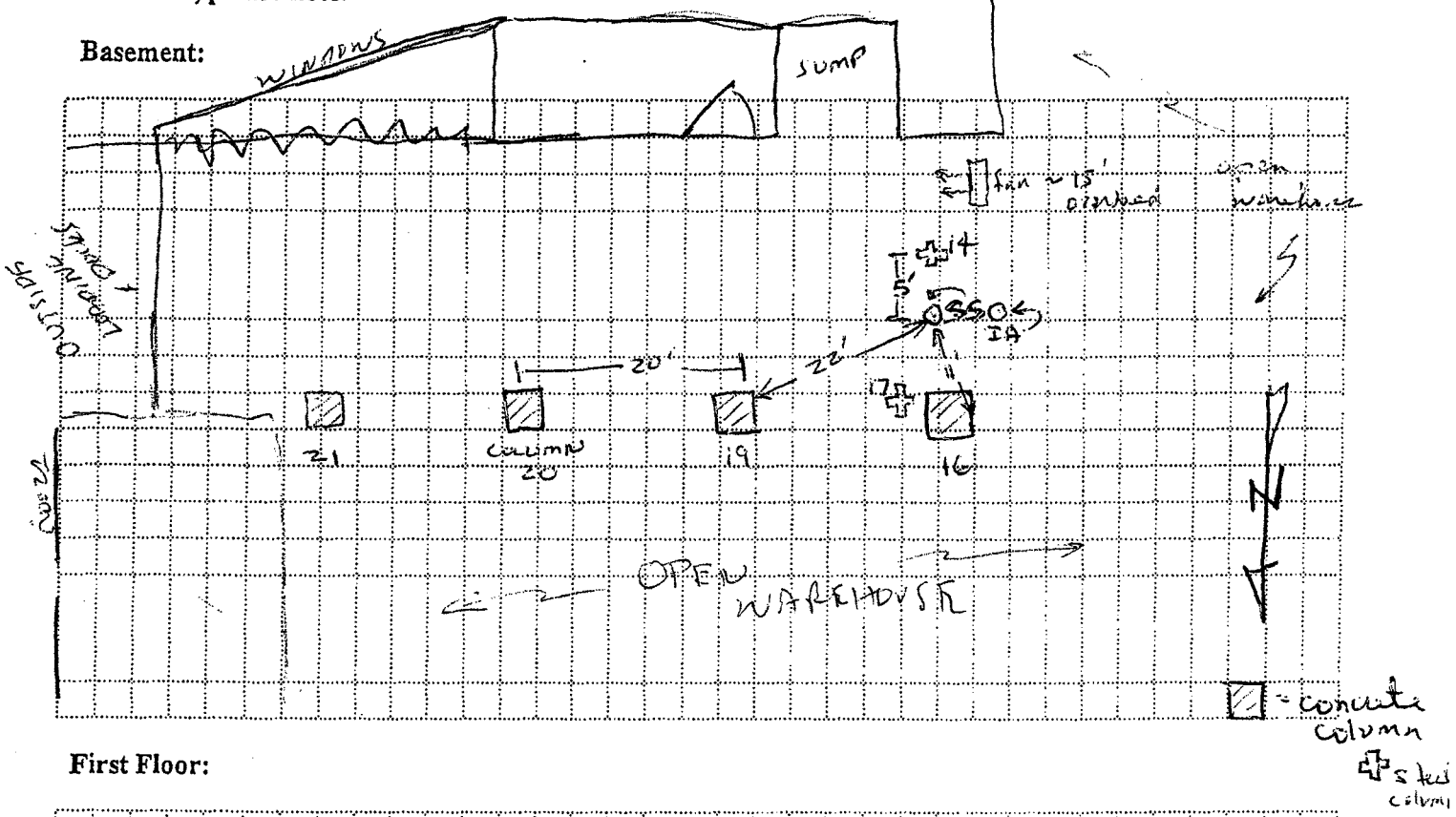
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:



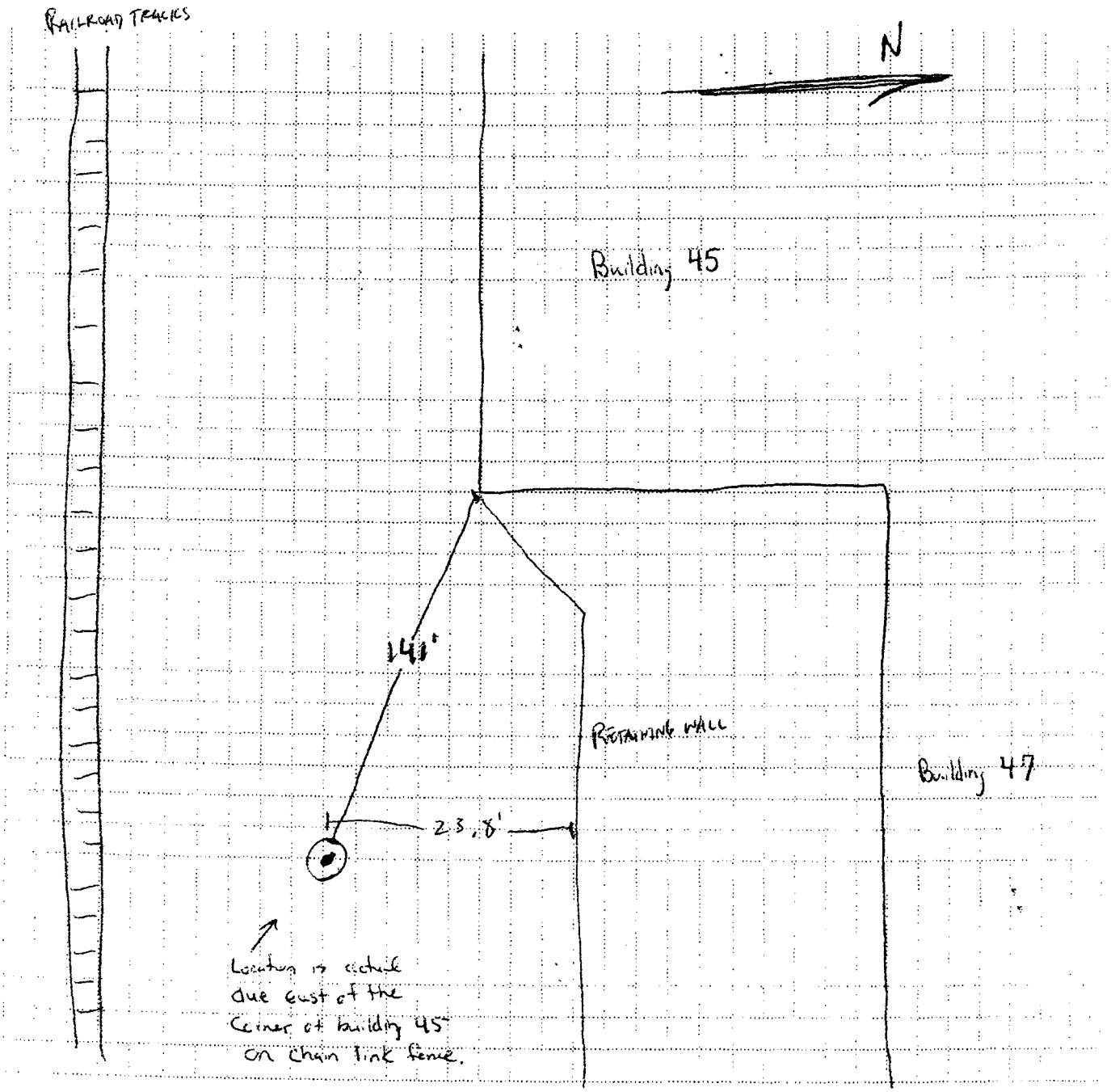
First Floor:

OA-045-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



 045-B-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MiniRae 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
Basement	None	NA	NA	NA	NA	NA
Warehouse						

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BUILDING 45

DA-045-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 45	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Mini Rae	**Building No:**	045

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	33325
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	100-82
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/9/05 1509
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-27
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/10/05 1509
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-0.5
Sample ID:		**Sample ID:**		**Sample ID:**	OA-045-B-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	~~SW~~ SE
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	141'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	47"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	23.8'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	No
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	No
—		Duplicate Sample?			
—		—		—	

Comments:

Signature: Todd R Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-29-05 1548

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air

1. OCCUPANT:

Interviewed: Y / N

Last Name: Abbott First Name: Gregory

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-8766

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) warehouse - dock area

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? N/A

Other characteristics:

Number of floors 1 Building age 62 yr

Is the building insulated? Y / N Unknown How air tight? Tight / (Average) / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

Outside Air sample

Outdoor air infiltration

Outside Air Sample

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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 paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

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

minor cracks

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in: Basement Outdoors Main Floor Other building

Air Conditioning: Central Air Window units Open Windows None

Are there air distribution ducts present? Y/N

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.

N/A

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Storage - warehouse - dock area
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify forklift

d. Has the building ever had a fire? Y / N When?

e. Is a kerosene or unvented gas space heater present? Y / N Where?

f. Is there a workshop or hobby/craft area? Y / N Where & Type?

g. Is there smoking in the building? Y / N How frequently?

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y (N) Where & When? _____

l. Have air fresheners been used recently? Y / (N) When & Type? _____

m. Is there a kitchen exhaust fan? Y / (N) If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / (N) If yes, where vented? _____

o. Is there a clothes dryer? Y / (N) If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / (N) When & Type? _____

Are there odors in the building? Y / (N)
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / (N)

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
(Unknown)

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

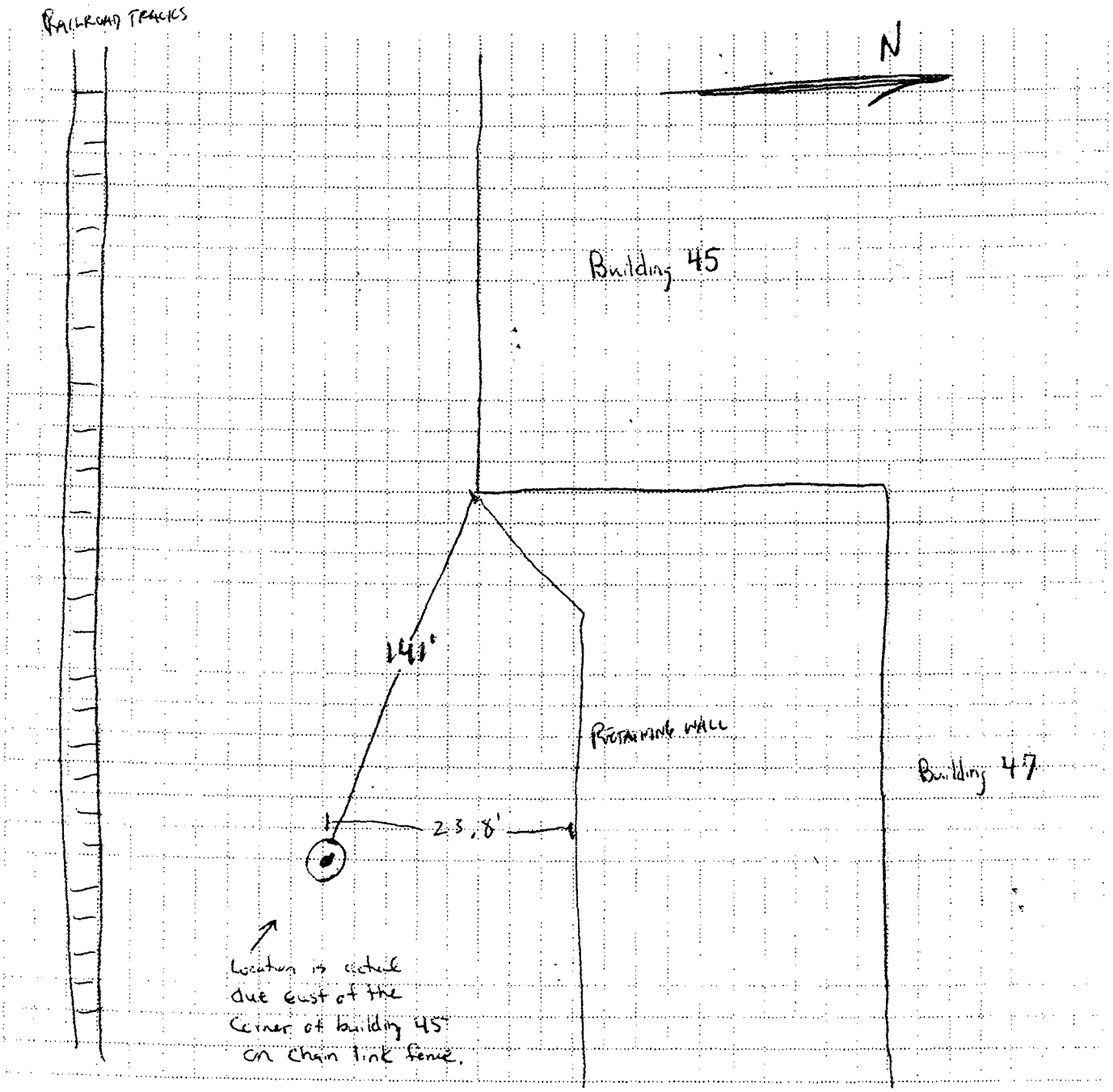
First Floor:

OA-045-0-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
near	sample	N/A	N/A	none	0.0	N

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 46

COL. C2

SS-046-B-10

IA-046-B-10

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	C1/46-1	Collector(s):	DV, TM
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MINI RAE 2000 - 110-005859	Building No:	46

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33821	Canister Serial No.:	4203	Canister Serial No.:	NA
Flow Controller Id No:	03-49	Flow Controller Id No:	53-44	Flow Controller Id No:	
Start Date/Time:	02/21/05 / 1335	Start Date/Time:	02/21/05 / 1335	Start Date/Time:	
Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	02/22/05 / 1335	Stop Date/Time:	02/22/05 / 1335	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4.5	Stop Pressure: (inches Hg)	-4.5	Stop Pressure: (inches Hg)	
Sample ID: IA-046-B-10		**Sample ID:** SS-046-B-10		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	STORAGE/SCRAP	Floor Slab Thickness (inches) *[if present]*	12"	Distance from Building	
Indoor Air Temp (°F)	72.3°F	Potential Vapor Entry Points Observed?	FLOOR IN GOOD COND NO POINTS OF ENTRY	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-13"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.1	PID Reading (ppm)	0.5	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.9	Noticeable Odor?	NONE	Noticeable Odor?	
Duplicate Sample?	YES	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	YES		

Comments:

02-22-05 0803 IA-046-B-10 -9.5 In Hg
SS-046-B-10 -10 In Hg

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/24/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Abbott First Name: Gregory

Address: Huron mngmnt.

County: Broome

Home Phone: - Office Phone: 607 755-8766

Number of Occupants/persons at this location 50± Age of Occupants >18

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

Interviewed: Y / N

Last Name: KEICHICK First Name: Jim

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) General Manufacturing / storage (scrap)

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 4 Building age 62 yrs.

Is the building insulated? Y / N unknown How air tight? Tight / (Average) / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's distribute air to each floor separately

Airflow near source

Supply air 10' from Street & 15' above floor

Outdoor air infiltration

Doors open to outside air occ. in dock area.

Infiltration into air ducts

None observed

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with Paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 4 (feet)

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

No obvious soil vapor entry points

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other Bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

FORCE AIR SUPPLY OVERHEAD @ 15' ABOVE & 10' AWAY FROM SAMPLING LOCATION

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manufacturing / recycling area
1st Floor	machining
2nd Floor	reutilizing equipment
3rd Floor	reutilizing computer boards, equip / other manufacturing
4th Floor	high speed sorting machine, production testing & building

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage?	Y / N	
b. Does the garage have a separate heating unit?	Y / N / NA	
c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)	Y / N / NA	Please specify
d. Has the building ever had a fire?	Y / N	When?
e. Is a kerosene or unvented gas space heater present?	Y / N	Where?
f. Is there a workshop or hobby/craft area?	Y / N	Where & Type?
g. Is there smoking in the building?	Y / N	How frequently?
h. Have cleaning products been used recently?	Y / N	When & Type? unknown
i. Have cosmetic products been used recently?	Y / N	When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? unknown in this area

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

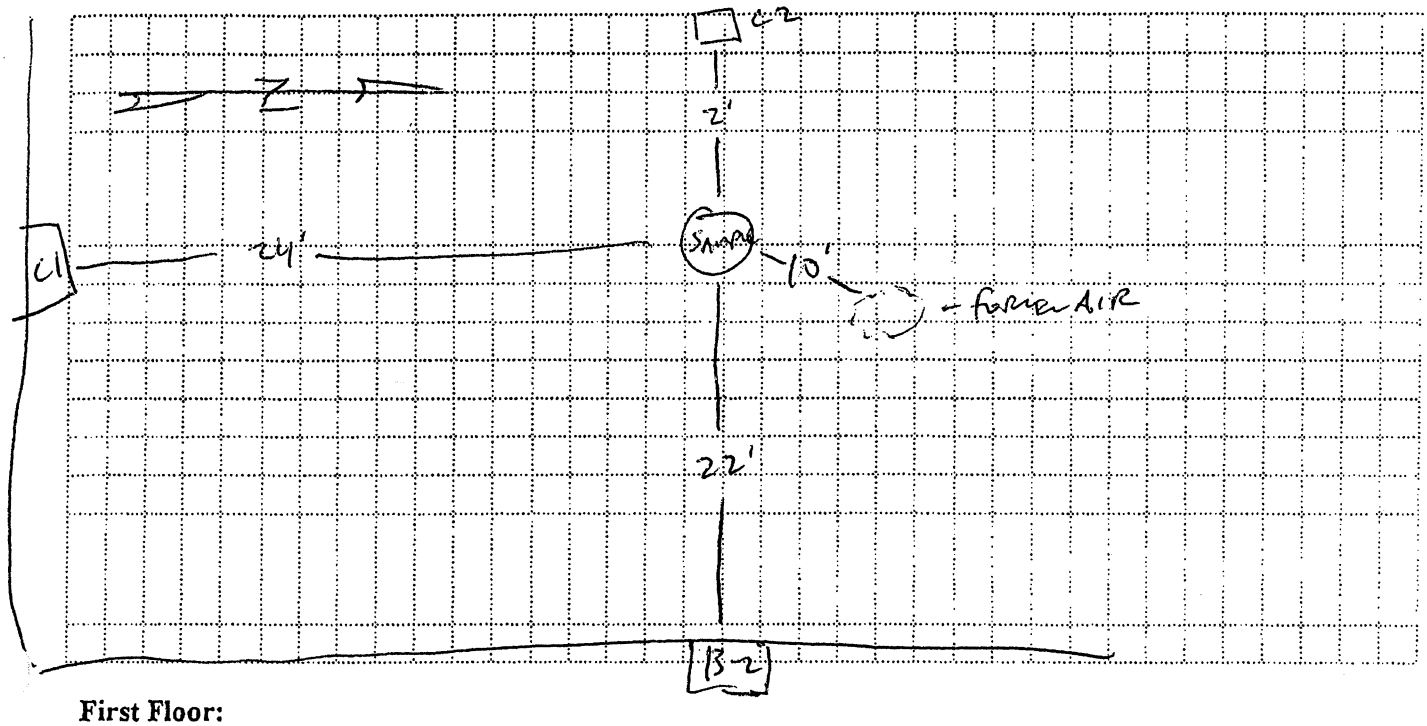
d. Relocation package provided and explained to residents? Y / N

6 Dye-B-10

11. 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.

Basement:



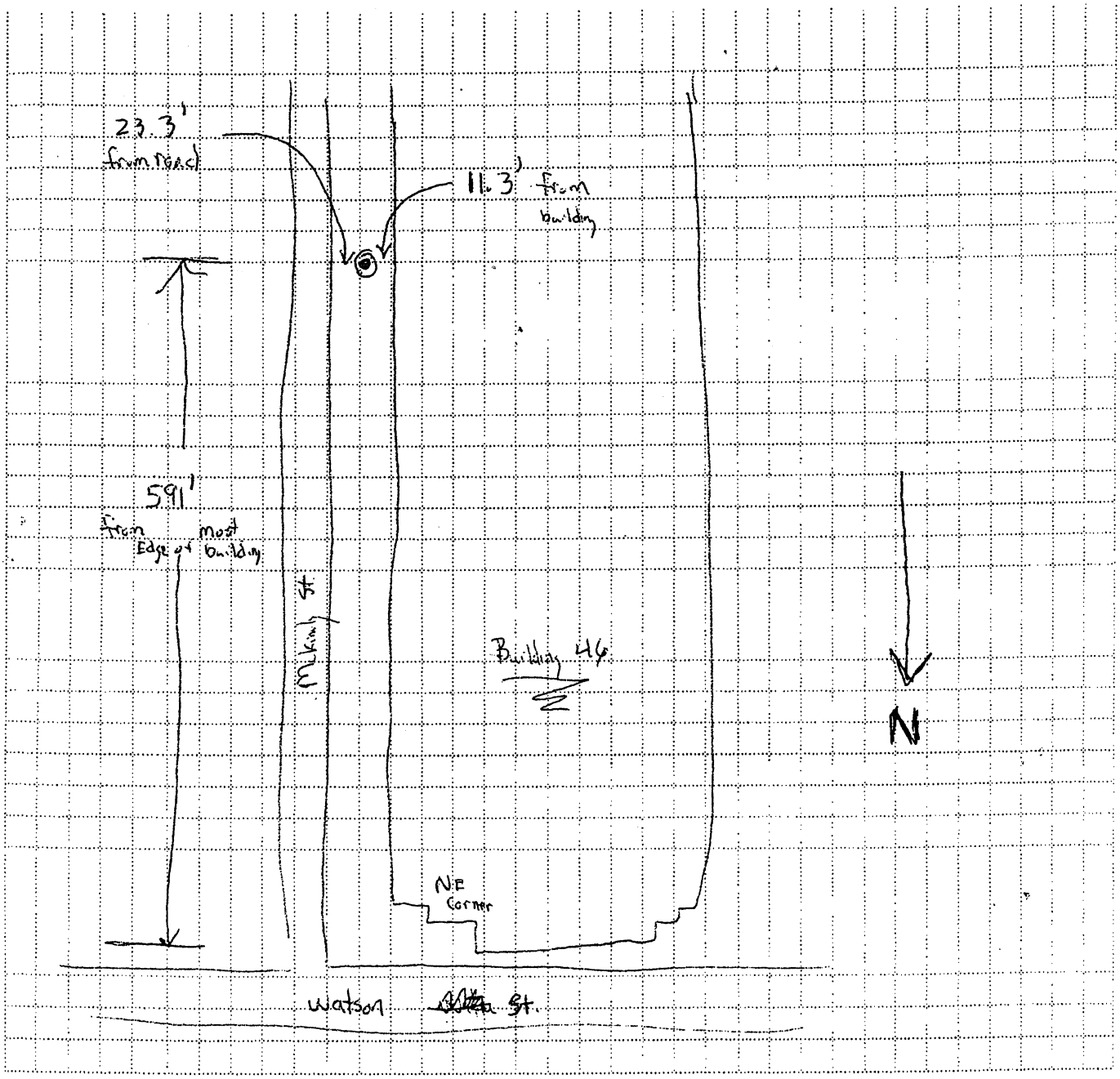
First Floor:

CA-046-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



 046-B-10

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINIRAE 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
NA	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 46

COL. G-2

SS-046-B-09

IA-046-B-09

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Receiving Rm Near 61/62	**Collector(s):**	DV, TM
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MiniRAE 2000 110-005859	**Building No:**	46

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	6	Canister Serial No.:	1993	Canister Serial No.:	NA
Flow Controller Id No:	5530	Flow Controller Id No:	101-18	Flow Controller Id No:	
Start Date/Time:	02/21/05 1122	Start Date/Time:	02/21/05 1122	Start Date/Time:	
Start Pressure: (inches Hg)	-28 in Hg	Start Pressure: (inches Hg)	-30 in Hg	Start Pressure: (inches Hg)	
Stop Date/Time:	02/22/05 1122	Stop Date/Time:	02/22/05 1122	Stop Date/Time:	
Stop Pressure: (inches Hg)	-1	Stop Pressure: (inches Hg)	-4.5	Stop Pressure: (inches Hg)	
Sample ID: IA-046-B-09		**Sample ID:** SS-046-B-09		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3…)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Receiving Rm 6-2/461	Floor Slab Thickness (inches) *[if present]*	12"	Distance from Building	
Indoor Air Temp (°F)	73.9°F	Potential Vapor Entry Points Observed?	0-2 ppm @ cracks in floor	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	floor has cracks	Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-13"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.2 ppm	PID Reading (ppm)	.4 ppm	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.95	Noticeable Odor?	None	Noticeable Odor?	
Duplicate Sample?	None	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	None		

Comments:

PID in room from 0-2 ppm w/ many cracks in floor

02-22-05 0801 IA-046-B-09 -5 In Hg
SS-046-B-09 -8 In Hg

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combs Date/Time Prepared 2/23/05 1102

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Abbott First Name: Gregory

Address: Huron Mngmnt.

County: Broome

Home Phone: — Office Phone: 607-755-8766

Number of Occupants/persons at this location 50± Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) GENERAL MANUFACTURING

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 4 Building age 62 yrs

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's distribute air to each floor separately.

Airflow near source

Ductwork overhead @ ~ 15' in Good Condition
Return air - 15' from sampler - No Air flow at Time of Sampling

Outdoor air infiltration

Wall of windows to the west ~ 22½' away
Fresh air supply duct work to the SW.
Occ. doors open to outside (dock area)

Infiltration into air ducts

Duct work appears to be in good condition

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with some paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 3 (feet)

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

No Soil Vapor Entry Points some cracks in area floor

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? (Y) / N

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.

Air Supply & Return Ducts overhead - No drop ceiling - @ 15' above floor Are in Good Condition

No Air flow

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manufacturing
1st Floor	machining
2nd Floor	reutilizing equipment
3rd Floor	reutilizing computer boards, equip / other manufacturing
4th Floor	high speed sorting machine, production testing & building

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify _____

d. Has the building ever had a fire? Y / (N) When? _____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where? _____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type? _____

g. Is there smoking in the building? Y / (N) How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / (N) Where & When? _____

l. Have air fresheners been used recently? Y / (N) When & Type? _____

m. Is there a kitchen exhaust fan? Y / (N) If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / (N) If yes, where vented? _____

o. Is there a clothes dryer? Y / (N) If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / (N) When & Type? _____

Are there odors in the building? (Y) / N
If yes, please describe: slight cutting oil odor

Do any of the building occupants use solvents at work? (Y) / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? ~~IPA~~ GOC, MEK, ACETONE, IPA

If yes, are their clothes washed at work? Y / (N)

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

Yes, use dry-cleaning regularly (weekly) — No
Yes, use dry-cleaning infrequently (monthly or less) — (Unknown)
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

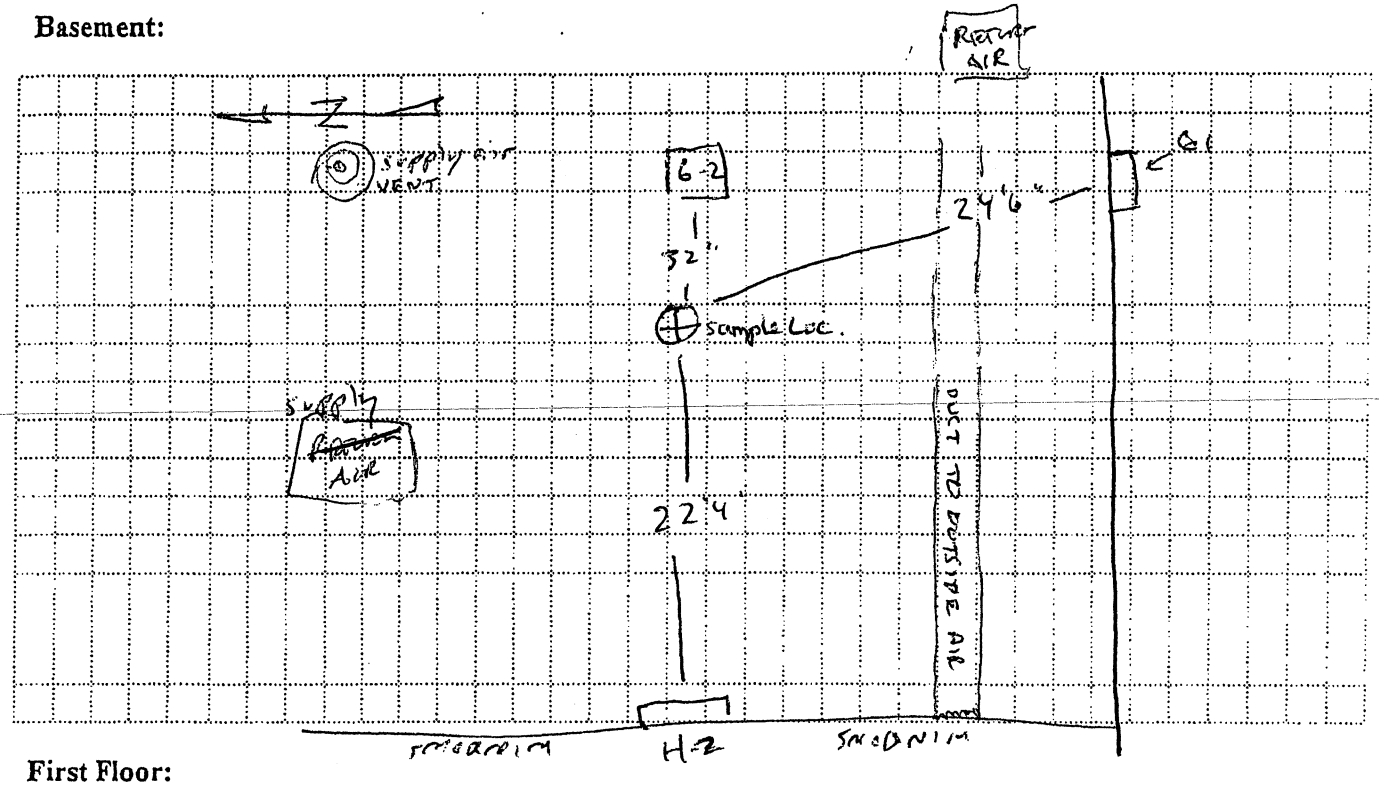
d. Relocation package provided and explained to residents? Y / N

6 SS-046-B-09

11. 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.

Basement:

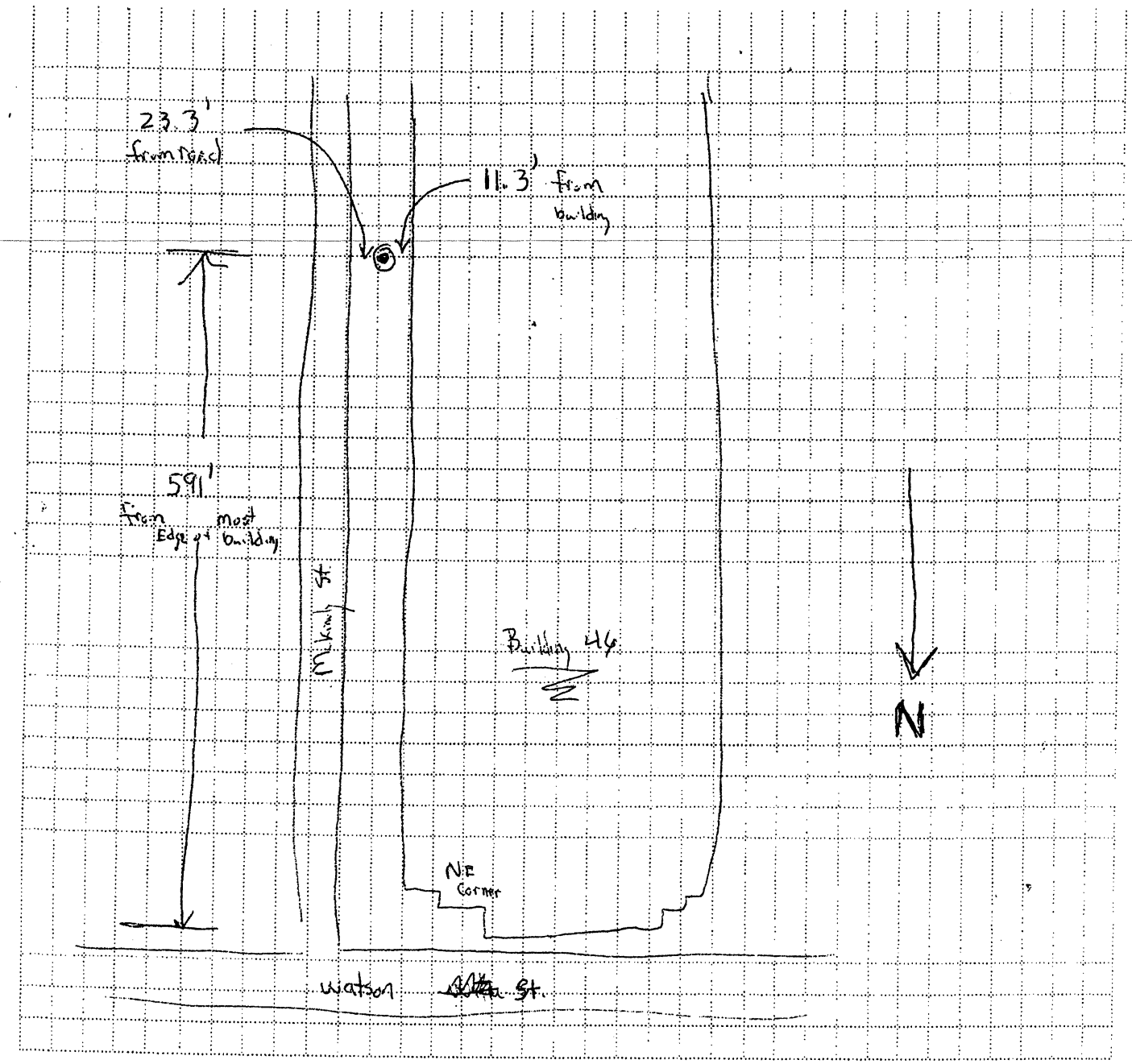


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINIRAE 2000

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

Location 046-B-09	Product Description None	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 46

Col. ~~D7~~ C-8

SS-046-B-08

IA-046-B-08

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Recycling Rm. C-8	Collector(s):	Dr. Tm
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MiniRae 2000 - 110 - 005859	Building No:	46

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	24484	Canister Serial No.:	33999	Canister Serial No.:	NA
Flow Controller Id No:	55-29	Flow Controller Id No:	5551	Flow Controller Id No:	
Start Date/Time:	02/21/05/1038	Start Date/Time:	02/21/05 /1038	Start Date/Time:	
Start Pressure: (inches Hg)	-30+ in Hg	Start Pressure: (inches Hg)	-30 in Hg	Start Pressure: (inches Hg)	
Stop Date/Time:	02/22/05 1038	Stop Date/Time:	02/22/05 1038	Stop Date/Time:	
Stop Pressure: (inches Hg)	-30+	Stop Pressure: (inches Hg)	-6 In Hg	Stop Pressure: (inches Hg)	
Sample ID: IA-046-B-08		**Sample ID:** SS-046-B-08		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Recycling Room D-2/46-1	Floor Slab Thickness (inches) *[if present]*	12"	Distance from Building	
Indoor Air Temp (°F)	71.8°F	Potential Vapor Entry Points Observed?	Floor in Good Cond.	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-13"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0 ppm	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.95	Noticeable Odor?	None	Noticeable Odor?	
Duplicate Sample?	None	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	None		

Comments: Samples Placed Near Laser Printer

02-22-05 IA-046-B-08 - Still at Max Vacuum
0817 SS-046-B-08 ~8 In Hg

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/23/05 1125

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Abbott First Name: Gregory

Address: Huron Mngmnt

County: Broome

Home Phone: — Office Phone: 607-755-8766

Number of Occupants/persons at this location 50± Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT, ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) GENERAL MANUFACTURING / Recycling

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 4 Building age 62 yrs.

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's distribute air to each floor separately

Airflow near source

RETURN AIR & FORCED AIR VENTS SURROUND SAMPLE - AIR FLOW IS NOT NOTICEABLE

Outdoor air infiltration

No points for outside air infiltration observed

Infiltration into air ducts

All ductwork behind drop ceiling, several return ducts

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with Tile	
e. Concrete floor:	unsealed	sealed	sealed with Tile/Glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: ~~3~~ 4 (feet)

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

None observed

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other Bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

AIR SUPPLY LOCATIONS 5', 10', 15' SURROUNDING SAMPLE

RETURN AIR LOCATIONS 5', 15' SURROUNDING SAMPLE

AIR FLOW AT TIME OF SAMPLE INSTALLATION NEGLIGABLE

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	GENERAL MANUFACTURING
1st Floor	machining
2nd Floor	reutilizing equipment
3rd Floor	reutilizing computer boards, equip./ other manufacturing
4th Floor	high speed sorting machine production testing ; build

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage?	Y / N	
b. Does the garage have a separate heating unit?	Y / N / NA	
c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)	Y / N / NA	Please specify_____
d. Has the building ever had a fire?	Y / N	When?_____
e. Is a kerosene or unvented gas space heater present?	Y / N	Where?_____
f. Is there a workshop or hobby/craft area?	Y / N	Where & Type?_____
g. Is there smoking in the building?	Y / N	How frequently?_____
h. Have cleaning products been used recently?	Y / N	When & Type? unknown
i. Have cosmetic products been used recently?	Y / N	When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? ~~Y~~ / N
If yes, please describe: ~~slight cutting oil odor~~ GCC

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? IPA, MEK, ACETONE (unknown if used in this area)

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

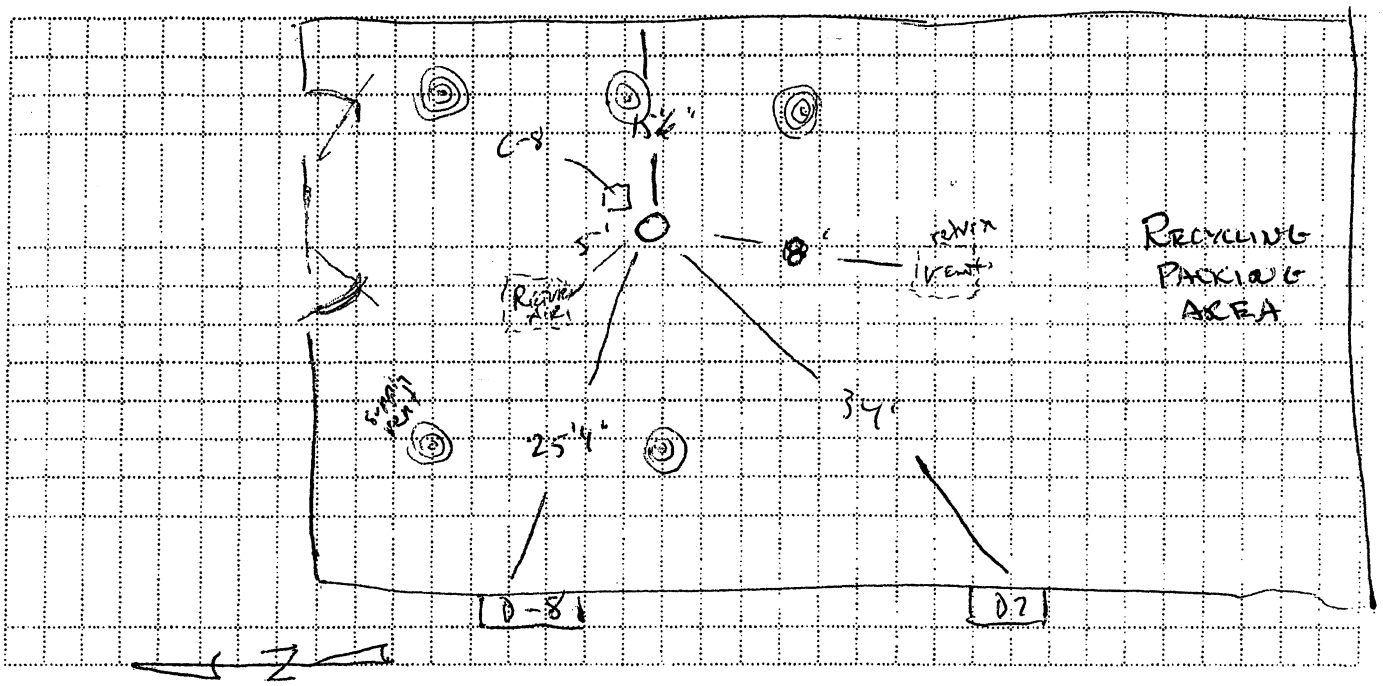
d. Relocation package provided and explained to residents? Y / N

046-B-08

11. 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.

Basement:

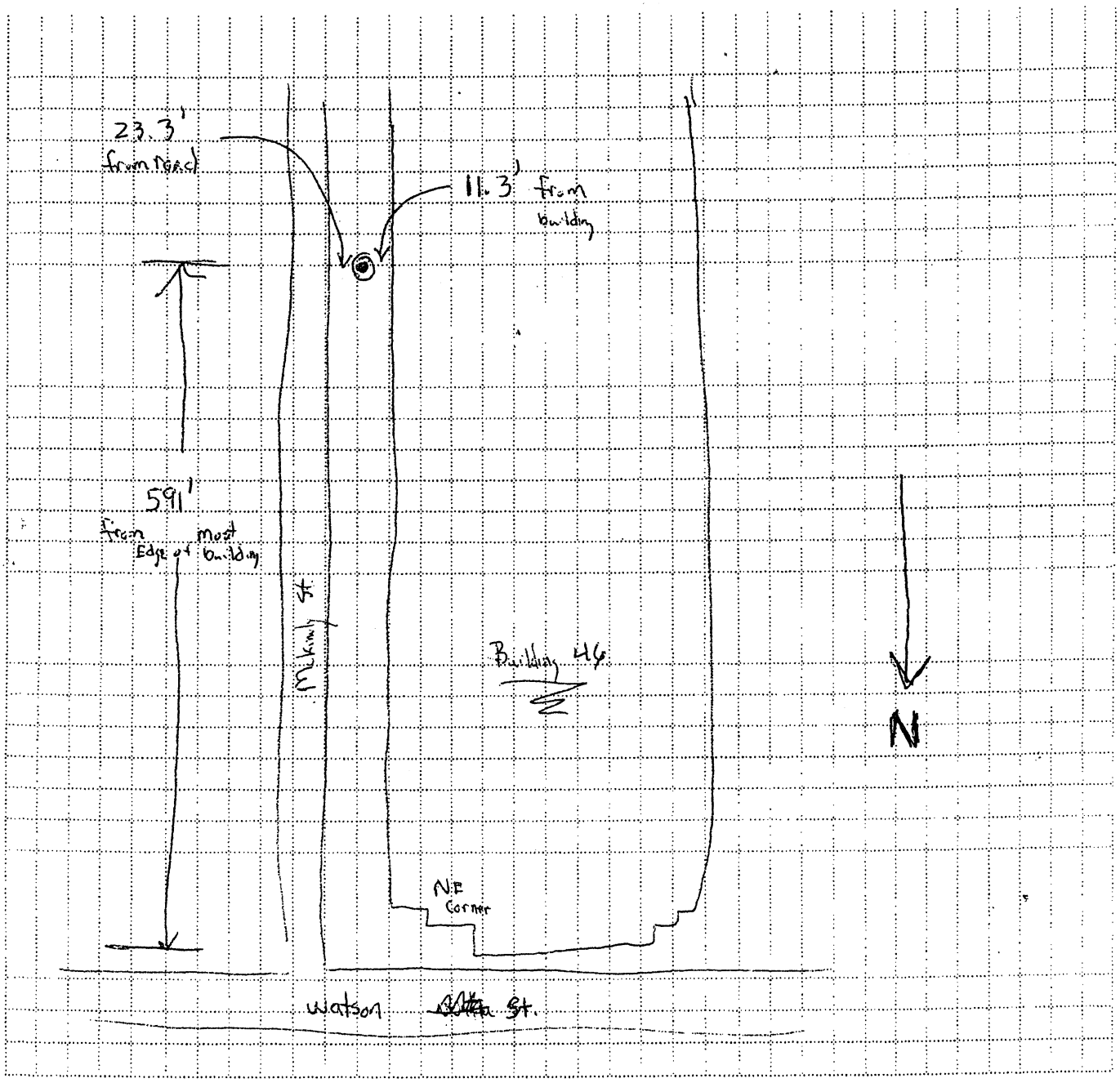


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



 046-B-08

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MiniRAE 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
046-B-08	WINDEX	32oz	USED	AMMONIA → STANDARD WINDEX	0.0	Y
046-B-08	GOO GONE	32oz	USED	NO LABEL	0.0	Y
NA	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 46

Col. ~~G6~~ Kvm F6

SS-046-B-07

IA-046-B-07

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Column F6	Collector(s):	KM
Address:	Huron Campus, Endicott NY		TM GC
PID Meter Used: (Model, Serial #)	mini RAE 103051	Building No:	046

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	3889	Canister Serial No.:	1620	Canister Serial No.:	NA
Flow Controller Id No:	03-01	Flow Controller Id No:	103-88	Flow Controller Id No:	
Start Date/Time:	2/17/05 1516	Start Date/Time:	2/17/05 1516	Start Date/Time:	
Start Pressure: (inches Hg)	-27.5	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	2/18/05 1516	Stop Date/Time:	2/18/05 1516	Stop Date/Time:	
Stop Pressure: (inches Hg)	-5	Stop Pressure: (inches Hg)	-5.25	Stop Pressure: (inches Hg)	
Sample ID: IA-046-B-07		**Sample ID:** SS-046-B-07		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Column F6	Floor Slab Thickness (inches) *[if present]*	11.5"	Distance from Building	
Indoor Air Temp (°F)	71.2	Potential Vapor Entry Points Observed?	HVAC machinery	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	slight - machine oil	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	13.5"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	13.8	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.77	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

milling machines being broken down for removal
hydraulic fluid
machine oil
coolant
Two failed boreholes patched with epoxy per Huron SOP
chemical storage cabinets 91' from sample
02-18-05 Checked vacuum pressures
0817 IA-046-B-07 -9.5 In Hg SS-046-B-07 -11 In Hg

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/23/05 1207

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Abbott First Name: Gregory

Address: Huron Mngmnt

County: Broome

Home Phone: — Office Phone: 607-755-8766

Number of Occupants/persons at this location 50± Age of Occupants >18

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

Interviewed: Y / N

Last Name: RETCHUCK First Name: JIM

Address: HURON MGMT, ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) GENERAL MANUFACTURING

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NA

Other characteristics:

Number of floors 4 Building age 62 yrs

Is the building insulated? Y / (N) How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's direct air to each floor separately

Airflow near source

Some personal and area fans used

Outdoor air infiltration

Windows along wall ~ 30' west of location.

Infiltration into air ducts

Ductwork in good condition

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 3 (feet)

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

None observed

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Stream radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____
	steam		

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? (Y) N

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.

Ductwork operating & in good condition

7. OCCUPANCY

Basement / Is lowest level occupied? (Full time) Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	GENERAL MANUFACTURING
1st Floor	machining
2nd Floor	reutilizing equipment
3rd Floor	reutilizing computer boards, equip/other manufacturing
4th Floor	high speed sorting machine production testing; build

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify_____

d. Has the building ever had a fire? Y (N) When?_____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where?_____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type?_____

g. Is there smoking in the building? Y / (N) How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: slight cutting oil odor

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? IPA, MEK, ACETONE

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: NA
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel NA

c. Responsibility for costs associated with reimbursement explained? Y / N NA

d. Relocation package provided and explained to residents? Y / N NA

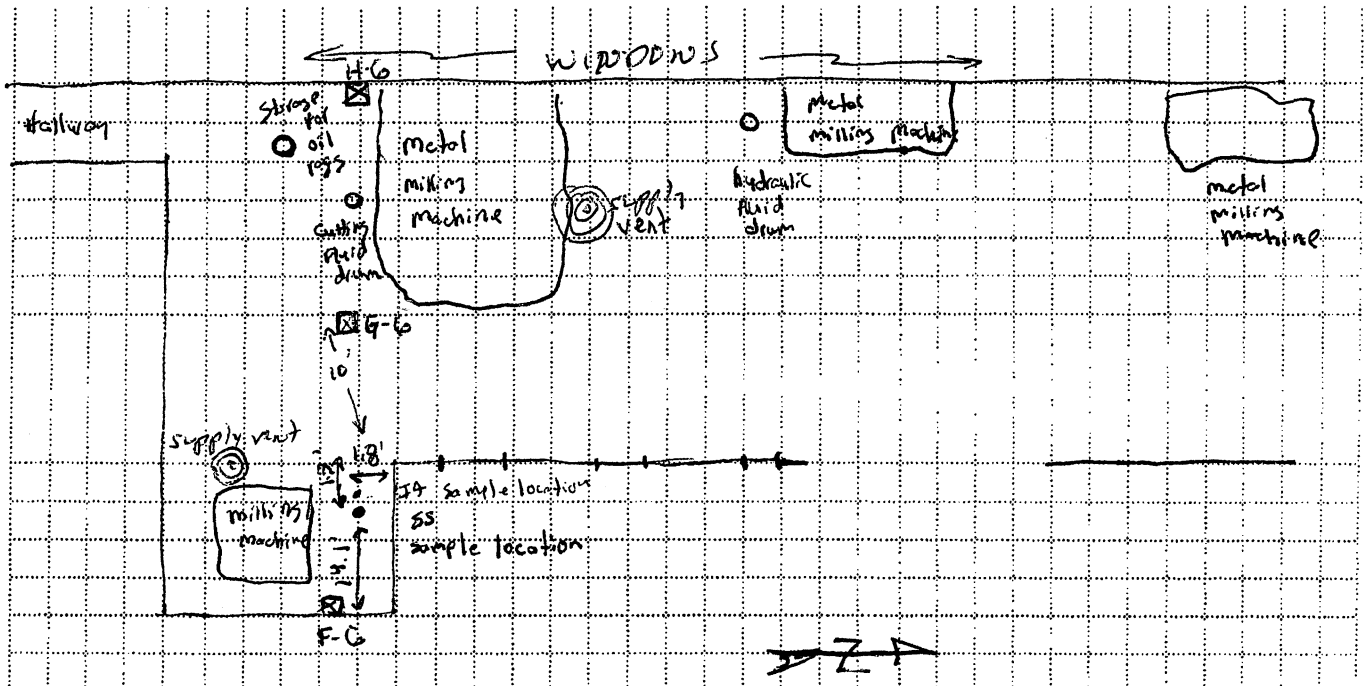
X6

046-B-07

12. ~~OUTDOOR PLOT~~ INDOOR

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



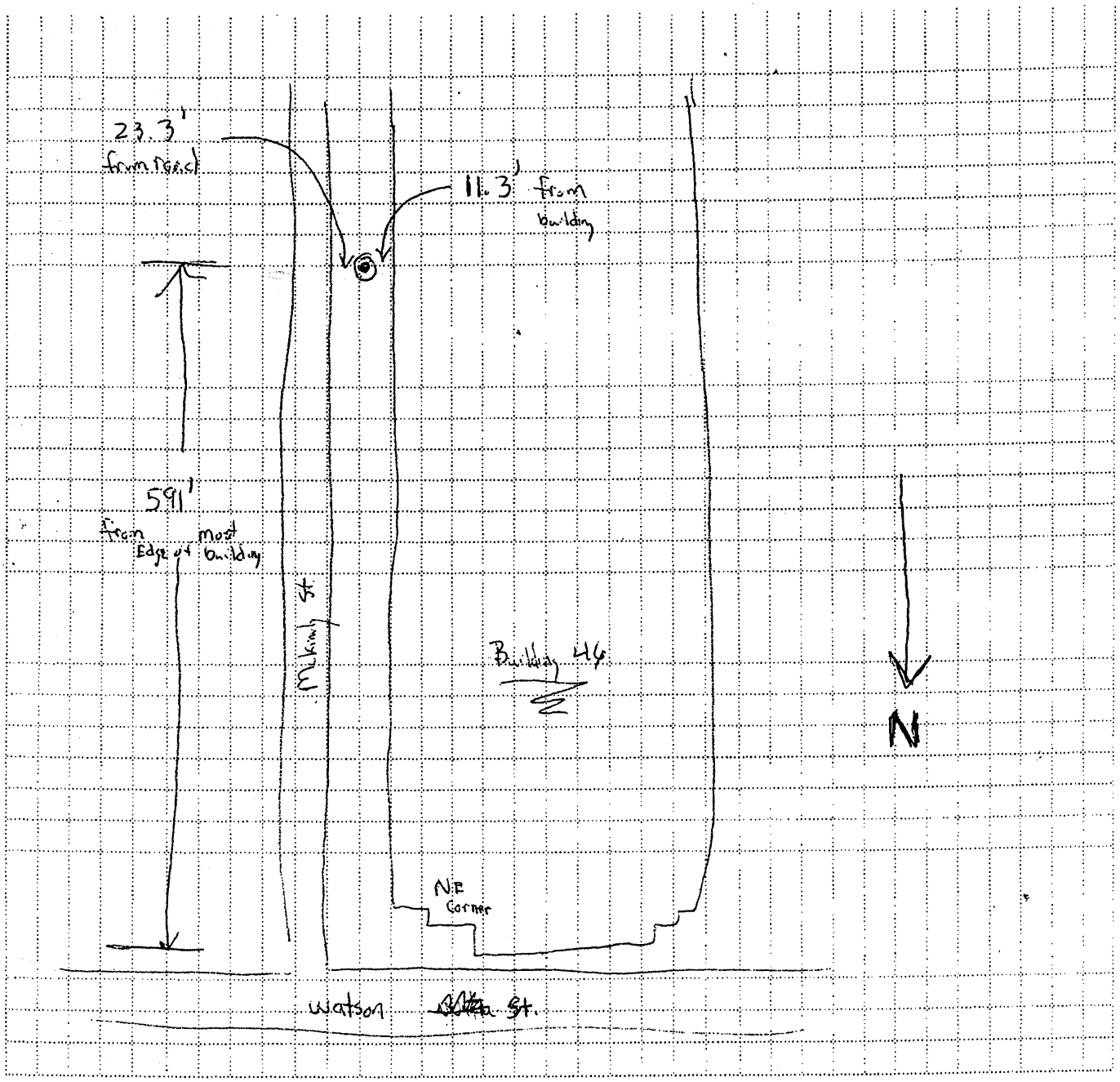
Spilled oil on machinery
Fan operating near milling machine adjacent to sample - oil visible on machine

CA-046-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini RAE

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
near column C6	cutting oil	55g drum	new		0.0	Y
desk	Windex	350z	good		0.0	Y
desk	ISA	20 oz	good		0.0	Y
near column H7	cutting oil	55g drum	new		0.0	Y
NA	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 46

COL ~~B14/B15~~ B15/C15

SS-046-B-~~06~~ 06 ✓

~~IA-046-B-06~~ 06 ✓

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	SECURE STORAGE B15 / C15	Collector(s):	DV
Address:	Huron Campus, Endicott NY		Tm
PID Meter Used: (Model, Serial #)	MINI RAE 2000 110 - 065859	Building No:	46

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	31440	Canister Serial No.:	13855	Canister Serial No.:	NA
Flow Controller Id No:	5885	Flow Controller Id No:	101-17	Flow Controller Id No:	
Start Date/Time:	02/22/05 / 1335	Start Date/Time:	02/22/05 / 1335	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	
Stop Date/Time:	02/23/05 / 1335	Stop Date/Time:	02/23/05 / 1335	Stop Date/Time:	
Stop Pressure: (inches Hg)	-6	Stop Pressure: (inches Hg)	-2	Stop Pressure: (inches Hg)	
Sample ID: IA-046-B-06		**Sample ID:** SS-046-B-06		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	STORAGE	Floor Slab Thickness (inches) *[if present]*	11"	Distance from Building	
Indoor Air Temp (°F)	71.6°F	Potential Vapor Entry Points Observed?	FLOOR IN GOOD COND.	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	49 in	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-12"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.6 ppm	PID Reading (ppm)	1.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.1	Noticeable Odor?	NONE	Noticeable Odor?	
Duplicate Sample?	NONE	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
—	—	Duplicate Sample?	NONE		
—	—				

Comments:

Signature: _____

TELEPHONE CONVERSATION LOG

ERM®

TO/FROM: KP / AUSHA SCOTT
COMPANY: ERM / AIRTOXICS
DATE: 2/24/05
TIME: 640pm
TELEPHONE NUMBER:
CLIENT/POJECT NUMBER: 0026649 - DEC - ENDICOTT, NY
RE: SAMPLE ID SS-041-B-06 ~~[illegible]~~

- SAMPLE CHECKED IN AT LAB WITH -27.5 in Hg.
KP TO CHECK NOTES.

Signed: _____ **Date:** _____

OSR-3

046-B-06
near col. D-15

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/24/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Abbott First Name: Gregory

Address: Huron Mngmnt

County: Broome

Home Phone: — Office Phone: 607-755-8766

Number of Occupants/persons at this location 50+ Age of Occupants >18

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

Interviewed: Y / N

Last Name: RETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) General Manufacturing

Does it include residences (i.e. multi-use)? Y / N (N circled) If yes, how many? 5

Other characteristics:

Number of floors 4 Building age 62 yrs.

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight (Tight circled)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's distribute air to each floor separately

Airflow near source

FAN BLOWING TOWARD SAMPLE LOCATION – SAMPLE CURRENTLY SHIELDED FROM AIR FLOW

Outdoor air infiltration

No areas where outside air can infiltrate were observed.

Infiltration into air ducts

Air duct work appears to be in good condition

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with Paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 4 (feet)

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

None - floor w bare Common

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

AIR DUCTS OVERHEAD @ ~15' ABOVE FLOOR IN GOOD CONDITION

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manufacturing
1st Floor	machining
2nd Floor	reutilizing equipment
3rd Floor	reutilizing computer boards, equip. / other manufacturing
4th Floor	high speed machine production testing; build.

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: slight odor of cutting oils

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? IPA, MEK, ACETONE

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service
No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

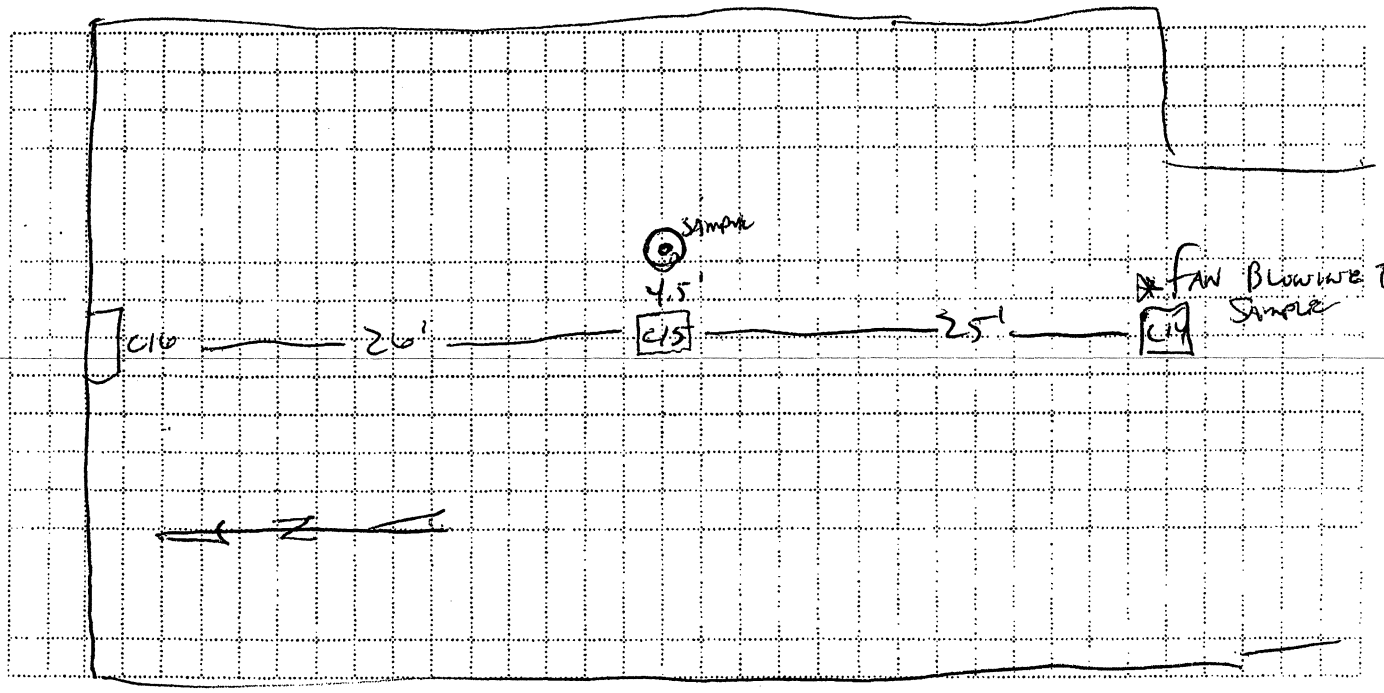
d. Relocation package provided and explained to residents? Y / N

 046-B-06

11. 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.

Basement:



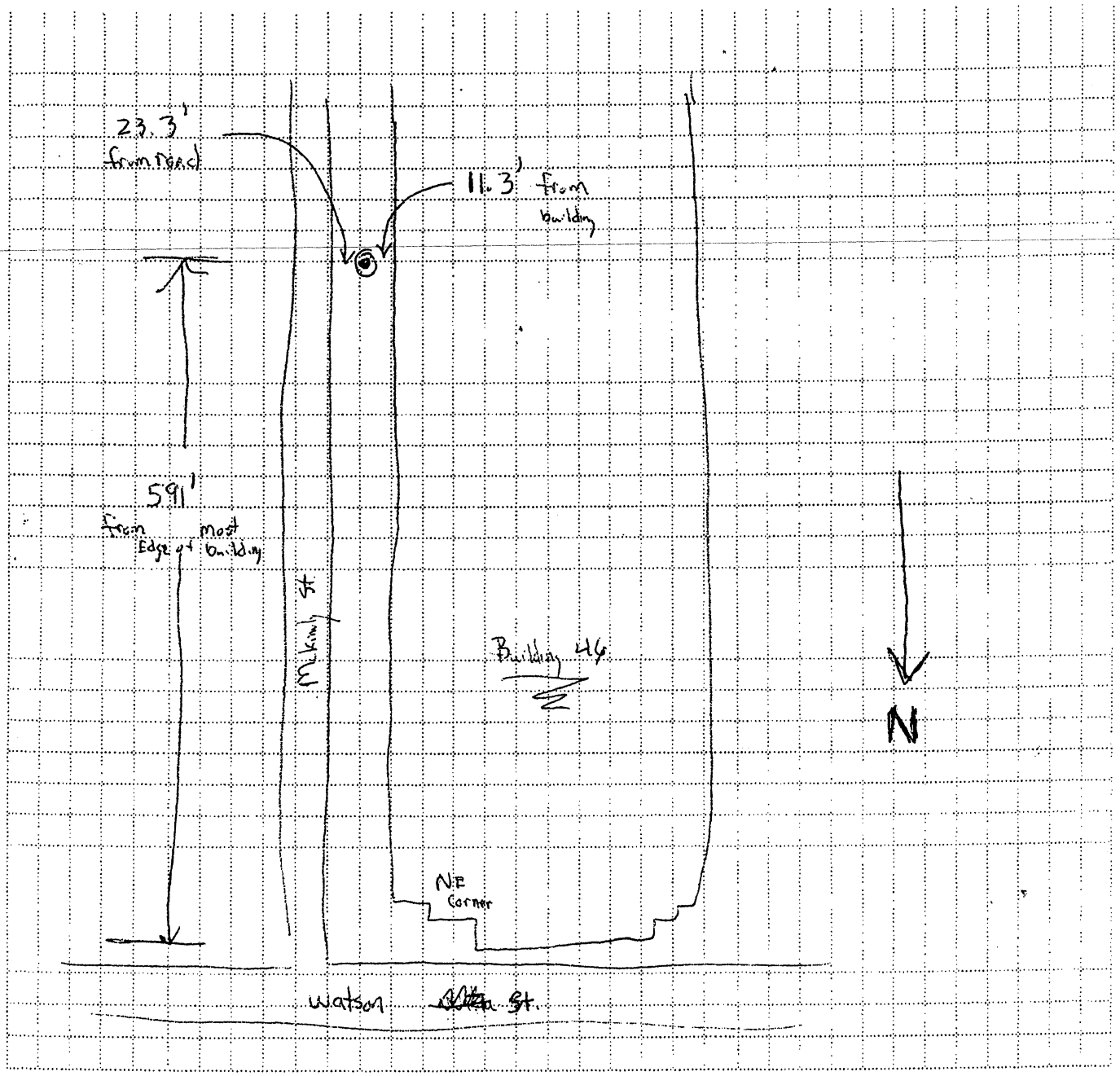
First Floor:

CA-046-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae PIO

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
None	None	NA	NA	None	NA	NA

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

Bldg 046

SS-046-1-7A
IA-046-1-7A

IA-DUP031505-01
SS-DUP031505-02

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 46, col F-6	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 110-008820	**Building No:**	046

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	12335	Canister Serial No.:	22496	Canister Serial No.:	
Flow Controller Id No:	103-83	Flow Controller Id No:	102-07	Flow Controller Id No:	
Start Date/Time:	3/15/05 1601	Start Date/Time:	3/15/05 1601	Start Date/Time:	
Start Pressure: (inches Hg)	-23	Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	
Stop Date/Time:	3/16/05 1607	Stop Date/Time:	3/16/05 1607	Stop Date/Time:	
Stop Pressure: (inches Hg)	-1.5	Stop Pressure: (inches Hg)	-28	Stop Pressure: (inches Hg)	
Sample ID: IA-046-1-7A		**Sample ID:** SS-046-1-7A		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st level	Basement or Crawl Space?	No	Direction from Building	
Room	col F-6	Floor Slab Thickness (inches) *[if present]*	11.5"	Distance from Building	
Indoor Air Temp (°F)	72.0°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	46"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	13.5"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	6.3	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.50	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	yes	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	yes		

Comments:

Signature: [illegible]

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 46 col F-6	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	mini Rae 110-0098220	**Building No:**	046

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34469	Canister Serial No.:	414	Canister Serial No.:	
Flow Controller Id No:	0377	Flow Controller Id No:	103-07	Flow Controller Id No:	
Start Date/Time:	3/15/05 1601	Start Date/Time:	3/15/05 1601	Start Date/Time:	
Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	3/16/05 1607	Stop Date/Time:	3/16/05 1607	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3.5	Stop Pressure: (inches Hg)	-3.0	Stop Pressure: (inches Hg)	
Sample ID: IA-Dup031505-01		**Sample ID:** SS-Dup031505-02		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st level	Basement or Crawl Space?	No	Direction from Building	
Room	col. F-6	Floor Slab Thickness (inches) *[if present]*	11.5"	Distance from Building	
Indoor Air Temp (°F)	72.0°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	46"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	13.5"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	6.3	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.50	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	yes	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	yes		

Comments:

Signature: S Schuchart

BLDG. 46

COL. G15/F15

SS-046-B-05

IA-046-B-05

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	between columns G15 - F15	Collector(s):	KM TM
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini-RAE	Building No:	046

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	96114	Canister Serial No.:	13851	Canister Serial No.:	NA
Flow Controller Id No:	103-51	Flow Controller Id No:	103-53	Flow Controller Id No:	
Start Date/Time:	2/17/05 1604	Start Date/Time:	2/17/05 1604	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	2/18/05 1604	Stop Date/Time:	2/18/05 1604	Stop Date/Time:	
Stop Pressure: (inches Hg)	-5	Stop Pressure: (inches Hg)	-2.5	Stop Pressure: (inches Hg)	
Sample ID: IA-046-B-05		**Sample ID:** ~~IA~~ SS-046-B-05		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Machine shop	Floor Slab Thickness (inches) *[if present]*	9"	Distance from Building	
Indoor Air Temp (°F)	75.2	Potential Vapor Entry Points Observed?	HVAC	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	yes- machine oil	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	11"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.3-0.6	PID Reading (ppm)	0.5	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.88	Noticeable Odor?	no	Noticeable Odor?	
Duplicate Sample?	no	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
—	—	Duplicate Sample?			
—	—		no	—	

Comments:

Drums of cutting oil near sample
Slight odor, bckgrd air is 0.3-0.6 on PID
Cabinets for chemical storage in building ~ 135' from sample 0.5 PID from 1 cabinet
89-100 PID from second cabinet when opened, did not inventory due to
distance from sample - took pictures
Fans operating in work space
MSDS for chemicals on floor will be available on Huron system in one
week - system is currently down

02-18-05 0820 ~~Checked vacuum press~~
IA-046-B-05 -12 In Hg
SS-046-B-05 -10 In Hg

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combee Date/Time Prepared 2/23/05 1145

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Abbott First Name: Gregory

Address: Huron Mngmnt

County: Broome

Home Phone: — Office Phone: 607-755-8766

Number of Occupants/persons at this location 50± Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: Jim

Address: HURON MGMT, ENDICOTT, NY

County: BROOME

Home Phone: NA Office Phone: 607 755-6073

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)

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) GENERAL MANUFACTURING

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 4 Building age 62 yrs.

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's direct air to each floor separately

Airflow near source

Overhead supply air ducts (see sketch)

Outdoor air infiltration

Wall of windows to the west ~ 30' away.

Infiltration into air ducts

Ducts in good condition.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with partially with tile	
e. Concrete floor:	unsealed	sealed	sealed with tile / paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	GPC ~~Y~~ / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 4 (feet)

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

Floor drain ~ 4' south of location

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? (Y) / N

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.

ductwork is operating & in good condition

7. OCCUPANCY

Basement / Is lowest level occupied? (Full time) Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	GENERAL MANUFACTURING Co
1st Floor	machining
2nd Floor	reutilizing equipment
3rd Floor	reutilizing computer boards, equip / other manufacturing
4th Floor	high speed sorting machine production testing ; build.

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / (N / NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify _____

d. Has the building ever had a fire? Y / (N) When? _____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where? _____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type? _____

g. Is there smoking in the building? Y / (N) How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: slight cutting oil odor

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? IPA, MEK, ACETONE

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

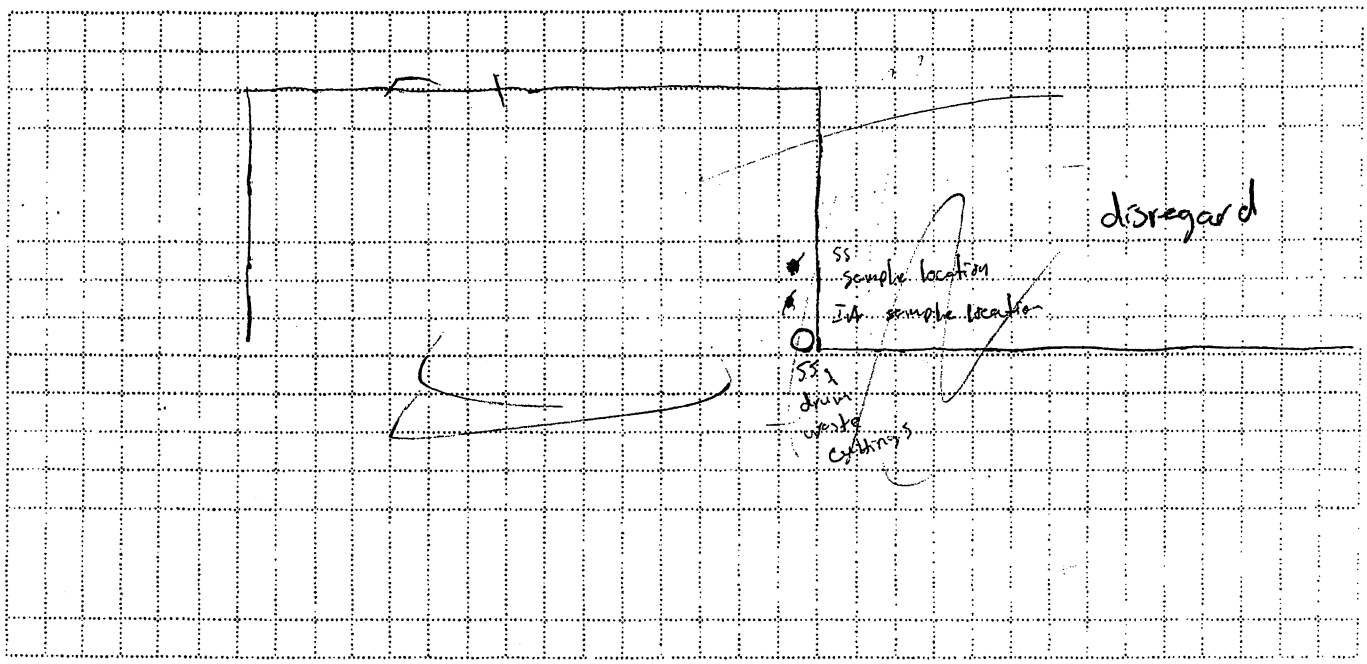
d. Relocation package provided and explained to residents? Y / N

046-B-05

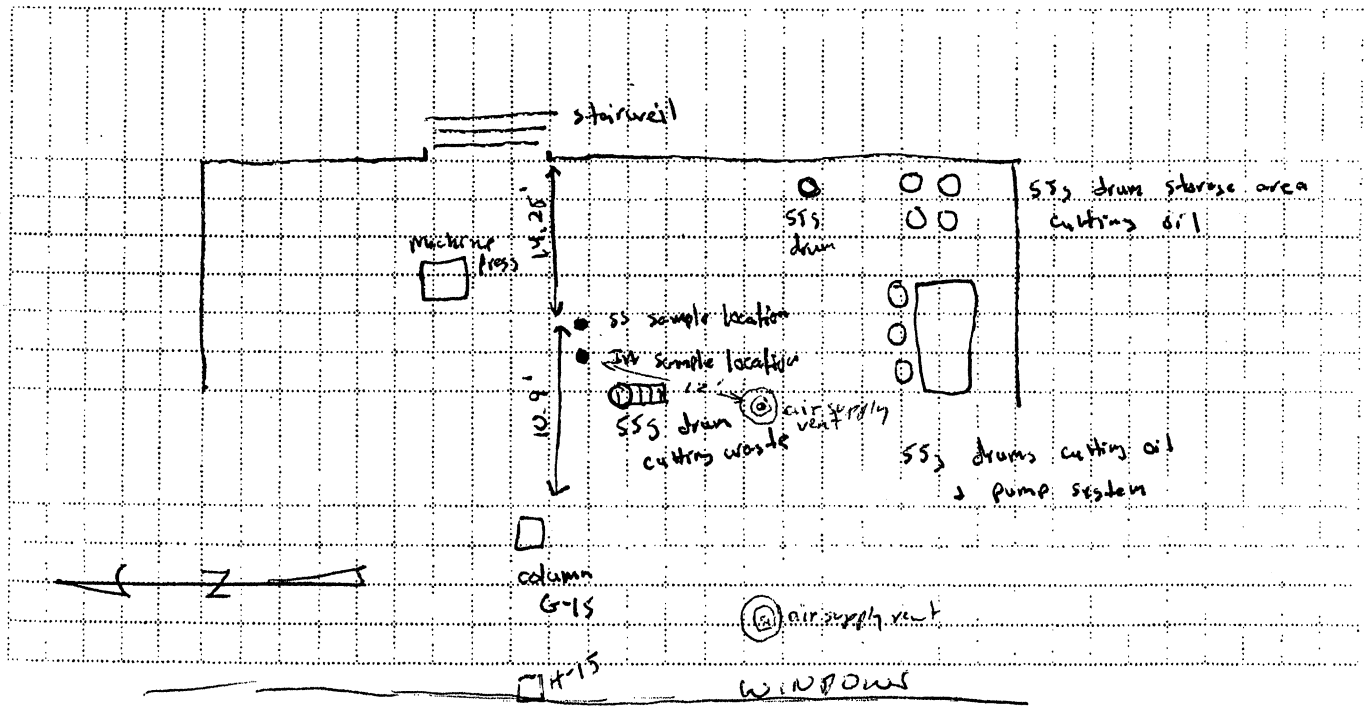
11. FLOOR PLANS

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.

Basement:



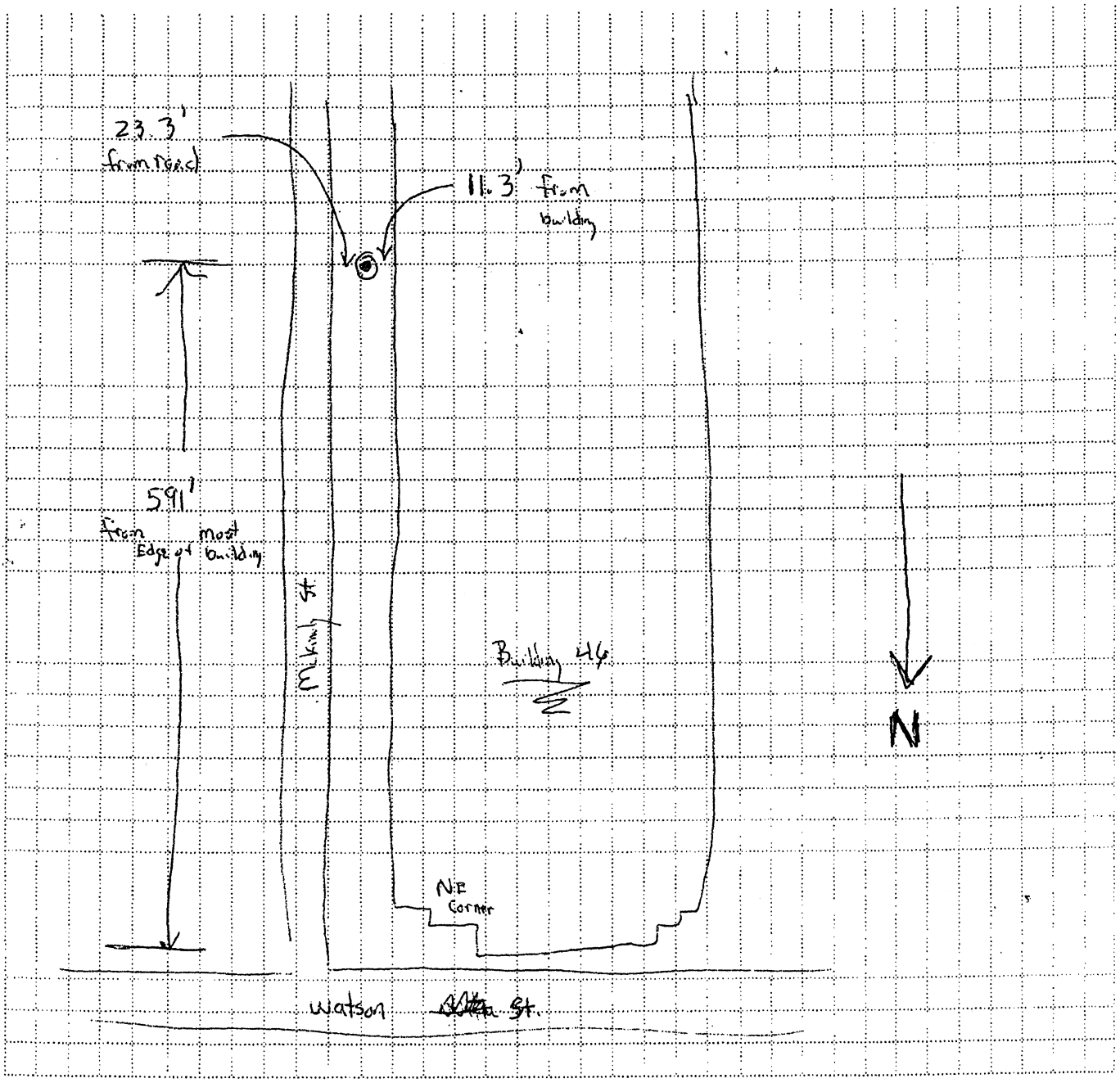
First Floor:



12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini RAE

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
Drum storage area	cutting oil 7	55 g	good	See MSDS	0.4	Y
machine area	cutting oil 3	55 g	good	See MSDS	0.4	Y
work areas	Windex	20 oz	good	see MSDS	0.0	N
work Areas	~~Windex~~ BSA	16 oz	good	see MSDS	0.0	N

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 46

COL. C26

SS-046-B-04
FA-046-B-04

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Col C26 Bldg 46	Collector(s):	GC, mm
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	RAE MINI RAE S/N 103051	Building No:	46

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34420	Canister Serial No.:	901	Canister Serial No.:	NA
Flow Controller Id No:	98-15	Flow Controller Id No:	103-50	Flow Controller Id No:	
Start Date/Time:	2/17/05 1630	Start Date/Time:	2/17/05 1631	Start Date/Time:	
Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)	-29 *	Start Pressure: (inches Hg)	
Stop Date/Time:	2/18/05 1630	Stop Date/Time:	2/18/05 1630	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3.25	Stop Pressure: (inches Hg)	-4.5	Stop Pressure: (inches Hg)	
Sample ID: IA-046-B-04		**Sample ID:** SS-046-B-04		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	B	Sample Category ID: (AA)	
Story/Level	B	Basement or Crawl Space?	B	Direction from Building	
Room	Machine Shop	Floor Slab Thickness (inches) *[if present]*	12"	Distance from Building	
Indoor Air Temp (°F)	71.4	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	50.5"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-18"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.1	PID Reading (ppm)	0.5	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.87	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	—	Duplicate Sample?	
		Duplicate Sample?	ND		

Comments:

* Vac Gauge Lense missing

* compressed air used to clean parts

02-18-05 0826 checked vacuum pressure IA-046-B-04 -12 In Hg
SS-046-B-04 -12.5 In Hg

Signature:

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/23/05 1037

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Abbott First Name: Gregory

Address: Huron Mngmnt

County: Broome

Home Phone: — Office Phone: 607-755-8766

Number of Occupants/persons at this location 50± Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential	School	Commercial/Multi-Use
Industrial	Church	Other: _____

046-B-04

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

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) GENERAL MANUFACTURING

Does it include residences (i.e. multi-use)? Y / N (N circled) If yes, how many? _____

Other characteristics:

Number of floors 4 Building age 62 yrs

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight (Tight circled)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's direct air to each floor separately

Airflow near source

Personal fans used in area. Compressed air used in area to clean parts. Overhead supply air in various locations see sketch.

Outdoor air infiltration

Windows all along wall east of sample location approx. 25 feet away.

Infiltration into air ducts

Return ducts not observed

046-8-04

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE	
e. Concrete floor:	unsealed	sealed	sealed with TILE/GLUE	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 4 (feet)

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

Floor in good condition

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove STEAM	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

046-B-04

Are there air distribution ducts present? (Y)/ N

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.

Supply ducts overhead (see sketch)
No return air vents observed.

7. OCCUPANCY

Basement / Is lowest level occupied? (Full time) Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manufacturing
1st Floor	machining
2nd Floor	reutilizing equip.
3rd Floor	reutilizing computer boards, equip./ other manufacturing
4th Floor	high speed sorting, machine production, testing & build

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify _____

d. Has the building ever had a fire? Y / (N) When? _____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where? _____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type? _____

g. Is there smoking in the building? Y / (N) How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / (N) Where & When? _____

l. Have air fresheners been used recently? Y / (N) When & Type? _____

m. Is there a kitchen exhaust fan? Y / (N) If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / (N) If yes, where vented? _____

o. Is there a clothes dryer? Y / (N) If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / (N) When & Type? _____

Are there odors in the building? (Y) / N
If yes, please describe: slight cutting oil odor

Do any of the building occupants use solvents at work? (Y) / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? IPA, MEK, ACETONE, ETHYL ALCOHOL

If yes, are their clothes washed at work? Y / (N)

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

Yes, use dry-cleaning regularly (weekly) — No
Yes, use dry-cleaning infrequently (monthly or less) — (Unknown)
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

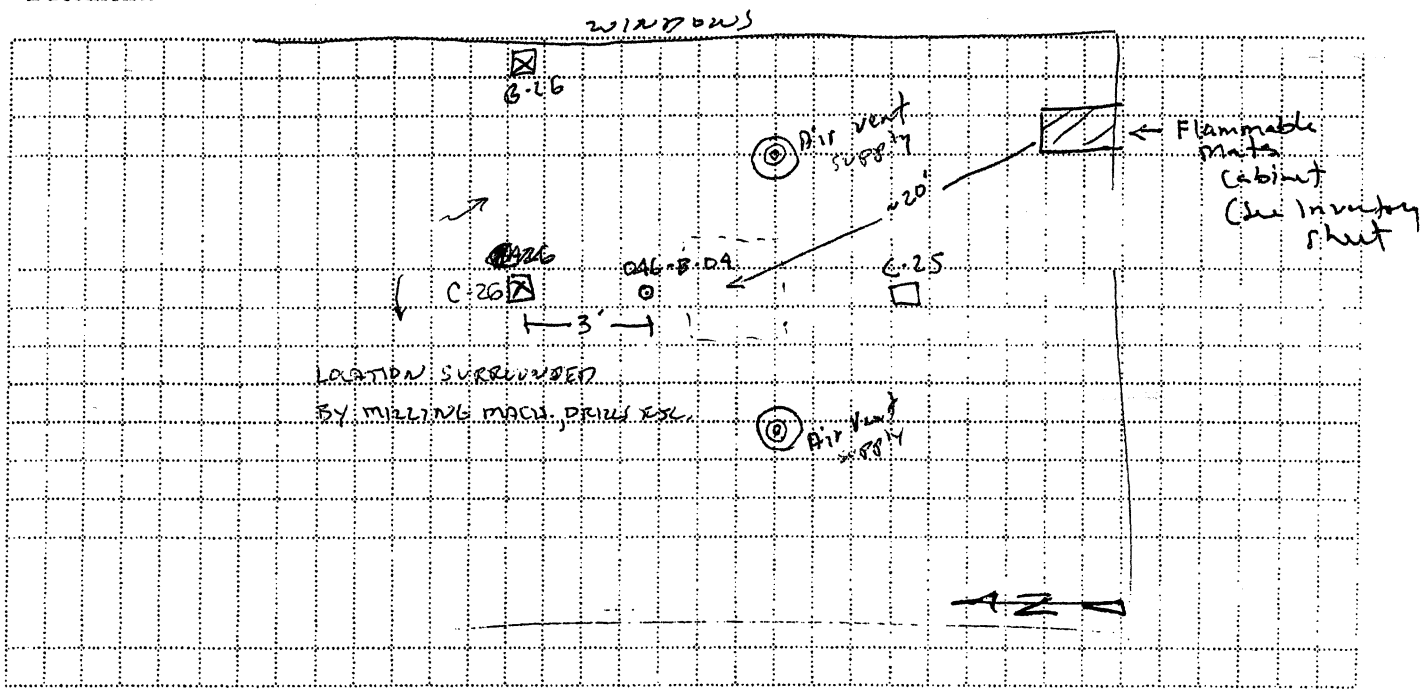
d. Relocation package provided and explained to residents? Y / N

046-B-04

11. 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.

Basement:

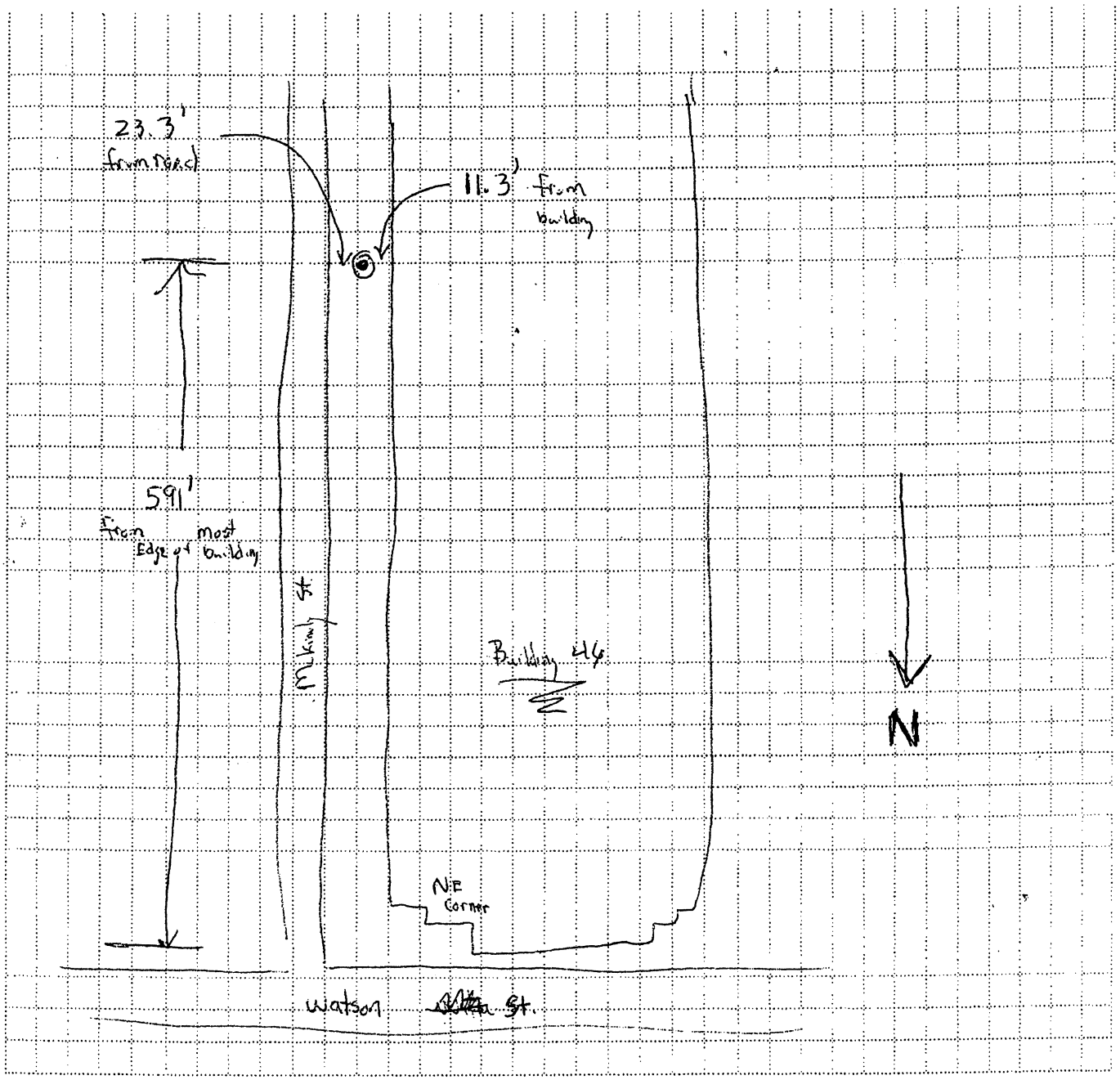


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



046-B-04

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: RAE MINI RAE S/N 103051

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

Location	Product Description	Size ~~(oz.)~~	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
046-B-04	LSS Acetone (ACS grade)	500 ml	UO	Count 4	0.6	Y
Flammable Cabinet	"	500 ml	U	count 2	0.6	Y
	Acetone certified A.C.S.	500 ml	U	Dimethyl Ketone count 2	7.1	Y
	Isopropyl Alcohol	~1L	U	Isopropyl Alcohol COUNT (1)	8.1	
	Metro Lab Super Clean Precision Granite Surface	32 oz.	U	? COUNT (3)	1.0	Y
	Plate Cleaner					
	Ethyl Alcohol absolute Aldrich	500 ml	U	count (5)		
	ISOPROPYL ALCOHOL	~100 ml ~75 ml ~50 ml	U U U	plastic containers various sizes	~10-16 ppm	
	Methyl Ethyl Ketone UN 1193 Loes Ent.	1 GAL	U	count (2)	28.8 ppm	Y
	Loes Ent. ISOPROPANOL SOLUTION	1 GAL			1.5 ppm	
	WINDEX	32 oz	UO (2)	Isopropanol, Ethylene Glycol n-hexyl ether 2-Butoxyethanol		
	Mistic Mist	1 GAL	U (2)	?		
	Isopropyl Alcohol	~1 GAL	U (2)	secondary containers	750+ ppm	Y
	Methyl Ethyl Ketone BKM Resources, Inc.	1 GAL	U (2)		105 ppm	Y
	Polyone P1157A Clear	1 GAL	U (1)	Methyl Ethyl Ketone, Toluene	1.8 ppm	Y

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 46

COL G26/G27

SS-046-B-03

IA-046-B-03

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Co) G-27 Bld # 46	Collector(s):	GC, MM
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	RAE MINI RAE PLUS S/N 103051	Building No:	46

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	96115	Canister Serial No.:	1562	Canister Serial No.:	N/A
Flow Controller Id No:	54-17	Flow Controller Id No:	203-01	Flow Controller Id No:	
Start Date/Time:	2/17/05 1638	Start Date/Time:	2/17/05 1638	Start Date/Time:	
Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	-26	Start Pressure: (inches Hg)	
Stop Date/Time:	2-18-05 1640	Stop Date/Time:	2-18-05 1640	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3.5	Stop Pressure: (inches Hg)	-5.5	Stop Pressure: (inches Hg)	
Sample ID: IA-046-B-03		**Sample ID:** SS-046-B-03		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	B	Sample Category ID: (AA)	
Story/Level	Basement	Basement or Crawl Space?	B	Direction from Building	
Room	MACHINING ROOM	Floor Slab Thickness (inches) *[if present]*	12"	Distance from Building	
Indoor Air Temp (°F)	71.6	Potential Vapor Entry Points Observed?	NONE	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (~~ft.~~)	54"	Ground Surface Condition (Crawl Space Only)	~~Good~~	Intake Tubing used?	
Noticeable Odor?	NO	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-18" bg	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.1	PID Reading (ppm)	0.5	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.79	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	—	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

02-18-05 0830 checked vacuum pressures
IA-046-B-03 -8.5 In Hg
SS-046-B-03 -11 In Hg

Signature:

OSR-3

046-B-03

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combs Date/Time Prepared 2/23/05 1027

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Abbott First Name: Gregory

Address: Huron Mngmnt

County: Broome

Home Phone: — Office Phone: 607-755-8766

Number of Occupants/persons at this location _____ Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: Jim

Address: HURON MGMT. ENDICOTT, NY

County: BROOME

Home Phone: NA Office Phone: 607 755-6073

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential	School	Commercial/Multi-Use
Industrial	Church	Other: _____

046-B-03

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

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) General Manufacturing

Does it include residences (i.e. multi-use)? Y / N (N circled) If yes, how many? _____

Other characteristics:

Number of floors 4 Building age 62 yrs.

Is the building insulated? Y / N UNKNOWN How air tight? Tight / Average / Not Tight (Tight circled)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's direct air flow to each floor separately

Airflow near source

Yes, overhead HVAC supply vent (See Floor Plan)

Outdoor air infiltration

wall of windows to the west of the sample location approx. 35 feet away.

Infiltration into air ducts

Return ducts not observed

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE	
e. Concrete floor:	unsealed	sealed	sealed with TILE/GLUE	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 3-4 (feet)

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

GOC ~~[illegible] not open.~~ Floor in good condition

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg
Air Conditioning:	Central Air	Window units	Open Windows	None

046-B-03

Are there air distribution ducts present? (Y) N

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.

Ductwork appears to be in good condition.
Supply vent (see floor plan)

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manufacturing (machine shop)
1st Floor	machining
2nd Floor	reutilization of equip.
3rd Floor	reutilizing computer boards & equip/ other manufacturing
4th Floor	high speed sorting, machine production, testing & build

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify _____

d. Has the building ever had a fire? Y (N) When? _____

e. Is a kerosene or unvented gas space heater present? Y (N) Where? _____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type? _____

g. Is there smoking in the building? Y / (N) How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: slight odor of cutting oils

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? IPA, MEK, ACETONE, ETHYL ALCOHOL, ISOPROPANOL

If yes, are their clothes washed at work? Y / N unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

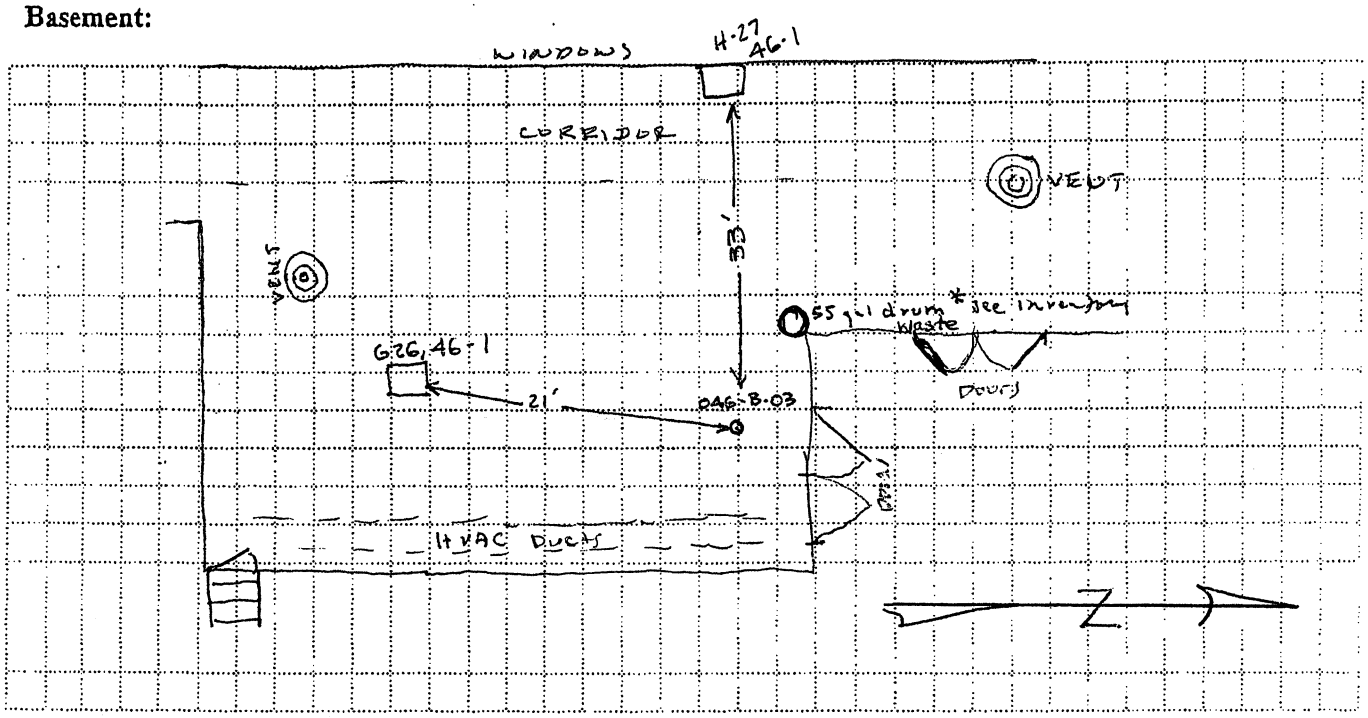
d. Relocation package provided and explained to residents? Y / N

046-B-03

11. 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.

Basement:



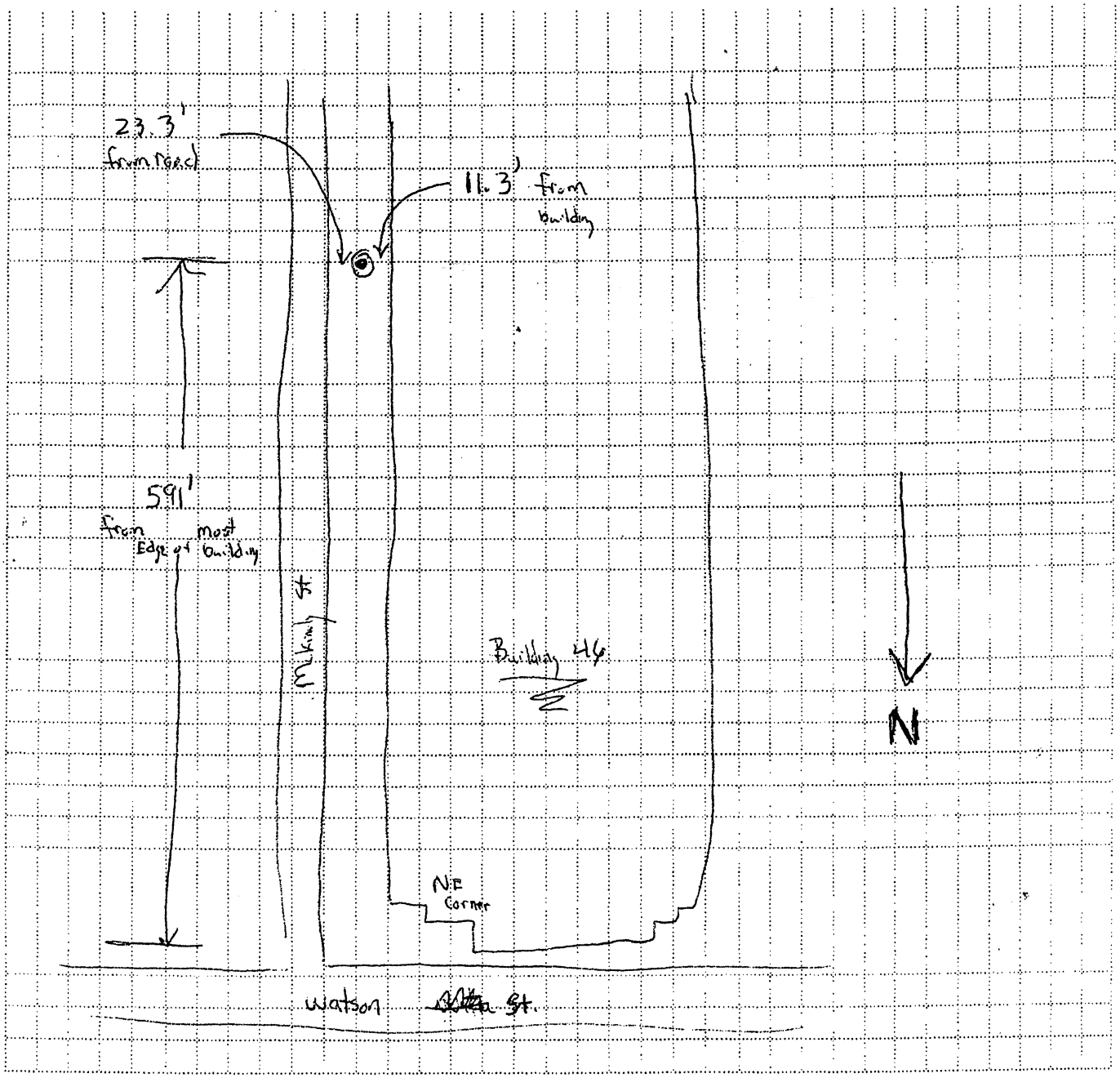
First Floor:

CA-046-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



046-B-03

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: RAE MINI RAE PLUS S/N 103051

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

Location	Product Description	Size ~~(oz.)~~	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
046-B-03	Sample collected in mechanical area				0.1	N
	No chem. storage observed					
046-B-03	HAZ WASTE	55gal	U	WASTE: Aerosols, Flammable, N.O.S., 2.1, UN1950	125+ @ lid	N
				(lid not sealed)	>600 inside	

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 46

COL. B-31

SS-046-B-02

~~SA~~-046-B-02

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	HALL BUILD 46 near B-31	Collector(s):	TM, DV
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MINI RAE 2000 110 - 005859	Building No:	46

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33996	Canister Serial No.:	12013	Canister Serial No.:	NA
Flow Controller Id No:	54-14	Flow Controller Id No:	03-47	Flow Controller Id No:	
Start Date/Time:	02/21/05 / 1559	Start Date/Time:	02/21/05 / 1559	Start Date/Time:	
Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)	NO CHANGE	Start Pressure: (inches Hg)	
Stop Date/Time:	02/22/05 / 1600	Stop Date/Time:	* NOTE	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4-in	Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	
Sample ID: IA-046-B-02		**Sample ID:** SS-046-B-02		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	HALL	Floor Slab Thickness (inches) *[if present]*	12"	Distance from Building	
Indoor Air Temp (°F)	72.1°F	Potential Vapor Entry Points Observed?	FLOOR GRATE 2' from SAMPLE	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	50"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-13"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	.8 ppm	PID Reading (ppm)	1.3 ppm	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.97	Noticeable Odor?	NONE	Noticeable Odor?	
Duplicate Sample?	NONE	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	NONE		

Comments:

SAMPLE NEAR DIRTY RAG BIN PID READINGS OF 8.5 ~~[illegible]~~ INSIDE & UP TO .8 ~~[illegible]~~ OUTSIDE

12013 SHOWS NO VACCUUM NEED NEW TANK
SS-046-B-02 TANK REMOVED & NOT REPLACED

02-22-02 IA-046-B-02 -12 InHg 0756
* NOTE: no sample collected due to water below slab.

Signature: Schuchat

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/24/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Abbott First Name: Gregory

Address: Huron Mngmnt

County: Broome

Home Phone: – Office Phone: 607 755 8766

Number of Occupants/persons at this location 50± Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: Jim

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential	School	Commercial/Multi-Use
Industrial	Church	Other: _____

046-B-02

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

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) GENERAL MANUFACTURING

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 4 Building age 62 yrs

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's deliver air to each floor separately

Airflow near source

There appears to be a draft in the area

Outdoor air infiltration

No direct avenues to outdoor air observed.

Infiltration into air ducts

Visible duct work appears to be in good condition

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 4 (feet)

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

No MAJOR POINTS - FLOOR GRATE 2' from SOURCE

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

STEAM

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BCPC.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

Ducts on Ceiling @ ~15' Above floor

Drafty

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manufacturing
1st Floor	machining
2nd Floor	reutilizing of equip.
3rd Floor	reutilizing of computer boards / other manufacturing
4th Floor	high speed sorting, machine production, testing & build.

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. **Is there an attached garage?** Y / N

b. **Does the garage have a separate heating unit?** Y / N / NA

c. **Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)** Y / N / NA Please specify _____

d. **Has the building ever had a fire?** Y / N When? _____

e. **Is a kerosene or unvented gas space heater present?** Y / N Where? _____

f. **Is there a workshop or hobby/craft area?** Y / N Where & Type? _____

g. **Is there smoking in the building?** Y / N How frequently? _____

h. **Have cleaning products been used recently?** Y / N When & Type? unknown

i. **Have cosmetic products been used recently?** Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? IPA, MEK, ACETONE - Cutter EXP HW Accu Lube. Mineral Spirits

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

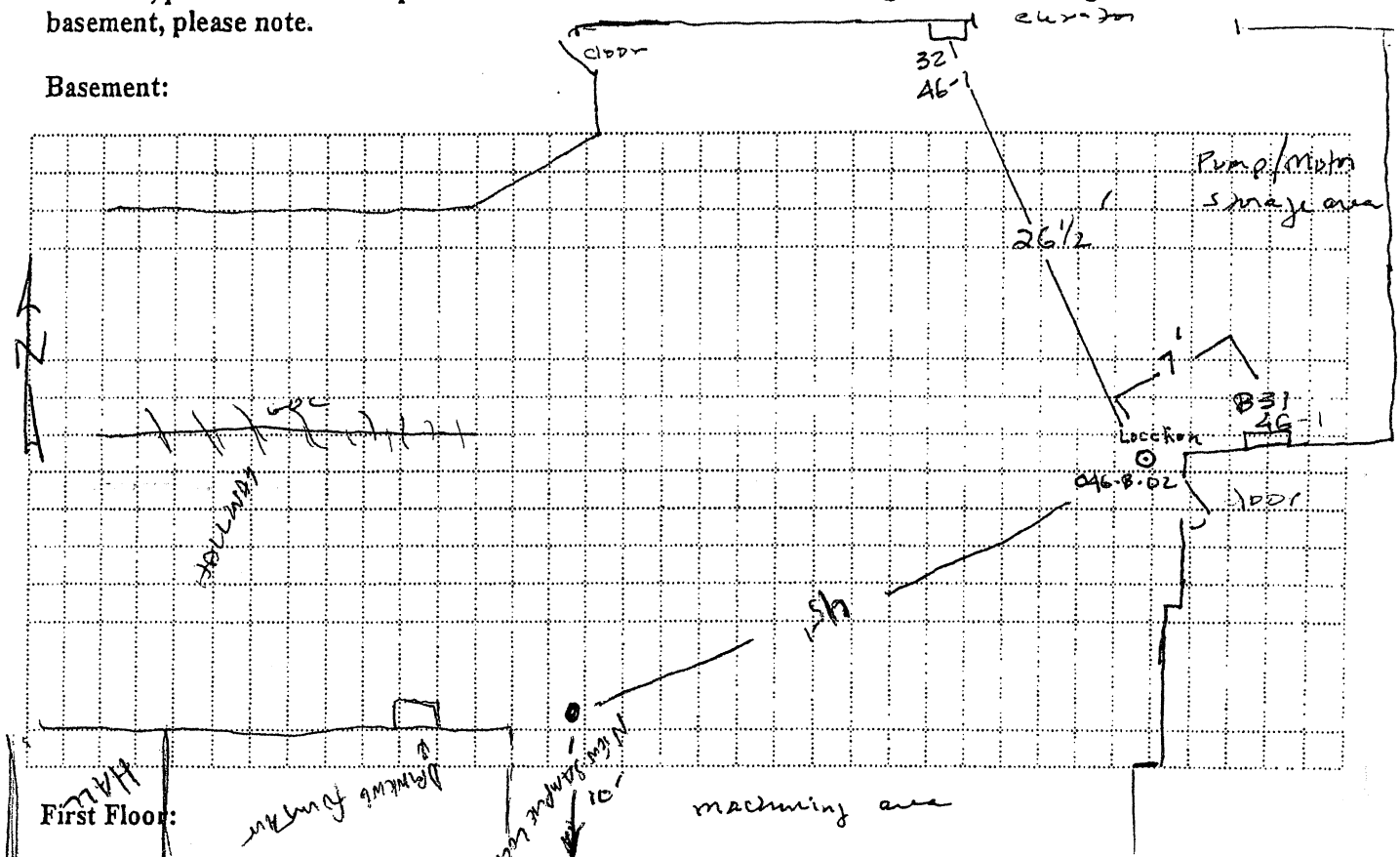
d. Relocation package provided and explained to residents? Y / N

046-B-02

11. 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.

Basement:



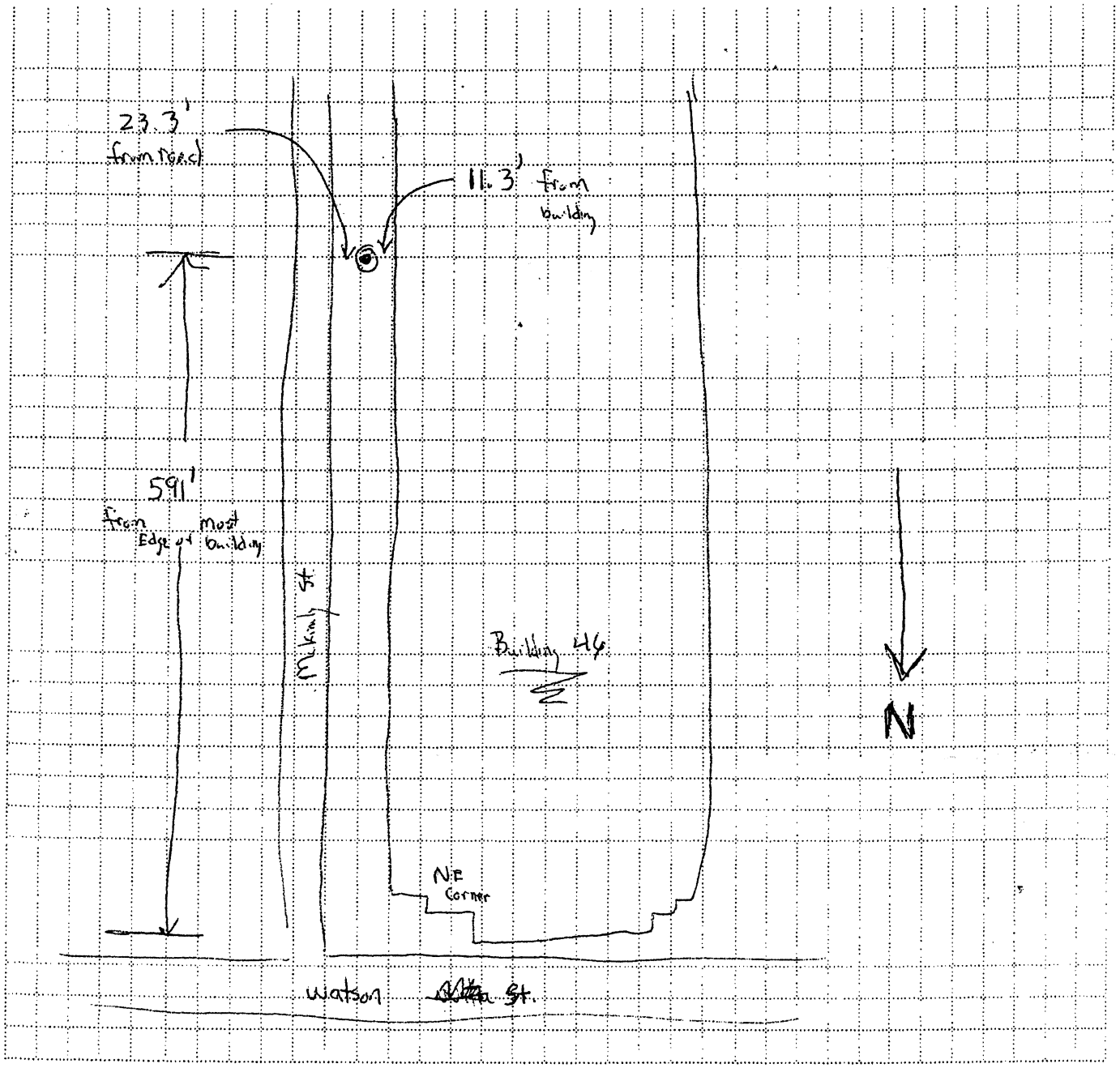
First Floor:

CA-046-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



046-B-02

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae 2000 110-005859

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
046-B-02	Pump/motor storage area sample collected	NA	NA	NA	NA	NA
	No chemical storage observed in sample vicinity					

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 046

COL. ~~G33~~ ~~C-26~~
G-33

SS - 046 - B - ~~04~~ 01

IA - 046 - B - ~~04~~ 01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Fabrication Rm H33/46-1	Collector(s):	TM, DV, GC
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MiniRAE 2000 -110-005859	Building No:	46

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34752	Canister Serial No.:	NA	Canister Serial No.:	NA
Flow Controller Id No:	53-45	Flow Controller Id No:	NA	Flow Controller Id No:	
Start Date/Time:	02/21/05/1415	Start Date/Time:	02/21/05/1415	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	NA	Start Pressure: (inches Hg)	
Stop Date/Time:	02/22/05/1415	Stop Date/Time:	NA	Stop Date/Time:	
Stop Pressure: (inches Hg)	-12 in-Hg	Stop Pressure: (inches Hg)	NA	Stop Pressure: (inches Hg)	
Sample ID: IA-046-B-~~04~~01		**Sample ID:** SS-046-B-~~04~~01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	metal machining	Floor Slab Thickness (inches) *[if present]*		Distance from Building	
Indoor Air Temp (°F)	73.0 °F	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	4/9"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	NA	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	.6	PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.875	Noticeable Odor?	None	Noticeable Odor?	
Duplicate Sample?	None	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	None		

Comments:

IA VOC PID Readings from .4 - .6 ppm
Breached ~~Slab~~ Slab @ 12" & encountered water

02-22-05 0753 IA-046-B-01 -23 InHg

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/24/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Abbott First Name: Gregory

Address: Huron Mngmnt.

County: Broome

Home Phone: — Office Phone: 607.755.8766

Number of Occupants/persons at this location 50± Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt Endicott, NY

County: Brooms

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) General Manufacturing

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 4 Building age 63 yrs.

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's distribute air to each floor separately

Airflow near source

Air flow minimal if any

Outdoor air infiltration

Wall of windows approx. 30' west of sample location.

Infiltration into air ducts

Air ducts, where visible, appear to be in good condition

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE	
e. Concrete floor:	unsealed	sealed	sealed with GLUE & TILE	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 4 (feet)

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

floor in Good Condition - No Soil Vapor Points of entry

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? (Y)/ N

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.

supply air overhead 2 in immediate area good cond.

7. OCCUPANCY

Basement / Is lowest level occupied? (Full time) Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manufacturing
1st Floor	machining
2nd Floor	reutilization of equipment
3rd Floor	reutilization of computer boards/ other manufacturing
4th Floor	high speed sorting machine production testing ; build

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y/(N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify _____

d. Has the building ever had a fire? Y/(N) When? _____

e. Is a kerosene or unvented gas space heater present? Y/(N) Where? _____

f. Is there a workshop or hobby/craft area? Y/(N) Where & Type? _____

g. Is there smoking in the building? Y/(N) How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? IPA, MEK, ACETONE

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

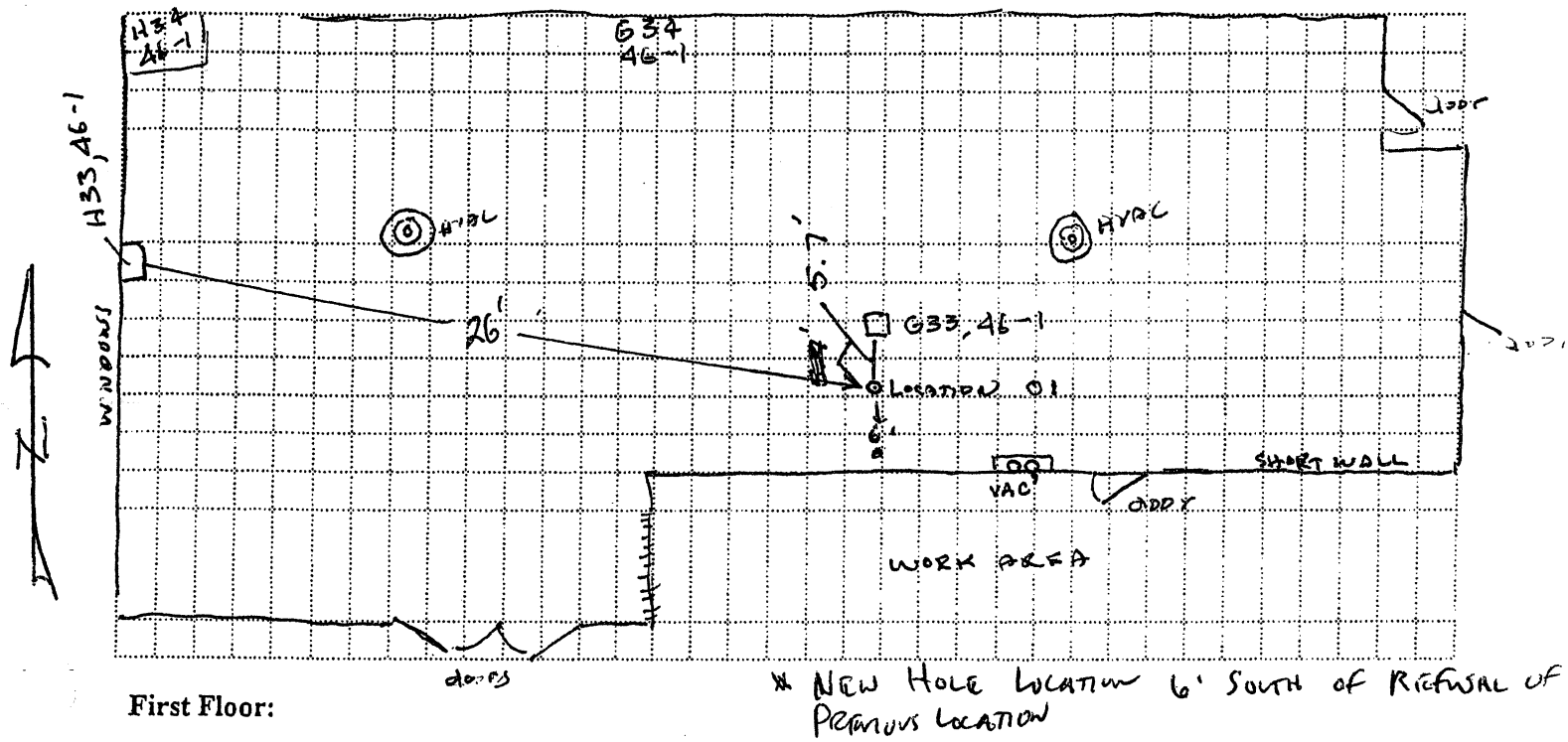
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

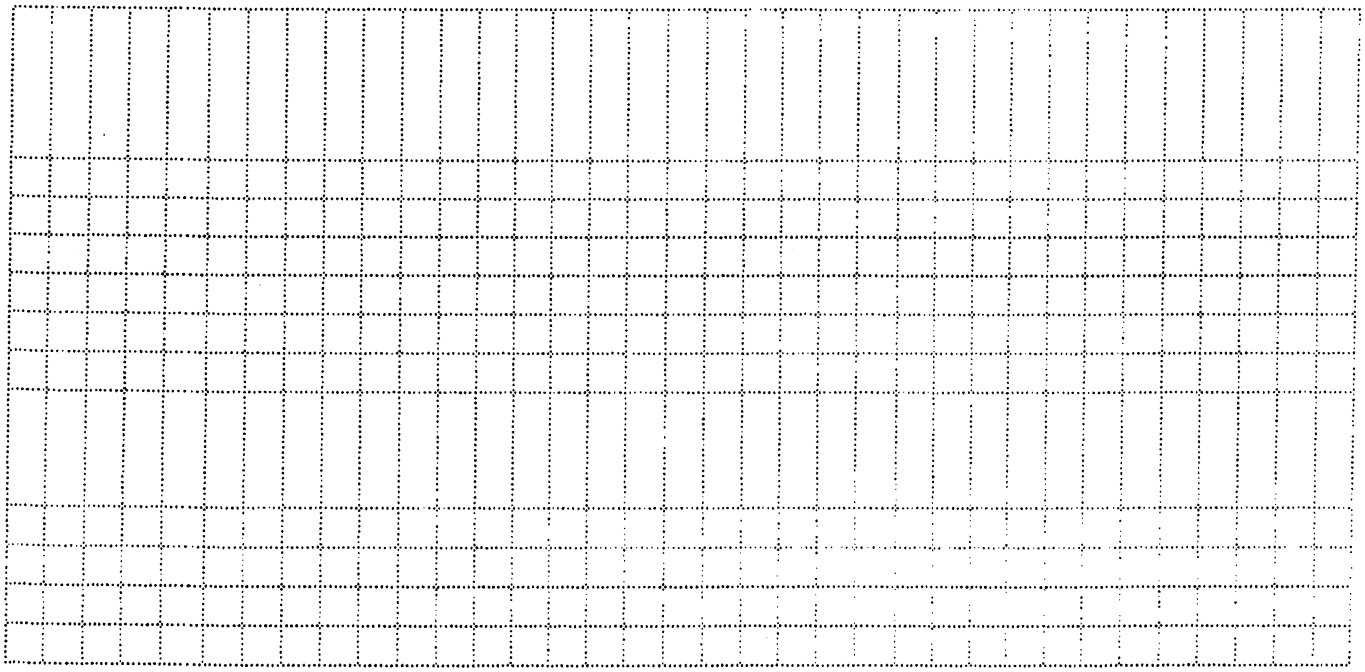
11. FLOOR PLANS

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.

Basement:



First Floor:

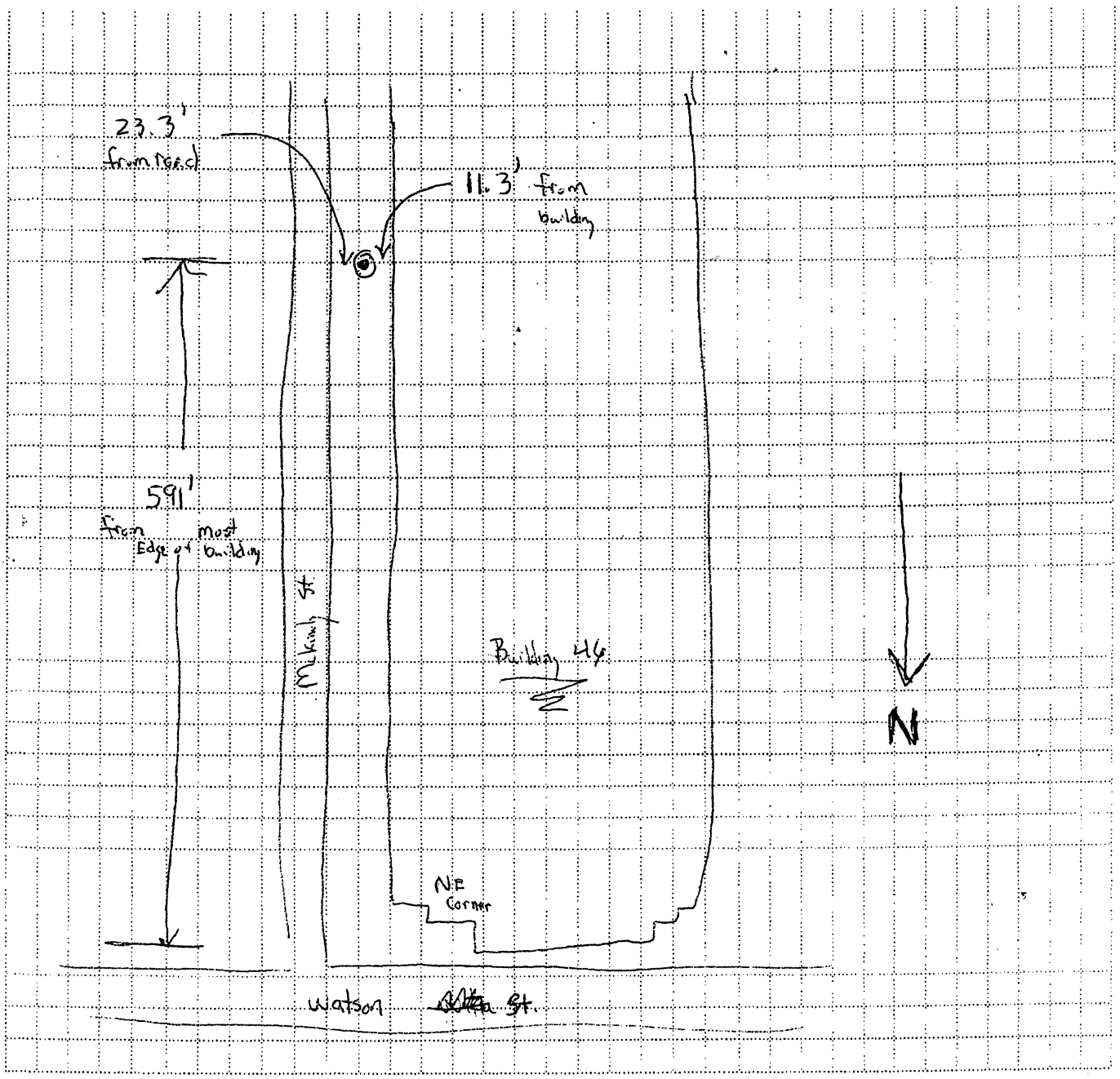


OA-046-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



046-B-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae 2000 110-005859

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
	IA Location	NA	NA	NA		
046-B-01	Metal machining room	NA	NA	NA	NA	NA
	None observed					
	NO chemical storage in area					

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 46

COL C2

SS-DUP0221?05-01

IA-DUP0221?05-02

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	STORAGE COL. C2	**Collector(s):**	TM, DV
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MINIRAE 2000	**Building No:**	46

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	9422	Canister Serial No.:	33558	Canister Serial No.:	NA
Flow Controller Id No:	97-12	Flow Controller Id No:	0341	Flow Controller Id No:	
Start Date/Time:	02/21/05 / 1335	Start Date/Time:	02/21/05 / 1335	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)	
Stop Date/Time:	02/21/05 / 1335	Stop Date/Time:	02/22/05 / 1335	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4.0	Stop Pressure: (inches Hg)	-5.0	Stop Pressure: (inches Hg)	
Sample ID: DUP-046-B-~~02~~01		**Sample ID:** DUP-046-B-~~001~~02		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	BASEMENT	Basement or Crawl Space?	BASEMENT	Direction from Building	
Room	SCRAP/STORAGE	Floor Slab Thickness (inches) *[if present]*	12"	Distance from Building	
Indoor Air Temp (°F)	72.3°F	Potential Vapor Entry Points Observed?	NONE	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-13"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.1	PID Reading (ppm)	-5	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.9	Noticeable Odor?	NONE	Noticeable Odor?	
Duplicate Sample?	YES	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
—	—	Duplicate Sample?	YES		

Comments:

02-22-05 0803 SS-DUP022105 01 -10 In Hg
IA-DUP022105-02 -10 In Hg

Signature: Todd L Marsh

BLDG. 46

OUTDOOR A.R

OA-046-BG-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	SE Corner of 46 (OA)	**Collector(s):**	TM, DV
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Mini Rae	**Building No:**	046

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	NA	Canister Serial No.:	NA	Canister Serial No.:	20944
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	9702
Start Date/Time:		Start Date/Time:		Start Date/Time:	02/21/05 / 1445
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-29
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	02/22/05 / 1445
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-0.5
Sample ID:		**Sample ID:**		**Sample ID:**	OA-046-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	NA	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	EAST
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	7'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	46"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	1/4" TEFLON TUBE
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	20'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	None
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	NA
—		Duplicate Sample?		—	—

Comments:

BAR. - 29.92

02-22-05 OA-046-G-01 -6 In Hg 0811

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Shannon Sanchout Date/Time Prepared 3/16/05 1635

Preparer's Affiliation ERM Phone No. 315 445 2554

Purpose of Investigation Huron Indoor Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Abbott First Name: Gregory

Address: Huron mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 8766

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

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 6073

3. BUILDING CHARACTERISTICS NA

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) _____

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors_____ Building age_____

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

_____

_____

_____

Airflow near source

_____

_____

_____

Outdoor air infiltration

_____

_____

_____

Infiltration into air ducts

_____

_____

_____

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

NA

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

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

_____

_____

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N NA

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.

_____

_____

_____

_____

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? _____

i. Have cosmetic products been used recently? Y / N When & Type? _____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? NA

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

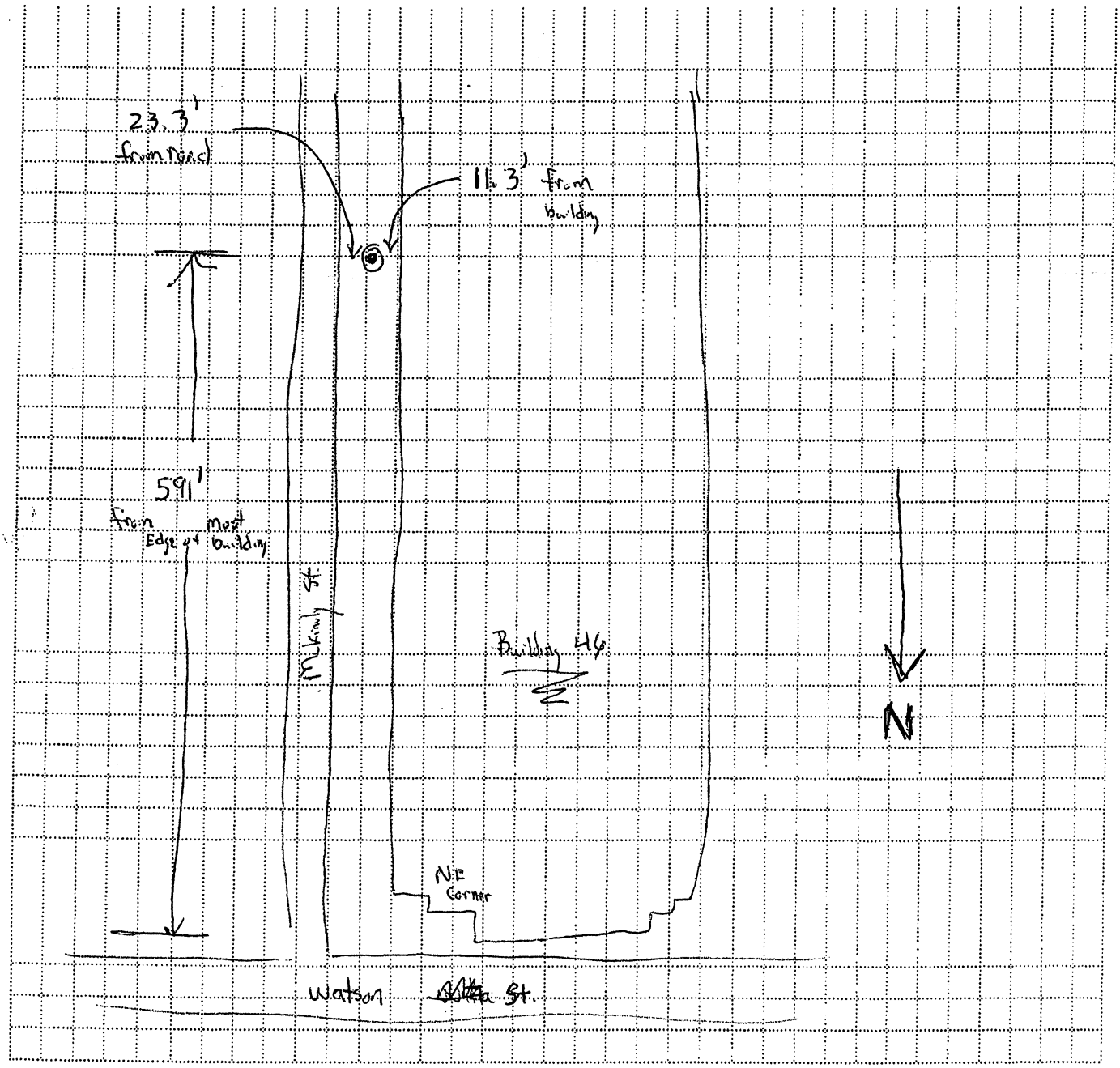
Basement:

First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BUILDING 47

OA-047-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 47	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae - 110-008820	**Building No:**	047

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	35150
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	2x
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/14/05 1151
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-28
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/15/05 1149
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	0
Sample ID:		**Sample ID:**		**Sample ID:**	OA-047-6-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	S
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	81'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	44"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	N/A
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	No
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	No
		Duplicate Sample?			

Comments:

Signature: Todd R Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-29-05 1012

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Johnson First Name: Randy

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-2567

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) manufacturing and pumping station Rooms

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NY

Other characteristics:

Number of floors 4 Building age 50's

Is the building insulated? Y / N Unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

Outside air sample

Outdoor air infiltration

Outside air sample

Infiltration into air ducts

N/A

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

N/A

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

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

_____

_____

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)

Hot air circulation ?	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N N/A

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.

_____

_____

_____

_____

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Solvent water pumping station - chemical storage
1st Floor	manufacturing - laminating
2nd Floor	manufacturing
3rd Floor	mechanical room HVAC units
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

N/A

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type?_____

i. Have cosmetic products been used recently? Y / N When & Type?_____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? N/A

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

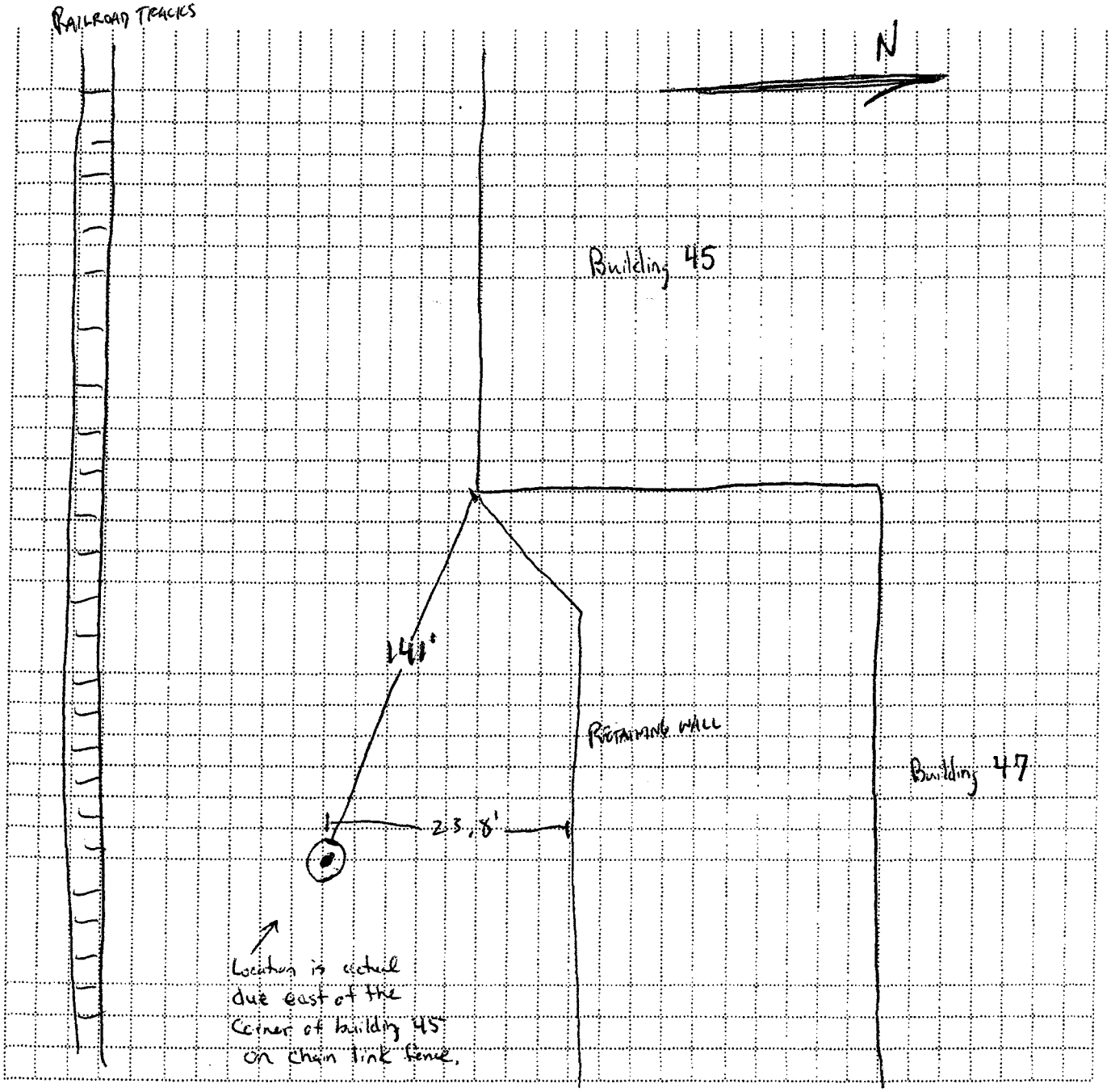
First Floor:

12. OUTDOOR PLOT

047-G-01

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



047-G-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
near sample		N/A	N/A	None	0.0	N/A

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BUILDING 47

IA - 047 - B - 01

SS - 047 - B - 01

NEAR COL F1

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 47, col. F7	Collector(s):	TM, DV, SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 110-008820	Building No:	047

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33910	Canister Serial No.:	33783	Canister Serial No.:	
Flow Controller Id No:	100-58	Flow Controller Id No:	03-86	Flow Controller Id No:	
Start Date/Time:	3/14/05 1138	Start Date/Time:	3/14/05 1138	Start Date/Time:	
Start Pressure: (inches Hg)	-30+	Start Pressure: (inches Hg)	-30+	Start Pressure: (inches Hg)	
Stop Date/Time:	3/15/05 1138	Stop Date/Time:	3/15/05 1138	Stop Date/Time:	
Stop Pressure: (inches Hg)	-8	Stop Pressure: (inches Hg)	-9	Stop Pressure: (inches Hg)	
Sample ID: IA-047-~~B~~-01		**Sample ID:** SS-047-~~B~~-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st level	Basement or Crawl Space?	No	Direction from Building	
Room	break room	Floor Slab Thickness (inches) *[if present]*	10"	Distance from Building	
Indoor Air Temp (°F)	~~68.4~~ 70.3°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	12"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.15	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
		Duplicate Sample?	No		

Comments:

Signature: S. Schuchart

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Derek Van Campen Date/Time Prepared 03/14/05 / 1042

Preparer's Affiliation ERM Phone No. (315) 506-0202

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Johnson First Name: Randy

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-2567

Number of Occupants/persons at this location N/A Age of Occupants > 18

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

Interviewed: (Y) N

Last Name: Ketchuch First Name: Jim

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N If yes, how many? NA

Other characteristics:

Number of floors ~~NA~~ 4 Building age 50 yrs

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

Airflow between floors minimal / ~~Door separate stairwells~~

Airflow near source

Airflow near source minimal

Outdoor air infiltration

No obvious sources of outdoor air infiltration

Infiltration into air ducts

NA

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y N not applicable			

Basement/Lowest level depth below grade: 6 (feet)

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

None

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other Building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

DUCTWORK NOT VISIBLE - HIDDEN BY DROPPED CEILING

DUCTS REPRESENTED ON FLOORPLAN

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Solvent water pumping station - break room manufacturing
1st Floor	Manufacturing - Laminations
2nd Floor	Manufacturing
3rd Floor	mechanical room - HVAC
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage?	Y / N	
b. Does the garage have a separate heating unit?	Y / N / NA	
c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)	Y / N / NA	Please specify
d. Has the building ever had a fire?	Y / N	When?
e. Is a kerosene or unvented gas space heater present?	Y / N	Where?
f. Is there a workshop or hobby/craft area?	Y / N	Where & Type?
g. Is there smoking in the building?	Y / N	How frequently?
h. Have cleaning products been used recently?	Y / N	When & Type? Unknown
i. Have cosmetic products been used recently?	Y / N	When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / (N) Where & When? _____

l. Have air fresheners been used recently? Y / (N) When & Type? _____

m. Is there a kitchen exhaust fan? Y / (N) If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / (N) If yes, where vented? _____

o. Is there a clothes dryer? Y / (N) If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / (N) When & Type? _____

Are there odors in the building? (Y) N
If yes, please describe: from varnishing

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) (Unknown)
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

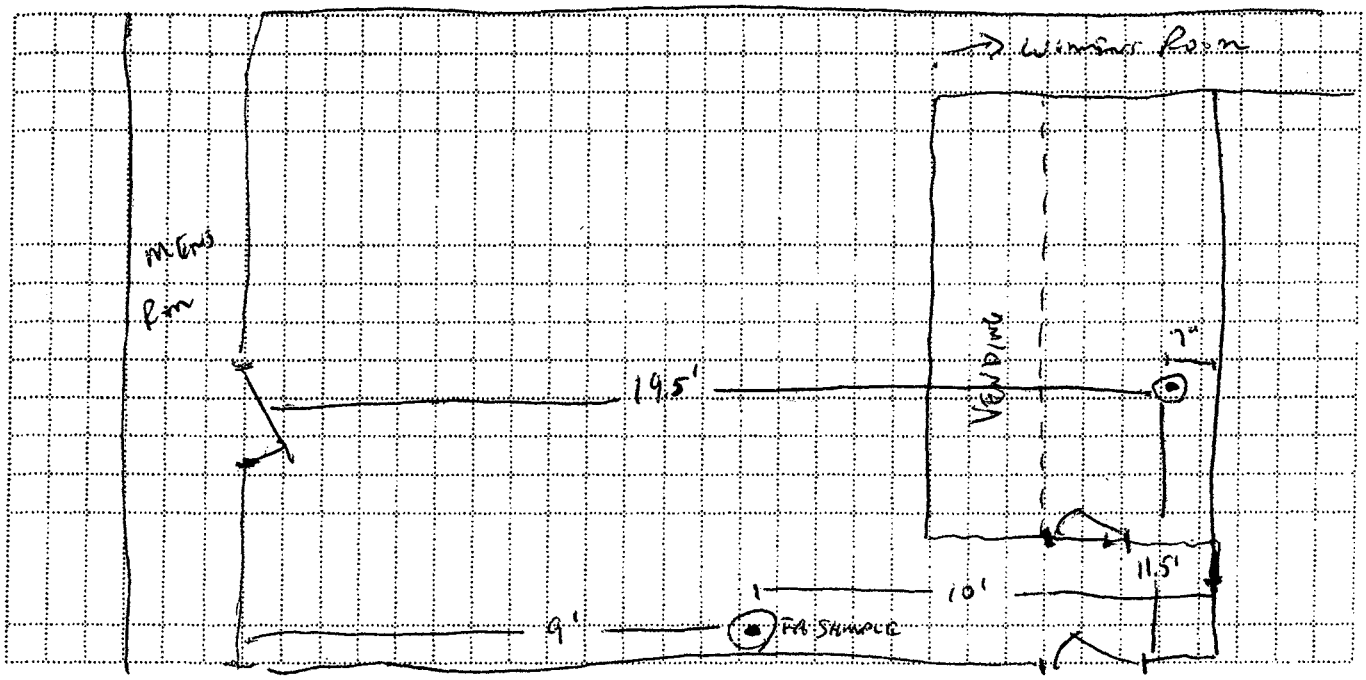
d. Relocation package provided and explained to residents? Y / N

047-1-01

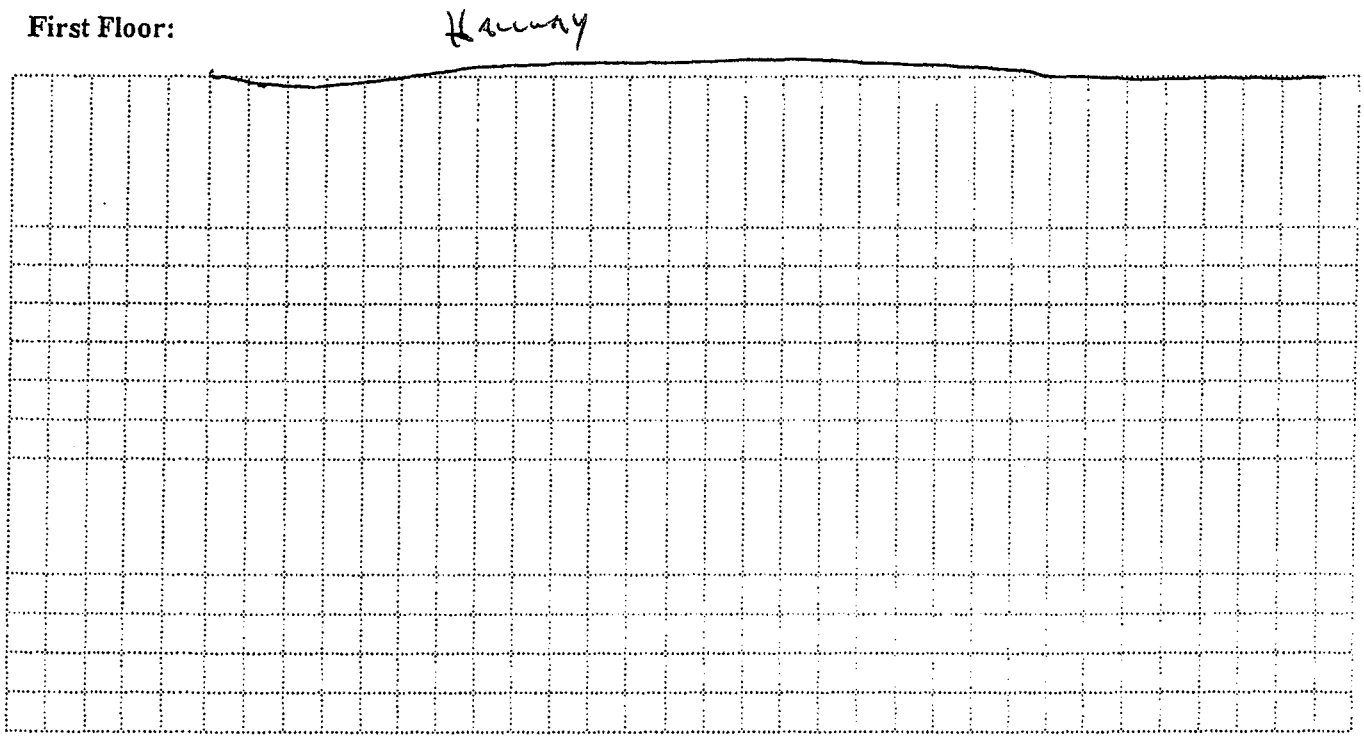
11. FLOOR PLANS

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.

Basement:



First Floor:

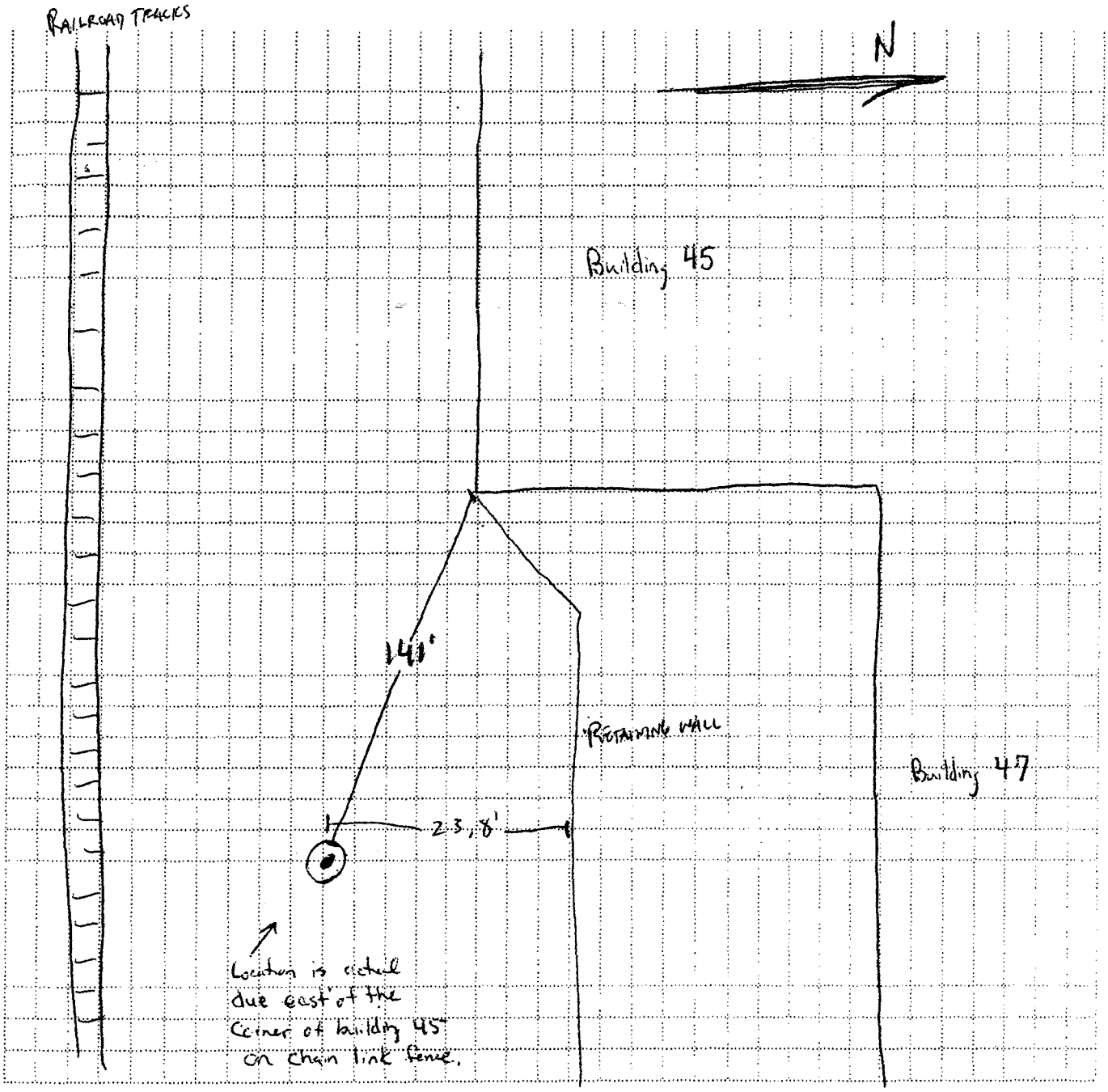


12. OUTDOOR PLOT

047-G-01

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



047-1-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
BREAK RM	NONE - VENDING	NA	NA	NA	NA	NA
NEAR COLUMN	MACHINES - COFFEE,					
F7	SODA, CANDY					
	- MICROWAVES					

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BUILDING 47

IA-047-B-02
SS-047-B-02

NEAR COL D3

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 47, Col D3	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Mini Rae MO-008820	**Building No:**	047

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	35146	Canister Serial No.:	35131	Canister Serial No.:	
Flow Controller Id No:	05-04	Flow Controller Id No:	103-74	Flow Controller Id No:	
Start Date/Time:	3/14/04 1141	Start Date/Time:	3/14/04 1141	Start Date/Time:	
Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg)	-30+	Start Pressure: (inches Hg)	
Stop Date/Time:	3/15/05 1141	Stop Date/Time:	3/15/05 1141	Stop Date/Time:	
Stop Pressure: (inches Hg)	-1	Stop Pressure: (inches Hg)	-30+	Stop Pressure: (inches Hg)	
Sample ID: IA-047-B-02		**Sample ID:** SS-047-B-02		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st level	Basement or Crawl Space?	No	Direction from Building	
Room	Bldg 47 Col D3	Floor Slab Thickness (inches) *[if present]*	9"	Distance from Building	
Indoor Air Temp (°F)	67.3°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	Yes	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	11"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	5.9	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.50	Noticeable Odor?	Yes	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
—		Duplicate Sample?	No		
—				—	

Comments: Remediation tanks / chemical Storage

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Derek Van Campen Date/Time Prepared 03/14/05

Preparer's Affiliation ERM Phone No. (315) 506-0202

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Johnson First Name: Randy

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-2567

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) manufacturing

Does it include residences (i.e. multi-use)? Y / N If yes, how many? N/A

Other characteristics:

Number of floors 4 Building age 50yrs

Is the building insulated? Y / N Unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

no sources seen except stairways and elevator shafts.

Airflow near source

MINIMAL AIRFLOW NEAR SOURCE - ONLY WHEN LOADING DOCK DOWN THE HALL IS IN USE

Outdoor air infiltration

NO SOURCES OF OUTDOOR AIR INFILTRATION IN SAMPLING ROOM
FROM HALLWAY AIRFLOW FROM LOADING DOCK FREQUENTLY ENTERS ROOM

Infiltration into air ducts

RETURN AIR DUCT ~ 15' FROM SOURCE & ~ 8' OVER FLOOR

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with Concrete	
e. Concrete floor:	unsealed	sealed	sealed with PAINT	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y N not applicable			

Basement/Lowest level depth below grade: 6 (feet)

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

CONCRETE FLOOR IN POOR CONDITION - SOME LARGE CRACKS / HOLES - NO PID ~~READ~~ HITS

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

DUCTWORK VISIBLE IN CEILING & IN GOOD CONDITION

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Solvent water pumping station - break room - manufacturing
1st Floor	Manufacturing - Laminations
2nd Floor	manufacturing
3rd Floor	mechanical rooms - HVAC
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? no

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: STRONG UNPLEASANT ODOR - UNSURE WHAT IT IS

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service
No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

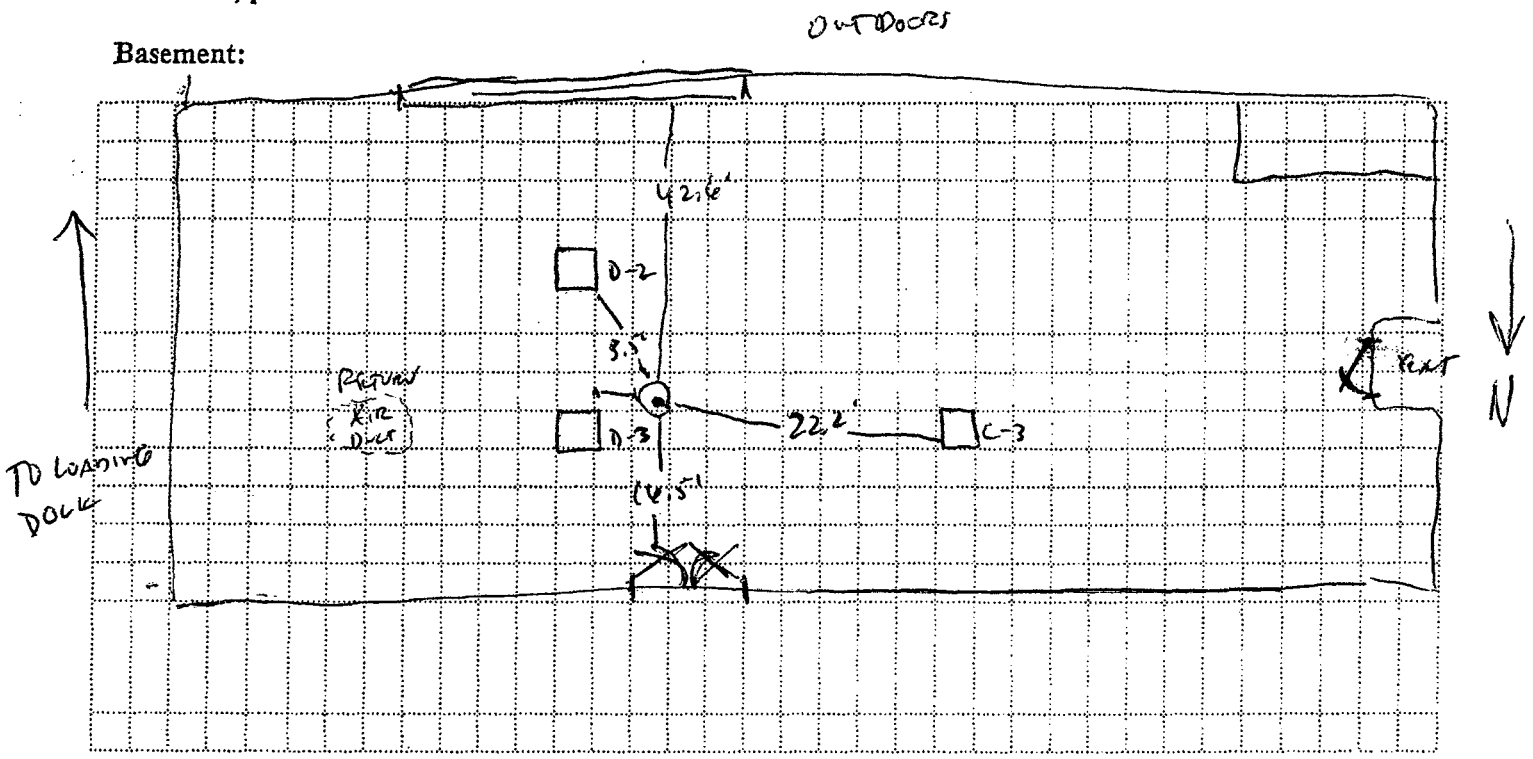
d. Relocation package provided and explained to residents? Y / N

047 - 1 - 02

11. 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.

Basement:



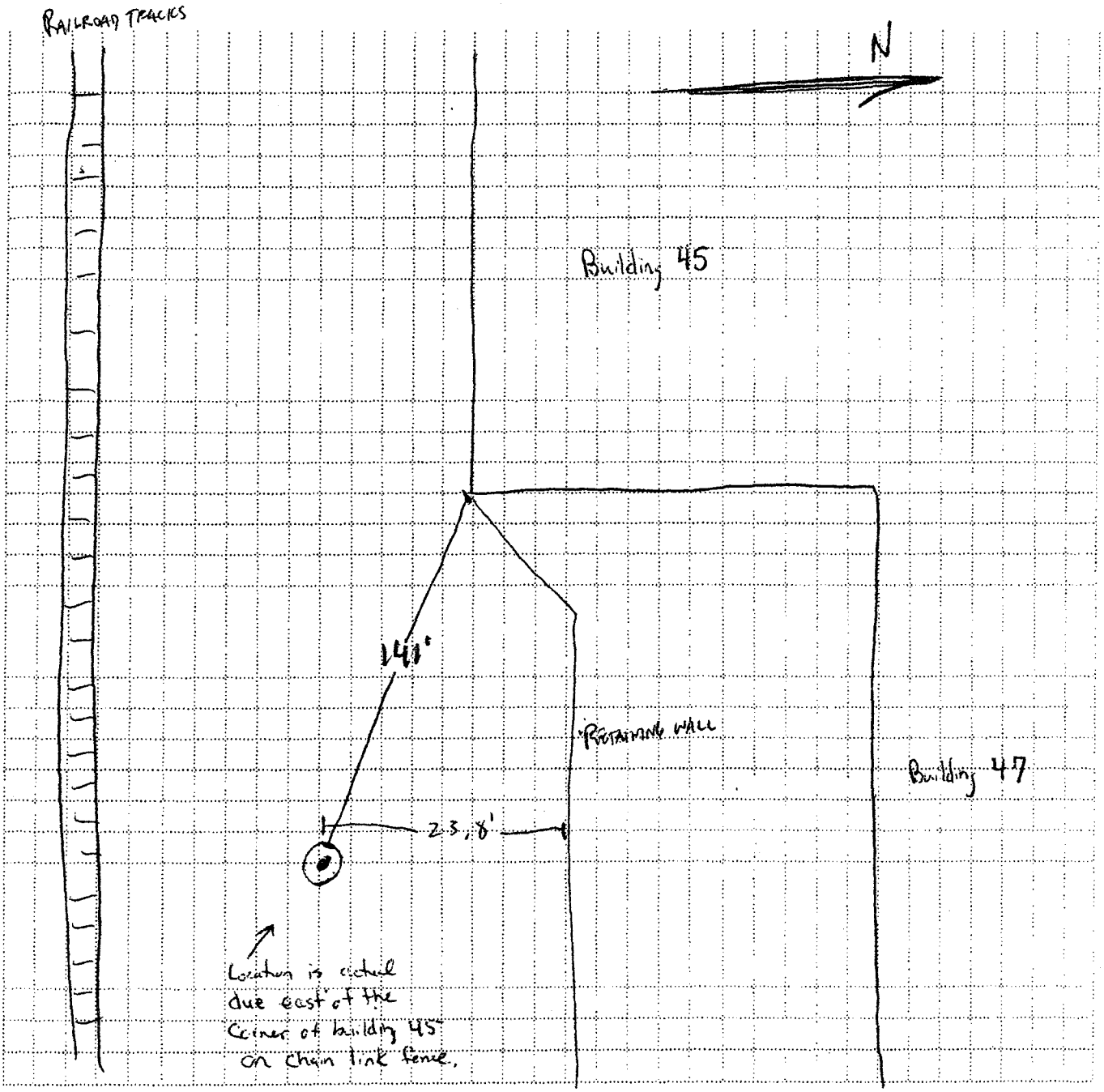
First Floor:

12. OUTDOOR PLOT

047-G-01

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



 047-1-02

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
Near Col 03	Benzyl Alcohol	11 - 55gal	UO and U	Same	0.0	N
Near Col C3	HCl	2 - 55gal	UO	Same	0.0	N
Near Col C3	Hi-Speed Starter Solution Speed Etch	4 - 55gal	UO	Copper Ammonium Chloride and Ammonium Chloride	0.0	N
Near Col C3		27 cs 4/1gal	UO	Ammonium Chloride	0.0	N
Near Col C3		4 - 5gal	UO	Ammonium Chloride Granular	0.0	N
Near D-3	Benzyl Alcohol	?	U	open in machine unknown quantity	0.0	N
Near D-2	Solvent Waste Tanks	?	U	Unknown	0.0	NO

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 47A

OA-47A-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 047A	**Collector(s):**	TM DV-SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	mini Rae 2000 110-008820	**Building No:**	47A

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	34335
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	102-08
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/14/05 / 1202
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-25
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/15/05 1202
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	0
Sample ID:		**Sample ID:**		**Sample ID:**	OA-47A-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	South
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	90'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	44"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	~10' to Access Rd.
PID Reading (ppm)	—	PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	None
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	No
—		Duplicate Sample?			
—				—	

Comments:

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-29-05 1113

Preparer's Affiliation ERM Phone No. 315-~~44~~5-2554

Purpose of Investigation Huron Indoor Air

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: ~~Johnson~~ Snyder First Name: ~~Randy~~ John

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-~~2567~~ 3603

Number of Occupants/persons at this location N/A Age of Occupants >15

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) manufacturing - Solvent room

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? N/A

Other characteristics:

Number of floors 4 Building age ~~50yr~~ 25yrs

Is the building insulated? Y / N Unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

Outside Air Sample

Outdoor air infiltration

Outside Air Sample

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 6 (feet)

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

~~Some cracks~~ TUN N/A

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N N/A

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.

N/A

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Solvent water pumping station rooms - manufacturing
1st Floor	manufacturing - Laminations
2nd Floor	manufacturing
3rd Floor	mechanical rooms - HVAC
4th Floor	/

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

NA

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type?_____

i. Have cosmetic products been used recently? Y / N When & Type?_____

NA

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

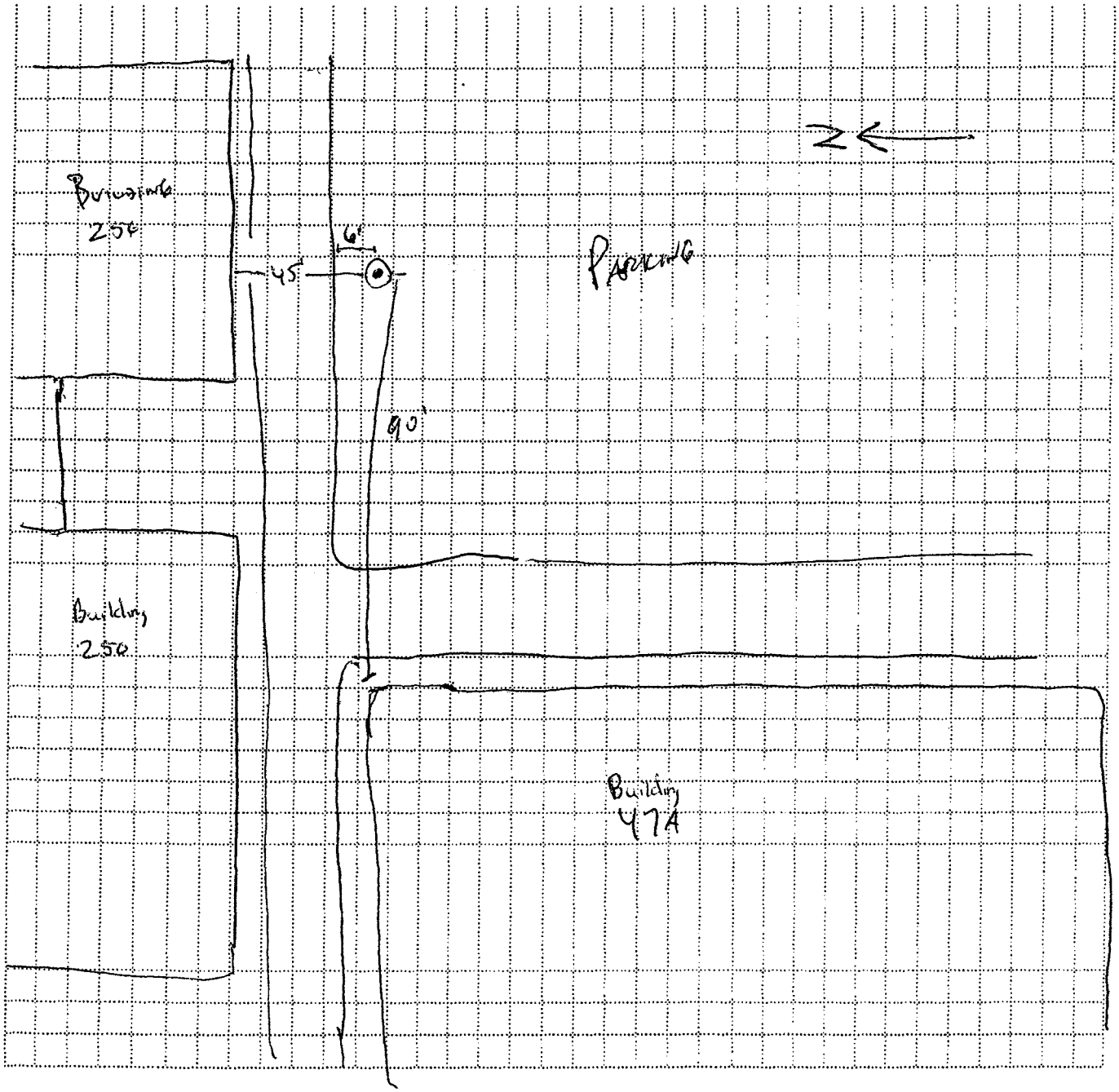
First Floor:

047A-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



047A-G-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
near sample		N/A	N/A	none	0.0	N/A

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 47A

IA-47A-B-01

SS-47A-B-01

NEAR COLUMN F1/16

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 047A, col. F1-16	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Mini Rae 110-008820	**Building No:**	047 A

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34457	Canister Serial No.:	35137	Canister Serial No.:	
Flow Controller Id No:	03-05	Flow Controller Id No:	101-06	Flow Controller Id No:	
Start Date/Time:	3/14/05 1135	Start Date/Time:	3/14/05 1135	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	3/15/05 1133	Stop Date/Time:	3/15/05 1133	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	-8	Stop Pressure: (inches Hg)	
Sample ID: IA-47A-[redacted]-01		**Sample ID:** SS-47A-[redacted]-01		**Sample ID:** ~~OA-47A-G-01~~	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st level	Basement or Crawl Space?	No	Direction from Building	
Room	F1 14-16 H1 15-16	Floor Slab Thickness (inches) *[if present]*	13"	Distance from Building	
Indoor Air Temp (°F)	71.6°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	yes	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	15"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.10	Noticeable Odor?	yes	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
—		Duplicate Sample?	No		
—				—	

Comments: hole located near trencher (no PID read)

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-29-05 1123

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: ~~Johnson~~ Snyder First Name: ~~Randy~~ John

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-~~2507~~ 3603

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Krecowick First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) manufacturing

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NA

Other characteristics:

Number of floors 4 Building age ~~50yrs~~ 25yrs

Is the building insulated? Y / (N) How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

Air handlers dedicated to each floor

Airflow near source

Minimal airflow near source

Outdoor air infiltration

No source of air infiltration from outdoors

Infiltration into air ducts

Return air duct 50' from sample location only obvious source of infiltration into ducts

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE / PAINT	
e. Concrete floor:	unsealed	sealed	sealed with TILE / PAINT	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with PAINT	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N SUB-GRADE TRANCHES			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

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

~~TILE~~ FLOOR TILE IN POOR CONDITION

TRENCH (COVERED) NEAR SAMPLE LOCATION & ILLUSTRATED ON FLOORPLAN

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other BLDG 39
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

DUCTWORK VISIBLE IN CEILING @ ~ 15' ABOVE FLOOR IN GOOD CONDITION ?

ILLUSTRATED ON FLOOR PLAN

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Solvent tank rooms - manufacturing
1st Floor	manufacturing - Laminations
2nd Floor	manufacturing
3rd Floor	mechanical rooms - HVAC
4th Floor	/

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. **Is there an attached garage?** Y / N

b. **Does the garage have a separate heating unit?** Y / N / NA

c. **Are petroleum-powered machines or vehicles stored in the garage** (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. **Has the building ever had a fire?** Y / N When?_____

e. **Is a kerosene or unvented gas space heater present?** Y / N Where?_____

f. **Is there a workshop or hobby/craft area?** Y / N Where & Type? MAINT. AREAS

g. **Is there smoking in the building?** Y / N How frequently?_____

h. **Have cleaning products been used recently?** Y / N When & Type? UNKNOWN

i. **Have cosmetic products been used recently?** Y / N When & Type? UNKNOWN

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? unknown

l. Have air fresheners been used recently? Y / N When & Type? unknown

m. Is there a kitchen exhaust fan? Y / (N) If yes, where vented?_____

n. Is there a bathroom exhaust fan? (Y) / N If yes, where vented?_____

o. Is there a clothes dryer? Y / (N) If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? unknown

Are there odors in the building? (Y) / N
If yes, please describe: Strong odor - Acidic

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) (Unknown)
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / (N) Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: NA

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel NA

c. Responsibility for costs associated with reimbursement explained? Y / N NA

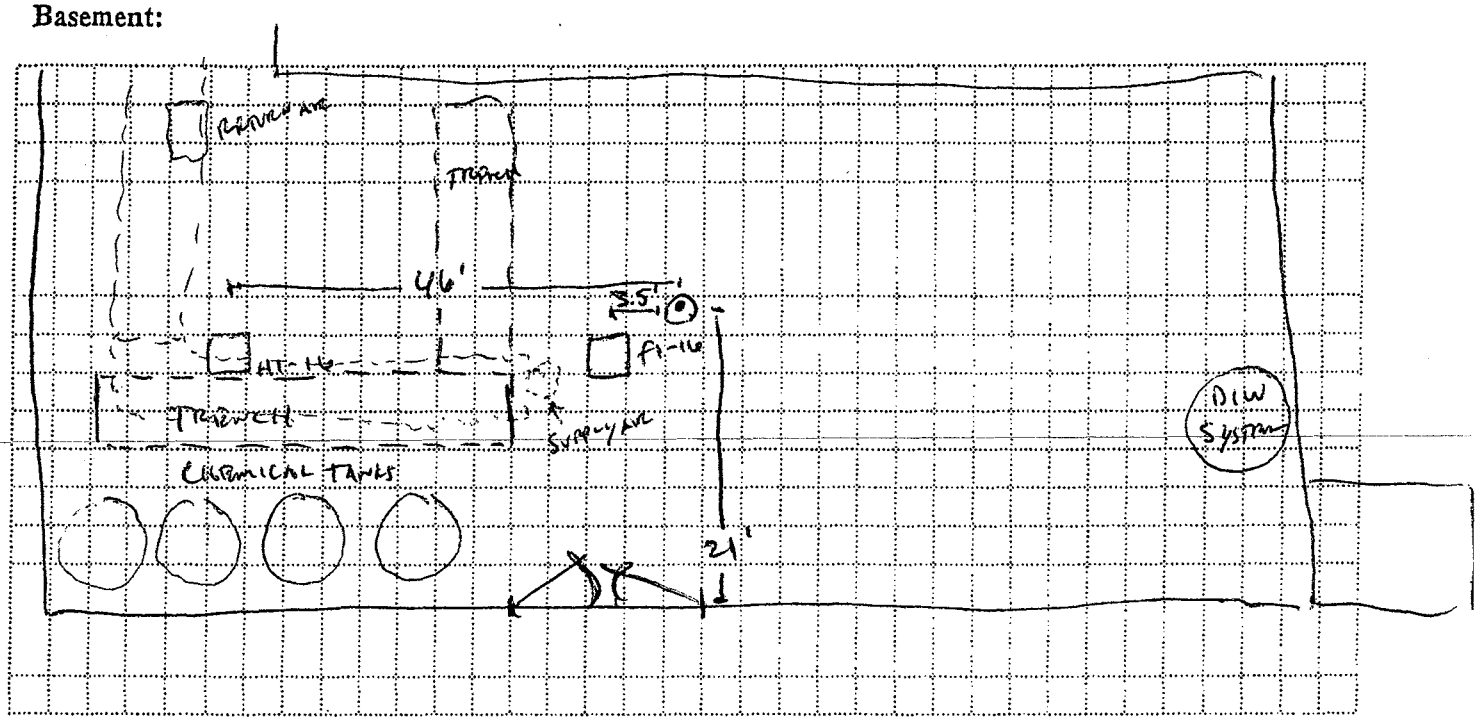
d. Relocation package provided and explained to residents? Y / N NA

047-1-01

11. 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.

Basement:



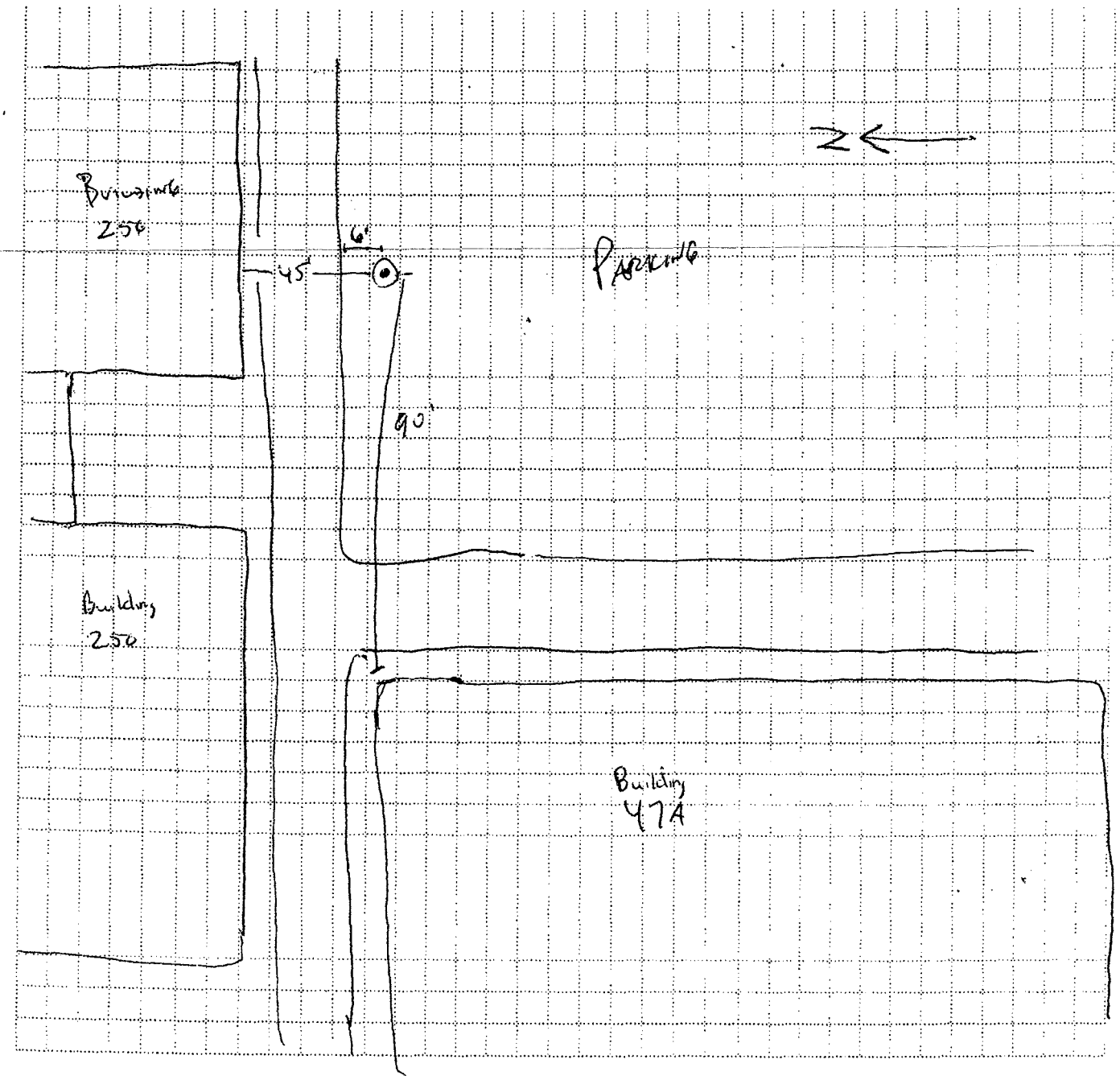
First Floor:

047A-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



047A-1-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae 2000

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

Location	Product Description	Size (oz.) gal	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y/N
Between F1-16 and	Tanks	500 gal		Sodium Hydroxide	0.0	N
F1-15	Versene 100 XU	500 gal		?	0.0	N
↓		500 gal		Cupric Sulfate	0.0	N
		180 gal		Formaldehyde 37%	0.0	N
		170 gal		Hydrogen Peroxide Aqueous	0.0	N
↓		170 gal		Sodium Hydroxide Sol	0.0	N
H1-16 and		2000 gal		Sodium Hydroxide	0.0	N
H1-15		2000 gal		Cupric Sulfate	0.0	NO
Near H1-15	Versene	3000 gal			0.0	N
↓	↓	↓	↓	↓	↓	↓

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

Bldg. 048

OA-048-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 048	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Mini Rae 110-008920	**Building No:**	048

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	34431
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	03-37
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/10/05 1510
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-26.5
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	03/11/05 1510
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-1.5
Sample ID:		**Sample ID:**		**Sample ID:**	UA-048-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	W
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	20'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	54"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	315'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	No
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	No
—		Duplicate Sample?		—	

Comments:

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-29-05 1510

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / (N)

Last Name: Manning First Name: Dennis

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-8415

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: (Y) N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Distribution Center

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NY

Other characteristics:

Number of floors 2 Building age 34

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

Outside Air Sample

Outdoor air infiltration

Outside Air Sample

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with paint	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

N/A

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

N/A

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Distribution Center
1st Floor	" "
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

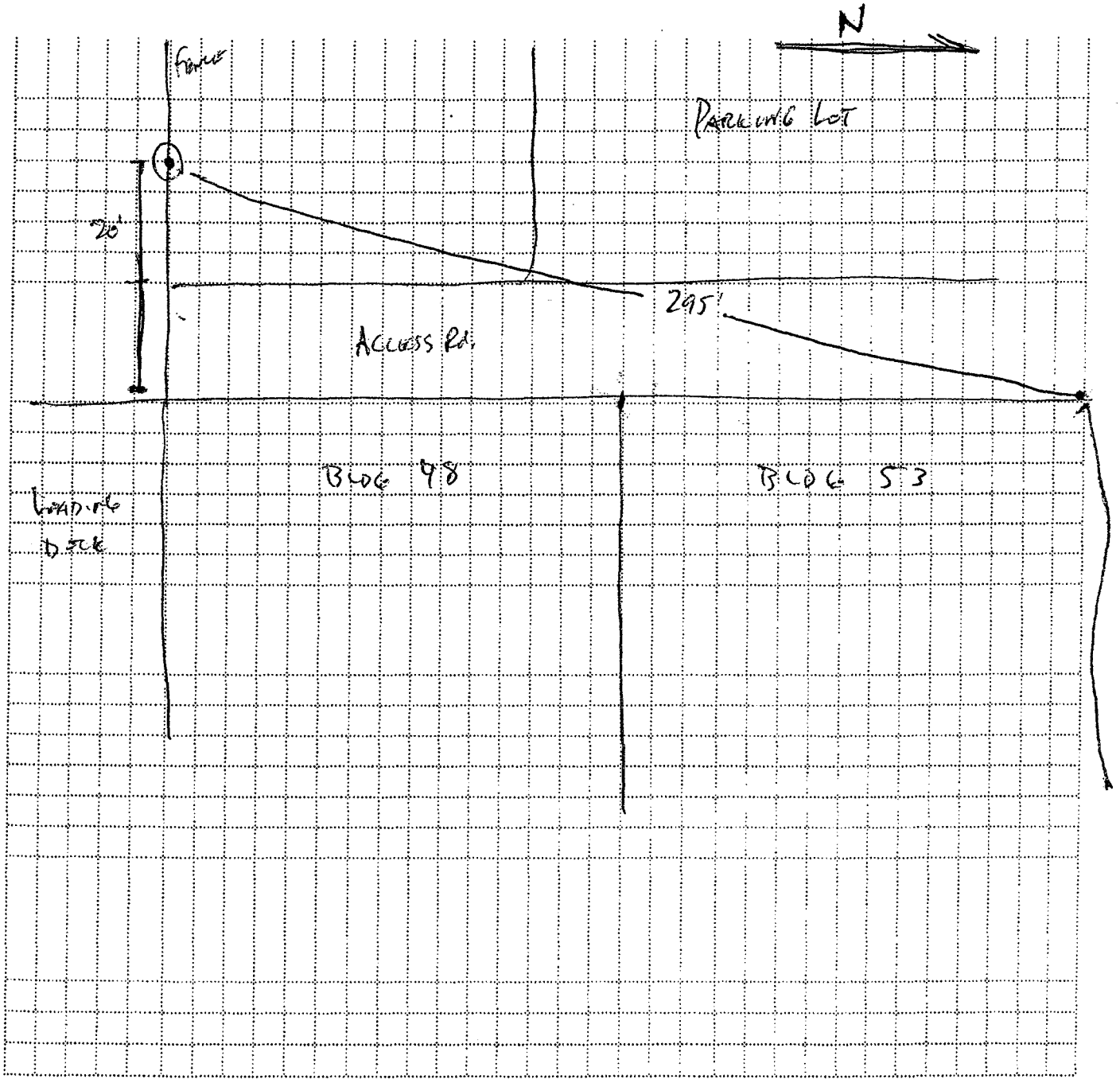
First Floor:

OA-048-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



OA-048-6-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
near	sample	N/A	N/A	none	0.0	N/A

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

Bldg. 048

Column M1

IA-048-B-02

SS-048-B-02

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 048, Col. M1	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Mini Rae 110-008820	**Building No:**	048

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34458	Canister Serial No.:	34344	Canister Serial No.:	
Flow Controller Id No:	55-40	Flow Controller Id No:	03-16	Flow Controller Id No:	
Start Date/Time:	3/10/05 1428	Start Date/Time:	3/10/05 1428	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-30+	Start Pressure: (inches Hg)	
Stop Date/Time:	03/11/05 / 1435	Stop Date/Time:	03/11/05 / 1435	Stop Date/Time:	
Stop Pressure: (inches Hg)	-2	Stop Pressure: (inches Hg)	-5	Stop Pressure: (inches Hg)	
Sample ID: IA-048-B-02		**Sample ID:** SS-048-B-02		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	basement	Basement or Crawl Space?	basement	Direction from Building	
Room	048, Col M1	Floor Slab Thickness (inches) *[if present]*	8"	Distance from Building	
Indoor Air Temp (°F)	72.0°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	10"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.55	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
—		Duplicate Sample?	No		
—					

Comments:

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Gomez Date/Time Prepared 3/10/05 1425

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Manning First Name: Dennis

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-8415

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6077

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) WAREHOUSE

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 2 Building age 34 yrs

Is the building insulated? Y / N Unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No avenues for air flow between floors

Airflow near source

Minimal air flow near location

Outdoor air infiltration

Poor from overhead door to the east and man doors to the west

Infiltration into air ducts

No ductwork near location.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with appears to be sealed w. the sinks	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

Floor looks very competent occ. cracks but minimal.

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

No ductwork

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Warehouse
1st Floor	Warehouse
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify_____

d. Has the building ever had a fire? Y / (N) When?_____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where?_____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type?_____

g. Is there smoking in the building? Y / (N) How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / (N) When & Type?_____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

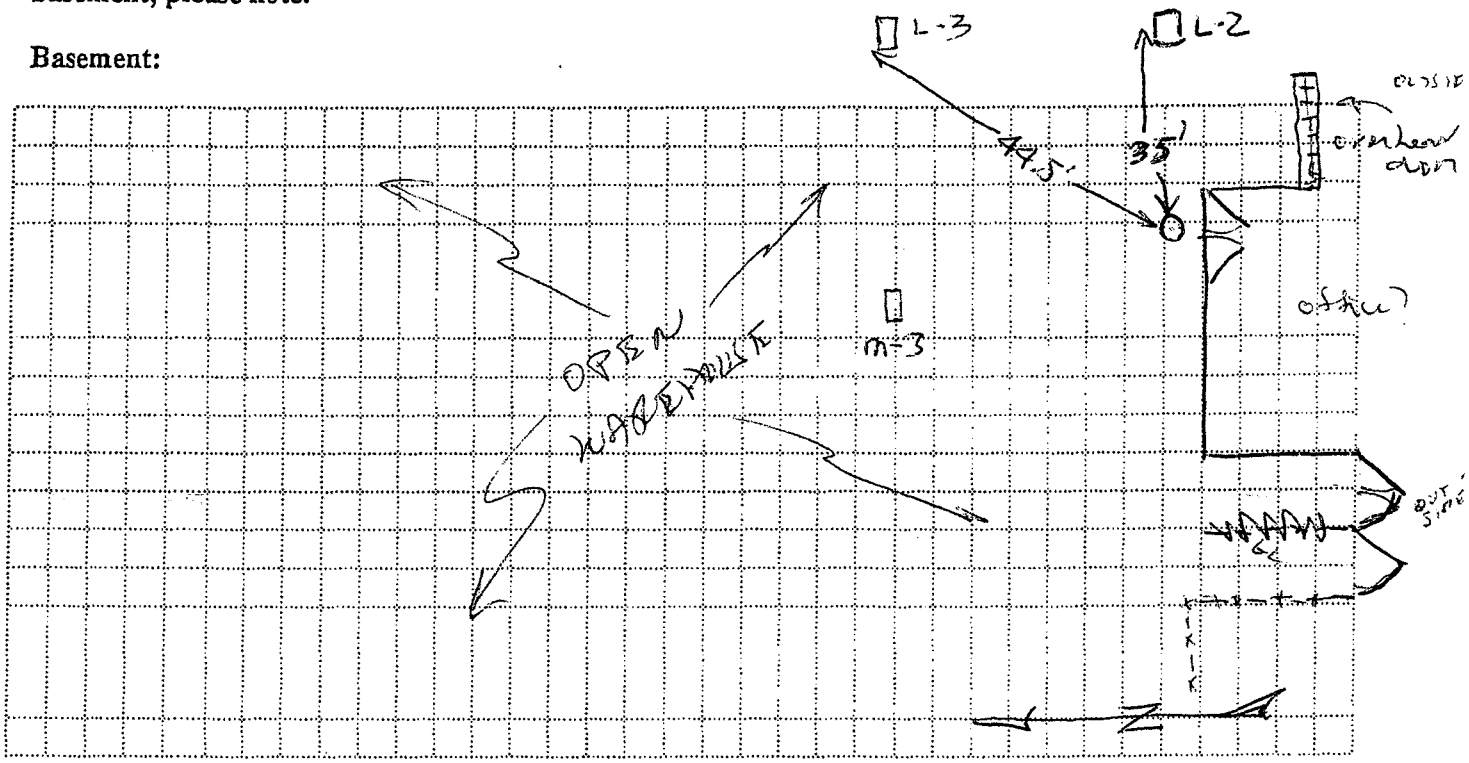
d. Relocation package provided and explained to residents? Y / N

11. FLOOR PLANS

048-B-02

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.

Basement:



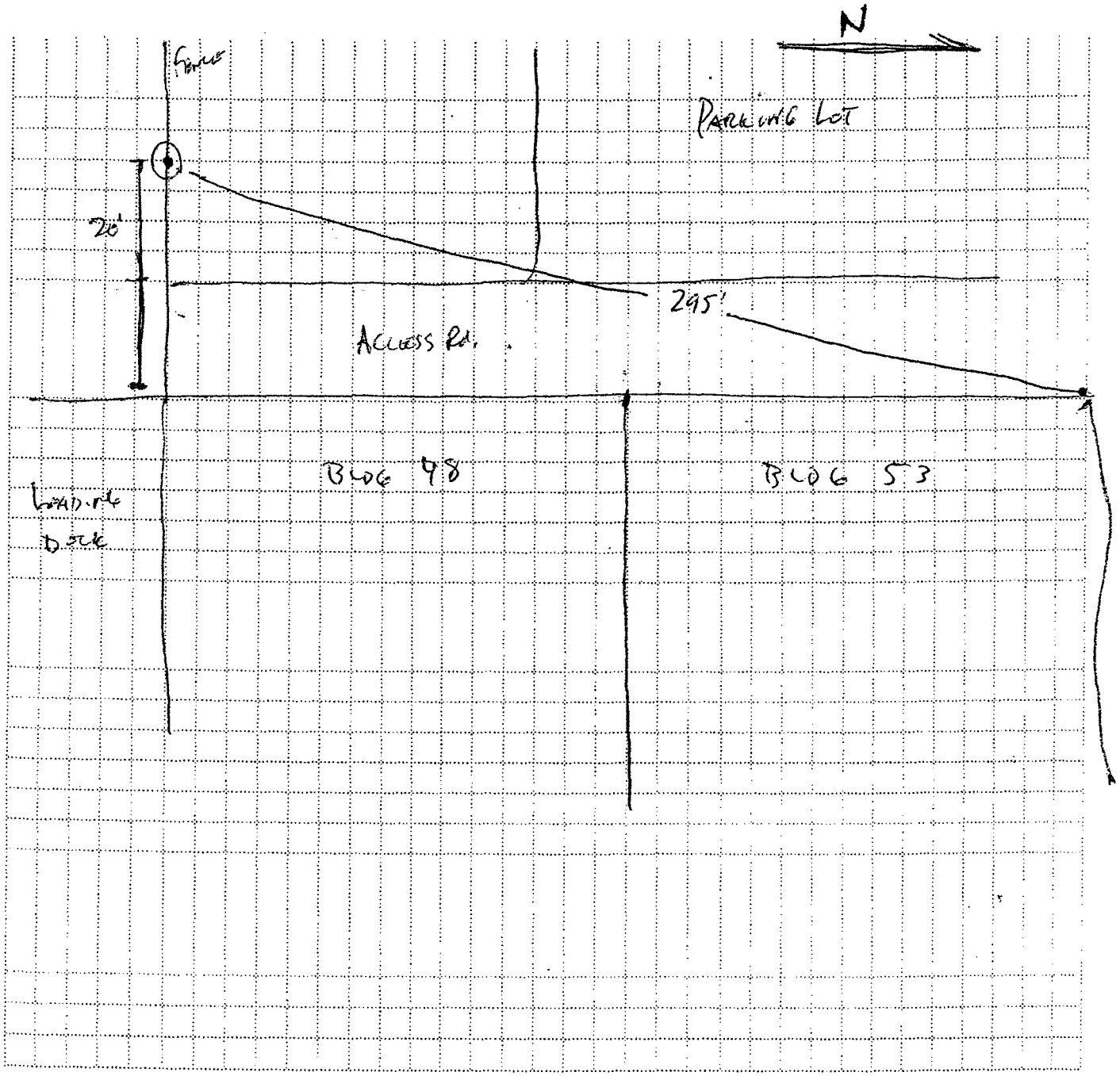
First Floor:

OA-048-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
N/A	No chem storage observed.	N/A	N/A	none	0.0	N

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

Bldg 048

column H9

SS-048-B-02

IA-048-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 048, col. H-9	Collector(s):	TM DV SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	mini RAE 110-008820	Building No:	048

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	938	Canister Serial No.:	32124	Canister Serial No.:	
Flow Controller Id No:	101-04	Flow Controller Id No:	101-29	Flow Controller Id No:	
Start Date/Time:	3/10/05 1436	Start Date/Time:	3/10/05 1436	Start Date/Time:	
Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)	-30+	Start Pressure: (inches Hg)	
Stop Date/Time:	03/11/05 1438	Stop Date/Time:	03/11/05 1438	Stop Date/Time:	
Stop Pressure: (inches Hg)	-0.5	Stop Pressure: (inches Hg)	-6	Stop Pressure: (inches Hg)	
Sample ID: IA-048-B-01		**Sample ID:** SS-048-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	basement	Basement or Crawl Space?	basement	Direction from Building	
Room	col H-9	Floor Slab Thickness (inches) *[if present]*	9"	Distance from Building	
Indoor Air Temp (°F)	72.0°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	11"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.55	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
—		Duplicate Sample?	No		
—				—	

Comments:

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/10/05 1400

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Manning First Name: Dennis

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-8415

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755 6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Warehouse

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? N/A

Other characteristics:

Number of floors 2 Building age 34 yrs

Is the building insulated? Y / N Unknown How air tight? Tight / (Average) / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No observed avenues for air movement between floors

Airflow near source

Minimal air flow. Occasional slight breeze in the open area

Outdoor air infiltration

No observed avenues of outdoor air infiltration

Infiltration into air ducts

Visible air ducts appear to be in good condition

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with partially tiled	
e. Concrete floor:	unsealed	sealed	sealed with sealer & some tiles	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

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

Most of floor is competent. Very few shallow looking cracks

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

All ductwork approx. 20' overhead

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Warehouse
1st Floor	Warehouse
2nd Floor	—
3rd Floor	—
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify _____

d. Has the building ever had a fire? Y / (N) When? _____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where? _____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type? _____

g. Is there smoking in the building? Y / (N) How frequently? _____

h. Have cleaning products been used recently? Y / (N) When & Type? _____

i. Have cosmetic products been used recently? Y / (N) When & Type? _____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

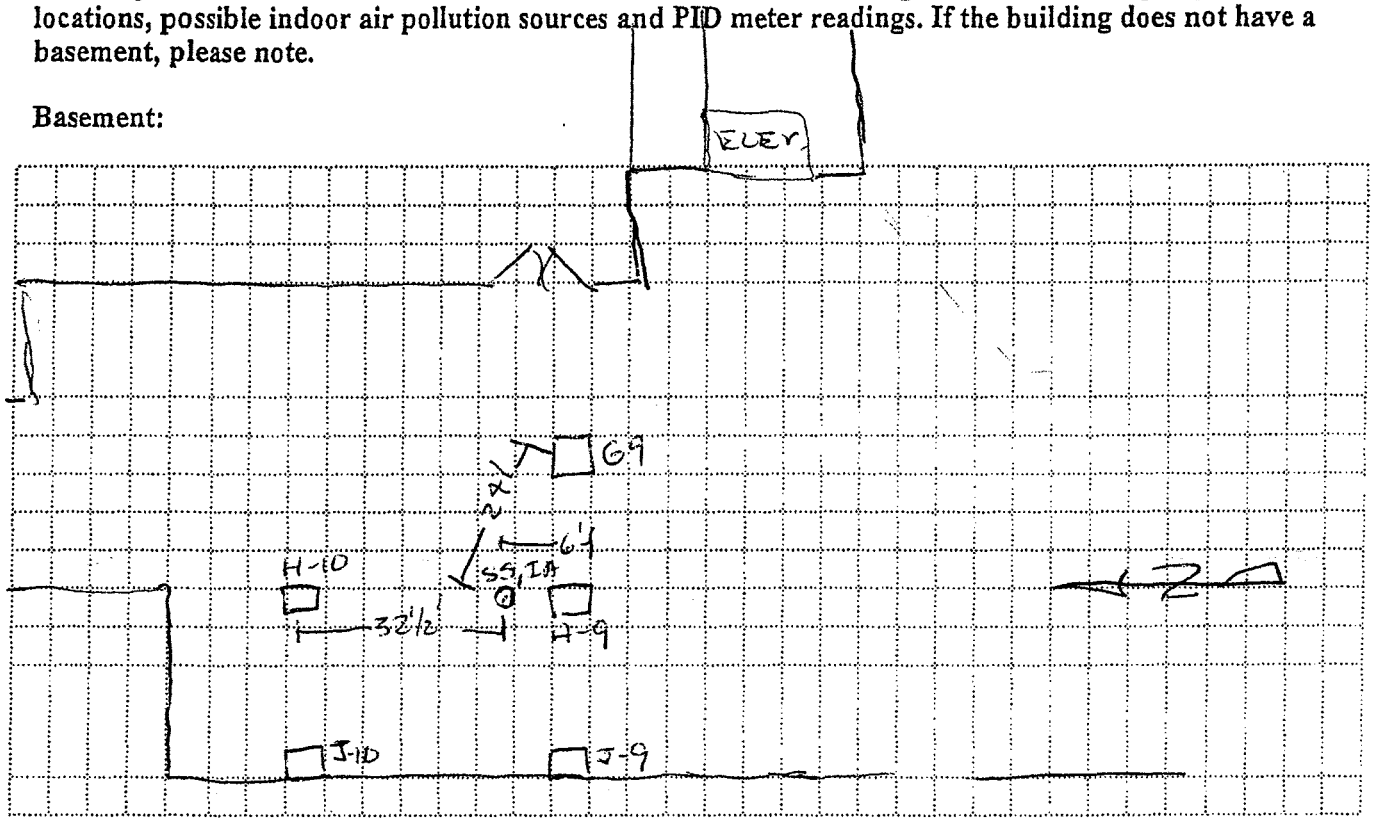
d. Relocation package provided and explained to residents? Y / N

11. FLOOR PLANS

048-B-01

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.

Basement:



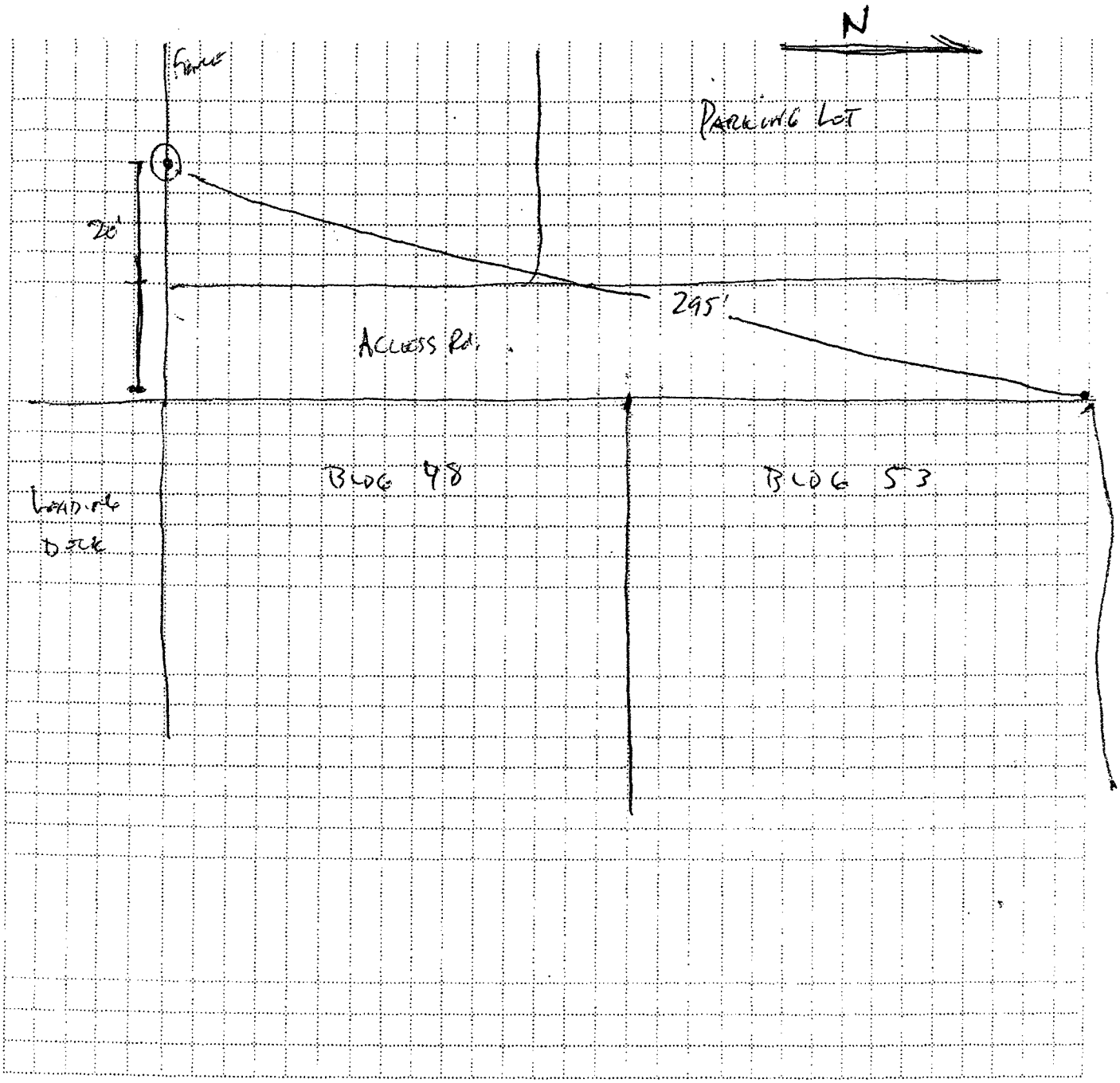
First Floor:

OA-048-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
Near sample	Open alley way	N/A	N/A	none	0.0	N/A
	no chem. storage					

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 53

OA-053-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 53	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Mini Rae	**Building No:**	053

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	35156
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	103-64
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/10/05 1503
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-27.5
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	03/11/05 1503
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-0.5
Sample ID:		**Sample ID:**		**Sample ID:**	OA-053-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	N
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	60'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	58"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	145'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	No
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	No
—		Duplicate Sample?		—	

Comments:

Signature: Todd R Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-29-05- 1535

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Manning First Name: Dennis

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-8415

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-8415

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Distribution Center

Does it include residences (i.e. multi-use)? Y / N (circled N) If yes, how many? N/A

Other characteristics:

Number of floors 2 Building age 34 yrs

Is the building insulated? Y / N Unknown How air tight? Tight / Average / Not Tight (circled Tight)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

Outdoor Air Sample

Outdoor air infiltration

Outdoor Air Sample

Infiltration into air ducts

N/A

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with paint	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 10 (feet)

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

none

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

N/A

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Warehouse
1st Floor	Warehouse
2nd Floor	—
3rd Floor	—
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

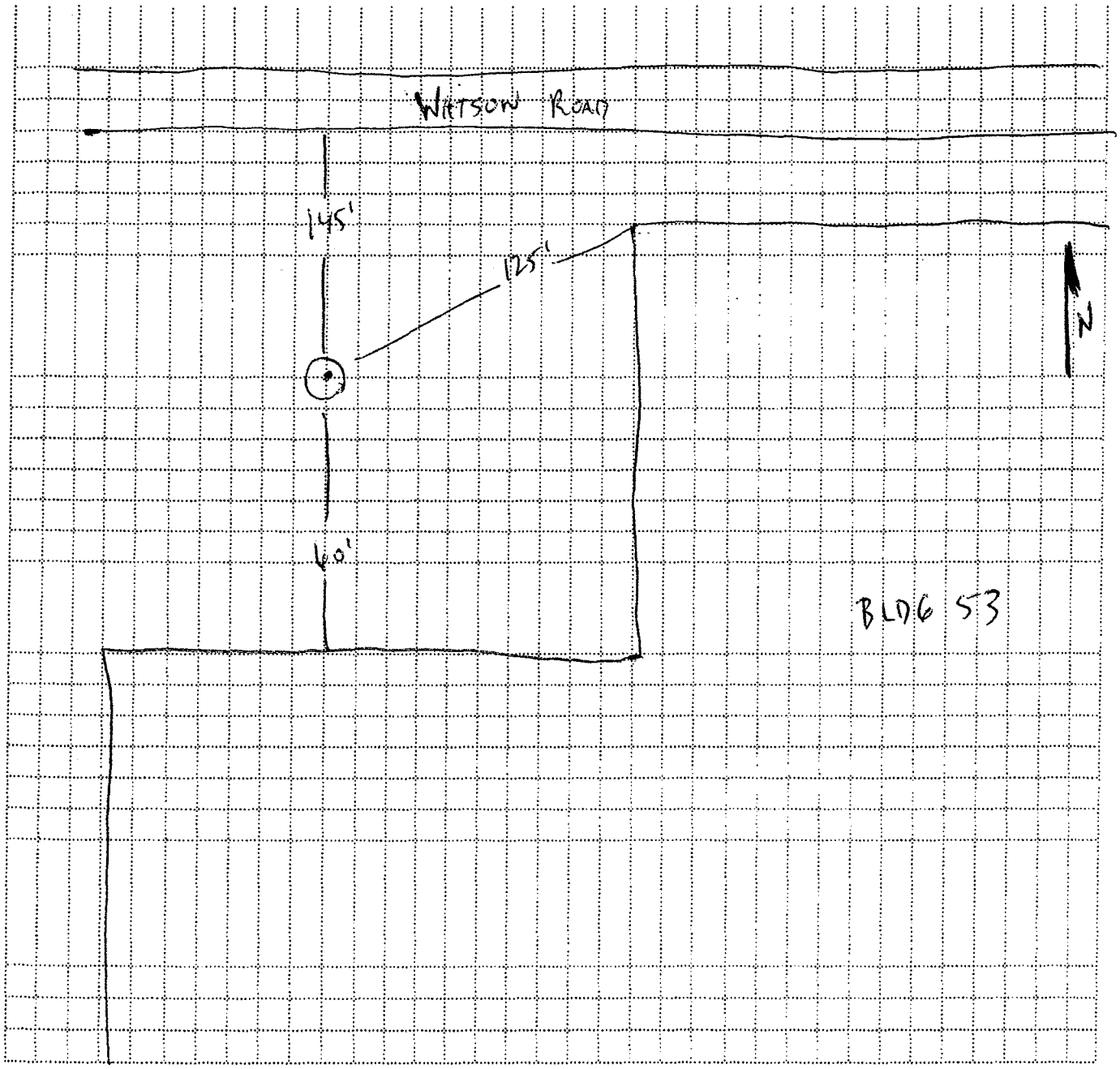
First Floor:

7 053
~~048~~-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



OA-053-6-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: mini Rae

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
near	sample	N/A	N/A	None	0.0	N

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 53

NEAR COLUMN F-61

IA-053-B-01

SS-053-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 53. col. F-61	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Mini Rae 110-008820	**Building No:**	053

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	35154	Canister Serial No.:	32130	Canister Serial No.:	
Flow Controller Id No:	103-15	Flow Controller Id No:	100-02	Flow Controller Id No:	
Start Date/Time:	3/10/05 ~~1436~~ 1438	Start Date/Time:	3/10/05 1438	Start Date/Time:	
Start Pressure: (inches Hg)	~~-29.5~~ -25	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	03/11/05 / 1440	Stop Date/Time:	03/11/05 / 1440	Stop Date/Time:	
Stop Pressure: (inches Hg)	0.0	Stop Pressure: (inches Hg)	-5.5	Stop Pressure: (inches Hg)	
Sample ID: IA-053-B-01		**Sample ID:** SS-053-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	basement	Basement or Crawl Space?	basement	Direction from Building	
Room		Floor Slab Thickness (inches) *[if present]*	1"	Distance from Building	
Indoor Air Temp (°F)	71.0°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	11"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.06	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
—		Duplicate Sample?	No		
—				—	

Comments:

Signature: Todd L Marsh

OSR-3

053-B-01

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/10/05 1330

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Manning First Name: Dennis

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-8415

Number of Occupants/persons at this location N/A Age of Occupants >18

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt Endicott, NY

County: Broome

Home Phone: _____ Office Phone: 607 755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) WAREHOUSE

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? N/A

Other characteristics:

Number of floors 2 Building age 34 yrs

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No observed avenues for airflow between floors

Airflow near source

minimal air flow from overhead air supply ducts

Outdoor air infiltration

No avenues to outside air observed.

Infiltration into air ducts

Ducts not visible behind ceiling.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE	
e. Concrete floor:	unsealed	sealed	sealed with Glue/Tile	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 30 (feet)

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

Floor with tile is competent. No visible cracks

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

All behind drop ceiling

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	This locker is clean room off warehouse
1st Floor	warehouse
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify_____

d. Has the building ever had a fire? Y / (N) When?_____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where?_____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type?_____

g. Is there smoking in the building? Y / (N) How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

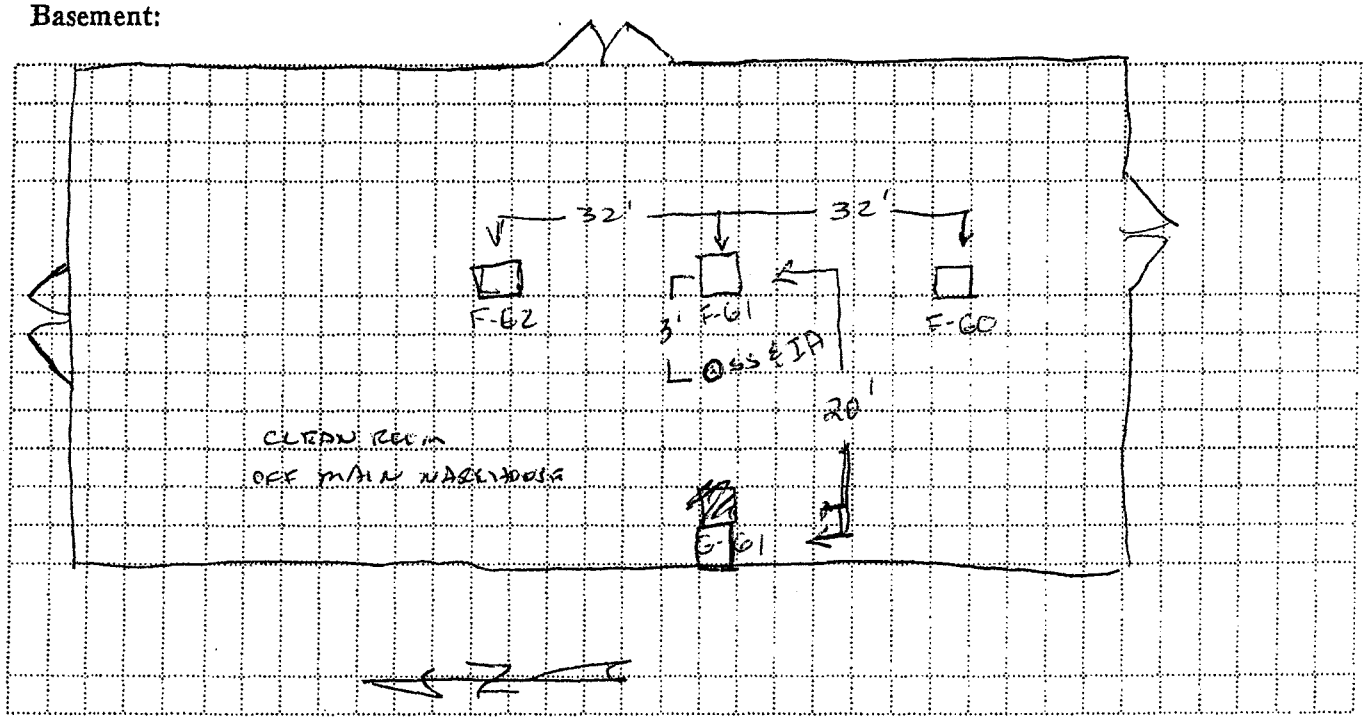
d. Relocation package provided and explained to residents? Y / N

053-B-01

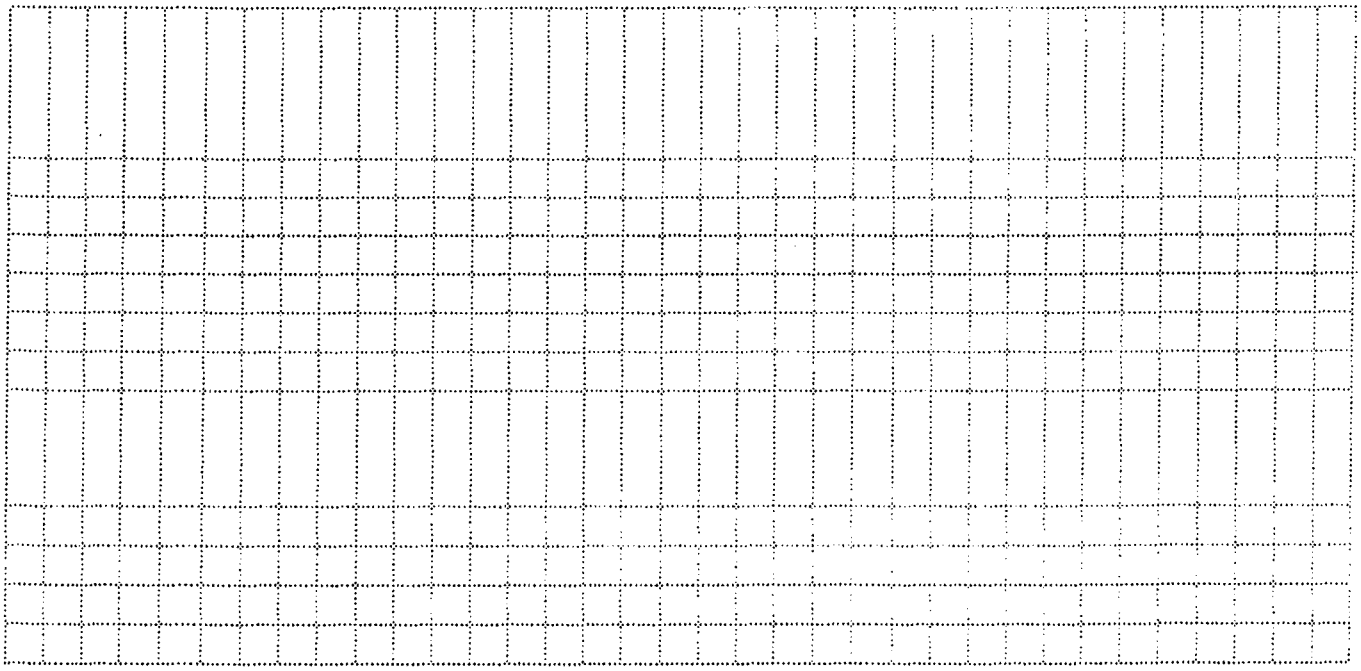
11. FLOOR PLANS

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.

Basement:



First Floor:



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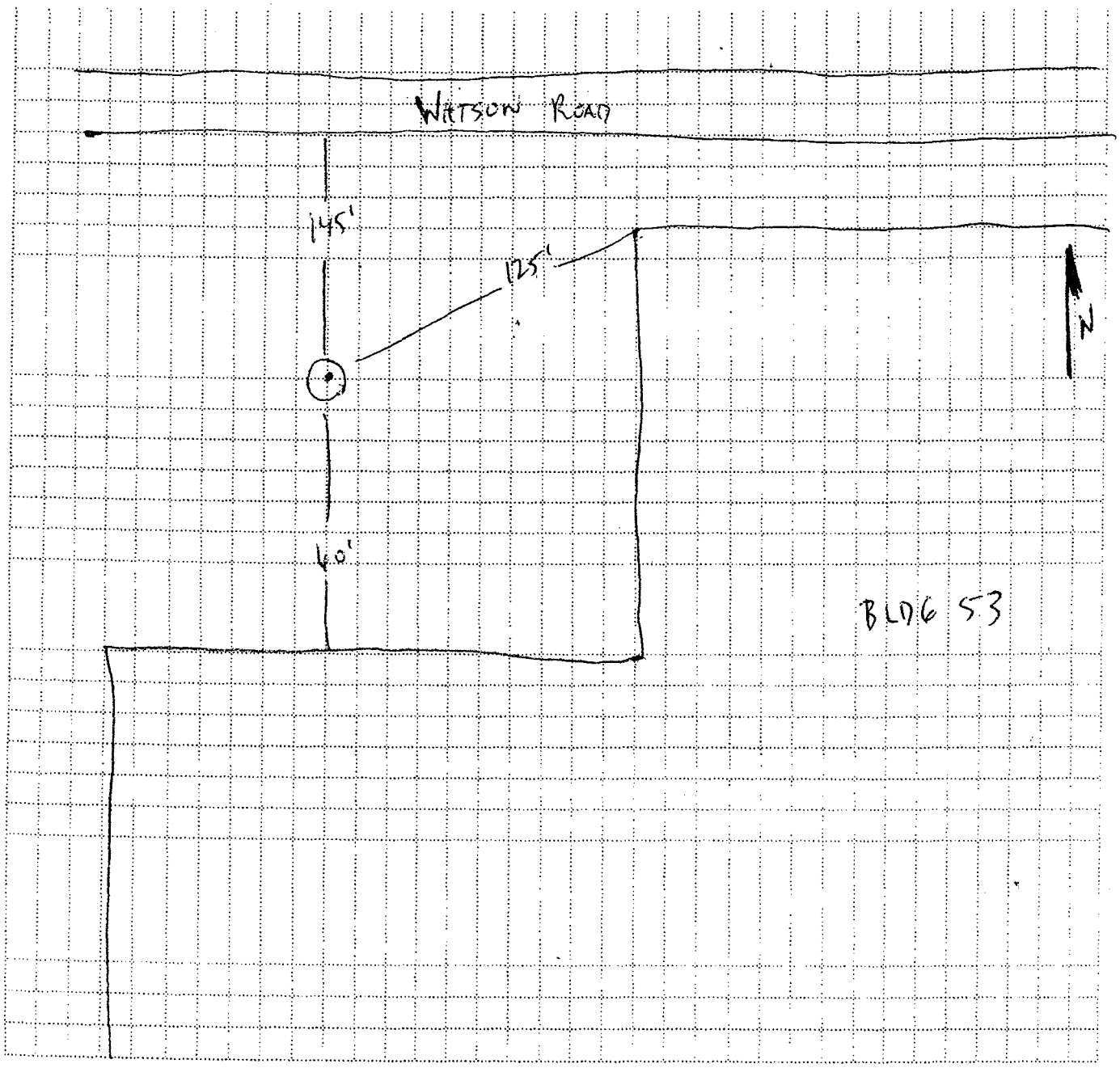
12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



053-B-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae 110-008826

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
N/A	Clean room		N/A	none	N/A	N
	No chem. storage observed					

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 57

OA-057-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	OUTSIDE BLDG 57	**Collector(s):**	TM, DV, SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 2000	**Building No:**	057

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	7001
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	5557
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/3/05 10:46
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-28
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/4/05 10:46
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	0.0
Sample ID:		**Sample ID:**		**Sample ID:**	OA-057-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	A
Story/Level		Basement or Crawl Space?		Direction from Building	West.
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	12' 9"
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	47"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	42.5'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	No
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	No
		Duplicate Sample?			

Comments:

Signature: Todd L Marsh

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-29-05 09 30

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

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

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) General manufacturing

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? N/A

Other characteristics:

Number of floors 1 Building age _____

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

Outdoor Air sample

Outdoor air infiltration

Outdoor Air sample

Infiltration into air ducts

N/A

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

N/A

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

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

_____

_____

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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. N

N/A

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	—
1st Floor	General manufacturing - warehouse
2nd Floor	—
3rd Floor	—
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

NA

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type?_____

i. Have cosmetic products been used recently? Y / N When & Type?_____

NA

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

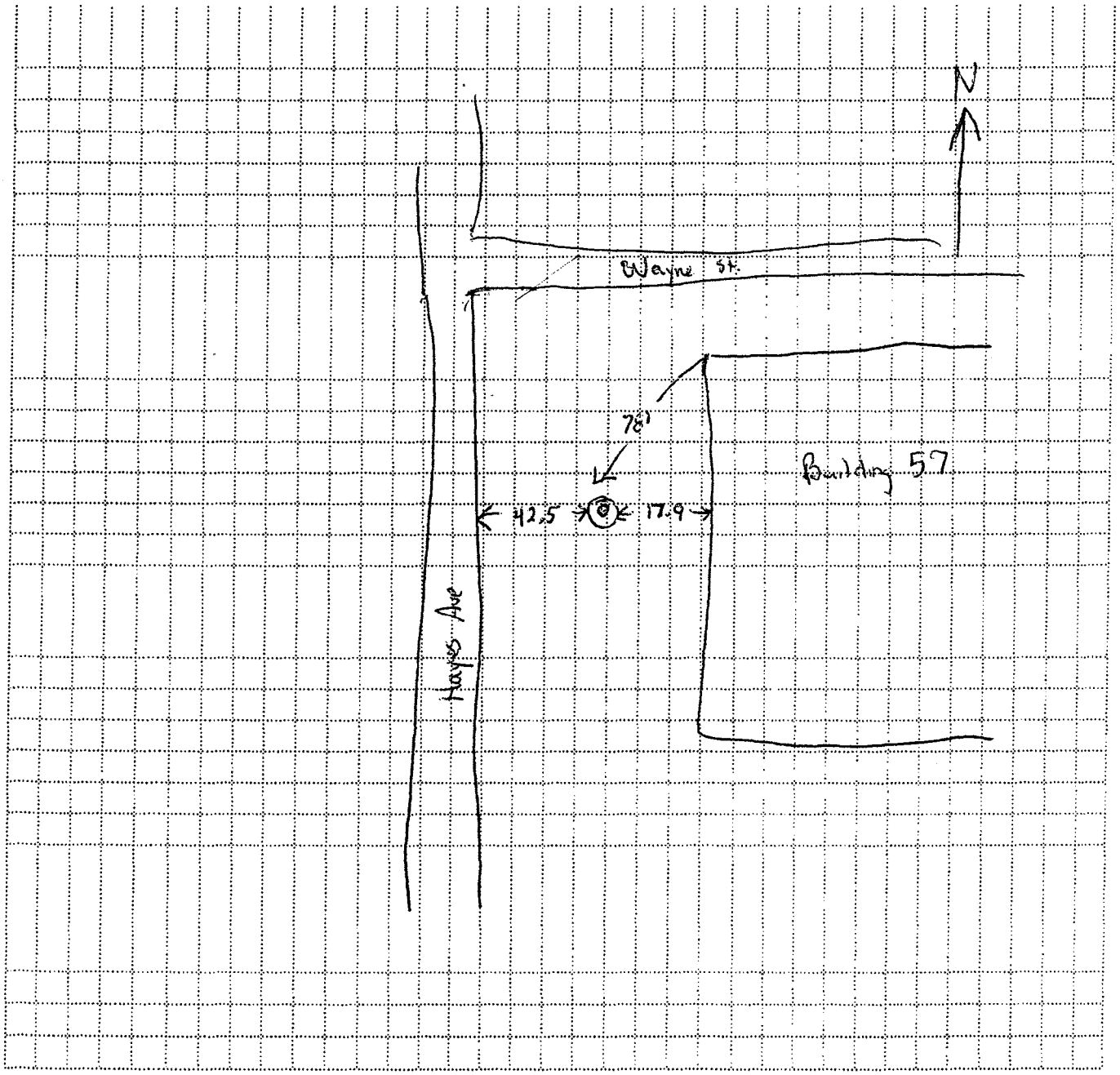
First Floor:

OA-057-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



OA-097-G-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
Near Sample	None	N/A	N/A	N/A	0.0	N/A

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 57

OFFICE XB 16

SS-057-1-01

IA-057-1-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	OFFICE KB16	Collector(s):	TMarsh, DVanCampen, SSchuchart
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 2000	Building No:	057

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33680	Canister Serial No.:	33899	Canister Serial No.:	
Flow Controller Id No:	103-52	Flow Controller Id No:	03-73	Flow Controller Id No:	
Start Date/Time:	3/2/05 10:34	Start Date/Time:	3/2/05 10:34	Start Date/Time:	
Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	
Stop Date/Time:	3/4/05 10:34	Stop Date/Time:	3/4/05 10:34	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	-2	Stop Pressure: (inches Hg)	
Sample ID: IA-057-1-01		**Sample ID:** SS-057-1-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st Level	Basement or Crawl Space?	No	Direction from Building	
Room		Floor Slab Thickness (inches) *[if present]*	5"	Distance from Building	
Indoor Air Temp (°F)	69.1°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	7"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.3	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.75	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
—		Duplicate Sample?	No		
—				—	

Comments:

Signature: Todd L Marsh

OSR-3

57-1-01
XB-16

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/3/05 1115

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: RALPH

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

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

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

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) General Manuf. (office)

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 1 Building age _____

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's deliver air to each floor separately.

Airflow near source

MINIMAL ~~No~~ Air flow Near Source

Outdoor air infiltration

No avenues to outdoor air

Infiltration into air ducts

Air ducts behind drop ceiling

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpet	
e. Concrete floor:	unsealed	sealed	sealed with some glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	This area
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

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

None

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

AIR SUPPLY & RETURN DUCTS REVEALED IN DROP CEILING & ILLUSTRATED ON FLOOR PLAN

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manuf. (office area)
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

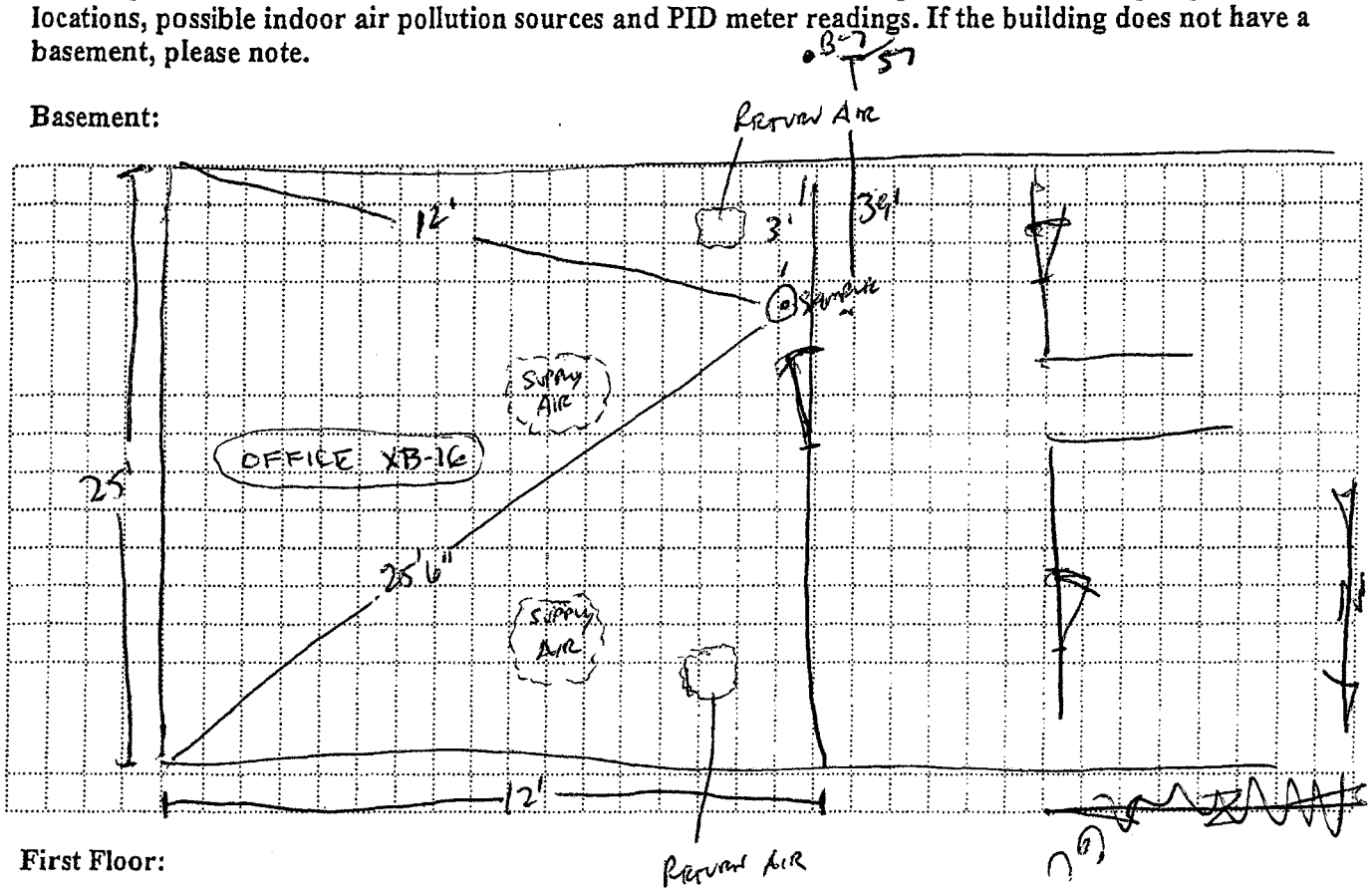
d. Relocation package provided and explained to residents? Y / N

057-1-01

11. 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.

Basement:



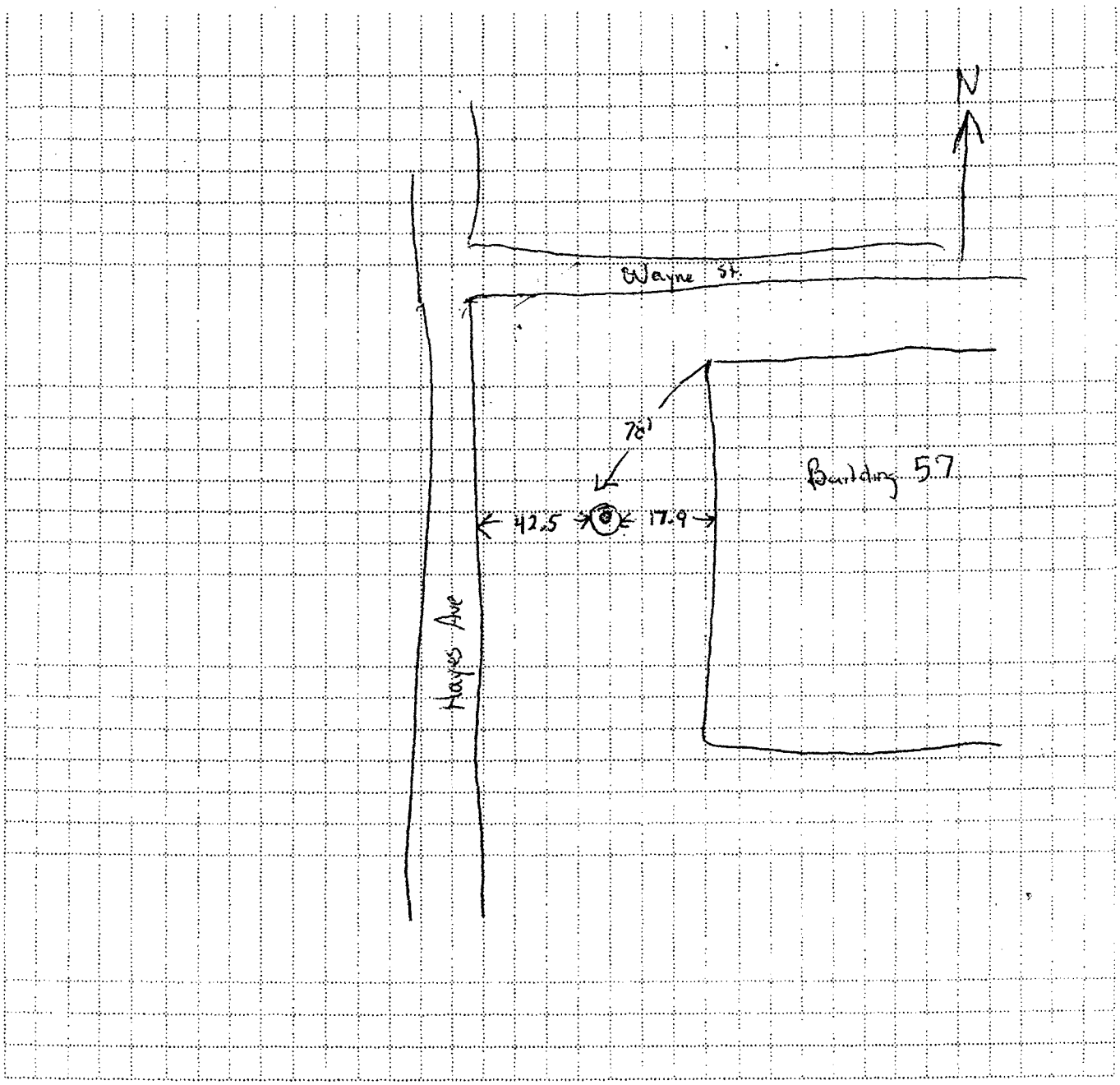
First Floor:

OA-057-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM 057-1-01

Make & Model of field instrument used: MiniRAE 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
office	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 57

Rm FC-17

NW corner of Bldg

SS-057-1-02

IA-057-1-02

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Meeting Room FC-17	Collector(s):	TM, DV, SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini RAC 2000	Building No:	057

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33980	Canister Serial No.:	401	Canister Serial No.:	
Flow Controller Id No:	03-47	Flow Controller Id No:	101-31	Flow Controller Id No:	
Start Date/Time:	3/2/05 10:36	Start Date/Time:	3/2/05 10:52	Start Date/Time:	
Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)	
Stop Date/Time:	3/4/05 10:36	Stop Date/Time:	3/4/05 10:52	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	-4	Stop Pressure: (inches Hg)	
Sample ID: IA-057-1-02		**Sample ID:** SS-057-1-02		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st level	Basement or Crawl Space?	No	Direction from Building	
Room	FC-17	Floor Slab Thickness (inches) *[if present]*	7"	Distance from Building	
Indoor Air Temp (°F)	69.3°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	11"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.1	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.59	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
—	↓	Duplicate Sample?	No		
—	↓			—	

Comments: room located inside break room w/ vending machines

* subslab tank was replaced due to broken gauge

Signature: Todd R Marsh

57-1-02

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/3/05 1105

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: RALPH

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

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

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

Interviewed: Y / N

Last Name: KESCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

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

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) General Manuf. (room off lunchroom)

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 1 Building age_____

Is the building insulated? Y / N unknown How air tight? (Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

ONLY ONE FLOOR AHU'S DELIVER AIR TO EACH FLOOR SEPARATELY

Airflow near source

Very minimal air movement in Conference Rm

Outdoor air infiltration

No direct avenues to the outdoor air

Infiltration into air ducts

Air ducts are behind drop ceiling.
There are 2 air returns in the room (FC-17) see dwg.

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpet	
e. Concrete floor:	unsealed	sealed	sealed with some glue, tile in lower area	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	This area.
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

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

None

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

DUCTWORK HIDDEN BY DROP CEILING

~~RETURN ARE DUCTS~~ AIR SUPPLY & RETURN DIFFICULT TO DETERMINE AS THERE IS NO AIR MOVING THROUGH DUCTS Return ducts are in Rm FC 17

Supply air is delivered into the lunch room area only

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Conference room next to Lunchroom area
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage?	Y / N	
b. Does the garage have a separate heating unit?	Y / N / NA	
c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)	Y / N / NA	Please specify
d. Has the building ever had a fire?	Y / N	When?
e. Is a kerosene or unvented gas space heater present?	Y / N	Where?
f. Is there a workshop or hobby/craft area?	Y / N	Where & Type?
g. Is there smoking in the building?	Y / N	How frequently?
h. Have cleaning products been used recently?	Y / N	When & Type? unknown
i. Have cosmetic products been used recently?	Y / N	When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

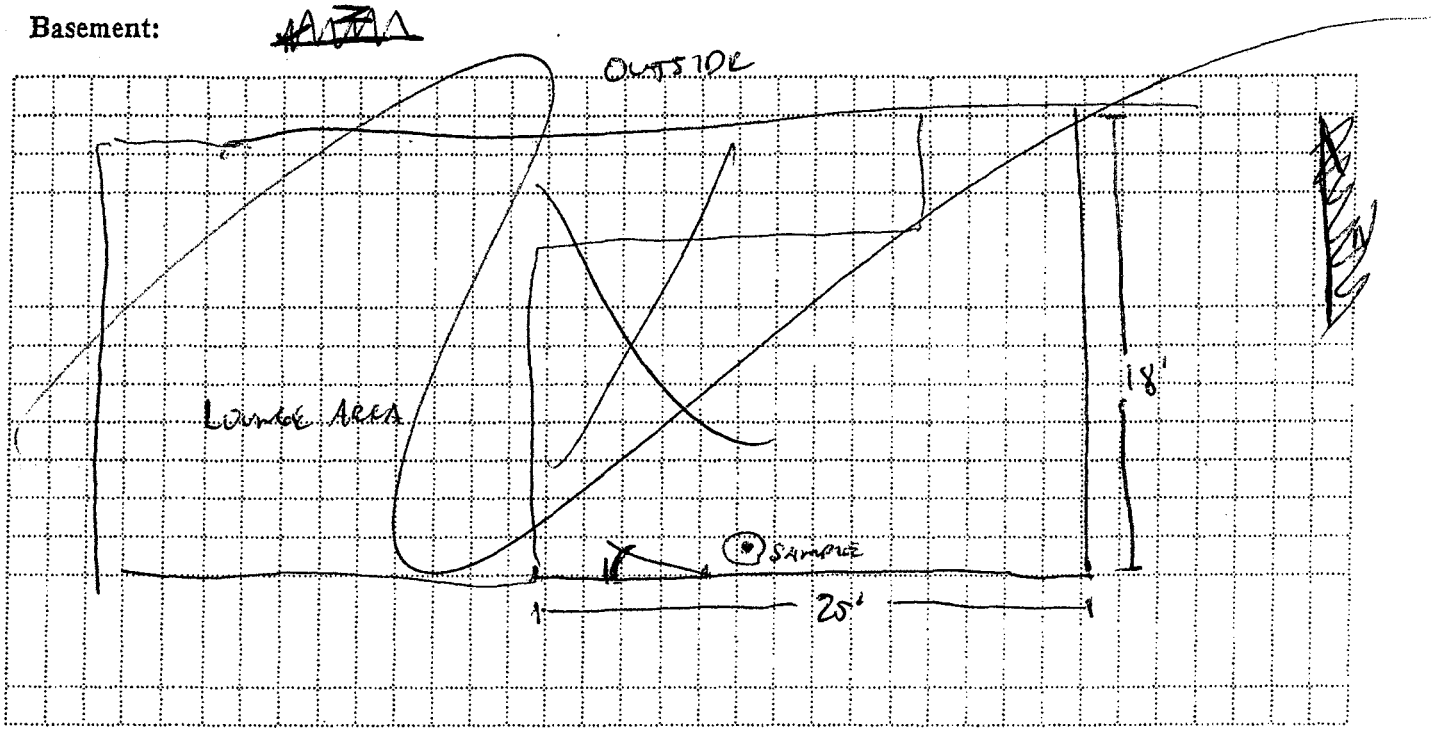
d. Relocation package provided and explained to residents? Y / N

052 - 1 - 02

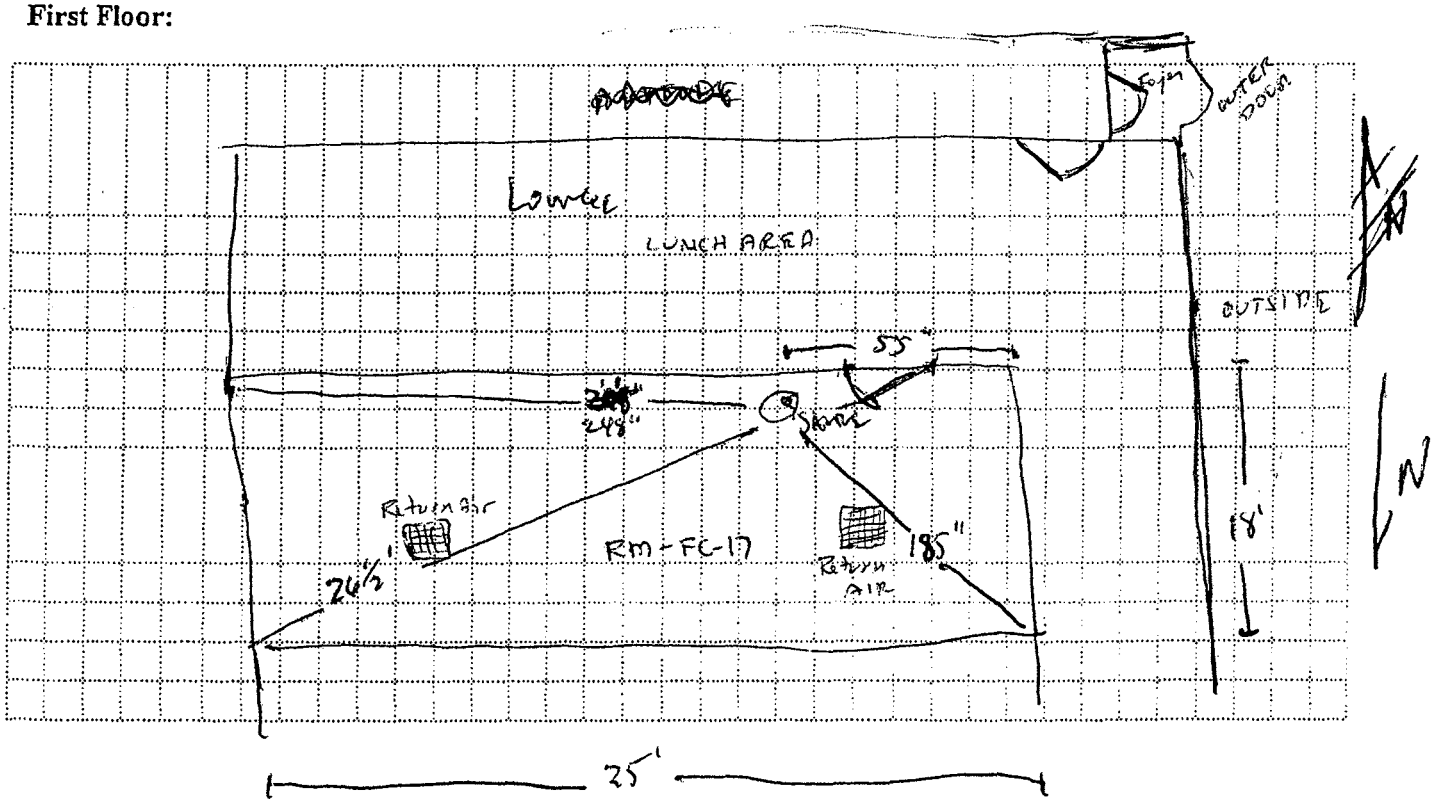
11. FLOOR PLANS

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.

Basement:



First Floor:

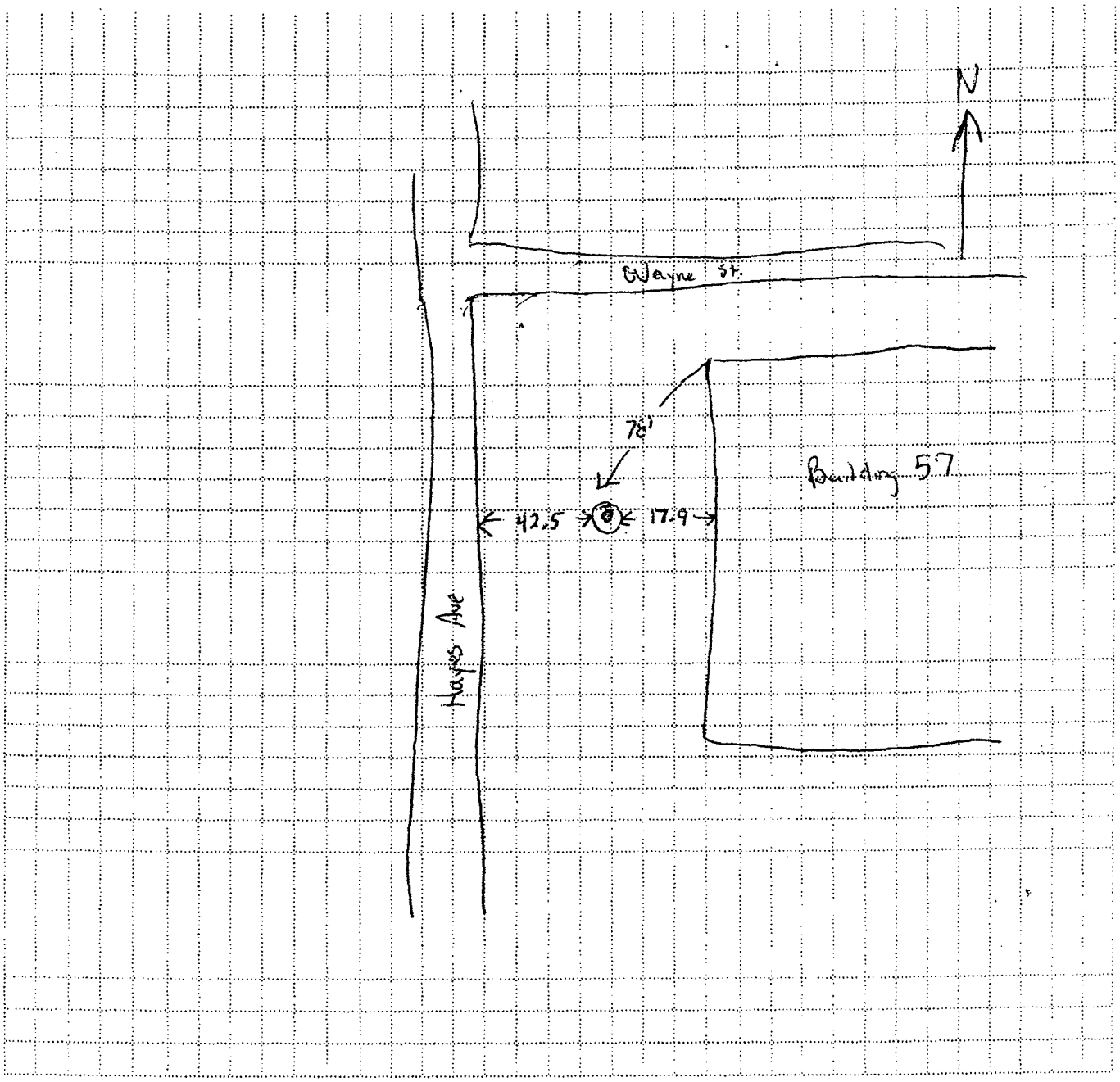


OA-057-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



057-1-02

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MIN RAE 200

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
Conf. Rm	None	ND	ND	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 57

SS-057-1-03

FA-057-1-03

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Near Col. D14	Collector(s):	TM, DV, SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 2000	Building No:	057

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33915	Canister Serial No.:	96105	Canister Serial No.:	
Flow Controller Id No:	0349	Flow Controller Id No:	102-04	Flow Controller Id No:	
Start Date/Time:	3/3/05 10:31	Start Date/Time:	3/3/05 10:31	Start Date/Time:	
Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	
Stop Date/Time:	3/4/05 10:31	Stop Date/Time:	3/4/05 10:31	Stop Date/Time:	
Stop Pressure: (inches Hg)	-1.5	Stop Pressure: (inches Hg)	-5.5	Stop Pressure: (inches Hg)	
Sample ID: IA-057-B1-03		**Sample ID:** SS-057-1-03		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st level	Basement or Crawl Space?	No	Direction from Building	
Room	near column D14	Floor Slab Thickness (inches) *[if present]*	5"	Distance from Building	
Indoor Air Temp (°F)	63.7°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	7"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.15	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
—		Duplicate Sample?	No	—	

Comments:

Signature: Todd L Marsh

OSR-3

057-1-03

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Comber Date/Time Prepared 3/3/05

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: RALPH

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

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

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

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt, Endicott, NY

County: Broome

Home Phone: _____ Office Phone: 607 755-6077

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)

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

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) General Manufacturing (shipping storage)

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 1 Building age _____

Is the building insulated? Y / N UNKNOWN How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

ONLY ONE FLOOR

Airflow near source

MINIMAL AIRFLOW NEAR SOURCE - SAMPLE LOCATED IN HALLWAY NEAR OFFICE COLUMN DIY/57
SLIGHT COLD DRAFT NEAR SAMPLE

Outdoor air infiltration

~15' Above sampling location some windows are cracked.
Location within 5' of door to area where there is outdoor air infiltration

Infiltration into air ducts

No duct work observed

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

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE	
e. Concrete floor:	unsealed	sealed	sealed with TILE/GLUE	
f. Foundation walls:	GC ~~poured~~	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with Paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

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

NONE - FLOOR TILES IN GOOD CONDITION

WINDOW BELOW 15' ABOVE FLOOR NEAR SAMPLE LOCATION

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

NO DUCTWORK VISIBLE NEAR SOURCE - SUPPLY AIR IN VARIOUS LOCATIONS THROUGHOUT BUILDING - RETURN AIR LOCATIONS UNKNOWN. SUPPLY AIR REPRESENTED ON INCLUDED FLOOR PLAN

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manufacturing (storage slipping)
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

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

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

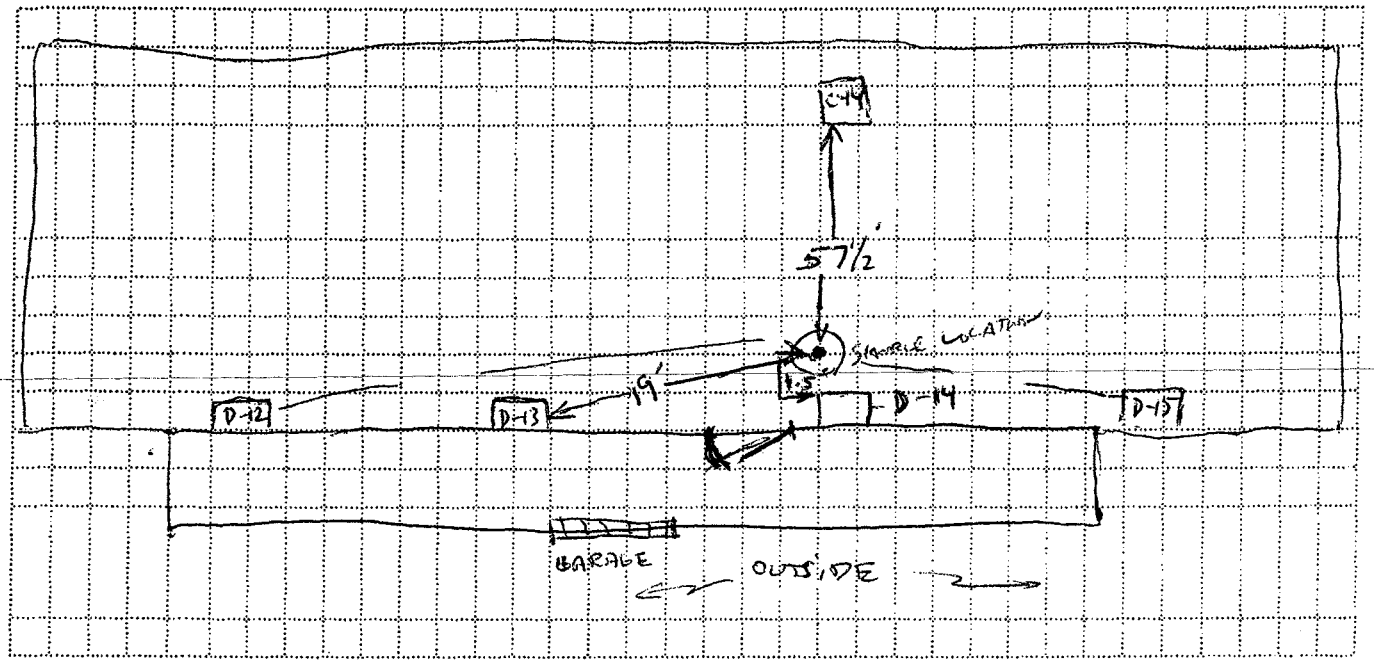
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:



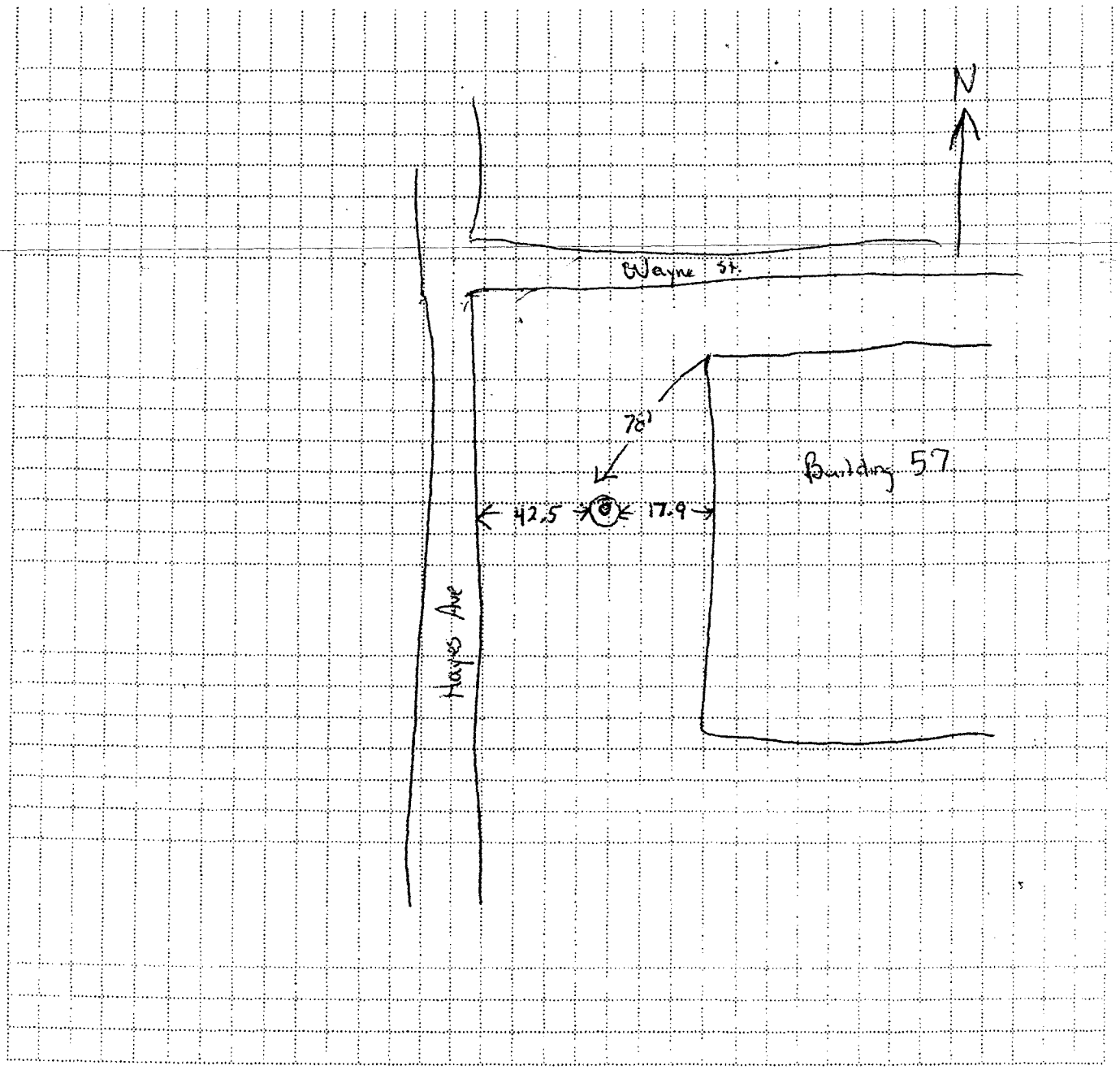
First Floor:

OA-057-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



 057-A-03

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE 2000

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

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
NEAR D-14	NONE	NA	NA	NA	NA	NA

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BCDG 57

SS-057-1-04

IA-057-1-04

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	NEAR COL C18	Collector(s):	T.Marsh, D. VanCampen, S. Schuchart
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 2000	Building No:	57

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	4064	Canister Serial No.:	1578	Canister Serial No.:	
Flow Controller Id No:	53-44	Flow Controller Id No:	103-26	Flow Controller Id No:	
Start Date/Time:	3/2/05 10:28	Start Date/Time:	3/2/05 10:28	Start Date/Time:	
Start Pressure: (inches Hg)	-30+	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	3/4/05 10:29	Stop Date/Time:	3/4/05 10:29	Stop Date/Time:	
Stop Pressure: (inches Hg)	-30+	Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	
Sample ID: IA-057-1-04		**Sample ID:** SS-057-1-04		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st Level	Basement or Crawl Space?	No	Direction from Building	
Room	near col C-18	Floor Slab Thickness (inches) *[if present]*	6"	Distance from Building	
Indoor Air Temp (°F)	68.0°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	46"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	8"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	7.4	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.75	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
—		Duplicate Sample?	No		
—				—	

Comments:

Signature: Todd R Marsh

57-1-04

OSR-3

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

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/3/05 1125

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

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

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: KESCHUCK First Name: Jim

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: CONCRETE/STEEL

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) General Manuf. (storage shipping)

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 1 Building age _____

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

ONE FLOOR

Airflow near source

AIR DUCT W/ 10' OF SAMPLE LOCATION & 12' OVERHEAD
SLIGHTLY DRAFTY

Outdoor air infiltration

Shipping area where doors are occ. opened.

Infiltration into air ducts

Ductwork in good condition

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	partially covered	covered with tile	
e. Concrete floor:	unsealed	sealed	sealed with tile, glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

None

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER ROOM
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

SUPPLY AIR NEAR SAMPLE AS REPRESENTED ON FLOOR PLAN SKETCH

RETURN AIR ~ 20' AWAY

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manuf. (STORAGE/SHIPPING)
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage?	Y / (N)	
b. Does the garage have a separate heating unit?	Y / N / (NA)	
c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)	Y / N / (NA)	Please specify
d. Has the building ever had a fire?	Y / (N)	When?
e. Is a kerosene or unvented gas space heater present?	Y / (N)	Where?
f. Is there a workshop or hobby/craft area?	Y / (N)	Where & Type?
g. Is there smoking in the building?	Y / (N)	How frequently?
h. Have cleaning products been used recently?	Y / N	When & Type? unknown
i. Have cosmetic products been used recently?	Y / N	When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

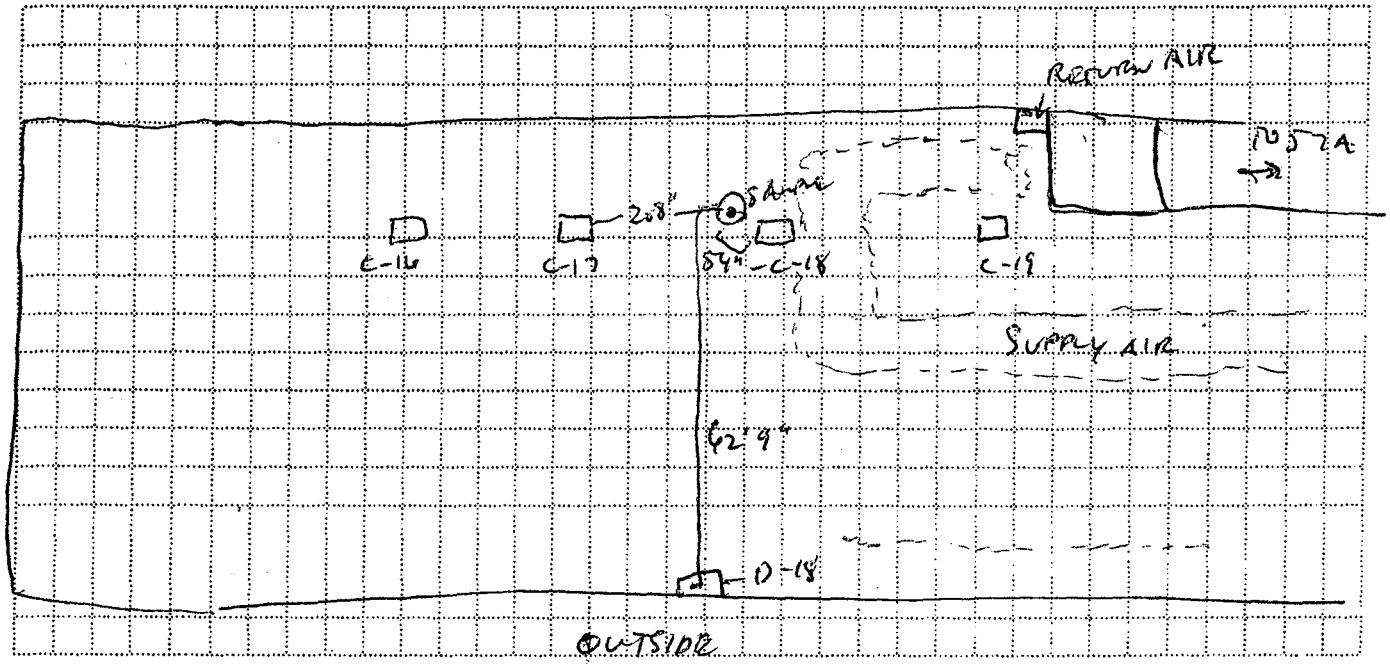
d. Relocation package provided and explained to residents? Y / N

57-1-04

11. 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.

Basement:



First Floor:

057-1-04

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MW RAE 2000

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
Near C-18	None	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO)**, Used (U), or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 57

SS-057-1-05

IA-057-1-05

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Near Col. ~~C20~~ C-31	Collector(s):	TM, DV, SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 2000	Building No:	057

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	20947	Canister Serial No.:	34418	Canister Serial No.:	
Flow Controller Id No:	03-15	Flow Controller Id No:	03-52	Flow Controller Id No:	
Start Date/Time:	3/3/05 10:26	Start Date/Time:	3/3/05 10:26	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	
Stop Date/Time:	3/4/05 10:27	Stop Date/Time:	3/4/05 10:27	Stop Date/Time:	
Stop Pressure: (inches Hg)	-3.5	Stop Pressure: (inches Hg)	-3.5	Stop Pressure: (inches Hg)	
Sample ID: IA-057-1-05		**Sample ID:** SS-057-1-05		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st level	Basement or Crawl Space?	No	Direction from Building	
Room	near column C-31	Floor Slab Thickness (inches) *[if present]*	10.5"	Distance from Building	
Indoor Air Temp (°F)	68.9°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	12.5"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.2	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.50	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
		Duplicate Sample?	No		

Comments:

Signature: Todd L Marsh

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/3/05 1005

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: RALPH

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location _____ Age of Occupants _____

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6173

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: STEEL/CONCRETE

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) General manufacturing (storage shipping)

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 1 Building age_____

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

ONLY ONE FLOOR

Airflow near source

SAMPLE LOCATED @ LOADING DOCKS - MINIMAL AIR FLOW NEAR SAMPLE LOCATION

Outdoor air infiltration

DOOR TO OUTSIDE ~ 31' TO THE SOUTH

LOADING DOCKS ~ 70' TO THE NORTH

Infiltration into air ducts

No duct work in this area

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed ?	sealed with unknown sealer	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

SOME MINOR CRACKS IN CONCRETE FLOOR – NO ELEVATED PID READINGS

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

RADIANT HEAT UNITS W/ FANS NEAR SOURCE ~ 20' OVERHEAD

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manufacturing (Storage, shipping)
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. **Is there an attached garage?** Y / N

b. **Does the garage have a separate heating unit?** Y / N / NA

c. **Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)** Y / N / NA Please specify _____

d. **Has the building ever had a fire?** Y / N When? _____

e. **Is a kerosene or unvented gas space heater present?** Y / N Where? _____

f. **Is there a workshop or hobby/craft area?** Y / N Where & Type? _____

g. **Is there smoking in the building?** Y / N How frequently? _____

h. **Have cleaning products been used recently?** Y / N When & Type? _____

i. **Have cosmetic products been used recently?** Y / N When & Type? _____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

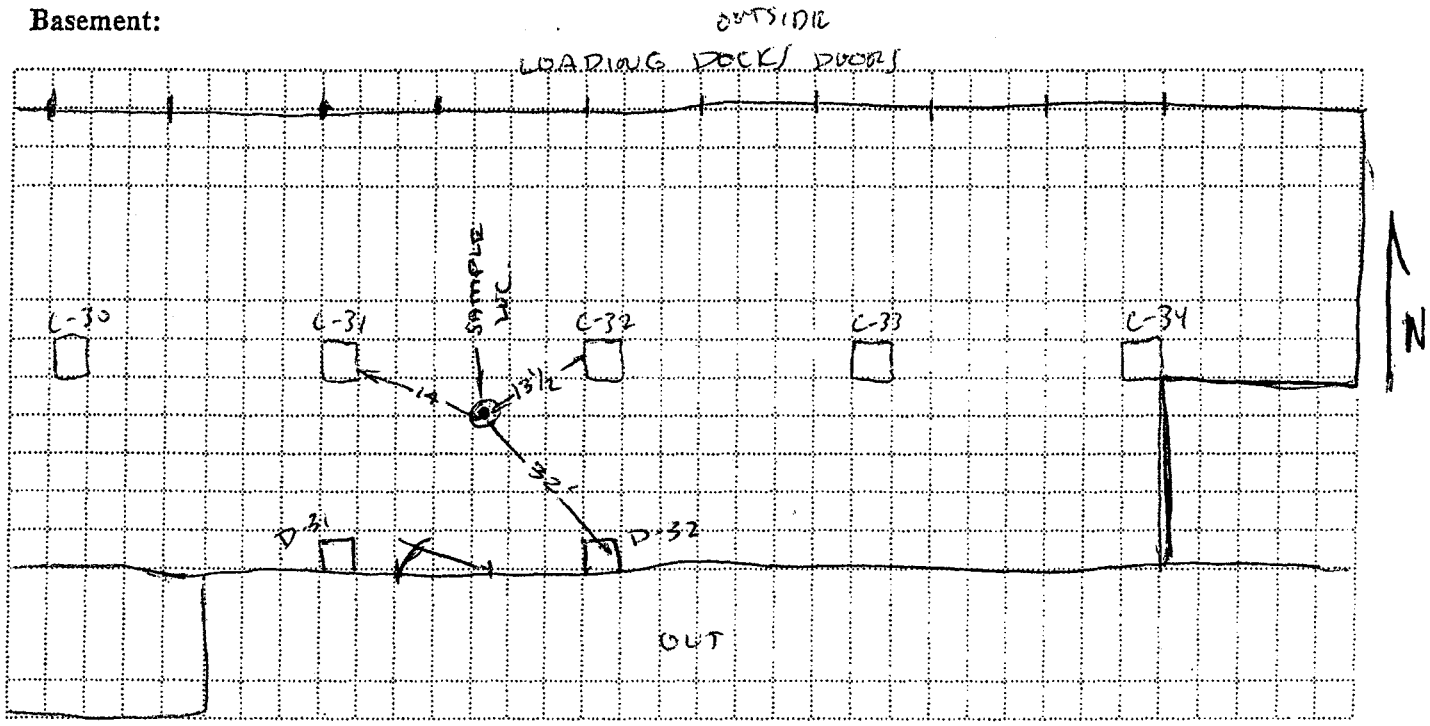
d. Relocation package provided and explained to residents? Y / N

057-[illegible]-05

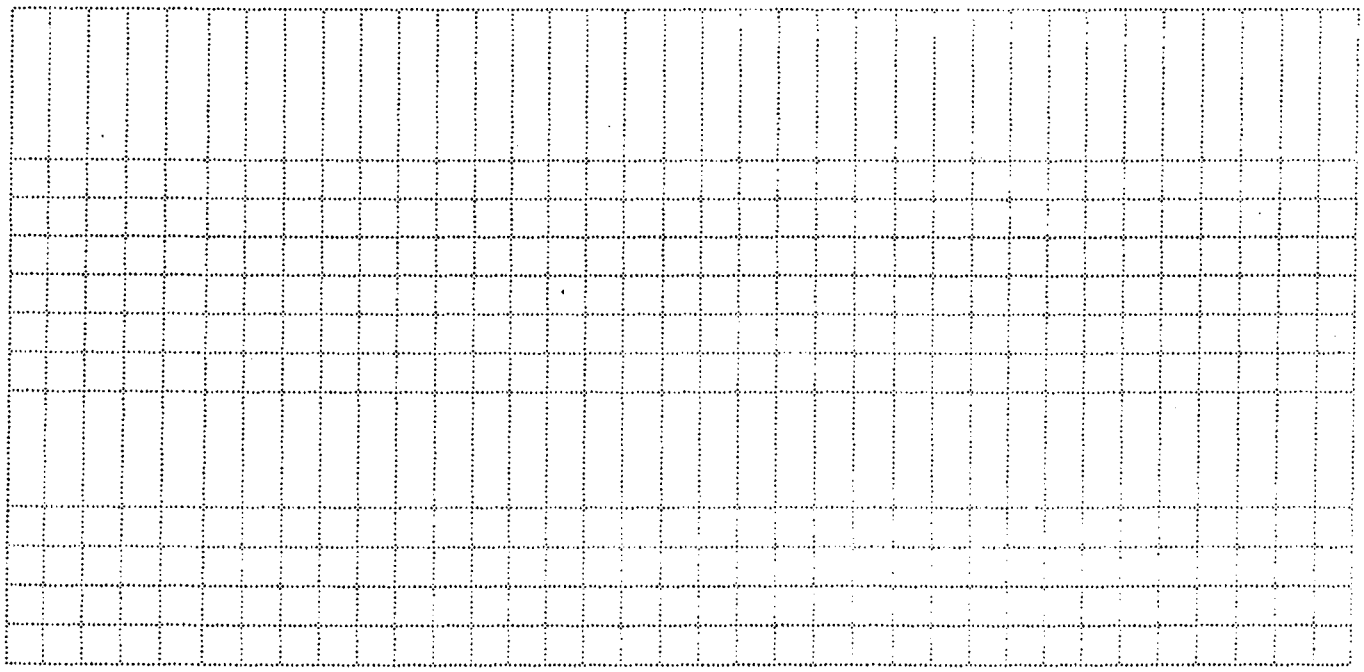
11. FLOOR PLANS

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.

Basement:



First Floor:

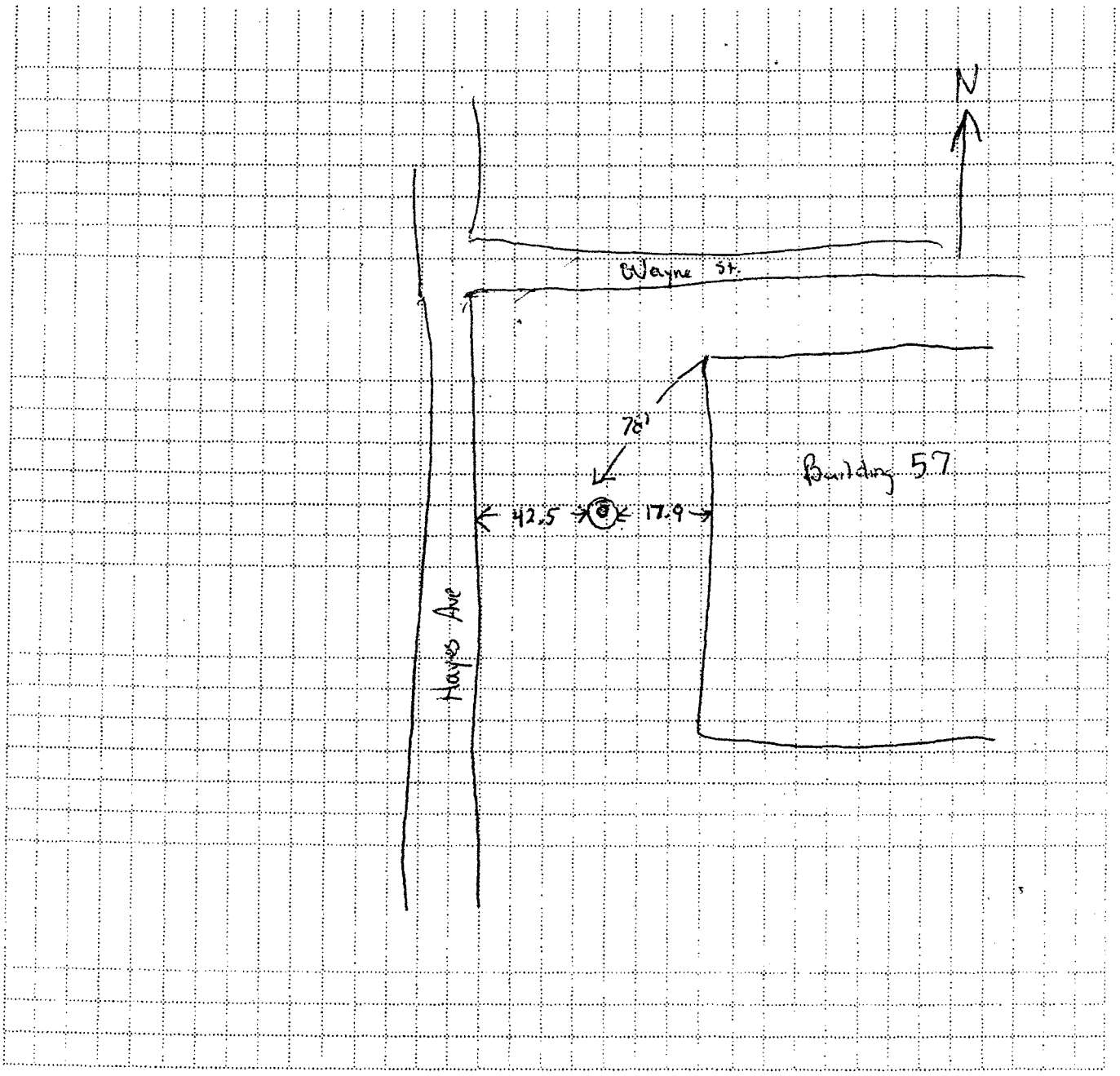


OA-057-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



057 - 1 - 05

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE 2000

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
Near Cuisine Dock	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the front and back of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 57A

SS-57A-1-01

IA-57A-1-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	B.57A- Col B.5-40	Collector(s):	T.Marsh, D.VanCampen S. Schuchart
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 2000	Building No:	57A

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	9568	Canister Serial No.:	34429	Canister Serial No.:	
Flow Controller Id No:	103-51	Flow Controller Id No:	103-31	Flow Controller Id No:	
Start Date/Time:	3/2/05 10:24	Start Date/Time:	3/2/05 10:24	Start Date/Time:	
Start Pressure: (inches Hg)	-29	Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	
Stop Date/Time:	3/4/05 10:24	Stop Date/Time:	3/4/05 10:24	Stop Date/Time:	
Stop Pressure: (inches Hg)	-2	Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	
Sample ID: IA-57A-1-01		**Sample ID:** SS-57A-1-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st Level	Basement or Crawl Space?	NO	Direction from Building	
Room	near column B.5-40	Floor Slab Thickness (inches) *[if present]*	9"	Distance from Building	
Indoor Air Temp (°F)	67.6° F	Potential Vapor Entry Points Observed?	Minor cracks in floor	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	52"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	11"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	1.9	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.755	Noticeable Odor?	NO	Noticeable Odor?	
Duplicate Sample?	NO	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
		Duplicate Sample?	NO		

Comments:

Signature: Todd R Marsh

57A-1-01

OSR-3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/3/05 1025

Preparer's Affiliation ERM Phone No. 315 447-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: RALPH

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location _____ Age of Occupants _____

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MOTT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: CONCRETE / STEEL

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) General Manuf. (storage shipping)

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors 1 Building age_____

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

ONLY ONE FLOOR

Airflow near source

Minimal Air flow - ~30' CEILINGS IN WAREHOUSE

Outdoor air infiltration

DOOR TO OUTSIDE ~ 14 feet N.

Infiltration into air ducts

~~AS~~ Duct work in good condition

57A-1-01

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with not sure (not paint?) sealer	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

Some cracks in floor - No readings on PID

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

Ductwork in Good Condition - Large Ducts on Ceiling ~ 30' Above Sample Location

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	STORAGE, SHIPPING
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage?	Y / (N)	
b. Does the garage have a separate heating unit?	Y / N / (NA)	
c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.)	Y / N / (NA)	Please specify _____
d. Has the building ever had a fire?	Y / (N)	When? _____
e. Is a kerosene or unvented gas space heater present?	Y / (N)	Where? _____
f. Is there a workshop or hobby/craft area?	Y / (N)	Where & Type? _____
g. Is there smoking in the building?	Y / (N)	How frequently? _____
h. Have cleaning products been used recently?	Y / (N)	When & Type? _____
i. Have cosmetic products been used recently?	Y / (N)	When & Type? _____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

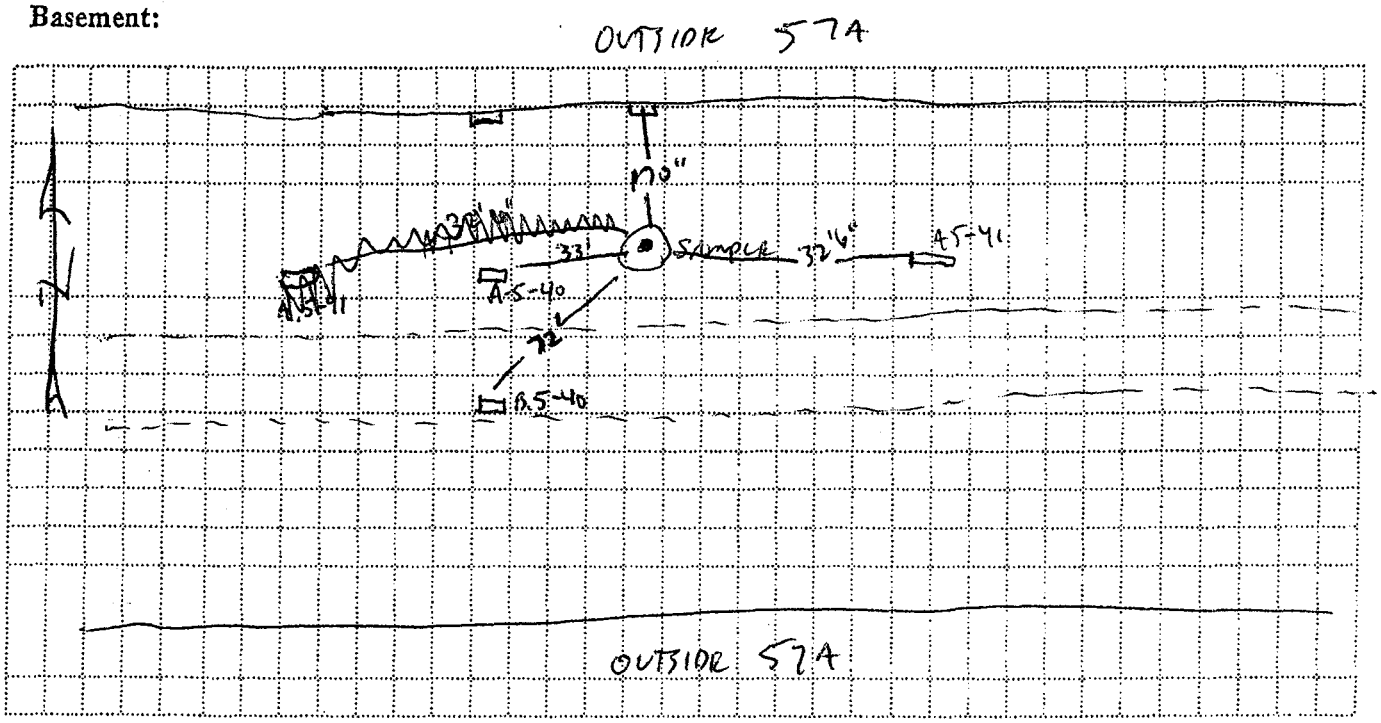
d. Relocation package provided and explained to residents? Y / N

57A-1-01

11. 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.

Basement:



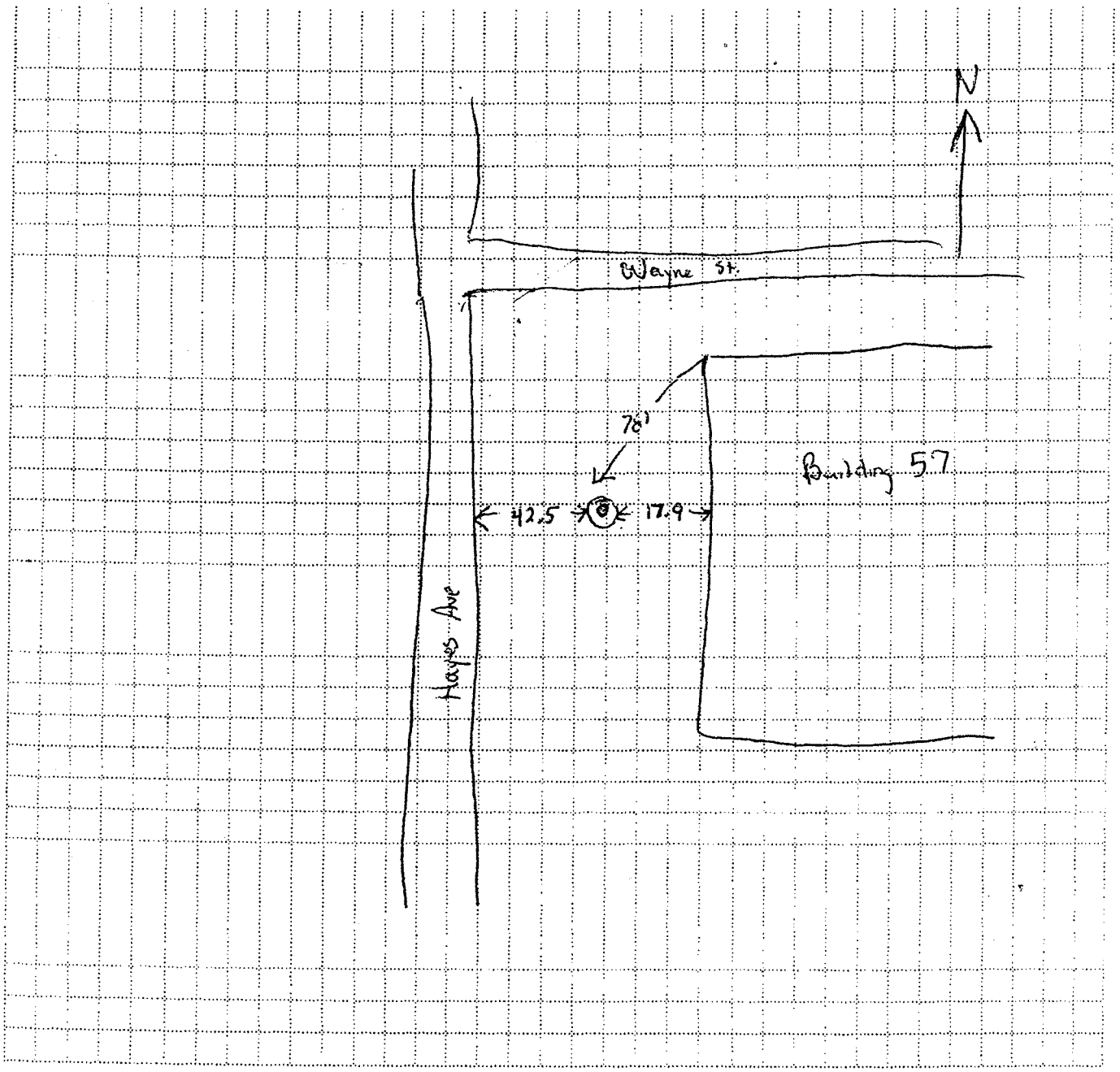
First Floor:

OA-057-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



57A-1-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae 2000

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
near	Locatione	N/A	N/A	None	0.0	N/A

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BUILDING 87

NEAR REC/BREAK RM

IA-087-B-01
SS-087-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 87 near rec/break room	**Collector(s):**	Tm DV SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae	**Building No:**	087

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	35134	Canister Serial No.:	35157	Canister Serial No.:	
Flow Controller Id No:	03-88	Flow Controller Id No:	103-57	Flow Controller Id No:	
Start Date/Time:	3/9/05 1328	Start Date/Time:	3/9/05 1328	Start Date/Time:	
Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	
Stop Date/Time:	3/10/05 1328	Stop Date/Time:	3/10/05 1328	Stop Date/Time:	
Stop Pressure: (inches Hg)	-1.0	Stop Pressure: (inches Hg)	-2.0	Stop Pressure: (inches Hg)	
Sample ID: IA-087-B-01		**Sample ID:** SS-087-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st level	Basement or Crawl Space?	No	Direction from Building	
Room	break room near Staircase	Floor Slab Thickness (inches) *[if present]*	8"	Distance from Building	
Indoor Air Temp (°F)	63.9°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	10"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.05	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
		Duplicate Sample?	No		

Comments: break room between bathroom/staircase

Signature: S Schuchart

OSR-3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/9/05 1300

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Tinklepaugh First Name: Robert

Address: Huron Mngmnt

County: Broome

Home Phone: — Office Phone: 607-755-8824

Number of Occupants/persons at this location 50± Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: STEEL/CONCRETE

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y/(N) If yes, how many? —

Other characteristics:

Number of floors 2 Building age 10 ±

Is the building insulated? Y/(N) How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

Sample location next to staircase, possibility of air flow between floors

Airflow near source

Minimal air flow observed.

Outdoor air infiltration

Door to outside within 20' to the south

Infiltration into air ducts

Cold air return as shown on sketch ~8' above SS location & ~4' above IA

087-1-01

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE	
e. Concrete floor:	unsealed	sealed	sealed with glue + tile	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

Floor is in good condition. No vapor entry points observed

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

Cold air return ~8' above SS sample and approx. 4' above IA.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	NA office space
1st Floor	office space / housing for bulk tanks of virgin chemicals (#2 fuel oil, isopropanol
2nd Floor	NA
3rd Floor	NA
4th Floor	NA

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? windex, 409 glass cleaner

If yes, are their clothes washed at work? Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

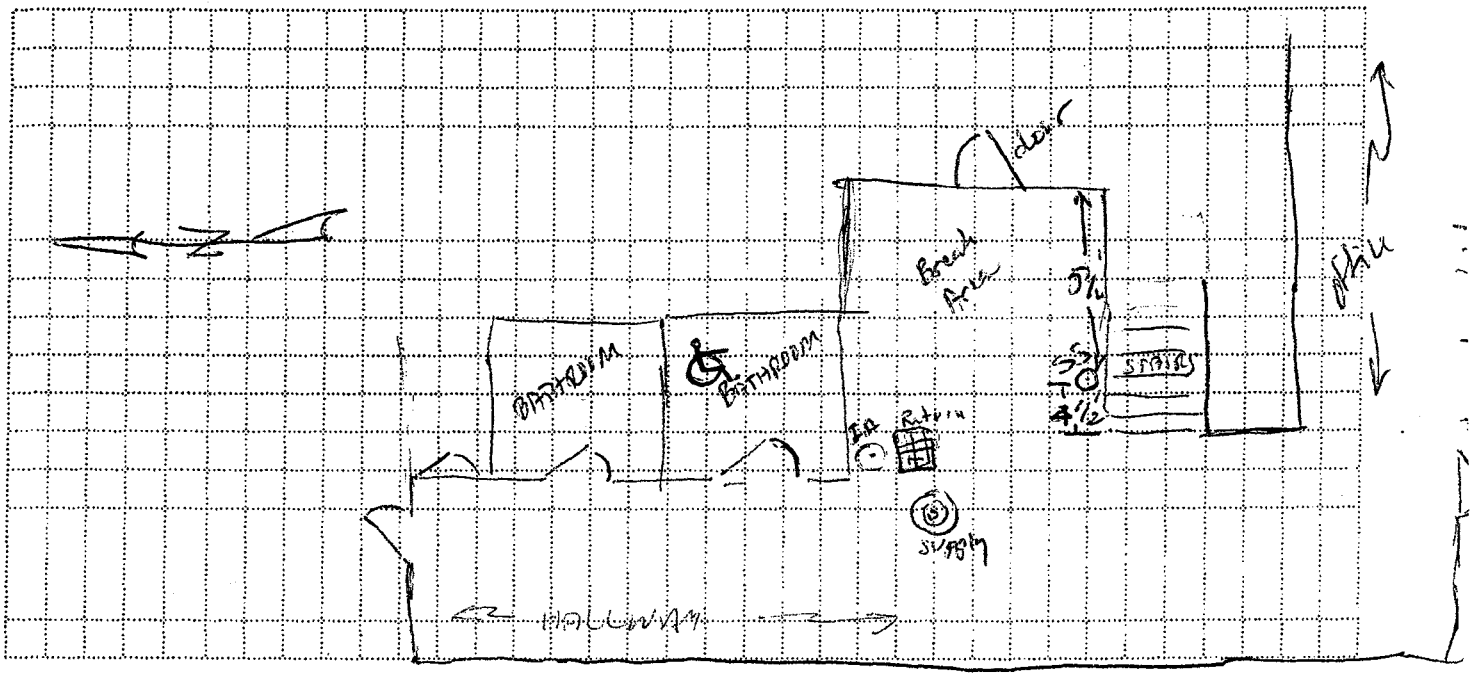
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:



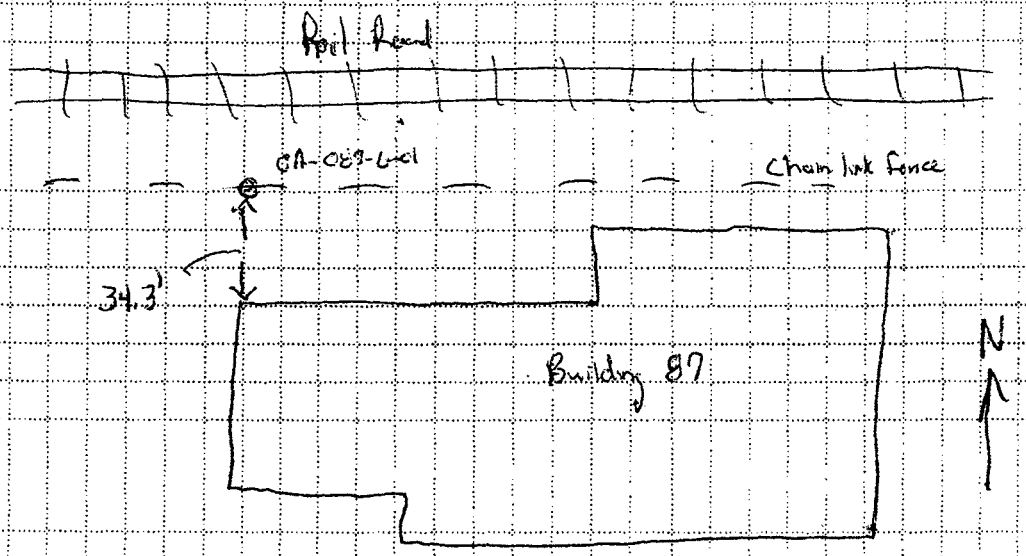
First Floor:

OA-087-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

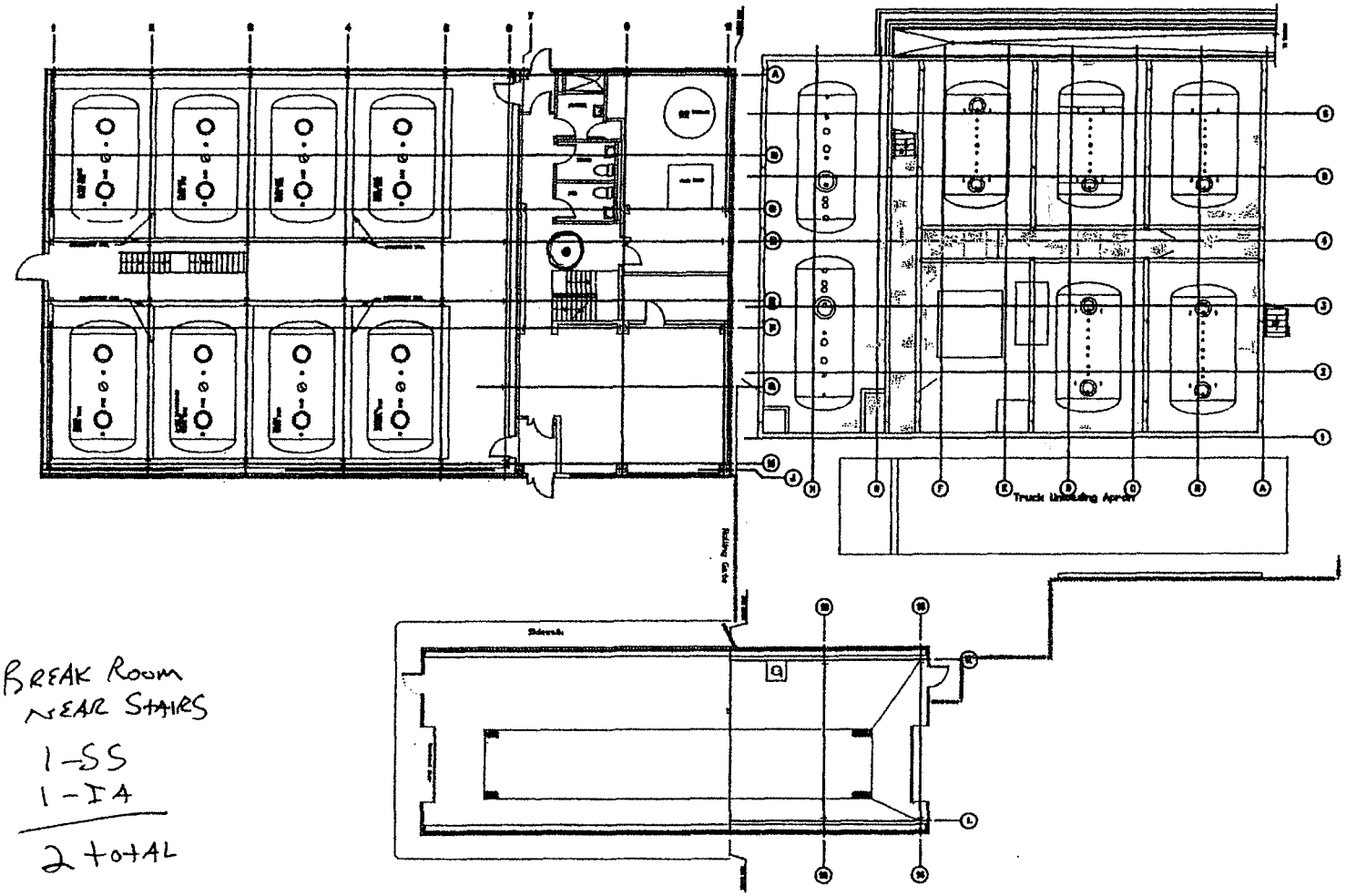
Make & Model of field instrument used: Thermo 580 B

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
KITCHEN/BREAK	BLITZ INSECT	16oz	U	D-TRANS ALLETHRIN, PIPERONYL		Y
ROOM	REPELLANT			BUTOXIDE, N-OCTYL BICYCLOHEPTENE DICARBOXIMIDE		
	STAINLESS STEEL CLEANER	21oz	U	MINERAL OIL, ISOBUTANE, SORBITAN		Y
	& POLISH			OLEATE, ETHANOLAMINE		
	CHLORINE CLEANSER	21oz	U/D	PERFUME PF 575, POTASSIUM		Y
				DICHLOROISOCYANURATE, SILICON DIOXIDE SODIUM CARBONATE, SODIUM DODECYLBENZENE		
	LAB CLEAN	32oz	U	ELL TECHNOLOGY INC. AMMONIA		Y
	SUN LITE DISHWASH LIQUID	28oz	U	2002 LEVER BROTHERS CO. GREENWICH CONNECTICUT 06836		Y

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

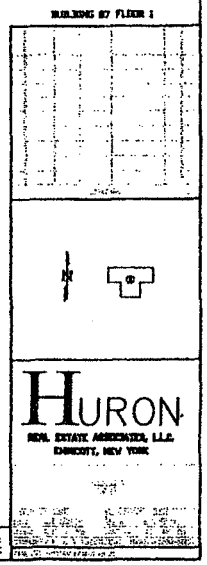
Building 87



Break Room
near Stairs

1-SS
1-IA

2 total



BUILDING 87

OA-087-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 87	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae	**Building No:**	087

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	437
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	05-08
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/9/05 1331
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-28
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/10/05 1331
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-0.5
Sample ID:		**Sample ID:**		**Sample ID:**	OA-087-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	NW
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	34.3'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	41"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	N/A
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	No
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	No
		Duplicate Sample?			

Comments:

Signature: S Schuchart

OSR – 3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Shannon Schuchart Date/Time Prepared 3/16/05 1530

Preparer's Affiliation ERM Phone No. 315 445 2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y (N)

Last Name: Tinklepaugh First Name: Robert

Address: Huron Mugmnt

County: Broome

Home Phone: NA Office Phone: 607 755 8824

Number of Occupants/persons at this location NA Age of Occupants NA

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: (Y) N

Last Name: Ketchuck First Name: Jim

Address: Huron Mugmnt

County: Broome

Home Phone: NA Office Phone: 607 755 6073

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response) NA

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? NA

If the property is commercial, type?

Business Type(s) NA

Does it include residences (i.e. multi-use)? Y / N If yes, how many? Keys

Other characteristics: NA

Number of floors 2 Building age_____

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

NA

Airflow near source

NA

Outdoor air infiltration

NA

Infiltration into air ducts

NA

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick	NA
b. Basement type:	full	crawlspace	slab	other _____	NA
c. Basement floor:	concrete	dirt	stone	other _____	NA
d. Basement floor:	uncovered	covered	covered with _____		NA
e. Concrete floor:	unsealed	sealed	sealed with _____		NA
f. Foundation walls:	poured	block	stone	other _____	NA
g. Foundation walls:	unsealed	sealed	sealed with _____		NA
h. The basement is:	wet	damp	dry	moldy	NA
i. The basement is:	finished	unfinished	partially finished		NA
j. Sump present?	Y / N NA				
k. Water in sump?	Y / N / not applicable NA				

Basement/Lowest level depth below grade: NA (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

NA

6. HEATING, VENTING and AIR CONDITIONING (Circle all that apply) NA

Type of heating system(s) used in this building: (circle all that apply – note primary)

Hot air circulation	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: NA

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: NA

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____	NA
Air Conditioning:	Central Air	Window units	Open Windows	None	NA

Are there air distribution ducts present? Y / N NA

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.

NA

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	NA
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY NA

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? _____

i. Have cosmetic products been used recently? Y / N When & Type? _____

NA

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

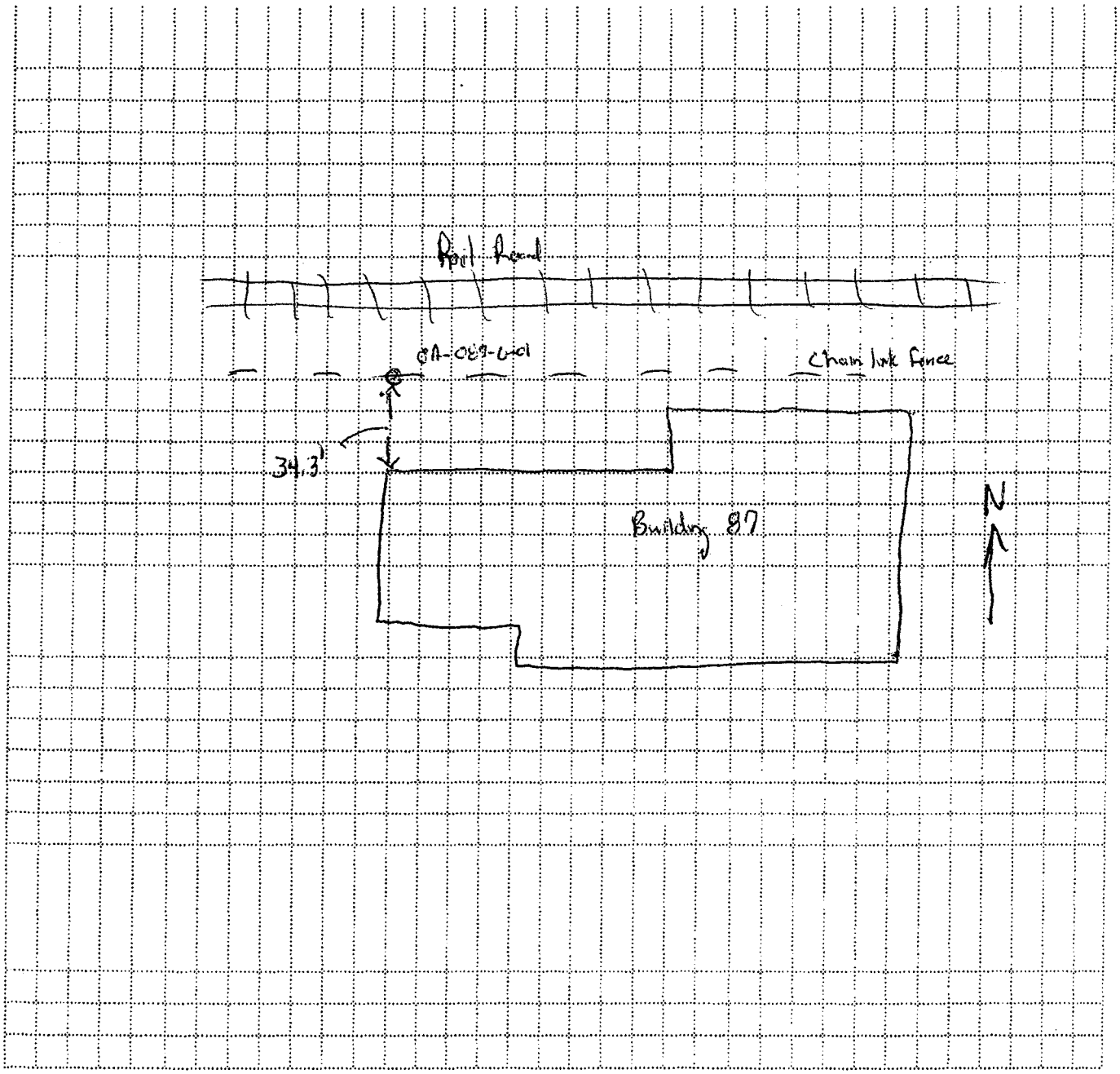
First Floor:

OA-087-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



OA-087-6-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
near	sample	N/A	N/A	None	0.0	N

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 95

SOUTH OFFICES NEXT TO ½-WALL

IA-095-[illegible]-01

SS-095-[illegible]-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 095, South office next to ½ wall	Collector(s):	TM DV SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Thermo 580 B	Building No:	095

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	4250	Canister Serial No.:	35178	Canister Serial No.:	
Flow Controller Id No:	04-10	Flow Controller Id No:	03-72	Flow Controller Id No:	
Start Date/Time:	3/8/05 1442	Start Date/Time:	3/8/05 1442	Start Date/Time:	
Start Pressure: (inches Hg)	-26	Start Pressure: (inches Hg)	-25	Start Pressure: (inches Hg)	
Stop Date/Time:	3/9/05 1435	Stop Date/Time:	3/9/05 1435	Stop Date/Time:	
Stop Pressure: (inches Hg)	0.0	Stop Pressure: (inches Hg)	0.0	Stop Pressure: (inches Hg)	
Sample ID: IA-095-B-01		**Sample ID:** SS-095-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st level	Basement or Crawl Space?	No	Direction from Building	
Room	Bldg 095 ½ wall office	Floor Slab Thickness (inches) *[if present]*	6"	Distance from Building	
Indoor Air Temp (°F)	67.5°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	52"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	8"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.65	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
		Duplicate Sample?	No		

Comments:

Signature: S. Schuchart

095-1-01

OSR-3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/8/05 1430

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Searles First Name: Al

Address: Huron Mngmnt

County: Broome

Home Phone: — Office Phone: 607-755-2286

Number of Occupants/persons at this location 50± Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt Endicott, NY

County: Broome

Home Phone: N/A Office Phone: 607 755-6073

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential	School	Commercial/Multi-Use
Industrial	Church	Other: _____

095-1-01

If the property is residential, type? (Circle appropriate response)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: STEEL CONCRETE

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) offices / warehouse

Does it include residences (i.e. multi-use)? Y / N (N) If yes, how many? NA

Other characteristics:

Number of floors 1 Building age 33 yrs.

Is the building insulated? Y / N UNKNOWN How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHUs deliver air to each floor separately

Airflow near source

Air supply and returns within 10 feet of location.

Outdoor air infiltration

Sample location within 10 feet of door to warehouse

Infiltration into air ducts

Ducts behind drop ceiling.

095-1-01

5. **BASEMENT AND CONSTRUCTION CHARACTERISTICS** (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpet	
e. Concrete floor:	unsealed	sealed	sealed with some glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

NONE OBSERVED

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____
Air Conditioning:	Central Air	Window units	Open Windows	None

095-1-01

Are there air distribution ducts present? Y / N

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.

Cold air returns on ceiling within 10 feet of sample.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	—
1st Floor	Offices Warehouse
2nd Floor	—
3rd Floor	—
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N (NA) Please specify_____

d. Has the building ever had a fire? Y / (N) When?_____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where?_____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type?_____

g. Is there smoking in the building? Y / (N) How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

095-1-01

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Windex, 409 glass cleaner (isopropanol, 2-butoxyethanol & surfactants)

If yes, are their clothes washed at work? Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

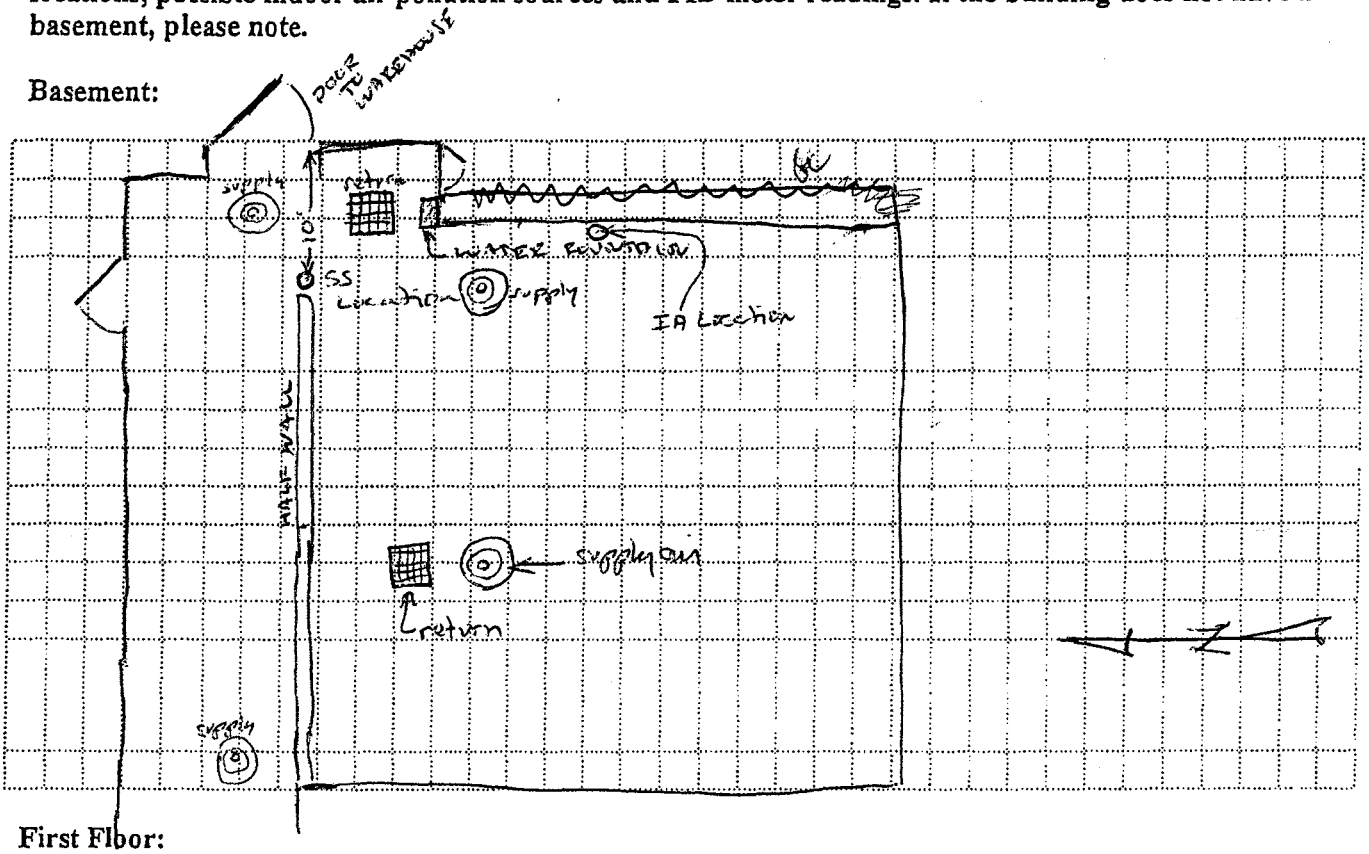
d. Relocation package provided and explained to residents? Y / N

095-1-01

11. 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.

Basement:



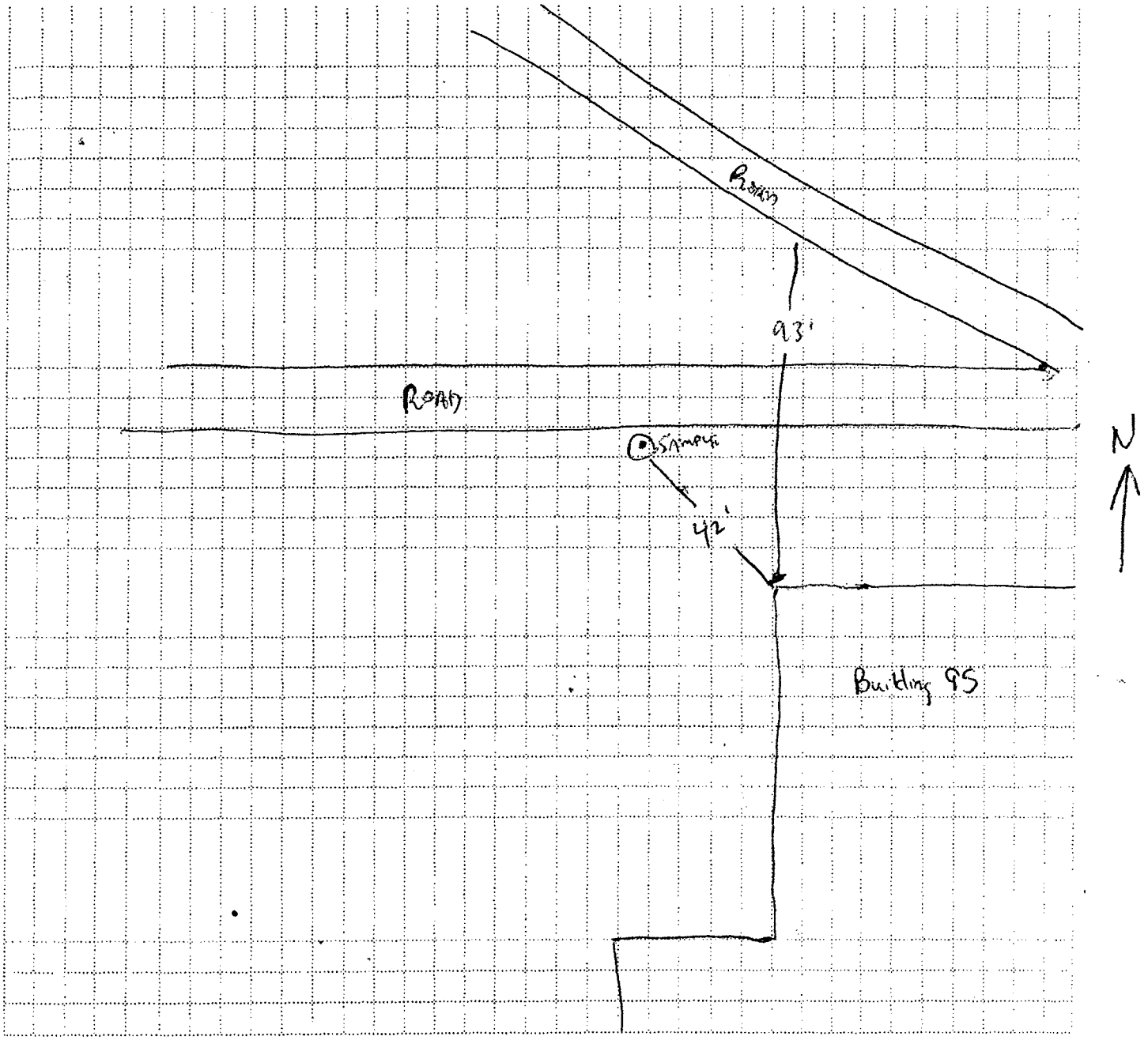
First Floor:

095 - G - 01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



095-1-01

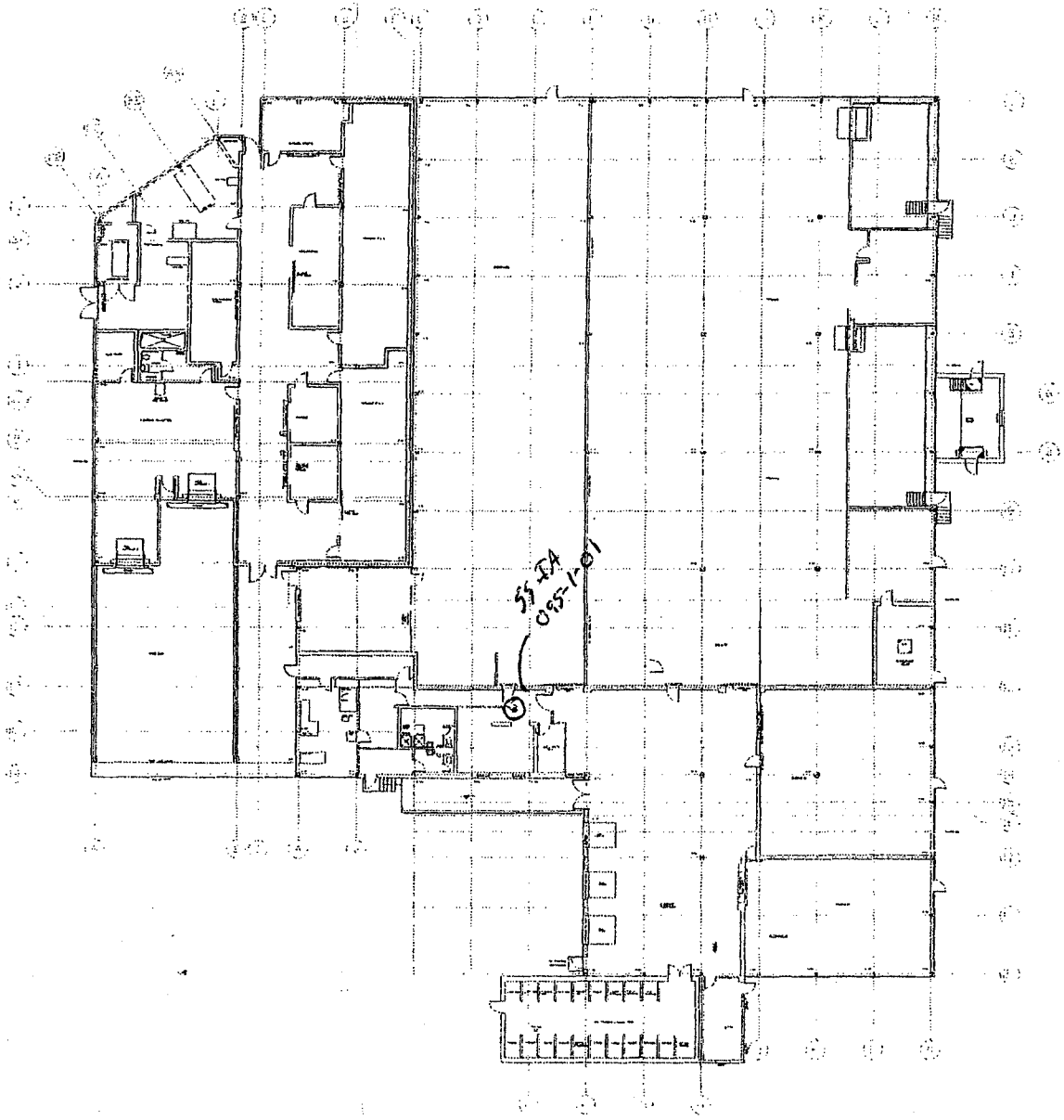
13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: THERMO 580-B

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
095	None	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.



Bld 95

REPLICATE South OFFICES

BREAK ROOM = PLAN B
IF DOOR to TRUCK
AREA IS AN ISSUE

1-SS
1-IA

2 TOTAL

BUILDING 95 FLOOR 1

HURON
REAL ESTATE ASSOCIATES, L.L.C.
CHRICOTT, NEW YORK

BLDG 95

OA-095-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 095	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Thermo 580 B	**Building No:**	095

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	NA	Canister Serial No.:	NA	Canister Serial No.:	4256
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	0410
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/8/05 1450
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-28
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/9/05 1450
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-4.0
Sample ID:		**Sample ID:**		**Sample ID:**	OA-095-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	NA	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	west
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	42'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	44"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	10 ft.
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	No
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	No
		Duplicate Sample?			

Comments:

Excavating operation being performed 5.0' from canister. Backhoe being used.

Signature: S Schuchart

OSR-3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Shannon Schuchart Date/Time Prepared 3/16/05 1545

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Searles First Name: Al

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 2286

Number of Occupants/persons at this location NA Age of Occupants NA

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: Ketnuck First Name: Jim

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 6073

3. BUILDING CHARACTERISTICS NA

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) _____

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors_____ Building age_____

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

_____

_____

_____

Airflow near source

_____

_____

_____

Outdoor air infiltration

_____

_____

_____

Infiltration into air ducts

_____

_____

_____

5. **BASEMENT AND CONSTRUCTION CHARACTERISTICS** (Circle all that apply) NA

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

_____

_____

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N NA

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.

_____

_____

_____

_____

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	_____
1st Floor	_____
2nd Floor	_____
3rd Floor	_____
4th Floor	_____

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? _____

i. Have cosmetic products been used recently? Y / N When & Type? _____

NA

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

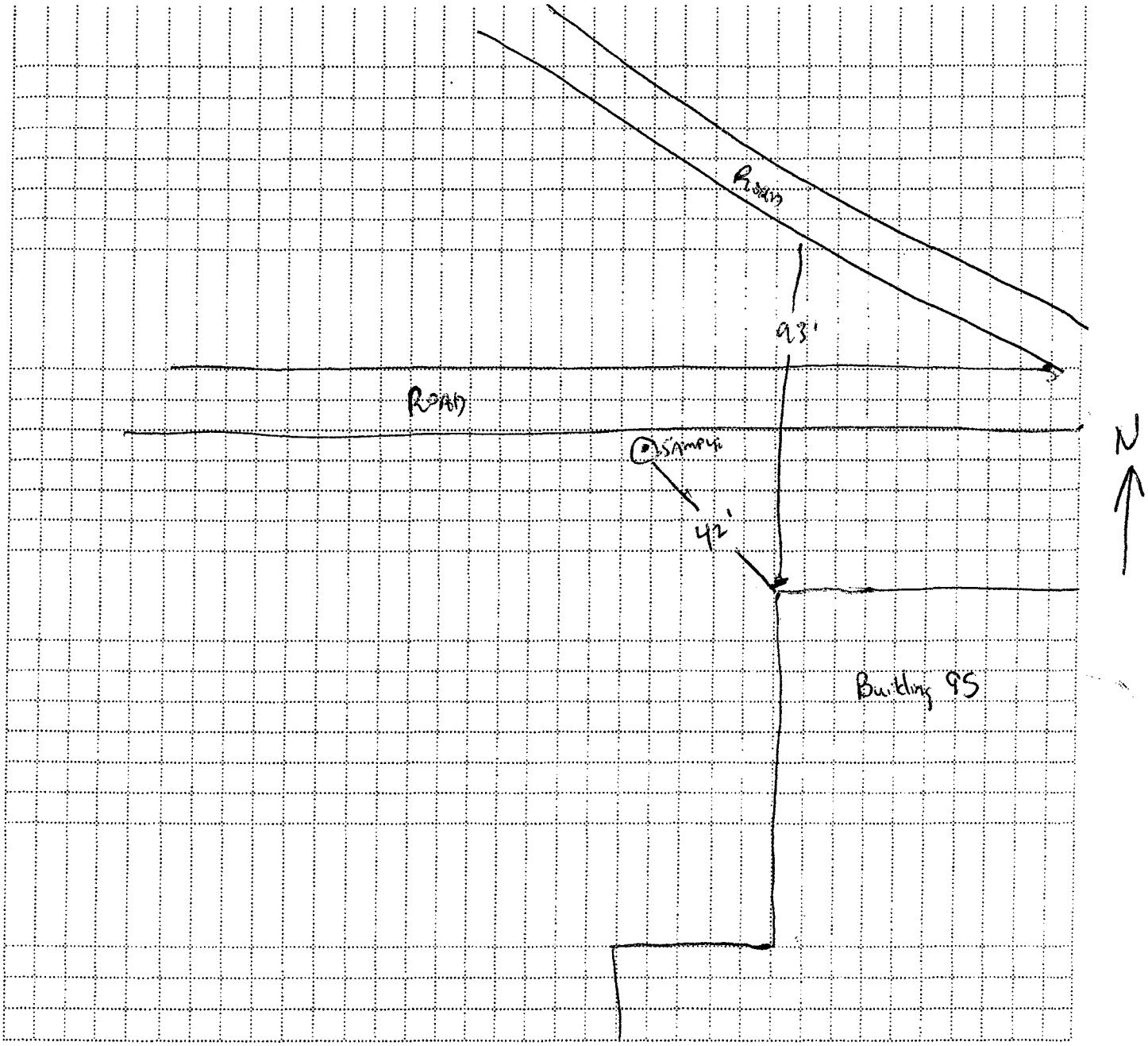
First Floor:

095 - G - 01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



095 - G - 01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: THERMO 580B

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
BUDG 95	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 096 basement offices	Collector(s):	TM, DV, SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Thermo 580B	Building No:	096

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	35155	Canister Serial No.:	35140	Canister Serial No.:	
Flow Controller Id No:	100-07	Flow Controller Id No:	5537	Flow Controller Id No:	
Start Date/Time:	3/8/05 1453	Start Date/Time:	3/8/05 1453	Start Date/Time:	
Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	
Stop Date/Time:	~~3/9/05~~ km 1456 ~~3/9/05 1030~~	Stop Date/Time:	~~3/9/05~~ km 1456 ~~3/9/05 1030~~	Stop Date/Time:	
Stop Pressure: (inches Hg)	~~0~~ km -1.5	Stop Pressure: (inches Hg)	~~-30~~ km -28	Stop Pressure: (inches Hg)	
Sample ID: IA-096-B-01		**Sample ID:** SS-096-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	basement	Basement or Crawl Space?	basement	Direction from Building	
Room	bldg 096 basement	Floor Slab Thickness (inches) *[if present]*	5"	Distance from Building	
Indoor Air Temp (°F)	65.5°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	50"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	7"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.55	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
—		Duplicate Sample?	No	—	

Comments:

SS pressure showed no change

Signature: S. Schuchart

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 96	Collector(s):	TM DV SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae ~~HO 008820~~ 103051	Building No:	096

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:	35159	Canister Serial No.:	
Flow Controller Id No:		Flow Controller Id No:	97 - 20X	Flow Controller Id No:	
Start Date/Time:		Start Date/Time:	3/16/05 0937	Start Date/Time:	
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)	
Stop Date/Time:		Stop Date/Time:	3/17/05 0930	Stop Date/Time:	
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-5.5	Stop Pressure: (inches Hg)	
Sample ID:		**Sample ID:**	SS-096-B-1A	**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level		Basement or Crawl Space?	basement	Direction from Building	
Room		Floor Slab Thickness (inches) *[if present]*	5"	Distance from Building	
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	7"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)		PID Reading (ppm)	0.2	PID Reading (ppm)	
Barometric Pressure (°Hg or mb)		Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?		Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	No		

Comments:

Signature: [illegible]

096-B-01

OSR-3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/8/05 1405

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Tinklepaugh First Name: Robert

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607-755-8824

Number of Occupants/persons at this location 50± Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: STEEL/CONCRETE

If multiple units, how many? NA

If the property is commercial, type?

Business Type(s) offices

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? NA

Other characteristics:

Number of floors 3 levels Building age 35 yrs.

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's deliver air to each floor separately

Airflow near source

Little to no air flow at time of installation
Air supply vents within 10' of ceiling

Outdoor air infiltration

No avenues to outside air other than an emergency door to the outside (rarely used?) approx. 15' away.

Infiltration into air ducts

Air ducts not visible (behind ceiling tiles).

5. **BASEMENT AND CONSTRUCTION CHARACTERISTICS** (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpet	
e. Concrete floor:	unsealed	sealed	sealed with some glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 2' (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

Floor covered with carpeting.

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

See sketch, All ductwork behind drop ceiling.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	offices
1st Floor	"
2nd Floor	"
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? windex, 409 glass cleaner (has isopropanol, 2-butoxyethanol & surfactant

If yes, are their clothes washed at work? Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

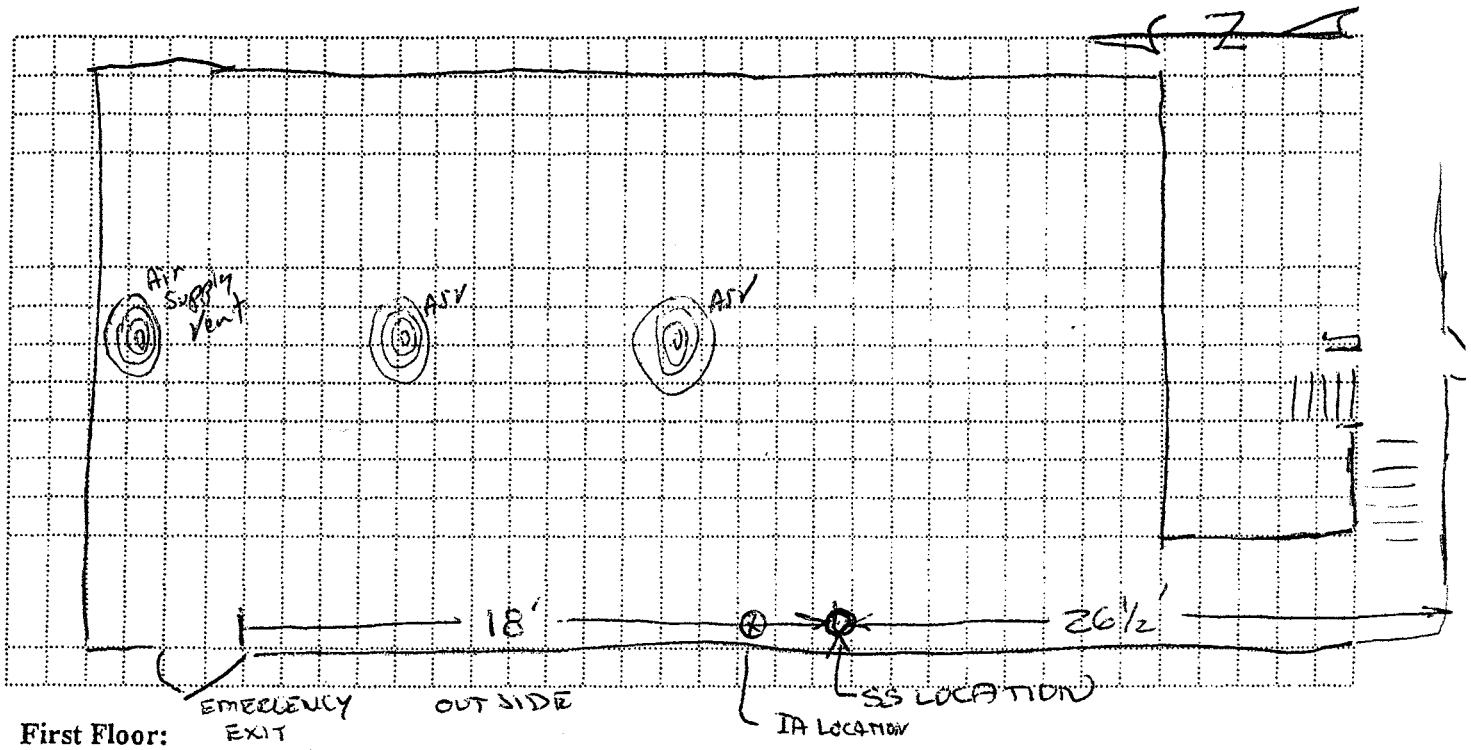
d. Relocation package provided and explained to residents? Y / N

096-B-01

11. 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.

Basement:



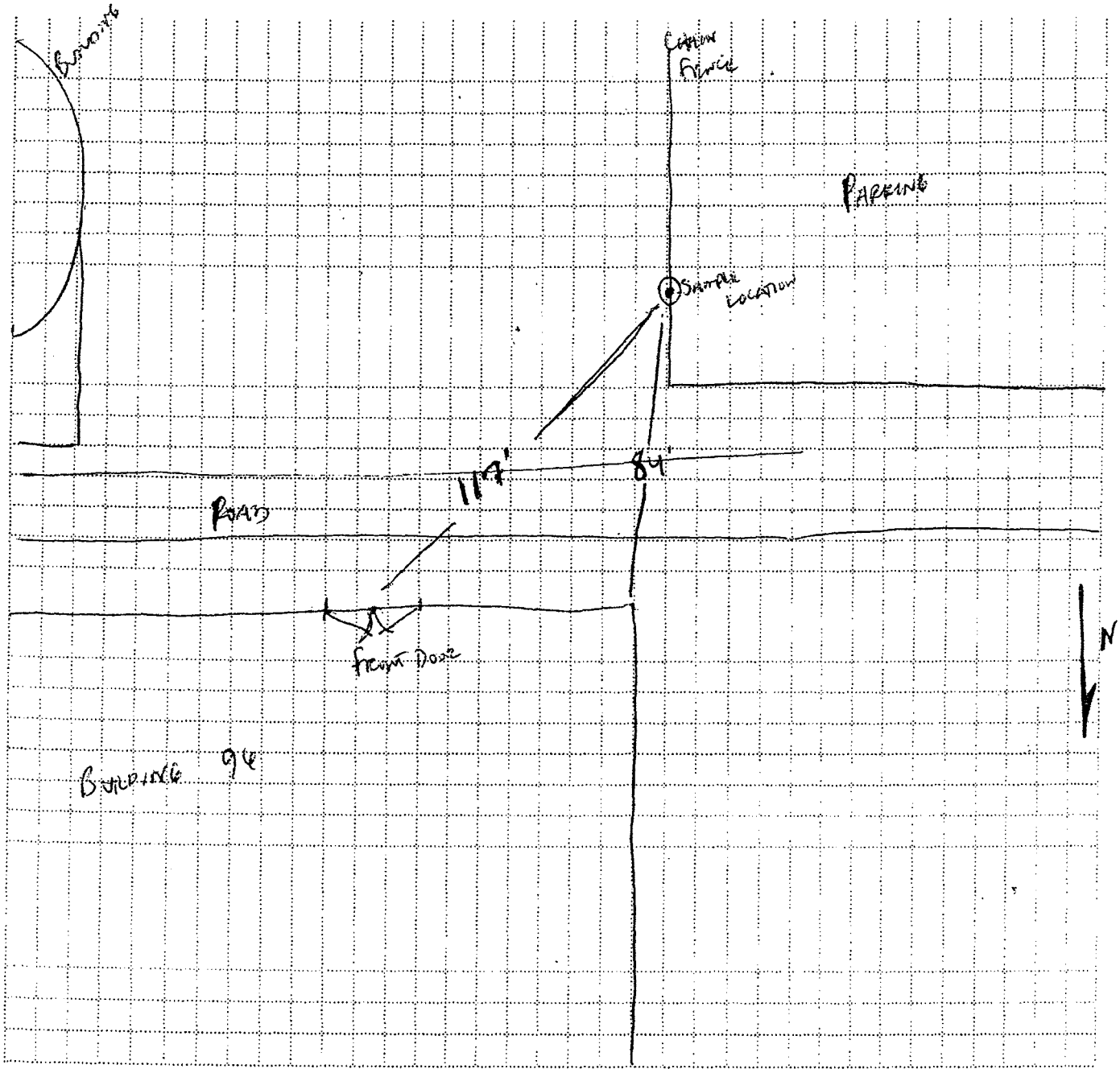
First Floor:

OA-096-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



095- B-01

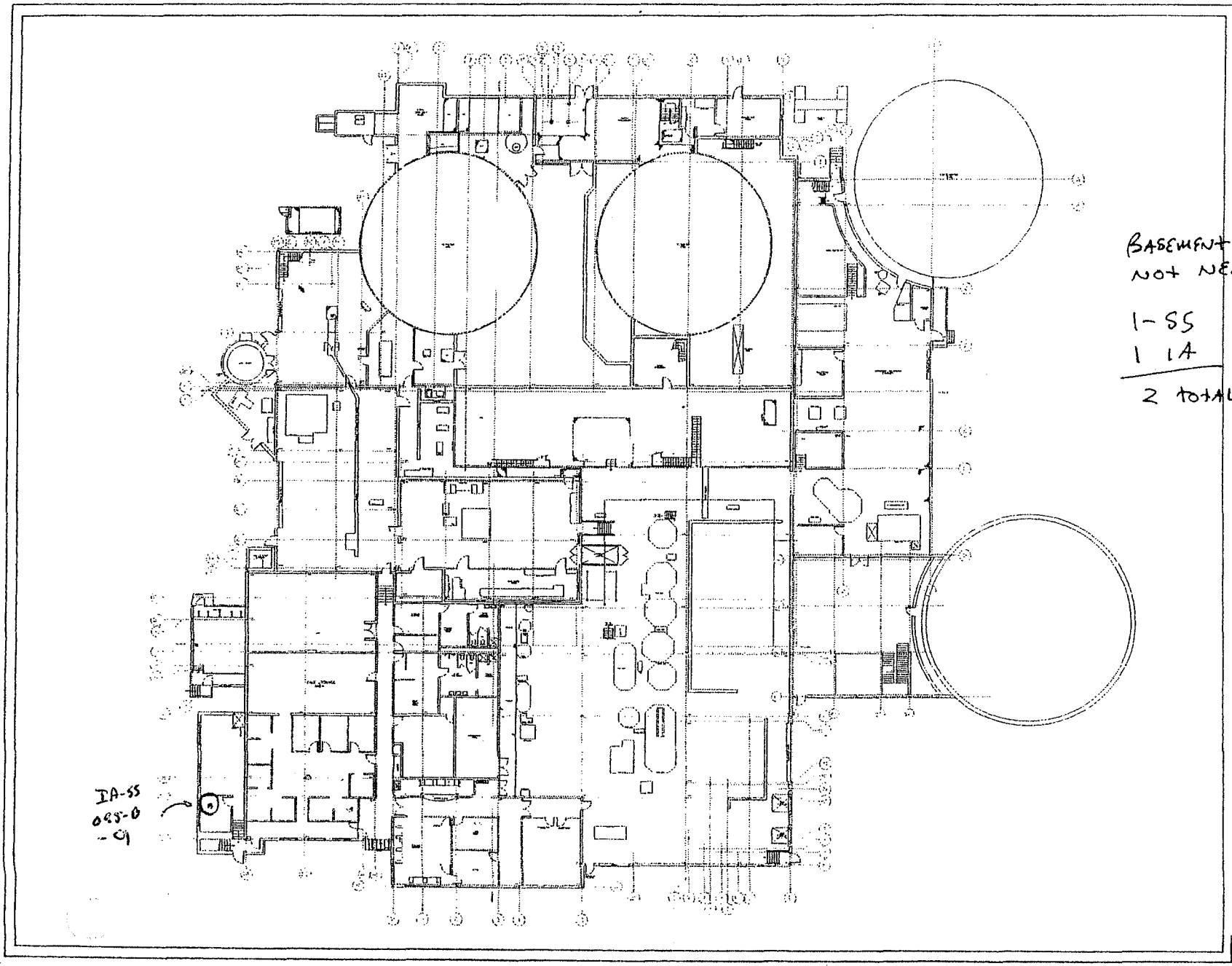
13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Thermo

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
Near	Sample	N/A	N/A	None	0.0	N

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.



BASEMENT
NOT NEAR DOOR

1-SS
1 1A

2 TOTAL

Bld 96

BUILDING 96 FLOOR 1

HURON
REAL ESTATE ASSOCIATES, L.L.C.
EMMETT, NEW YORK

BLDG. 96

OA-096-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 096,	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Thermo 580B	**Building No:**	096

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	35158
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	03-68
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/8/05 1451
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-26
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/9/05 1451
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-2.6
Sample ID:		**Sample ID:**		**Sample ID:**	OA-096-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	South
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	84'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	45"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	10'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	No
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	No
—		Duplicate Sample?		—	
—					

Comments:

Signature: S. Schuchart

OSR-3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Shannon Schuchart Date/Time Prepared 3/16/05 1620

Preparer's Affiliation ERM Phone No. 315 445 2554

Purpose of Investigation Huron Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Tinklepaugh First Name: Robert

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 8824

Number of Occupants/persons at this location NA Age of Occupants NA

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mngmnt

County: Broome

Home Phone: NA Office Phone: 607 755 6073

3. BUILDING CHARACTERISTICS

NA

Type of Building: (Circle appropriate response)

Residential	School	Commercial/Multi-Use
Industrial	Church	Other: _____

If the property is residential, type? (Circle appropriate response)

HA

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) _____

Does it include residences (i.e. multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors_____ Building age_____

Is the building insulated? Y / N How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

_____

_____

_____

Airflow near source

_____

_____

_____

Outdoor air infiltration

_____

_____

_____

Infiltration into air ducts

_____

_____

_____

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply) NA

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

_____

_____

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other _____
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N NA

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.

_____

_____

_____

_____

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? _____

i. Have cosmetic products been used recently? Y / N When & Type? _____

NA

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

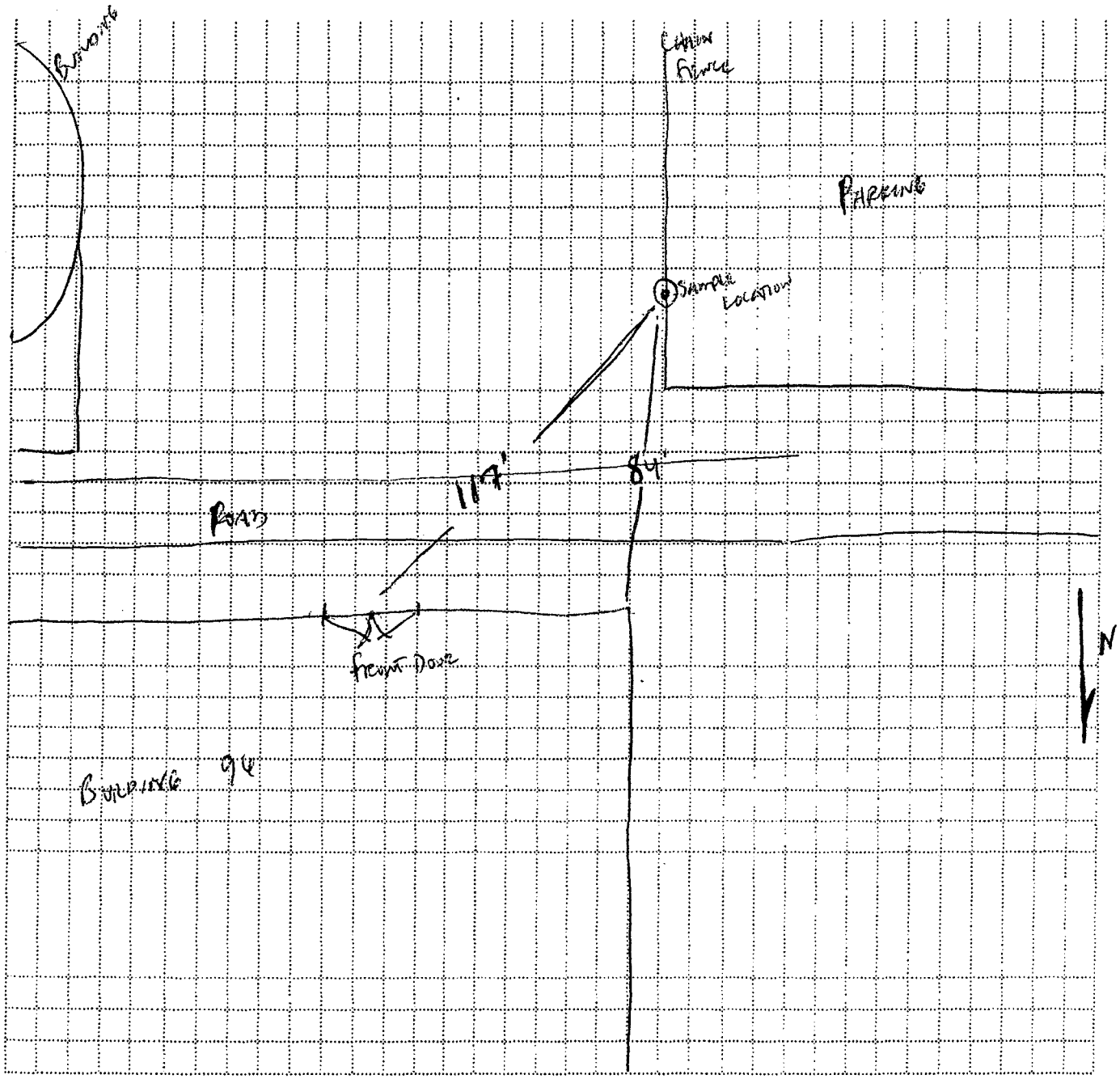
First Floor:

OA-096-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



~~[illegible]~~ 6-01
095

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Thermo

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
Near	Sample	N/A	N/A	None	0.0	N

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BUG 250

OUTDOORS.

OA-250-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	SE of building 250	Collector(s):	DV, TM, SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	MINI RAE	Building No:	250

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	NA	Canister Serial No.:	NA	Canister Serial No.:	24493
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	54-08
Start Date/Time:		Start Date/Time:		Start Date/Time:	03/01/05/1637
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	~~1637~~ DV -30
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	03/02/05 1721
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-4
Sample ID:		**Sample ID:**		**Sample ID:**	OA-250-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	NA	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	A
Story/Level		Basement or Crawl Space?		Direction from Building	SE
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	26.8
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	60"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	TEFLON
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	26.2'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	NONE
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	NONE
—		Duplicate Sample?			
—				—	—

Comments:

Signature: Todd L Marsh

OSR-3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-16-05 1426

Preparer's Affiliation ERM Phone No. 315 445 2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location N/A Age of Occupants > 18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt Endicott NY

County: Broome

Home Phone: N/A Office Phone: 607 755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: Steel / Concrete

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Office

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? N/A

Other characteristics:

Number of floors 2 Building age _____

Is the building insulated? Y / N Unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

N/A

Outdoor air infiltration

N/A

Infiltration into air ducts

N/A

5. **BASEMENT AND CONSTRUCTION CHARACTERISTICS** (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpet	
e. Concrete floor:	unsealed	sealed	sealed with glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with Unknown	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

N/A

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other Building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N N/A

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.

N/A

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	↓
1st Floor	Offices
2nd Floor	offices
3rd Floor	↓
4th Floor	↓

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: Unknown
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

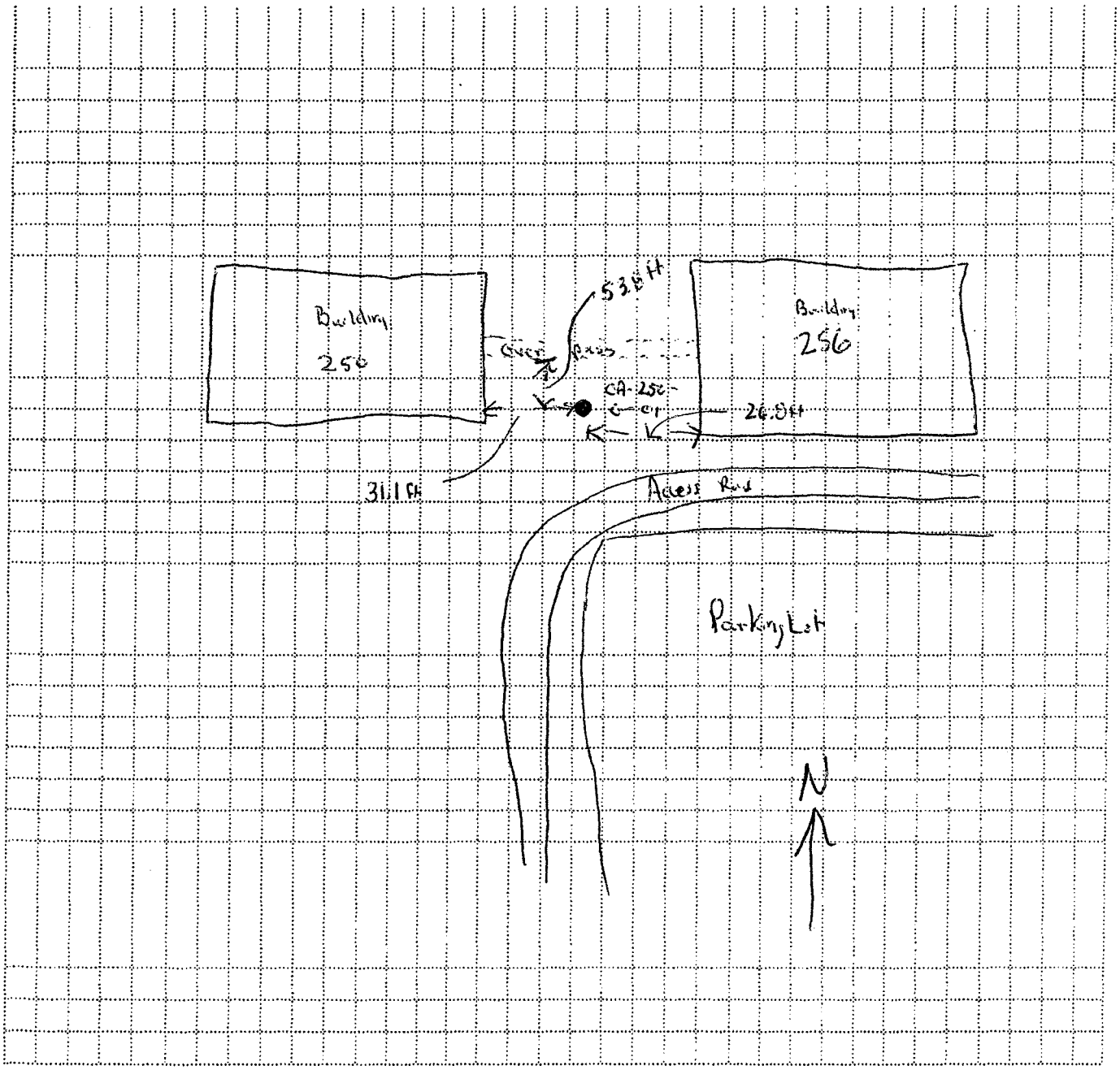
Basement:

First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



OA-250-G-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
NA	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG 250

OFFICE ~~L002~~ 60 W002

SS-250-B-01

IA-250-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Office ~~L002~~ CC Bldg 250 office W002	Collector(s):	TM, SS, DV
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini RAE 110-008820	Building No:	250

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34494	Canister Serial No.:	14112	Canister Serial No.:	NA
Flow Controller Id No:	0362	Flow Controller Id No:	101-34	Flow Controller Id No:	
Start Date/Time:	03/01/05/1648	Start Date/Time:	03/01/05/1648	Start Date/Time:	
Start Pressure: (inches Hg)	-25.5	Start Pressure: (inches Hg)	-25	Start Pressure: (inches Hg)	
Stop Date/Time:	03/02/05 1715	Stop Date/Time:	03/02/05 1715	Stop Date/Time:	
Stop Pressure: (inches Hg)	0	Stop Pressure: (inches Hg)	0	Stop Pressure: (inches Hg)	
Sample ID: IA-250-1-01		**Sample ID:** SS-250-1-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	1st floor	Basement or Crawl Space?	~~Basement~~ DV 1st Floor	Direction from Building	
Room	W~~002~~ CC	Floor Slab Thickness (inches) *[if present]*	4"	Distance from Building	
Indoor Air Temp (°F)	71.6°F	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-6"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	1.9	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.325	Noticeable Odor?	None	Noticeable Odor?	
Duplicate Sample?	None	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	None		

Comments:

Signature: Todd L Marsh

250-1-01

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/2/05 1020

Preparer's Affiliation EEM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location N/A Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: STEEL/CONCRETE

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) OFFICES

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? N/A

Other characteristics:

Number of floors 2 Building age_____

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU'S deliver air to each floor separately

Airflow near source

No AIR flow here / AIR DUCTS OVERHEAD

Slight air flow from overhead supply duct.

Outdoor air infiltration

No avenues to outdoor air observed

Infiltration into air ducts

All duct work behind drop ceiling

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpet	
e. Concrete floor:	unsealed	sealed	sealed with some glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with unknown	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

NO SOIL VAPOR ENTRY POINTS

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? (Y) / N

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.

AIR RETURN & SUPPLY VENTS NOT CIRCULATING AIR AT TIME OF SAMPLING
ONE OF EACH (RETURN & SUPPLY) LOCATED IN DROP CEILING
OBSERVATION ON 3/2/05 @ 10:15 SYSTEM IS ACTIVE.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	
1st Floor	OFFICES
2nd Floor	Offices
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify _____

d. Has the building ever had a fire? Y / (N) When? _____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where? _____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type? _____

g. Is there smoking in the building? Y / (N) How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

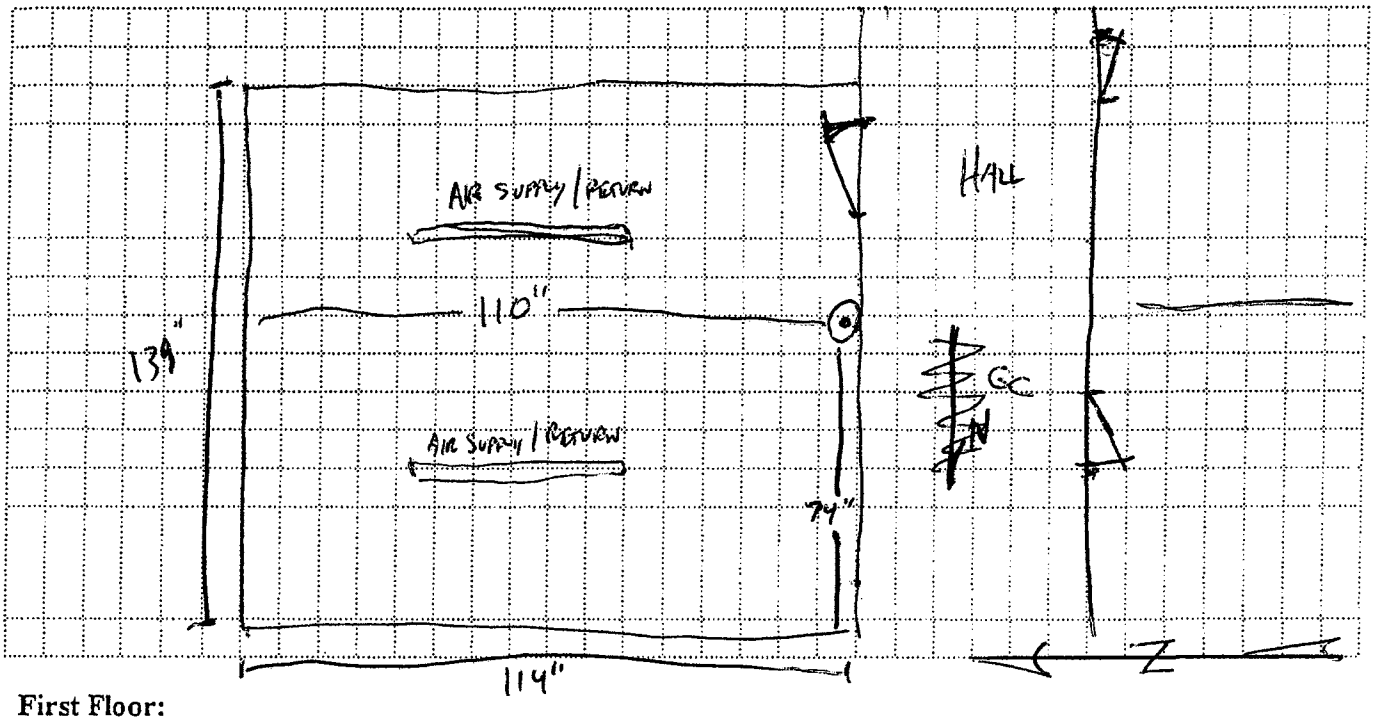
250-1-01

11. 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.

office wood

Basement:

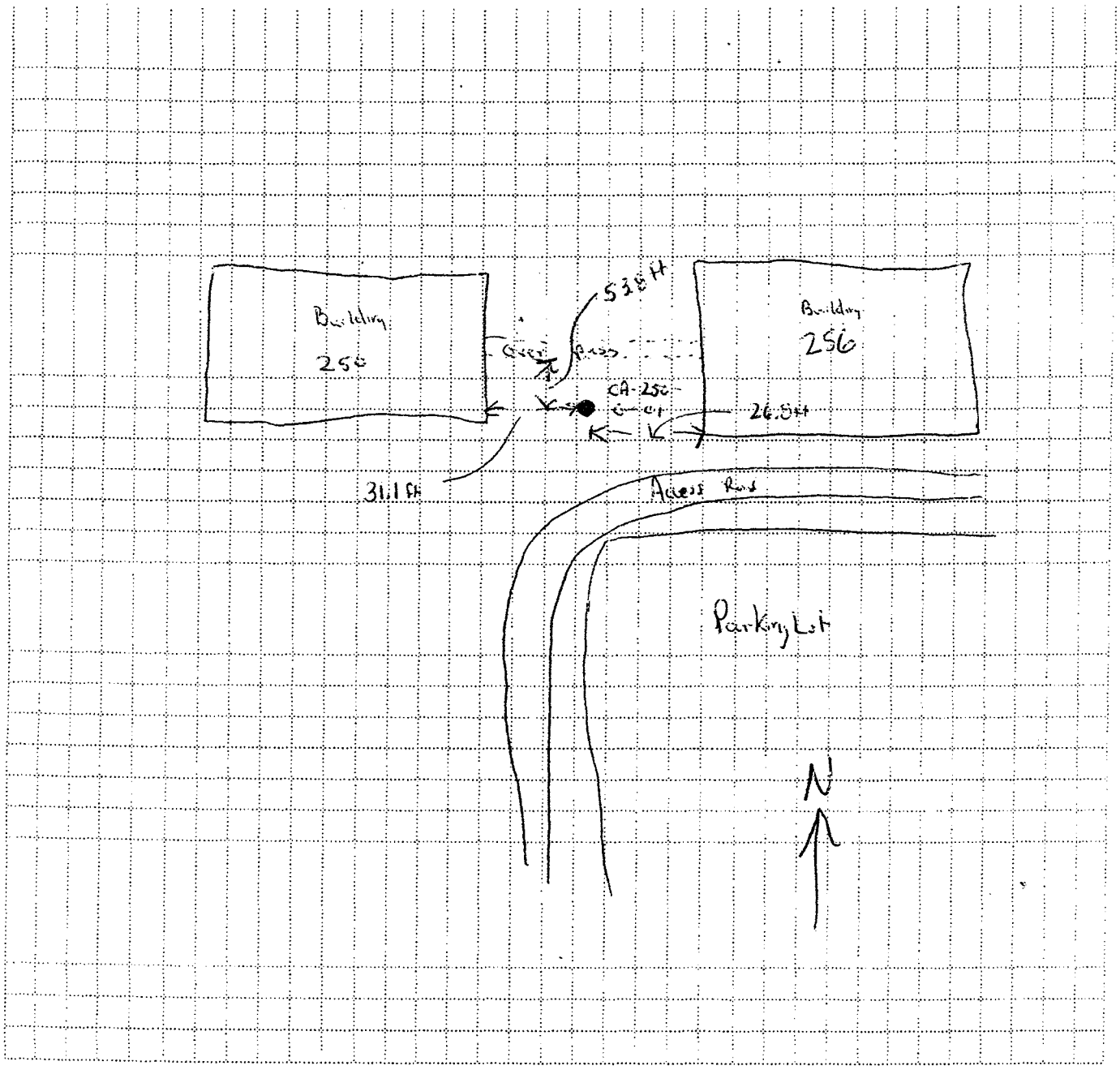


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



250 - 1 - 01

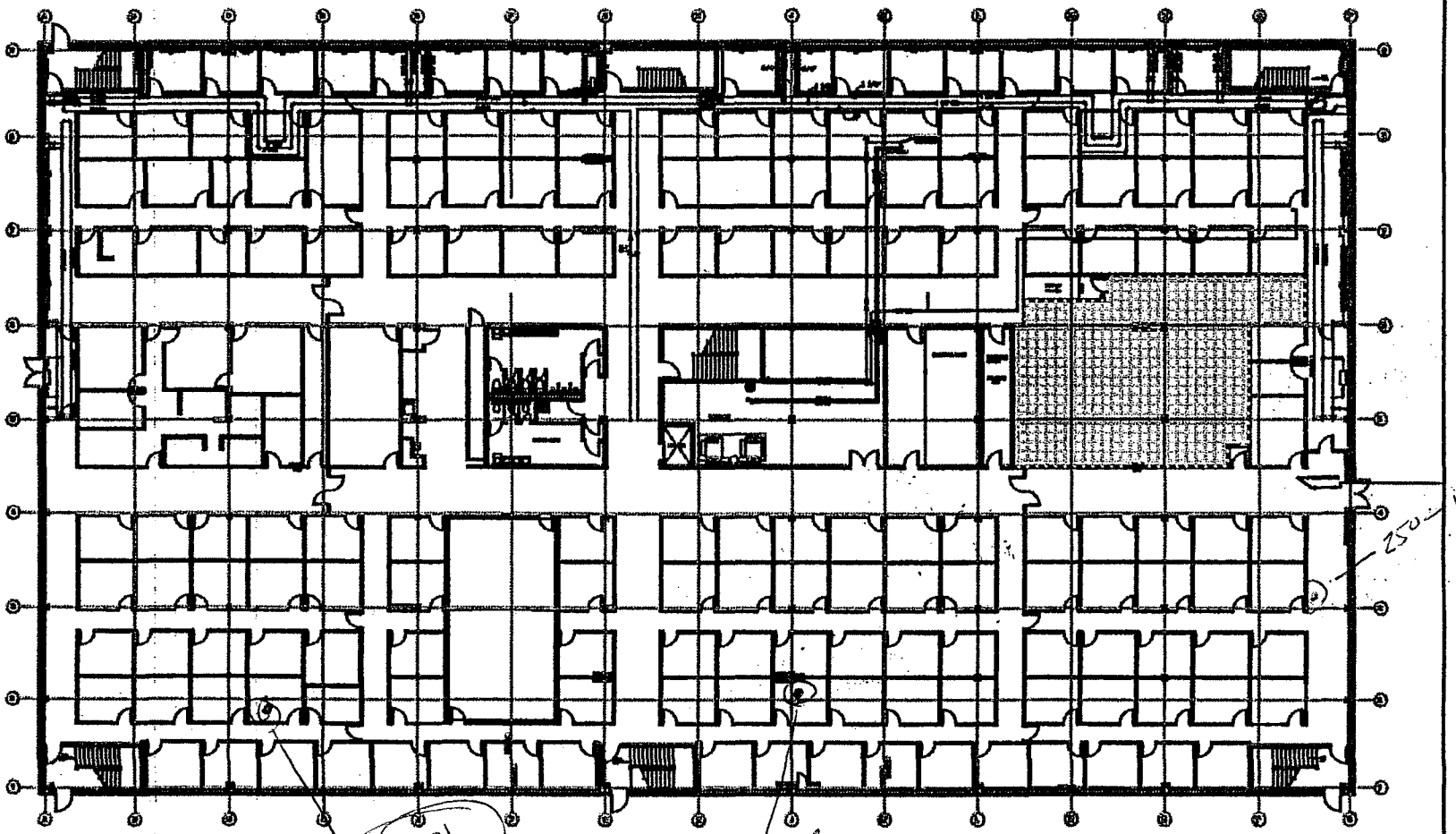
13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE 2000

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
NONE	NA	NA	NA	NA		

* Describe the condition of the product containers as **Unopened (UO)**, Used (U), or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.


BLD 250
250-1-03
BUILDING 250 FLOOR 1
OFFICE SPACE
W 002
250-1-01
250-1-02
OFFICE L002.
[redacted]
OFFICE
A004-C004
GENERAL
LOCATION
3-SS
3-IA
6 TOTAL
HURON

BLDG. 250

OFFICE ~~W002~~ W L002

SS-250-1-02

IA-250-1-02

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Rm L002 BLDG 250	Collector(s):	TM, SS, DV
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MINIRAE	Building No:	250

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33881	Canister Serial No.:	3997	Canister Serial No.:	NA
Flow Controller Id No:	102-07	Flow Controller Id No:	103-01	Flow Controller Id No:	
Start Date/Time:	03/01/05 / 1645	Start Date/Time:	03/01/05 / 1645	Start Date/Time:	
Start Pressure: (inches Hg)	-30"	Start Pressure: (inches Hg)	-27	Start Pressure: (inches Hg)	
Stop Date/Time:	03/02/05 1720	Stop Date/Time:	03/02/05 1720	Stop Date/Time:	
Stop Pressure: (inches Hg)	-4.5	Stop Pressure: (inches Hg)	-6	Stop Pressure: (inches Hg)	
Sample ID: IA-250-1-02		**Sample ID:** SS-250-1-02		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	first floor	Basement or Crawl Space?	NA	Direction from Building	
Room	L002	Floor Slab Thickness (inches) *[if present]*	4"	Distance from Building	
Indoor Air Temp (°F)	71.1°F	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-6"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.2	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.375	Noticeable Odor?	1	Noticeable Odor?	
Duplicate Sample?	None	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	None		

Comments:

Signature: Todd L Marsh

OSR-3

250-1-02

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Gombiz Date/Time Prepared 3/2/05 1000

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location N/A Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: KESTWICK First Name: Jim

Address: HURON MOTS ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: N/A

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Office

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? N/A

Other characteristics:

Number of floors 2 Building age _____

Is the building insulated? Y / N (unknown) How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHUs distribute air to each floor separately

Airflow near source

MINIMAL AIRFLOW NEAR SOURCE - NONE FOUND

Outdoor air infiltration

No avenues to outside air observed

Infiltration into air ducts

All duct work behind drop ceiling

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpet	
e. Concrete floor:	unsealed	sealed	sealed with some glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with unknown	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

NONE OBSERVED

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

AIR SUPPLY ~~& RETURN~~ DV VENTS IN DROP CEILING DIRECTLY OVER SAMPLE LOCATION

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	—
1st Floor	OFFICE SPACE
2nd Floor	Office Space
3rd Floor	—
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

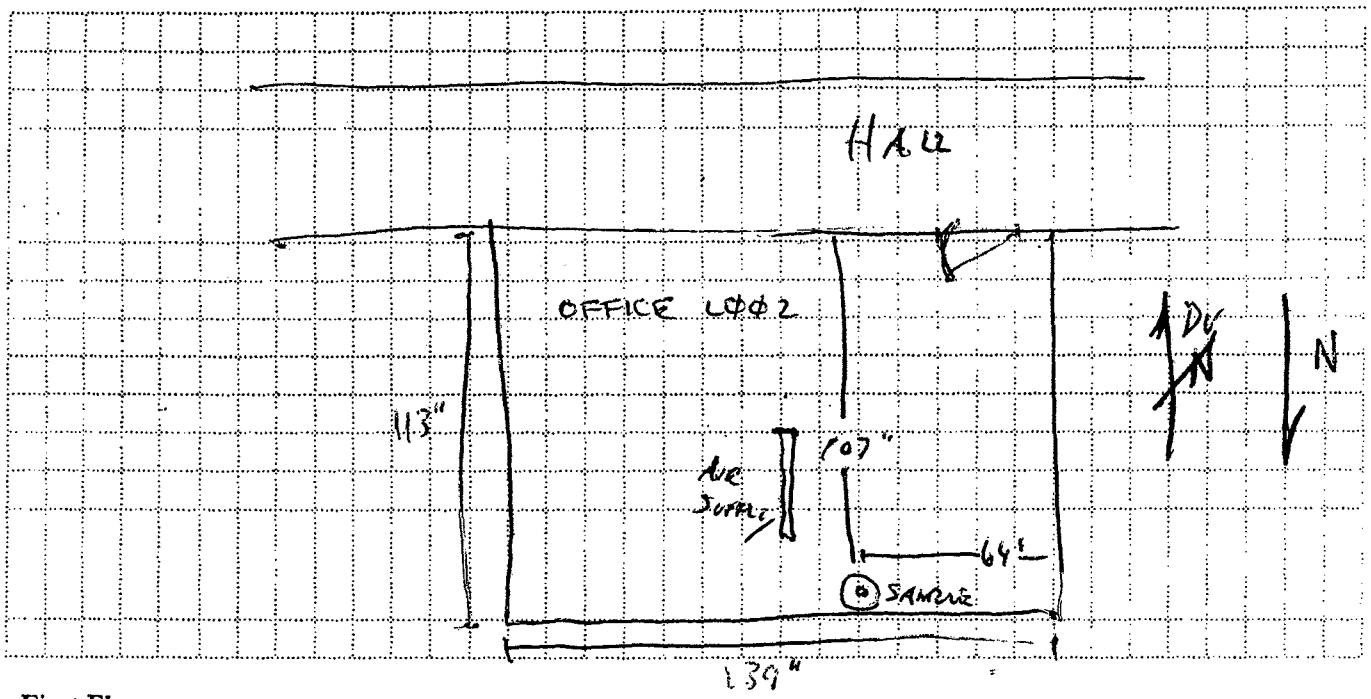
6

250-1-02

11. 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.

Basement:

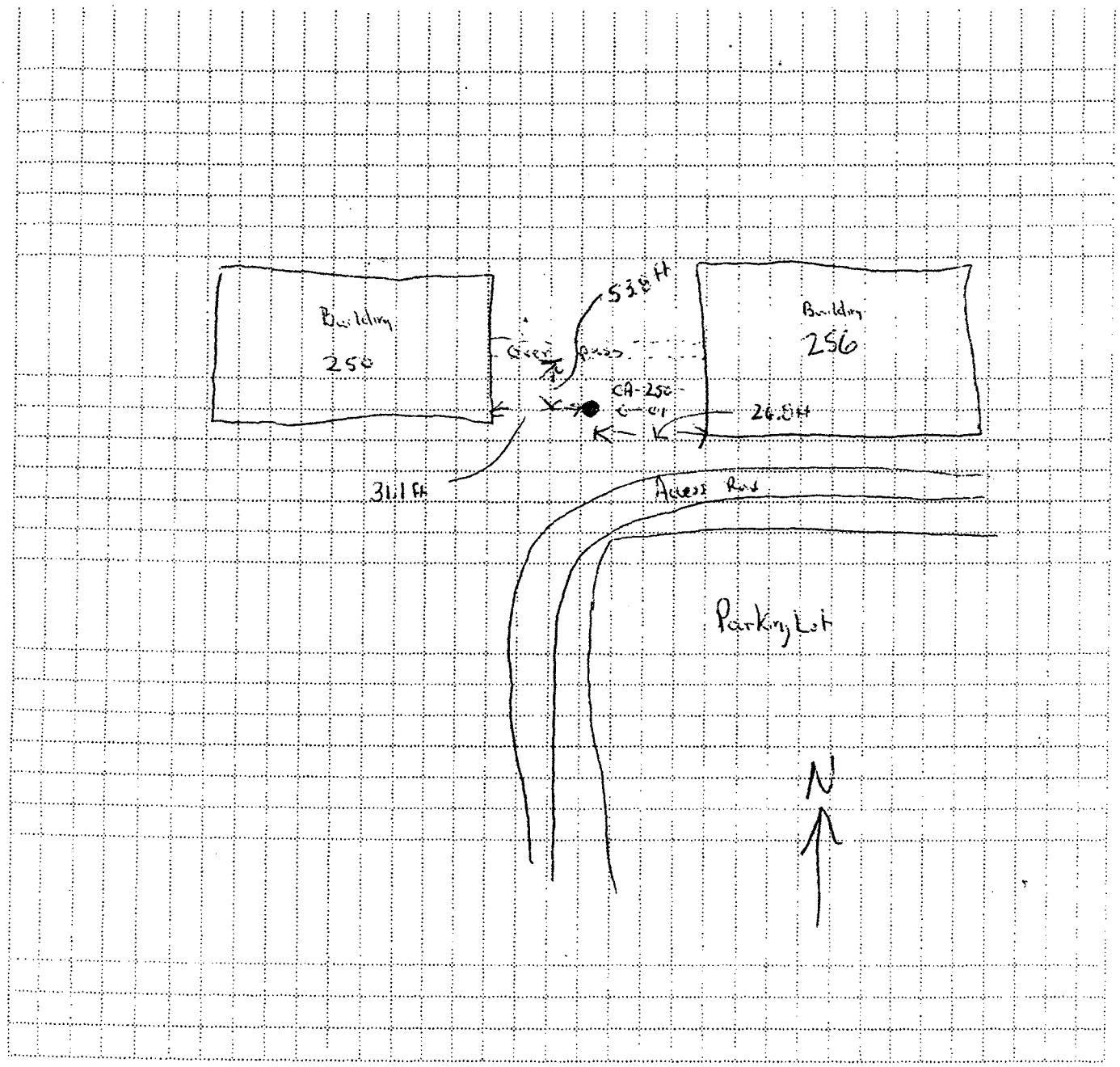


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



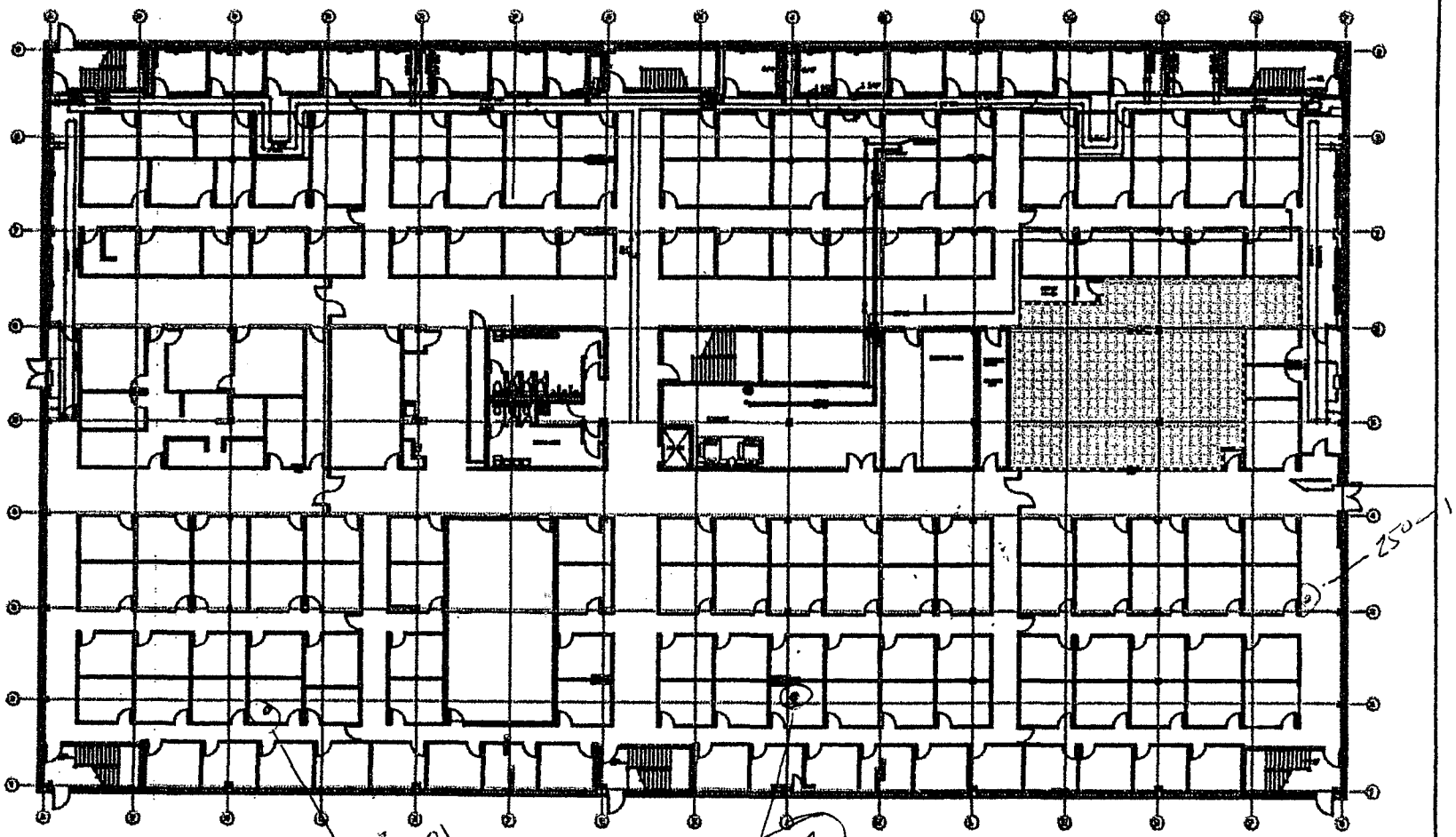
13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MIN. RAE

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
None	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.


BLD 250
250-1-03
BUILDING 250 FLOOR 1
OFFICE SPACE
W 002
250-1-01
250-1-02
OFFICE L002
[redacted]
OFFICE
A004-C004
GENERAL
LOCATION
3-SS
3-IA
6 TOTAL
HURON

BLDG. 250

office A004 - C004

SS-250-B-03

FA-250-B-03

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	A004 - C004 HALLWAY	Collector(s):	TM, DV, SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MINI RAE 2000	Building No:	250

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	~~34502~~ R-8	Canister Serial No.:	~~R-8~~ 34502	Canister Serial No.:	NA
Flow Controller Id No:	~~101-39~~ 03-14	Flow Controller Id No:	~~03-14~~ 101-39	Flow Controller Id No:	
Start Date/Time:	03/01/05 / 1642	Start Date/Time:	03/01/05 / 1642	Start Date/Time:	
Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	-27	Start Pressure: (inches Hg)	
Stop Date/Time:	03/02/05 1718	Stop Date/Time:	03/02/05 1718	Stop Date/Time:	
Stop Pressure: (inches Hg)	-7	Stop Pressure: (inches Hg)	-3	Stop Pressure: (inches Hg)	
Sample ID: IA-250-[illegible]-03		**Sample ID:** SS-250-[illegible]-03		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	1ST floor	Basement or Crawl Space?	NA	Direction from Building	
Room	HALL BTWN A004 & C004	Floor Slab Thickness (inches) *[if present]*	6"	Distance from Building	
Indoor Air Temp (°F)	71.4°F	Potential Vapor Entry Points Observed?	NONE	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	49"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	NONE	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-8"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.35	Noticeable Odor?		Noticeable Odor?	
Duplicate Sample?	NONE	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
↓	↓	Duplicate Sample?	NONE		

Comments:

Signature: Todd R Marsh

OSR-3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/2/05 0937

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location N/A Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: STEEL/CONCRETE

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Offices

Does it include residences (i.e. multi-use)? Y / N (circled N) If yes, how many? N/A

Other characteristics:

Number of floors 2 Building age _____

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's deliver air to each floor separately.

Airflow near source

Minimal air flow FROM - SLIGHT DRAFT - HALLWAY
Air supply ~ 10' SOUTH on ceiling (8' up)

Outdoor air infiltration

Door to the outside ~25' away to the NE

Infiltration into air ducts

No infiltration points observed (ducts behind drop ceiling).

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpet	
e. Concrete floor:	unsealed	sealed	sealed with some glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with unknown	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

None

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

~~AIR SUPPLY & COLD AIR RETURN~~ D VENTS IN DROP CEILING BLOWING COOL AIR. WARM AIR PROVIDED BY HOT WATER RADIATORS LINING HALLWAY

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	OFFICE SPACE
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

~~No~~
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

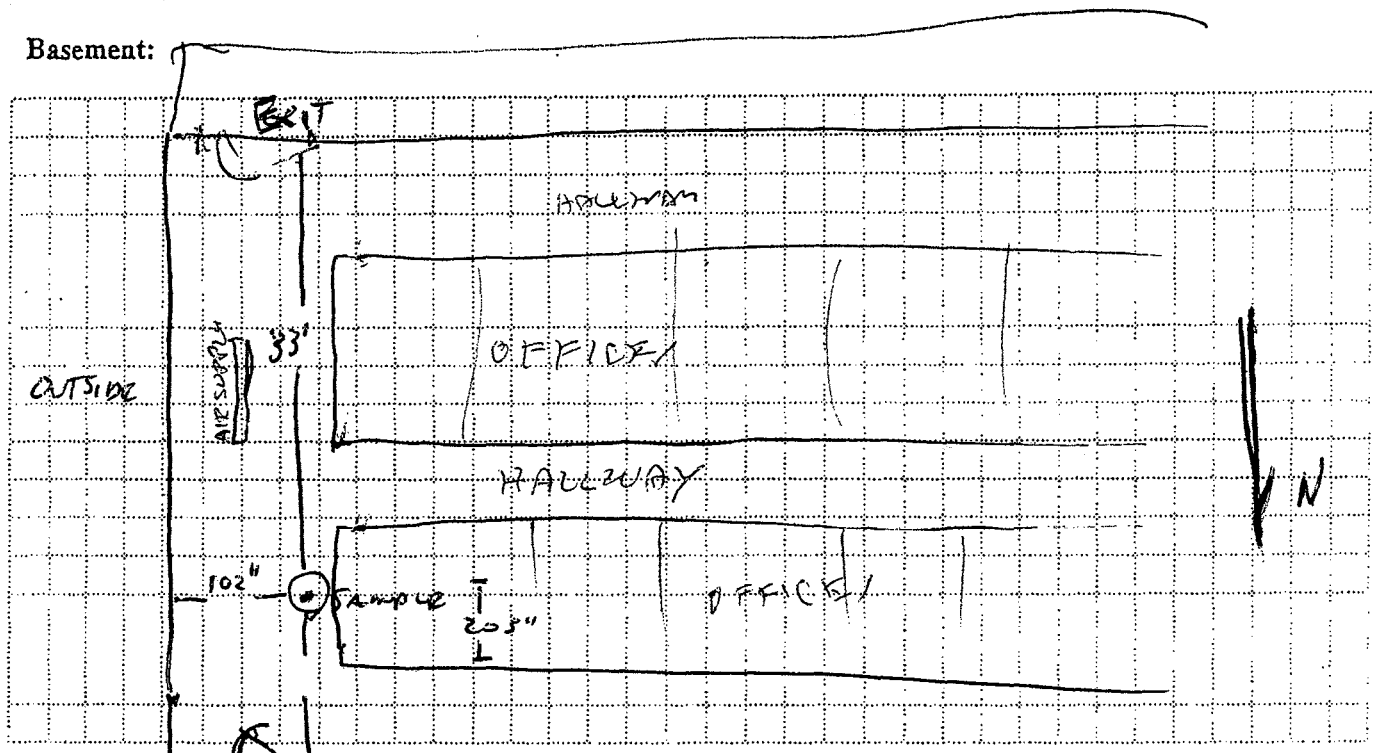
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

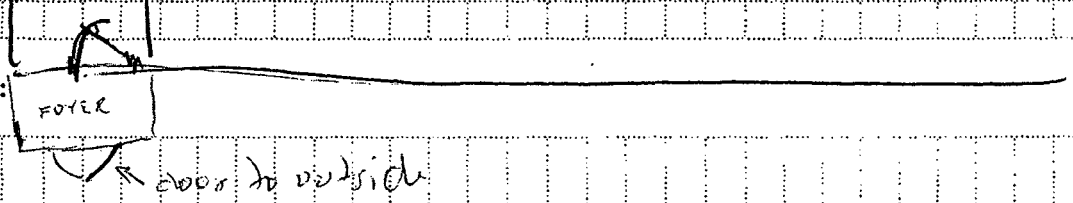
11. FLOOR PLANS

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.

Basement:



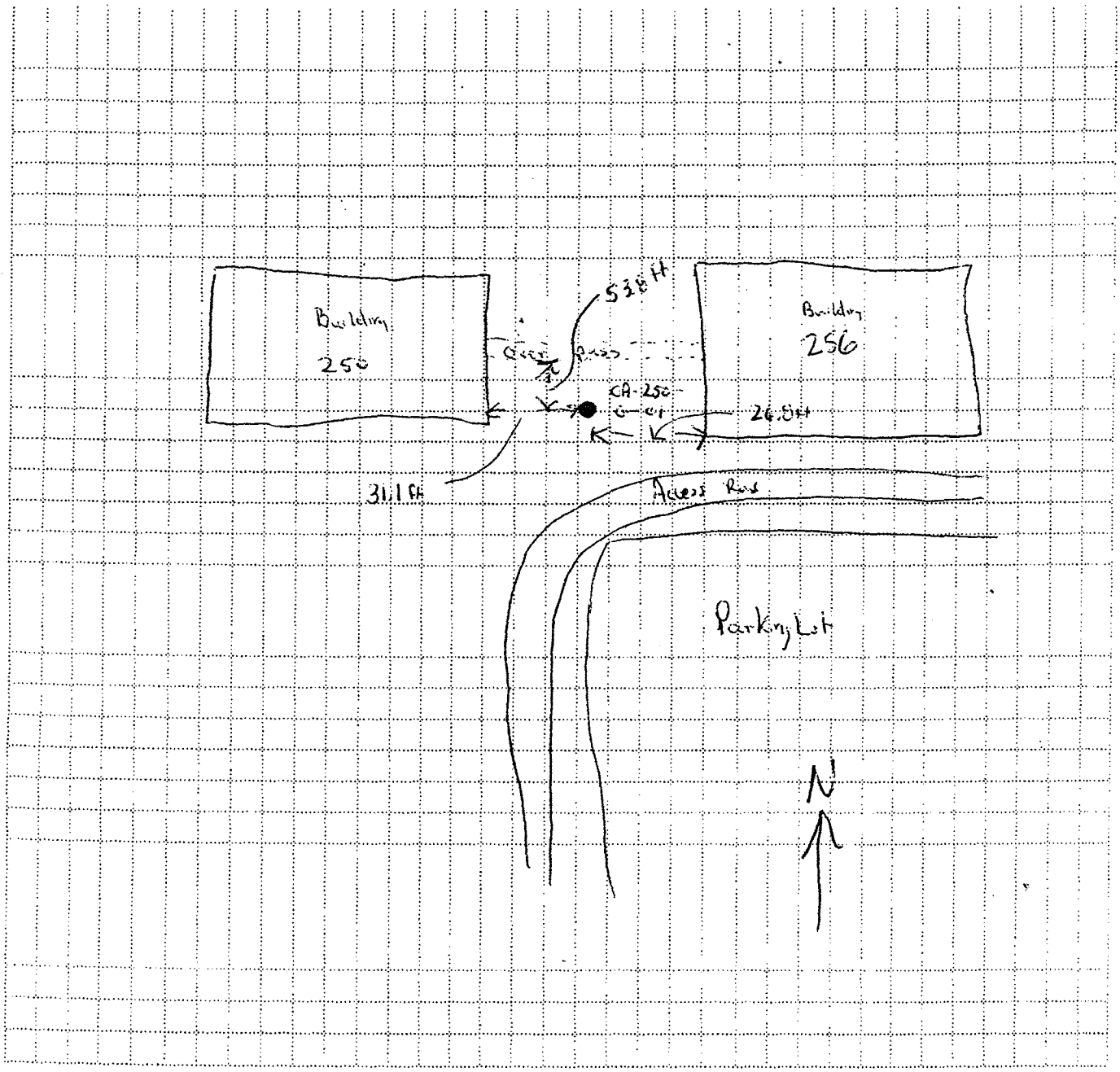
First Floor:



12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



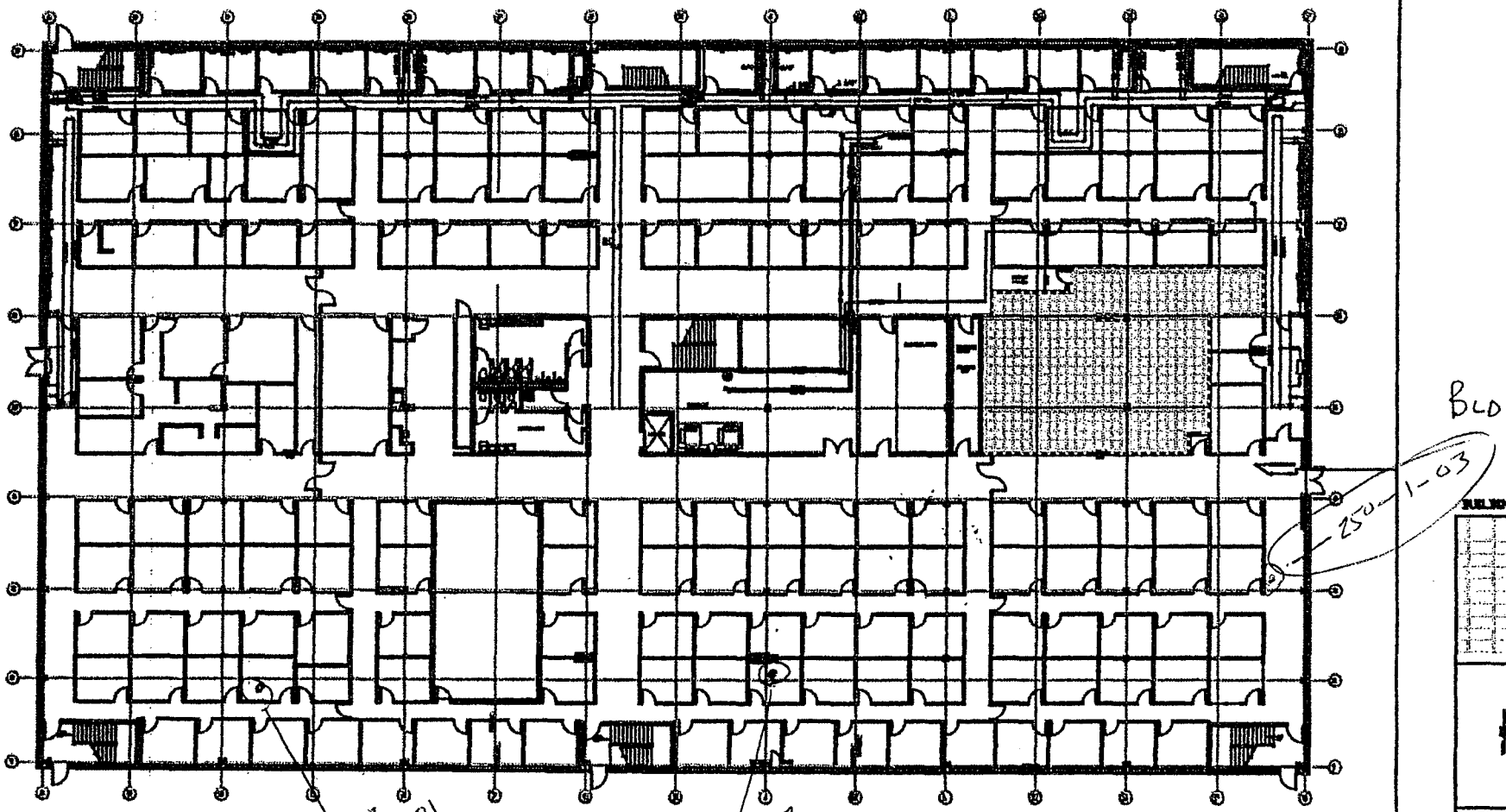
13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
NA	SAMPLE LOCATION	NA	NA	NA	N/A	N/A
	IN HALLWAY					
	No product storage observed					

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.


BLD 250
250-1-03
BUILDING 250 FLOOR 1
OFFICE SPACE
W 002
250-1-01
250-1-02
OFFICE L002
[redacted]
OFFICE
A004-C004
GENERAL
LOCATION
3-SS
3-IA
6 TOTAL
HURON

BLDG 256

OA-256-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	NE Corner of 250 Near Bus Stop	**Collector(s):**	TM, DV, SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	MW, RAE 2000	**Building No:**	250

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	NA	Canister Serial No.:	NA	Canister Serial No.:	25309
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	05-15
Start Date/Time:		Start Date/Time:		Start Date/Time:	03/02/05 / 1035
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (Inches Hg)	-30
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/3/05 1035
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-2.0
Sample ID:		**Sample ID:**		**Sample ID:**	OA-256-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	NA	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	A
Story/Level		Basement or Crawl Space?		Direction from Building	NE
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	45'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	60"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	TEFLON
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	8'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	None
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	None
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	None
		Duplicate Sample?			

Comments:

Signature: Todd L Marsh

OSR-3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-16-05 1354

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location N/A Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt Endicott NY

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: Steel / Concrete

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Office Space

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? N/A

Other characteristics:

Number of floors 3 Building age_____

Is the building insulated? Y / N Unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

N/A

Outdoor air infiltration

N/A

Infiltration into air ducts

N/A

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with Carpet	
e. Concrete floor:	unsealed	sealed	sealed with glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with Unknown	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

N/A

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other Building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

N/A

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	—
1st Floor	Office Space
2nd Floor	office space
3rd Floor	office Space
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

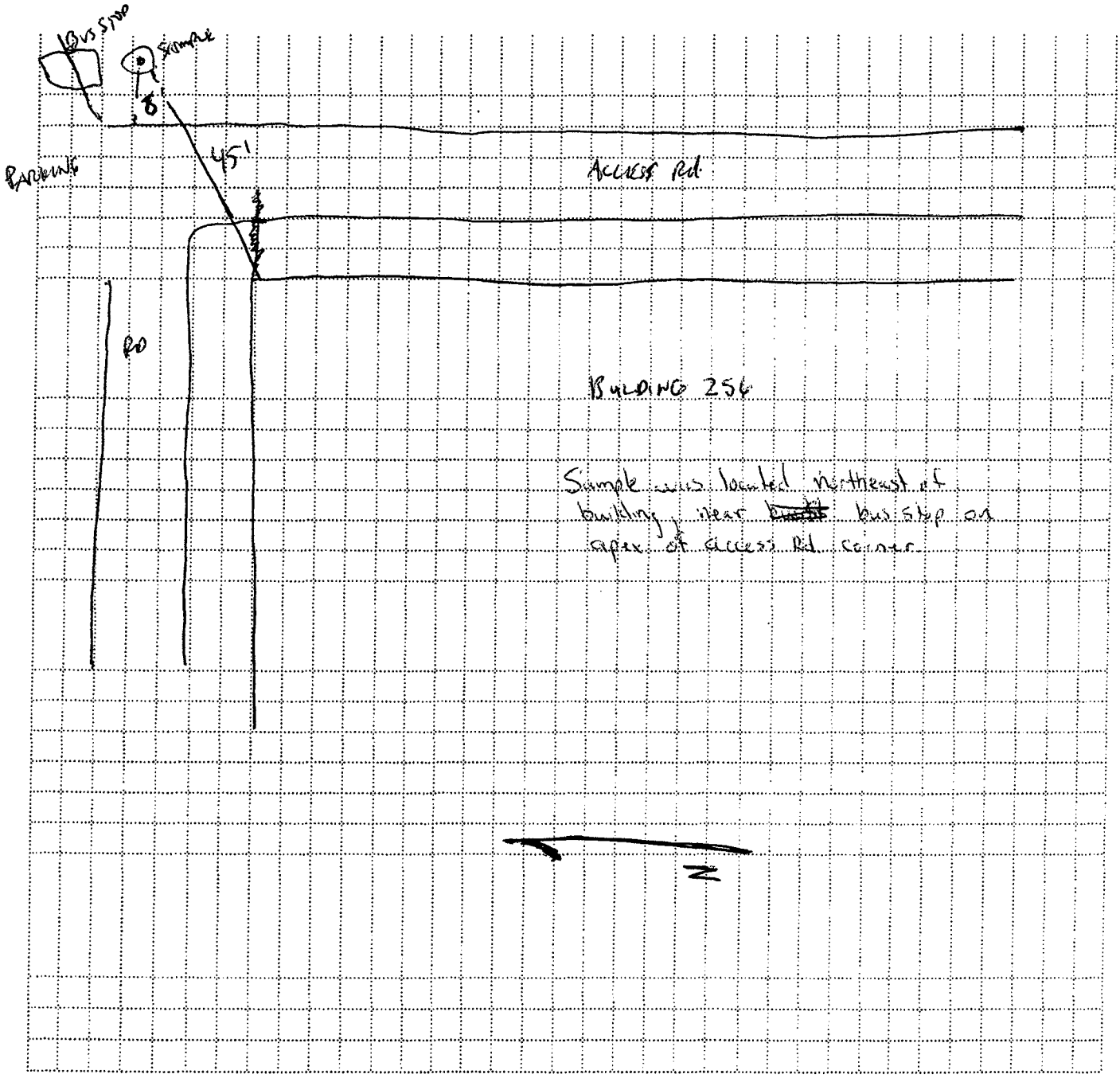
First Floor:

OA-256-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



 256-6-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini RAE 2000

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
NA	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 256

SS-256-~~B~~-01

IA-256-~~B~~-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	near stairwell, office #AA-CC 03-07, drinking fountain	Collector(s):	T. Marsh, D. VanCampen, S. Schuchart
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	mini Rae 2000	Building No: 256	—

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	33962	Canister Serial No.:	9411	Canister Serial No.:	N/A
Flow Controller Id No:	102-11	Flow Controller Id No:	04-05	Flow Controller Id No:	
Start Date/Time:	3/2/05 10:43	Start Date/Time:	3/2/05 10:43	Start Date/Time:	
Start Pressure: (inches Hg)	-28.5	Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	
Stop Date/Time:	3/3/05 1043	Stop Date/Time:	3/3/05 1043	Stop Date/Time:	
Stop Pressure: (inches Hg)	-2.0	Stop Pressure: (inches Hg)	-2.0	Stop Pressure: (inches Hg)	
Sample ID: IA-256-B-01		**Sample ID:** SS-256-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B 1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	first level	Basement or Crawl Space?	N/A	Direction from Building	
Room	hall	Floor Slab Thickness (inches) *[if present]*	7 in.	Distance from Building	
Indoor Air Temp (°F)	71°	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	9 in.	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.755	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
—		Duplicate Sample?	No		
—				—	

Comments: Stairwell very busy

Signature: Todd L Marsh

OSR – 3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/2/05 1220

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location N/A Age of Occupants 7/8

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt Endicott, NY

County: Broome

Home Phone: N/A Office Phone: 607 755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: STEEL/CONCRETE

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) OFFICES

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? N/A

Other characteristics:

Number of floors 3 Building age_____

Is the building insulated? Y / N ? How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's distribute air to each floor separately

Airflow near source

MINIMAL AIRFLOW - SAMPLE IN HALLWAY NEAR STAIRWELL

Outdoor air infiltration

No direct avenues to outside air were observed.

Infiltration into air ducts

Duct work behind drop ceiling

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpet	
e. Concrete floor:	unsealed	sealed	sealed with some glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with unknown	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

None

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? (Y) / N

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.

SUPPLY AIR DUCT OVERHEAD ~ 4' from SAMPLING LOCATION

RETURN AIR LOCATED IN ~~AREA~~ PROXIMITY (~ 10') OF SAMPLE LOCATION

BOTH CONTAINED IN DROP-CEILING

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	—
1st Floor	offices
2nd Floor	offices
3rd Floor	offices
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify_____

d. Has the building ever had a fire? Y / (N) When?_____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where?_____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type?_____

g. Is there smoking in the building? Y / (N) How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

No
Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

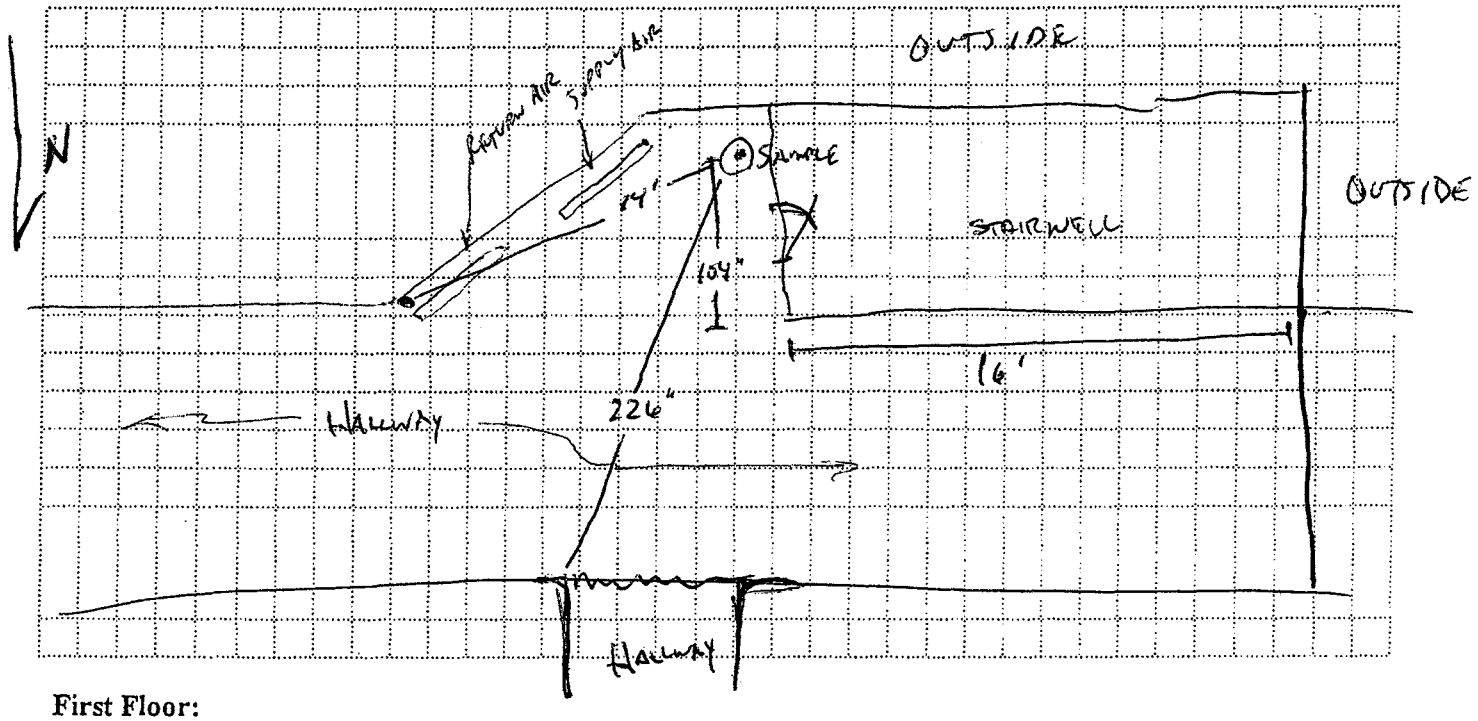
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:



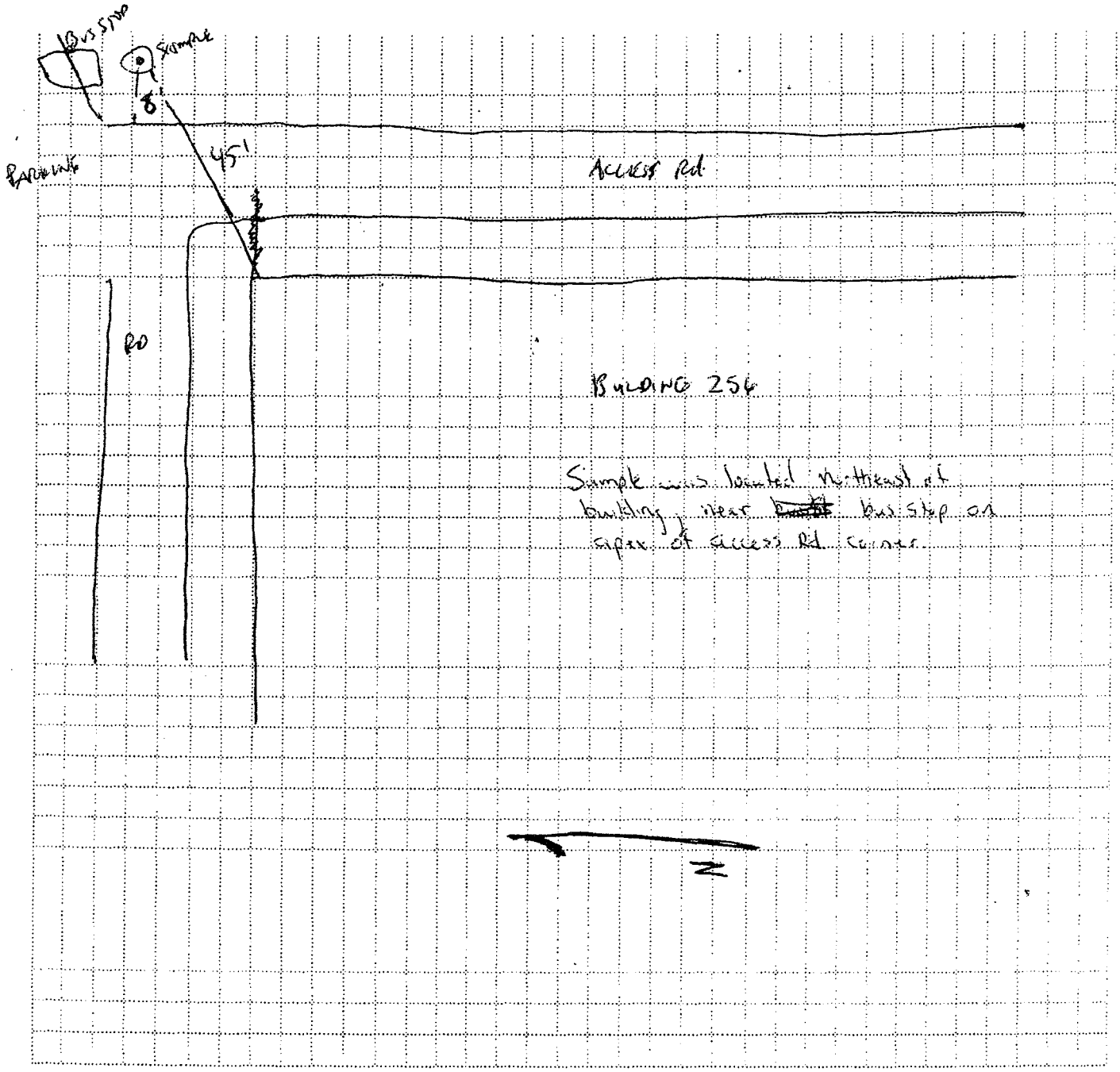
First Floor:

OA-256-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



256-B-01

13. PRODUCT INVENTORY FORM

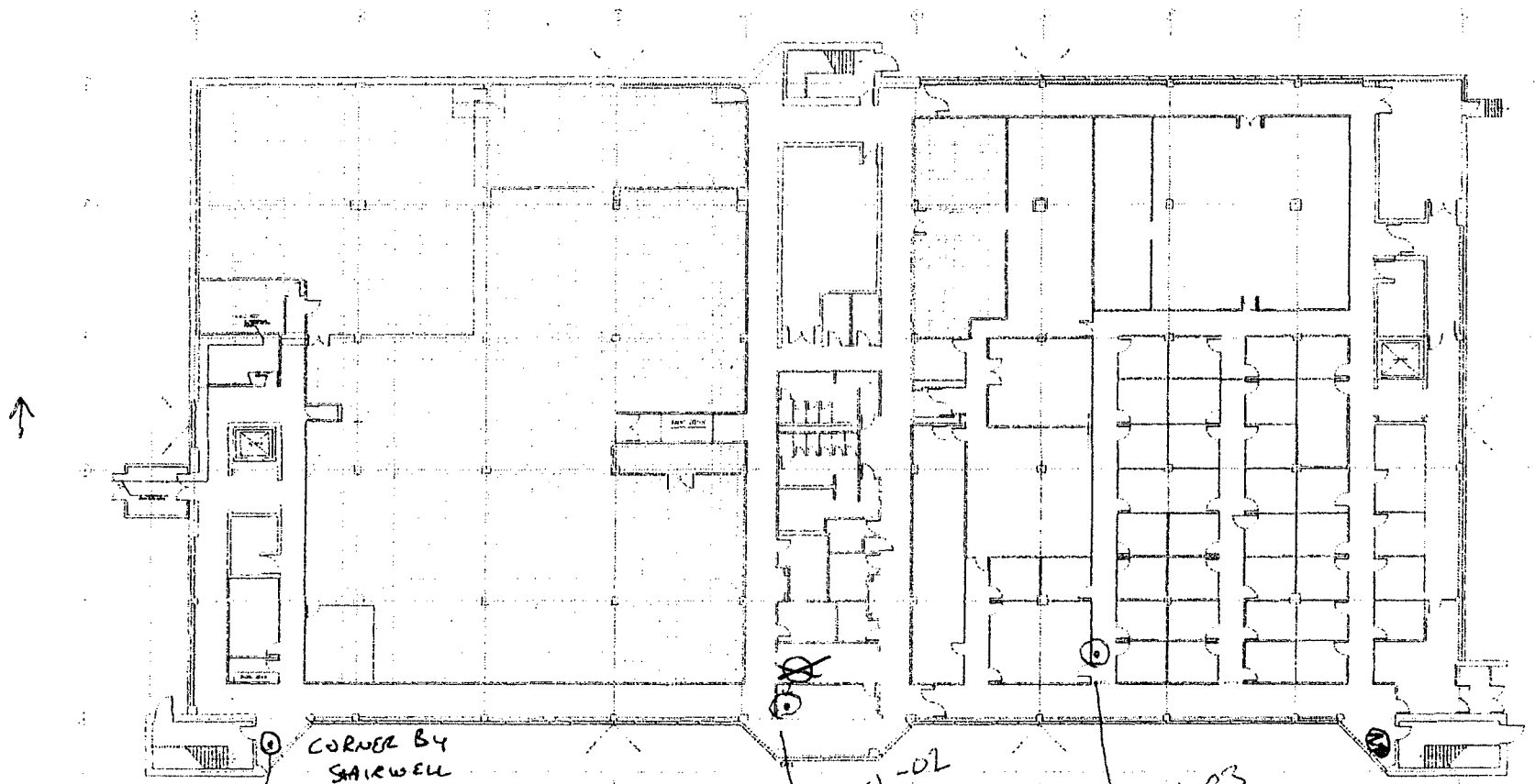
Make & Model of field instrument used: MINI RAE 2000

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
NA	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

3 - SS
3 - IA
6 total



N

Bld 256

HURON
REAL ESTATE ASSOCIATES, LTD.
LINDENHURST, NEW YORK

BLDG. 256

SS-256-~~B~~ 1-02

IA-256-~~B~~ 1-02

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	vending machines, hallway, closest office (L-5)	Collector(s):	T. Marsh, D. VanCampen, S Sancart
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 2000	Building No:	256

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34407	Canister Serial No.:	31154	Canister Serial No.:	
Flow Controller Id No:	100-13	Flow Controller Id No:	03-87	Flow Controller Id No:	
Start Date/Time:	3/2/05 10:40	Start Date/Time:	3/2/05 10:41	Start Date/Time:	
Start Pressure: (inches Hg)	-30+	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	3/3/05 1041	Stop Date/Time:	3/3/05 1041	Stop Date/Time:	
Stop Pressure: (inches Hg)	-30+	Stop Pressure: (inches Hg)	-5.5	Stop Pressure: (inches Hg)	
Sample ID: IA-256-1-02		**Sample ID:** SS-256-1-02		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st level	Basement or Crawl Space?	No	Direction from Building	
Room	hall	Floor Slab Thickness (inches) *[if present]*	7'	Distance from Building	
Indoor Air Temp (°F)	67.8	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48'	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	9'	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.755	Noticeable Odor?		Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
		Duplicate Sample?	No		

Comments: Near vending machines

Signature: Todd R Marsh

OSR-3

256-1-02

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/2/05 1245

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location N/A Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: KESCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: STEEL/CONCRETE

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) OFFICES

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? N/A

Other characteristics:

Number of floors 3 Building age_____

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's deliver air to each floor separately

Airflow near source

MINIMAL AIRFLOW

SAME LOCATION NEAR VENDING IN SMALL CORRIDOR

Outdoor air infiltration

No avenues to outside air observed.

Infiltration into air ducts

All duct work behind drop ceilings

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE	
e. Concrete floor:	unsealed	sealed	sealed with TILE/GLUE	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with unknown	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y/N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

None

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? (Y)/N

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.

DUCTWORK BEHIND DROP-CEILING

COLD AIR RETURN WITHIN 10' OF SAMPLE

SUPPLY AIR DUCT ALSO W/IN 10' OF SAMPLE

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	—
1st Floor	OFFICES
2nd Floor	offices
3rd Floor	offices
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y/(N)

b. Does the garage have a separate heating unit? Y / N (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N (NA) Please specify_____

d. Has the building ever had a fire? Y /(N) When?_____

e. Is a kerosene or unvented gas space heater present? Y (N) Where?_____

f. Is there a workshop or hobby/craft area? Y /(N) Where & Type?_____

g. Is there smoking in the building? Y /(N) How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

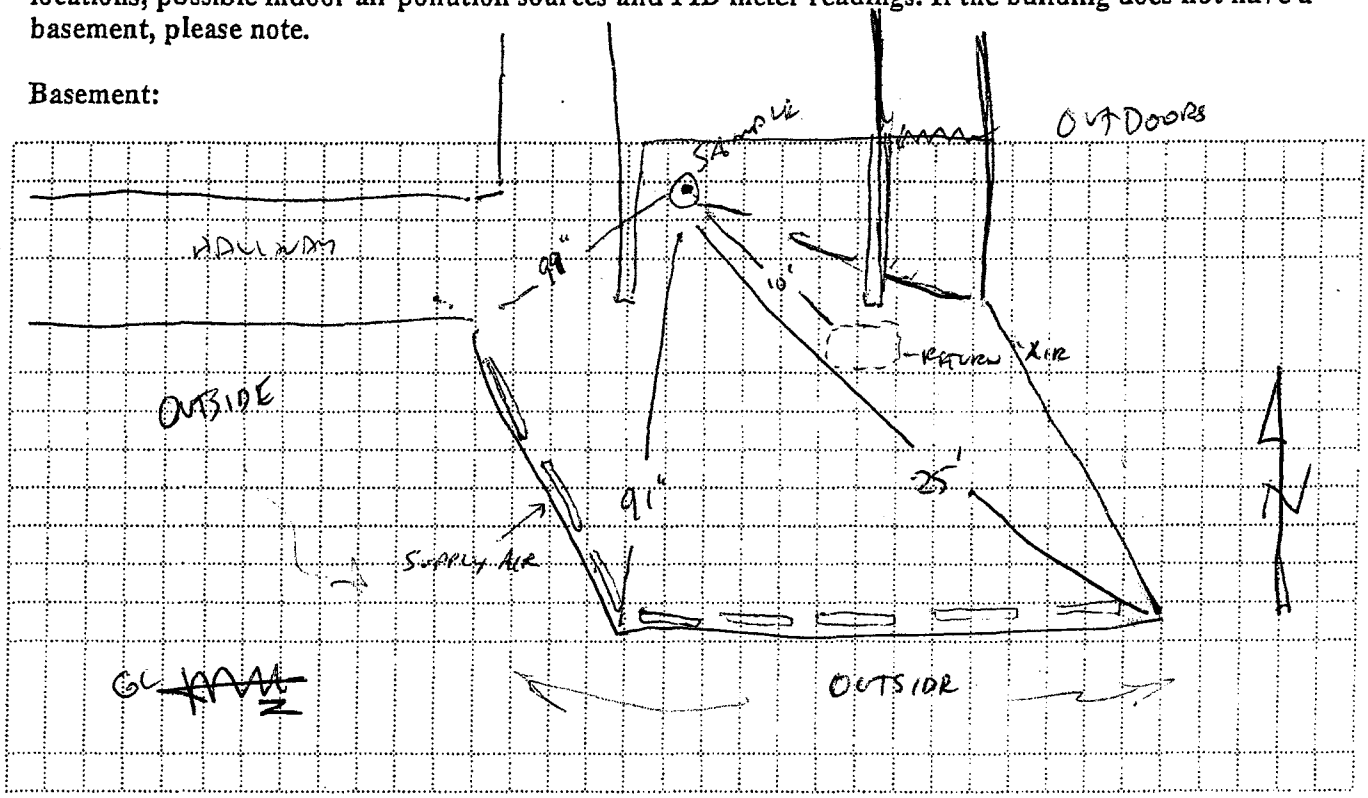
d. Relocation package provided and explained to residents? Y / N

250-1-02

11. 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.

Basement:



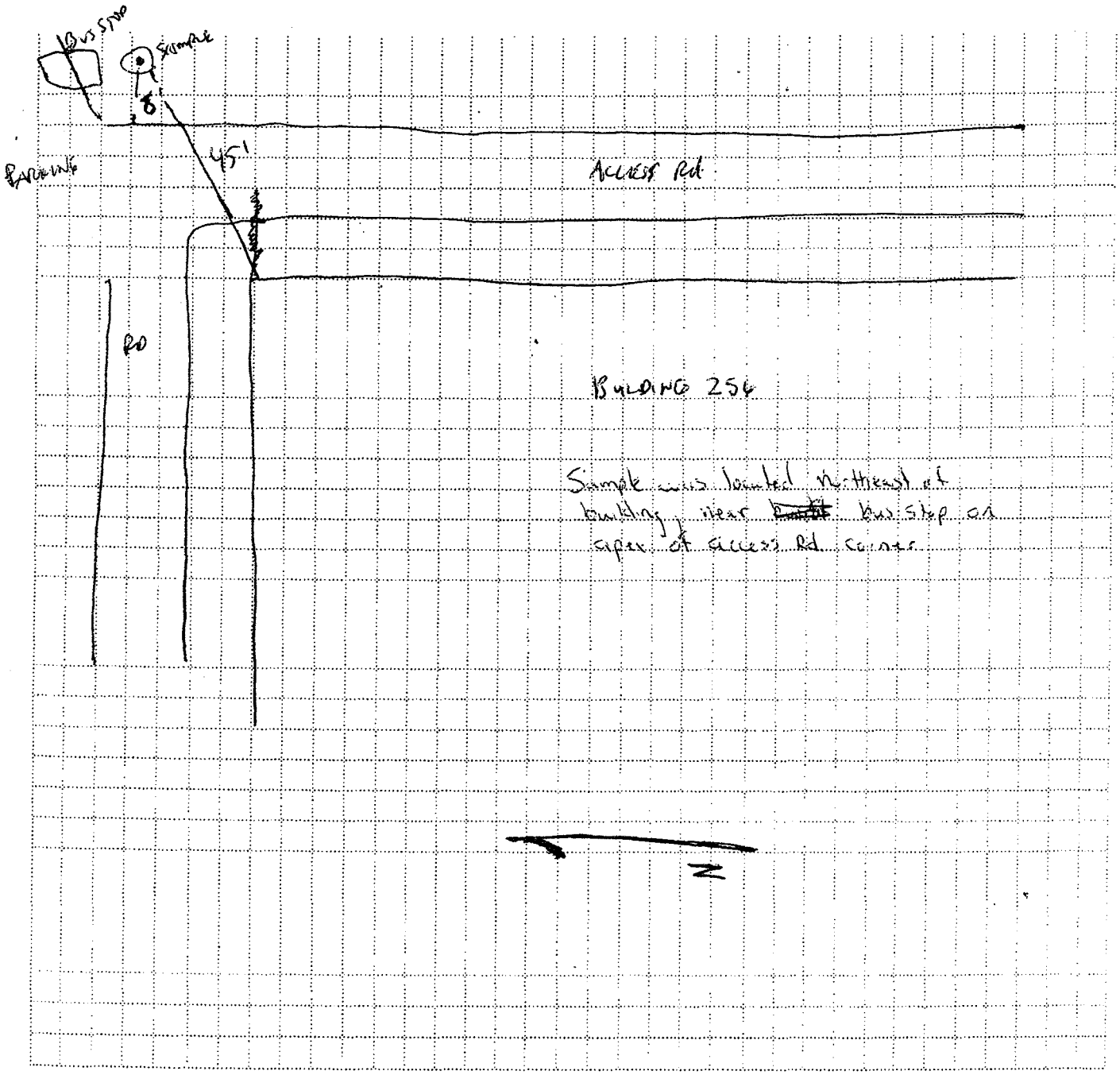
First Floor:

OA-256-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



256-1-02

13. PRODUCT INVENTORY FORM

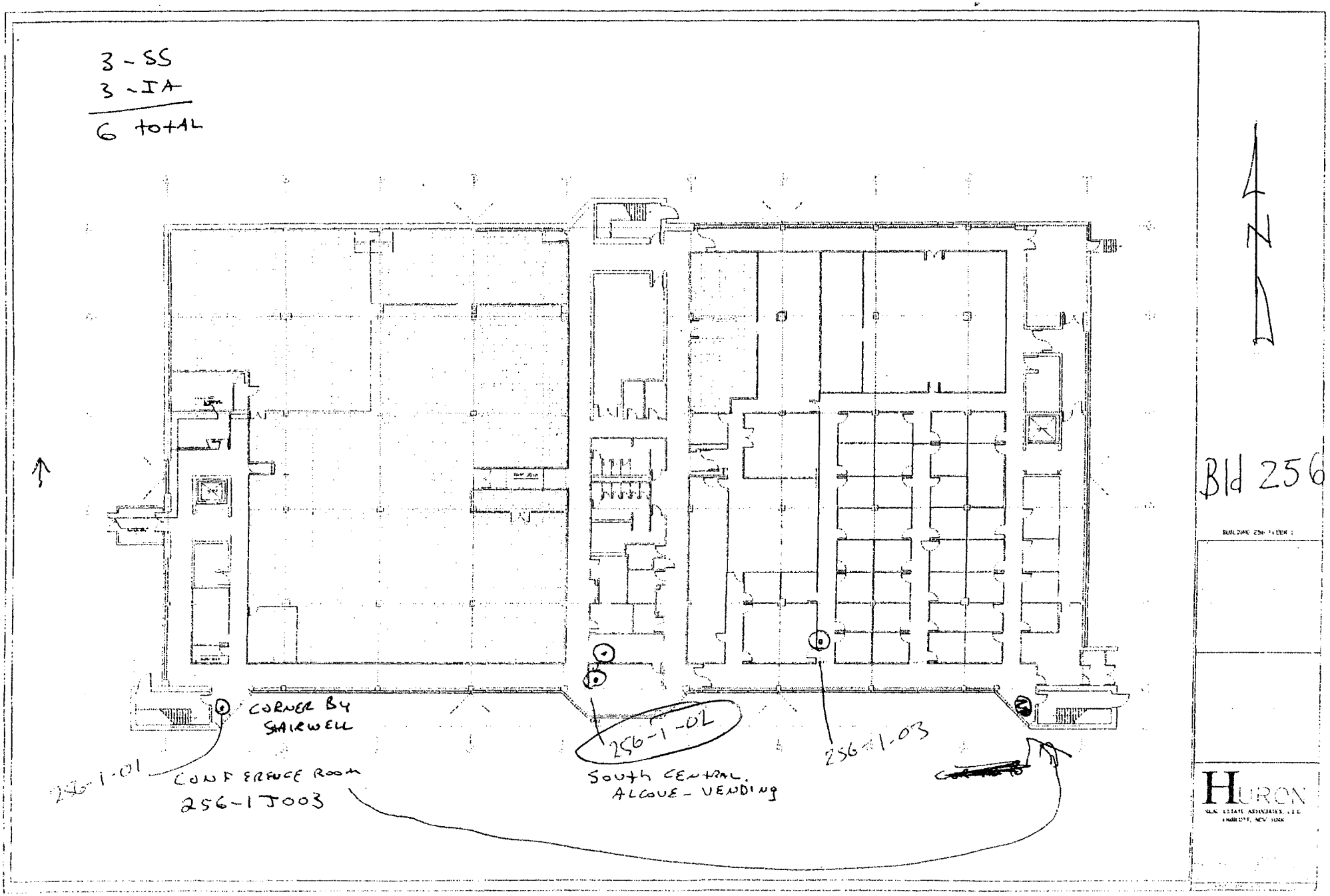
Make & Model of field instrument used: Mini RAE 2000

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
VENDING	MACHINES					

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

3 - SS
3 - IA
6 total



BLDG. 256

SS-256-~~B~~-03

IA-256-~~B~~-03

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	front of conference room J-003 & hall intersection	Collector(s):	T.marsh, D.VanCampen, S.Schuchart
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 2000	Building No:	256

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	94950	Canister Serial No.:	920	Canister Serial No.:	
Flow Controller Id No:	103-54	Flow Controller Id No:	103-62	Flow Controller Id No:	
Start Date/Time:	3/2/05 10:39	Start Date/Time:	3/2/05 10:39	Start Date/Time:	
Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	3/3/05 1039	Stop Date/Time:	3/3/05 1039	Stop Date/Time:	
Stop Pressure: (inches Hg)	-0.5	Stop Pressure: (inches Hg)	-3.5	Stop Pressure: (inches Hg)	
Sample ID: IA-256-~~B~~-03		**Sample ID:** SS-256-~~B~~-03		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st Level	Basement or Crawl Space?	No	Direction from Building	
Room	hall near office J-003	Floor Slab Thickness (inches) *[if present]*	7'	Distance from Building	
Indoor Air Temp (°F)	66.7° F	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	~~hall near office J-003~~ 4'	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	9'	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.755	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
		Duplicate Sample?	No		

Comments:

Signature: Todd L Marsh

OSR-3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/2/05 1315

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location N/A Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: STEEL/CONCRETE

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) office space

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? N/A

Other characteristics:

Number of floors 3 Building age_____

Is the building insulated? Y / N unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU'S deliver air to each floor separately.

Airflow near source

SAMPLE LOCATE IN HALLWAY W/ MINIMAL AIR FLOW

Outdoor air infiltration

No avenues of outside infiltration observed

Infiltration into air ducts

No ducts visible (behind dropceiling)

5. **BASEMENT AND CONSTRUCTION CHARACTERISTICS** (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpet	
e. Concrete floor:	unsealed	sealed	sealed with some glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with unknown	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

None

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? (Y)/ N

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.

Air Supply & Return Lines Hidden By Dropceiling

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	—
1st Floor	Office Space
2nd Floor	office Space
3rd Floor	office Space
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y/(N)

b. Does the garage have a separate heating unit? Y / N /(NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N /(NA) Please specify_____

d. Has the building ever had a fire? Y/(N) When?_____

e. Is a kerosene or unvented gas space heater present? Y/(N) Where?_____

f. Is there a workshop or hobby/craft area? Y/(N) Where & Type?_____

g. Is there smoking in the building? Y/(N) How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

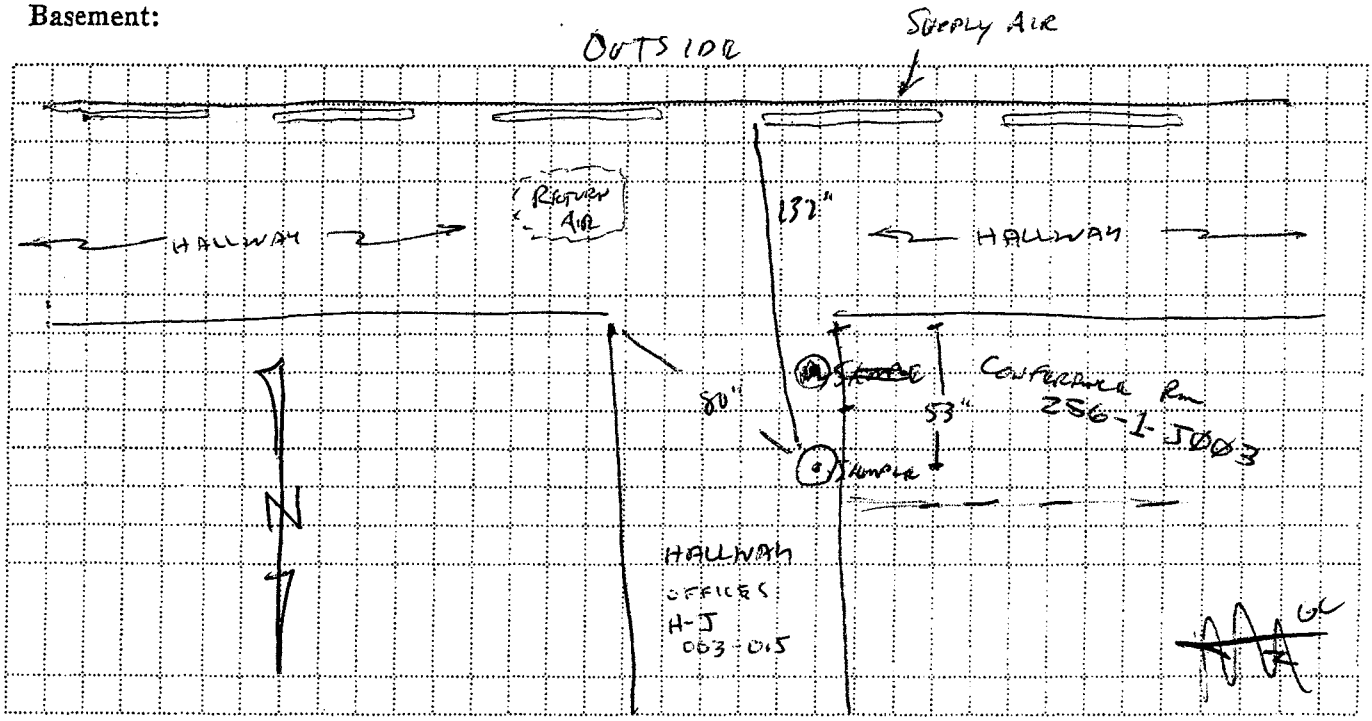
d. Relocation package provided and explained to residents? Y / N

256-1-03

11. 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.

Basement:



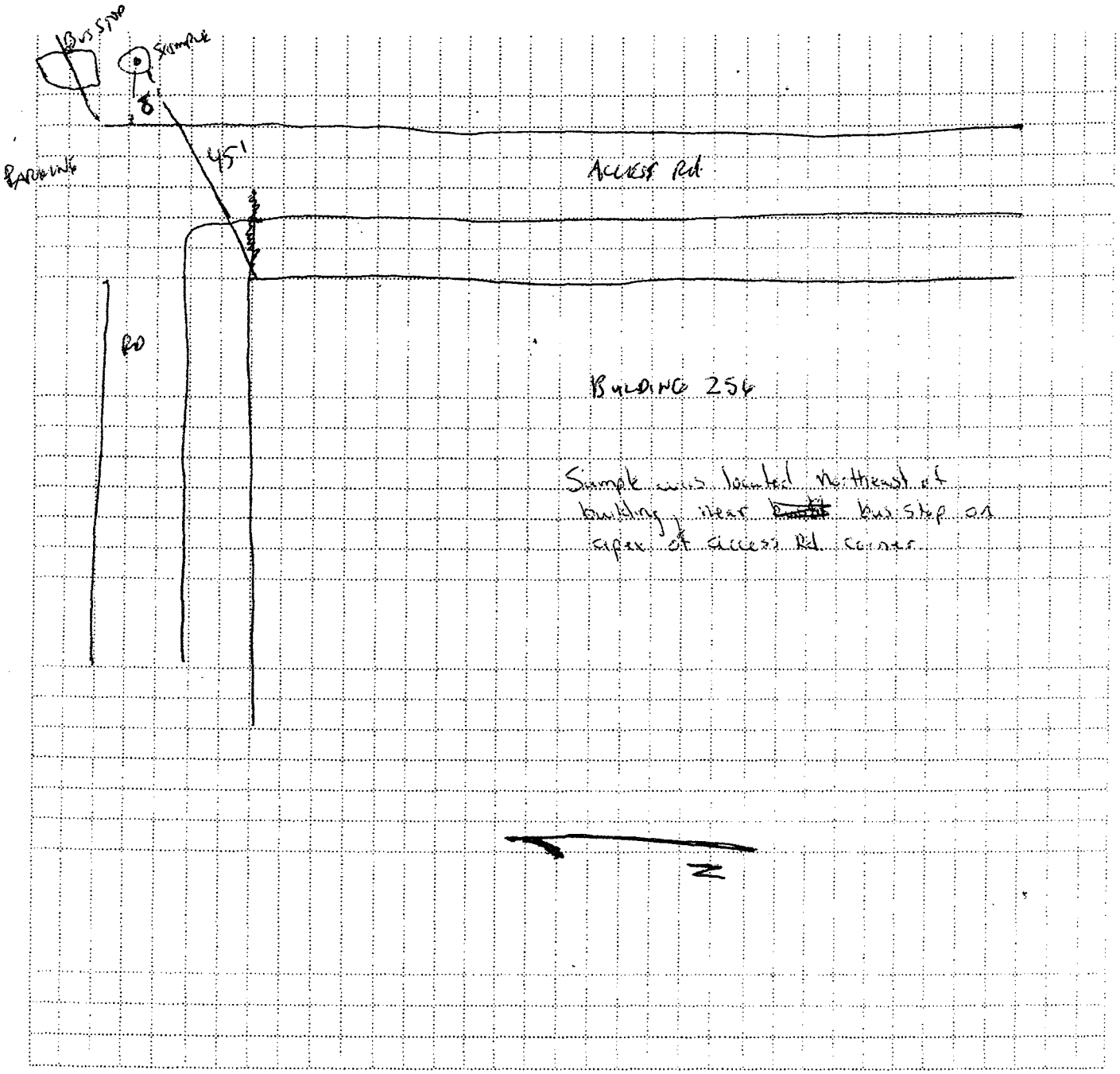
First Floor:

OA-256-6-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



256 - 1 - 03

13. PRODUCT INVENTORY FORM

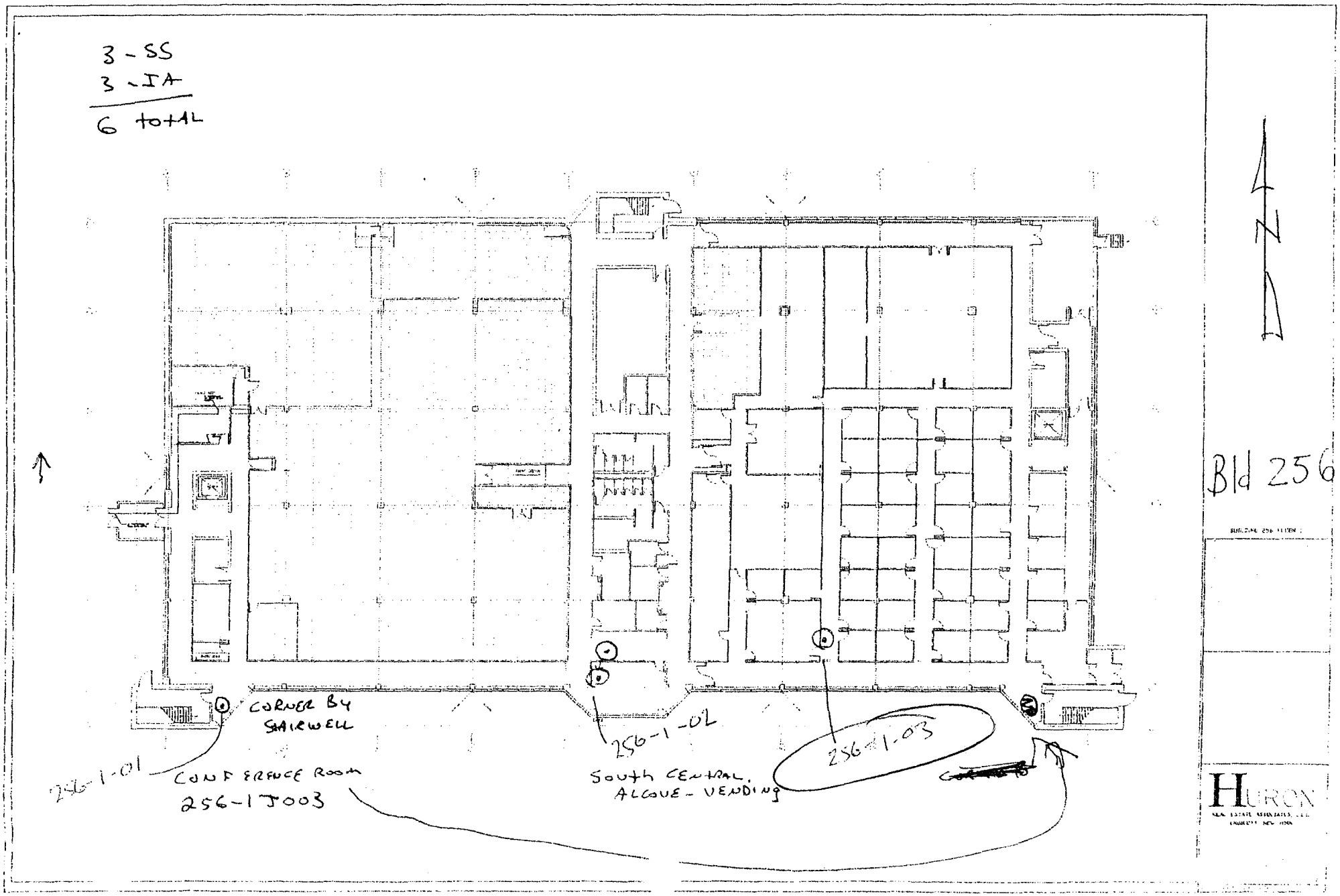
Make & Model of field instrument used: Mini Rae 2000

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
Hallway	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO), Used (U),** or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

3 - SS
3 - IA
6 total



BLDG 257

OA-257-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	W. Side of Bldg 257 & 258	**Collector(s):**	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	MiniRae 103051	**Building No:**	257

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	NA	Canister Serial No.:	NA	Canister Serial No.:	12018
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	F022259
Start Date/Time:		Start Date/Time:		Start Date/Time:	02/24/05/1248
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-30+
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	02/25/05/1247
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-30+
Sample ID:		**Sample ID:**		**Sample ID:**	OA-257-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	NA	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	
Story/Level		Basement or Crawl Space?		Direction from Building	WEST
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	13'6"
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	44"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	~~TEPBLOW~~ TEFLON
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	33'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	NONE
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	NONE
		Duplicate Sample?			

Comments:

Signature: Todd L Marsh

OSR-3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3/16/05 1017

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location N/A Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt Endicott NY

County: Broome

Home Phone: N/A Office Phone: 607 755 - 6073

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential	School	Commercial/Multi-Use
Industrial	Church	Other: N/A

If the property is residential, type? (Circle appropriate response)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: N/A

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Office Space / General Manufacturing

Does it include residences (i.e. multi-use)? Y / N (circled) If yes, how many? N/A

Other characteristics:

Number of floors 4 Building age ~ 20yrs

Is the building insulated? Y (circled) / N How air tight? Tight (circled) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

OUTSIDE

Outdoor air infiltration

N/A

Infiltration into air ducts

N/A

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 8-10 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

NA

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other Bldg
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

NA

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Storage and Offices / mechanical rooms
1st Floor	offices
2nd Floor	offices
3rd Floor	offices
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? (Y) / N Where & When? On 1st floor

l. Have air fresheners been used recently? Y / N When & Type? Unknown

m. Is there a kitchen exhaust fan? Y / (N) If yes, where vented? _____

n. Is there a bathroom exhaust fan? (Y) / N If yes, where vented? Unknown

o. Is there a clothes dryer? Y / (N) If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / (N) When & Type? _____

Are there odors in the building? (Y) / N
If yes, please describe: ~~Unknown~~ New Carpet odor on 1st floor

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / (N)

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) (No)
Yes, use dry-cleaning infrequently (monthly or less) (Unknown)
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

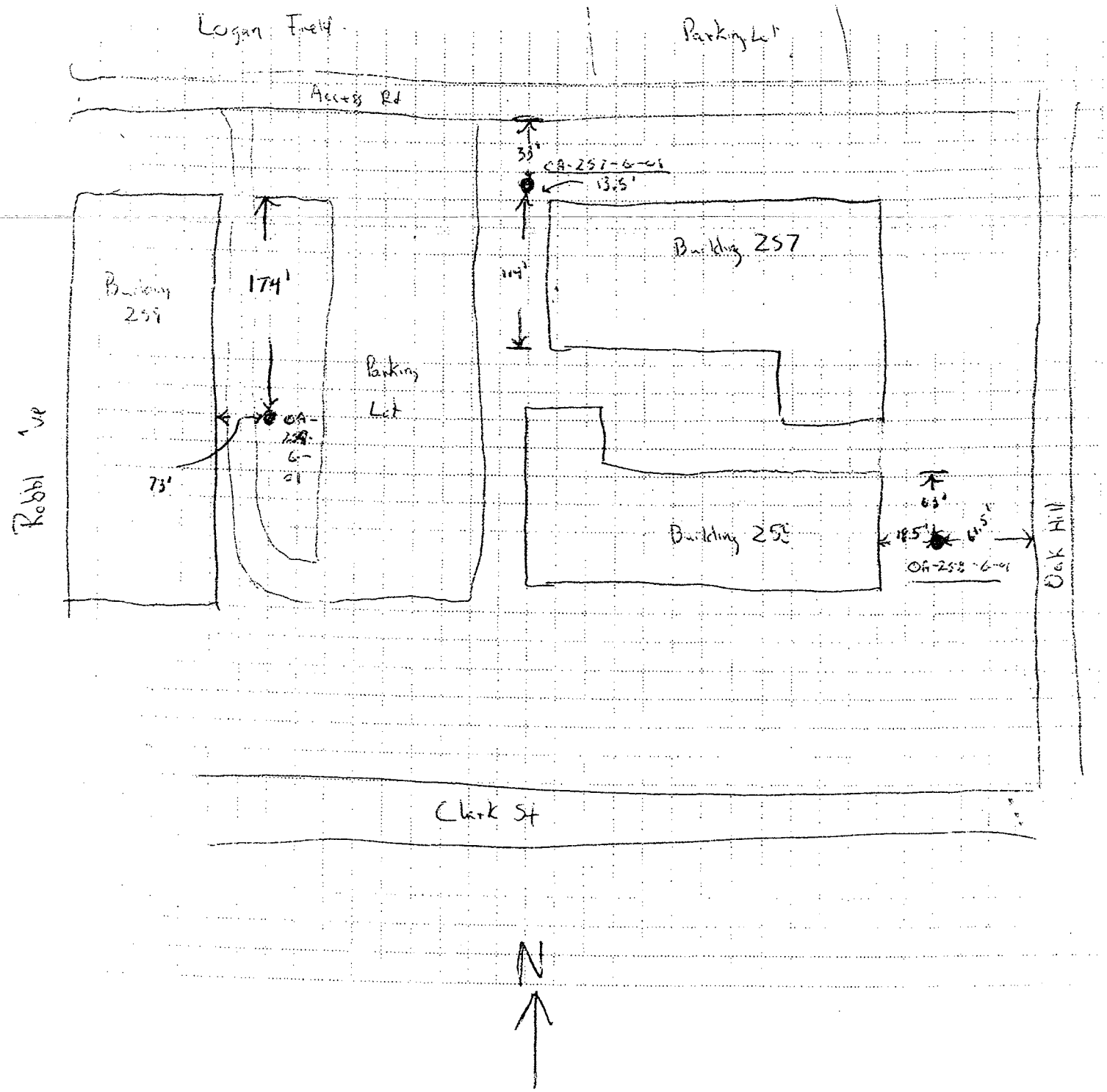
Basement:

First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



OA-257-6-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MiniRAE

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
NA	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 257

COL. C4/C5

SS-257-B-01

IA-257-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Light fixture Storage Bldg 257	Collector(s):	Th
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	Mini RAE 103051	Building No:	257

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	24217	Canister Serial No.:	31138	Canister Serial No.:	NA
Flow Controller Id No:	103-69	Flow Controller Id No:	100-84	Flow Controller Id No:	
Start Date/Time:	02/24/05 / 1159	Start Date/Time:	02/24/05 / 1159	Start Date/Time:	
Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	02/25/05 / 1159	Stop Date/Time:	02/25/05 / 1159	Stop Date/Time:	
Stop Pressure: (inches Hg)	-2.5	Stop Pressure: (inches Hg)	-4.5	Stop Pressure: (inches Hg)	
Sample ID: IA-257-B-01		**Sample ID:** SS-257-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	Basement	Basement or Crawl Space?	Basement	Direction from Building	
Room	Mechanical Rm	Floor Slab Thickness (inches) *[if present]*	16"	Distance from Building	
Indoor Air Temp (°F)	70.7°F	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	46"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-18"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	1.5	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.375	Noticeable Odor?	None	Noticeable Odor?	
Duplicate Sample?	None	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	None		

Comments:

IA placed 3'5" outside door in hallway
No apparent air movement near IA sample

Signature: Todd L Marsh

OSR-3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Gomba Date/Time Prepared 2/28/05 1340

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location N/A Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: Kerchuck First Name: Jim

Address: Huron Mgmt Endicott, NY

County: Broome

Home Phone: N/A Office Phone: 607 755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: STEEL/CONCRETE

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Office Space / General Manufacturing

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? N/A

Other characteristics:

Number of floors 4 Building age ~20

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU'S supply air to each floor separately.

Airflow near source

No Airflow near source (heat)
Sample near Doorway

Outdoor air infiltration

No points of outdoor air infiltration observed

Infiltration into air ducts

No points observed.

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with paint	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 8-10' (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

FLOOR IN GOOD CONDITION - NO OBVIOUS VAPOR ENTRY POINTS. FLOOR SHOWS SIGNS OF CRACKS & THEY ARE COVERED WITH PAINT

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)

Hot air circulation P	Heat pump	Hot water baseboard	
Space Heaters	Steam radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

No DUCTWORK OVERHEAD

RADIANT HEAT

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Storage / Offices / mechanical rooms
1st Floor	offices
2nd Floor	Offices
3rd Floor	offices
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? (Y) / N Where & When? on 1st floor

l. Have air fresheners been used recently? Y / N When & Type? Unknown

m. Is there a kitchen exhaust fan? Y / (N) If yes, where vented?_____

n. Is there a bathroom exhaust fan? Y / (N) If yes, where vented?_____

o. Is there a clothes dryer? Y / (N) If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / (N) When & Type?_____

Are there odors in the building? (Y) / N
If yes, please describe: New carpet odor on 1st floor

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / (N)

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly)
Yes, use dry-cleaning infrequently (monthly or less)
Yes, work at a dry-cleaning service

~~No~~
(Unknown)

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

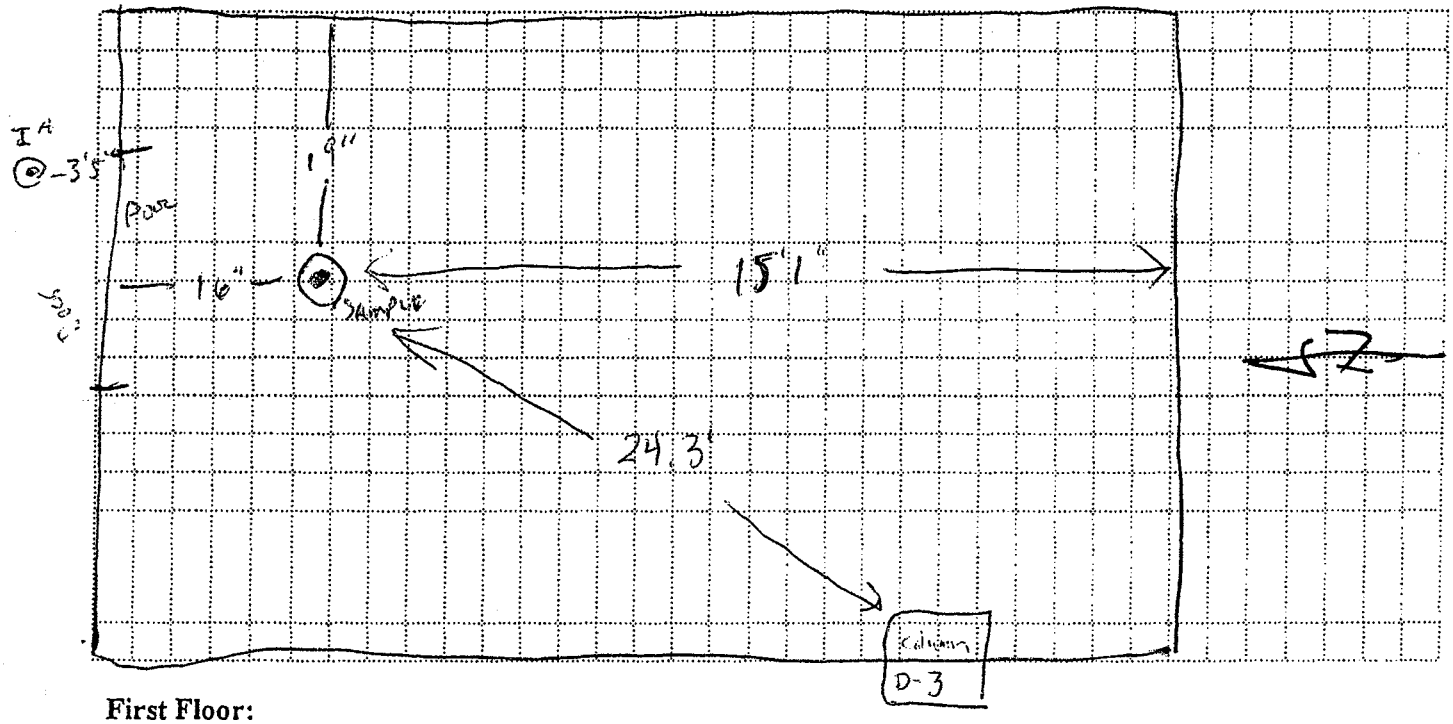
d. Relocation package provided and explained to residents? Y / N

257-B-01

11. 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.

Basement:

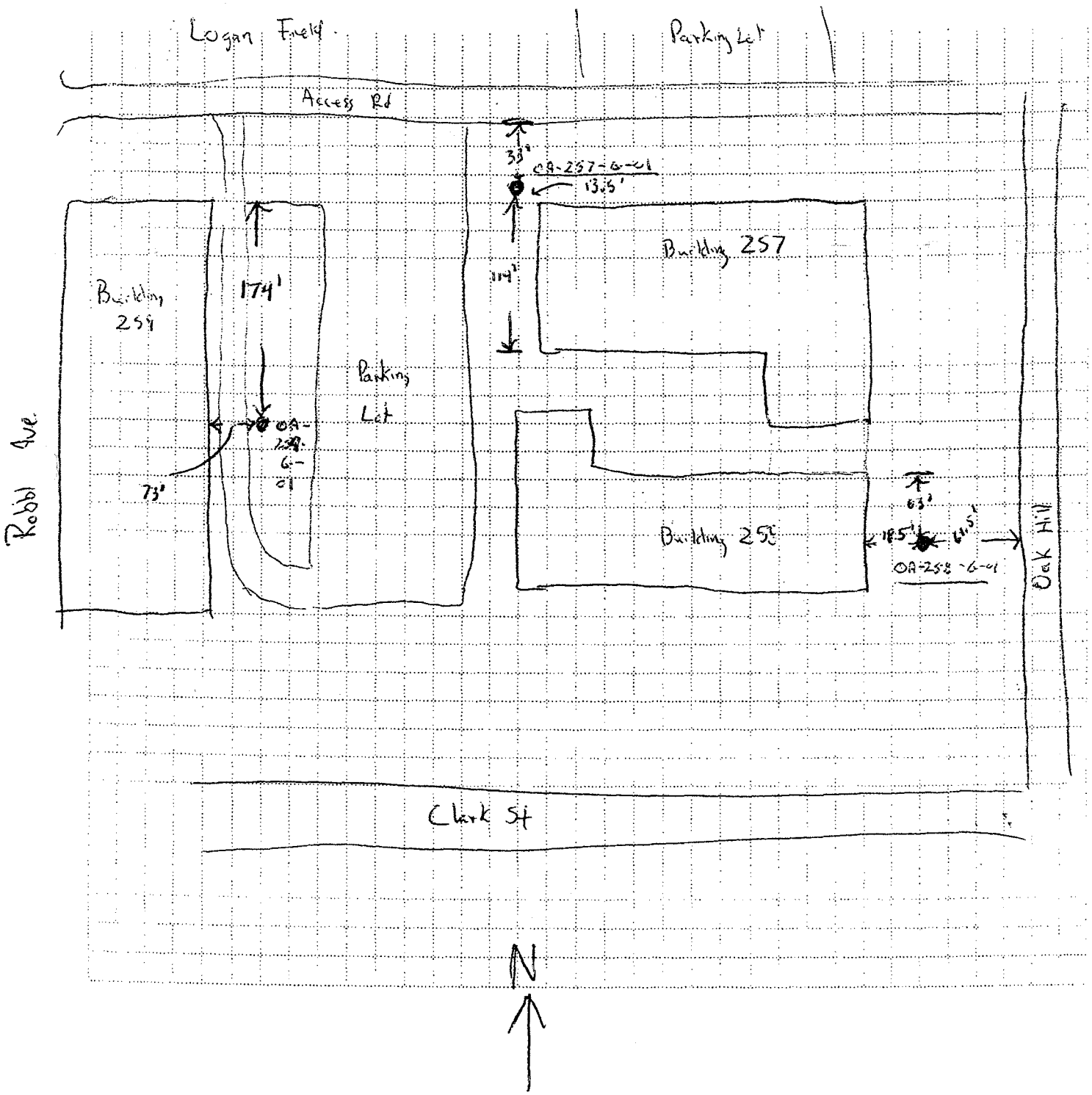


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



 257-B-01

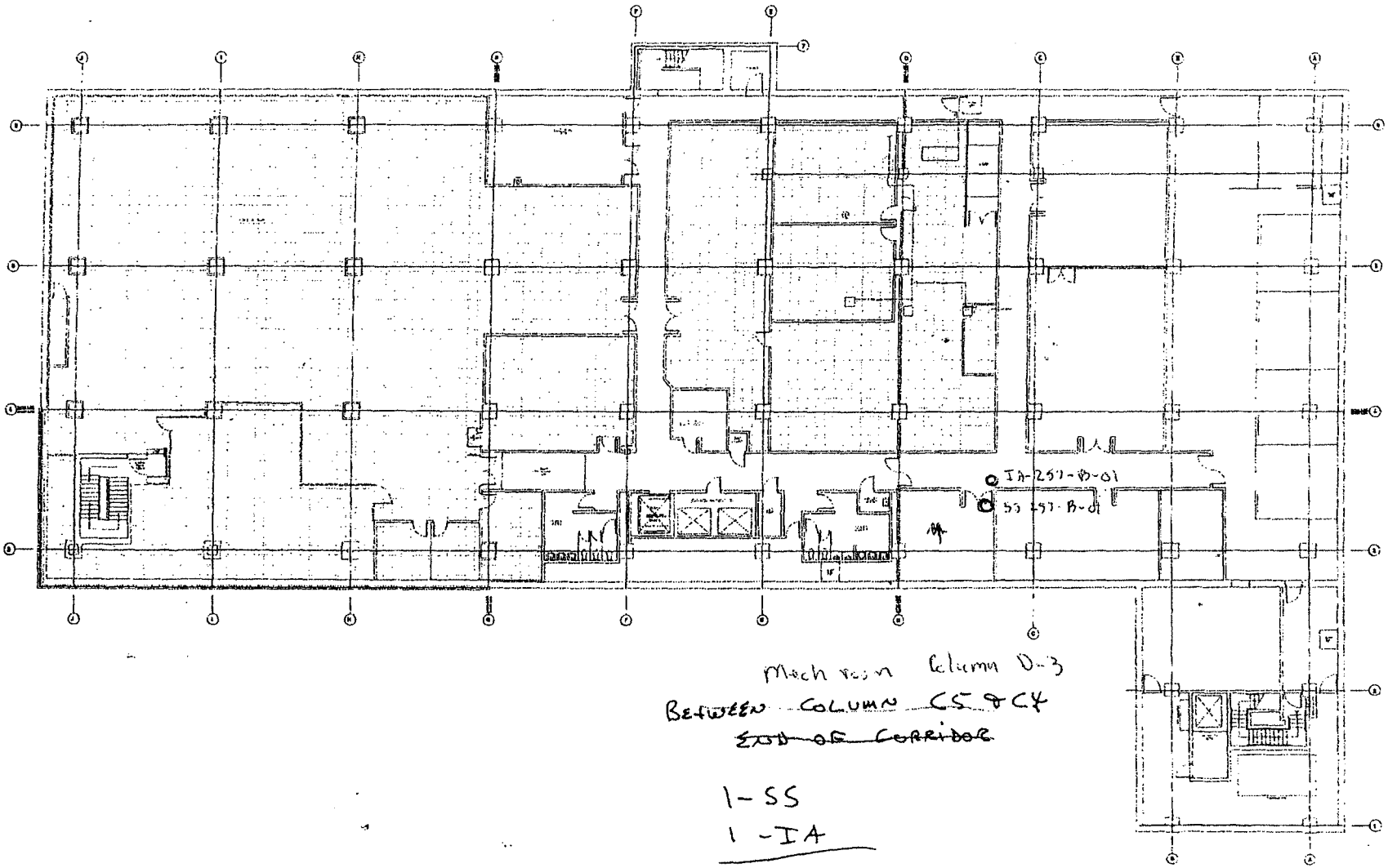
13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MM RAE PID

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
MECH. RM	NONE	NA	NA	NA	NA	NA

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.



Mech room Column D-3

BETWEEN COLUMN C5 & C4

~~END OF CORRIDOR~~

1-SS

1-IA

2 total

Bld 257

HURON
REAL ESTATE ASSOCIATES, LLC
CHARLOTTE, NEW YORK

BLDG 258

OA-258-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	WEST SIDE OF BLDG DV 258	Collector(s):	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	MINI RAE 103051	Building No:	258

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	NA	Canister Serial No.:	NA	Canister Serial No.:	9920
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	F022263
Start Date/Time:		Start Date/Time:		Start Date/Time:	02/24/05 / 1250
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	DV ~~02/25/05~~ -30
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	02/25/05 / 1252
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-25
Sample ID:		**Sample ID:**		**Sample ID:**	OA-258-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	NA	Sample Category ID: (A or A-1)	NA	Sample Category ID: (AA)	
Story/Level		Basement or Crawl Space?		Direction from Building	WEST
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	18'6"
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	4'5"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	TEPHLON
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	61'6"
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	NONE
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	NONE
—		Duplicate Sample?			
—				—	

Comments: SOMEONE HAD TAMPERED W/ SAMPLE & SHUT OFF PRIOR TO 24hr PERIOD

KP REQUESTS TO DISREGARD & NOT TEST SAMPLE

Signature: Todd L Marsh

OSR-3

N/A

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-30-05 0840

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Griffin First Name: Thomas

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-8692

Number of Occupants/persons at this location N/A Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: Concrete / steel

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) Office building

Does it include residences (i.e. multi-use)? Y / N (N) If yes, how many? N/A

Other characteristics:

Number of floors 3 Building age 20yrs

Is the building insulated? Y / N Unknown How air tight? (Tight) / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

OUTSIDE – NA

Outdoor air infiltration

Outside Air Sample

Infiltration into air ducts

N/A

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with Carpet	
e. Concrete floor:	unsealed	sealed	sealed with glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

NONE

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

NA

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	—
1st Floor	offices
2nd Floor	offices and Labs
3rd Floor	offices and Labs
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N Unknown
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

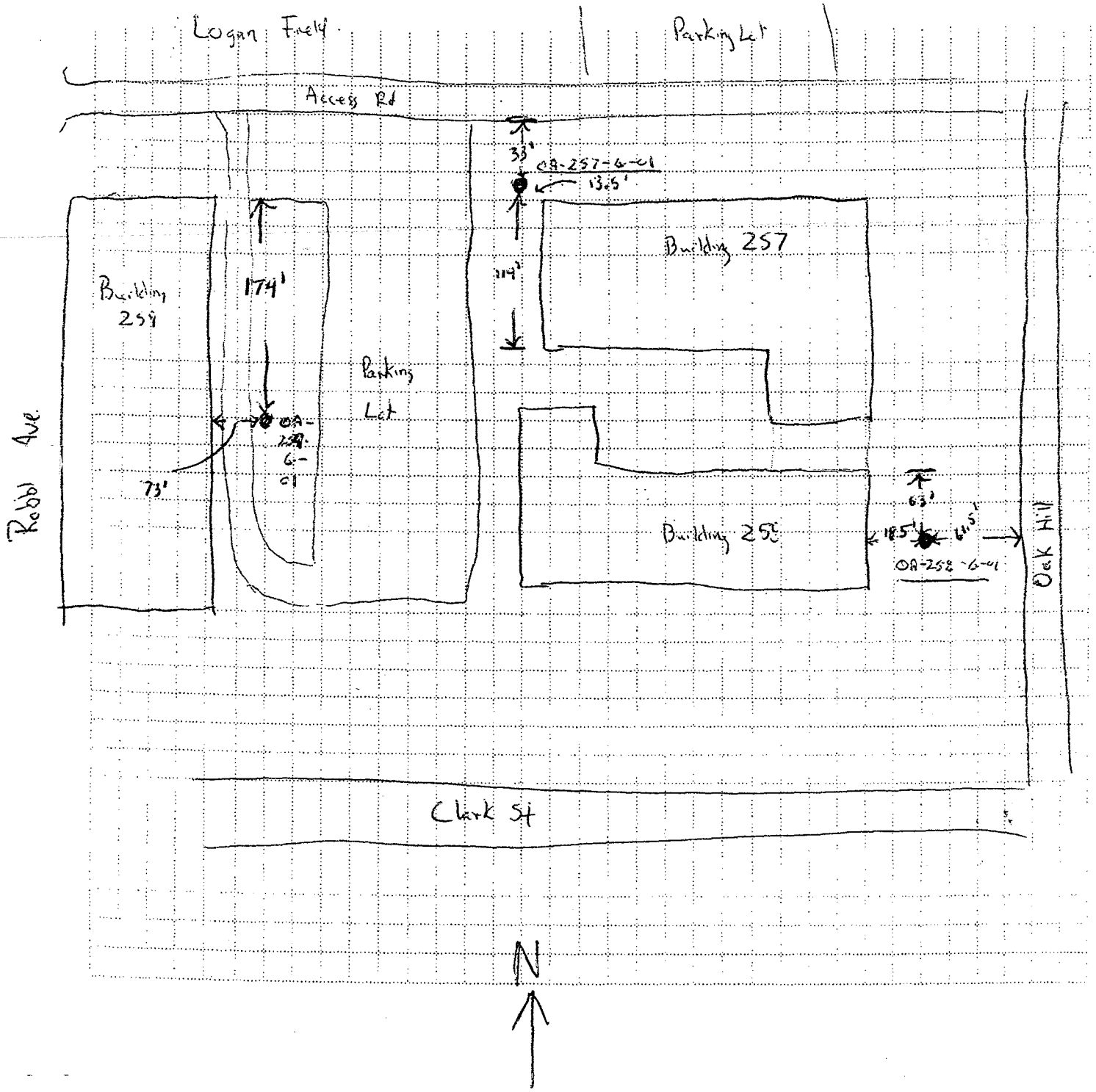
Basement:

First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



OA- 259-6-01

13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

BLDG. 258

OFFICE ~~AHZO~~ 1D-22

SS-258-B-01

IA-258-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	BLDG 258 office # 1D-22	Collector(s):	TM
Address:	Huron Campus, Endicott NY		DV
PID Meter Used: (Model, Serial #)	MIM RAE 103051	Building No:	258

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34967	Canister Serial No.:	25246	Canister Serial No.:	NA
Flow Controller Id No:	102-17	Flow Controller Id No:	102-14	Flow Controller Id No:	
Start Date/Time:	02/24/05 / 1235	Start Date/Time:	02/24/05 / 1235	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-29.5	Start Pressure: (inches Hg)	
Stop Date/Time:	02/25/05 / 1235	Stop Date/Time:	02/25/05 / 1235	Stop Date/Time:	
Stop Pressure: (inches Hg)	-9	Stop Pressure: (inches Hg)	-5	Stop Pressure: (inches Hg)	
Sample ID: IA-258-B-01		**Sample ID:** SS-258-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	NA
Story/Level	Ground Level	Basement or Crawl Space?	Floor Ground Level	Direction from Building	
Room	1D-22	Floor Slab Thickness (inches) *[if present]*	6"	Distance from Building	
Indoor Air Temp (°F)	71.4°F	Potential Vapor Entry Points Observed?	None	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	NA	Intake Tubing used?	
Noticeable Odor?	None	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	-8"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.82	Noticeable Odor?	None	Noticeable Odor?	
Duplicate Sample?	None	Percent $O_2/CO_2/CH_4$	NA	Duplicate Sample?	
		Duplicate Sample?	None		

Comments:

MAGNE MARKER CONNECTED TO MAGNET ON THE WALL DIRECTLY ABOVE SAMPLE LOCATION

Signature: Todd L Marsh

OSR-3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/28/05 1310

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Griffin First Name: Thomas

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-8692

Number of Occupants/persons at this location N/A Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: KESCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: STEEL/CONCRETE

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) OFFICE SPACE/General Manufacturing

Does it include residences (i.e. multi-use)? Y / (N) If yes, how many? N/A

Other characteristics:

Number of floors 3 Building age ~20

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's supply air to each floor separately

Airflow near source

NO AIRFLOW NEAR SOURCE

SAMPLE NEAR DOOR (

Outdoor air infiltration

No direct avenues to outdoor air.

Infiltration into air ducts

No points observed other than a return located on opposite side of office from sample location

GC

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with carpet	
e. Concrete floor:	unsealed	sealed	sealed with some glue	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with paint	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 0 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

NO SOIL VAPOR ENTRY POINTS

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? (Y) / N

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.

DROP CEILING REVEALS NO DUCTWORK

AIR SUPPLY & RETURNS LOCATED IN OPPOSITE CORNERS OF ROOM (~10'x10') & 9' OVERHEADS

7. OCCUPANCY

Basement / Is lowest level occupied? Full time (Occasionally) Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	OFFICE SPACE SOME GENERAL MANUFACTURING
1st Floor	office space
2nd Floor	office space
3rd Floor	—
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / (N)

b. Does the garage have a separate heating unit? Y / N / (NA)

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / (NA) Please specify_____

d. Has the building ever had a fire? Y / (N) When?_____

e. Is a kerosene or unvented gas space heater present? Y / (N) Where?_____

f. Is there a workshop or hobby/craft area? Y / (N) Where & Type?_____

g. Is there smoking in the building? Y / (N) How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? unknown

i. Have cosmetic products been used recently? Y / N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? unknown

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

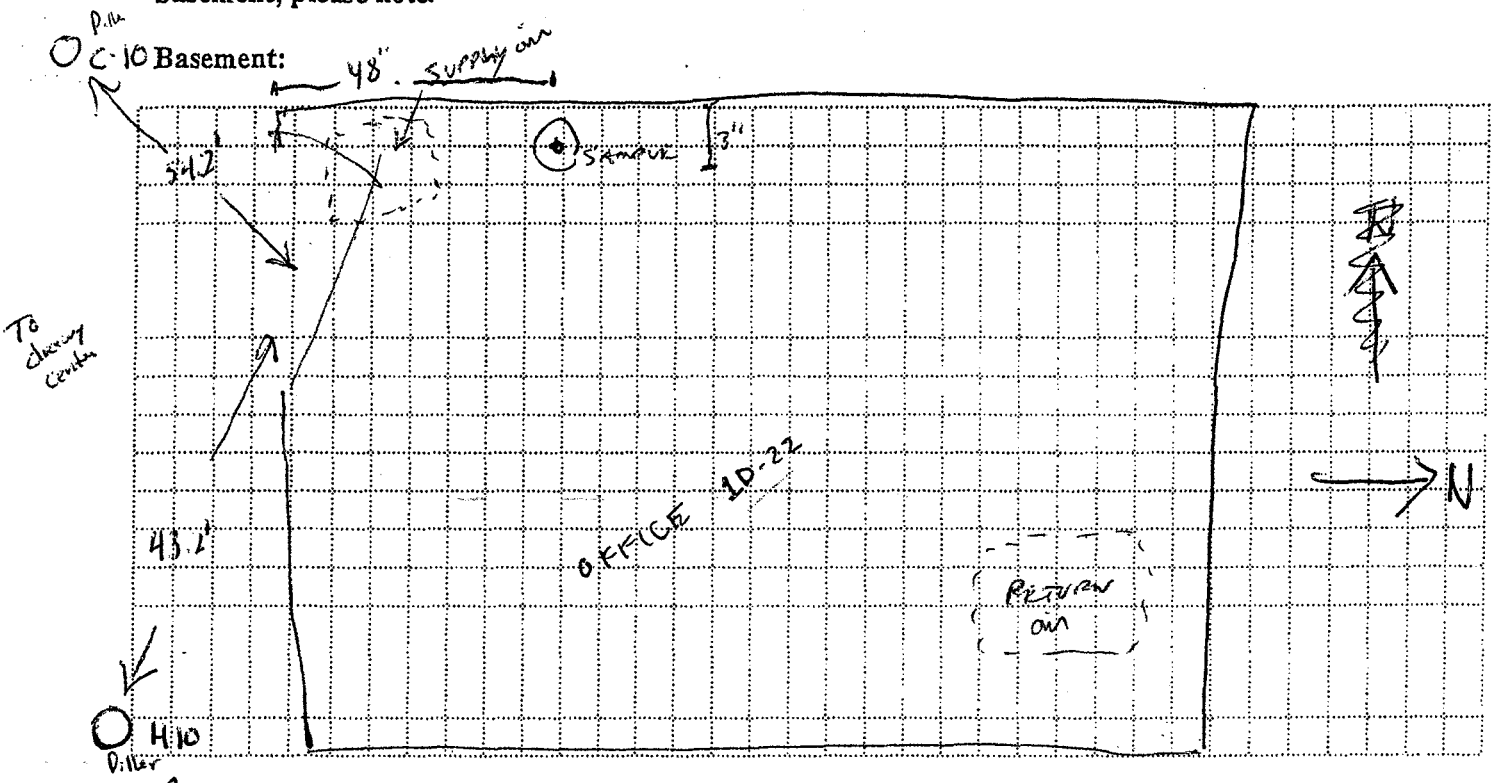
d. Relocation package provided and explained to residents? Y / N

258-B-01

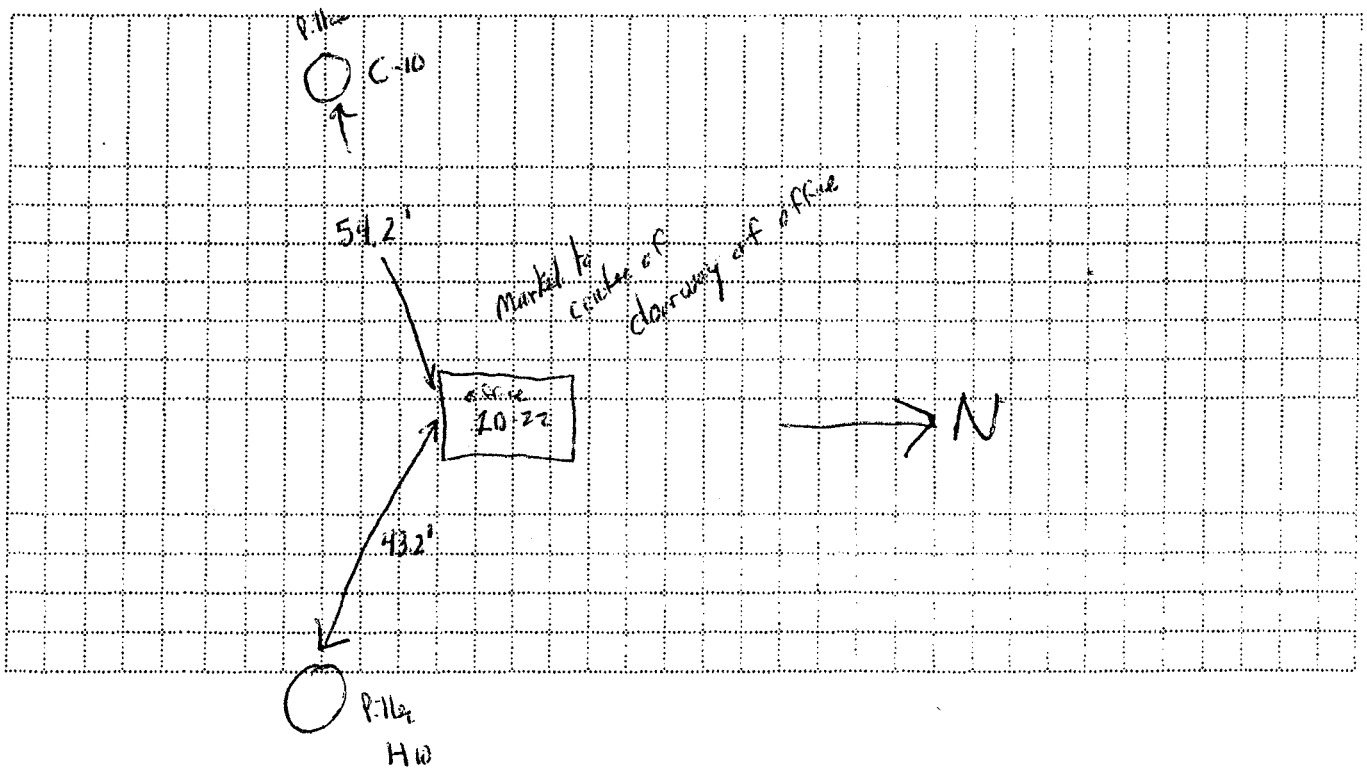
11. FLOOR PLANS

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.

Basement:



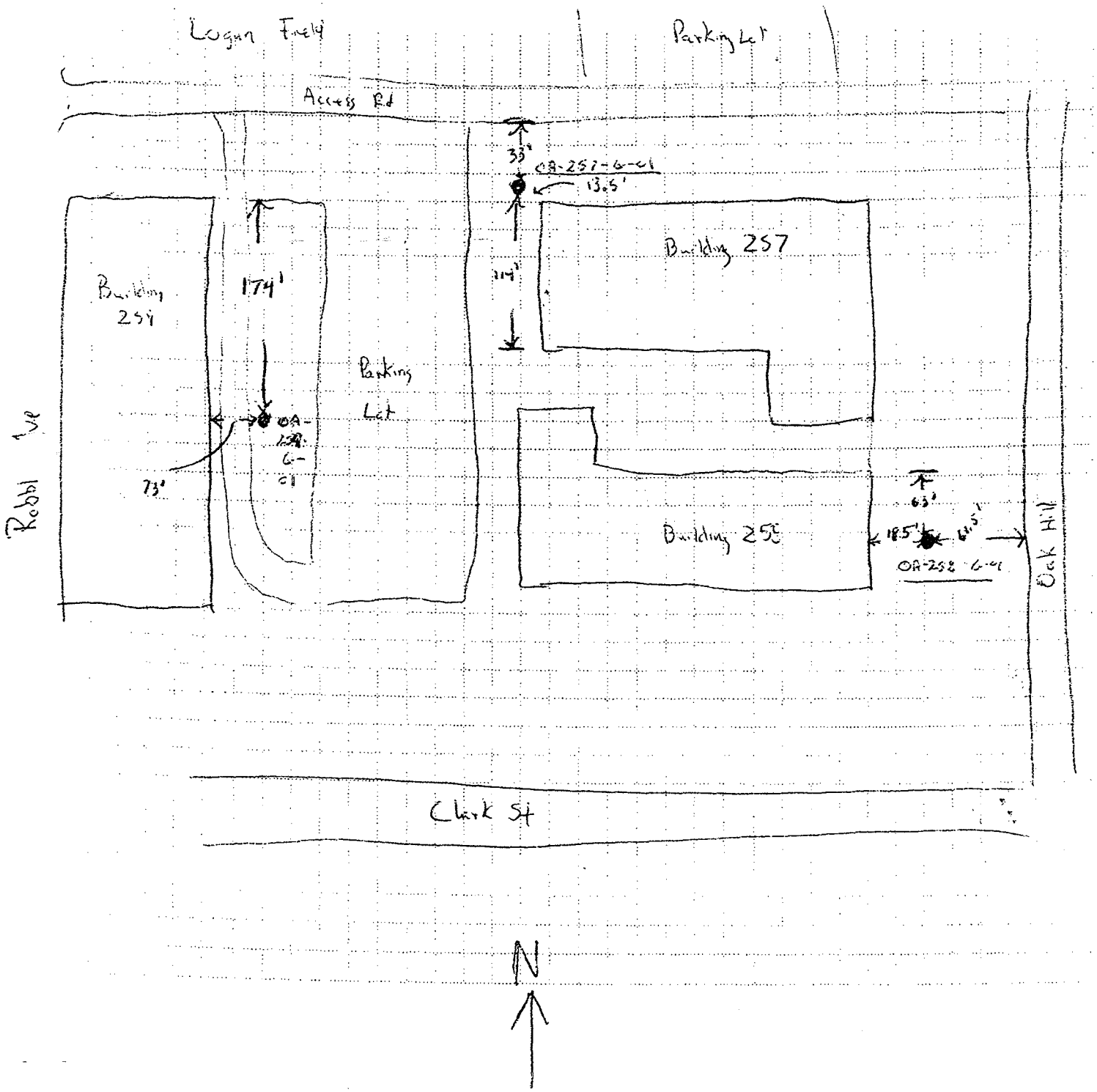
First Floor:



12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



258-B-01

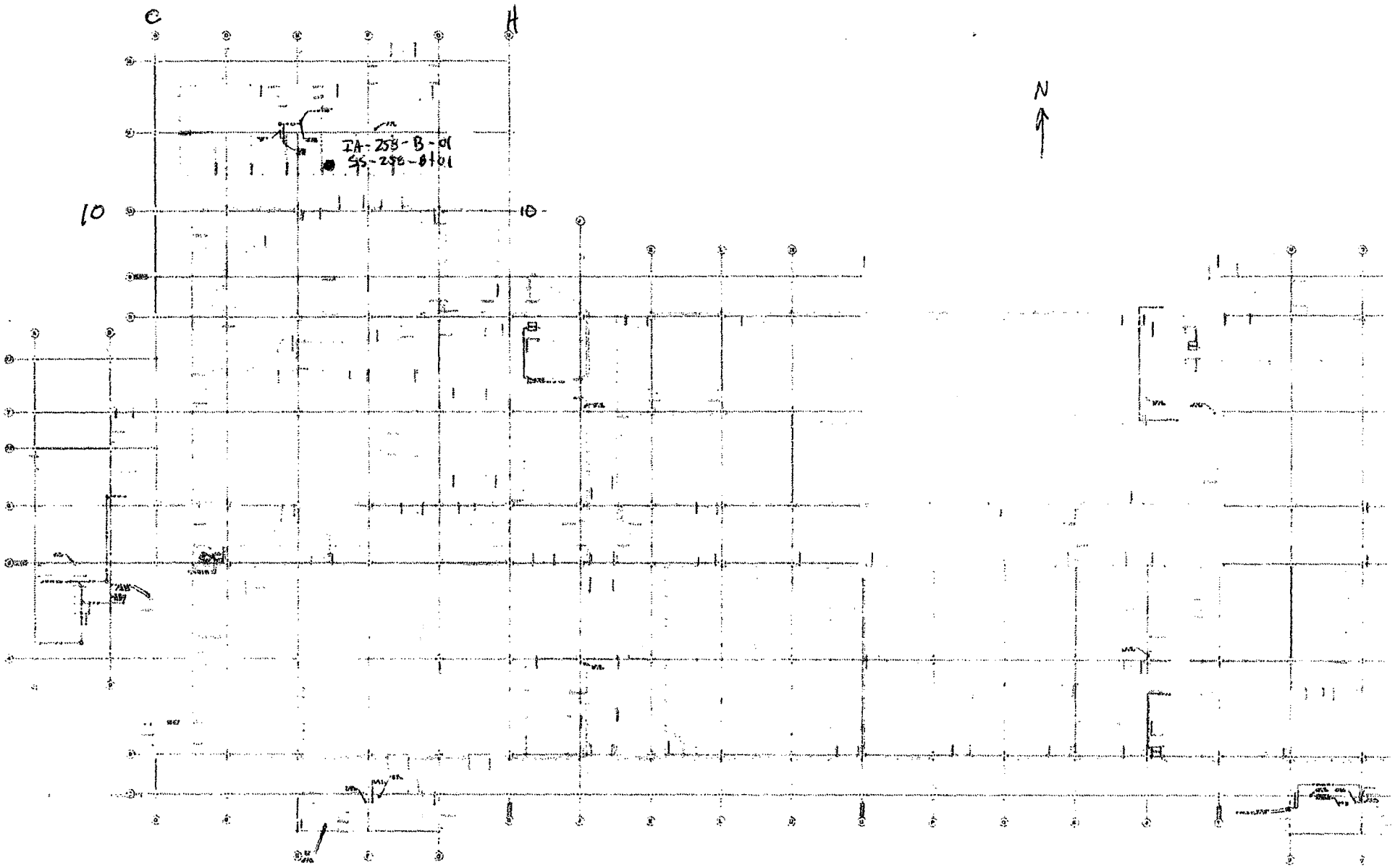
13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae PID

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
Room 10-22	Magic Marker		U	Sanford Corporation	0.0	N
				Bellwood, Illinois 60104		
				No. 830		

* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D)
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.



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BLDG. 259

BREAK ROOM

FA-259-B-01

SS-259-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 259, break room	Collector(s):	Tm DV SS
Address:	Huron Campus, Endicott NY		
PID Meter Used: (Model, Serial #)	Mini Rae 110-008820	Building No:	259

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	25320	Canister Serial No.:	23922	Canister Serial No.:	
Flow Controller Id No:	102-15	Flow Controller Id No:	103-98	Flow Controller Id No:	
Start Date/Time:	3/10/05 09.33	Start Date/Time:	3/10/05 09.33	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-28	Start Pressure: (inches Hg)	
Stop Date/Time:	3/11/05 0930	Stop Date/Time:	3/11/05 0930	Stop Date/Time:	
Stop Pressure: (inches Hg)	-2.5	Stop Pressure: (inches Hg)	-2.0	Stop Pressure: (inches Hg)	
Sample ID: IA-259-[redacted]-01		**Sample ID:** SS-259-[redacted]-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	1	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	1st level	Basement or Crawl Space?	No	Direction from Building	
Room	B-18	Floor Slab Thickness (inches) *[if present]*	9"	Distance from Building	
Indoor Air Temp (°F)	72.7°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	48"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	11"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)	0.0	PID Reading (ppm)	0.0	PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	30.50	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
		Duplicate Sample?	No		

Comments: near vending machines

Signature: Todd L Marsh

0259-01-01

OSR-3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 2/28/05 1400

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HUREN INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y (N)

Last Name: Lemon First Name: Gary

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-1168

Number of Occupants/persons at this location N/A Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: (Y)/ N

Last Name: KETCHUCK First Name: JIM

Address: HUREN MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 617 755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: STEEL/CONCRETE

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) General Manufacturing resin coating

Does it include residences (i.e. multi-use)? Y (N) If yes, how many? N/A

Other characteristics:

Number of floors 3 Building age ~20

Is the building insulated? Y / N unknown How air tight? (Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

AHU's supply air to each floor separately.

Airflow near source

Very little noticeable air flow.
Air supply ducts in the ceiling (drop ceiling)

Outdoor air infiltration

No points of outside air infiltration observed.

Infiltration into air ducts

All duct work behind the drop ceiling.

5. **BASEMENT AND CONSTRUCTION CHARACTERISTICS** (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with TILE	
e. Concrete floor:	unsealed	sealed	sealed with Tile/Glue	
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: ~ 4½ (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

No soil vapor entry points observed.

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other other bldg.
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y/N

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.

Hidden behind drop ceiling.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manufacturing
1st Floor	" " "
2nd Floor	" " and office space
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y/N

b. Does the garage have a separate heating unit? Y/N/NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y/N/NA Please specify

d. Has the building ever had a fire? Y/N When?

e. Is a kerosene or unvented gas space heater present? Y/N Where?

f. Is there a workshop or hobby/craft area? Y/N Where & Type?

g. Is there smoking in the building? Y/N How frequently?

h. Have cleaning products been used recently? Y/N When & Type? unknown

i. Have cosmetic products been used recently? Y/N When & Type? unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? unknown

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: FOOD, GREASE (Break room)

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

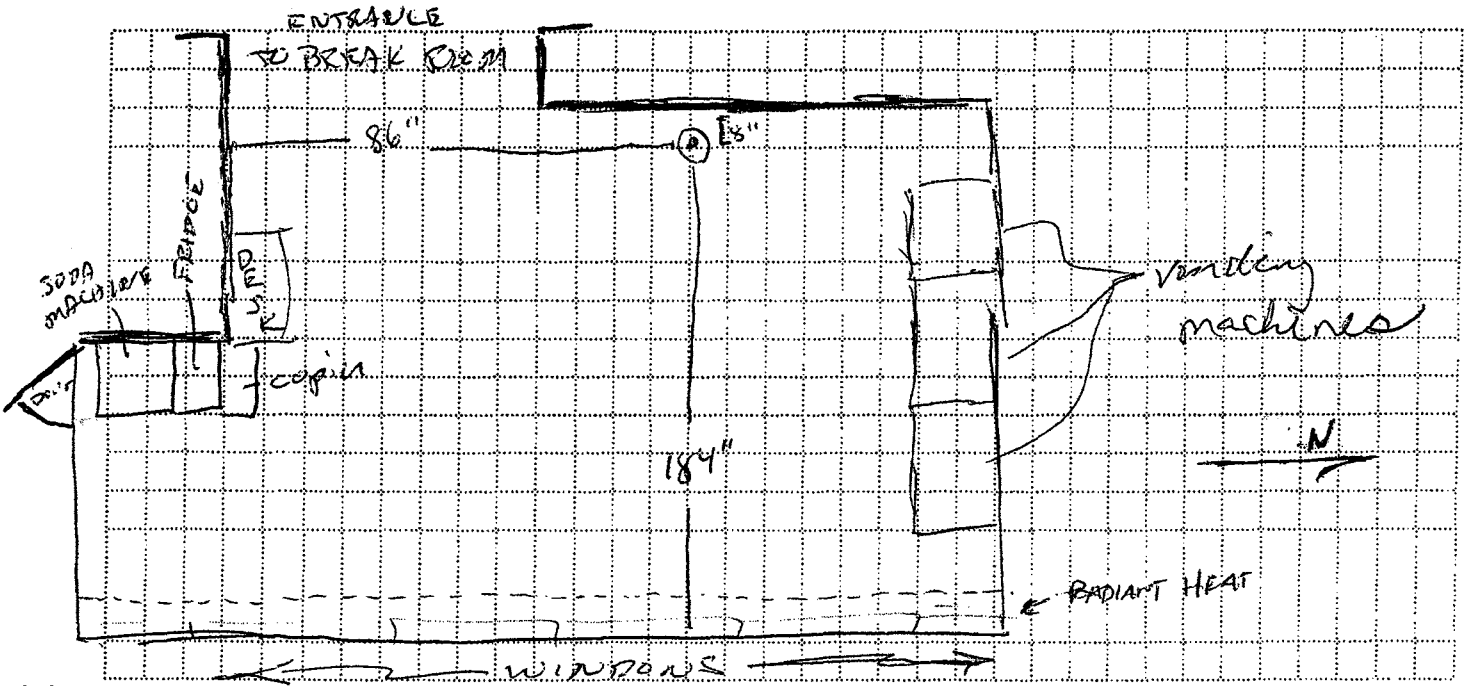
d. Relocation package provided and explained to residents? Y / N

259-1-01

11. 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.

Basement:

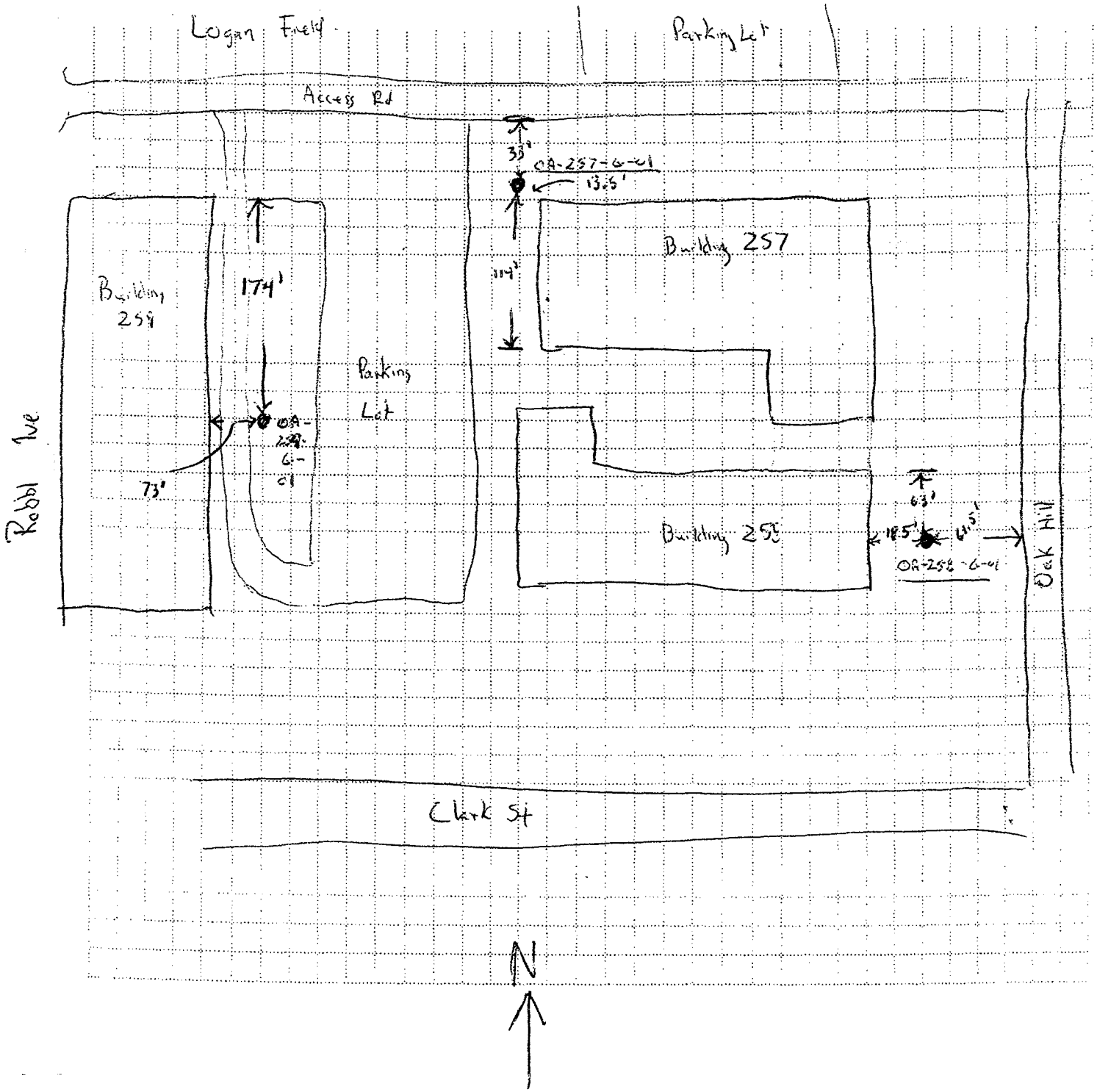


First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



259-1-01

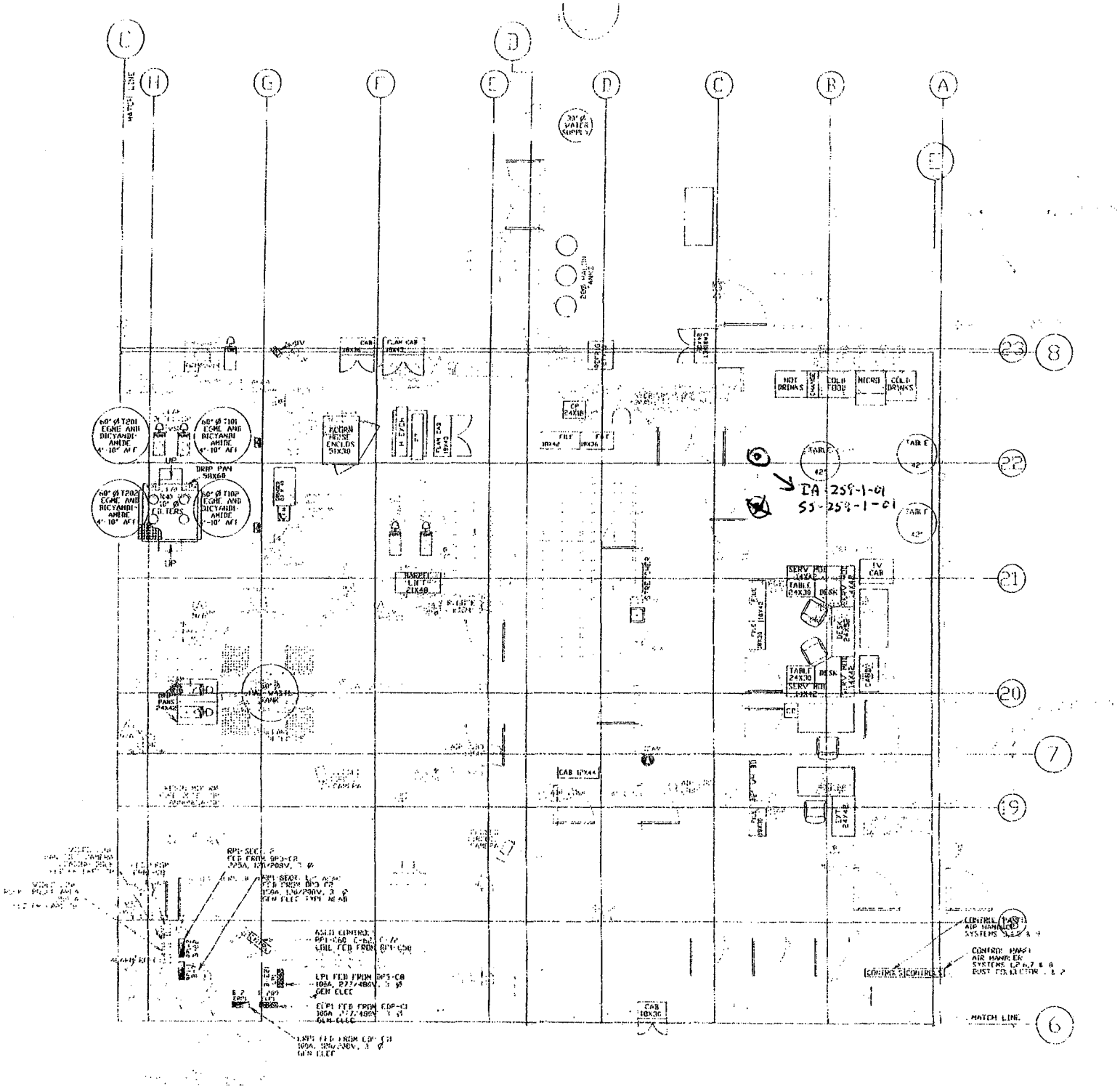
13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: MINI RAE 2000

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
BREAK RM						
IN BLDG	BETCO DEEP BLUE GLASS	32 oz	V	BUTOXYETHANOL, AMMONIUM HYDROXIDE, ANIONIC SURFACTANT, TETRASODIUM EDTA	0.0	N
259	& SURFACE CLEANER					
	LAB CLEAN	32 oz	V	NONHAZARDOUS AQUEOUS BASED CLEANER	0.0	N
				EKC TECHNOLOGY, INC. 2520 BARRINGTON COURT		
				HAYWARD, CA, 94545 (415) 887-3711		

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.



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BLDG. 259

BREAK ROOM

OA-259-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 259	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	Mini Rae 110-008820	**Building No:**	259

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	22506
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	101-47
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/10/05 0937
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-26
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3/11/05 0935
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	0.0
Sample ID:		**Sample ID:**		**Sample ID:**	OA-259-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	SE
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	73'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	55"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	22'
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	0.0
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	No
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	No
—		Duplicate Sample?			
—				—	

Comments:

Signature: Todd R Marsh

OSR-3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-16-05 1035

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Lemon First Name: Gary

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-1168

Number of Occupants/persons at this location N/A Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt Endicott, NY

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: Steel/ concrete

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) General Manufacturing - resin coating

Does it include residences (i.e. multi-use)? Y / N If yes, how many? N/A

Other characteristics:

Number of floors 3 Building age ~20

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

N/A

Outdoor air infiltration

N/A

Infiltration into air ducts

N/A

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with tile	
e. Concrete floor:	unsealed	sealed	sealed with tile / lime	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with unknown	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: ~ 4 1/2 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

N/A

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)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Stream radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other N/A

The primary type of fuel used is:

Natural Gas P	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other Other building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N / A

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.

N/A

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	General Manufacturing
1st Floor	" "
2nd Floor	" " ; Office space
3rd Floor	
4th Floor	

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify_____

d. Has the building ever had a fire? Y / N When?_____

e. Is a kerosene or unvented gas space heater present? Y / N Where?_____

f. Is there a workshop or hobby/craft area? Y / N Where & Type?_____

g. Is there smoking in the building? Y / N How frequently?_____

h. Have cleaning products been used recently? Y / N When & Type? Unknown

i. Have cosmetic products been used recently? Y / N When & Type? Unknown

j. Has painting/staining been done in the last 6 months? Y / N Where & When? Unknown

k. Is there new carpet, drapes or other textiles? Y / (N) Where & When? _____

l. Have air fresheners been used recently? Y / (N) When & Type? _____

m. Is there a kitchen exhaust fan? Y / (N) If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / (N) If yes, where vented? _____

o. Is there a clothes dryer? Y / (N) If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / (N) When & Type? _____

Are there odors in the building? Y (N)
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? Unknown

If yes, are their clothes washed at work? Y / N Unknown

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No Unknown
Yes, use dry-cleaning infrequently (monthly or less) (Unknown)
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

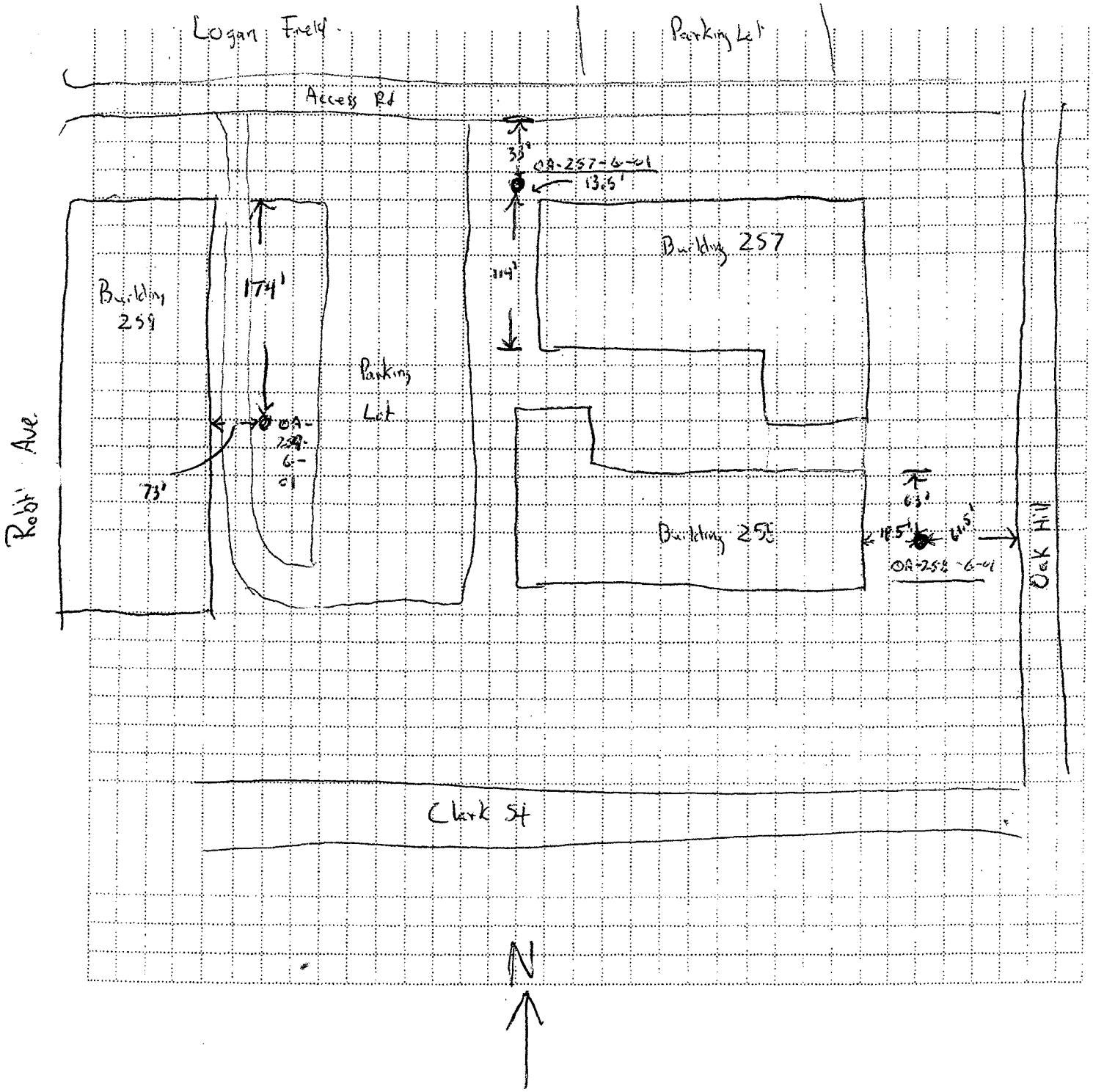
Basement:

First Floor:

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



Bldg. 268

SS-268-B-01

IA-268-B-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg 268, elec/maint. area	Collector(s):	TM DV SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	~~Thermo 580 B~~ Mini Rae 110-008320	Building No:	268/264

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:	34324	Canister Serial No.:	99948	Canister Serial No.:	
Flow Controller Id No:	103-60	Flow Controller Id No:	95-06	Flow Controller Id No:	
Start Date/Time:	3/10/05 1601	Start Date/Time:	3/10/05 1601	Start Date/Time:	
Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	-30	Start Pressure: (inches Hg)	
Stop Date/Time:	3-11-05 1601	Stop Date/Time:	3-11-05 1601	Stop Date/Time:	
Stop Pressure: (inches Hg)	-7	Stop Pressure: (inches Hg)	-21.5	Stop Pressure: (inches Hg)	
Sample ID: IA-268-B-01		**Sample ID:** SS-268-B-01		**Sample ID:**	

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)	B	Sample Category ID: (A or A-1)	A	Sample Category ID: (AA)	
Story/Level	basement	Basement or Crawl Space?	basement	Direction from Building	
Room	utility room	Floor Slab Thickness (inches) *[if present]*	6"	Distance from Building	
Indoor Air Temp (°F)	68.7°	Potential Vapor Entry Points Observed?	No	Intake Height Above Ground Level (ft.)	
Intake Height Above Floor Level (ft.)	49"	Ground Surface Condition (Crawl Space Only)	N/A	Intake Tubing used?	
Noticeable Odor?	No	If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)	8"	Distance to nearest Roadway (ft.)	
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)	29.56	Noticeable Odor?	No	Noticeable Odor?	
Duplicate Sample?	No	Percent $O_2/CO_2/CH_4$	N/A	Duplicate Sample?	
—		Duplicate Sample?	No	—	

Comments:

Signature: Todd R Marsh

OSR-3

268-B-01

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Glenn Combes Date/Time Prepared 3/10/05 1550

Preparer's Affiliation ERM Phone No. 315 445-2554

Purpose of Investigation HURON INDOOR AIR SAMPLING

1. OCCUPANT:

Interviewed: Y / N

Last Name: Townsend First Name: Tim

Address: Huron Mngmnt

County: Broome

Home Phone: — Office Phone: 607-755-6183

Number of Occupants/persons at this location 50± Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: KETCHUCK First Name: JIM

Address: HURON MGMT ENDICOTT, NY

County: BROOME

Home Phone: N/A Office Phone: 607 755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: STEEL/CONCRETE

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Control rooms

Does it include residences (i.e. multi-use)? Y / N (N circled) If yes, how many? _____

Other characteristics:

Number of floors 2 Building age 20 yrs.

Is the building insulated? Y / N unknown How air tight? Tight / Average / Not Tight (Tight circled)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

No observed avenues

Airflow near source

Cold air intake 7' away from sample location

Outdoor air infiltration

No avenues to outside air observed

Infiltration into air ducts

Cold air return 7' away from sample location

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 8 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

Floor in good condition

No soil vapor entry points observed

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)

Hot air circulation P	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other OTHER BLDG.
ir Conditioning:	Central Air	Window units	Open Windows	None ?

Are there air distribution ducts present? Y / N

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.

Cold air return 7' from sample.

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	Maintence work & Office space
1st Floor	Office space
2nd Floor	—
3rd Floor	—
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? _____

i. Have cosmetic products been used recently? Y / N When & Type? _____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? windex, 409 glass cleaner (has isopropanol, 2-butoxyethanol & surfactants) ?

If yes, are their clothes washed at work? Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

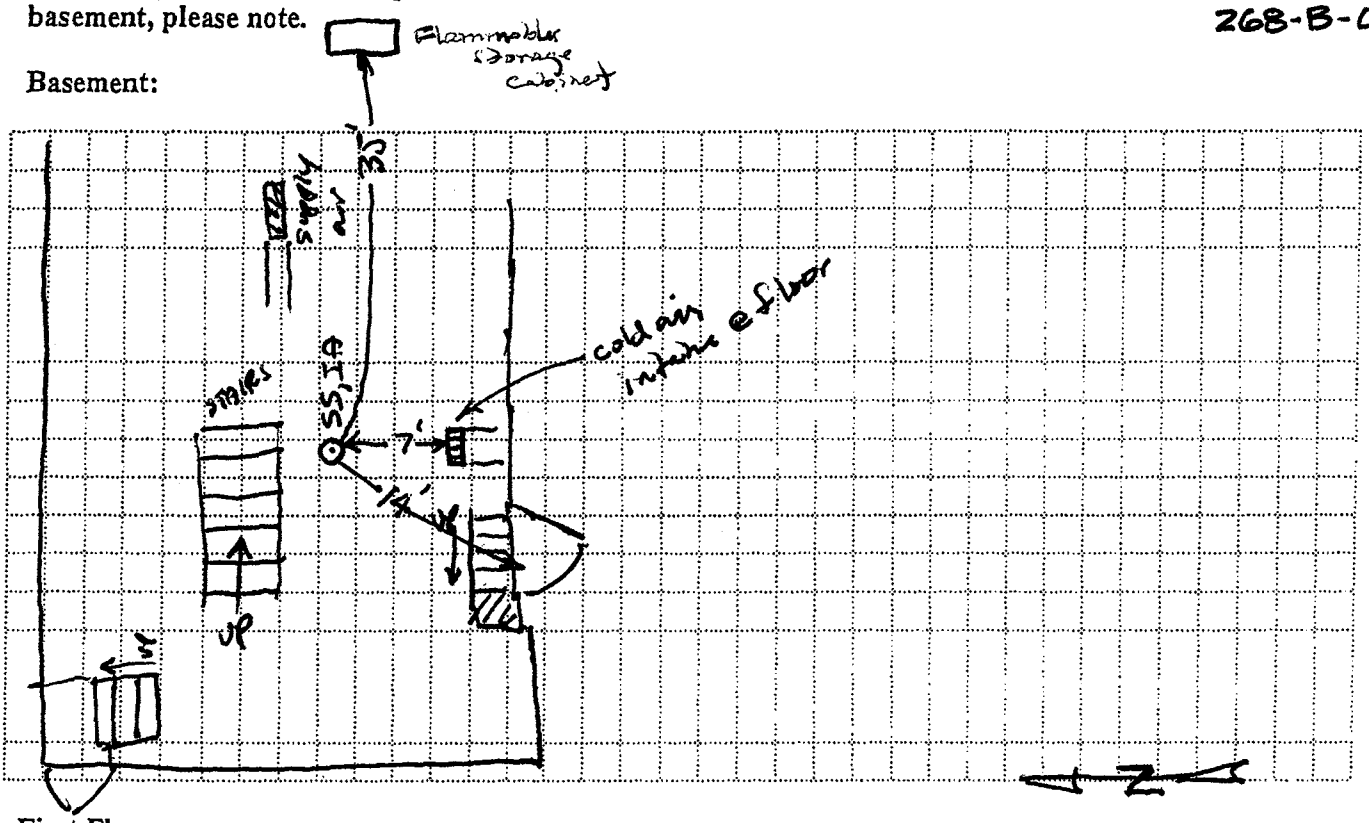
d. Relocation package provided and explained to residents? Y / N

11. 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.

268-B-01

Basement:



First Floor:

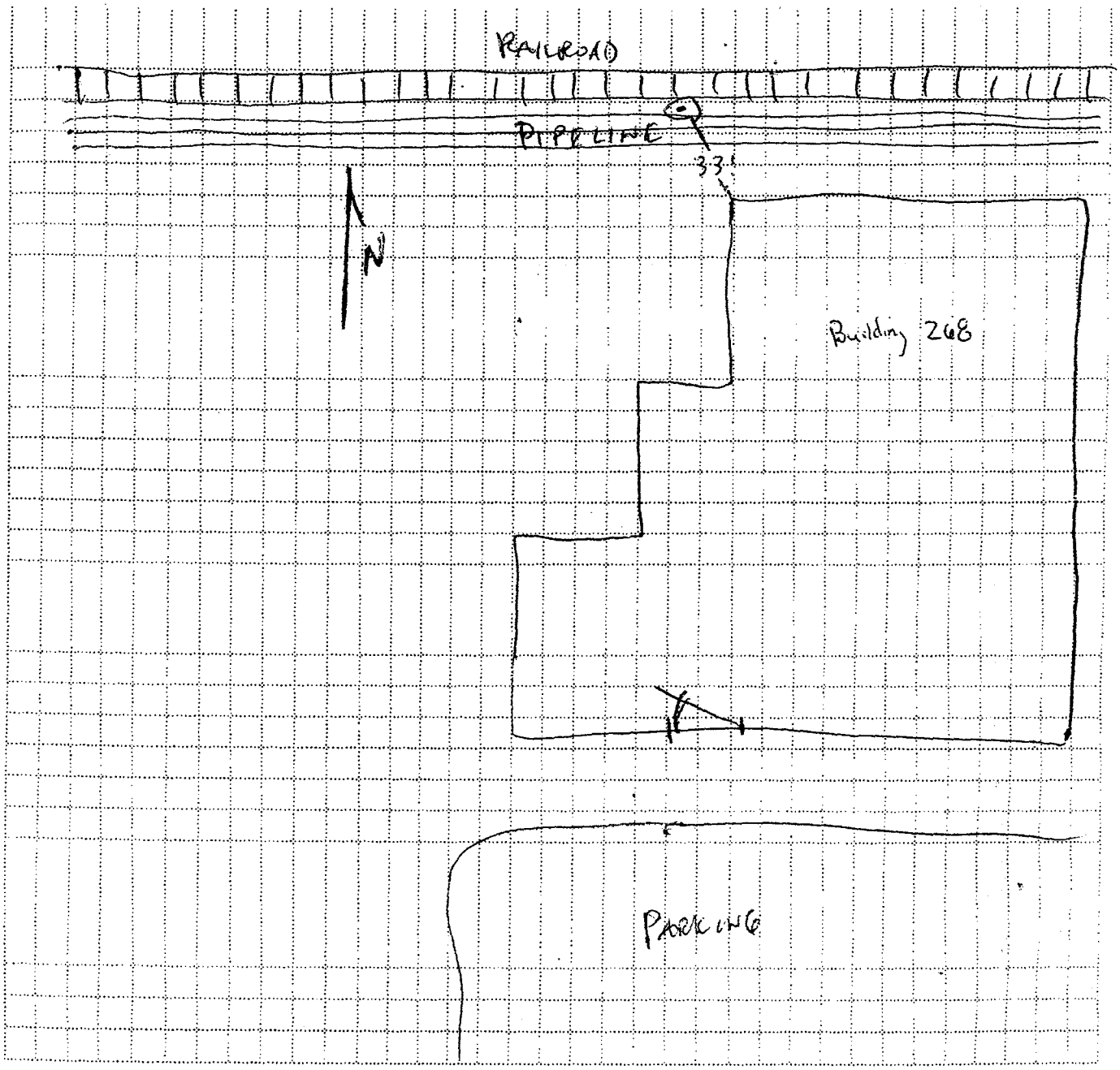
7

OA - 268 - G - 01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: Mini Rae 2000

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo ** Y / N
Utility Room	See Attached	NA	NA	NA	NA	NA
w/various	MSDS's and					
Chemical	See below					
Cabinets						
Flammable Cabinet	Collection can listed as organic lubricants	2 gal	U	organic lubricants	2.3 ppm	N
"	motor oil	qt	U	10W-40 motor oil	1.3 ppm	N
"	cabinet did not register a reading			when doors are closed	0.0 ppm	N

* Describe the condition of the product containers as **Unopened (UO), Used (U), or Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.

Bldg 268

OA-268-G-01

Environmental Resources Management
520 Broadhollow Rd, Suite 210
Melville, NY 11747
Phone: (631) 756-8900
Fax: (631) 756-8901

Project #:	0026649
Project Name:	NYSDEC-Huron On-site Indoor Air
Location:	Endicott, NY
Project Manager:	Greg Skhuda, Ph.d

Sample Location:	Bldg. 268	**Collector(s):**	TM DV SS
Address:	Huron Campus, Endicott NY		—
PID Meter Used: (Model, Serial #)	mini Rae 2000	**Building No:**	268

SUMMA Canister Record:

INDOOR AIR		SUBSTRUCTURE SOIL GAS		AMBIENT AIR	
Canister Serial No.:		Canister Serial No.:		Canister Serial No.:	96104
Flow Controller Id No:		Flow Controller Id No:		Flow Controller Id No:	03-39
Start Date/Time:		Start Date/Time:		Start Date/Time:	3/10/05 1607
Start Pressure: (inches Hg)		Start Pressure: (inches Hg)		Start Pressure: (inches Hg)	-25
Stop Date/Time:		Stop Date/Time:		Stop Date/Time:	3-11-05 1607
Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)		Stop Pressure: (inches Hg)	-0.5
Sample ID:		**Sample ID:**		**Sample ID:**	OA-268-G-01

Other Sampling Information:

Sample Category ID: (B, 1, 2, 3...)		Sample Category ID: (A or A-1)		Sample Category ID: (AA)	AA
Story/Level		Basement or Crawl Space?		Direction from Building	NW
Room		Floor Slab Thickness (inches) *[if present]*		Distance from Building	33'
Indoor Air Temp (°F)		Potential Vapor Entry Points Observed?		Intake Height Above Ground Level (ft.)	44"
Intake Height Above Floor Level (ft.)		Ground Surface Condition (Crawl Space Only)		Intake Tubing used?	Teflon
Noticeable Odor?		If *A*, intake depth, if *A-1*, Intake Height (ft. relative to floor level)		Distance to nearest Roadway (ft.)	100ft. to parking lot
PID Reading (ppm)		PID Reading (ppm)		PID Reading (ppm)	
Barometric Pressure ("Hg or mb)		Noticeable Odor?		Noticeable Odor?	No
Duplicate Sample?		Percent $O_2/CO_2/CH_4$		Duplicate Sample?	No
—		Duplicate Sample?			
—					

Comments:

Signature: Todd L Marsh

OSR – 3

NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH

This form must be completed for each residence involved in indoor air testing.

Preparer's Name Todd Marsh Date/Time Prepared 3-16-05 1332

Preparer's Affiliation ERM Phone No. 315-445-2554

Purpose of Investigation Huron Indoor Air Sampling

1. OCCUPANT:

Interviewed: Y / N

Last Name: Townsend First Name: Tim

Address: Huron Mgmt

County: Broome

Home Phone: N/A Office Phone: 607-755-6183

Number of Occupants/persons at this location N/A Age of Occupants >18

2. OWNER OR LANDLORD: (Check if same as occupant ___)

Interviewed: Y / N

Last Name: Ketchuck First Name: Jim

Address: Huron Mgmt Endicott, NY

County: Broome

Home Phone: N/A Office Phone: 607-755-6073

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)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: Steel Concrete

If multiple units, how many? N/A

If the property is commercial, type?

Business Type(s) Control Rooms

Does it include residences (i.e. multi-use)? Y / N (circled: N) If yes, how many? N/A

Other characteristics:

Number of floors 2 Building age ~20 yrs

Is the building insulated? Y / N Unknown How air tight? Tight / Average / Not Tight (circled: Tight)

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

N/A

Airflow near source

N/A

Outdoor air infiltration

N/A

Infiltration into air ducts

N/A

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspace	slab	other _____
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 Unknown	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: 8 (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

Floor in Good Condition

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)

Hot air circulation	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:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: N/A

Boiler/furnace located in:	Basement	Outdoors	Main Floor	Other Other Building
Air Conditioning:	Central Air	Window units	Open Windows	None

Are there air distribution ducts present? Y / N

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.

N/A

7. OCCUPANCY

Basement / Is lowest level occupied? Full time Occasionally Seldom Almost Never

Level	General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)
Basement	maintence work ; office space
1st Floor	office space
2nd Floor	—
3rd Floor	—
4th Floor	—

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

a. Is there an attached garage? Y / N

b. Does the garage have a separate heating unit? Y / N / NA

c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car etc.) Y / N / NA Please specify _____

d. Has the building ever had a fire? Y / N When? _____

e. Is a kerosene or unvented gas space heater present? Y / N Where? _____

f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____

g. Is there smoking in the building? Y / N How frequently? _____

h. Have cleaning products been used recently? Y / N When & Type? _____

i. Have cosmetic products been used recently? Y / N When & Type? _____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, automechanic or autobody shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist etc.)

If yes, what types of solvents are used? 2-butoxyethanol

If yes, are their clothes washed at work? Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly) No
Yes, use dry-cleaning infrequently (monthly or less) Unknown
Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: N/A
Is the system active or passive? Active/Passive

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. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: N/A

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

11. 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.

Basement:

First Floor:

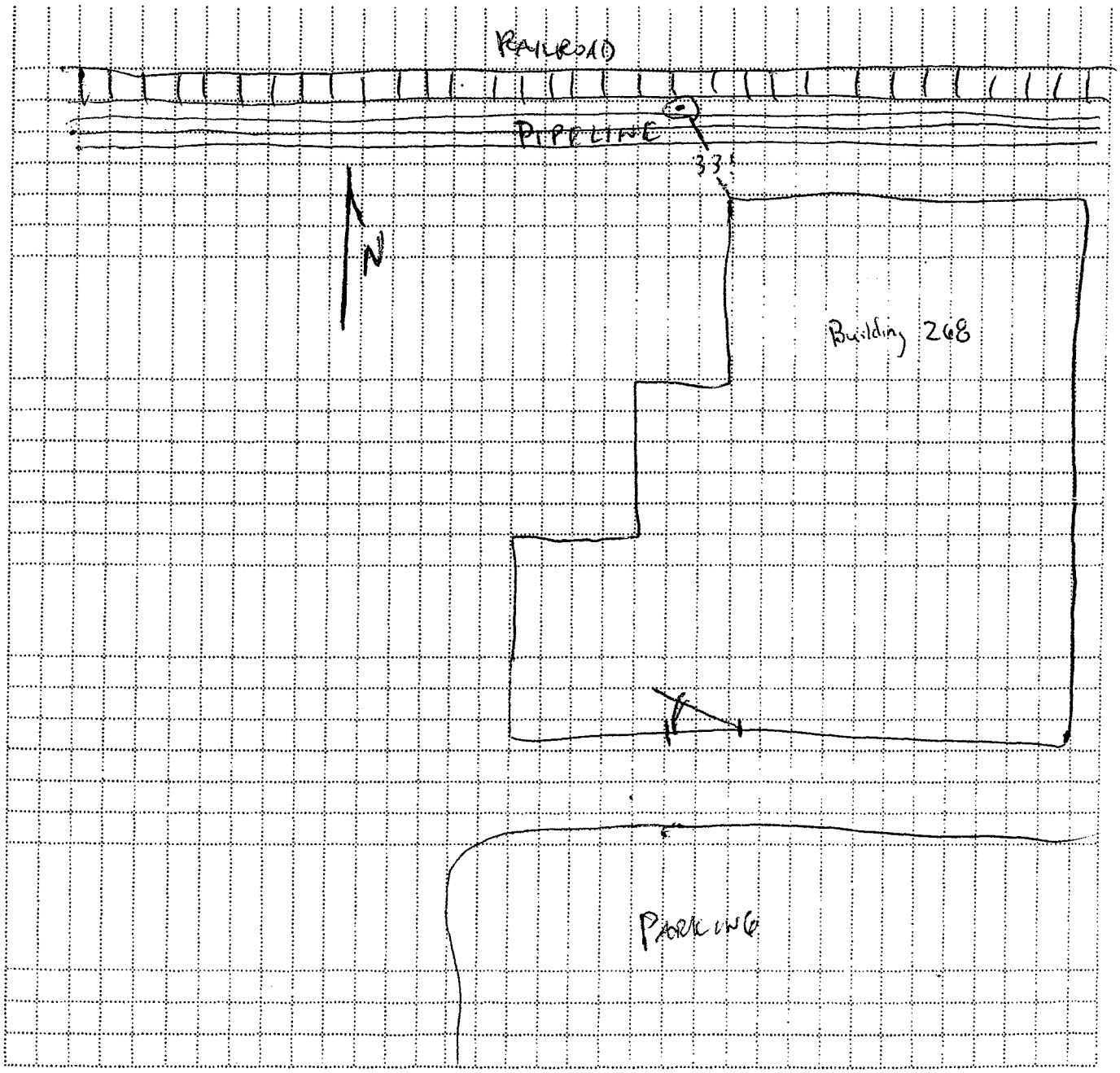
7

OA-268-G-01

12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, 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 topographic map.



 -268-6-01

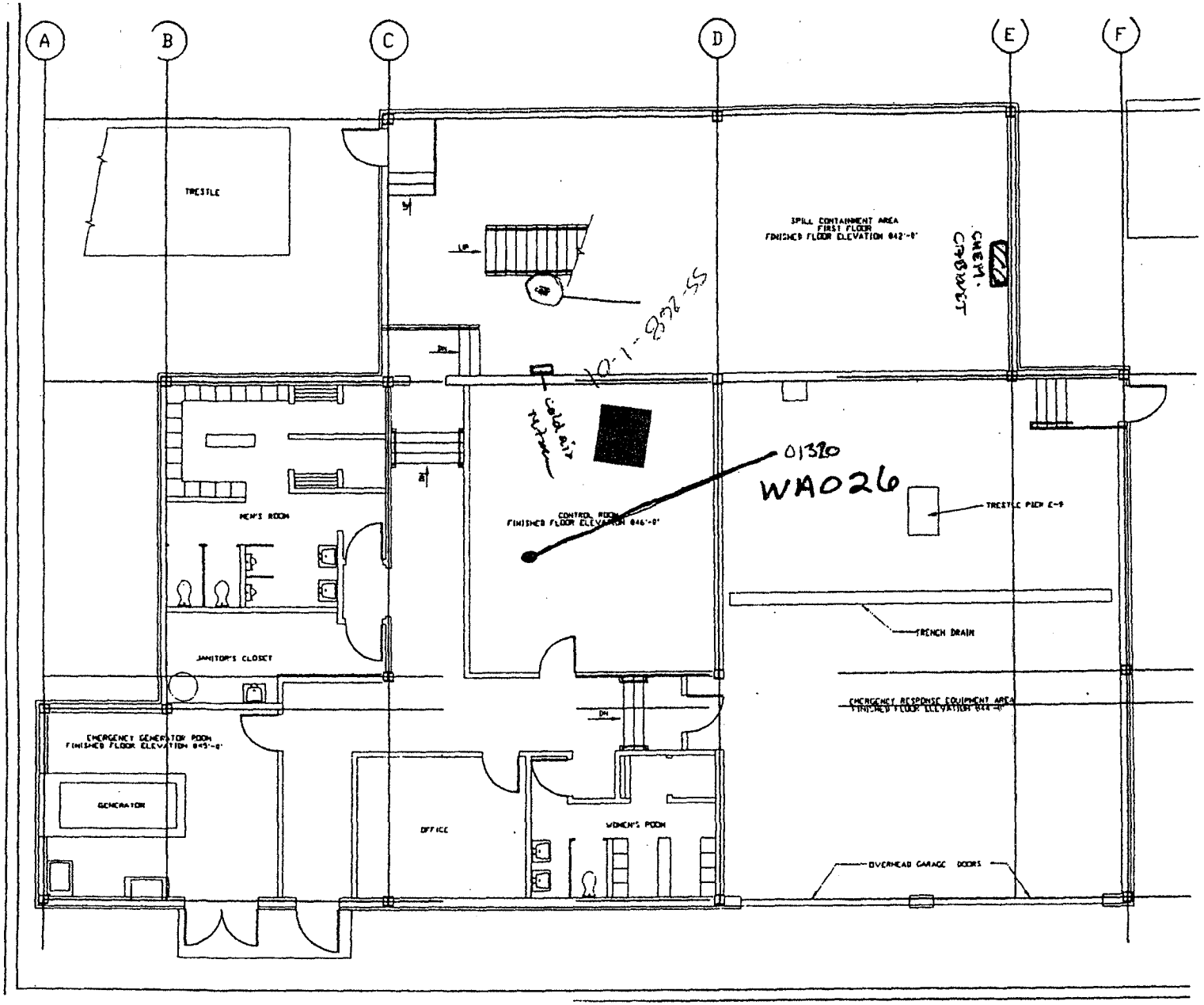
13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: mini Rae 2000

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (oz.)	Condition*	Chemical Ingredients	Field Instrument Reading	Photo** Y / N
NA	NA	NA	NA	NA	NA	NA

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**
** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.



BUILDING S
264-1
268

1-SS
1-IA
2 total

UNDER CONTROL RM
BEHIND STAIRS AWAY FROM ELECTRICAL
CONCRETE SLAB FLOOR
"LOW-LEVEL
MAINTENANCE ROOM"

ENVIRONMENTAL
Data Services, Inc.

USEPA REGION II, LEVEL IV
DATA VALIDATION REPORT
HURON REAL ESTATE ASSOCIATES, LLC
(FORMER IBM CORPORATION) - ENDICOTT FACILTY
VILLAGE OF ENDICOTT, BROOME COUNTY, NEW YORK
NYSDEC SITE NO. 7-04-014
INDOOR AIR SAMPLING PROJECT
ENVIRONMENTAL RESOURCES MANAGEMENT (ERM)

AIR TOXICS, LTD.
SAMPLE DELIVERY GROUPS (SDGs)
0502276AR2, 0502276B, 0502349R1, 0502382R1, 0502417AR1, 0502417D, 0502417BR1, 0502417C, 0502436AR1, 0502436B, 0502503AR1, 0502503BR1, 0502537A, 0502537B, 0502537CR1, 0503045, 0503045B, 0503079, 0503079BR1, 0503110, 0503110B, 0503137A, 0503137B, 0503137C, 0503189, 0503189B, 0503208, 0503208B, 0503259A, 0503259B, 0503259C, 0503362, 0503362B, 0503540, 0503540B

Deliverables

The above referenced data packages for the samples collected at the Former IBM Endicott Facility contain all required deliverables consistent with the requirements of the *EPA Region II Data Validation SOP HW-18 and requirements specified in the USEPA Analytical Method T0-15.* The sample specific analyses performed included a subset of the analytes listed in USEPA method TO-15. Any samples that were non-detect for trichloroethene were reanalyzed using USEPA Method TO-15 SIM. All analyses were performed by United States Environmental Protection Agency (USEPA) SW-846 Methods in accordance with *"Test Methods for the Evaluation of Solid Waste, USEPA SW-846, Third Edition, September 1986, with revisions"*. Specific method references are as follows:

Analysis	*Method References*
TO-15 subset	USEPA SW-846 Modified Method TO-15
TO-15 Trichloroethene only	USEPA SW-846 Modified Method TO-15 - SIM

The data have been validated according to the protocols and quality control (QC) requirements of the analytical methods, the USEPA Region II Data validation SOP HW-18, Volatile Organic Analysis of Ambient Air In Canister, April 1994, Revision 0, and the reviewer's professional judgment.

The validation report pertains to the samples indicated in each individual section:

Organics

The following items/criteria were reviewed for this report:

- Data completeness and Deliverables.
- Cover letter, Narrative and Data reporting forms.
- Canister Receipt/Log-in sheet
- Canister Certification forms
- Chains-of-Custody (COC)
- Traffic reports
- Holding times
- Surrogate Compound recoveries
- Matrix Duplicate (MD) relative percent difference summary forms
- Lab Check Sample/Lab Check Duplicate (LCS/LCSD) recovery summary forms
- Internal standard area and retention time summary forms
- Gas Chromatography (GC)/Mass Spectroscopy (MS) tuning summary forms
- Positive results reported for method blanks
- Initial and continuing calibration summaries
- Organic analysis data sheets
- Blind Field Duplicate sample precision

The items listed above were technically and contractually in compliance with the method and QAPP criteria, with the exceptions discussed in the text below. The data have been validated according to the procedures outlined above and qualified accordingly. This report presents all QC outliers that resulted in qualification of data.

Volatiles by EPA Method TO-15

Air Samples (Air Toxics, Ltd.)
0502276AR2 (collected on 02/10/05 – 02/11/05) (TO-15)
SS-041-B-01, IA-041-B-01, SS-041-B-02, IA-041-B-02, SS-041-B-03, IA-041-B-03, SS-041-B-05, IA-041-B-05

0502276B (collected on 02/11/05) (TO-15 SIM)
IA-041-B-02

0502349R1 (collected on 02/15/05) (TO-15)
IA-041-B-04, SS-041-B-04, IA-041-B-06, IA-041-B-09, SS-041-B-09, IA-041-B-10, SS-041-B-10, IA-041-B-07, SS-041-B-07, IA-041-B-08, SS-041-B-08, IA-041-B-12, SS-041-B-12
QC Samples
SS-041-B-12 Matrix Duplicate

0502382R1 (collected on 02/16/05) (TO-15)
IA-041-B-11, SS-041-B-11, IA-041-B-13, SS-041-B-13, DUP021505-01, DUP021505-02, IA-041-B-14, SS-041-B-14, IA-041-B-15, SS-041-B-15 , SS-042-B-01, IA-042-B-01, SS-042-B-05, IA-042-B-05, SS-042-B-02, IA-042-B-02, SS-042-B-06, IA-042-B-06, SS-042-B-04, IA-042-B-04
QC Samples
DUP021505-01 Matrix Duplicate
SS-042-B-04 Matrix Duplicate
DUP021505-01, blind field duplicate of sample SS-041-B-13
DUP021505-02, blind field duplicate of sample IA-041-B-14

0502417AR1 (collected on 02/17/05) (TO-15)
OA-041-G-01, SS-042-B-07, IA-042-B-07, SS-042-B-08, IA-042-B-08, SS-042-B-03, IA-042-B-03, OA-042-G-03. DUP021605-01, IA-040-B-01, IA-040-B-02, OA-040-G-01, IA-040-I-03
QC Samples
SS-042-B-07 Matrix Duplicate
IA-042-B-07 Matrix Duplicate
DUP021605-01, blind field duplicate of sample OA-042-G-03

0502417D (collected on 02/17/05) (TO-15 SIM)
OA-041-G-01, OA-042-G-03, DUP021605-01, IA-040-B-01, IA-040-B-02, OA-040-G-01
QC Samples
DUP021605-01, blind field duplicate of sample OA-042-G-03

0502417BR1 (collected on 02/18/05) (TO-15)
IA-040-I-02, SS-040-I-02, IA-040-I-01, SS-040-I-01, IA-046-B-07, SS-046-B-07, IA-046-B-03, SS-046-B-03, IA-046-B-04, SS-046-B-04, IA-046-B-05, SS-046-B-05
QC Samples
SS-046-B-04 Matrix Duplicate

0502417C (collected on 02/18/05) (TO-15 SIM)
IA-040-I-01, SS-046-B-03

0502436AR1 (collected on 02/22/05) (TO-15)
IA-046-B-08, SS-046-B-08, IA-046-B-09, SS-046-B-09, IA-046-B-10, SS-046-B-10, IADUP022105-10, SSDUP022105, IA-046-B-01, OA-046-G-01, IA-046-B-02
QC Samples
SS-046-B-09 Matrix Duplicate
IADUP022105-10, blind field duplicate of sample IA-046-B-10
SSDUP022105, blind field duplicate of sample SS-046-B-10

0502436B (collected on 02/22/05) (TO-15 SIM)
OA-046-G-01

0502503AR1 (collected on 02/23/05) (TO-15)
SS-018-B-10, SS-108-B-04, SS-018-B-01, SS-018-B-02, SS-018-B-14, SS-018-B-09, IA-018-B-10, IA-018-B-09, IA-018-B-04, SS-018-B-03
QC Samples
SS-018-B-09 Matrix Duplicate

0502503BR1 (collected on 02/23/05) (TO-15)
IA-046-B-06, SS-046-B-06, IA-018-B-06, SS-018-B-11, IA-018-B-06, IA-018-B-05, SS-018-B-05, IA-018-B-03, IA-018-B-12, IA-018-B-01, IA-018-B-07, SS-018-B-12, IA-018-B-13, IA-018-B-14, SS-018-B-13, IA-018-B-08, IA-018-B-11, SS-040-I-14, IA-040-I-05
QC Samples
IA-018-B-12 Matrix Duplicate
IA-018-B-01 Matrix Duplicate

0502537A (collected on 02/23/05 & 02/24/05) (TO-15)
IA-018-B-16, SS-018-B-16, IA-029-I-01, SS-029-I-01, IA-DUP022305-02, SS-DUP022305-02, OA-029-G-01, SS-040-I-03, IA-040-I-04, IA-018-B-15, SS-018-B-17, IA-018-B-17, SS-018-B-18, IA-018-B-18, IA-018-I-02, OA-018-G-01, SS-018-I-01, IA-018-I-01
QC Samples
SS-018-B-16 Matrix Duplicate
IA-018-B-17 Matrix Duplicate
IA-DUP022305-02, blind field duplicate of sample IA-029-I-01
SS-DUP022305-02, blind field duplicate of sample SS-029-I-01

0502537B (collected on 02/25/05) (TO-15)
SS-019-I-01, IA-019-I-01, SS-257-B-01, IA-257-B-01, OA-257-G-01, IA-258-B-01, SS-258-B-01, IA-039-B-01, SS-039-B-01, OA-039-G-01, IA-039-B-02, SS-039-B-02
QC Samples
SS-258-B-01 Matrix Duplicate

0502537CR1 (collected on 02/24/05 & 02/25/05) (TO-15 SIM)
OA-029-G-01, OA-018-G-01, IA-018-I-01, IA-019-I-01, IA-257-B-01, OA-257-G-01, IA-258-B-01, SS-258-B-01, IA-039-B-01, OA-039-G-01
QC Samples
OA-029-G-01 Matrix Duplicate

0503045 (collected on 03/01/05) (TO-15)
SS-008-B-01, IA-008-B-01, OA-008-G-01, SS-032-B-01, IA-032-B-01, SS-022-B-01, IA-022-B-01, SS-DUP022805-02, IA-DUP022805-01
QC Samples
SS-DUP022805-02, blind field duplicate of sample SS-022-B-01
IA-DUP022805-01, blind field duplicate of sample IA-022-B-01

0503045B (collected on 03/01/05) (TO-15)
OA-008-G-01

0503079 (collected on 03/02/05) (TO-15)
IA-003-B-01, IA-022-B-02, SS-022-B-02, SS-003-B-01, IA-DUP030105-02, SS-DUP030105-01, OA-003-G-01, OA-022-G-01, OA-01-G-01, SS-01-B-01, IA-01-B-01
QC Samples
IA-DUP030105-02, blind field duplicate of sample IA-003-B-01
SS-DUP030105-01, blind field duplicate of sample SS-003-B-01

0503079BR1 (collected on 03/02/05) (TO-15 SIM)
OA-003-G-01, OA-022-G-01, OA-01-G-01

0503110 (collected on 03/02/05 & 03/03/05) (TO-15)
IA-250-I-02, SS-250-I-02, OA-250-G-01, IA-250-I-01, SS-250-I-01, SS-250-I-03, IA-250-I-03, IA-256-I-02, SS-256-I-02, OA-256-G-01, SS-256-I-03, IA-256-I-03, IA-256-I-01, SS-256-I-01
QC Samples
IA-256-I-01 Matrix Duplicate
SS-256-I-01 Matrix Duplicate

0503110B (collected on 03/02/05 & 03/03/05) (TO-15 SIM)
IA-250-I-02, OA-250-G-01, IA-250-I-01, IA-250-I-03, IA-256-I-02, SS-256-I-02, OA-256-G-01, SS-256-I-03, IA-256-I-03, IA-256-I-01, SS-256-I-01
QC Samples
SS-256-I-01 Matrix Duplicate

0503137A (collected on 03/03/05 & 03/04/05) (TO-15)
IA-032-B-03, OA-032-G-01, SS-032-B-02, SS-032-B-03, IA-032-B-02, IA-057A-I-01, SS-057A-I-01, SS-057-I-01, IA-057-I-01, SS-057-I-02, SS-057-I-04, SS-057-I-05, SS-057-I-03, IA-057-I-04, OA-057-G-01, IA-057-I-03, IA-057-I-05, IA-057-I-02, SS-021-B-01, IA-021-B-01
QC Samples
SS-032-B-03 Matrix Duplicate
IA-057-I-03 Matrix Duplicate
SS-021-B-01 Matrix Duplicate

0503137B (collected on 03/04/05) (TO-15)
OA-021-G-01, SS-023-B-01, IA-023-B-01, OA-23-G-01

0503137C (collected on 03/03/05 & 03/04/05) (TO-15 SIM)
OA-032-G-01, IA-057-I-01, OA-057-G-01, IA-057-I-02, OA-021-G-01, OA-23-G-01

0503189 (collected on 03/08/05) (TO-15)
SS-026-B-01, OA-028-G-01, OA-026-G-01, SS-028-B-01, IA-026-B-01, IA-028-B-01, SS-025-B-01, OA-025-G-01, IA-025-B-01, SS-004-B-01, IA-004-B-01, OA-004-G-01

0503189B (collected on 03/08/05) (TO-15 SIM)
OA-028-G-01, OA-025-G-01, OA-004-G-01

0503208 (collected on 03/09/05) (TO-15)
IA-038-I-01, SS-038-I-01, OA-038-G-01, OA-DUP-030805-01, IA-096-B-01, SS-096-B-01, OA-095-G-01, SS-095-I-01, OA-096-G-01, IA-095-I-01
QC Samples
OA-DUP-030805-01, blind field duplicate of sample 0A-038-G-01

0503208B (collected on 03/09/05) (TO-15 SIM)
IA-038-I-01, OA-038-G-01, OA-DUP-030805-01, IA-096-B-01, OA-095-G-01, OA-096-G-01, IA-095-I-01
QC Samples
OA-DUP-030805-01, blind field duplicate of sample 0A-038-G-01
IA-095-I-01 Matrix Duplicate

0503259A (collected on 03/10/05 & 03/11/05) (TO-15)
SS014-B-01, IA-014-B-01, OA-014-G-01, OA-087-G-01, SS-087-I-01, IA-087-I-01, OA-045-G-01, OA-259-G-01, IA-259-I-01, SS-259-I-01

0503259B (collected on 03/11/05) (TO-15)
OA-053-G-01, SS-048-B-02, OA-048-G-01, SS-048-B-01, IA-048-B-01, IA-048-B-02, IA-053-B-01, SS-053-B-01, OA-268-G-01, SS-268-B-01, IA-268-B-01

0503259C (collected on 03/10/05 & 03/11/05) (TO-15 SIM)
IA-014-B-01, OA-087-G-01, SS-087-I-01, IA-087-I-01, OA-045-G-01, OA-259-G-01, IA-259-I-01, OA-053-G-01, OA-048-G-01, IA-048-B-02, IA-053-B-01, OA-268-G-01
QC Samples
OA-053-G-01 Matrix Duplicate
IA-048-B-02 Matrix Duplicate

0503362 (collected on 03/15/05 & 03/16/05) (TO-15)
SS-047-I-01, SS-047A-I-01, SS-045-B-01, IA-047A-I-01, IA-045-B-01, OA-047A-G-01, OA-047-G-01, SS-047-I-02, IA-047-I-02, IA-047-I-01, SS-041-B-6A, IA-018-B-15A, IA-046-I-7A, SS-046-I-7A, IA-DUP031505-01, SS-DUP031505-01, SS-096-B-1A
QC Samples
SS-041-B-6A Matrix Duplicate
IA-DUP031505-01, blind field duplicate of sample IA-046-I-7A
SS-DUP031505-01, blind field duplicate of sample SS-046-I-7A

0503362B (collected on 03/15/05) (TO-15 SIM)
IA-047A-I-01, OA-047A-G-01, OA-047-G-01, IA-047-I-01

0503540 (collected on 03/25/05) (TO-15)
IA-018-I-04, IA-018-I-06, IA-018-I-08, OA-018-G-02, IA-018-I-03, IA-018-I-07, IA-018-I-05
QC Samples
IA-018-I-07 Matrix Duplicate
IA-018-I-05 Matrix Duplicate

0503540B (collected on 03/25/05) (TO-15 SIM)
IA-018-I-04, IA-018-I-06, IA-018-I-08, OA-018-G-02, IA-018-I-03, IA-018-I-07, IA-018-I-05

Data completeness and Deliverables

- No discrepancies were identified.

Cover letter, Narrative and Data reporting forms

- Sample SS-041-B-06 sampled 02/15/05 had an initial pressure of -29, a final pressure of -0.5 and a receipt pressure of 29. The client was informed and the sample was cancelled per the client. The laboratory noted this on the report narrative for SDG 0502349R1. No further action was taken by the reviewer.

- Sample SS-018-B-15 sampled 02/23/05 had an initial pressure of -28.5, a final pressure of -2 and a receipt pressure of 29.5. The client was informed and the sample was cancelled per the client. The laboratory noted this on the report narrative for SDG 0502537A. No further action was taken by the reviewer.

- Sample SS-096-B-01 sampled 03/09/05 had an initial pressure of -28, a final pressure of -28 and a receipt pressure of 29. The client was informed and the sample was cancelled per the client. The laboratory noted this on the report narrative for SDG 0503208. No further action was taken by the reviewer.

- Samples OA-014-G-01, OA-087-G-01, and OA-045-G-01 sampled 03/10/05 arrived at ambient pressure yet flow controllers were used for sample collection. The laboratory noted this on the report narrative for SDG 0503259A. No further action was taken by the reviewer.

- Samples OA-053-G-01 and SS-048-B-02 sampled 03/11/05 had incorrect receipt pressures reported by the laboratory. The laboratory was informed via email on 03/19/05. The receipt pressures were incorrectly documented on the COC per the laboratory. This was verified by the laboratory by checking the pressures on the sample tags. A revised COC was provided by the laboratory. No further action was required.

Canister Receipt/Log-in sheet
Leak Checks

- Sample IA-041-B-01 had an initial pressure of -24. Client requirements indicated canisters with initial pressures > -25 were not to be used for sample collection. Results for sample IA-041-B-01 were qualified as estimated (J/UJ).

- Sample SS-041-B-09 had an initial pressure of -22. Client requirements indicated canisters with initial pressures > -25 were not to be used for sample collection. Results for sample SS-041-B-09 were qualified as estimated (J/UJ).

- Sample SS-042-B-07 had an initial pressure of -24. Client requirements indicated canisters with initial pressures > -25 were not to be used for sample collection. Results for sample SS-041-B-07 were qualified as estimated (J/UJ).

- Sample OA-040-G-01 had an initial pressure measurement of -30, a final pressure measurement of -30 and a receipt pressure of 4. Sample is suspect since there was no pressure change observed during sampling even though there was a pressure difference recorded upon receipt. The absence of a pressure change between the initial and final measurements is suspected to be due to the lack of precision in the equipment used to measure final pressure in the field. It has been determined between the client and the reviewer that the results are valid and useable but estimated. All TO-15 and TO-15 SIM results for sample OA-040-G-01 have been estimated (J/UJ) by the reviewer.

- Sample IA-046-B-08 had an initial pressure measurement of -30, a final pressure measurement of -30 and a receipt pressure of 3.5. Sample is suspect since there was no pressure change observed during sampling even though there was a pressure difference recorded upon receipt. The absence of a pressure change between the initial and final measurements is suspected to be due to the lack of precision in the equipment used to measure final pressure in the field. It has been determined between the client and the reviewer that the results are valid and useable but estimated. All TO-15 results for sample IA-046-B-08 have been estimated (J/UJ) by the reviewer.

- Sample OA-257-G-01 had an initial pressure measurement of -30, a final pressure measurement of -30 and a receipt pressure of 6. Sample is suspect since there was no pressure change observed during sampling even though there was a pressure difference recorded upon receipt. The absence of a pressure change between the initial and final measurements is suspected to be due to the lack of precision in the equipment used to measure final pressure in the field. It has been determined between the client and the reviewer that the results are valid and useable but estimated. All TO-15 and TO-15 SIM results for sample OA-257-G-01 have been estimated (J/UJ) by the reviewer.

- Sample OA-008-G-01 had an initial pressure measurement of -30, a final pressure measurement of -30 and a receipt pressure of 6. Sample is suspect since there was no pressure change observed during sampling even though there was a pressure difference recorded upon receipt. The absence of a pressure change between the initial and final measurements is suspected to be due to the lack of precision in the equipment used to measure final pressure in the field. It has been determined between the client and the reviewer that the results are valid and useable but estimated. All TO-15 and TO-15 SIM results for sample OA-008-G-01 have been estimated (J/UJ) by the reviewer.

- Sample SS-022-B-02 had an initial pressure measurement of -29, a final pressure measurement of -22 and a receipt pressure of 21. Sample is suspect since there was little pressure change observed during sampling even though there was a pressure difference recorded upon receipt. All TO-15 results for sample SS-022-B-02 have been rejected (R) by the reviewer.

- Sample OA-003-G-01 had an initial pressure measurement of -30, a final pressure measurement of -30 and a receipt pressure of 1. Sample is suspect since there was no pressure change observed during sampling even though there was a pressure difference recorded upon receipt. The absence of a pressure change between the initial and final measurements is suspected to be due to the lack of precision in the equipment used to measure final pressure in the field. It has been determined between the client and the reviewer that the results are valid and useable but estimated. All TO-15 and TO-15 SIM results for sample OA-003-G-01 have been estimated (J/UJ) by the reviewer.

- Sample SS-01-B-01 had an initial pressure measurement of -28, a final pressure measurement of -28 and a receipt pressure of 5. Sample is suspect since there was no pressure change observed during sampling even though there was a pressure difference recorded upon receipt. The absence of a pressure change between the initial and final measurements is suspected to be due to the lack of precision in the equipment used to measure final pressure in the field. It has been determined between the client and the reviewer that the results are valid and useable but estimated. All TO-15 results for sample SS-01-B-01 have been estimated (J/UJ) by the reviewer.

- Sample IA-256-I-02 had an initial pressure measurement of -30, a final pressure measurement of -30 and a receipt pressure of 3.5. Sample is suspect since there was no pressure change observed during sampling even though there was a pressure difference recorded upon receipt. The absence of a pressure change between the initial and final measurements is suspected to be due to the lack of precision in the equipment used to measure final pressure in the field. It has been determined between the client and the reviewer that the results are valid and useable but estimated. All TO-15 and TO-15 SIM results for sample IA-256-I-02 have been estimated (J/UJ) by the reviewer.

- Sample IA-057-I-04 had an initial pressure measurement of -30, a final pressure measurement of -30 and a receipt pressure of 3.5. Sample is suspect since there was no pressure change observed during sampling even though there was a pressure difference recorded upon receipt.

The absence of a pressure change between the initial and final measurements is suspected to be due to the lack of precision in the equipment used to measure final pressure in the field. It has been determined between the client and the reviewer that the results are valid and useable but estimated. All TO-15 results for sample IA-057-I-04 have been estimated (J/UJ) by the reviewer.

- Sample IA-259-I-01 had an initial pressure measurement of -30, a final pressure measurement of -25 and a receipt pressure of 4. Sample is suspect since there was little pressure change observed during sampling even though there was a pressure difference recorded upon receipt. The absence of a significant pressure change between the initial and final measurements is suspected to be due to the lack of precision in the equipment used to measure final pressure in the field. It has been determined between the client and the reviewer that the results are valid and useable but estimated. All TO-15 and TO-15 SIM results for sample IA-259-I-01 have been estimated (J/UJ) by the reviewer.

- Sample SS-268-B-01 had an initial pressure measurement of -30, a final pressure measurement of -21.5 and a receipt pressure of 22. Sample is suspect since there was little pressure change observed during sampling even though there was a pressure difference recorded upon receipt. All TO-15 results for sample SS-268-B-01 have been rejected (R) by the reviewer.

- Sample SS-047-I-02 had an initial pressure of -30, a final pressure of -30 and a receipt pressure of 7.5. Sample is suspect since there was no pressure change observed during sampling even though there was a pressure difference recorded upon receipt. The absence of a pressure change between the initial and final measurements is suspected to be due to the lack of precision in the equipment used to measure final pressure in the field. It has been determined between the client and the reviewer that the results are valid and useable but estimated. All TO-15 results for sample SS-047-I-02 have been estimated (J/UJ) by the reviewer.

Canister Certification Blanks

- Sample IA-041-B-09 canister exhibited 1,1,1-Trichloroethane contamination as 0.1829 ppbv which is greater than the sample reporting limit of 0.16 ppbv. The sample concentration was greater than 5 times the blank. The data is usable but possibly biased and was qualified (J) by the reviewer.

Canister Certification Spikes

- No discrepancies were identified.

Canister Certification Pressure Differences

- Sample IA-041-B-01 had a final pressure measurement of 0.0 and a receipt pressure of 5.5 resulting in a difference of 5.5 which exceeded the established limit of pressure differences less than 5. This sample was qualified due to initial pressure. No note was made in the narrative. No further action was taken by the reviewer.

- Sample IA-041-B-05 had a final pressure measurement of -13 and a receipt pressure of 5 resulting in a difference of 8 which exceeded the established limit of pressure differences less than 5. No note was made in the narrative. No action was taken by the reviewer.

- Sample IA-046-B-01 had a final pressure measurement of -12 and a receipt pressure of 5 resulting in a difference of 7 which exceeded the established limit of pressure differences less than 5. No note was made in the narrative. No action was taken by the reviewer.

- Sample IA-018-B-09 had a final pressure measurement of -9 and a receipt pressure of 3.5 resulting in a difference of 5.5 which exceeded the established limit of pressure differences less than 5. No note was made in the narrative. No action was taken by the reviewer.

- Sample IA-018-B-07 had a final pressure measurement of -10 and a receipt pressure of 4 resulting in a difference of 6 which exceeded the established limit of pressure differences less than 5. No note was made in the narrative. No action was taken by the reviewer.

- Sample IA-029-I-01 had a final pressure measurement of -12 and a receipt pressure of 2 resulting in a difference of 10 which exceeded the established limit of pressure differences less than 5. No note was made in the narrative. No action was taken by the reviewer.

- Sample SS-029-I-01 had a final pressure measurement of -10 and a receipt pressure of 3.5 resulting in a difference of 6.5 which exceeded the established limit of pressure differences less than 5. No note was made in the narrative. No action was taken by the reviewer.

- Sample IA-039-B-02 had a final pressure measurement of -13 and a receipt pressure of 3 resulting in a difference of 9 which exceeded the established limit of pressure differences less than 5. No note was made in the narrative. No action was taken by the reviewer.

- Sample OA-01-G-01 had a final pressure measurement of -9.5 and a receipt pressure of 1.5 resulting in a difference of 7 which exceeded the established limit of pressure differences less than 5. No note was made in the narrative. No action was taken by the reviewer.

- Sample IA-057A-I-01 had a final pressure measurement of -2 and a receipt pressure of 8.5 resulting in a difference of 6.5 which exceeded the established limit of pressure differences less than 5. No note was made in the narrative. No action was taken by the reviewer.

Chains-of-Custody and Traffic Reports

- Samples SS-042-B-07 and IA-042-B-07 were both labeled as SS-042-B-07 upon receipt. The samples were given unique laboratory identification numbers per the client but the end user will not be able to determine from which of two identically identified containers the reported results were derived. This was noted in the narrative. No action was taken by the reviewer.

- Sample OA-042-G-03 did not match the identification listed on the sample tag. The discrepancy was noted and the identification on the COC was used for reporting purposes. This was noted in the narrative. No action was taken by the reviewer.

- Samples IADUP022105-10 and SSDUP022105 did not match the identifications listed on the sample tags and did not list dates sampled on the COC. The discrepancies were noted and the identifications and sample dates were obtained verbally from the client. This was noted in the narrative. No action was taken by the reviewer.

- Sample IA-040-I-05 did not match the identification of IA-041-I-05 listed on the sample tag. The discrepancy was noted and the identification on the COC was used for reporting purposes. This was noted in the narrative. No action was taken by the reviewer.

- Sample SS-DUP022305-02 did not match the identification listed on the sample tag. The discrepancy was noted and the identification on the COC was used for reporting purposes. This was noted in the narrative. No action was taken by the reviewer.

- Sample OA-039-G-01 did not match the identification listed on the sample tag. The discrepancy was noted and the identification on the COC was used for reporting purposes. This was noted in the narrative. No action was taken by the reviewer.

- Samples SS-032-B-01 and IA-032-B-01 did not match the identifications SS-032-B-02 and IA-032-B-02 listed on the sample tags. The discrepancies were noted and the identifications on the COC were used for reporting purposes. This was noted in the narrative. No action was taken by the reviewer.

- Sample IA-018-B-15A did not match the identification SS-018-B-15A listed on the sample tag. The discrepancy was noted and the identification on the COC was used for reporting purposes. This was noted in the narrative. No action was taken by the reviewer.

Holding times

- The following table lists samples that were analyzed outside of hold time. The analyses by TO-15 SIM were performed outside of the 14 day hold time. Results for these samples are qualified as indicated.

Sample ID	Date Sampled	Date Analyzed	Number of Days	Qualifier
IA-041B-02 SIM	02/11/05	03/02/05	19	J/UJ
IA-040-B-02 SIM	02/17/05	03/14/05	15	J/UJ
OA-040-G-01 SIM	02/17/05	03/14/05	15	Qual due to pressure
OA-029-G-01 SIM	02/24/05	03/12/05	16	J/UJ
OA-018-G-01 SIM	02/24/05	03/12/05	16	J/UJ
IA-018-I-01 SIM	02/24/05	03/12/05	16	J/UJ
IA-019-I-01 SIM	02/25/05	03/12/05	15	J/UJ
IA-257-B-01 SIM	02/25/05	03/12/05	15	J/UJ
OA-257-G-01 SIM	02/25/05	03/12/05	15	Qual due to pressure
IA-258-B-01 SIM	02/25/05	03/12/05	15	J/UJ
SS-258-B-01 SIM	02/25/05	03/16/05	19	J/UJ
IA-039-B-01 SIM	02/25/05	03/16/05	19	J/UJ
OA-039-G-01 SIM	02/25/05	03/16/05	19	J/UJ
OA-008-G-01 SIM	03/01/05	03/16/05	15	Qual due to pressure
IA-018-I-04 SIM	03/25/05	04/12/05	18	J/UJ
IA-018-I-06 SIM	03/25/05	04/12/05	18	J/UJ
IA-018-I-08 SIM	03/25/05	04/12/05	18	J/UJ
OA-018-G-02 SIM	03/25/05	04/13/05	19	J/UJ
IA-018-I-03 SIM	03/25/05	04/13/05	19	J/UJ
IA-018-I-07 SIM	03/25/05	04/13/05	19	J/UJ
IA-018-I-05 SIM	03/25/05	04/13/05	19	J/UJ

Surrogate Compound recoveries

- Samples SS-046-B-05 and SS-021-B-01 exhibited one surrogate above QC limits. Positive results for all compounds in samples SS-046-B-05 and SS-021-B-01 are considered estimated and qualified "J", while non-detects reported unqualified. Results are valid and usable, however possibly biased.

Sample ID	Surrogate	Deficiency	QC Limits	Qualifier
SS-046-B-05	4-Bromofluorobenzene	134%R	70-130%	J
SS-021-B-01	Toluene-d8	141%R	70-130%	J

Matrix Duplicate (MD) relative percent difference summary forms

- Results for samples and the duplicates were compared. No qualification is required to samples that met acceptance limits of < 50%. The RPD for methylene chloride for sample SS-258-B-01 and its duplicate exceed the 50% criteria, therefore duplicate precision was not met. The methylene chloride results were qualified as estimated "J" for sample SS-258-B-01. Results are valid and usable, however possibly biased.

Compound	SS-258-B-01 ppbv	SS-258-B-01 duplicate ppbv	RPD	Qualifier
Methylene chloride	1.448	0.6711	73%	J

Lab Check Sample (LCS) recovery summary forms

- All LCS results were acceptable with the exception of tetrachloroethene which was outside of the upper acceptance limits for several LCS samples. The associated sample results were qualified due of CCAL results or samples were non-detect. No further action was taken by the reviewer.

Internal standard area and retention time summary forms

- No discrepancies were identified.

Gas Chromatography (GC)/Mass Spectroscopy (MS) tuning summary forms

- The laboratory utilized SW-846 protocol for the bromofluorobenzene (BFB) tune criteria and continuing calibration verification (CCV) frequency. All BFB tunes met QC criteria. While the USEPA Region II validation SOP specifies a 12 hour BFB tune window and continuing calibration frequency, the SW-846 protocol and the Method TO-15 sequence requirement allow for a 24 hour

window and continuing calibration frequency. The client has approved these modifications and no qualification of the sample data is required.

Method blanks

- No discrepancies were identified.

Initial calibration summaries

- The following table lists compounds that exceeded the 30 percent relative standard deviation (%RSD) for relative response factors (RRF) in the initial calibration (ICAL). Associated field samples are also listed. Positive results for these compounds in associated samples are considered estimated and qualified "J". All non-detect results for the compound of interest in the appropriate samples are qualified "UJ".

ICAL	Analyte	Result	Affected Sample(s)	Qualifier
03/28/05	Chloroethane	35.45% RSD	IA-018-I-04, IA-018-I-06, IA-018-I-08, OA-018-G-02, IA-018-I-03, IA-018-I-07, IA-018-I-05	UJ

Continuing calibration summaries

- There was a retention time shift noted by the laboratory in the 02/27/05 CCAL. All relative response factors (RRF) and percent deviations (%D) for this CCAL were acceptable. No action was taken by the reviewer.

- The following table lists compounds that exceeded 25 percent deviation (%D) for relative response factors (RRF) in the continuing calibration (CCAL). Associated field samples are also listed. Positive results for these compounds in associated samples are considered estimated and qualified "J". All non-detect results for the compound of interest in the appropriate samples are qualified "UJ".

CCAL	Analyte	Result	Affected Sample(s)	Qualifier
02/18/05	1,1-Dichloroethene	27.25% D	SS-041-B-02, IA-041-B-02, IA-041-B-03, IA-041-B-05	UJ
02/23/05	1,1-Dichloroethene	30.49% D	IA-041-B-09, SS-041-B-09, IA-041-B-10, SS-041-B-10, IA-041-B-07, SS-041-B-07, IA-041-B-08, SS-041-B-08, IA-041-B-12, SS-041-B-12, IA-041-B-11, SS-041-B-11	J/UJ

CCAL	Analyte	Result	Affected Sample(s)	Qualifier
03/02/05	Trichloroethene	30.23% D	OA-041-G-01, OA-042-G-03, DUP021605-01, IA-040-B-01, IA-040-I-01, SS-046-B-03	J/UJ
03/05/05	1,1-Dichloroethene	25.85% D	IA-018-B-07, SS-018-B-13	J/UJ
03/06/05	Vinyl chloride	26.14% D	SS-018-B-12, IA-018-B-13, IA-018-B-14, IA-018-B-08, IA-018-B-11, SS-040-I-04, IA-040-I-05, IA-018-B-16, SS-018-B-16, IA-029-I-01, SS-029-I-01, IA-DUP022305-02, SS-DUP022305-02, OA-029-G-01	J/UJ
03/06/05	Vinyl chloride	26.14% D		J/UJ
03/06/05	1,1-Dichloroethene	26.78% D	SS-018-B-12, IA-018-B-13, IA-018-B-14, IA-018-B-08, IA-018-B-11, SS-040-I-04, IA-040-I-05, IA-018-B-16, SS-018-B-16, IA-029-I-01, SS-029-I-01, IA-DUP022305-02, SS-DUP022305-02, OA-029-G-01	J/UJ
03/07/05	1,1-Dichloroethene	32.37% D	SS-040-I-03, IA-040-I-04, IA-018-B-15, SS-018-B-17, IA-018-B-17, SS-018-B-18, IA-018-B-18, IA-018-I-02, OA-018-G-01, SS-018-I-01, IA-018-I-01	J/UJ
03/13/05 2103	Tetrachloroethene	31.82% D	SS-032-B-02, SS-032-B-03, IA-032-B-02, IA-057A-I-01, SS-057A-I-01, SS-057-I-01, IA-057-I-01, SS-057-I-02, SS-057-I-04, SS-057-I-05, SS-057-I-03, OA-057-G-01, IA-057-I-03, IA-057-I-05, IA-057-I-02	J/UJ
03/15/05 0048	Tetrachloroethene	39.84% D	SS-021-B-01, IA-021-B-01, OA-021-G-01, SS-023-B-01, IA-023-B-01, OA-23-G-01, SS-026-B-01, OA-026-G-01	J/UJ
03/15/05 2352	Tetrachloroethene	35.08% D	OA-028-G-01, SS-028-B-01, IA-026-B-01, IA-028-B-01, SS-025-B-01, OA-025-G-01, IA-025-B-01, SS-004-B-01, IA-004-B-01, OA-004-G-01	J/UJ
03/17/05	Tetrachloroethene	30.63% D	IA-038-I-01, SS-038-I-01, OA-038-G-01, OA-DUP-030805-01, IA-096-B-01, IA-014-B-01, OA-014-G-01, OA-087-G-01, IA-087-I-01, OA-045-G-01, OA-259-G-01, OA-053-G-01	J/UJ

CCAL	Analyte	Result	Affected Sample(s)	Qualifier
03/18/05	Trichloroethene	26.18% D	SS-014-B-01, SS-087-I-01, SS-259-I-01, SS-048-B-02, OA-048-G-01, SS-048-B-01, IA-048-B-01, IA-0480B-02, IA-053-B-01, SS-053-B-01, OA-268-G-01	J/UJ
03/18/05	Tetrachloroethene	35.97% D	SS014-B-01, SS-087-I-01, SS-259-I-01, SS-048-B-02, OA-048-G-01, SS-048-B-01, IA-048-B-01, IA-048-B-02, IA-053-B-01, SS-053-B-01, OA-268-G-01	J/UJ
03/18/05	Tetrachloroethene	35.97% D		J/UJ
03/19/05	Tetrachloroethene	31.87% D	OA-095-G-01, SS-095-I-01, OA-096-G-01, IA-095-I-01, IA-268-B-01	J/UJ
03/22/05	Tetrachloroethene	26.91% D	SS-047-I-01, SS-047A-I-01, SS-045-B-01, IA-047A-I-01, IA-045-B-01, OA-047A-G-01, OA-047-G-01, IA-047-I-02, IA-047-I-01, SS-041-B-6A, IA-046-I-7A, IA-DUP031505-01, SS-096-B-1A	J/UJ
03/23/05	Tetrachloroethene	33.30% D	IA-018-B-15A, SS-046-I-7A, SS-DUP031505-01	J/UJ

Organic analysis data sheets

- Sample SS-041-B-04 was analyzed at a dilution due to non-target matrix interference. Reporting limits were elevated accordingly. No action was taken be the reviewer.

- Sample SS-018-I-01 exhibited interference by Freon 113 on 1,1-dichloroethene. 1,1-Dichloroethene was reported as non-detect for this sample and qualified due to CCAL results. No further action was taken by the reviewer.

- Samples SS-041-B-6A, SS-046-I-7A and SS-DUP031505-01 were analyzed at dilutions due to non-target matrix interference. Reporting limits were elevated accordingly. No action was taken be the reviewer.

- Sample SS-047-I-02 was analyzed at a 100X dilution. Reporting limits were elevated accordingly. The sample was qualified (R) due to pressure issues during sampling. No further action was taken be the reviewer.

Blind Field Duplicate sample precision

- Results for samples and the associated blind field duplicates were compared. No qualification is required to samples that met acceptance limits of < 50%.

Compound	SS-041-B-13 ug/m3	DUP021505-01 ug/m3	RPD	Qualifier
1,1-Dichloroethene	44	47	7%	None
1,1-Dichloroethane	250	250	0%	None
cis-1,2-Dichloroethene	830	790	5%	None
1,1,1-Trichloroethane	940	930	1%	None
Trichloroethene	2400	2500	4%	None
Tetrachloroethene	540	580	7%	None
Freon 113	11	13U	NC	None

Compound	IA-041-B-14 ug/m3	DUP021505-02 ug/m3	RPD	Qualifier
cis-1,2-Dichloroethene	0.94	0.95	1%	None
1,1,1-Trichloroethane	2.1	2.2	5%	None
Trichloroethene	2.6	2.5	4%	None
Tetrachloroethene	1.0	1.0U	NC	None

Compound	OA-042-G-03 ug/m3	DUP021605-01 ug/m3	RPD	Qualifier
Methylene chloride	1.1	1.3	17%	None

Compound	IA-046-B-10 ug/m3	IADUP022105-10 ug/m3	RPD	Qualifier
Chloroethane	3.0	2.0	4%	None
1,1-Dichloroethane	2.4	2.4	0%	None
1,1,1-Trichloroethane	5.7	6.0	5%	None
Trichloroethene	14	17	19%	None

Compound	SS-046-B-10 ug/m3	SSDUP022105 ug/m3	RPD	Qualifier
1,1-Dichloroethene	1100	1100	0%	None
1,1-Dichloroethane	9700	8800	10%	None
cis-1,2-Dichloroethene	5300	4600	14%	None
1,1,1-Trichloroethane	10000	9200	8%	None
Trichloroethene	120000	100000	18%	None

Compound	SS-029-I-01 ug/m3	SS-DUP022305-02 ug/m3	RPD	Qualifier
Methylene chloride	1.5	1.6	6%	None
1,1,1-Trichloroethane	15	14	7%	None
Trichloroethene	310	310	0%	None
Tetrachloroethene	22	24	9%	None

Compound	IA-029-I-01 ug/m3	IA-DUP022305-02 ug/m3	RPD	Qualifier
Trichloroethene	0.85	1.0	16%	None

Compound	SS-022-B-01 ug/m3	SS-DUP022805-02 ug/m3	RPD	Qualifier
Freon 113	67	75	11%	None
1,1-Dichloroethene	38	32	17%	None
1,1-Dichloroethane	35	41	16%	None
cis-1,2-Dichloroethene	10	16	46%	None
1,1,1-Trichloroethane	770	800	4%	None
Trichloroethene	4400	4700	7%	None
Tetrachloroethene	96	94	2%	None

Compound	IA-022-B-01 ug/m3	IA-DUP022805-02 ug/m3	RPD	Qualifier
1,1,1-Trichloroethane	1.0	0.89	12%	None
Trichloroethene	1.7	1.4	19%	None

Compound	IA-003-B-01 ug/m3	IA-DUP030105-02 ug/m3	RPD	Qualifier
Trichloroethene	2.6	2.2	17%	None
Tetrachloroethene	1.9	1.6	17%	None
Methylene chloride	12U	1.5	NC	None

Compound	SS-003-B-01 ug/m3	SS-DUP030105-01 ug/m3	RPD	Qualifier
Freon 113	1.1	12U	NC	None
1,1,1-Trichloroethane	11	11	0%	None
Trichloroethene	220	210	5%	None
Tetrachloroethene	5.8	6.0	3%	None

Compound	OA-038-G-01 ug/m3	OA-DUP-030805-01 ug/m3	RPD	Qualifier
Freon 113	0.99 J	1.2U	NC	None

Compound	IA-046-I-7A ug/m3	IA-DUP031505-01 ug/m3	RPD	Qualifier
Freon 113	1.9	1.3	38%	None
Methylene chloride	4.0	3.7	8%	None
1,1-Dichloroethane	2.5	2.6	4%	None
cis-1,2-Dichloroethene	0.99	1.5	41%	None
1,1,1-Trichloroethane	4.7	5.2	10%	None
Trichloroethene	13	12	8%	None

Compound	SS-046-I-7A ug/m3	SS-DUP031505-01 ug/m3	RPD	Qualifier
1,1-Dichloroethane	65	74	13%	None
1,1,1-Trichloroethane	520	500	4%	None
Trichloroethene	190	130	38%	None
Tetrachloroethene	68	73	7%	None

Package Summary:

All data are valid and usable with qualifications as noted in this review.

Signed: Nancy Weaver Dated: 05/16/05
Nancy Weaver
Senior Chemist

Signed: Dated: 05/12/05
Christine Garvey
Senior Chemist

0502276AR2

AIR TOXICS LTD.

SAMPLE NAME: SS-041-B-01

ID#: 0502276A-01A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022209	Date of Collection:	2/10/05
Dil. Factor:	82.0	Date of Analysis:	2/22/05 06:36 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	8.2	Not Detected	21	Not Detected
2 Chloroethane	9.8	Not Detected	26	Not Detected
3 Freon 113	8.2	610	63	4600
4 1,1-Dichloroethene	8.2	Not Detected	32	Not Detected
5 Methylene Chloride	16	24	57	84
6 trans-1,2-Dichloroethene	8.2	Not Detected	32	Not Detected
7 1,1-Dichloroethane	8.2	35	33	140
8 cis-1,2-Dichloroethene	8.2	180	32	720
9 1,1,1-Trichloroethane	8.2	110	45	610
10 Trichloroethene	8.2	1500	44	8200
11 Tetrachloroethene	8.2	42	56	290

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	90	70-130
Toluene-d8	110	70-130
4-Bromofluorobenzene	88	70-130

04105705
CG

AIR TOXICS LTD.

SAMPLE NAME: IA-041-B-01

ID#: 0502276A-02A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4021810	Date of Collection:	2/10/05
Dil. Factor:	1.64	Date of Analysis:	2/18/05 05:04 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)		Rpt. Limit (uG/m3)	Amount (uG/m3)	
Vinyl Chloride	0.16	Not Detected	UJ	0.42	Not Detected	UJ
Chloroethane	0.20	Not Detected	d	0.52	Not Detected	d
Freon 113	0.16	0.24	J	1.2	1.8	J
1,1-Dichloroethene	0.16	Not Detected	UJ	0.65	Not Detected	UJ
Methylene Chloride	0.33	0.45	J	1.1	1.6	J
trans-1,2-Dichloroethene	0.16	Not Detected	UJ	0.65	Not Detected	UJ
1,1-Dichloroethane	0.16	Not Detected	d	0.66	Not Detected	d
cis-1,2-Dichloroethene	0.16	0.32	J	0.65	1.2	J
1,1,1-Trichloroethane	0.16	Not Detected	UJ	0.89	Not Detected	UJ
Trichloroethene	0.16	0.84	J	0.88	4.5	J
Tetrachloroethene	0.16	Not Detected	UJ	1.1	Not Detected	UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	93	70-130

04105705
CW

AIR TOXICS LTD.

SAMPLE NAME: SS-041-B-02

ID#: 0502276AR2-03A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4021814r1	Date of Collection:	2/11/05
Dil. Factor:	5.37	Date of Analysis:	2/18/05 08:15 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.54	Not Detected	1.4	Not Detected
Chloroethane	0.54	9.5	1.4	25
Freon 113	0.54	9.5	4.1	73
1,1-Dichloroethene	0.54	Not Detected UJ	2.1	Not Detected UJ
Methylene Chloride	1.1	Not Detected	3.7	Not Detected
trans-1,2-Dichloroethene	0.54	Not Detected	2.1	Not Detected
1,1-Dichloroethane	0.54	40	2.2	160
cis-1,2-Dichloroethene	0.54	120	2.1	470
1,1,1-Trichloroethane	0.54	14	2.9	74
Trichloroethene	0.54	110	2.9	580
Tetrachloroethene	0.54	0.82	3.6	5.6

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	108	70-130
4-Bromofluorobenzene	89	70-130

04/05/05
LC

AIR TOXICS LTD.

SAMPLE NAME: IA-041-B-02

ID#: 0502276AR2-04A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4021809r1	Date of Collection:	2/11/05
Dil. Factor:	1.49	Date of Analysis:	2/18/05 04:15 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected	0.47	Not Detected
Freon 113	0.15	0.14 J	1.1	1.1
1,1-Dichloroethene	0.15	Not Detected UJ	0.59	Not Detected UJ
Methylene Chloride	0.30	3.1	1.0	11
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.60	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.81	Not Detected
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~	~~0.80~~	~~Not Detected~~
Tetrachloroethene	0.15	Not Detected	1.0	Not Detected

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	107	70-130
4-Bromofluorobenzene	89	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-041-B-03

ID#: 0502276A-05A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022210	Date of Collection:	2/11/05
Dil. Factor:	82.0	Date of Analysis:	2/22/05 07:54 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	8.2	Not Detected	21	Not Detected
Chloroethane	9.8	Not Detected	26	Not Detected
Freon 113	8.2	22	63	170
1,1-Dichloroethene	8.2	Not Detected	32	Not Detected
Methylene Chloride	16	Not Detected	57	Not Detected
trans-1,2-Dichloroethene	8.2	Not Detected	32	Not Detected
1,1-Dichloroethane	8.2	25	33	100
cis-1,2-Dichloroethene	8.2	340	32	1300
1,1,1-Trichloroethane	8.2	30	45	160
Trichloroethene	8.2	2000	44	11000
Tetrachloroethene	8.2	30	56	210

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	110	70-130
4-Bromofluorobenzene	94	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-041-B-03

ID#: 0502276A-06A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4021815	Date of Collection:	2/11/05
Dil. Factor:	1.58	Date of Analysis:	2/18/05 09:24 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.50	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected UJ	0.63	Not Detected UJ
Methylene Chloride	0.32	0.36	1.1	1.2
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.64	Not Detected
cis-1,2-Dichloroethene	0.16	0.16	0.63	0.63
1,1,1-Trichloroethane	0.16	Not Detected	0.86	Not Detected
Trichloroethene	0.16	0.41	0.85	2.2
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	114	70-130
4-Bromofluorobenzene	92	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-041-B-05

ID#: 0502276A-07A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022211	Date of Collection:	2/11/05
Dil. Factor:	152	Date of Analysis:	2/22/05 08:50 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	15	Not Detected	39	Not Detected
Chloroethane	18	Not Detected	48	Not Detected
Freon 113	15	68	120	520
1,1-Dichloroethene	15	22	60	86
Methylene Chloride	30	71	100	250
trans-1,2-Dichloroethene	15	Not Detected	60	Not Detected
1,1-Dichloroethane	15	480	62	1900
cis-1,2-Dichloroethene	15	1200	60	4600
1,1,1-Trichloroethane	15	1200	83	6700
Trichloroethene	15	2600	82	14000
Tetrachloroethene	15	570	100	3900

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	81	70-130
Toluene-d8	109	70-130
4-Bromofluorobenzene	104	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-041-B-05

ID#: 0502276A-08A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4021816	Date of Collection:	2/11/05
Dil. Factor:	1.61	Date of Analysis:	2/18/05 10:04 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	0.34	0.51	0.91
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected UJ	0.64	Not Detected UJ
Methylene Chloride	0.32	0.41	1.1	1.4
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.65	Not Detected
cis-1,2-Dichloroethene	0.16	0.19	0.64	0.76
1,1,1-Trichloroethane	0.16	Not Detected	0.88	Not Detected
Trichloroethene	0.16	0.42	0.86	2.2
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	89	70-130
Toluene-d8	108	70-130
4-Bromofluorobenzene	94	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-041-B-02

ID#: 0502276B-04A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6030214	Date of Collection:	2/11/05
Dil. Factor:	1.89	Date of Analysis:	3/2/05 11:01 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.038	0.076 J	0.20	0.41 J

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	112	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	102	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-041-B-04

ID#: 0502349R1-01A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022212r1	Date of Collection:	2/15/05
Dil. Factor:	1.58	Date of Analysis:	2/22/05 10:04 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.50	Not Detected
Freon 113	0.16	0.16	1.2	1.2
1,1-Dichloroethene	0.16	Not Detected	0.63	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.64	Not Detected
cis-1,2-Dichloroethene	0.16	0.18	0.63	0.71
1,1,1-Trichloroethane	0.16	0.23	0.86	1.2
Trichloroethene	0.16	0.76	0.85	4.1
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	87	70-130
Toluene-d8	105	70-130
4-Bromofluorobenzene	96	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-041-B-04

ID#: 0502349R1-02A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022213r1	Date of Collection:	2/15/05
Dil. Factor:	39.5	Date of Analysis:	2/23/05 01:56 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	4.0	Not Detected	10	Not Detected
Chloroethane	4.7	Not Detected	12	Not Detected
Freon 113	4.0	Not Detected	30	Not Detected
1,1-Dichloroethene	4.0	Not Detected	16	Not Detected
Methylene Chloride	7.9	31	27	110
trans-1,2-Dichloroethene	4.0	Not Detected	16	Not Detected
1,1-Dichloroethane	4.0	Not Detected	16	Not Detected
cis-1,2-Dichloroethene	4.0	Not Detected	16	Not Detected
1,1,1-Trichloroethane	4.0	Not Detected	22	Not Detected
Trichloroethene	4.0	90	21	480
Tetrachloroethene	4.0	7.9	27	53

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	102	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-041-B-06

ID#: 0502349R1-03A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022215r1	Date of Collection:	2/15/05
Dil. Factor:	1.61	Date of Analysis:	2/23/05 08:22 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	Not Detected	0.51	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.64	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.65	Not Detected
cis-1,2-Dichloroethene	0.16	0.43	0.64	1.7
1,1,1-Trichloroethane	0.16	0.73	0.88	4.0
Trichloroethene	0.16	0.80	0.86	4.3
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	90	70-130

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Cancelled per client results not rept by validator

AIR TOXICS LTD.

SAMPLE NAME: SS-041-B-06

ID#: 0502349R1-04A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022216r1	Date of Collection:	2/15/05
Dil. Factor:	1.00	Date of Analysis:	2/23/05 09:03 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.10	Not Detected	0.26	Not Detected
Chloroethane	0.12	Not Detected	0.32	Not Detected
Freon 113	0.10	Not Detected	0.77	Not Detected
1,1-Dichloroethene	0.10	Not Detected	0.40	Not Detected
Methylene Chloride	0.20	Not Detected	0.69	Not Detected
trans-1,2-Dichloroethene	0.10	Not Detected	0.40	Not Detected
1,1-Dichloroethane	0.10	Not Detected	0.40	Not Detected
cis-1,2-Dichloroethene	0.10	Not Detected	0.40	Not Detected
1,1,1-Trichloroethane	0.10	Not Detected	0.54	Not Detected
Trichloroethene	0.10	Not Detected	0.54	Not Detected
Tetrachloroethene	0.10	Not Detected	0.68	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	105	70-130
4-Bromofluorobenzene	86	70-130

AIR TOXICS LTD.

SAMPLE NAME: IA-041-B-09

ID#: 0502349R1-05A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022307r1	Date of Collection:	2/15/05
Dil. Factor:	1.64	Date of Analysis:	2/23/05 03:09 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.42	Not Detected
Chloroethane	0.20	Not Detected	0.52	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected UJ	0.65	Not Detected UJ
Methylene Chloride	0.33	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.65	Not Detected
1,1-Dichloroethane	0.16	0.24	0.66	0.97
cis-1,2-Dichloroethene	0.16	0.85	0.65	3.4
1,1,1-Trichloroethane	0.16	1.2 J	0.89	6.6 J
Trichloroethene	0.16	1.3	0.88	7.2
Tetrachloroethene	0.16	0.24	1.1	1.6

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	108	70-130
4-Bromofluorobenzene	89	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-041-B-09

ID#: 0502349R1-06A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022312r1	Date of Collection:	2/15/05
Dil. Factor:	280	Date of Analysis:	2/23/05 08:50 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)		Rpt. Limit (uG/m3)	Amount (uG/m3)	
Vinyl Chloride	28	Not Detected	UJ	72	Not Detected	UJ
Chloroethane	34	61	J	89	160	J
Freon 113	28	Not Detected	UJ	210	Not Detected	UJ
1,1-Dichloroethene	28	Not Detected	UJ	110	Not Detected	UJ
Methylene Chloride	56	Not Detected	UJ	190	Not Detected	UJ
trans-1,2-Dichloroethene	28	31	J	110	120	J
1,1-Dichloroethane	28	600		110	2400	
cis-1,2-Dichloroethene	28	4700		110	18000	
1,1,1-Trichloroethane	28	320		150	1700	
Trichloroethene	28	380		150	2000	
Tetrachloroethene	28	Not Detected	UJ	190	Not Detected	UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	81	70-130
Toluene-d8	101	70-130
4-Bromofluorobenzene	91	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-041-B-10

ID#: 0502349R1-07A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022313r1	Date of Collection:	2/15/05
Dil. Factor:	1.68	Date of Analysis:	2/23/05 09:46 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.17	Not Detected	0.43	Not Detected
Chloroethane	0.20	Not Detected	0.53	Not Detected
Freon 113	0.17	Not Detected	1.3	Not Detected
1,1-Dichloroethene	0.17	Not Detected UJ	0.67	Not Detected UJ
Methylene Chloride	0.34	Not Detected	1.2	Not Detected
trans-1,2-Dichloroethene	0.17	Not Detected	0.67	Not Detected
1,1-Dichloroethane	0.17	0.25	0.68	1.0
cis-1,2-Dichloroethene	0.17	1.2	0.67	4.8
1,1,1-Trichloroethane	0.17	0.37	0.92	2.0
Trichloroethene	0.17	0.49	0.90	2.6
Tetrachloroethene	0.17	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	105	70-130
4-Bromofluorobenzene	107	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-041-B-10

ID#: 0502349R1-08A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022315r1	Date of Collection:	2/15/05
Dil. Factor:	19.8	Date of Analysis:	2/23/05 11:23 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	2.0	Not Detected	5.1	Not Detected
Chloroethane	2.4	Not Detected	6.3	Not Detected
Freon 113	2.0	2.0	15	15
1,1-Dichloroethene	2.0	Not Detected UJ	7.8	Not Detected UJ
Methylene Chloride	4.0	16	14	56
trans-1,2-Dichloroethene	2.0	Not Detected	7.8	Not Detected
1,1-Dichloroethane	2.0	37	8.0	150
cis-1,2-Dichloroethene	2.0	450	7.8	1800
1,1,1-Trichloroethane	2.0	45	11	250
Trichloroethene	2.0	98	11	520
Tetrachloroethene	2.0	3.7	13	25

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	80	70-130
Toluene-d8	104	70-130
4-Bromofluorobenzene	100	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-041-B-07

ID#: 0502349R1-09A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022316r1	Date of Collection:	2/15/05
Dil. Factor:	1.61	Date of Analysis:	2/24/05 12:03 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	Not Detected	0.51	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected UJ	0.64	Not Detected UJ
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.65	Not Detected
cis-1,2-Dichloroethene	0.16	0.50	0.64	2.0
1,1,1-Trichloroethane	0.16	0.45	0.88	2.5
Trichloroethene	0.16	0.69	0.86	3.7
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	108	70-130
4-Bromofluorobenzene	94	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-041-B-07

ID#: 0502349R1-10A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022318r1	Date of Collection:	2/15/05
Dil. Factor:	7.75	Date of Analysis:	2/24/05 01:40 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.78	Not Detected	2.0	Not Detected
Chloroethane	0.93	5.7	2.4	15
Freon 113	0.78	1.2	5.9	9.0
1,1-Dichloroethene	0.78	2.7 J	3.1	11 J
Methylene Chloride	1.6	4.4	5.4	15
trans-1,2-Dichloroethene	0.78	1.2	3.1	4.7
1,1-Dichloroethane	0.78	56	3.1	220
cis-1,2-Dichloroethene	0.78	84	3.1	330
1,1,1-Trichloroethane	0.78	130	4.2	710
Trichloroethene	0.78	34	4.2	180
Tetrachloroethene	0.78	1.3	5.2	9.0

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	78	70-130
Toluene-d8	119	70-130
4-Bromofluorobenzene	113	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-041-B-08

ID#: 0502349R1-11A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022317r1	Date of Collection:	2/15/05
Dil. Factor:	1.64	Date of Analysis:	2/24/05 12:56 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.42	Not Detected
Chloroethane	0.20	Not Detected	0.52	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected UJ	0.65	Not Detected UJ
Methylene Chloride	0.33	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.65	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.66	Not Detected
cis-1,2-Dichloroethene	0.16	0.22	0.65	0.88
1,1,1-Trichloroethane	0.16	0.74	0.89	4.0
Trichloroethene	0.16	0.94	0.88	5.0
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	107	70-130
4-Bromofluorobenzene	94	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-041-B-08

ID#: 0502349R1-12A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022322r1	Date of Collection:	2/15/05
Dil. Factor:	40.2	Date of Analysis:	2/24/05 05:03 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	4.0	Not Detected	10	Not Detected
Chloroethane	4.8	12	13	30
Freon 113	4.0	Not Detected	31	Not Detected
1,1-Dichloroethene	4.0	Not Detected UJ	16	Not Detected UJ
Methylene Chloride	8.0	16	28	56
trans-1,2-Dichloroethene	4.0	Not Detected	16	Not Detected
1,1-Dichloroethane	4.0	140	16	550
cis-1,2-Dichloroethene	4.0	740	16	2900
1,1,1-Trichloroethane	4.0	62	22	340
Trichloroethene	4.0	140	22	780
Tetrachloroethene	4.0	Not Detected	27	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	80	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	98	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-041-B-12

ID#: 0502349R1-13A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022321r1	Date of Collection:	2/15/05
Dil. Factor:	1.61	Date of Analysis:	2/24/05 04:18 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	Not Detected	0.51	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected UJ	0.64	Not Detected UJ
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	0.41	0.65	1.7
cis-1,2-Dichloroethene	0.16	2.0	0.64	7.8
1,1,1-Trichloroethane	0.16	0.32	0.88	1.7
Trichloroethene	0.16	0.54	0.86	2.9
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	113	70-130
4-Bromofluorobenzene	94	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-041-B-12

ID#: 0502349R1-14A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022323r1	Date of Collection:	2/15/05
Dil. Factor:	37.2	Date of Analysis:	2/24/05 05:53 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	3.7	Not Detected	9.5	Not Detected
Chloroethane	4.5	8.5	12	22
Freon 113	3.7	Not Detected	28	Not Detected
1,1-Dichloroethene	3.7	17 J	15	66 J
Methylene Chloride	7.4	63	26	220
trans-1,2-Dichloroethene	3.7	Not Detected	15	Not Detected
1,1-Dichloroethane	3.7	46	15	190
cis-1,2-Dichloroethene	3.7	73	15	290
1,1,1-Trichloroethane	3.7	52	20	290
Trichloroethene	3.7	740	20	4000
Tetrachloroethene	3.7	Not Detected	25	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	97	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-041-B-11

ID#: 0502382R1-01A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022325r1	Date of Collection:	2/16/05
Dil. Factor:	1.61	Date of Analysis:	2/24/05 08:00 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)		Rpt. Limit (uG/m3)	Amount (uG/m3)	
Vinyl Chloride	0.16	Not Detected		0.41	Not Detected	
Chloroethane	0.19	Not Detected		0.51	Not Detected	
Freon 113	0.16	Not Detected		1.2	Not Detected	
1,1-Dichloroethene	0.16	Not Detected	UJ	0.64	Not Detected	UJ
Methylene Chloride	0.32	Not Detected		1.1	Not Detected	
trans-1,2-Dichloroethene	0.16	Not Detected		0.64	Not Detected	
1,1-Dichloroethane	0.16	Not Detected		0.65	Not Detected	
cis-1,2-Dichloroethene	0.16	0.39		0.64	1.5	
1,1,1-Trichloroethane	0.16	0.76		0.88	4.2	
Trichloroethene	0.16	1.0		0.86	5.6	
Tetrachloroethene	0.16	Not Detected		1.1	Not Detected	

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	79	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	90	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-041-B-11

ID#: 0502382R1-02A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022326r1	Date of Collection:	2/16/05
Dil. Factor:	67.1	Date of Analysis:	2/24/05 09:08 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	6.7	Not Detected	17	Not Detected
Chloroethane	8.0	Not Detected	21	Not Detected
Freon 113	6.7	Not Detected	51	Not Detected
1,1-Dichloroethene	6.7	80 J	27	320 J
Methylene Chloride	13	Not Detected	47	Not Detected
trans-1,2-Dichloroethene	6.7	Not Detected	27	Not Detected
1,1-Dichloroethane	6.7	64	27	260
cis-1,2-Dichloroethene	6.7	1800	27	7100
1,1,1-Trichloroethane	6.7	1000	37	5600
Trichloroethene	6.7	530	36	2800
Tetrachloroethene	6.7	Not Detected	46	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	96	70-130
4-Bromofluorobenzene	90	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-041-B-13

ID#: 0502382R1-03A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022408r1	Date of Collection:	2/16/05
Dil. Factor:	1.64	Date of Analysis:	2/24/05 04:36 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.42	Not Detected
Chloroethane	0.20	Not Detected	0.52	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.65	Not Detected
Methylene Chloride	0.33	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.65	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.66	Not Detected
cis-1,2-Dichloroethene	0.16	0.21	0.65	0.82
1,1,1-Trichloroethane	0.16	0.41	0.89	2.2
Trichloroethene	0.16	0.47	0.88	2.5
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	89	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-041-B-13

ID#: 0502382R1-04A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022411r1	Date of Collection:	2/16/05
Dil. Factor:	14.9	Date of Analysis:	2/24/05 07:43 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	1.5	Not Detected	3.8	Not Detected
Chloroethane	1.8	Not Detected	4.7	Not Detected
Freon 113	1.5	1.5	11	11
1,1-Dichloroethene	1.5	11	5.9	44
Methylene Chloride	3.0	Not Detected	10	Not Detected
trans-1,2-Dichloroethene	1.5	Not Detected	5.9	Not Detected
1,1-Dichloroethane	1.5	61	6.0	250
cis-1,2-Dichloroethene	1.5	210	5.9	830
1,1,1-Trichloroethane	1.5	170	8.1	940
Trichloroethene	1.5	440	8.0	2400
Tetrachloroethene	1.5	80	10	540

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	81	70-130

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AIR TOXICS LTD.

SAMPLE NAME: DUP021505-01

ID#: 0502382R1-05A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022412r1	Date of Collection:	2/16/05
Dil. Factor:	16.8	Date of Analysis:	2/24/05 08:30 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	1.7	Not Detected	4.3	Not Detected
Chloroethane	2.0	Not Detected	5.3	Not Detected
Freon 113	1.7	Not Detected	13	Not Detected
1,1-Dichloroethene	1.7	12	6.7	47
Methylene Chloride	3.4	Not Detected	12	Not Detected
trans-1,2-Dichloroethene	1.7	Not Detected	6.7	Not Detected
1,1-Dichloroethane	1.7	61	6.8	250
cis-1,2-Dichloroethene	1.7	200	6.7	790
1,1,1-Trichloroethane	1.7	170	9.2	930
Trichloroethene	1.7	470	9.0	2500
Tetrachloroethene	1.7	86	11	580

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	80	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	81	70-130

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AIR TOXICS LTD.

SAMPLE NAME: DUP021505-02

ID#: 0502382R1-06A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022414r1	Date of Collection:	2/16/05
Dil. Factor:	1.55	Date of Analysis:	2/24/05 10:06 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	0.24	0.61	0.95
1,1,1-Trichloroethane	0.16	0.40	0.84	2.2
Trichloroethene	0.16	0.46	0.83	2.5
Tetrachloroethene	0.16	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	89	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-041-B-14

ID#: 0502382R1-07A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022415r1	Date of Collection:	2/16/05
Dil. Factor:	1.55	Date of Analysis:	2/24/05 11:24 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	0.24	0.61	0.94
1,1,1-Trichloroethane	0.16	0.38	0.84	2.1
Trichloroethene	0.16	0.49	0.83	2.6
Tetrachloroethene	0.16	0.15 J	1.0	1.0

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	87	70-130
Toluene-d8	107	70-130
4-Bromofluorobenzene	90	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-041-B-14

ID#: 0502382R1-08A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022418r1	Date of Collection:	2/16/05
Dil. Factor:	271	Date of Analysis:	2/25/05 02:25 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	27	Not Detected	69	Not Detected
Chloroethane	32	Not Detected	86	Not Detected
Freon 113	27	Not Detected	210	Not Detected
1,1-Dichloroethene	27	99	110	390
Methylene Chloride	54	Not Detected	190	Not Detected
trans-1,2-Dichloroethene	27	Not Detected	110	Not Detected
1,1-Dichloroethane	27	670	110	2700
cis-1,2-Dichloroethene	27	4500	110	18000
1,1,1-Trichloroethane	27	300	150	1700
Trichloroethene	27	1400	140	7300
Tetrachloroethene	27	380	180	2600

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	77	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	89	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-041-B-15

ID#: 0502382R1-09A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022416r1	Date of Collection:	2/16/05
Dil. Factor:	1.64	Date of Analysis:	2/25/05 12:26 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.42	Not Detected
Chloroethane	0.20	Not Detected	0.52	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.65	Not Detected
Methylene Chloride	0.33	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.65	Not Detected
1,1-Dichloroethane	0.16	0.38	0.66	1.5
cis-1,2-Dichloroethene	0.16	1.6	0.65	6.3
1,1,1-Trichloroethane	0.16	0.33	0.89	1.8
Trichloroethene	0.16	0.42	0.88	2.2
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	89	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-041-B-15

ID#: 0502382R1-10A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022421r1	Date of Collection:	2/16/05
Dil. Factor:	1290	Date of Analysis:	2/25/05 06:05 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	130	280	330	710
Chloroethane	150	860	410	2300
Freon 113	130	Not Detected	990	Not Detected
1,1-Dichloroethene	130	1300	510	5000
Methylene Chloride	260	Not Detected	900	Not Detected
trans-1,2-Dichloroethene	130	Not Detected	510	Not Detected
1,1-Dichloroethane	130	11000	520	46000
cis-1,2-Dichloroethene	130	39000	510	160000
1,1,1-Trichloroethane	130	3600	700	20000
Trichloroethene	130	9100	690	49000
Tetrachloroethene	130	770	880	5200

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	81	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	90	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-042-B-01

ID#: 0502382R1-11A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022419r1	Date of Collection:	2/16/05
Dil. Factor:	101	Date of Analysis:	2/25/05 03:20 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	10	Not Detected	26	Not Detected
Chloroethane	12	Not Detected	32	Not Detected
Freon 113	10	Not Detected	77	Not Detected
1,1-Dichloroethene	10	Not Detected	40	Not Detected
Methylene Chloride	20	Not Detected	70	Not Detected
trans-1,2-Dichloroethene	10	Not Detected	40	Not Detected
1,1-Dichloroethane	10	Not Detected	41	Not Detected
cis-1,2-Dichloroethene	10	Not Detected	40	Not Detected
1,1,1-Trichloroethane	10	110	55	620
Trichloroethene	10	1900	54	10000
Tetrachloroethene	10	14	68	94

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	115	70-130
4-Bromofluorobenzene	90	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-042-B-01

ID#: 0502382R1-12A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022422r1	Date of Collection:	2/16/05
Dil. Factor:	1.58	Date of Analysis:	2/25/05 07:00 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.50	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.63	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.64	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1,1-Trichloroethane	0.16	0.40	0.86	2.2
Trichloroethene	0.16	0.52	0.85	2.8
Tetrachloroethene	0.16	0.26	1.1	1.8

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	116	70-130
4-Bromofluorobenzene	98	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-042-B-05

ID#: 0502382R1-13A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022424r1	Date of Collection:	2/16/05
Dil. Factor:	27.3	Date of Analysis:	2/25/05 08:31 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	2.7	Not Detected	7.0	Not Detected
Chloroethane	3.3	Not Detected	8.6	Not Detected
Freon 113	2.7	Not Detected	21	Not Detected
1,1-Dichloroethene	2.7	23	11	92
Methylene Chloride	5.5	Not Detected	19	Not Detected
trans-1,2-Dichloroethene	2.7	Not Detected	11	Not Detected
1,1-Dichloroethane	2.7	7.6	11	31
cis-1,2-Dichloroethene	2.7	14	11	57
1,1,1-Trichloroethane	2.7	150	15	810
Trichloroethene	2.7	690	15	3700
Tetrachloroethene	2.7	4.8	18	32

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	110	70-130
4-Bromofluorobenzene	90	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-042-B-05

ID#: 0502382R1-14A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022423r1	Date of Collection:	2/16/05
Dil. Factor:	1.64	Date of Analysis:	2/25/05 07:43 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.42	Not Detected
Chloroethane	0.20	Not Detected	0.52	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.65	Not Detected
Methylene Chloride	0.33	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.65	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.66	Not Detected
cis-1,2-Dichloroethene	0.16	0.26	0.65	1.0
1,1,1-Trichloroethane	0.16	0.86	0.89	4.7
Trichloroethene	0.16	1.0	0.88	5.6
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	105	70-130
4-Bromofluorobenzene	97	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-042-B-02

ID#: 0502382R1-15A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022425r1	Date of Collection:	2/16/05
Dil. Factor:	161	Date of Analysis:	2/25/05 09:17 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	16	Not Detected	41	Not Detected
Chloroethane	19	Not Detected	51	Not Detected
Freon 113	16	Not Detected	120	Not Detected
1,1-Dichloroethene	16	290	64	1200
Methylene Chloride	32	Not Detected	110	Not Detected
trans-1,2-Dichloroethene	16	Not Detected	64	Not Detected
1,1-Dichloroethane	16	74	65	300
cis-1,2-Dichloroethene	16	840	64	3300
1,1,1-Trichloroethane	16	2800	88	15000
Trichloroethene	16	4400	86	24000
Tetrachloroethene	16	Not Detected	110	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	86	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-042-B-02

ID#: 0502382R1-16A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022705r1	Date of Collection:	2/16/05
Dil. Factor:	1.49	Date of Analysis:	2/27/05 04:06 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected	0.47	Not Detected
Freon 113	0.15	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.15	0.17	0.59	0.67
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.60	Not Detected
cis-1,2-Dichloroethene	0.15	0.35	0.59	1.4
1,1,1-Trichloroethane	0.15	1.1	0.81	6.2
Trichloroethene	0.15	1.2	0.80	6.6
Tetrachloroethene	0.15	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	97	70-130
4-Bromofluorobenzene	96	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-042-B-06

ID#: 0502382R1-17A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022706r1	Date of Collection:	2/16/05
Dil. Factor:	402	Date of Analysis:	2/27/05 04:57 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	40	Not Detected	100	Not Detected
Chloroethane	48	Not Detected	130	Not Detected
Freon 113	40	Not Detected	310	Not Detected
1,1-Dichloroethene	40	680	160	2700
Methylene Chloride	80	Not Detected	280	Not Detected
trans-1,2-Dichloroethene	40	Not Detected	160	Not Detected
1,1-Dichloroethane	40	190	160	750
cis-1,2-Dichloroethene	40	2300	160	9100
1,1,1-Trichloroethane	40	6500	220	36000
Trichloroethene	40	8100	220	44000
Tetrachloroethene	40	Not Detected	270	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	88	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-042-B-06

ID#: 0502382R1-18A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022707r1	Date of Collection:	2/16/05
Dil. Factor:	1.61	Date of Analysis:	2/27/05 06:00 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	0.29	0.51	0.77
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	0.16	0.64	0.64
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.65	Not Detected
cis-1,2-Dichloroethene	0.16	0.30	0.64	1.2
1,1,1-Trichloroethane	0.16	1.0	0.88	5.7
Trichloroethene	0.16	1.2	0.86	6.7
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	98	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-042-B-04

ID#: 0502382R1-19A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022708r1	Date of Collection:	2/16/05
Dil. Factor:	226	Date of Analysis:	2/27/05 07:12 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	23	Not Detected	58	Not Detected
Chloroethane	27	Not Detected	72	Not Detected
Freon 113	23	Not Detected	170	Not Detected
1,1-Dichloroethene	23	530	90	2100
Methylene Chloride	45	Not Detected	160	Not Detected
trans-1,2-Dichloroethene	23	Not Detected	90	Not Detected
1,1-Dichloroethane	23	120	91	490
cis-1,2-Dichloroethene	23	1100	90	4400
1,1,1-Trichloroethane	23	5600	120	30000
Trichloroethene	23	4500	120	24000
Tetrachloroethene	23	Not Detected	150	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	89	70-130
Toluene-d8	105	70-130
4-Bromofluorobenzene	91	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-042-B-04

ID#: 0502382R1-20A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022710r1	Date of Collection:	2/16/05
Dil. Factor:	1.55	Date of Analysis:	2/27/05 09:59 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	0.29	0.61	1.1
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	0.58	0.61	2.3
1,1,1-Trichloroethane	0.16	2.3	0.84	12
Trichloroethene	0.16	2.2	0.83	12
Tetrachloroethene	0.16	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	110	70-130
4-Bromofluorobenzene	98	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-041-G-01

ID#: 0502417AR1-01A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030116r1	Date of Collection:	2/17/05
Dil. Factor:	1.39	Date of Analysis:	3/2/05 04:51 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.36	Not Detected
Chloroethane	0.17	Not Detected	0.44	Not Detected
Freon 113	0.14	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.55	Not Detected
Methylene Chloride	0.28	Not Detected	0.96	Not Detected
trans-1,2-Dichloroethene	0.14	Not Detected	0.55	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.56	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.55	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.76	Not Detected
Triehloroethene	0.14	Not Detected	0.75	Not Detected
Tetrachloroethene	0.14	Not Detected	0.94	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	88	70-130
4-Bromofluorobenzene	88	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-042-B-07

ID#: 0502417AR1-02A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030117r1	Date of Collection:	2/17/05
Dil. Factor:	1.55	Date of Analysis:	3/2/05 05:34 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)		Rpt. Limit (uG/m3)	Amount (uG/m3)	
Vinyl Chloride	0.16	Not Detected	UJ	0.40	Not Detected	UJ
Chloroethane	0.19	Not Detected		0.49	Not Detected	
Freon 113	0.16	Not Detected		1.2	Not Detected	
1,1-Dichloroethene	0.16	0.18	J	0.61	0.72	J
Methylene Chloride	0.31	0.33	J	1.1	1.2	
trans-1,2-Dichloroethene	0.16	Not Detected	UJ	0.61	Not Detected	UJ
1,1-Dichloroethane	0.16	0.15	J	0.63	0.60	J
cis-1,2-Dichloroethene	0.16	0.54		0.61	2.1	
1,1,1-Trichloroethane	0.16	1.4		0.84	7.8	
Trichloroethene	0.16	25		0.83	130	
Tetrachloroethene	0.16	0.19		1.0	1.3	

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	98	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-042-B-07

ID#: 0502417AR1-03A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030118r1	Date of Collection:	2/17/05
Dil. Factor:	1.61	Date of Analysis:	3/2/05 06:19 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	Not Detected	0.51	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.64	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.65	Not Detected
cis-1,2-Dichloroethene	0.16	0.27	0.64	1.1
1,1,1-Trichloroethane	0.16	0.64	0.88	3.5
Trichloroethene	0.16	0.93	0.86	5.0
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	97	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-042-B-08

ID#: 0502417AR1-04A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030120r1	Date of Collection:	2/17/05
Dil. Factor:	132	Date of Analysis:	3/2/05 07:42 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	13	Not Detected	34	Not Detected
Chloroethane	16	Not Detected	42	Not Detected
Freon 113	13	Not Detected	100	Not Detected
1,1-Dichloroethene	13	350	52	1400
Methylene Chloride	26	Not Detected	92	Not Detected
trans-1,2-Dichloroethene	13	Not Detected	52	Not Detected
1,1-Dichloroethane	13	73	53	300
cis-1,2-Dichloroethene	13	790	52	3100
1,1,1-Trichloroethane	13	2100	72	12000
Trichloroethene	13	3900	71	21000
Tetrachloroethene	13	Not Detected	90	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	91	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-042-B-08

ID#: 0502417AR1-05A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030121r1	Date of Collection:	2/17/05
Dil. Factor:	1.49	Date of Analysis:	3/2/05 08:34 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected	0.47	Not Detected
Freon 113	0.15	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.15	0.35	0.59	1.4
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.60	Not Detected
cis-1,2-Dichloroethene	0.15	0.55	0.59	2.2
1,1,1-Trichloroethane	0.15	2.1	0.81	11
Trichloroethene	0.15	2.6	0.80	14
Tetrachloroethene	0.15	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	95	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-042-B-03

ID#: 0502417AR1-06A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030122r1	Date of Collection:	2/17/05
Dil. Factor:	38.8	Date of Analysis:	3/2/05 09:24 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	3.9	Not Detected	9.9	Not Detected
Chloroethane	4.6	Not Detected	12	Not Detected
Freon 113	3.9	Not Detected	30	Not Detected
1,1-Dichloroethene	3.9	38	15	150
Methylene Chloride	7.8	Not Detected	27	Not Detected
trans-1,2-Dichloroethene	3.9	Not Detected	15	Not Detected
1,1-Dichloroethane	3.9	9.7	16	39
cis-1,2-Dichloroethene	3.9	28	15	110
1,1,1-Trichloroethane	3.9	230	21	1300
Trichloroethene	3.9	1100	21	5700
Tetrachloroethene	3.9	9.5	26	65

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	88	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-042-B-03

ID#: 0502417AR1-07A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030123r1	Date of Collection:	2/17/05
Dil. Factor:	1.55	Date of Analysis:	3/2/05 10:06 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	0.27	0.61	1.1
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	0.38	0.61	1.5
1,1,1-Trichloroethane	0.16	1.5	0.84	8.2
Trichloroethene	0.16	1.5	0.83	8.3
Tetrachloroethene	0.16	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	97	70-130
4-Bromofluorobenzene	94	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-042-G-03

ID#: 0502417AR1-08A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030124r1	Date of Collection:	2/17/05
Dil. Factor:	1.36	Date of Analysis:	3/2/05 10:49 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.35	Not Detected
Chloroethane	0.16	Not Detected	0.43	Not Detected
Freon 113	0.14	Not Detected	1.0	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.54	Not Detected
Methylene Chloride	0.27	0.31	0.94	1.1
trans-1,2-Dichloroethene	0.14	Not Detected	0.54	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.55	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.54	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.74	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.73~~	~~Not Detected~~
Tetrachloroethene	0.14	Not Detected	0.92	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	101	70-130
4-Bromofluorobenzene	96	70-130

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AIR TOXICS LTD.

SAMPLE NAME: DUP021605-01

ID#: 0502417AR1-09A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030125r1	Date of Collection:	2/17/05
Dil. Factor:	1.41	Date of Analysis:	3/2/05 11:30 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.36	Not Detected
Chloroethane	0.17	Not Detected	0.45	Not Detected
Freon 113	0.14	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.56	Not Detected
Methylene Chloride	0.28	0.36	0.98	1.3
trans-1,2-Dichloroethene	0.14	Not Detected	0.56	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.57	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.56	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.77	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.76~~	~~Not Detected~~
Tetrachloroethene	0.14	Not Detected	0.96	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	93	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-040-B-01

ID#: 0502417AR1-10A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030126r1	Date of Collection:	2/17/05
Dil. Factor:	1.79	Date of Analysis:	3/2/05 12:13 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.18	Not Detected	0.46	Not Detected
Chloroethane	0.21	Not Detected	0.57	Not Detected
Freon 113	0.18	Not Detected	1.4	Not Detected
1,1-Dichloroethene	0.18	Not Detected	0.71	Not Detected
Methylene Chloride	0.36	Not Detected	1.2	Not Detected
trans-1,2-Dichloroethene	0.18	Not Detected	0.71	Not Detected
1,1-Dichloroethane	0.18	Not Detected	0.72	Not Detected
cis-1,2-Dichloroethene	0.18	Not Detected	0.71	Not Detected
1,1,1-Trichloroethane	0.18	Not Detected	0.98	Not Detected
~~Trichloroethene~~	~~0.18~~	~~Not Detected~~	~~0.96~~	~~Not Detected~~
Tetrachloroethene	0.18	Not Detected	1.2	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	91	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-040-B-02

ID#: 0502417AR1-11A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030127r1	Date of Collection:	2/17/05
Dil. Factor:	1.49	Date of Analysis:	3/2/05 01:09 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected	0.47	Not Detected
Freon 113	0.15	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.15	Not Detected	0.59	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.60	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.81	Not Detected
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~	~~0.80~~	~~Not Detected~~
Tetrachloroethene	0.15	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	87	70-130

04/06/05
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AIR TOXICS LTD.

SAMPLE NAME: OA-040-G-01

ID#: 0502417AR1-12A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030129r1	Date of Collection:	2/17/05
Dil. Factor:	1.55	Date of Analysis:	3/2/05 03:00 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.84	Not Detected
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~	~~0.83~~	~~Not Detected~~
Tetrachloroethene	0.16	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	101	70-130
4-Bromofluorobenzene	88	70-130

04/06/05

AIR TOXICS LTD.

SAMPLE NAME: IA-040-I-03

ID#: 0502417AR1-13A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030128r1	Date of Collection:	2/17/05
Dil. Factor:	1.41	Date of Analysis:	3/2/05 02:05 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.36	Not Detected
Chloroethane	0.17	Not Detected	0.45	Not Detected
Freon 113	0.14	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.56	Not Detected
Methylene Chloride	0.28	Not Detected	0.98	Not Detected
trans-1,2-Dichloroethene	0.14	Not Detected	0.56	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.57	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.56	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.77	Not Detected
Trichloroethene	0.14	0.20	0.76	1.0
Tetrachloroethene	0.14	0.17	0.96	1.1

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	101	70-130
4-Bromofluorobenzene	89	70-130

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0502417D

AIR TOXICS LTD.

SAMPLE NAME: OA-041-G-01

ID#: 0502417D-01A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6030217	Date of Collection:	2/17/05
Dil. Factor:	1.39	Date of Analysis:	3/3/05 01:31 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.028	0.028 J	0.15	0.15 J

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	116	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	106	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-042-G-03

ID#: 0502417D-08A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6030226	Date of Collection:	2/17/05
Dil. Factor:	1.36	Date of Analysis:	3/3/05 08:08 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.027	Not Detected UJ	0.15	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	116	70-130
Toluene-d8	95	70-130
4-Bromofluorobenzene	106	70-130

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AIR TOXICS LTD.

SAMPLE NAME: DUP021605-01

ID#: 0502417D-09A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6030225	Date of Collection:	2/17/05
Dil. Factor:	1.41	Date of Analysis:	3/3/05 07:31 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.028	Not Detected UJ	0.15	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	114	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	103	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-040-B-01

ID#: 0502417D-10A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6030227	Date of Collection:	2/17/05
Dil. Factor:	1.79	Date of Analysis:	3/3/05 08:45 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.036	0.046 J	0.19	0.25 J

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	116	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	105	70-130

04/06/05

AIR TOXICS LTD.

SAMPLE NAME: IA-040-B-02

ID#: 0502417D-11A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6030313	Date of Collection:	2/17/05
Dil. Factor:	1.77	Date of Analysis:	3/4/05 06:09 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)		Rpt. Limit (uG/m3)	Amount (uG/m3)	
Trichloroethene	0.035	Not Detected	UJ	0.19	Not Detected	UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	121	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	101	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-040-G-01

ID#: 0502417D-12A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6030312	Date of Collection:	2/17/05
Dil. Factor:	1.55	Date of Analysis:	3/4/05 05:18 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)		Rpt. Limit (uG/m3)	Amount (uG/m3)	
Trichloroethene	0.031	Not Detected	R	0.17	Not Detected	R

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	120	70-130
Toluene-d8	90	70-130
4-Bromofluorobenzene	100	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-040-I-02

ID#: 0502417B-14A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022711	Date of Collection:	2/18/05
Dil. Factor:	1.58	Date of Analysis:	2/27/05 10:42 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.50	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.63	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.64	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.86	Not Detected
Trichloroethene	0.16	0.26	0.85	1.4
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	89	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-040-I-02

ID#: 0502417B-15A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022714	Date of Collection:	2/18/05
Dil. Factor:	26.8	Date of Analysis:	2/28/05 01:27 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	2.7	Not Detected	6.8	Not Detected
Chloroethane	3.2	Not Detected	8.5	Not Detected
Freon 113	2.7	Not Detected	20	Not Detected
1,1-Dichloroethene	2.7	Not Detected	11	Not Detected
Methylene Chloride	5.4	Not Detected	19	Not Detected
trans-1,2-Dichloroethene	2.7	Not Detected	11	Not Detected
1,1-Dichloroethane	2.7	Not Detected	11	Not Detected
cis-1,2-Dichloroethene	2.7	Not Detected	11	Not Detected
1,1,1-Trichloroethane	2.7	23	15	130
Trichloroethene	2.7	670	14	3600
Tetrachloroethene	2.7	5.8	18	39

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	108	70-130
4-Bromofluorobenzene	97	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-040-I-01

ID#: 0502417B-16A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022715	Date of Collection:	2/18/05
Dil. Factor:	1.46	Date of Analysis:	2/28/05 02:29 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.37	Not Detected
Chloroethane	0.18	Not Detected	0.46	Not Detected
Freon 113	0.15	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.15	Not Detected	0.58	Not Detected
Methylene Chloride	0.29	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.58	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.59	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.58	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.80	Not Detected
Trichloroethene	0.15	Not Detected	0.78	Not Detected
Tetrachloroethene	0.15	Not Detected	0.99	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	95	70-130

04/06/05

AIR TOXICS LTD.

SAMPLE NAME: SS-040-I-01

ID#: 0502417B-17A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022716	Date of Collection:	2/18/05
Dil. Factor:	7.60	Date of Analysis:	2/28/05 03:15 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.76	Not Detected	1.9	Not Detected
Chloroethane	0.91	Not Detected	2.4	Not Detected
Freon 113	0.76	Not Detected	5.8	Not Detected
1,1-Dichloroethene	0.76	Not Detected	3.0	Not Detected
Methylene Chloride	1.5	Not Detected	5.3	Not Detected
trans-1,2-Dichloroethene	0.76	Not Detected	3.0	Not Detected
1,1-Dichloroethane	0.76	Not Detected	3.1	Not Detected
cis-1,2-Dichloroethene	0.76	Not Detected	3.0	Not Detected
1,1,1-Trichloroethane	0.76	5.9	4.1	32
Trichloroethene	0.76	300	4.1	1600
Tetrachloroethene	0.76	1.0	5.2	7.2

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	110	70-130
4-Bromofluorobenzene	87	70-130

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AIR TOXICS LTD.

SAMPLE NAME: ~~TA-046-B-07~~ SS-046-B-07

ID#: 0502417B-18A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022718	Date of Collection:	2/18/05
Dil. Factor:	32.2	Date of Analysis:	2/28/05 05:27 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	3.2	Not Detected	8.2	Not Detected
Chloroethane	3.9	Not Detected	10	Not Detected
Freon 113	3.2	67	25	510
1,1-Dichloroethene	3.2	Not Detected	13	Not Detected
Methylene Chloride	6.4	Not Detected	22	Not Detected
trans-1,2-Dichloroethene	3.2	Not Detected	13	Not Detected
1,1-Dichloroethane	3.2	120	13	490
cis-1,2-Dichloroethene	3.2	Not Detected	13	Not Detected
1,1,1-Trichloroethane	3.2	880	18	4800
Trichloroethene	3.2	70	17	380
Tetrachloroethene	3.2	19	22	130

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	109	70-130
4-Bromofluorobenzene	111	70-130

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AIR TOXICS LTD.

SAMPLE NAME: ~~SS-046-B-07~~ 1A-046-B-07

ID#: 0502417B-19A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022719	Date of Collection:	2/18/05
Dil. Factor:	1.71	Date of Analysis:	2/28/05 06:14 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.17	Not Detected	0.44	Not Detected
Chloroethane	0.20	Not Detected	0.54	Not Detected
Freon 113	0.17	0.18	1.3	1.4
1,1-Dichloroethene	0.17	Not Detected	0.68	Not Detected
Methylene Chloride	0.34	Not Detected	1.2	Not Detected
trans-1,2-Dichloroethene	0.17	Not Detected	0.68	Not Detected
1,1-Dichloroethane	0.17	0.47	0.69	1.9
cis-1,2-Dichloroethene	0.17	0.22	0.68	0.87
1,1,1-Trichloroethane	0.17	0.68	0.93	3.7
Trichloroethene	0.17	1.6	0.92	8.6
Tetrachloroethene	0.17	Not Detected	1.2	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	78	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	98	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-046-B-03

ID#: 0502417B-20A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022720	Date of Collection:	2/18/05
Dil. Factor:	1.55	Date of Analysis:	2/28/05 07:05 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	0.17	1.2	1.3
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	0.96	1.1	3.3
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	0.25	0.63	1.0
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	0.38	0.84	2.1
Trichloroethene	0.16	1.0	0.83	5.7
Tetrachloroethene	0.16	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	108	70-130
4-Bromofluorobenzene	102	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-046-B-03

ID#: 0502417B-21A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022722	Date of Collection:	2/18/05
Dil. Factor:	1.87	Date of Analysis:	2/28/05 08:36 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.19	Not Detected	0.48	Not Detected
Chloroethane	0.22	Not Detected	0.59	Not Detected
Freon 113	0.19	2.0	1.4	16
1,1-Dichloroethene	0.19	Not Detected	0.74	Not Detected
Methylene Chloride	0.37	Not Detected	1.3	Not Detected
trans-1,2-Dichloroethene	0.19	Not Detected	0.74	Not Detected
1,1-Dichloroethane	0.19	Not Detected	0.76	Not Detected
cis-1,2-Dichloroethene	0.19	Not Detected	0.74	Not Detected
1,1,1-Trichloroethane	0.19	2.9	1.0	16
~~Trichloroethene~~	~~0.19~~	~~Not Detected~~	~~1.0~~	~~Not Detected~~
Tetrachloroethene	0.19	0.25	1.3	1.7

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	79	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	101	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-046-B-04

ID#: 0502417B-22A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022724	Date of Collection:	2/18/05
Dil. Factor:	1.49	Date of Analysis:	2/28/05 09:59 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected	0.47	Not Detected
Freon 113	0.15	0.16	1.1	1.2
1,1-Dichloroethene	0.15	Not Detected	0.59	Not Detected
Methylene Chloride	0.30	0.75	1.0	2.6
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	0.14 J	0.60	0.58 J
cis-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1,1-Trichloroethane	0.15	0.25	0.81	1.4
Trichloroethene	0.15	0.57	0.80	3.1
Tetrachloroethene	0.15	Not Detected	1.0	Not Detected

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	79	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	97	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-046-B-04

ID#: 0502417B-23A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022721	Date of Collection:	2/18/05
Dil. Factor:	1.55	Date of Analysis:	2/28/05 07:53 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	0.32	1.2	2.5
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	3.5	0.84	19
Trichloroethene	0.16	0.49	0.83	2.6
Tetrachloroethene	0.16	0.30	1.0	2.0

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	81	70-130
Toluene-d8	96	70-130
4-Bromofluorobenzene	111	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-046-B-05

ID#: 0502417B-24A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022725	Date of Collection:	2/18/05
Dil. Factor:	1.52	Date of Analysis:	2/28/05 10:41 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.15	1.2	1.2
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	0.37	1.0	1.3
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	0.39	0.62	1.6
cis-1,2-Dichloroethene	0.15	0.16	0.60	0.64
1,1,1-Trichloroethane	0.15	0.64	0.83	3.5
Trichloroethene	0.15	1.5	0.82	8.2
Tetrachloroethene	0.15	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	97	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-046-B-05

ID#: 0502417B-25A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4022726	Date of Collection:	2/18/05
Dil. Factor:	1.46	Date of Analysis:	2/28/05 12:00 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.37	Not Detected
Chloroethane	0.18	Not Detected	0.46	Not Detected
Freon 113	0.15	0.63 J	1.1	4.8 J
1,1-Dichloroethene	0.15	Not Detected	0.58	Not Detected
Methylene Chloride	0.29	0.36 J	1.0	1.3 J
trans-1,2-Dichloroethene	0.15	Not Detected	0.58	Not Detected
1,1-Dichloroethane	0.15	0.86 J	0.59	3.5 J
cis-1,2-Dichloroethene	0.15	Not Detected	0.58	Not Detected
1,1,1-Trichloroethane	0.15	5.2 J	0.80	28 J
Trichloroethene	0.15	1.3 J	0.78	6.9 J
Tetrachloroethene	0.15	0.47 J	0.99	3.2 J

Q = Exceeds Quality Control limits of 70% to 130%, due to matrix effects.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	134 Q	70-130

04/06/05

0502417C

AIR TOXICS LTD.

SAMPLE NAME: IA-040-I-01

ID#: 0502417C-16A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6030215	Date of Collection:	2/18/05
Dil. Factor:	1.46	Date of Analysis:	3/2/05 11:52 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.029	0.092 J	0.16	0.49 J

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	114	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	105	70-130

04/06/05

AIR TOXICS LTD.

SAMPLE NAME: SS-046-B-03

ID#: 0502417C-21A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6030216	Date of Collection:	2/18/05
Dil. Factor:	1.87	Date of Analysis:	3/3/05 12:35 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.037	0.10 J	0.20	0.55 J

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	114	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	121	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-046-B-08

ID#: 0502436AR1-01A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030132r1	Date of Collection:	2/22/05
Dil. Factor:	1.52	Date of Analysis:	3/2/05 05:55 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.19	1.2	1.5
1,1-Dichloroethene	0.15	0.18	0.60	0.73
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	0.90	0.62	3.6
cis-1,2-Dichloroethene	0.15	0.14 J	0.60	0.58 J
1,1,1-Trichloroethane	0.15	1.2	0.83	6.3
Trichloroethene	0.15	2.6	0.82	14
Tetrachloroethene	0.15	Not Detected	1.0	Not Detected

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	97	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-046-B-08

ID#: 0502436AR1-02A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030134r1	Date of Collection:	2/22/05
Dil. Factor:	24.8	Date of Analysis:	3/2/05 07:15 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	2.5	Not Detected	6.3	Not Detected
Chloroethane	3.0	Not Detected	7.8	Not Detected
Freon 113	2.5	21	19	160
1,1-Dichloroethene	2.5	12	9.8	47
Methylene Chloride	5.0	Not Detected	17	Not Detected
trans-1,2-Dichloroethene	2.5	4.1	9.8	16
1,1-Dichloroethane	2.5	190	10	770
cis-1,2-Dichloroethene	2.5	200	9.8	810
1,1,1-Trichloroethane	2.5	100	14	570
Trichloroethene	2.5	700	13	3800
Tetrachloroethene	2.5	Not Detected	17	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	90	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-046-B-09

ID#: 0502436AR1-03A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030207r1	Date of Collection:	2/22/05
Dil. Factor:	1.46	Date of Analysis:	3/3/05 12:49 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.37	Not Detected
Chloroethane	0.18	0.45	0.46	1.2
Freon 113	0.15	0.16	1.1	1.2
1,1-Dichloroethene	0.15	Not Detected	0.58	Not Detected
Methylene Chloride	0.29	0.30	1.0	1.0
trans-1,2-Dichloroethene	0.15	Not Detected	0.58	Not Detected
1,1-Dichloroethane	0.15	0.50	0.59	2.0
cis-1,2-Dichloroethene	0.15	Not Detected	0.58	Not Detected
1,1,1-Trichloroethane	0.15	0.95	0.80	5.2
Trichloroethene	0.15	1.9	0.78	10
Tetrachloroethene	0.15	Not Detected	0.99	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	87	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	93	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-046-B-09

ID#: 0502436AR1-04A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030209r1	Date of Collection:	2/22/05
Dil. Factor:	3.28	Date of Analysis:	3/3/05 04:04 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.33	Not Detected	0.84	Not Detected
Chloroethane	0.39	Not Detected	1.0	Not Detected
Freon 113	0.33	2.7	2.5	21
1,1-Dichloroethene	0.33	1.2	1.3	4.7
Methylene Chloride	0.66	Not Detected	2.3	Not Detected
trans-1,2-Dichloroethene	0.33	Not Detected	1.3	Not Detected
1,1-Dichloroethane	0.33	27	1.3	110
cis-1,2-Dichloroethene	0.33	1.2	1.3	4.8
1,1,1-Trichloroethane	0.33	120	1.8	640
Trichloroethene	0.33	44	1.8	240
Tetrachloroethene	0.33	0.74	2.2	5.0

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	101	70-130
4-Bromofluorobenzene	93	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-046-B-10

ID#: 0502436AR1-05A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030208r1	Date of Collection:	2/22/05
Dil. Factor:	1.58	Date of Analysis:	3/3/05 01:29 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	1.1	0.50	3.0
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.63	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	0.58	0.64	2.4
cis-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1,1-Trichloroethane	0.16	1.0	0.86	5.7
Trichloroethene	0.16	2.7	0.85	14
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	98	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-046-B-10

ID#: 0502436AR1-06A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030211r1	Date of Collection:	2/22/05
Dil. Factor:	632	Date of Analysis:	3/3/05 05:51 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	63	Not Detected	160	Not Detected
Chloroethane	76	Not Detected	200	Not Detected
Freon 113	63	Not Detected	480	Not Detected
1,1-Dichloroethene	63	290	250	1100
Methylene Chloride	130	Not Detected	440	Not Detected
trans-1,2-Dichloroethene	63	Not Detected	250	Not Detected
1,1-Dichloroethane	63	2400	260	9700
cis-1,2-Dichloroethene	63	1300	250	5300
1,1,1-Trichloroethane	63	1800	340	10000
Trichloroethene	63	22000	340	120000
Tetrachloroethene	63	Not Detected	430	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	87	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	87	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IADUP022105-10

ID#: 0502436AR1-07A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030212r1	Date of Collection:	2/22/05
Dil. Factor:	1.61	Date of Analysis:	3/3/05 06:47 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	0.76	0.51	2.0
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.64	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	0.59	0.65	2.4
cis-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1,1-Trichloroethane	0.16	1.1	0.88	6.0
Trichloroethene	0.16	3.1	0.86	17
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	105	70-130
4-Bromofluorobenzene	99	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SSDUP022105

ID#: 0502436AR1-08A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030213r1	Date of Collection:	2/22/05
Dil. Factor:	525	Date of Analysis:	3/3/05 07:27 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	52	Not Detected	130	Not Detected
Chloroethane	63	Not Detected	170	Not Detected
Freon 113	52	Not Detected	400	Not Detected
1,1-Dichloroethene	52	270	210	1100
Methylene Chloride	100	Not Detected	360	Not Detected
trans-1,2-Dichloroethene	52	Not Detected	210	Not Detected
1,1-Dichloroethane	52	2200	210	8800
cis-1,2-Dichloroethene	52	1100	210	4600
1,1,1-Trichloroethane	52	1700	290	9200
Trichloroethene	52	19000	280	100000
Tetrachloroethene	52	Not Detected	360	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	108	70-130
4-Bromofluorobenzene	84	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-046-B-01

ID#: 0502436AR1-09A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030214r1	Date of Collection:	2/22/05
Dil. Factor:	1.61	Date of Analysis:	3/3/05 08:22 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	Not Detected	0.51	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.64	Not Detected
Methylene Chloride	0.32	41	1.1	140
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.65	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1,1-Trichloroethane	0.16	0.54	0.88	2.9
Trichloroethene	0.16	4.0	0.86	22
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	104	70-130
4-Bromofluorobenzene	107	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-046-G-01

ID#: 0502436AR1-10A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030215r1	Date of Collection:	2/22/05
Dil. Factor:	1.39	Date of Analysis:	3/3/05 09:06 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.36	Not Detected
Chloroethane	0.17	Not Detected	0.44	Not Detected
Freon 113	0.14	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.55	Not Detected
Methylene Chloride	0.28	Not Detected	0.96	Not Detected
trans-1,2-Dichloroethene	0.14	Not Detected	0.55	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.56	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.55	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.76	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.75~~	~~Not Detected~~
Tetrachloroethene	0.14	Not Detected	0.94	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	104	70-130
4-Bromofluorobenzene	90	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-046-B-02

ID#: 0502436AR1-11A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030216r1	Date of Collection:	2/22/05
Dil. Factor:	1.55	Date of Analysis:	3/3/05 09:47 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	2.9	1.1	10
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	0.19	0.63	0.75
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	0.32	0.84	1.8
Trichloroethene	0.16	0.81	0.83	4.4
Tetrachloroethene	0.16	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	87	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	104	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-046-G-01

ID#: 0502436B-10A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6030311	Date of Collection:	2/22/05
Dil. Factor:	1.39	Date of Analysis:	3/4/05 01:03 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.028	Not Detected	0.15	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	120	70-130
Toluene-d8	90	70-130
4-Bromofluorobenzene	111	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-018-B-10

ID#: 0502503AR1-01A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030306R1	Date of Collection:	2/23/05
Dil. Factor:	1980	Date of Analysis:	3/3/05 09:25 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	200	Not Detected	510	Not Detected
Chloroethane	240	Not Detected	630	Not Detected
Freon 113	200	230	1500	1700
1,1-Dichloroethene	200	4000	780	16000
Methylene Chloride	400	Not Detected	1400	Not Detected
trans-1,2-Dichloroethene	200	Not Detected	780	Not Detected
1,1-Dichloroethane	200	5900	800	24000
cis-1,2-Dichloroethene	200	2100	780	8200
1,1,1-Trichloroethane	200	49000	1100	270000
Trichloroethene	200	4600	1100	25000
Tetrachloroethene	200	710	1300	4800

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	87	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-018-B-04

ID#: 0502503AR1-02A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030308R1	Date of Collection:	2/23/05
Dil. Factor:	380	Date of Analysis:	3/3/05 10:57 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	38	Not Detected	97	Not Detected
Chloroethane	46	Not Detected	120	Not Detected
Freon 113	38	40	290	310
1,1-Dichloroethene	38	160	150	650
Methylene Chloride	76	Not Detected	260	Not Detected
trans-1,2-Dichloroethene	38	Not Detected	150	Not Detected
1,1-Dichloroethane	38	230	150	930
cis-1,2-Dichloroethene	38	120	150	470
1,1,1-Trichloroethane	38	3100	210	17000
Trichloroethene	38	14000	200	77000
Tetrachloroethene	38	150	260	1000

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	107	70-130
4-Bromofluorobenzene	85	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-018-B-01

ID#: 0502503AR1-03A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030309R1	Date of Collection:	2/23/05
Dil. Factor:	1080	Date of Analysis:	3/3/05 11:37 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	110	Not Detected	280	Not Detected
Chloroethane	130	Not Detected	340	Not Detected
Freon 113	110	990	830	7600
1,1-Dichloroethene	110	1400	430	5600
Methylene Chloride	220	Not Detected	750	Not Detected
trans-1,2-Dichloroethene	110	Not Detected	430	Not Detected
1,1-Dichloroethane	110	260	440	1000
cis-1,2-Dichloroethene	110	5100	430	20000
1,1,1-Trichloroethane	110	25000	590	140000
Trichloroethene	110	3300	580	18000
Tetrachloroethene	110	3400	730	23000

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	84	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-018-B-02

ID#: 0502503AR1-04A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030310R1	Date of Collection:	2/23/05
Dil. Factor:	775	Date of Analysis:	3/4/05 12:16 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	78	Not Detected	200	Not Detected
Chloroethane	93	Not Detected	240	Not Detected
Freon 113	78	420	590	3300
1,1-Dichloroethene	78	920	310	3700
Methylene Chloride	160	Not Detected	540	Not Detected
trans-1,2-Dichloroethene	78	Not Detected	310	Not Detected
1,1-Dichloroethane	78	180	310	740
cis-1,2-Dichloroethene	78	1100	310	4500
1,1,1-Trichloroethane	78	16000	420	89000
Trichloroethene	78	6900	420	37000
Tetrachloroethene	78	1000	520	7100

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	84	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-018-B-14

ID#: 0502503AR1-05A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030311R1	Date of Collection:	2/23/05
Dil. Factor:	149	Date of Analysis:	3/4/05 01:01 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	15	48	38	120
Chloroethane	18	Not Detected	47	Not Detected
Freon 113	15	26	110	200
1,1-Dichloroethene	15	460	59	1800
Methylene Chloride	30	Not Detected	100	Not Detected
trans-1,2-Dichloroethene	15	Not Detected	59	Not Detected
1,1-Dichloroethane	15	180	60	750
cis-1,2-Dichloroethene	15	740	59	3000
1,1,1-Trichloroethane	15	4400	81	24000
Trichloroethene	15	140	80	740
Tetrachloroethene	15	120	100	830

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	101	70-130
4-Bromofluorobenzene	83	70-130

04/08/05
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AIR TOXICS LTD.

SAMPLE NAME: SS-018-B-09

ID#: 0502503AR1-06A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030312R1	Date of Collection:	2/23/05
Dil. Factor:	388	Date of Analysis:	3/4/05 01:46 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	39	Not Detected	99	Not Detected
Chloroethane	46	Not Detected	120	Not Detected
Freon 113	39	Not Detected	300	Not Detected
1,1-Dichloroethene	39	650	150	2600
Methylene Chloride	78	Not Detected	270	Not Detected
trans-1,2-Dichloroethene	39	Not Detected	150	Not Detected
1,1-Dichloroethane	39	340	160	1400
cis-1,2-Dichloroethene	39	490	150	1900
1,1,1-Trichloroethane	39	11000	210	59000
Trichloroethene	39	7000	210	38000
Tetrachloroethene	39	320	260	2200

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	82	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-10

ID#: 0502503AR1-07A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030314R1	Date of Collection:	2/23/05
Dil. Factor:	1.52	Date of Analysis:	3/4/05 03:24 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	1.8	1.2	14
1,1-Dichloroethene	0.15	2.9	0.60	12
Methylene Chloride	0.30	0.44	1.0	1.5
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	0.82	0.62	3.3
cis-1,2-Dichloroethene	0.15	3.1	0.60	12
1,1,1-Trichloroethane	0.15	55	0.83	300
Trichloroethene	0.15	8.9	0.82	48
Tetrachloroethene	0.15	5.0	1.0	34

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	85	70-130

04/08/05
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AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-09

ID#: 0502503AR1-08A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030315R1	Date of Collection:	2/23/05
Dil. Factor:	1.52	Date of Analysis:	3/4/05 04:08 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.80	1.2	6.1
1,1-Dichloroethene	0.15	0.60	0.60	2.4
Methylene Chloride	0.30	0.44	1.0	1.5
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	0.25	0.62	1.0
cis-1,2-Dichloroethene	0.15	0.96	0.60	3.8
1,1,1-Trichloroethane	0.15	9.9	0.83	54
Trichloroethene	0.15	5.1	0.82	27
Tetrachloroethene	0.15	2.3	1.0	15

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	85	70-130

04/08/05

AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-04

ID#: 0502503AR1-09A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030316R1	Date of Collection:	2/23/05
Dil. Factor:	1.71	Date of Analysis:	3/4/05 04:49 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.17	Not Detected	0.44	Not Detected
Chloroethane	0.20	Not Detected	0.54	Not Detected
Freon 113	0.17	0.51	1.3	3.9
1,1-Dichloroethene	0.17	0.89	0.68	3.5
Methylene Chloride	0.34	0.51	1.2	1.8
trans-1,2-Dichloroethene	0.17	Not Detected	0.68	Not Detected
1,1-Dichloroethane	0.17	1.3	0.69	5.4
cis-1,2-Dichloroethene	0.17	1.2	0.68	5.0
1,1,1-Trichloroethane	0.17	20	0.93	110
Trichloroethene	0.17	37	0.92	200
Tetrachloroethene	0.17	2.3	1.2	16

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	89	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-018-B-03

ID#: 0502503AR1-10A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030317R1	Date of Collection:	2/23/05
Dil. Factor:	931	Date of Analysis:	3/4/05 06:34 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	93	Not Detected	240	Not Detected
Chloroethane	110	Not Detected	290	Not Detected
Freon 113	93	4600	710	35000
1,1-Dichloroethene	93	1900	370	7500
Methylene Chloride	190	Not Detected	650	Not Detected
trans-1,2-Dichloroethene	93	Not Detected	370	Not Detected
1,1-Dichloroethane	93	270	380	1100
cis-1,2-Dichloroethene	93	2400	370	9700
1,1,1-Trichloroethane	93	26000	510	140000
Trichloroethene	93	1400	500	7700
Tetrachloroethene	93	5600	630	38000

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	83	70-130

04/08/05

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AIR TOXICS LTD.

SAMPLE NAME: IA-046-B-06

ID#: 0502503BR1-11A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030318r1	Date of Collection:	2/23/05
Dil. Factor:	1.61	Date of Analysis:	3/4/05 07:32 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	Not Detected	0.51	Not Detected
Freon 113	0.16	0.16	1.2	1.2
1,1-Dichloroethene	0.16	Not Detected	0.64	Not Detected
Methylene Chloride	0.32	1.1	1.1	3.8
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	0.37	0.65	1.5
cis-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1,1-Trichloroethane	0.16	0.58	0.88	3.1
Trichloroethene	0.16	1.4	0.86	7.3
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	105	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-046-B-06

ID#: 0502503BR1-12A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030319r1	Date of Collection:	2/23/05
Dil. Factor:	3.10	Date of Analysis:	3/4/05 08:12 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.31	Not Detected	0.79	Not Detected
Chloroethane	0.37	Not Detected	0.98	Not Detected
Freon 113	0.31	0.72	2.4	5.6
1,1-Dichloroethene	0.31	Not Detected	1.2	Not Detected
Methylene Chloride	0.62	Not Detected	2.2	Not Detected
trans-1,2-Dichloroethene	0.31	0.54	1.2	2.2
1,1-Dichloroethane	0.31	17	1.2	70
cis-1,2-Dichloroethene	0.31	2.8	1.2	11
1,1,1-Trichloroethane	0.31	22	1.7	120
Trichloroethene	0.31	76	1.7	410
Tetrachloroethene	0.31	0.40	2.1	2.7

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	108	70-130

04/08/05

AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-02

ID#: 0502503BR1-13A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030320r1	Date of Collection:	2/23/05
Dil. Factor:	1.58	Date of Analysis:	3/4/05 09:05 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.50	Not Detected
Freon 113	0.16	0.34	1.2	2.6
1,1-Dichloroethene	0.16	0.16	0.63	0.64
Methylene Chloride	0.32	0.40	1.1	1.4
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.64	Not Detected
cis-1,2-Dichloroethene	0.16	0.45	0.63	1.8
1,1,1-Trichloroethane	0.16	2.2	0.86	12
Trichloroethene	0.16	1.4	0.85	7.4
Tetrachloroethene	0.16	1.2	1.1	8.1

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	92	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-018-B-11

ID#: 0502503BR1-14A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030321r1	Date of Collection:	2/23/05
Dil. Factor:	3100	Date of Analysis:	3/4/05 10:07 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	310	Not Detected	790	Not Detected
Chloroethane	370	1400	980	3800
Freon 113	310	560	2400	4300
1,1-Dichloroethene	310	7000	1200	28000
Methylene Chloride	620	Not Detected	2200	Not Detected
trans-1,2-Dichloroethene	310	Not Detected	1200	Not Detected
1,1-Dichloroethane	310	21000	1200	85000
cis-1,2-Dichloroethene	310	3800	1200	15000
1,1,1-Trichloroethane	310	79000	1700	430000
Trichloroethene	310	4200	1700	22000
Tetrachloroethene	310	1100	2100	7700

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	87	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-06

ID#: 0502503BR1-15A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030322r1	Date of Collection:	2/23/05
Dil. Factor:	1.49	Date of Analysis:	3/4/05 11:05 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected	0.47	Not Detected
Freon 113	0.15	0.60	1.1	4.6
1,1-Dichloroethene	0.15	1.4	0.59	5.6
Methylene Chloride	0.30	0.37	1.0	1.3
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	1.5	0.60	6.2
cis-1,2-Dichloroethene	0.15	1.4	0.59	5.6
1,1,1-Trichloroethane	0.15	29	0.81	160
Trichloroethene	0.15	48	0.80	260
Tetrachloroethene	0.15	2.9	1.0	19

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	104	70-130
4-Bromofluorobenzene	91	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-05

ID#: 0502503BR1-16A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030323r1	Date of Collection:	2/23/05
Dil. Factor:	1.68	Date of Analysis:	3/4/05 11:46 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.17	Not Detected	0.43	Not Detected
Chloroethane	0.20	Not Detected	0.53	Not Detected
Freon 113	0.17	0.19	1.3	1.5
1,1-Dichloroethene	0.17	0.21	0.67	0.83
Methylene Chloride	0.34	0.44	1.2	1.5
trans-1,2-Dichloroethene	0.17	Not Detected	0.67	Not Detected
1,1-Dichloroethane	0.17	0.48	0.68	1.9
cis-1,2-Dichloroethene	0.17	0.37	0.67	1.5
1,1,1-Trichloroethane	0.17	5.4	0.92	29
Trichloroethene	0.17	8.3	0.90	45
Tetrachloroethene	0.17	0.84	1.1	5.7

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	88	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-018-B-05

ID#: 0502503BR1-17A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030324r1	Date of Collection:	2/23/05
Dil. Factor:	149	Date of Analysis:	3/4/05 12:37 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	15	Not Detected	38	Not Detected
Chloroethane	18	Not Detected	47	Not Detected
Freon 113	15	Not Detected	110	Not Detected
1,1-Dichloroethene	15	45	59	180
Methylene Chloride	30	Not Detected	100	Not Detected
trans-1,2-Dichloroethene	15	Not Detected	59	Not Detected
1,1-Dichloroethane	15	290	60	1200
cis-1,2-Dichloroethene	15	82	59	320
1,1,1-Trichloroethane	15	1500	81	8300
Trichloroethene	15	3900	80	21000
Tetrachloroethene	15	170	100	1200

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	109	70-130
4-Bromofluorobenzene	83	70-130

04/08/05
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AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-03

ID#: 0502503BR1-18A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030325r1	Date of Collection:	2/23/05
Dil. Factor:	1.52	Date of Analysis:	3/4/05 01:31 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.95	1.2	7.2
1,1-Dichloroethene	0.15	0.56	0.60	2.2
Methylene Chloride	0.30	0.48	1.0	1.7
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	0.30	0.62	1.2
cis-1,2-Dichloroethene	0.15	0.73	0.60	2.9
1,1,1-Trichloroethane	0.15	13	0.83	70
Trichloroethene	0.15	3.5	0.82	19
Tetrachloroethene	0.15	4.9	1.0	33

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	93	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-12

ID#: 0502503BR1-19A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030326r1	Date of Collection:	2/23/05
Dil. Factor:	1.49	Date of Analysis:	3/4/05 02:12 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected	0.47	Not Detected
Freon 113	0.15	0.53	1.1	4.1
1,1-Dichloroethene	0.15	Not Detected	0.59	Not Detected
Methylene Chloride	0.30	0.53	1.0	1.8
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	0.14 J	0.60	0.58 J
cis-1,2-Dichloroethene	0.15	0.24	0.59	0.94
1,1,1-Trichloroethane	0.15	3.8	0.81	21
Trichloroethene	0.15	1.1	0.80	6.0
Tetrachloroethene	0.15	0.93	1.0	6.3

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	81	70-130
Toluene-d8	104	70-130
4-Bromofluorobenzene	90	70-130

04/08/05

AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-01

ID#: 0502503BR1-20A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030327r1	Date of Collection:	2/23/05
Dil. Factor:	1.55	Date of Analysis:	3/4/05 02:52 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	0.34	1.2	2.6
1,1-Dichloroethene	0.16	0.17	0.61	0.69
Methylene Chloride	0.31	0.44	1.1	1.5
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	0.37	0.61	1.5
1,1,1-Trichloroethane	0.16	2.2	0.84	12
Trichloroethene	0.16	1.4	0.83	7.8
Tetrachloroethene	0.16	1.1	1.0	7.2

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	91	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-07

ID#: 0502503BR1-21A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030512r1	Date of Collection:	2/23/05
Dil. Factor:	1.55	Date of Analysis:	3/5/05 06:51 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	0.54	1.2	4.1
1,1-Dichloroethene	0.16	0.91 J	0.61	3.6 J
Methylene Chloride	0.31	0.40	1.1	1.4
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	1.1	0.63	4.5
cis-1,2-Dichloroethene	0.16	1.1	0.61	4.4
1,1,1-Trichloroethane	0.16	20	0.84	110
Trichloroethene	0.16	35	0.83	190
Tetrachloroethene	0.16	2.2	1.0	15

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	104	70-130
4-Bromofluorobenzene	86	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-018-B-12

ID#: 0502503BR1-22A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030608r1	Date of Collection:	2/23/05
Dil. Factor:	24.0	Date of Analysis:	3/6/05 04:52 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	2.4	Not Detected UJ	6.1	Not Detected UJ
Chloroethane	2.9	Not Detected	7.6	Not Detected
Freon 113	2.4	23	18	180
1,1-Dichloroethene	2.4	26 J	9.5	100 J
Methylene Chloride	4.8	Not Detected	17	Not Detected
trans-1,2-Dichloroethene	2.4	2.4 J	9.5	9.3 J
1,1-Dichloroethane	2.4	17	9.7	69
cis-1,2-Dichloroethene	2.4	7.0	9.5	28
1,1,1-Trichloroethane	2.4	410	13	2200
Trichloroethene	2.4	110	13	590
Tetrachloroethene	2.4	140	16	940

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	87	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	84	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-13

ID#: 0502503BR1-23A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030607r1	Date of Collection:	2/23/05
Dil. Factor:	1.52	Date of Analysis:	3/6/05 03:07 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected UJ	0.39	Not Detected UJ
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	1.2	1.2	9.0
1,1-Dichloroethene	0.15	0.87 J	0.60	3.5 J
Methylene Chloride	0.30	0.50	1.0	1.7
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	0.29	0.62	1.2
cis-1,2-Dichloroethene	0.15	0.62	0.60	2.5
1,1,1-Trichloroethane	0.15	17	0.83	95
Trichloroethene	0.15	1.8	0.82	9.4
Tetrachloroethene	0.15	3.6	1.0	25

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	88	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-14

ID#: 0502503BR1-24A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030609r1	Date of Collection:	2/23/05
Dil. Factor:	1.52	Date of Analysis:	3/6/05 05:55 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected UJ	0.39	Not Detected UJ
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	1.0	1.2	8.0
1,1-Dichloroethene	0.15	0.85 J	0.60	3.4 J
Methylene Chloride	0.30	0.54	1.0	1.9
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	0.35	0.62	1.4
cis-1,2-Dichloroethene	0.15	0.91	0.60	3.6
1,1,1-Trichloroethane	0.15	18	0.83	96
Trichloroethene	0.15	1.8	0.82	9.6
Tetrachloroethene	0.15	3.5	1.0	24

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	81	70-130
Toluene-d8	101	70-130
4-Bromofluorobenzene	95	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-018-B-13

ID#: 0502503BR1-25A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030511r1	Date of Collection:	2/23/05
Dil. Factor:	14.6	Date of Analysis:	3/5/05 06:00 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	1.5	Not Detected	3.7	Not Detected
Chloroethane	1.8	Not Detected	4.6	Not Detected
Freon 113	1.5	560	11	4300
1,1-Dichloroethene	1.5	11 J	5.8	45 J
Methylene Chloride	2.9	Not Detected	10	Not Detected
trans-1,2-Dichloroethene	1.5	2.2	5.8	8.9
1,1-Dichloroethane	1.5	4.2	5.9	17
cis-1,2-Dichloroethene	1.5	20	5.8	78
1,1,1-Trichloroethane	1.5	190	8.0	1000
Trichloroethene	1.5	180	7.8	940
Tetrachloroethene	1.5	150	9.9	990

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	105	70-130
4-Bromofluorobenzene	86	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-08

ID#: 0502503BR1-26A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030610r1	Date of Collection:	2/23/05
Dil. Factor:	1.49	Date of Analysis:	3/6/05 06:39 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected UJ	0.38	Not Detected UJ
Chloroethane	0.18	Not Detected	0.47	Not Detected
Freon 113	0.15	0.40	1.1	3.1
1,1-Dichloroethene	0.15	0.94 J	0.59	3.7 J
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	1.2	0.60	4.6
cis-1,2-Dichloroethene	0.15	1.3	0.59	5.3
1,1,1-Trichloroethane	0.15	17	0.81	95
Trichloroethene	0.15	30	0.80	160
Tetrachloroethene	0.15	1.9	1.0	13

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	93	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-11

ID#: 0502503BR1-27A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030611r1	Date of Collection:	2/23/05
Dil. Factor:	3.95	Date of Analysis:	3/6/05 07:44 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.40	Not Detected UJ	1.0	Not Detected UJ
Chloroethane	0.47	Not Detected	1.2	Not Detected
Freon 113	0.40	2.2	3.0	17
1,1-Dichloroethene	0.40	4.5 J	1.6	18 J
Methylene Chloride	0.79	Not Detected	2.7	Not Detected
trans-1,2-Dichloroethene	0.40	Not Detected	1.6	Not Detected
1,1-Dichloroethane	0.40	1.9	1.6	7.6
cis-1,2-Dichloroethene	0.40	3.1	1.6	12
1,1,1-Trichloroethane	0.40	74	2.2	400
Trichloroethene	0.40	9.1	2.1	49
Tetrachloroethene	0.40	4.7	2.7	32

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	90	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-040-1-04

ID#: 0502503BR1-28A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030606r1	Date of Collection:	2/23/05
Dil. Factor:	7.60	Date of Analysis:	3/6/05 02:16 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.76	Not Detected UJ	1.9	Not Detected UJ
Chloroethane	0.91	Not Detected	2.4	Not Detected
Freon 113	0.76	Not Detected	5.8	Not Detected
1,1-Dichloroethene	0.76	Not Detected UJ	3.0	Not Detected UJ
Methylene Chloride	1.5	Not Detected	5.3	Not Detected
trans-1,2-Dichloroethene	0.76	Not Detected	3.0	Not Detected
1,1-Dichloroethane	0.76	Not Detected	3.1	Not Detected
cis-1,2-Dichloroethene	0.76	Not Detected	3.0	Not Detected
1,1,1-Trichloroethane	0.76	3.4	4.1	18
Trichloroethene	0.76	200	4.1	1000
Tetrachloroethene	0.76	32	5.2	220

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	110	70-130
4-Bromofluorobenzene	84	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-040-1-05

ID#: 0502503BR1-29A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030612r1	Date of Collection:	2/23/05
Dil. Factor:	1.55	Date of Analysis:	3/6/05 08:35 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)		Rpt. Limit (uG/m3)	Amount (uG/m3)	
Vinyl Chloride	0.16	Not Detected	UJ	0.40	Not Detected	UJ
Chloroethane	0.19	Not Detected		0.49	Not Detected	
Freon 113	0.16	Not Detected		1.2	Not Detected	
1,1-Dichloroethene	0.16	Not Detected	UJ	0.61	Not Detected	UJ
Methylene Chloride	0.31	Not Detected		1.1	Not Detected	
trans-1,2-Dichloroethene	0.16	Not Detected		0.61	Not Detected	
1,1-Dichloroethane	0.16	Not Detected		0.63	Not Detected	
cis-1,2-Dichloroethene	0.16	Not Detected		0.61	Not Detected	
1,1,1-Trichloroethane	0.16	Not Detected		0.84	Not Detected	
Trichloroethene	0.16	0.18		0.83	0.95	
Tetrachloroethene	0.16	Not Detected		1.0	Not Detected	

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	86	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-16

ID#: 0502537A-01A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030613	Date of Collection:	2/23/05
Dil. Factor:	1.52	Date of Analysis:	3/6/05 09:31 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected UJ	0.39	Not Detected UJ
Chloroethane	0.18	0.22	0.48	0.58
Freon 113	0.15	0.44	1.2	3.4
1,1-Dichloroethene	0.15	0.16 J	0.60	0.61 J
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	0.21	0.62	0.84
cis-1,2-Dichloroethene	0.15	0.32	0.60	1.2
1,1,1-Trichloroethane	0.15	4.2	0.83	23
Trichloroethene	0.15	1.2	0.82	6.2
Tetrachloroethene	0.15	0.60	1.0	4.1

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	87	70-130
Toluene-d8	104	70-130
4-Bromofluorobenzene	86	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-018-B-16

ID#: 0502537A-02A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030616	Date of Collection:	2/24/05
Dil. Factor:	49.4	Date of Analysis:	3/7/05 01:00 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	4.9	Not Detected UJ	13	Not Detected UJ
Chloroethane	5.9	Not Detected	16	Not Detected
Freon 113	4.9	140	38	1100
1,1-Dichloroethene	4.9	17 J	20	68 J
Methylene Chloride	9.9	Not Detected	34	Not Detected
trans-1,2-Dichloroethene	4.9	7.4	20	29
1,1-Dichloroethane	4.9	26	20	100
cis-1,2-Dichloroethene	4.9	20	20	80
1,1,1-Trichloroethane	4.9	390	27	2100
Trichloroethene	4.9	1200	26	6700
Tetrachloroethene	4.9	810	34	5500

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	87	70-130
Toluene-d8	108	70-130
4-Bromofluorobenzene	83	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-029-1-01

ID#: 0502537A-03A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030618	Date of Collection:	2/24/05
Dil. Factor:	1.44	Date of Analysis:	3/7/05 02:44 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)		Rpt. Limit (uG/m3)	Amount (uG/m3)	
Vinyl Chloride	0.14	Not Detected	UJ	0.37	Not Detected	UJ
Chloroethane	0.17	Not Detected		0.46	Not Detected	
Freon 113	0.14	Not Detected		1.1	Not Detected	
1,1-Dichloroethene	0.14	Not Detected	UJ	0.57	Not Detected	UJ
Methylene Chloride	0.29	Not Detected		1.0	Not Detected	
trans-1,2-Dichloroethene	0.14	Not Detected		0.57	Not Detected	
1,1-Dichloroethane	0.14	Not Detected		0.58	Not Detected	
cis-1,2-Dichloroethene	0.14	Not Detected		0.57	Not Detected	
1,1,1-Trichloroethane	0.14	Not Detected		0.78	Not Detected	
Trichloroethene	0.14	0.16		0.77	0.85	
Tetrachloroethene	0.14	Not Detected		0.98	Not Detected	

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	89	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-029-1-01

ID#: 0502537A-04A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030619	Date of Collection:	2/24/05
Dil. Factor:	1.52	Date of Analysis:	3/7/05 03:27 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected UJ	0.39	Not Detected UJ
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.15	Not Detected UJ	0.60	Not Detected UJ
Methylene Chloride	0.30	0.42	1.0	1.5
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	2.7	0.83	15
Trichloroethene	0.15	58	0.82	310
Tetrachloroethene	0.15	3.3	1.0	22

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	111	70-130
4-Bromofluorobenzene	84	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-DUP022305-02

ID#: 0502537A-05A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030620	Date of Collection:	2/24/05
Dil. Factor:	1.52	Date of Analysis:	3/7/05 04:09 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)		Rpt. Limit (uG/m3)	Amount (uG/m3)	
Vinyl Chloride	0.15	Not Detected	UJ	0.39	Not Detected	UJ
Chloroethane	0.18	Not Detected		0.48	Not Detected	
Freon 113	0.15	Not Detected		1.2	Not Detected	
1,1-Dichloroethene	0.15	Not Detected	UJ	0.60	Not Detected	UJ
Methylene Chloride	0.30	Not Detected		1.0	Not Detected	
trans-1,2-Dichloroethene	0.15	Not Detected		0.60	Not Detected	
1,1-Dichloroethane	0.15	Not Detected		0.62	Not Detected	
cis-1,2-Dichloroethene	0.15	Not Detected		0.60	Not Detected	
1,1,1-Trichloroethane	0.15	Not Detected		0.83	Not Detected	
Trichloroethene	0.15	0.19		0.82	1.0	
Tetrachloroethene	0.15	Not Detected		1.0	Not Detected	

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	90	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	86	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-DUP022305-02

ID#: 0502537A-06A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030623	Date of Collection:	2/24/05
Dil. Factor:	1.76	Date of Analysis:	3/7/05 06:43 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)		Rpt. Limit (uG/m3)	Amount (uG/m3)	
Vinyl Chloride	0.18	Not Detected	UJ	0.45	Not Detected	UJ
Chloroethane	0.21	Not Detected		0.56	Not Detected	
Freon 113	0.18	Not Detected		1.3	Not Detected	
1,1-Dichloroethene	0.18	Not Detected	UJ	0.70	Not Detected	UJ
Methylene Chloride	0.35	0.45		1.2	1.6	
trans-1,2-Dichloroethene	0.18	Not Detected		0.70	Not Detected	
1,1-Dichloroethane	0.18	Not Detected		0.71	Not Detected	
cis-1,2-Dichloroethene	0.18	Not Detected		0.70	Not Detected	
1,1,1-Trichloroethane	0.18	2.5		0.96	14	
Trichloroethene	0.18	58		0.94	310	
Tetrachloroethene	0.18	3.5		1.2	24	

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	113	70-130
4-Bromofluorobenzene	91	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-029-G-01

ID#: 0502537A-07A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030624	Date of Collection:	2/24/05
Dil. Factor:	1.34	Date of Analysis:	3/7/05 07:25 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.13	Not Detected UJ	0.34	Not Detected UJ
Chloroethane	0.16	Not Detected	0.42	Not Detected
Freon 113	0.13	Not Detected	1.0	Not Detected
1,1-Dichloroethene	0.13	Not Detected UJ	0.53	Not Detected UJ
Methylene Chloride	0.27	0.45	0.93	1.6
trans-1,2-Dichloroethene	0.13	Not Detected	0.53	Not Detected
1,1-Dichloroethane	0.13	Not Detected	0.54	Not Detected
cis-1,2-Dichloroethene	0.13	Not Detected	0.53	Not Detected
1,1,1-Trichloroethane	0.13	Not Detected	0.73	Not Detected
~~Trichloroethene~~	~~0.13~~	~~Not Detected~~	~~0.72~~	~~Not Detected~~
Tetrachloroethene	0.13	Not Detected	0.91	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	107	70-130
4-Bromofluorobenzene	86	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-040-1-03

ID#: 0502537A-08A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030706	Date of Collection:	2/23/05
Dil. Factor:	39.5	Date of Analysis:	3/7/05 03:28 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	4.0	Not Detected	10	Not Detected
Chloroethane	4.7	Not Detected	12	Not Detected
Freon 113	4.0	Not Detected	30	Not Detected
1,1-Dichloroethene	4.0	Not Detected ~~UJ~~ UJ	16	Not Detected ~~UJ~~ UJ
Methylene Chloride	7.9	Not Detected	27	Not Detected
trans-1,2-Dichloroethene	4.0	Not Detected	16	Not Detected
1,1-Dichloroethane	4.0	4.4	16	18
cis-1,2-Dichloroethene	4.0	Not Detected	16	Not Detected
1,1,1-Trichloroethane	4.0	32	22	170
Trichloroethene	4.0	740	21	4000
Tetrachloroethene	4.0	99	27	670

UJ = Non-detected compound associated with low bias in the CCV

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	83	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-040-1-04

ID#: 0502537A-09A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030707	Date of Collection:	2/23/05
Dil. Factor:	1.49	Date of Analysis:	3/7/05 04:09 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected	0.47	Not Detected
Freon 113	0.15	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.15	Not Detected ~~UJ~~ UJ	0.59	Not Detected ~~UJ~~ UJ
Methylene Chloride	0.30	0.33	1.0	1.1
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.60	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.81	Not Detected
Trichloroethene	0.15	0.27	0.80	1.4
Tetrachloroethene	0.15	0.39	1.0	2.6

UJ = Non-detected compound associated with low bias in the CCV

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	110	70-130
4-Bromofluorobenzene	86	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-15

ID#: 0502537A-11A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030709	Date of Collection:	2/23/05
Dil. Factor:	1.55	Date of Analysis:	3/7/05 05:47 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	0.44	1.2	3.4
1,1-Dichloroethene	0.16	0.18 ~~J~~ J	0.61	0.73 ~~J~~ J
Methylene Chloride	0.31	0.32	1.1	1.1
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	0.21	0.63	0.84
cis-1,2-Dichloroethene	0.16	0.25	0.61	1.0
1,1,1-Trichloroethane	0.16	4.3	0.84	24
Trichloroethene	0.16	1.2	0.83	6.2
Tetrachloroethene	0.16	0.60	1.0	4.1

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	90	70-130

04/08/05

AIR TOXICS LTD.

SAMPLE NAME: SS-018-B-17

ID#: 0502537A-12A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030712	Date of Collection:	2/23/05
Dil. Factor:	146	Date of Analysis:	3/7/05 09:31 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	15	Not Detected	37	Not Detected
Chloroethane	18	Not Detected	46	Not Detected
Freon 113	15	68	110	520
1,1-Dichloroethene	15	Not Detected ~~UJ~~ UJ	58	Not Detected ~~UJ~~ UJ
Methylene Chloride	29	Not Detected	100	Not Detected
trans-1,2-Dichloroethene	15	Not Detected	58	Not Detected
1,1-Dichloroethane	15	Not Detected	59	Not Detected
cis-1,2-Dichloroethene	15	82	58	320
1,1,1-Trichloroethane	15	50	80	270
Trichloroethene	15	290	78	1500
Tetrachloroethene	15	2900	99	20000

UJ = Non-detected compound associated with low bias in the CCV

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	87	70-130
Toluene-d8	107	70-130
4-Bromofluorobenzene	78	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-17

ID#: 0502537A-13A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030716	Date of Collection:	2/23/05
Dil. Factor:	15.2	Date of Analysis:	3/8/05 01:35 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	1.5	5.9	3.9	15
Chloroethane	1.8	6.1	4.8	16
Freon 113	1.5	9.1	12	69
1,1-Dichloroethene	1.5	5.1 J	6.0	20 J
Methylene Chloride	3.0	Not Detected	10	Not Detected
trans-1,2-Dichloroethene	1.5	Not Detected	6.0	Not Detected
1,1-Dichloroethane	1.5	5.4	6.2	22
cis-1,2-Dichloroethene	1.5	8.9	6.0	35
1,1,1-Trichloroethane	1.5	320	8.3	1700
Trichloroethene	1.5	28	8.2	150
Tetrachloroethene	1.5	26	10	180

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	105	70-130
4-Bromofluorobenzene	81	70-130

04/08/05

AIR TOXICS LTD.

SAMPLE NAME: SS-018-B-18

ID#: 0502537A-14A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030720	Date of Collection:	2/23/05
Dil. Factor:	316	Date of Analysis:	3/8/05 05:39 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	32	Not Detected	81	Not Detected
Chloroethane	38	Not Detected	100	Not Detected
Freon 113	32	250	240	1900
1,1-Dichloroethene	32	Not Detected ~~UJ~~ UJ	120	Not Detected ~~UJ~~ UJ
Methylene Chloride	63	Not Detected	220	Not Detected
trans-1,2-Dichloroethene	32	Not Detected	120	Not Detected
1,1-Dichloroethane	32	Not Detected	130	Not Detected
cis-1,2-Dichloroethene	32	480	120	1900
1,1,1-Trichloroethane	32	74	170	410
Trichloroethene	32	570	170	3000
Tetrachloroethene	32	9400	210	64000

UJ = Non-detected compound associated with low bias in the CCV

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	82	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-18

ID#: 0502537A-15A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030721	Date of Collection:	2/23/05
Dil. Factor:	3.60	Date of Analysis:	3/8/05 06:33 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.36	1.9	0.92	4.9
Chloroethane	0.43	2.1	1.1	5.5
Freon 113	0.36	3.8	2.8	29
1,1-Dichloroethene	0.36	1.5 ~~J~~ J	1.4	5.9 ~~J~~ J
Methylene Chloride	0.72	0.71 J	2.5	2.5
trans-1,2-Dichloroethene	0.36	Not Detected	1.4	Not Detected
1,1-Dichloroethane	0.36	1.9	1.4	7.7
cis-1,2-Dichloroethene	0.36	3.7	1.4	15
1,1,1-Trichloroethane	0.36	120	2.0	660
Trichloroethene	0.36	10	1.9	56
Tetrachloroethene	0.36	27	2.4	180

J = Estimated value due to bias in the CCV.
J = Estimated value.
Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	81	70-130

04/08/05

AIR TOXICS LTD.

SAMPLE NAME: IA-018-1-02

ID#: 0502537A-16A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030723	Date of Collection:	2/24/05
Dil. Factor:	1.55	Date of Analysis:	3/8/05 08:14 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	0.19	1.2	1.4
1,1-Dichloroethene	0.16	Not Detected ~~UJ~~ UJ	0.61	Not Detected ~~UJ~~ UJ
Methylene Chloride	0.31	0.38	1.1	1.3
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	0.27	0.63	1.1
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	1.4	0.84	7.6
Trichloroethene	0.16	0.36	0.83	1.9
Tetrachloroethene	0.16	0.22	1.0	1.5

UJ = Non-detected compound associated with low bias in the CCV

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	78	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	104	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-018-G-01

ID#: 0502537A-17A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030724	Date of Collection:	2/24/05
Dil. Factor:	2.17	Date of Analysis:	3/8/05 09:11 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.22	Not Detected	0.55	Not Detected
Chloroethane	0.26	Not Detected	0.69	Not Detected
Freon 113	0.22	Not Detected	1.7	Not Detected
1,1-Dichloroethene	0.22	Not Detected ~~UJ~~ UJ	0.86	Not Detected ~~UJ~~ UJ
Methylene Chloride	0.43	Not Detected	1.5	Not Detected
trans-1,2-Dichloroethene	0.22	Not Detected	0.86	Not Detected
1,1-Dichloroethane	0.22	Not Detected	0.88	Not Detected
cis-1,2-Dichloroethene	0.22	Not Detected	0.86	Not Detected
1,1,1-Trichloroethane	0.22	Not Detected	1.2	Not Detected
~~Trichloroethene~~	~~0.22~~	~~Not Detected~~	~~1.2~~	~~Not Detected~~
Tetrachloroethene	0.22	Not Detected	1.5	Not Detected

UJ = Non-detected compound associated with low bias in the CCV

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	104	70-130
4-Bromofluorobenzene	88	70-130

04/08/05

AIR TOXICS LTD.

SAMPLE NAME: SS-018-1-01

ID#: 0502537A-18A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030722	Date of Collection:	2/24/05
Dil. Factor:	122	Date of Analysis:	3/8/05 07:22 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	12	Not Detected	31	Not Detected
Chloroethane	15	Not Detected	39	Not Detected
Freon 113	12	4600	94	35000
1,1-Dichloroethene	12	Not Detected ~~UJ~~ UJ	48	Not Detected ~~UJ~~ UJ
Methylene Chloride	24	Not Detected	85	Not Detected
trans-1,2-Dichloroethene	12	Not Detected	48	Not Detected
1,1-Dichloroethane	12	Not Detected	49	Not Detected
cis-1,2-Dichloroethene	12	Not Detected	48	Not Detected
1,1,1-Trichloroethane	12	200	66	1100
Trichloroethene	12	1100	66	5700
Tetrachloroethene	12	880	83	6000

UJ = Non-detected compound associated with low bias in the CCV

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	110	70-130
4-Bromofluorobenzene	76	70-130

04/08/05

AIR TOXICS LTD.

SAMPLE NAME: IA-018-1-01

ID#: 0502537A-19A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030725	Date of Collection:	2/24/05
Dil. Factor:	1.52	Date of Analysis:	3/8/05 10:02 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.19	1.2	1.5
1,1-Dichloroethene	0.15	Not Detected ~~UJ~~ UJ	0.60	Not Detected ~~UJ~~ UJ
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.83	Not Detected
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~	~~0.82~~	~~Not Detected~~
Tetrachloroethene	0.15	Not Detected	1.0	Not Detected

UJ = Non-detected compound associated with low bias in the CCV

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	105	70-130
4-Bromofluorobenzene	85	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-019-1-01

ID#: 0502537B-20A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030816	Date of Collection:	2/25/05
Dil. Factor:	11.2	Date of Analysis:	3/9/05 01:58 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	1.1	Not Detected	2.9	Not Detected
Chloroethane	1.3	Not Detected	3.5	Not Detected
Freon 113	1.1	Not Detected	8.6	Not Detected
1,1-Dichloroethene	1.1	Not Detected	4.4	Not Detected
Methylene Chloride	2.2	Not Detected	7.8	Not Detected
trans-1,2-Dichloroethene	1.1	Not Detected	4.4	Not Detected
1,1-Dichloroethane	1.1	Not Detected	4.5	Not Detected
cis-1,2-Dichloroethene	1.1	Not Detected	4.4	Not Detected
1,1,1-Trichloroethane	1.1	3.6	6.1	20
Trichloroethene	1.1	260	6.0	1400
Tetrachloroethene	1.1	56	7.6	380

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	87	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	98	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-019-1-01

ID#: 0502537B-21A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030817	Date of Collection:	2/25/05
Dil. Factor:	1.55	Date of Analysis:	3/9/05 02:39 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	0.46	1.1	1.6
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.84	Not Detected
Trichloroethene	0.16	Not Detected	0.83	Not Detected
Tetrachloroethene	0.16	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	96	70-130
4-Bromofluorobenzene	83	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-257-B-01

ID#: 0502537B-22A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030819	Date of Collection:	2/25/05
Dil. Factor:	1.58	Date of Analysis:	3/9/05 04:48 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.50	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.63	Not Detected
Methylene Chloride	0.32	0.73	1.1	2.5
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.64	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1,1-Trichloroethane	0.16	0.68	0.86	3.7
Trichloroethene	0.16	0.58	0.85	3.1
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	109	70-130
4-Bromofluorobenzene	98	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-257-B-01

ID#: 0502537B-23A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030820	Date of Collection:	2/25/05
Dil. Factor:	1.58	Date of Analysis:	3/9/05 06:44 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.50	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.63	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.64	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.86	Not Detected
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~	~~0.85~~	~~Not Detected~~
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	80	70-130
Toluene-d8	107	70-130
4-Bromofluorobenzene	88	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-257-G-01

ID#: 0502537B-24A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030821	Date of Collection:	2/25/05
Dil. Factor:	1.55	Date of Analysis:	3/9/05 07:25 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.84	Not Detected
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~	~~0.83~~	~~Not Detected~~
Tetrachloroethene	0.16	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	86	70-130

04/08/05

AIR TOXICS LTD.

SAMPLE NAME: IA-258-B-01

ID#: 0502537B-25A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030822	Date of Collection:	2/25/05
Dil. Factor:	1.58	Date of Analysis:	3/9/05 08:14 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.50	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.63	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.64	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.86	Not Detected
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~	~~0.85~~	~~Not Detected~~
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	89	70-130

04/08/05
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AIR TOXICS LTD.

SAMPLE NAME: SS-258-B-01

ID#: 0502537B-26A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030823	Date of Collection:	2/25/05
Dil. Factor:	1.58	Date of Analysis:	3/9/05 08:56 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.50	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.63	Not Detected
Methylene Chloride	0.32	1.4 J	1.1	5.0 J
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.64	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.86	Not Detected
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~	~~0.85~~	~~Not Detected~~
Tetrachloroethene	0.16	0.22	1.1	1.5

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	94	70-130

04/08/05
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AIR TOXICS LTD.

SAMPLE NAME: IA-039-B-01

ID#: 0502537B-27A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030910	Date of Collection:	2/25/05
Dil. Factor:	1.58	Date of Analysis:	3/9/05 07:26 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.50	Not Detected
Freon 113	0.16	0.41	1.2	3.1
1,1-Dichloroethene	0.16	Not Detected	0.63	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.64	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.86	Not Detected
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~	~~0.85~~	~~Not Detected~~
Tetrachloroethene	0.16	0.21	1.1	1.4

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	88	70-130

04/08/05
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AIR TOXICS LTD.

SAMPLE NAME: SS-039-B-01

ID#: 0502537B-28A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030911	Date of Collection:	2/25/05
Dil. Factor:	1.79	Date of Analysis:	3/9/05 09:35 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.18	Not Detected	0.46	Not Detected
Chloroethane	0.21	Not Detected	0.57	Not Detected
Freon 113	0.18	0.67	1.4	5.2
1,1-Dichloroethene	0.18	Not Detected	0.71	Not Detected
Methylene Chloride	0.36	Not Detected	1.2	Not Detected
trans-1,2-Dichloroethene	0.18	Not Detected	0.71	Not Detected
1,1-Dichloroethane	0.18	Not Detected	0.72	Not Detected
cis-1,2-Dichloroethene	0.18	Not Detected	0.71	Not Detected
1,1,1-Trichloroethane	0.18	2.9	0.98	16
Trichloroethene	0.18	1.8	0.96	9.5
Tetrachloroethene	0.18	68	1.2	460

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	82	70-130

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AIR TOXICS LTD.

SAMPLE NAME: ~~OA-039-B-01~~ OA-039-G-01

ID#: 0502537B-29A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030912	Date of Collection:	2/25/05
Dil. Factor:	1.36	Date of Analysis:	3/9/05 10:32 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.35	Not Detected
Chloroethane	0.16	Not Detected	0.43	Not Detected
Freon 113	0.14	Not Detected	1.0	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.54	Not Detected
Methylene Chloride	0.27	Not Detected	0.94	Not Detected
trans-1,2-Dichloroethene	0.14	Not Detected	0.54	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.55	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.54	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.74	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.73~~	~~Not Detected~~
Tetrachloroethene	0.14	Not Detected	0.92	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	108	70-130
4-Bromofluorobenzene	85	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-039-B-02

ID#: 0502537B-30A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030913	Date of Collection:	2/25/05
Dil. Factor:	1.55	Date of Analysis:	3/9/05 11:46 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	1.6	1.2	12
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	0.21	0.84	1.1
Trichloroethene	0.16	0.40	0.83	2.2
Tetrachloroethene	0.16	0.67	1.0	4.6

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	101	70-130
4-Bromofluorobenzene	85	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-039-B-02

ID#: 0502537B-31A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030918	Date of Collection:	2/25/05
Dil. Factor:	17.5	Date of Analysis:	3/10/05 04:07 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	1.8	Not Detected	4.5	Not Detected
Chloroethane	2.1	Not Detected	5.5	Not Detected
Freon 113	1.8	Not Detected	13	Not Detected
1,1-Dichloroethene	1.8	Not Detected	6.9	Not Detected
Methylene Chloride	3.5	Not Detected	12	Not Detected
trans-1,2-Dichloroethene	1.8	Not Detected	6.9	Not Detected
1,1-Dichloroethane	1.8	Not Detected	7.1	Not Detected
cis-1,2-Dichloroethene	1.8	Not Detected	6.9	Not Detected
1,1,1-Trichloroethane	1.8	2.2	9.5	12
Trichloroethene	1.8	27	9.4	150
Tetrachloroethene	1.8	490	12	3300

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	104	70-130
4-Bromofluorobenzene	86	70-130

04/08/05

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AIR TOXICS LTD.

SAMPLE NAME: OA-029-G-01

ID#: 0502537CR1-07A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031137	Date of Collection:	2/24/05
Dil. Factor:	1.34	Date of Analysis:	3/12/05 09:29 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.027	Not Detected UJ	0.14	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	109	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	112	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-018-G-01

ID#: 0502537CR1-17A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031210	Date of Collection:	2/24/04
Dil. Factor:	2.17	Date of Analysis:	3/12/05 05:59 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.043	Not Detected UJ	0.23	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	113	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	113	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-018-1-01

ID#: 0502537CR1-19A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031211	Date of Collection:	2/24/04
Dil. Factor:	1.52	Date of Analysis:	3/12/05 07:07 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.030	0.052 J	0.16	0.28 J

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	114	70-130
Toluene-d8	95	70-130
4-Bromofluorobenzene	109	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: IA-019-1-01

ID#: 0502537CR1-21A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031212	Date of Collection:	2/25/05
Dil. Factor:	1.55	Date of Analysis:	3/12/05 07:45 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.031	Not Detected UJ	0.17	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	119	70-130
Toluene-d8	96	70-130
4-Bromofluorobenzene	116	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-257-B-01

ID#: 0502537CR1-23A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031213	Date of Collection:	2/25/05
Dil. Factor:	1.58	Date of Analysis:	3/12/05 08:27 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)		Rpt. Limit (uG/m3)	Amount (uG/m3)	
Trichloroethene	0.032	Not Detected	UJ	0.17	Not Detected	UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	125	70-130
Toluene-d8	104	70-130
4-Bromofluorobenzene	116	70-130

04/05/05
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AIR TOXICS LTD.

SAMPLE NAME: OA-257-G-01

ID#: 0502537CR1-24A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031214	Date of Collection:	2/25/05
Dil. Factor:	1.55	Date of Analysis:	3/12/05 09:06 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.031	Not Detected R	0.17	Not Detected R

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	116	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	114	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: IA-258-B-01

ID#: 0502537CR1-25A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031215	Date of Collection:	2/25/05
Dil. Factor:	1.58	Date of Analysis:	3/12/05 10:02 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.032	Not Detected ND	0.17	Not Detected ND

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	116	70-130
Toluene-d8	96	70-130
4-Bromofluorobenzene	114	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-258-B-01

ID#: 0502537CR1-26A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031524	Date of Collection:	2/25/05
Dil. Factor:	2.01	Date of Analysis:	3/16/05 07:14 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.040	0.048 J	0.22	0.26 J

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	105	70-130
Toluene-d8	95	70-130
4-Bromofluorobenzene	113	70-130

04/15/05
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AIR TOXICS LTD.

SAMPLE NAME: IA-039-B-01

ID#: 0502537CR1-27A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031525	Date of Collection:	2/25/05
Dil. Factor:	2.15	Date of Analysis:	3/16/05 07:56 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.043	Not Detected ND	0.23	Not Detected ND

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	103	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	106	70-130

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AIR TOXICS LTD.

SAMPLE NAME: ~~OA-039-B-01~~ OA-039-G-01

ID#: 0502537CR1-29A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031522	Date of Collection:	2/25/05
Dil. Factor:	1.73	Date of Analysis:	3/16/05 02:09 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.035	Not Detected ND	0.18	Not Detected ND

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	102	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	106	70-130

04/15/05

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AIR TOXICS LTD.

SAMPLE NAME: SS-008-B-01

ID#: 0503045-01A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030925	Date of Collection:	3/1/05
Dil. Factor:	5.07	Date of Analysis:	3/10/05 10:16 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.51	Not Detected	1.3	Not Detected
Chloroethane	0.61	Not Detected	1.6	Not Detected
Freon 113	0.51	Not Detected	3.9	Not Detected
1,1-Dichloroethene	0.51	Not Detected	2.0	Not Detected
Methylene Chloride	1.0	Not Detected	3.5	Not Detected
trans-1,2-Dichloroethene	0.51	Not Detected	2.0	Not Detected
1,1-Dichloroethane	0.51	Not Detected	2.0	Not Detected
cis-1,2-Dichloroethene	0.51	Not Detected	2.0	Not Detected
1,1,1-Trichloroethane	0.51	5.0	2.8	27
Trichloroethene	0.51	90	2.7	480
Tetrachloroethene	0.51	2.6	3.4	17

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	101	70-130
4-Bromofluorobenzene	100	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-008-B-01

ID#: 0503045-02A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4030926	Date of Collection:	3/1/05
Dil. Factor:	1.55	Date of Analysis:	3/10/05 10:59 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	0.17	0.84	0.93
Trichloroethene	0.16	0.88	0.83	4.7
Tetrachloroethene	0.16	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	79	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	86	70-130

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AIR TOXICS LTD.

OA-008-G-01

SAMPLE NAME: ~~7A-008-G-01~~

ID#: 0503045-03A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031007	Date of Collection:	3/1/05
Dil. Factor:	1.68	Date of Analysis:	3/10/05 04:10 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.17	Not Detected RJ	0.43	Not Detected RJ
Chloroethane	0.20	Not Detected	0.53	Not Detected
Freon 113	0.17	Not Detected	1.3	Not Detected
1,1-Dichloroethene	0.17	Not Detected	0.67	Not Detected
Methylene Chloride	0.34	Not Detected	1.2	Not Detected
trans-1,2-Dichloroethene	0.17	Not Detected	0.67	Not Detected
1,1-Dichloroethane	0.17	Not Detected	0.68	Not Detected
cis-1,2-Dichloroethene	0.17	Not Detected	0.67	Not Detected
1,1,1-Trichloroethane	0.17	Not Detected	0.92	Not Detected
~~Trichloroethene~~	~~0.17~~	~~Not Detected~~	~~0.90~~	~~Not Detected~~
Tetrachloroethene	0.17	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	86	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-032-B-01

ID#: 0503045-04A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031010	Date of Collection:	3/1/05
Dil. Factor:	3.28	Date of Analysis:	3/10/05 07:13 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.33	Not Detected	0.84	Not Detected
Chloroethane	0.39	Not Detected	1.0	Not Detected
Freon 113	0.33	Not Detected	2.5	Not Detected
1,1-Dichloroethene	0.33	Not Detected	1.3	Not Detected
Methylene Chloride	0.66	Not Detected	2.3	Not Detected
trans-1,2-Dichloroethene	0.33	Not Detected	1.3	Not Detected
1,1-Dichloroethane	0.33	Not Detected	1.3	Not Detected
cis-1,2-Dichloroethene	0.33	Not Detected	1.3	Not Detected
1,1,1-Trichloroethane	0.33	3.1	1.8	17
Trichloroethene	0.33	80	1.8	430
Tetrachloroethene	0.33	37	2.2	250

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	81	70-130
Toluene-d8	107	70-130
4-Bromofluorobenzene	92	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-032-B-01

ID#: 0503045-05A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031011	Date of Collection:	3/1/05
Dil. Factor:	1.52	Date of Analysis:	3/10/05 08:11 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.83	Not Detected
Trichloroethene	0.15	0.42	0.82	2.3
Tetrachloroethene	0.15	0.15	1.0	1.0

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	86	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-022-B-01

ID#: 0503045-06A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031012	Date of Collection:	3/1/05
Dil. Factor:	26.3	Date of Analysis:	3/10/05 09:15 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	2.6	Not Detected	6.7	Not Detected
Chloroethane	3.2	Not Detected	8.3	Not Detected
Freon 113	2.6	8.8	20	67
1,1-Dichloroethene	2.6	9.7	10	38
Methylene Chloride	5.3	Not Detected	18	Not Detected
trans-1,2-Dichloroethene	2.6	Not Detected	10	Not Detected
1,1-Dichloroethane	2.6	8.6	11	35
cis-1,2-Dichloroethene	2.6	2.6	10	10
1,1,1-Trichloroethane	2.6	140	14	770
Trichloroethene	2.6	820	14	4400
Tetrachloroethene	2.6	14	18	96

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	98	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-022-B-01

ID#: 0503045-07A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031022	Date of Collection:	3/1/05
Dil. Factor:	1.75	Date of Analysis:	3/11/05 08:39 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.18	Not Detected	0.45	Not Detected
Chloroethane	0.21	Not Detected	0.55	Not Detected
Freon 113	0.18	Not Detected	1.3	Not Detected
1,1-Dichloroethene	0.18	Not Detected	0.69	Not Detected
Methylene Chloride	0.35	Not Detected	1.2	Not Detected
trans-1,2-Dichloroethene	0.18	Not Detected	0.69	Not Detected
1,1-Dichloroethane	0.18	Not Detected	0.71	Not Detected
cis-1,2-Dichloroethene	0.18	Not Detected	0.69	Not Detected
1,1,1-Trichloroethane	0.18	0.19	0.95	1.0
Trichloroethene	0.18	0.31	0.94	1.7
Tetrachloroethene	0.18	Not Detected	1.2	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	84	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-DUP022805-02

ID#: 0503045-08A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031015	Date of Collection:	3/1/05
Dil. Factor:	31.0	Date of Analysis:	3/11/05 01:00 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	3.1	Not Detected	7.9	Not Detected
Chloroethane	3.7	Not Detected	9.8	Not Detected
Freon 113	3.1	9.8	24	75
1,1-Dichloroethene	3.1	8.2	12	32
Methylene Chloride	6.2	Not Detected	22	Not Detected
trans-1,2-Dichloroethene	3.1	Not Detected	12	Not Detected
1,1-Dichloroethane	3.1	10	12	41
cis-1,2-Dichloroethene	3.1	4.0	12	16
1,1,1-Trichloroethane	3.1	140	17	800
Trichloroethene	3.1	880	17	4700
Tetrachloroethene	3.1	14	21	94

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	101	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-DUP022805-01

ID#: 0503045-09A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031014	Date of Collection:	3/1/05
Dil. Factor:	1.61	Date of Analysis:	3/11/05 12:05 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	Not Detected	0.51	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.64	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.65	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1,1-Trichloroethane	0.16	0.16	0.88	0.89
Trichloroethene	0.16	0.25	0.86	1.4
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	90	70-130

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AIR TOXICS LTD.

SAMPLE NAME: 0A-008-G-01

ID#: 0503045B-03A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031523	Date of Collection:	3/1/05
Dil. Factor:	2.22	Date of Analysis:	3/16/05 06:35 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.044	0.045 R	0.24	0.24 R

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	102	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	103	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-003-B-01

ID#: 0503079-01A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031016	Date of Collection:	3/2/05
Dil. Factor:	1.71	Date of Analysis:	3/11/05 03:02 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.17	Not Detected	0.44	Not Detected
Chloroethane	0.20	Not Detected	0.54	Not Detected
Freon 113	0.17	Not Detected	1.3	Not Detected
1,1-Dichloroethene	0.17	Not Detected	0.68	Not Detected
Methylene Chloride	0.34	Not Detected	1.2	Not Detected
trans-1,2-Dichloroethene	0.17	Not Detected	0.68	Not Detected
1,1-Dichloroethane	0.17	Not Detected	0.69	Not Detected
cis-1,2-Dichloroethene	0.17	Not Detected	0.68	Not Detected
1,1,1-Trichloroethane	0.17	Not Detected	0.93	Not Detected
Trichloroethene	0.17	0.48	0.92	2.6
Tetrachloroethene	0.17	0.28	1.2	1.9

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	105	70-130
4-Bromofluorobenzene	99	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-022-B-02

ID#: 0503079-02A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031017	Date of Collection:	3/2/05
Dil. Factor:	1.55	Date of Analysis:	3/11/05 03:52 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	0.34	0.84	1.8
Trichloroethene	0.16	0.37	0.83	2.0
Tetrachloroethene	0.16	0.29	1.0	1.9

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	90	70-130
4-Bromofluorobenzene	115	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-022-B-02

ID#: 0503079-03A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031018	Date of Collection:	3/2/05
Dil. Factor:	4.47	Date of Analysis:	3/11/05 04:42 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)		Rpt. Limit (uG/m3)	Amount (uG/m3)	
Vinyl Chloride	0.45	Not Detected	R	1.1	Not Detected	R
Chloroethane	0.54	Not Detected		1.4	Not Detected	
Freon 113	0.45	Not Detected		3.4	Not Detected	
1,1-Dichloroethene	0.45	Not Detected		1.8	Not Detected	
Methylene Chloride	0.89	Not Detected		3.1	Not Detected	
trans-1,2-Dichloroethene	0.45	Not Detected		1.8	Not Detected	
1,1-Dichloroethane	0.45	0.59		1.8	2.4	
cis-1,2-Dichloroethene	0.45	0.59		1.8	2.4	
1,1,1-Trichloroethane	0.45	5.7		2.4	31	
Trichloroethene	0.45	160		2.4	880	
Tetrachloroethene	0.45	11		3.0	76	

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	79	70-130
Toluene-d8	109	70-130
4-Bromofluorobenzene	107	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-003-B-01

ID#: 0503079-04A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031023	Date of Collection:	3/2/05
Dil. Factor:	1.52	Date of Analysis:	3/11/05 09:19 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.15	1.2	1.1 J
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	2.0	0.83	11
Trichloroethene	0.15	41	0.82	220
Tetrachloroethene	0.15	0.86	1.0	5.8

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	104	70-130
4-Bromofluorobenzene	99	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-DUP030105-02

ID#: 0503079-05A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031019	Date of Collection:	NA
Dil. Factor:	1.79	Date of Analysis:	3/11/05 06:26 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.18	Not Detected	0.46	Not Detected
Chloroethane	0.21	Not Detected	0.57	Not Detected
Freon 113	0.18	Not Detected	1.4	Not Detected
1,1-Dichloroethene	0.18	Not Detected	0.71	Not Detected
Methylene Chloride	0.36	0.43	1.2	1.5
trans-1,2-Dichloroethene	0.18	Not Detected	0.71	Not Detected
1,1-Dichloroethane	0.18	Not Detected	0.72	Not Detected
cis-1,2-Dichloroethene	0.18	Not Detected	0.71	Not Detected
1,1,1-Trichloroethane	0.18	Not Detected	0.98	Not Detected
Trichloroethene	0.18	0.42	0.96	2.2
Tetrachloroethene	0.18	0.24	1.2	1.6

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	87	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	88	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-DUP030105-01

ID#: 0503079-06A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031020	Date of Collection:	NA
Dil. Factor:	1.61	Date of Analysis:	3/11/05 07:07 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	Not Detected	0.51	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.64	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.65	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1,1-Trichloroethane	0.16	2.0	0.88	11
Trichloroethene	0.16	40	0.86	210
Tetrachloroethene	0.16	0.89	1.1	6.0

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	100	70-130

04/11/05

AIR TOXICS LTD.

SAMPLE NAME: OA-003-G-01

ID#: 0503079-07A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031021	Date of Collection:	3/2/05
Dil. Factor:	1.39	Date of Analysis:	3/11/05 07:56 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.36	Not Detected
Chloroethane	0.17	Not Detected	0.44	Not Detected
Freon 113	0.14	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.55	Not Detected
Methylene Chloride	0.28	Not Detected	0.96	Not Detected
trans-1,2-Dichloroethene	0.14	Not Detected	0.55	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.56	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.55	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.76	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.75~~	~~Not Detected~~
Tetrachloroethene	0.14	Not Detected	0.94	Not Detected

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Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	83	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-022-G-01

ID#: 0503079-08A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031024	Date of Collection:	3/2/05
Dil. Factor:	1.39	Date of Analysis:	3/11/05 10:00 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.36	Not Detected
Chloroethane	0.17	Not Detected	0.44	Not Detected
Freon 113	0.14	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.55	Not Detected
Methylene Chloride	0.28	Not Detected	0.96	Not Detected
trans-1,2-Dichloroethene	0.14	Not Detected	0.55	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.56	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.55	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.76	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.75~~	~~Not Detected~~
Tetrachloroethene	0.14	Not Detected	0.94	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	86	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-01-G-01

ID#: 0503079-09A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031025	Date of Collection:	3/2/05
Dil. Factor:	1.41	Date of Analysis:	3/11/05 10:40 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.36	Not Detected
Chloroethane	0.17	Not Detected	0.45	Not Detected
Freon 113	0.14	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.56	Not Detected
Methylene Chloride	0.28	0.35	0.98	1.2
trans-1,2-Dichloroethene	0.14	Not Detected	0.56	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.57	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.56	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.77	Not Detected
Trichloroethene	0.14	Not Detected	0.76	Not Detected
Tetrachloroethene	0.14	Not Detected	0.96	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	82	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-01-B-01

ID#: 0503079-10A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031109	Date of Collection:	3/2/05
Dil. Factor:	1.61	Date of Analysis:	3/11/05 06:28 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	Not Detected	0.51	Not Detected
Freon 113	0.16	0.22	1.2	1.7
1,1-Dichloroethene	0.16	Not Detected	0.64	Not Detected
Methylene Chloride	0.32	0.72	1.1	2.5
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	0.20	0.65	0.82
cis-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1,1-Trichloroethane	0.16	0.72	0.88	3.9
Trichloroethene	0.16	2.5	0.86	14
Tetrachloroethene	0.16	0.92	1.1	6.3

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	107	70-130
4-Bromofluorobenzene	101	70-130

AIR TOXICS LTD.

SAMPLE NAME: IA-01-B-01

ID#: 0503079-11A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031026	Date of Collection:	3/2/05
Dil. Factor:	1.61	Date of Analysis:	3/11/05 11:29 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	Not Detected	0.51	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.64	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.65	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1,1-Trichloroethane	0.16	0.24	0.88	1.3
Trichloroethene	0.16	0.46	0.86	2.5
Tetrachloroethene	0.16	0.26	1.1	1.8

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	89	70-130

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0503079BR1

AIR TOXICS LTD.

SAMPLE NAME: OA-003-G-01

ID#: 0503079BR1-07A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8031520r1	Date of Collection:	3/2/05
Dil. Factor:	1.39	Date of Analysis:	3/16/05 04:56 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.028	Not Detected R	0.15	Not Detected R

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	101	70-130
Toluene-d8	96	70-130
4-Bromofluorobenzene	103	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-022-G-01

ID#: 0503079BR1-08A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8031521r1	Date of Collection:	3/2/05
Dil. Factor:	1.39	Date of Analysis:	3/16/05 05:49 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.028	Not Detected	0.15	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	105	70-130
Toluene-d8	95	70-130
4-Bromofluorobenzene	104	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: OA-01-G-01

ID#: 0503079BR1-09A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8031522r1	Date of Collection:	3/2/05
Dil. Factor:	1.41	Date of Analysis:	3/16/05 06:49 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.028	Not Detected	0.15	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	107	70-130
Toluene-d8	97	70-130
4-Bromofluorobenzene	101	70-130

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0503110

AIR TOXICS LTD.

SAMPLE NAME: IA-250-1-02

ID#: 0503110-01A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031110	Date of Collection:	3/2/05
Dil. Factor:	1.52	Date of Analysis:	3/11/05 08:49 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.83	Not Detected
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~	~~0.82~~	~~Not Detected~~
Tetrachloroethene	0.15	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	101	70-130
4-Bromofluorobenzene	99	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-250-1-02

ID#: 0503110-02A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031111	Date of Collection:	3/2/05
Dil. Factor:	1.79	Date of Analysis:	3/11/05 09:40 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.18	Not Detected	0.46	Not Detected
Chloroethane	0.21	Not Detected	0.57	Not Detected
Freon 113	0.18	Not Detected	1.4	Not Detected
1,1-Dichloroethene	0.18	Not Detected	0.71	Not Detected
Methylene Chloride	0.36	0.68	1.2	2.4
trans-1,2-Dichloroethene	0.18	Not Detected	0.71	Not Detected
1,1-Dichloroethane	0.18	Not Detected	0.72	Not Detected
cis-1,2-Dichloroethene	0.18	Not Detected	0.71	Not Detected
1,1,1-Trichloroethane	0.18	Not Detected	0.98	Not Detected
Trichloroethene	0.18	0.32	0.96	1.7
Tetrachloroethene	0.18	0.33	1.2	2.2

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	80	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	97	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-250-G-01

ID#: 0503110-03A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031112	Date of Collection:	3/2/05
Dil. Factor:	1.36	Date of Analysis:	3/11/05 10:27 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.35	Not Detected
Chloroethane	0.16	Not Detected	0.43	Not Detected
Freon 113	0.14	0.13 J	1.0	0.99 J
1,1-Dichloroethene	0.14	Not Detected	0.54	Not Detected
Methylene Chloride	0.27	0.66	0.94	2.3
trans-1,2-Dichloroethene	0.14	Not Detected	0.54	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.55	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.54	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.74	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.73~~	~~Not Detected~~
Tetrachloroethene	0.14	Not Detected	0.92	Not Detected

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	79	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	90	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-250-1-01

ID#: 0503110-04A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031113	Date of Collection:	3/2/05
Dil. Factor:	1.46	Date of Analysis:	3/11/05 11:12 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.37	Not Detected
Chloroethane	0.18	Not Detected	0.46	Not Detected
Freon 113	0.15	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.15	Not Detected	0.58	Not Detected
Methylene Chloride	0.29	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.58	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.59	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.58	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.80	Not Detected
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~	~~0.78~~	~~Not Detected~~
Tetrachloroethene	0.15	Not Detected	0.99	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	97	70-130
4-Bromofluorobenzene	88	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-250-1-01

ID#: 0503110-05A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031114	Date of Collection:	3/2/05
Dil. Factor:	1.58	Date of Analysis:	3/11/05 11:54 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	0.24	0.50	0.63
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.63	Not Detected
Methylene Chloride	0.32	0.38	1.1	1.3
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.64	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1,1-Trichloroethane	0.16	0.75	0.86	4.1
Trichloroethene	0.16	0.19	0.85	1.0
Tetrachloroethene	0.16	0.85	1.1	5.7

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	102	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: SS-250-1-03

ID#: 0503110-06A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031115	Date of Collection:	3/2/05
Dil. Factor:	1.61	Date of Analysis:	3/12/05 12:35 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	Not Detected	0.51	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.64	Not Detected
Methylene Chloride	0.32	0.71	1.1	2.5
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.65	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.88	Not Detected
Trichloroethene	0.16	0.17	0.86	0.91
Tetrachloroethene	0.16	0.26	1.1	1.8

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	77	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	99	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-250-1-03

ID#: 0503110-07A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031116	Date of Collection:	3/2/05
Dil. Factor:	1.83	Date of Analysis:	3/12/05 09:21 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.18	Not Detected	0.47	Not Detected
Chloroethane	0.22	Not Detected	0.58	Not Detected
Freon 113	0.18	Not Detected	1.4	Not Detected
1,1-Dichloroethene	0.18	Not Detected	0.72	Not Detected
Methylene Chloride	0.37	Not Detected	1.3	Not Detected
trans-1,2-Dichloroethene	0.18	Not Detected	0.72	Not Detected
1,1-Dichloroethane	0.18	Not Detected	0.74	Not Detected
cis-1,2-Dichloroethene	0.18	Not Detected	0.72	Not Detected
1,1,1-Trichloroethane	0.18	Not Detected	1.0	Not Detected
~~Trichloroethene~~	~~0.18~~	~~Not Detected~~	~~0.98~~	~~Not Detected~~
Tetrachloroethene	0.18	Not Detected	1.2	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	80	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	93	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-256-1-02

ID#: 0503110-08A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031117	Date of Collection:	3/3/05
Dil. Factor:	1.52	Date of Analysis:	3/12/05 10:39 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.22	1.2	1.7
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.83	Not Detected
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~	~~0.82~~	~~Not Detected~~
Tetrachloroethene	0.15	Not Detected	1.0	Not Detected

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Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	80	70-130
Toluene-d8	95	70-130
4-Bromofluorobenzene	87	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-256-1-02

ID#: 0503110-09A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031118	Date of Collection:	3/3/05
Dil. Factor:	1.61	Date of Analysis:	3/12/05 11:31 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	Not Detected	0.51	Not Detected
Freon 113	0.16	0.61	1.2	4.7
1,1-Dichloroethene	0.16	Not Detected	0.64	Not Detected
Methylene Chloride	0.32	0.36	1.1	1.2
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.65	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.88	Not Detected
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~	~~0.86~~	~~Not Detected~~
Tetrachloroethene	0.16	0.32	1.1	2.1

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	97	70-130
4-Bromofluorobenzene	94	70-130

04/18/05

AIR TOXICS LTD.

SAMPLE NAME: OA-256-G-01

ID#: 0503110-10A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031206	Date of Collection:	3/3/05
Dil. Factor:	1.34	Date of Analysis:	3/12/05 04:23 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.13	Not Detected	0.34	Not Detected
Chloroethane	0.16	Not Detected	0.42	Not Detected
Freon 113	0.13	Not Detected	1.0	Not Detected
1,1-Dichloroethene	0.13	Not Detected	0.53	Not Detected
Methylene Chloride	0.27	0.40	0.93	1.4
trans-1,2-Dichloroethene	0.13	Not Detected	0.53	Not Detected
1,1-Dichloroethane	0.13	Not Detected	0.54	Not Detected
cis-1,2-Dichloroethene	0.13	Not Detected	0.53	Not Detected
1,1,1-Trichloroethane	0.13	Not Detected	0.73	Not Detected
~~Trichloroethene~~	~~0.13~~	~~Not Detected~~	~~0.72~~	~~Not Detected~~
Tetrachloroethene	0.13	Not Detected	0.91	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	88	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-256-1-03

ID#: 0503110-11A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031207	Date of Collection:	3/3/05
Dil. Factor:	3.10	Date of Analysis:	3/12/05 05:14 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.31	Not Detected	0.79	Not Detected
Chloroethane	0.37	Not Detected	0.98	Not Detected
Freon 113	0.31	0.30 J	2.4	2.3 J
1,1-Dichloroethene	0.31	Not Detected	1.2	Not Detected
Methylene Chloride	0.62	Not Detected	2.2	Not Detected
trans-1,2-Dichloroethene	0.31	Not Detected	1.2	Not Detected
1,1-Dichloroethane	0.31	Not Detected	1.2	Not Detected
cis-1,2-Dichloroethene	0.31	Not Detected	1.2	Not Detected
1,1,1-Trichloroethane	0.31	Not Detected	1.7	Not Detected
~~Trichloroethene~~	~~0.31~~	~~Not Detected~~	~~1.7~~	~~Not Detected~~
Tetrachloroethene	0.31	Not Detected	2.1	Not Detected

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	96	70-130
4-Bromofluorobenzene	96	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-256-1-03

ID#: 0503110-12A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031208	Date of Collection:	3/3/05
Dil. Factor:	1.55	Date of Analysis:	3/12/05 06:19 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	0.42	1.2	3.2
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.84	Not Detected
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~	~~0.83~~	~~Not Detected~~
Tetrachloroethene	0.16	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	101	70-130
4-Bromofluorobenzene	89	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: IA-256-1-01

ID#: 0503110-13A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031209	Date of Collection:	3/3/05
Dil. Factor:	1.52	Date of Analysis:	3/12/05 07:17 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.15	1.2	1.2
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.83	Not Detected
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~	~~0.82~~	~~Not Detected~~
Tetrachloroethene	0.15	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	96	70-130
4-Bromofluorobenzene	88	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: SS-256-1-01

ID#: 0503110-14A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031210	Date of Collection:	3/3/05
Dil. Factor:	1.49	Date of Analysis:	3/12/05 07:58 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected	0.47	Not Detected
Freon 113	0.15	0.15	1.1	1.1
1,1-Dichloroethene	0.15	Not Detected	0.59	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.60	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1,1-Trichloroethane	0.15	0.19	0.81	1.0
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~	~~0.80~~	~~Not Detected~~
Tetrachloroethene	0.15	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	88	70-130

04/15/05

0503110B

AIR TOXICS LTD.

SAMPLE NAME: IA-250-1-02

ID#: 0503110B-01A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031526	Date of Collection:	3/2/05
Dil. Factor:	1.52	Date of Analysis:	3/16/05 08:47 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.030	Not Detected	0.16	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	104	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	107	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: OA-250-G-01

ID#: 0503110B-03A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031528	Date of Collection:	3/2/05
Dil. Factor:	1.36	Date of Analysis:	3/16/05 10:06 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.027	Not Detected	0.15	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	107	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	105	70-130

04/15/05
a

AIR TOXICS LTD.

SAMPLE NAME: IA-250-1-01

ID#: 0503110B-04A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031529	Date of Collection:	3/2/05
Dil. Factor:	1.46	Date of Analysis:	3/16/05 10:45 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.029	Not Detected	0.16	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	109	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	107	70-130

04/15/05
a

AIR TOXICS LTD.

SAMPLE NAME: IA-250-1-03

ID#: 0503110B-07A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031530	Date of Collection:	3/2/05
Dil. Factor:	1.83	Date of Analysis:	3/16/05 11:25 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.037	Not Detected	0.20	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	112	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	107	70-130

04/15/05
a

AIR TOXICS LTD.

SAMPLE NAME: IA-256-1-02

ID#: 0503110B-08A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031531	Date of Collection:	3/3/05
Dil. Factor:	1.52	Date of Analysis:	3/16/05 12:03 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)		Rpt. Limit (uG/m3)	Amount (uG/m3)	
Trichloroethene	0.030	Not Detected	R	0.16	Not Detected	R

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	113	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	106	70-130

04/15/05
a

AIR TOXICS LTD.

SAMPLE NAME: SS-256-1-02

ID#: 0503110B-09A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031610	Date of Collection:	3/3/05
Dil. Factor:	1.61	Date of Analysis:	3/17/05 07:45 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.032	Not Detected	0.17	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	120	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	106	70-130

04/15/05 a

AIR TOXICS LTD.

SAMPLE NAME: OA-256-G-01

ID#: 0503110B-10A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031611	Date of Collection:	3/3/05
Dil. Factor:	1.34	Date of Analysis:	3/17/05 08:36 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.027	Not Detected	0.14	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	122	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	107	70-130

04/15/05
a

AIR TOXICS LTD.

SAMPLE NAME: SS-256-1-03

ID#: 0503110B-11A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031612	Date of Collection:	3/3/05
Dil. Factor:	1.55	Date of Analysis:	3/17/05 09:22 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.031	0.035	0.17	0.19

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	123	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	120	70-130

6/15/05
a

AIR TOXICS LTD.

SAMPLE NAME: IA-256-1-03

ID#: 0503110B-12A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031613	Date of Collection:	3/3/05
Dil. Factor:	1.55	Date of Analysis:	3/17/05 10:08 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.031	Not Detected	0.17	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	118	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	110	70-130

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20

AIR TOXICS LTD.

SAMPLE NAME: IA-256-1-01

ID#: 0503110B-13A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031614	Date of Collection:	3/3/05
Dil. Factor:	1.52	Date of Analysis:	3/17/05 11:02 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.030	Not Detected	0.16	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	121	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	109	70-130

04/15/05
a

AIR TOXICS LTD.

SAMPLE NAME: SS-256-1-01

ID#: 0503110B-14A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6031615	Date of Collection:	3/3/05
Dil. Factor:	1.49	Date of Analysis:	3/17/05 11:55 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.030	Not Detected	0.16	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	121	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	109	70-130

04/15/05

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AIR TOXICS LTD.

SAMPLE NAME: IA-032-B-03

ID#: 0503137A-01A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031214	Date of Collection:	3/3/05
Dil. Factor:	1.55	Date of Analysis:	3/13/05 09:11 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.84	Not Detected
Trichloroethene	0.16	0.27	0.83	1.4
Tetrachloroethene	0.16	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	109	70-130
4-Bromofluorobenzene	93	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: OA-032-G-01

ID#: 0503137A-02A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031215	Date of Collection:	3/3/05
Dil. Factor:	1.36	Date of Analysis:	3/13/05 09:56 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.35	Not Detected
Chloroethane	0.16	Not Detected	0.43	Not Detected
Freon 113	0.14	Not Detected	1.0	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.54	Not Detected
Methylene Chloride	0.27	0.36	0.94	1.3
trans-1,2-Dichloroethene	0.14	Not Detected	0.54	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.55	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.54	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.74	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.73~~	~~Not Detected~~
Tetrachloroethene	0.14	Not Detected	0.92	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	89	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	88	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: SS-032-B-02

ID#: 0503137A-03A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031316	Date of Collection:	3/3/05
Dil. Factor:	1.55	Date of Analysis:	3/14/05 03:40 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	0.16	1.2	1.2
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	0.91	1.1	3.2
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	0.32	0.61	1.3
1,1,1-Trichloroethane	0.16	0.15 J	0.84	0.82 J
Trichloroethene	0.16	1.9	0.83	10
Tetrachloroethene	0.16	0.65 ~~J~~ J	1.0	4.4 ~~J~~ J

J = Estimated value.
J = Estimated value due to bias in the CCV.
Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	108	70-130
4-Bromofluorobenzene	96	70-130

04/15/05
L

AIR TOXICS LTD.

SAMPLE NAME: SS-032-B-03

ID#: 0503137A-04A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031312	Date of Collection:	3/3/05
Dil. Factor:	3.42	Date of Analysis:	3/13/05 11:52 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.34	Not Detected	0.87	Not Detected
Chloroethane	0.41	Not Detected	1.1	Not Detected
Freon 113	0.34	Not Detected	2.6	Not Detected
1,1-Dichloroethene	0.34	Not Detected	1.4	Not Detected
Methylene Chloride	0.68	26	2.4	92
trans-1,2-Dichloroethene	0.34	Not Detected	1.4	Not Detected
1,1-Dichloroethane	0.34	1.0	1.4	4.1
cis-1,2-Dichloroethene	0.34	9.2	1.4	36
1,1,1-Trichloroethane	0.34	3.6	1.9	20
Trichloroethene	0.34	120	1.8	620
Tetrachloroethene	0.34	58 J	2.3	390 J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	80	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	94	70-130

04/15/05
G

AIR TOXICS LTD.

SAMPLE NAME: IA-032-B-02

ID#: 0503137A-05A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031315	Date of Collection:	3/3/05
Dil. Factor:	1.49	Date of Analysis:	3/14/05 02:55 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected	0.47	Not Detected
Freon 113	0.15	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.15	Not Detected	0.59	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.60	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.81	Not Detected
Trichloroethene	0.15	0.38	0.80	2.0
Tetrachloroethene	0.15	Not Detected UJ	1.0	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	109	70-130
4-Bromofluorobenzene	92	70-130

04/15/05
LC

AIR TOXICS LTD.

SAMPLE NAME: IA-057A-1-01

ID#: 0503137A-06A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031317	Date of Collection:	3/4/05
Dil. Factor:	1.87	Date of Analysis:	3/14/05 04:49 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.19	Not Detected	0.48	Not Detected
Chloroethane	0.22	2.7	0.59	7.2
Freon 113	0.19	0.90	1.4	6.9
1,1-Dichloroethene	0.19	Not Detected	0.74	Not Detected
Methylene Chloride	0.37	0.93	1.3	3.2
trans-1,2-Dichloroethene	0.19	Not Detected	0.74	Not Detected
1,1-Dichloroethane	0.19	0.20	0.76	0.81
cis-1,2-Dichloroethene	0.19	Not Detected	0.74	Not Detected
1,1,1-Trichloroethane	0.19	0.42	1.0	2.3
Trichloroethene	0.19	3.2	1.0	17
Tetrachloroethene	0.19	Not Detected UJ	1.3	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	105	70-130
4-Bromofluorobenzene	98	70-130

04/15/05
L

AIR TOXICS LTD.

SAMPLE NAME: SS-057A-1-01

ID#: 0503137A-07A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031318	Date of Collection:	3/4/05
Dil. Factor:	316	Date of Analysis:	3/14/05 05:56 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	32	Not Detected	81	Not Detected
Chloroethane	38	Not Detected	100	Not Detected
Freon 113	32	510	240	3900
1,1-Dichloroethene	32	Not Detected	120	Not Detected
Methylene Chloride	63	Not Detected	220	Not Detected
trans-1,2-Dichloroethene	32	Not Detected	120	Not Detected
1,1-Dichloroethane	32	1600	130	6400
cis-1,2-Dichloroethene	32	390	120	1600
1,1,1-Trichloroethane	32	1000	170	5600
Trichloroethene	32	11000	170	59000
Tetrachloroethene	32	Not Detected UJ	210	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	80	70-130

04/15/05
LV

AIR TOXICS LTD.

SAMPLE NAME: SS-057-1-01

ID#: 0503137A-08A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031319	Date of Collection:	3/4/05
Dil. Factor:	1.52	Date of Analysis:	3/14/05 06:50 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.54	1.2	4.1
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	0.38	1.0	1.3
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	2.6	0.83	14
Trichloroethene	0.15	0.61	0.82	3.3
Tetrachloroethene	0.15	1.0 ~~J~~ J	1.0	7.2 ~~J~~ J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	97	70-130

04/15/05
lc

AIR TOXICS LTD.

SAMPLE NAME: IA-057-1-01

ID#: 0503137A-09A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031323	Date of Collection:	3/4/05
Dil. Factor:	1.55	Date of Analysis:	3/14/05 10:21 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.84	Not Detected
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~	~~0.83~~	~~Not Detected~~
Tetrachloroethene	0.16	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	84	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: SS-057-1-02

ID#: 0503137A-10A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031324	Date of Collection:	3/4/05
Dil. Factor:	1.52	Date of Analysis:	3/14/05 11:16 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.84	1.2	6.4
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	0.81	1.0	2.8
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	3.5	0.83	19
Trichloroethene	0.15	4.5	0.82	24
Tetrachloroethene	0.15	0.23 J	1.0	1.6 J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	90	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	104	70-130

04/15/05
lc

AIR TOXICS LTD.

SAMPLE NAME: SS-057-1-04

ID#: 0503137A-11A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031325	Date of Collection:	3/4/05
Dil. Factor:	155	Date of Analysis:	3/14/05 12:03 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	16	Not Detected	40	Not Detected
Chloroethane	19	Not Detected	49	Not Detected
Freon 113	16	Not Detected	120	Not Detected
1,1-Dichloroethene	16	1600	61	6400
Methylene Chloride	31	Not Detected	110	Not Detected
trans-1,2-Dichloroethene	16	Not Detected	61	Not Detected
1,1-Dichloroethane	16	950	63	3900
cis-1,2-Dichloroethene	16	Not Detected	61	Not Detected
1,1,1-Trichloroethane	16	3600	84	20000
Trichloroethene	16	190	83	1000
Tetrachloroethene	16	Not Detected LJ	100	Not Detected LJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	89	70-130

04/15/05
G

AIR TOXICS LTD.

SAMPLE NAME: SS-057-1-05

ID#: 0503137A-12A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031326	Date of Collection:	3/4/05
Dil. Factor:	380	Date of Analysis:	3/14/05 12:53 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	38	Not Detected	97	Not Detected
Chloroethane	46	Not Detected	120	Not Detected
Freon 113	38	12000	290	92000
1,1-Dichloroethene	38	Not Detected	150	Not Detected
Methylene Chloride	76	Not Detected	260	Not Detected
trans-1,2-Dichloroethene	38	Not Detected	150	Not Detected
1,1-Dichloroethane	38	45	150	180
cis-1,2-Dichloroethene	38	Not Detected	150	Not Detected
1,1,1-Trichloroethane	38	760	210	4200
Trichloroethene	38	230	200	1200
Tetrachloroethene	38	60 ~~J~~ J	260	410 ~~J~~ J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	91	70-130
Toluene-d8	101	70-130
4-Bromofluorobenzene	83	70-130

04/15/05
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AIR TOXICS LTD.

SAMPLE NAME: IA-057-1-04

ID#: 0503137A-14A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031328	Date of Collection:	3/4/05
Dil. Factor:	1.52	Date of Analysis:	3/14/05 02:29 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected RJ	0.39	Not Detected RJ
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.18	1.2	1.4
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.83	Not Detected
Trichloroethene	0.15	0.18	0.82	0.94
Tetrachloroethene	0.15	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	95	70-130

04/15/05
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AIR TOXICS LTD.

SAMPLE NAME: OA-057-G-01

ID#: 0503137A-15A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031329	Date of Collection:	3/4/05
Dil. Factor:	1.32	Date of Analysis:	3/14/05 03:21 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.13	Not Detected	0.34	Not Detected
Chloroethane	0.16	Not Detected	0.42	Not Detected
Freon 113	0.13	Not Detected	1.0	Not Detected
1,1-Dichloroethene	0.13	Not Detected	0.52	Not Detected
Methylene Chloride	0.26	0.26	0.92	0.90 J
trans-1,2-Dichloroethene	0.13	Not Detected	0.52	Not Detected
1,1-Dichloroethane	0.13	Not Detected	0.53	Not Detected
cis-1,2-Dichloroethene	0.13	Not Detected	0.52	Not Detected
1,1,1-Trichloroethane	0.13	Not Detected	0.72	Not Detected
~~Trichloroethene~~	~~0.13~~	~~Not Detected~~	~~0.71~~	~~Not Detected~~
Tetrachloroethene	0.13	Not Detected UJ	0.90	Not Detected UJ

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	82	70-130

04/15/05
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AIR TOXICS LTD.

SAMPLE NAME: IA-057-1-03

ID#: 0503137A-16A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031330	Date of Collection:	3/4/05
Dil. Factor:	1.46	Date of Analysis:	3/14/05 04:06 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.37	Not Detected
Chloroethane	0.18	Not Detected	0.46	Not Detected
Freon 113	0.15	0.14 J	1.1	1.1
1,1-Dichloroethene	0.15	Not Detected	0.58	Not Detected
Methylene Chloride	0.29	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.58	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.59	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.58	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.80	Not Detected
Trichloroethene	0.15	0.20	0.78	1.0
Tetrachloroethene	0.15	Not Detected uJ	0.99	Not Detected uJ

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	110	70-130
4-Bromofluorobenzene	92	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: IA-057-1-05

ID#: 0503137A-17A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031332	Date of Collection:	3/4/05
Dil. Factor:	1.52	Date of Analysis:	3/14/05 05:29 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.85	1.2	6.5
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.83	Not Detected
Trichloroethene	0.15	1.1	0.82	6.1
Tetrachloroethene	0.15	Not Detected UJ	1.0	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	105	70-130
4-Bromofluorobenzene	94	70-130

04/15/05
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AIR TOXICS LTD.

SAMPLE NAME: IA-057-1-02

ID#: 0503137A-18A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031333	Date of Collection:	3/4/05
Dil. Factor:	1.55	Date of Analysis:	3/14/05 06:16 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.84	Not Detected
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~	~~0.83~~	~~Not Detected~~
Tetrachloroethene	0.16	Not Detected UJ	1.0	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	82	70-130

04/15/05
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AIR TOXICS LTD.

SAMPLE NAME: SS-021-B-01

ID#: 0503137A-19A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031409	Date of Collection:	3/4/05
Dil. Factor:	29.8	Date of Analysis:	3/15/05 06:32 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	3.0	Not Detected	7.6	Not Detected
Chloroethane	3.6	Not Detected	9.4	Not Detected
Freon 113	3.0	Not Detected	23	Not Detected
1,1-Dichloroethene	3.0	Not Detected	12	Not Detected
Methylene Chloride	6.0	23 J	21	80 J
trans-1,2-Dichloroethene	3.0	Not Detected	12	Not Detected
1,1-Dichloroethane	3.0	19 J	12	79 J
cis-1,2-Dichloroethene	3.0	14 J	12	56 J
1,1,1-Trichloroethane	3.0	11 J	16	62 J
Trichloroethene	3.0	840 J	16	4500 J
Tetrachloroethene	3.0	Not Detected UJ	20	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	92	70-130
Toluene-d8	141	70-130
4-Bromofluorobenzene	78	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: IA-021-B-01

ID#: 0503137A-20A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031410	Date of Collection:	3/4/05
Dil. Factor:	1.52	Date of Analysis:	3/15/05 07:23 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.83	Not Detected
Trichloroethene	0.15	0.40	0.82	2.1
Tetrachloroethene	0.15	2.0 J J	1.0	14 J J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	96	70-130
4-Bromofluorobenzene	89	70-130

04/15/05

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AIR TOXICS LTD.

SAMPLE NAME: OA-021-G-01

ID#: 0503137B-21A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031416	Date of Collection:	3/4/05
Dil. Factor:	1.34	Date of Analysis:	3/15/05 12:41 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.13	Not Detected	0.34	Not Detected
Chloroethane	0.16	Not Detected	0.42	Not Detected
Freon 113	0.13	Not Detected	1.0	Not Detected
1,1-Dichloroethene	0.13	Not Detected	0.53	Not Detected
Methylene Chloride	0.27	0.30	0.93	1.0
trans-1,2-Dichloroethene	0.13	Not Detected	0.53	Not Detected
1,1-Dichloroethane	0.13	Not Detected	0.54	Not Detected
cis-1,2-Dichloroethene	0.13	Not Detected	0.53	Not Detected
1,1,1-Trichloroethane	0.13	Not Detected	0.73	Not Detected
~~Trichloroethene~~	~~0.13~~	~~Not Detected~~	~~0.72~~	~~Not Detected~~
Tetrachloroethene	0.13	Not Detected uJ	0.91	Not Detected uJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	89	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	86	70-130

04/15/05
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AIR TOXICS LTD.

SAMPLE NAME: SS-023-B-01

ID#: 0503137B-22A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031425	Date of Collection:	3/4/05
Dil. Factor:	38.0	Date of Analysis:	3/15/05 08:52 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	3.8	Not Detected	9.7	Not Detected
Chloroethane	4.6	Not Detected	12	Not Detected
Freon 113	3.8	Not Detected	29	Not Detected
1,1-Dichloroethene	3.8	7.6	15	30
Methylene Chloride	7.6	8.6	26	30
trans-1,2-Dichloroethene	3.8	Not Detected	15	Not Detected
1,1-Dichloroethane	3.8	10	15	42
cis-1,2-Dichloroethene	3.8	8.1	15	32
1,1,1-Trichloroethane	3.8	100	21	550
Trichloroethene	3.8	970	20	5200
Tetrachloroethene	3.8	50 ~~J~~ J	26	340 ~~J~~ J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	117	70-130
4-Bromofluorobenzene	85	70-130

04/15/05
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AIR TOXICS LTD.

SAMPLE NAME: IA-023-B-01

ID#: 0503137B-23A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031415	Date of Collection:	3/4/05
Dil. Factor:	1.52	Date of Analysis:	3/15/05 11:55 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	0.30	1.0	1.0
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	0.31	0.83	1.7
Trichloroethene	0.15	0.48	0.82	2.6
Tetrachloroethene	0.15	1.8 J	1.0	12 J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	87	70-130
Toluene-d8	97	70-130
4-Bromofluorobenzene	89	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: OA-23-G-01

ID#: 0503137B-24A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031413	Date of Collection:	3/4/05
Dil. Factor:	1.44	Date of Analysis:	3/15/05 10:20 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.37	Not Detected
Chloroethane	0.17	Not Detected	0.46	Not Detected
Freon 113	0.14	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.57	Not Detected
Methylene Chloride	0.29	0.28 J	1.0	0.99 J
trans-1,2-Dichloroethene	0.14	Not Detected	0.57	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.58	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.57	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.78	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.77~~	~~Not Detected~~
Tetrachloroethene	0.14	Not Detected LWJ	0.98	Not Detected LWJ

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	89	70-130
Toluene-d8	106	70-130
4-Bromofluorobenzene	83	70-130

04/15/05
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0503137C

AIR TOXICS LTD.

SAMPLE NAME: OA-032-G-01

ID#: 0503137C-02A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8031608	Date of Collection:	3/3/05
Dil. Factor:	1.36	Date of Analysis:	3/16/05 06:34 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.027	Not Detected	0.15	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	107	70-130
Toluene-d8	97	70-130
4-Bromofluorobenzene	105	70-130

04/15/05
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AIR TOXICS LTD.

SAMPLE NAME: IA-057-1-01

ID#: 0503137C-09A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8031609	Date of Collection:	3/4/05
Dil. Factor:	1.55	Date of Analysis:	3/16/05 07:17 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.031	Not Detected	0.17	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	106	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	102	70-130

04/15/05
CC

AIR TOXICS LTD.

SAMPLE NAME: OA-057-G-01

ID#: 0503137C-15A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8031610	Date of Collection:	3/4/05
Dil. Factor:	1.32	Date of Analysis:	3/16/05 08:29 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.026	Not Detected	0.14	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	111	70-130
Toluene-d8	96	70-130
4-Bromofluorobenzene	100	70-130

04/15/05
CC

AIR TOXICS LTD.

SAMPLE NAME: IA-057-1-02

ID#: 0503137C-18A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8031611	Date of Collection:	3/4/05
Dil. Factor:	1.55	Date of Analysis:	3/16/05 09:33 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.031	Not Detected	0.17	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	105	70-130
Toluene-d8	95	70-130
4-Bromofluorobenzene	103	70-130

04/15/05
CV

AIR TOXICS LTD.

SAMPLE NAME: OA-021-G-01

ID#: 0503137C-21A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8031612	Date of Collection:	3/4/05
Dil. Factor:	1.34	Date of Analysis:	3/16/05 10:33 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.027	Not Detected	0.14	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	108	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	103	70-130

04/15/05
CL

AIR TOXICS LTD.

SAMPLE NAME: OA-23-G-01

ID#: 0503137C-24A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8031613	Date of Collection:	3/4/05
Dil. Factor:	1.44	Date of Analysis:	3/17/05 12:15 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.029	Not Detected	0.15	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	106	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	100	70-130

04/15/05
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AIR TOXICS LTD.

SAMPLE NAME: SS-026-B-01

ID#: 0503189-01A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031426	Date of Collection:	3/8/05
Dil. Factor:	155	Date of Analysis:	3/15/05 09:43 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	16	Not Detected	40	Not Detected
Chloroethane	19	Not Detected	49	Not Detected
Freon 113	16	Not Detected	120	Not Detected
1,1-Dichloroethene	16	Not Detected	61	Not Detected
Methylene Chloride	31	Not Detected	110	Not Detected
trans-1,2-Dichloroethene	16	Not Detected	61	Not Detected
1,1-Dichloroethane	16	Not Detected	63	Not Detected
cis-1,2-Dichloroethene	16	Not Detected	61	Not Detected
1,1,1-Trichloroethane	16	44	84	240
Trichloroethene	16	2900	83	16000
Tetrachloroethene	16	42 J	100	290 J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	124	70-130
4-Bromofluorobenzene	76	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: OA-028-G-01

ID#: 0503189-02A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031506	Date of Collection:	3/8/05
Dil. Factor:	1.41	Date of Analysis:	3/16/05 03:27 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.36	Not Detected
Chloroethane	0.17	Not Detected	0.45	Not Detected
Freon 113	0.14	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.56	Not Detected
Methylene Chloride	0.28	0.71	0.98	2.4
trans-1,2-Dichloroethene	0.14	Not Detected	0.56	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.57	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.56	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.77	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.76~~	~~Not Detected~~
Tetrachloroethene	0.14	Not Detected uJ	0.96	Not Detected uJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	88	70-130

OU 15/05

AIR TOXICS LTD.

SAMPLE NAME: OA-026-G-01

ID#: 0503189-03A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031420	Date of Collection:	3/8/05
Dil. Factor:	1.36	Date of Analysis:	3/15/05 04:21 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.35	Not Detected
Chloroethane	0.16	Not Detected	0.43	Not Detected
Freon 113	0.14	Not Detected	1.0	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.54	Not Detected
Methylene Chloride	0.27	0.30	0.94	1.0
trans-1,2-Dichloroethene	0.14	Not Detected	0.54	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.55	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.54	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.74	Not Detected
Trichloroethene	0.14	0.19	0.73	1.0
Tetrachloroethene	0.14	Not Detected UJ	0.92	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	105	70-130
4-Bromofluorobenzene	82	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-028-B-01

ID#: 0503189-04A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031507	Date of Collection:	3/8/05
Dil. Factor:	89.4	Date of Analysis:	3/16/05 04:30 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	8.9	Not Detected	23	Not Detected
Chloroethane	11	Not Detected	28	Not Detected
Freon 113	8.9	Not Detected	68	Not Detected
1,1-Dichloroethene	8.9	130	35	520
Methylene Chloride	18	Not Detected	62	Not Detected
trans-1,2-Dichloroethene	8.9	9.0	35	36
1,1-Dichloroethane	8.9	110	36	450
cis-1,2-Dichloroethene	8.9	2100	35	8400
1,1,1-Trichloroethane	8.9	2300	49	13000
Trichloroethene	8.9	3400	48	18000
Tetrachloroethene	8.9	Not Detected uJ	61	Not Detected uJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	78	70-130
Toluene-d8	97	70-130
4-Bromofluorobenzene	88	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: IA-026-B-01

ID#: 0503189-05A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031508	Date of Collection:	3/8/05
Dil. Factor:	1.58	Date of Analysis:	3/16/05 05:41 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.50	Not Detected
Freon 113	0.16	0.16	1.2	1.3
1,1-Dichloroethene	0.16	Not Detected	0.63	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.64	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1,1-Trichloroethane	0.16	1.1	0.86	5.9
Trichloroethene	0.16	0.39	0.85	2.1
Tetrachloroethene	0.16	23 J	1.1	150 J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	101	70-130
4-Bromofluorobenzene	100	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: IA-028-B-01

ID#: 0503189-06A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031511	Date of Collection:	3/8/05
Dil. Factor:	1.52	Date of Analysis:	3/16/05 08:33 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.21	1.2	1.6
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	1.0	0.60	4.1
1,1,1-Trichloroethane	0.15	1.7	0.83	9.4
Trichloroethene	0.15	3.0	0.82	16
Tetrachloroethene	0.15	Not Detected uJ	1.0	Not Detected uJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	108	70-130
4-Bromofluorobenzene	91	70-130

04/15/05
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AIR TOXICS LTD.

SAMPLE NAME: SS-025-B-01

ID#: 0503189-07A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031523	Date of Collection:	3/8/05
Dil. Factor:	76.0	Date of Analysis:	3/16/05 06:39 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	7.6	Not Detected	19	Not Detected
Chloroethane	9.1	Not Detected	24	Not Detected
Freon 113	7.6	Not Detected	58	Not Detected
1,1-Dichloroethene	7.6	47	30	190
Methylene Chloride	15	Not Detected	53	Not Detected
trans-1,2-Dichloroethene	7.6	Not Detected	30	Not Detected
1,1-Dichloroethane	7.6	28	31	110
cis-1,2-Dichloroethene	7.6	220	30	870
1,1,1-Trichloroethane	7.6	840	41	4600
Trichloroethene	7.6	1800	41	9800
Tetrachloroethene	7.6	13 J J	52	89 J J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	112	70-130
4-Bromofluorobenzene	85	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-025-G-01

ID#: 0503189-08A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031509	Date of Collection:	3/8/05
Dil. Factor:	1.36	Date of Analysis:	3/16/05 06:43 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.35	Not Detected
Chloroethane	0.16	Not Detected	0.43	Not Detected
Freon 113	0.14	0.13 J	1.0	1.0
1,1-Dichloroethene	0.14	Not Detected	0.54	Not Detected
Methylene Chloride	0.27	0.33	0.94	1.1
trans-1,2-Dichloroethene	0.14	Not Detected	0.54	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.55	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.54	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.74	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.73~~	~~Not Detected~~
Tetrachloroethene	0.14	Not Detected uJ	0.92	Not Detected uJ

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	108	70-130
4-Bromofluorobenzene	91	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-025-B-01

ID#: 0503189-09A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031525	Date of Collection:	3/8/05
Dil. Factor:	1.55	Date of Analysis:	3/16/05 08:32 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	0.16	1.2	1.3
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	0.41	0.61	1.6
1,1,1-Trichloroethane	0.16	1.2	0.84	6.4
Trichloroethene	0.16	2.0	0.83	11
Tetrachloroethene	0.16	0.32 J J	1.0	2.2 J J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	110	70-130
4-Bromofluorobenzene	96	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: SS-004-B-01

ID#: 0503189-10A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031516	Date of Collection:	3/8/05
Dil. Factor:	15.5	Date of Analysis:	3/16/05 12:40 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	1.6	Not Detected	4.0	Not Detected
Chloroethane	1.9	Not Detected	4.9	Not Detected
Freon 113	1.6	Not Detected	12	Not Detected
1,1-Dichloroethene	1.6	Not Detected	6.1	Not Detected
Methylene Chloride	3.1	Not Detected	11	Not Detected
trans-1,2-Dichloroethene	1.6	Not Detected	6.1	Not Detected
1,1-Dichloroethane	1.6	Not Detected	6.3	Not Detected
cis-1,2-Dichloroethene	1.6	Not Detected	6.1	Not Detected
1,1,1-Trichloroethane	1.6	27	8.4	150
Trichloroethene	1.6	330	8.3	1800
Tetrachloroethene	1.6	14 ~~J~~ J	10	94 ~~J~~ J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	107	70-130
4-Bromofluorobenzene	83	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: IA-004-B-01

ID#: 0503189-11A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031512	Date of Collection:	3/8/05
Dil. Factor:	1.61	Date of Analysis:	3/16/05 09:32 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	Not Detected	0.51	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.64	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.65	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.88	Not Detected
Trichloroethene	0.16	0.45	0.86	2.4
Tetrachloroethene	0.16	0.64 J J	1.1	4.4 J J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	81	70-130
Toluene-d8	104	70-130
4-Bromofluorobenzene	106	70-130

04/15/05
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AIR TOXICS LTD.

SAMPLE NAME: OA-004-G-01

ID#: 0503189-12A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031513	Date of Collection:	3/8/05
Dil. Factor:	1.49	Date of Analysis:	3/16/05 10:16 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected	0.47	Not Detected
Freon 113	0.15	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.15	Not Detected	0.59	Not Detected
Methylene Chloride	0.30	0.31	1.0	1.1
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.60	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.81	Not Detected
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~	~~0.80~~	~~Not Detected~~
Tetrachloroethene	0.15	Not Detected UJ	1.0	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	84	70-130

04/15/05

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AIR TOXICS LTD.

SAMPLE NAME: OA-028-G-01

ID#: 0503189B-02A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8031808	Date of Collection:	3/8/05
Dil. Factor:	1.41	Date of Analysis:	3/18/05 03:23 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.028	0.042	0.15	0.22

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	107	70-130
Toluene-d8	97	70-130
4-Bromofluorobenzene	101	70-130

04/15/05
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AIR TOXICS LTD.

SAMPLE NAME: OA-025-G-01

ID#: 0503189B-08A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8031810	Date of Collection:	3/8/05
Dil. Factor:	1.36	Date of Analysis:	3/18/05 05:04 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.027	Not Detected	0.15	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	108	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	105	70-130

04/15/05
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AIR TOXICS LTD.

SAMPLE NAME: OA-004-G-01

ID#: 0503189B-12A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8031811	Date of Collection:	3/8/05
Dil. Factor:	1.49	Date of Analysis:	3/18/05 05:45 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.030	Not Detected	0.16	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	115	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	101	70-130

04/15/05
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0503208

AIR TOXICS LTD.

SAMPLE NAME: IA-038-1-01

ID#: 0503208-01A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031707	Date of Collection:	3/9/05
Dil. Factor:	1.52	Date of Analysis:	3/17/05 12:26 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.83	Not Detected
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~	~~0.82~~	~~Not Detected~~
Tetrachloroethene	0.15	Not Detected UJ	1.0	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	109	70-130
4-Bromofluorobenzene	116	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: SS-038-1-01

ID#: 0503208-02A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031708	Date of Collection:	3/9/05
Dil. Factor:	1.49	Date of Analysis:	3/17/05 01:15 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected	0.47	Not Detected
Freon 113	0.15	0.18	1.1	1.4
1,1-Dichloroethene	0.15	Not Detected	0.59	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	0.41	0.60	1.6
cis-1,2-Dichloroethene	0.15	0.68	0.59	2.7
1,1,1-Trichloroethane	0.15	0.24	0.81	1.3
Trichloroethene	0.15	4.0	0.80	21
Tetrachloroethene	0.15	0.78 J	1.0	5.2 J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	80	70-130
Toluene-d8	96	70-130
4-Bromofluorobenzene	97	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: OA-038-G-01

ID#: 0503208-03A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031709	Date of Collection:	3/9/05
Dil. Factor:	1.34	Date of Analysis:	3/17/05 02:07 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.13	Not Detected	0.34	Not Detected
Chloroethane	0.16	Not Detected	0.42	Not Detected
Freon 113	0.13	0.13	1.0	0.99 J
1,1-Dichloroethene	0.13	Not Detected	0.53	Not Detected
Methylene Chloride	0.27	Not Detected	0.93	Not Detected
trans-1,2-Dichloroethene	0.13	Not Detected	0.53	Not Detected
1,1-Dichloroethane	0.13	Not Detected	0.54	Not Detected
cis-1,2-Dichloroethene	0.13	Not Detected	0.53	Not Detected
1,1,1-Trichloroethane	0.13	Not Detected	0.73	Not Detected
~~Trichloroethene~~	~~0.13~~	~~Not Detected~~	~~0.72~~	~~Not Detected~~
Tetrachloroethene	0.13	Not Detected LJ	0.91	Not Detected LJ

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	77	70-130
Toluene-d8	95	70-130
4-Bromofluorobenzene	91	70-130

04/15/05
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AIR TOXICS LTD.

SAMPLE NAME: OA-DUP-030805-01

ID#: 0503208-04A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031710	Date of Collection:	3/9/05
Dil. Factor:	1.58	Date of Analysis:	3/17/05 02:49 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.50	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.63	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.64	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.86	Not Detected
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~	~~0.85~~	~~Not Detected~~
Tetrachloroethene	0.16	Not Detected UJ	1.1	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	97	70-130
4-Bromofluorobenzene	81	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-096-B-01

ID#: 0503208-05A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031711	Date of Collection:	3/9/05
Dil. Factor:	1.52	Date of Analysis:	3/17/05 03:31 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.83	Not Detected
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~	~~0.82~~	~~Not Detected~~
Tetrachloroethene	0.15	Not Detected LLJ	1.0	Not Detected LLJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	78	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	86	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-095-G-01

ID#: 0503208-07A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031907	Date of Collection:	3/9/05
Dil. Factor:	1.39	Date of Analysis:	3/19/05 02:47 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.36	Not Detected
Chloroethane	0.17	Not Detected	0.44	Not Detected
Freon 113	0.14	0.15	1.1	1.2
1,1-Dichloroethene	0.14	Not Detected	0.55	Not Detected
Methylene Chloride	0.28	Not Detected	0.96	Not Detected
trans-1,2-Dichloroethene	0.14	Not Detected	0.55	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.56	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.55	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.76	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.75~~	~~Not Detected~~
Tetrachloroethene	0.14	0.44 ~~J~~ J	0.94	3.0 ~~J~~ J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	81	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	84	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-095-1-01

ID#: 0503208-08A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031908	Date of Collection:	3/9/05
Dil. Factor:	1.52	Date of Analysis:	3/19/05 03:34 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.54	1.2	4.1
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	0.48	1.0	1.7
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	0.32	0.83	1.7
Trichloroethene	0.15	0.32	0.82	1.7
Tetrachloroethene	0.15	1.0 J	1.0	6.8 J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	80	70-130
Toluene-d8	97	70-130
4-Bromofluorobenzene	100	70-130

04/15/05

AIR TOXICS LTD.

SAMPLE NAME: OA-096-G-01

ID#: 0503208-09A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031909	Date of Collection:	3/9/05
Dil. Factor:	1.34	Date of Analysis:	3/19/05 04:18 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.13	Not Detected	0.34	Not Detected
Chloroethane	0.16	Not Detected	0.42	Not Detected
Freon 113	0.13	0.13	1.0	0.98 J
1,1-Dichloroethene	0.13	Not Detected	0.53	Not Detected
Methylene Chloride	0.27	Not Detected	0.93	Not Detected
trans-1,2-Dichloroethene	0.13	Not Detected	0.53	Not Detected
1,1-Dichloroethane	0.13	Not Detected	0.54	Not Detected
cis-1,2-Dichloroethene	0.13	Not Detected	0.53	Not Detected
1,1,1-Trichloroethane	0.13	Not Detected	0.73	Not Detected
~~Trichloroethene~~	~~0.13~~	~~Not Detected~~	~~0.72~~	~~Not Detected~~
Tetrachloroethene	0.13	Not Detected WJ	0.91	Not Detected WJ

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	79	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	91	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-095-1-01

ID#: 0503208-10A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031910	Date of Collection:	3/9/05
Dil. Factor:	1.49	Date of Analysis:	3/19/05 06:52 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected	0.47	Not Detected
Freon 113	0.15	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.15	Not Detected	0.59	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.60	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.81	Not Detected
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~	~~0.80~~	~~Not Detected~~
Tetrachloroethene	0.15	Not Detected UJ	1.0	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	86	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-038-1-01

ID#: 0503208B-01A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6032208	Date of Collection:	3/9/05
Dil. Factor:	1.52	Date of Analysis:	3/22/05 01:20 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.030	Not Detected	0.16	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	112	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	114	70-130

04/19/05
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AIR TOXICS LTD.

SAMPLE NAME: OA-038-G-01

ID#: 0503208B-03A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6032209	Date of Collection:	3/9/05
Dil. Factor:	1.34	Date of Analysis:	3/22/05 02:11 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.027	Not Detected	0.14	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	110	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	111	70-130

04/19/05
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AIR TOXICS LTD.

SAMPLE NAME: OA-DUP-030805-01

ID#: 0503208B-04A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6032210	Date of Collection:	3/9/05
Dil. Factor:	1.58	Date of Analysis:	3/22/05 03:02 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.032	Not Detected	0.17	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	110	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	112	70-130

04/19/05
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AIR TOXICS LTD.

SAMPLE NAME: IA-096-B-01

ID#: 0503208B-05A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6032211	Date of Collection:	3/9/05
Dil. Factor:	1.52	Date of Analysis:	3/22/05 07:04 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.030	Not Detected	0.16	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	114	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	109	70-130

04/19/05
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AIR TOXICS LTD.

SAMPLE NAME: OA-095-G-01

ID#: 0503208B-07A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6032212	Date of Collection:	3/9/05
Dil. Factor:	1.39	Date of Analysis:	3/22/05 07:54 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.028	Not Detected	0.15	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	117	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	112	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-096-G-01

ID#: 0503208B-09A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6032213	Date of Collection:	3/9/05
Dil. Factor:	1.34	Date of Analysis:	3/22/05 08:41 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.027	Not Detected	0.14	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	119	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	112	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-095-1-01

ID#: 0503208B-10A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6032214	Date of Collection:	3/9/05
Dil. Factor:	1.49	Date of Analysis:	3/22/05 09:21 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.030	Not Detected	0.16	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	120	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	111	70-130

04/19/05

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AIR TOXICS LTD.

SAMPLE NAME: SS014-B-01

ID#: 0503259A-01A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031807	Date of Collection:	3/10/05
Dil. Factor:	155	Date of Analysis:	3/18/05 01:10 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	16	Not Detected	40	Not Detected
Chloroethane	19	Not Detected	49	Not Detected
Freon 113	16	18	120	140
1,1-Dichloroethene	16	Not Detected	61	Not Detected
Methylene Chloride	31	Not Detected	110	Not Detected
trans-1,2-Dichloroethene	16	Not Detected	61	Not Detected
1,1-Dichloroethane	16	Not Detected	63	Not Detected
cis-1,2-Dichloroethene	16	Not Detected	61	Not Detected
1,1,1-Trichloroethane	16	81	84	440
Trichloroethene	16	2600 J	83	14000 J
Tetrachloroethene	16	130 J J	100	900 J J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	104	70-130
4-Bromofluorobenzene	76	70-130

04/19/05
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AIR TOXICS LTD.

SAMPLE NAME: IA-014-B-01

ID#: 0503259A-02A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031712	Date of Collection:	3/10/05
Dil. Factor:	1.55	Date of Analysis:	3/17/05 04:14 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.84	Not Detected
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~	~~0.83~~	~~Not Detected~~
Tetrachloroethene	0.16	Not Detected uJ	1.0	Not Detected uJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	84	70-130

04/19/05
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AIR TOXICS LTD.

SAMPLE NAME: OA-014-G-01

ID#: 0503259A-03A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031713	Date of Collection:	3/10/05
Dil. Factor:	1.34	Date of Analysis:	3/17/05 05:05 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.13	Not Detected	0.34	Not Detected
Chloroethane	0.16	Not Detected	0.42	Not Detected
Freon 113	0.13	0.14	1.0	1.1
1,1-Dichloroethene	0.13	Not Detected	0.53	Not Detected
Methylene Chloride	0.27	0.40	0.93	1.4
trans-1,2-Dichloroethene	0.13	Not Detected	0.53	Not Detected
1,1-Dichloroethane	0.13	Not Detected	0.54	Not Detected
cis-1,2-Dichloroethene	0.13	Not Detected	0.53	Not Detected
1,1,1-Trichloroethane	0.13	Not Detected	0.73	Not Detected
Trichloroethene	0.13	0.17	0.72	0.89
Tetrachloroethene	0.13	Not Detected uJ	0.91	Not Detected uJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	104	70-130
4-Bromofluorobenzene	82	70-130

04/19/05

AIR TOXICS LTD.

SAMPLE NAME: OA-087-G-01

ID#: 0503259A-04A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031714	Date of Collection:	3/10/05
Dil. Factor:	1.32	Date of Analysis:	3/17/05 05:49 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.13	Not Detected	0.34	Not Detected
Chloroethane	0.16	Not Detected	0.42	Not Detected
Freon 113	0.13	Not Detected	1.0	Not Detected
1,1-Dichloroethene	0.13	Not Detected	0.52	Not Detected
Methylene Chloride	0.26	0.40	0.92	1.4
trans-1,2-Dichloroethene	0.13	Not Detected	0.52	Not Detected
1,1-Dichloroethane	0.13	Not Detected	0.53	Not Detected
cis-1,2-Dichloroethene	0.13	Not Detected	0.52	Not Detected
1,1,1-Trichloroethane	0.13	Not Detected	0.72	Not Detected
~~Trichloroethene~~	~~0.13~~	~~Not Detected~~	~~0.71~~	~~Not Detected~~
Tetrachloroethene	0.13	Not Detected ws	0.90	Not Detected ws

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	85	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-087-1-01

ID#: 0503259A-05A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031808	Date of Collection:	3/10/05
Dil. Factor:	5.17	Date of Analysis:	3/18/05 01:51 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.52	Not Detected	1.3	Not Detected
Chloroethane	0.62	Not Detected	1.6	Not Detected
Freon 113	0.52	93	4.0	720
1,1-Dichloroethene	0.52	Not Detected	2.0	Not Detected
Methylene Chloride	1.0	Not Detected	3.6	Not Detected
trans-1,2-Dichloroethene	0.52	Not Detected	2.0	Not Detected
1,1-Dichloroethane	0.52	Not Detected	2.1	Not Detected
cis-1,2-Dichloroethene	0.52	Not Detected	2.0	Not Detected
1,1,1-Trichloroethane	0.52	6.5	2.8	35
~~Trichloroethene~~	~~0.52~~	~~Not Detected~~ UJ	~~2.8~~	~~Not Detected~~ UJ
Tetrachloroethene	0.52	40 ~~J~~ J	3.5	270 ~~J~~ J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	96	70-130

04/19/05

AIR TOXICS LTD.

SAMPLE NAME: IA-087-1-01

ID#: 0503259A-06A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031715	Date of Collection:	3/10/05
Dil. Factor:	1.52	Date of Analysis:	3/17/05 06:31 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.16	1.2	1.2
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	0.36	1.0	1.2
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.62	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.83	Not Detected
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~	~~0.82~~	~~Not Detected~~
Tetrachloroethene	0.15	Not Detected uJ	1.0	Not Detected uJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	107	70-130
4-Bromofluorobenzene	86	70-130

04/19/05
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AIR TOXICS LTD.

SAMPLE NAME: OA-045-G-01

ID#: 0503259A-07A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031716	Date of Collection:	3/10/05
Dil. Factor:	1.34	Date of Analysis:	3/17/05 07:11 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.13	Not Detected	0.34	Not Detected
Chloroethane	0.16	Not Detected	0.42	Not Detected
Freon 113	0.13	Not Detected	1.0	Not Detected
1,1-Dichloroethene	0.13	Not Detected	0.53	Not Detected
Methylene Chloride	0.27	0.30	0.93	1.0
trans-1,2-Dichloroethene	0.13	Not Detected	0.53	Not Detected
1,1-Dichloroethane	0.13	Not Detected	0.54	Not Detected
cis-1,2-Dichloroethene	0.13	Not Detected	0.53	Not Detected
1,1,1-Trichloroethane	0.13	Not Detected	0.73	Not Detected
~~Trichloroethene~~	~~0.13~~	~~Not Detected~~	~~0.72~~	~~Not Detected~~
Tetrachloroethene	0.13	Not Detected uJ	0.91	Not Detected uJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	104	70-130
4-Bromofluorobenzene	81	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-259-G-01

ID#: 0503259A-08A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031717	Date of Collection:	3/11/05
Dil. Factor:	1.36	Date of Analysis:	3/17/05 07:54 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.35	Not Detected
Chloroethane	0.16	Not Detected	0.43	Not Detected
Freon 113	0.14	0.13 J	1.0	1.0
1,1-Dichloroethene	0.14	Not Detected	0.54	Not Detected
Methylene Chloride	0.27	Not Detected	0.94	Not Detected
trans-1,2-Dichloroethene	0.14	Not Detected	0.54	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.55	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.54	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.74	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.73~~	~~Not Detected~~
Tetrachloroethene	0.14	Not Detected UJ	0.92	Not Detected UJ

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	105	70-130
4-Bromofluorobenzene	79	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-259-1-01

ID#: 0503259A-09A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031718	Date of Collection:	3/11/05
Dil. Factor:	1.55	Date of Analysis:	3/17/05 09:24 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected RJ	0.40	Not Detected RUJ
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	0.30 J	1.1	1.0 J
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.84	Not Detected
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~	~~0.83~~	~~Not Detected~~
Tetrachloroethene	0.16	Not Detected	1.0	Not Detected

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	80	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	85	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-259-1-01

ID#: 0503259A-10A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031810	Date of Collection:	3/11/05
Dil. Factor:	1.55	Date of Analysis:	3/18/05 03:33 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	0.23	1.2	1.7
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	0.27	0.84	1.5
Trichloroethene	0.16	0.22 J	0.83	1.2 J
Tetrachloroethene	0.16	2.2 J J	1.0	15 J J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	110	70-130
4-Bromofluorobenzene	103	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-053-G-01

ID#: 0503259B-11A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031719	Date of Collection:	3/11/05
Dil. Factor:	1.39	Date of Analysis:	3/17/05 10:12 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.36	Not Detected
Chloroethane	0.17	Not Detected	0.44	Not Detected
Freon 113	0.14	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.55	Not Detected
Methylene Chloride	0.28	0.42	0.96	1.5
trans-1,2-Dichloroethene	0.14	Not Detected	0.55	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.56	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.55	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.76	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.75~~	~~Not Detected~~
Tetrachloroethene	0.14	Not Detected UJ	0.94	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	105	70-130
4-Bromofluorobenzene	86	70-130

04/19/05

AIR TOXICS LTD.

SAMPLE NAME: SS-048-B-02

ID#: 0503259B-12A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031811	Date of Collection:	3/11/05
Dil. Factor:	1.61	Date of Analysis:	3/18/05 04:14 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	Not Detected	0.51	Not Detected
Freon 113	0.16	0.30	1.2	2.3
1,1-Dichloroethene	0.16	Not Detected	0.64	Not Detected
Methylene Chloride	0.32	0.32	1.1	1.1
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	0.48	0.65	1.9
cis-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1,1-Trichloroethane	0.16	3.0	0.88	16
Trichloroethene	0.16	2.1 J	0.86	11 J
Tetrachloroethene	0.16	0.53 J J	1.1	3.6 J J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	81	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	104	70-130

04/19/05

AIR TOXICS LTD.

SAMPLE NAME: OA-048-G-01

ID#: 0503259B-13A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031812	Date of Collection:	3/11/05
Dil. Factor:	1.49	Date of Analysis:	3/18/05 05:03 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected	0.47	Not Detected
Freon 113	0.15	0.16	1.1	1.2
1,1-Dichloroethene	0.15	Not Detected	0.59	Not Detected
Methylene Chloride	0.30	0.50	1.0	1.7
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.60	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.81	Not Detected
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~ UJ	~~0.80~~	~~Not Detected~~ UJ
Tetrachloroethene	0.15	Not Detected UJ	1.0	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	101	70-130
4-Bromofluorobenzene	89	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-048-B-01

ID#: 0503259B-14A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031813	Date of Collection:	3/11/05
Dil. Factor:	1.58	Date of Analysis:	3/18/05 05:43 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.50	Not Detected
Freon 113	0.16	0.26	1.2	2.0
1,1-Dichloroethene	0.16	Not Detected	0.63	Not Detected
Methylene Chloride	0.32	0.38	1.1	1.3
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	0.25	0.64	1.0
cis-1,2-Dichloroethene	0.16	0.35	0.63	1.4
1,1,1-Trichloroethane	0.16	0.37	0.86	2.0
Trichloroethene	0.16	0.50 J	0.85	2.7 J
Tetrachloroethene	0.16	Not Detected UJ	1.1	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	99	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-048-B-01

ID#: 0503259B-15A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031814	Date of Collection:	3/11/05
Dil. Factor:	1.41	Date of Analysis:	3/18/05 06:44 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.36	Not Detected
Chloroethane	0.17	Not Detected	0.45	Not Detected
Freon 113	0.14	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.56	Not Detected
Methylene Chloride	0.28	0.44	0.98	1.5
trans-1,2-Dichloroethene	0.14	Not Detected	0.56	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.57	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.56	Not Detected
1,1,1-Trichloroethane	0.14	0.38	0.77	2.0
Trichloroethene	0.14	0.17 J	0.76	0.94 J
Tetrachloroethene	0.14	Not Detected UJ	0.96	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	94	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-048-B-02

ID#: 0503259B-16A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031815	Date of Collection:	3/11/05
Dil. Factor:	1.52	Date of Analysis:	3/18/05 07:50 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.15	1.2	1.2
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	0.40	1.0	1.4
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	0.18	0.62	0.74
cis-1,2-Dichloroethene	0.15	0.22	0.60	0.86
1,1,1-Trichloroethane	0.15	0.43	0.83	2.4
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~ UJ	~~0.82~~	~~Not Detected~~ UJ
Tetrachloroethene	0.15	Not Detected UJ	1.0	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	97	70-130
4-Bromofluorobenzene	96	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-053-B-01

ID#: 0503259B-17A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031816	Date of Collection:	3/11/05
Dil. Factor:	1.55	Date of Analysis:	3/18/05 08:41 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	0.50	1.1	1.7
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	0.16	0.84	0.90
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~ UJ	~~0.83~~	~~Not Detected~~ UJ
Tetrachloroethene	0.16	Not Detected UJ	1.0	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	92	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-053-B-01

ID#: 0503259B-18A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031817	Date of Collection:	3/11/05
Dil. Factor:	1.58	Date of Analysis:	3/18/05 09:32 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.50	Not Detected
Freon 113	0.16	0.31	1.2	2.4
1,1-Dichloroethene	0.16	Not Detected	0.63	Not Detected
Methylene Chloride	0.32	0.44	1.1	1.5
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.64	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1,1-Trichloroethane	0.16	1.4	0.86	7.4
Trichloroethene	0.16	0.24 J	0.85	1.3 J
Tetrachloroethene	0.16	1.1 J J	1.1	7.7 J J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	116	70-130
4-Bromofluorobenzene	104	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-268-G-01

ID#: 0503259B-19A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031818	Date of Collection:	3/11/05
Dil. Factor:	1.55	Date of Analysis:	3/18/05 10:39 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	0.36	1.1	1.3
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.84	Not Detected
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~ LJ	~~0.83~~	~~Not Detected~~ LJ
Tetrachloroethene	0.16	Not Detected LJ	1.0	Not Detected LJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	87	70-130
Toluene-d8	109	70-130
4-Bromofluorobenzene	87	70-130

04/19/05

AIR TOXICS LTD.

SAMPLE NAME: SS-268-B-01

ID#: 0503259B-20A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031911	Date of Collection:	3/11/05
Dil. Factor:	5.03	Date of Analysis:	3/19/05 07:41 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.50	Not Detected R	1.3	Not Detected R
Chloroethane	0.60	Not Detected	1.6	Not Detected
Freon 113	0.50	Not Detected	3.8	Not Detected
1,1-Dichloroethene	0.50	Not Detected	2.0	Not Detected
Methylene Chloride	1.0	Not Detected	3.5	Not Detected
trans-1,2-Dichloroethene	0.50	Not Detected	2.0	Not Detected
1,1-Dichloroethane	0.50	Not Detected	2.0	Not Detected
cis-1,2-Dichloroethene	0.50	Not Detected	2.0	Not Detected
1,1,1-Trichloroethane	0.50	2.8	2.7	15
Trichloroethene	0.50	23	2.7	120
Tetrachloroethene	0.50	Not Detected	3.4	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	83	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	84	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-268-B-01

ID#: 0503259B-21A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4031912	Date of Collection:	3/11/05
Dil. Factor:	1.75	Date of Analysis:	3/19/05 08:36 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.18	Not Detected	0.45	Not Detected
Chloroethane	0.21	Not Detected	0.55	Not Detected
Freon 113	0.18	Not Detected	1.3	Not Detected
1,1-Dichloroethene	0.18	Not Detected	0.69	Not Detected
Methylene Chloride	0.35	0.53	1.2	1.8
trans-1,2-Dichloroethene	0.18	Not Detected	0.69	Not Detected
1,1-Dichloroethane	0.18	0.22	0.71	0.91
cis-1,2-Dichloroethene	0.18	Not Detected	0.69	Not Detected
1,1,1-Trichloroethane	0.18	1.6	0.95	8.5
Trichloroethene	0.18	2.4	0.94	13
Tetrachloroethene	0.18	0.22 J J	1.2	1.5 J J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	105	70-130
4-Bromofluorobenzene	85	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-014-B-01

ID#: 0503259C-02A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8032112	Date of Collection:	3/10/05
Dil. Factor:	1.55	Date of Analysis:	3/21/05 08:41 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.031	0.049	0.17	0.26

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	108	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	102	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-087-G-01

ID#: 0503259C-04A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8032113	Date of Collection:	3/10/05
Dil. Factor:	1.32	Date of Analysis:	3/21/05 09:22 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.026	Not Detected	0.14	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	112	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	100	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-087-1-01

ID#: 0503259C-05A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8032114	Date of Collection:	3/10/05
Dil. Factor:	1.55	Date of Analysis:	3/21/05 10:11 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.031	0.10	0.17	0.55

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	106	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	106	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-087-1-01

ID#: 0503259C-06A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8032115	Date of Collection:	3/10/05
Dil. Factor:	1.52	Date of Analysis:	3/22/05 06:28 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.030	Not Detected	0.16	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	108	70-130
Toluene-d8	95	70-130
4-Bromofluorobenzene	104	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-045-G-01

ID#: 0503259C-07A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8032116	Date of Collection:	3/10/05
Dil. Factor:	1.34	Date of Analysis:	3/22/05 07:08 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.027	Not Detected	0.14	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	112	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	99	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-259-G-01

ID#: 0503259C-08A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8032117	Date of Collection:	3/11/05
Dil. Factor:	1.36	Date of Analysis:	3/22/05 07:57 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.027	Not Detected	0.15	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	108	70-130
Toluene-d8	96	70-130
4-Bromofluorobenzene	100	70-130

04/19/05

AIR TOXICS LTD.

SAMPLE NAME: IA-259-1-01

ID#: 0503259C-09A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8032118	Date of Collection:	3/11/05
Dil. Factor:	1.55	Date of Analysis:	3/22/05 08:38 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.031	Not Detected R	0.17	Not Detected R

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	107	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	102	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-053-G-01

ID#: 0503259C-11A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8032119	Date of Collection:	3/11/05
Dil. Factor:	1.39	Date of Analysis:	3/22/05 09:28 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.028	Not Detected	0.15	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	108	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	100	70-130

6/19/05

AIR TOXICS LTD.

SAMPLE NAME: OA-048-G-01

ID#: 0503259C-13A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8032121	Date of Collection:	3/11/05
Dil. Factor:	1.49	Date of Analysis:	3/22/05 11:00 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.030	Not Detected	0.16	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	111	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	102	70-130

04/19/05

AIR TOXICS LTD.

SAMPLE NAME: IA-048-B-02

ID#: 0503259C-16A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8032122	Date of Collection:	3/11/05
Dil. Factor:	1.52	Date of Analysis:	3/22/05 11:40 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.030	0.081	0.16	0.43

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	106	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	108	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-053-B-01

ID#: 0503259C-17A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8032211	Date of Collection:	3/11/05
Dil. Factor:	1.55	Date of Analysis:	3/23/05 06:38 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.031	0.034	0.17	0.18

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	105	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	103	70-130

04/19/05

AIR TOXICS LTD.

SAMPLE NAME: OA-268-G-01

ID#: 0503259C-19A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	8032212	Date of Collection:	3/11/05
Dil. Factor:	1.55	Date of Analysis:	3/23/05 07:19 AM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.031	Not Detected	0.17	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	111	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	99	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-047-1-01

ID#: 0503362-01A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032221	Date of Collection:	3/15/05
Dil. Factor:	31.6	Date of Analysis:	3/22/05 09:23 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	3.2	Not Detected	8.1	Not Detected
Chloroethane	3.8	Not Detected	10	Not Detected
Freon 113	3.2	9.3	24	72
1,1-Dichloroethene	3.2	7.6	12	30
Methylene Chloride	6.3	Not Detected	22	Not Detected
trans-1,2-Dichloroethene	3.2	Not Detected	12	Not Detected
1,1-Dichloroethane	3.2	150	13	610
cis-1,2-Dichloroethene	3.2	43	12	170
1,1,1-Trichloroethane	3.2	120	17	640
Trichloroethene	3.2	770	17	4200
Tetrachloroethene	3.2	Not Detected UJ	21	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	85	70-130
Toluene-d8	109	70-130
4-Bromofluorobenzene	92	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-047A-1-01

ID#: 0503362-02A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032211	Date of Collection:	3/15/05
Dil. Factor:	1.61	Date of Analysis:	3/22/05 12:58 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	Not Detected	0.51	Not Detected
Freon 113	0.16	11	1.2	83
1,1-Dichloroethene	0.16	Not Detected	0.64	Not Detected
Methylene Chloride	0.32	0.46	1.1	1.6
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.65	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1,1-Trichloroethane	0.16	6.1	0.88	33
Trichloroethene	0.16	Not Detected	0.86	Not Detected
Tetrachloroethene	0.16	0.61 J	1.1	4.1 J

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	94	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-045-B-01

ID#: 0503362-03A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032222	Date of Collection:	3/15/05
Dil. Factor:	372	Date of Analysis:	3/22/05 10:12 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	37	Not Detected	95	Not Detected
Chloroethane	45	Not Detected	120	Not Detected
Freon 113	37	Not Detected	280	Not Detected
1,1-Dichloroethene	37	1400	150	5600
Methylene Chloride	74	Not Detected	260	Not Detected
trans-1,2-Dichloroethene	37	36 J	150	140 J
1,1-Dichloroethane	37	1300	150	5100
cis-1,2-Dichloroethene	37	58	150	230
1,1,1-Trichloroethane	37	10000	200	57000
Trichloroethene	37	1100	200	5700
Tetrachloroethene	37	Not Detected UJ	250	Not Detected UJ

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	93	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	85	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-047A-1-01

ID#: 0503362-04A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032212	Date of Collection:	3/15/05
Dil. Factor:	1.49	Date of Analysis:	3/22/05 01:40 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected	0.47	Not Detected
Freon 113	0.15	0.18	1.1	1.4
1,1-Dichloroethene	0.15	Not Detected	0.59	Not Detected
Methylene Chloride	0.30	0.38	1.0	1.3
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.60	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1,1-Trichloroethane	0.15	0.15	0.81	0.80 J
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~	~~0.80~~	~~Not Detected~~
Tetrachloroethene	0.15	Not Detected WJ	1.0	Not Detected WJ

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	80	70-130
Toluene-d8	96	70-130
4-Bromofluorobenzene	92	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-045-B-01

ID#: 0503362-05A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032213	Date of Collection:	3/15/05
Dil. Factor:	1.75	Date of Analysis:	3/22/05 02:33 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.18	Not Detected	0.45	Not Detected
Chloroethane	0.21	Not Detected	0.55	Not Detected
Freon 113	0.18	Not Detected	1.3	Not Detected
1,1-Dichloroethene	0.18	Not Detected	0.69	Not Detected
Methylene Chloride	0.35	0.49	1.2	1.7
trans-1,2-Dichloroethene	0.18	Not Detected	0.69	Not Detected
1,1-Dichloroethane	0.18	Not Detected	0.71	Not Detected
cis-1,2-Dichloroethene	0.18	Not Detected	0.69	Not Detected
1,1,1-Trichloroethane	0.18	0.40	0.95	2.2
Trichloroethene	0.18	1.3	0.94	7.1
Tetrachloroethene	0.18	Not Detected UJ	1.2	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	97	70-130
4-Bromofluorobenzene	91	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-047A-G-01

ID#: 0503362-06A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032214	Date of Collection:	3/15/05
Dil. Factor:	1.36	Date of Analysis:	3/22/05 03:13 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.35	Not Detected
Chloroethane	0.16	Not Detected	0.43	Not Detected
Freon 113	0.14	Not Detected	1.0	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.54	Not Detected
Methylene Chloride	0.27	0.40	0.94	1.4
trans-1,2-Dichloroethene	0.14	Not Detected	0.54	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.55	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.54	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.74	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.73~~	~~Not Detected~~
Tetrachloroethene	0.14	Not Detected LJ	0.92	Not Detected LJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	89	70-130
Toluene-d8	96	70-130
4-Bromofluorobenzene	88	70-130

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AIR TOXICS LTD.

SAMPLE NAME: OA-047-G-01

ID#: 0503362-07A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032215	Date of Collection:	3/15/05
Dil. Factor:	1.39	Date of Analysis:	3/22/05 03:56 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.36	Not Detected
Chloroethane	0.17	Not Detected	0.44	Not Detected
Freon 113	0.14	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.55	Not Detected
Methylene Chloride	0.28	0.54	0.96	1.9
trans-1,2-Dichloroethene	0.14	Not Detected	0.55	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.56	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.55	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.76	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.75~~	~~Not Detected~~
Tetrachloroethene	0.14	Not Detected LW	0.94	Not Detected LW

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	96	70-130
4-Bromofluorobenzene	92	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-047-1-02

ID#: 0503362-08A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032309	Date of Collection:	3/15/05
Dil. Factor:	6390	Date of Analysis:	3/23/05 03:10 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	640	Not Detected RJ	1600	Not Detected RJ
Chloroethane	770	Not Detected	2000	Not Detected
Freon 113	640	Not Detected	4900	Not Detected
1,1-Dichloroethene	640	10000	2500	41000
Methylene Chloride	1300	Not Detected	4400	Not Detected
trans-1,2-Dichloroethene	640	Not Detected	2500	Not Detected
1,1-Dichloroethane	640	9700	2600	39000
cis-1,2-Dichloroethene	640	6400	2500	25000
1,1,1-Trichloroethane	640	34000	3500	190000
Trichloroethene	640	150000	3400	800000
Tetrachloroethene	640	Not Detected	4300	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	87	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	84	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-047-1-02

ID#: 0503362-09A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032216	Date of Collection:	3/15/05
Dil. Factor:	1.49	Date of Analysis:	3/22/05 04:37 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	0.26	0.38	0.66
Chloroethane	0.18	0.42	0.47	1.1
Freon 113	0.15	0.58	1.1	4.4
1,1-Dichloroethene	0.15	0.30	0.59	1.2
Methylene Chloride	0.30	0.52	1.0	1.8
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	0.43	0.60	1.8
cis-1,2-Dichloroethene	0.15	1.3	0.59	5.1
1,1,1-Trichloroethane	0.15	15	0.81	82
Trichloroethene	0.15	1.7	0.80	9.0
Tetrachloroethene	0.15	Not Detected UJ	1.0	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	82	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	98	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-047-1-01

ID#: 0503362-10A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032217	Date of Collection:	3/15/05
Dil. Factor:	1.55	Date of Analysis:	3/22/05 05:19 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.49	Not Detected
Freon 113	0.16	1.0	1.2	7.8
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	0.32	1.1	1.1
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	0.26	0.84	1.4
~~Trichloroethene~~	~~0.16~~	~~0.15 J~~	~~0.83~~	~~0.82 J~~
Tetrachloroethene	0.16	Not Detected UJ	1.0	Not Detected UJ

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	102	70-130
4-Bromofluorobenzene	94	70-130

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AIR TOXICS LTD.

SAMPLE NAME: SS-041-B-6A

ID#: 0503362-11A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032311	Date of Collection:	3/16/05
Dil. Factor:	76.0	Date of Analysis:	3/23/05 04:47 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	7.6	Not Detected	19	Not Detected
Chloroethane	9.1	Not Detected	24	Not Detected
Freon 113	7.6	Not Detected	58	Not Detected
1,1-Dichloroethene	7.6	Not Detected	30	Not Detected
Methylene Chloride	15	Not Detected	53	Not Detected
trans-1,2-Dichloroethene	7.6	Not Detected	30	Not Detected
1,1-Dichloroethane	7.6	11	31	44
cis-1,2-Dichloroethene	7.6	52	30	200
1,1,1-Trichloroethane	7.6	27	41	150
Trichloroethene	7.6	150	41	800
Tetrachloroethene	7.6	9.8 J J	52	66 J J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	96	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-018-B-15A

ID#: 0503362-12A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032306	Date of Collection:	3/16/05
Dil. Factor:	75.8	Date of Analysis:	3/23/05 12:43 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	7.6	Not Detected	19	Not Detected
Chloroethane	9.1	Not Detected	24	Not Detected
Freon 113	7.6	390	58	3000
1,1-Dichloroethene	7.6	24	30	96
Methylene Chloride	15	Not Detected	53	Not Detected
trans-1,2-Dichloroethene	7.6	18	30	72
1,1-Dichloroethane	7.6	25	31	100
cis-1,2-Dichloroethene	7.6	52	30	210
1,1,1-Trichloroethane	7.6	650	41	3600
Trichloroethene	7.6	1500	41	8200
Tetrachloroethene	7.6	2100 J J	51	14000 J J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	101	70-130
4-Bromofluorobenzene	82	70-130

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AIR TOXICS LTD.

SAMPLE NAME: IA-046-1-7A

ID#: 0503362-13A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032218	Date of Collection:	3/16/05
Dil. Factor:	1.52	Date of Analysis:	3/22/05 06:01 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.39	Not Detected
Chloroethane	0.18	Not Detected	0.48	Not Detected
Freon 113	0.15	0.25	1.2	1.9
1,1-Dichloroethene	0.15	Not Detected	0.60	Not Detected
Methylene Chloride	0.30	1.2	1.0	4.0
trans-1,2-Dichloroethene	0.15	Not Detected	0.60	Not Detected
1,1-Dichloroethane	0.15	0.62	0.62	2.5
cis-1,2-Dichloroethene	0.15	0.25	0.60	0.99
1,1,1-Trichloroethane	0.15	0.87	0.83	4.7
Trichloroethene	0.15	2.5	0.82	13
Tetrachloroethene	0.15	Not Detected UJ	1.0	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	89	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	106	70-130

04/26/05
CA

AIR TOXICS LTD.

SAMPLE NAME: SS-046-1-7A

ID#: 0503362-14A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032307	Date of Collection:	3/16/05
Dil. Factor:	59.6	Date of Analysis:	3/23/05 01:30 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	6.0	Not Detected	15	Not Detected
Chloroethane	7.2	Not Detected	19	Not Detected
Freon 113	6.0	Not Detected	46	Not Detected
1,1-Dichloroethene	6.0	Not Detected	24	Not Detected
Methylene Chloride	12	Not Detected	41	Not Detected
trans-1,2-Dichloroethene	6.0	Not Detected	24	Not Detected
1,1-Dichloroethane	6.0	16	24	65
cis-1,2-Dichloroethene	6.0	Not Detected	24	Not Detected
1,1,1-Trichloroethane	6.0	95	32	520
Trichloroethene	6.0	35	32	190
Tetrachloroethene	6.0	10 ~~J~~ J	40	68 ~~J~~ J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	90	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	117	70-130

04/26/05
LC

AIR TOXICS LTD.

SAMPLE NAME: IA-DUP031505-01

ID#: 0503362-15A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032219	Date of Collection:	NA
Dil. Factor:	1.58	Date of Analysis:	3/22/05 06:46 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected	0.50	Not Detected
Freon 113	0.16	0.18	1.2	1.3
1,1-Dichloroethene	0.16	Not Detected	0.63	Not Detected
Methylene Chloride	0.32	1.0	1.1	3.7
trans-1,2-Dichloroethene	0.16	Not Detected	0.63	Not Detected
1,1-Dichloroethane	0.16	0.65	0.64	2.6
cis-1,2-Dichloroethene	0.16	0.37	0.63	1.5
1,1,1-Trichloroethane	0.16	0.95	0.86	5.2
Trichloroethene	0.16	2.3	0.85	12
Tetrachloroethene	0.16	Not Detected UJ	1.1	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	86	70-130
Toluene-d8	103	70-130
4-Bromofluorobenzene	98	70-130

04/26/05
LW

AIR TOXICS LTD.

SAMPLE NAME: SS-DUP031505-01

ID#: 0503362-16A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032308	Date of Collection:	NA
Dil. Factor:	70.4	Date of Analysis:	3/23/05 02:20 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	7.0	Not Detected	18	Not Detected
Chloroethane	8.4	Not Detected	22	Not Detected
Freon 113	7.0	Not Detected	54	Not Detected
1,1-Dichloroethene	7.0	Not Detected	28	Not Detected
Methylene Chloride	14	Not Detected	49	Not Detected
trans-1,2-Dichloroethene	7.0	Not Detected	28	Not Detected
1,1-Dichloroethane	7.0	18	28	74
cis-1,2-Dichloroethene	7.0	Not Detected	28	Not Detected
1,1,1-Trichloroethane	7.0	92	38	500
Trichloroethene	7.0	24	38	130
Tetrachloroethene	7.0	11 ~~J~~ J	48	73 ~~J~~ J

J = Estimated value due to bias in the CCV.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	91	70-130
Toluene-d8	100	70-130
4-Bromofluorobenzene	113	70-130

04/26/05
CL

AIR TOXICS LTD.

SAMPLE NAME: SS-096-B-1A

ID#: 0503362-17A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4032220	Date of Collection:	3/17/05
Dil. Factor:	1.64	Date of Analysis:	3/22/05 08:35 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.42	Not Detected
Chloroethane	0.20	Not Detected	0.52	Not Detected
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.65	Not Detected
Methylene Chloride	0.33	0.32 J	1.1	1.1
trans-1,2-Dichloroethene	0.16	Not Detected	0.65	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.66	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.65	Not Detected
1,1,1-Trichloroethane	0.16	Not Detected	0.89	Not Detected
Trichloroethene	0.16	Not Detected	0.88	Not Detected
Tetrachloroethene	0.16	0.20 J	1.1	1.4 J

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	84	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	95	70-130

04/20/05
LL

0503362B

AIR TOXICS LTD.

SAMPLE NAME: IA-047A-1-01

ID#: 0503362B-04A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6032306	Date of Collection:	3/15/05
Dil. Factor:	1.49	Date of Analysis:	3/23/05 06:30 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.030	0.050	0.16	0.27

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	121	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	108	70-130

04/26/05
CL

AIR TOXICS LTD.

SAMPLE NAME: OA-047A-G-01

ID#: 0503362B-06A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6032307	Date of Collection:	3/15/05
Dil. Factor:	1.36	Date of Analysis:	3/23/05 07:28 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.027	Not Detected	0.15	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	124	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	113	70-130

04126105
CL

AIR TOXICS LTD.

SAMPLE NAME: OA-047-G-01

ID#: 0503362B-07A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6032308	Date of Collection:	3/15/05
Dil. Factor:	1.39	Date of Analysis:	3/23/05 08:17 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.028	Not Detected	0.15	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	124	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	115	70-130

04/26/05
CG

AIR TOXICS LTD.

SAMPLE NAME: IA-047-1-01

ID#: 0503362B-10A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6032309	Date of Collection:	3/15/05
Dil. Factor:	1.55	Date of Analysis:	3/23/05 09:09 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.031	0.092	0.17	0.49

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	126	70-130
Toluene-d8	92	70-130
4-Bromofluorobenzene	114	70-130

04/26/05

0503540

AIR TOXICS LTD.

Client Sample ID: IA-018-I-04

Lab ID#: 0503540-01A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4040807	Date of Collection:	3/25/05
Dil. Factor:	1.61	Date of Analysis:	4/8/05 03:31 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.41	Not Detected
Chloroethane	0.19	Not Detected uJ	0.51	Not Detected uJ
Freon 113	0.16	Not Detected	1.2	Not Detected
1,1-Dichloroethene	0.16	Not Detected	0.64	Not Detected
Methylene Chloride	0.32	Not Detected	1.1	Not Detected
trans-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.65	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.64	Not Detected
1,1,1-Trichloroethane	0.16	0.15 J	0.88	0.84 J
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~	~~0.86~~	~~Not Detected~~
Tetrachloroethene	0.16	Not Detected	1.1	Not Detected

J = Estimated value.

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	88	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	94	70-130

04/27/05
CL

AIR TOXICS LTD.

Client Sample ID: IA-018-I-06

Lab ID#: 0503540-02A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4040808	Date of Collection:	3/25/05
Dil. Factor:	1.49	Date of Analysis:	4/8/05 04:14 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected UJ	0.47	Not Detected UJ
Freon 113	0.15	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.15	Not Detected	0.59	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.60	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.81	Not Detected
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~	~~0.80~~	~~Not Detected~~
Tetrachloroethene	0.15	0.25	1.0	1.7

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	91	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	98	70-130

04/27/05
CA

AIR TOXICS LTD.

Client Sample ID: IA-018-I-08

Lab ID#: 0503540-03A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4040809	Date of Collection:	3/25/05
Dil. Factor:	1.49	Date of Analysis:	4/8/05 05:01 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.15	Not Detected	0.38	Not Detected
Chloroethane	0.18	Not Detected UJ	0.47	Not Detected UJ
Freon 113	0.15	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.15	Not Detected	0.59	Not Detected
Methylene Chloride	0.30	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1-Dichloroethane	0.15	Not Detected	0.60	Not Detected
cis-1,2-Dichloroethene	0.15	Not Detected	0.59	Not Detected
1,1,1-Trichloroethane	0.15	Not Detected	0.81	Not Detected
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~	~~0.80~~	~~Not Detected~~
Tetrachloroethene	0.15	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	91	70-130
Toluene-d8	90	70-130
4-Bromofluorobenzene	98	70-130

04/27/05
CC

AIR TOXICS LTD.

Client Sample ID: OA-018-G-02

Lab ID#: 0503540-04A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4040810	Date of Collection:	3/25/05
Dil. Factor:	1.44	Date of Analysis:	4/8/05 05:41 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.14	Not Detected	0.37	Not Detected
Chloroethane	0.17	Not Detected uJ	0.46	Not Detected uJ
Freon 113	0.14	Not Detected	1.1	Not Detected
1,1-Dichloroethene	0.14	Not Detected	0.57	Not Detected
Methylene Chloride	0.29	Not Detected	1.0	Not Detected
trans-1,2-Dichloroethene	0.14	Not Detected	0.57	Not Detected
1,1-Dichloroethane	0.14	Not Detected	0.58	Not Detected
cis-1,2-Dichloroethene	0.14	Not Detected	0.57	Not Detected
1,1,1-Trichloroethane	0.14	Not Detected	0.78	Not Detected
~~Trichloroethene~~	~~0.14~~	~~Not Detected~~	~~0.77~~	~~Not Detected~~
Tetrachloroethene	0.14	Not Detected	0.98	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	92	70-130
Toluene-d8	94	70-130
4-Bromofluorobenzene	99	70-130

04127105
CW

AIR TOXICS LTD.

Client Sample ID: IA-018-I-03

Lab ID#: 0503540-05A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4040811	Date of Collection:	3/25/05
Dil. Factor:	1.55	Date of Analysis:	4/8/05 06:26 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)		Rpt. Limit (uG/m3)	Amount (uG/m3)	
Vinyl Chloride	0.16	Not Detected		0.40	Not Detected	
Chloroethane	0.19	Not Detected	UJ	0.49	Not Detected	UJ
Freon 113	0.16	Not Detected		1.2	Not Detected	
1,1-Dichloroethene	0.16	Not Detected		0.61	Not Detected	
Methylene Chloride	0.31	Not Detected		1.1	Not Detected	
trans-1,2-Dichloroethene	0.16	Not Detected		0.61	Not Detected	
1,1-Dichloroethane	0.16	Not Detected		0.63	Not Detected	
cis-1,2-Dichloroethene	0.16	Not Detected		0.61	Not Detected	
1,1,1-Trichloroethane	0.16	0.16		0.84	0.87	
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~		~~0.83~~	~~Not Detected~~	
Tetrachloroethene	0.16	Not Detected		1.0	Not Detected	

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	94	70-130
Toluene-d8	93	70-130
4-Bromofluorobenzene	100	70-130

04/27/05
LV

AIR TOXICS LTD.

Client Sample ID: IA-018-I-07

Lab ID#: 0503540-06A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4040812	Date of Collection:	3/25/05
Dil. Factor:	1.49	Date of Analysis:	4/8/05 07:16 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)		Rpt. Limit (uG/m3)	Amount (uG/m3)	
Vinyl Chloride	0.15	Not Detected		0.38	Not Detected	
Chloroethane	0.18	Not Detected	LJ	0.47	Not Detected	LJ
Freon 113	0.15	Not Detected		1.1	Not Detected	
1,1-Dichloroethene	0.15	Not Detected		0.59	Not Detected	
Methylene Chloride	0.30	Not Detected		1.0	Not Detected	
trans-1,2-Dichloroethene	0.15	Not Detected		0.59	Not Detected	
1,1-Dichloroethane	0.15	Not Detected		0.60	Not Detected	
cis-1,2-Dichloroethene	0.15	Not Detected		0.59	Not Detected	
1,1,1-Trichloroethane	0.15	Not Detected		0.81	Not Detected	
~~Trichloroethene~~	~~0.15~~	~~Not Detected~~		~~0.80~~	~~Not Detected~~	
Tetrachloroethene	0.15	0.23		1.0	1.6	

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	93	70-130
Toluene-d8	96	70-130
4-Bromofluorobenzene	100	70-130

04127105
CG

AIR TOXICS LTD.

Client Sample ID: IA-018-I-05

Lab ID#: 0503540-07A

MODIFIED EPA METHOD TO-15 GC/MS FULL SCAN

File Name:	4040813	Date of Collection:	3/25/05
Dil. Factor:	1.55	Date of Analysis:	4/8/05 08:20 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Vinyl Chloride	0.16	Not Detected	0.40	Not Detected
Chloroethane	0.19	Not Detected UJ	0.49	Not Detected UJ
Freon 113	0.16	0.16	1.2	1.2
1,1-Dichloroethene	0.16	Not Detected	0.61	Not Detected
Methylene Chloride	0.31	0.46	1.1	1.6
trans-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1-Dichloroethane	0.16	Not Detected	0.63	Not Detected
cis-1,2-Dichloroethene	0.16	Not Detected	0.61	Not Detected
1,1,1-Trichloroethane	0.16	0.29	0.84	1.6
~~Trichloroethene~~	~~0.16~~	~~Not Detected~~	~~0.83~~	~~Not Detected~~
Tetrachloroethene	0.16	Not Detected	1.0	Not Detected

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	91	70-130
Toluene-d8	95	70-130
4-Bromofluorobenzene	98	70-130

04/27/05
C

0503540B

AIR TOXICS LTD.

Client Sample ID: IA-018-I-04

Lab ID#: 0503540B-01A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6041206	Date of Collection:	3/25/05
Dil. Factor:	1.61	Date of Analysis:	4/12/05 12:39 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.032	0.050 J	0.17	0.27 J

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	101	70-130
Toluene-d8	97	70-130
4-Bromofluorobenzene	100	70-130

05103105
CG

AIR TOXICS LTD.

Client Sample ID: IA-018-I-06

Lab ID#: 0503540B-02A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6041207	Date of Collection:	3/25/05
Dil. Factor:	1.49	Date of Analysis:	4/12/05 01:38 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.030	0.099 J	0.16	0.53 J

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	102	70-130
Toluene-d8	99	70-130
4-Bromofluorobenzene	100	70-130

05103105
CW

AIR TOXICS LTD.

Client Sample ID: IA-018-I-08

Lab ID#: 0503540B-03A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6041208	Date of Collection:	3/25/05
Dil Factor:	1.49	Date of Analysis:	4/12/05 02:32 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.030	0.036 J	0.16	0.20 J

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	106	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	100	70-130

05103105
CL

AIR TOXICS LTD.

Client Sample ID: OA-018-G-02

Lab ID#: 0503540B-04A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6041305	Date of Collection:	3/25/05
Dil. Factor:	1.44	Date of Analysis:	4/13/05 12:17 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.029	Not Detected UJ	0.15	Not Detected UJ

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	104	70-130
Toluene-d8	97	70-130
4-Bromofluorobenzene	101	70-130

05103105
LV

AIR TOXICS LTD.

Client Sample ID: IA-018-I-03

Lab ID#: 0503540B-05A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6041306	Date of Collection:	3/25/05
Dil. Factor:	1.55	Date of Analysis:	4/13/05 01:02 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.031	0.031 J	0.17	0.17 J

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	106	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	100	70-130

05/03/05
cc

AIR TOXICS LTD.

Client Sample ID: IA-018-I-07

Lab ID#: 0503540B-06A

MODIFIED EPA METHOD TO-15 GC/MS SIM

File Name:	6041307	Date of Collection:	3/25/05
Dil. Factor:	1.49	Date of Analysis:	4/13/05 02:01 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)		Rpt. Limit (uG/m3)	Amount (uG/m3)	
Trichloroethene	0.030	0.085	J	0.16	0.46	J

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	106	70-130
Toluene-d8	97	70-130
4-Bromofluorobenzene	100	70-130

05/03/05

CL

AIR TOXICS LTD.

Client Sample ID: IA-018-I-05

Lab ID#: 0503540B-07A

MODIFIED EPA METHOD TO-15 GC/MS SIM

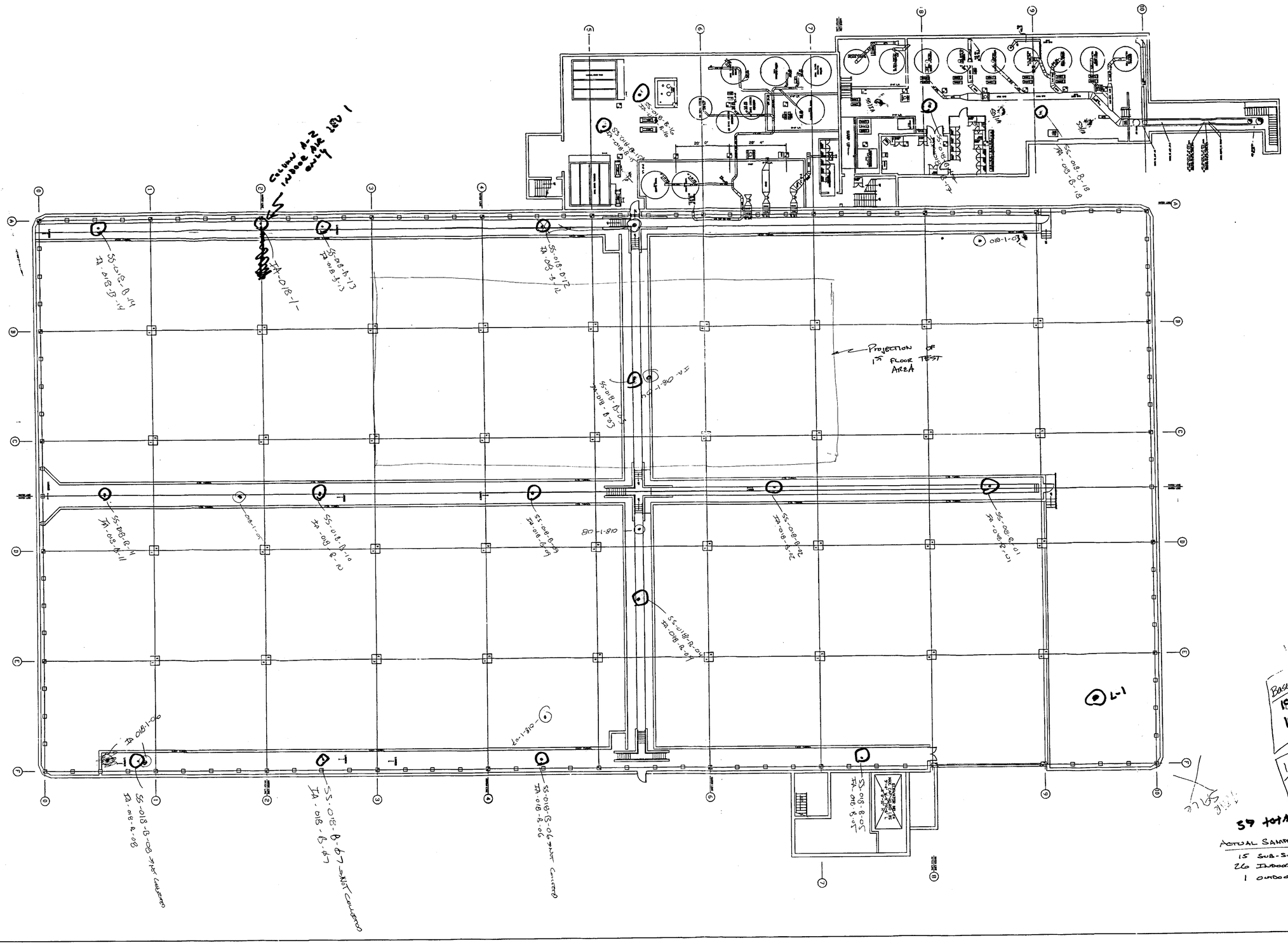
File Name:	6041308	Date of Collection:	3/25/05
Dil. Factor:	1.55	Date of Analysis:	4/13/05 03:03 PM

Compound	Rpt. Limit (ppbv)	Amount (ppbv)	Rpt. Limit (uG/m3)	Amount (uG/m3)
Trichloroethene	0.031	0.11 J	0.17	0.57 J

Container Type: 6 Liter Summa Canister (SIM Certified)

Surrogates	%Recovery	Method Limits
1,2-Dichloroethane-d4	110	70-130
Toluene-d8	98	70-130
4-Bromofluorobenzene	100	70-130

05103105
C



Bldg 018 Floor 00 Zone 00

REVISIONS

HURON
REAL ESTATE ASSOCIATES, L.L.C.
ENDICOTT, NEW YORK

B/18
BASEMENT
HVAC
AND
EXHAUST

DRAWN BY XXX	APPROV.BY XXX
DATE: MM/DD/YY	DATE MM/DD/YY
SCALE 1/8" = 1'0"	SHT.NO. 00 OF 00
COORDINATOR X X XXXXXXXX	PAGER # NNN-NNNN
DWG. NO. E-PLIT LIGHTING PLAN	

Project No.
XXX-XXX-X
XXX-XXX-X

19-1
1 SS
1 IA
2 total

TOTAL SAMPLES:

1 - SUBSLAB
1 - INDOOR AIR
1 - OUTDOOR AIR

Bldg 019 Floor 01

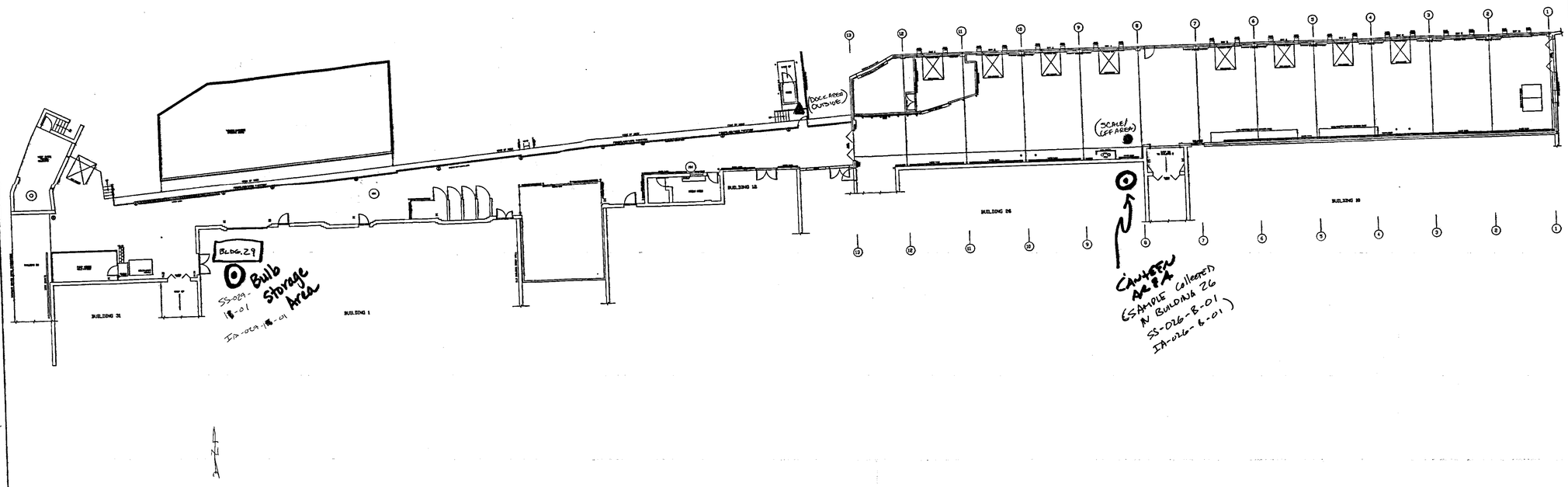
REVISIONS

HURON
REAL ESTATE ASSOCIATES, L.L.C.
ENDICOTT, NEW YORK

B/19-1
HVAC
AND
EXHAUST

DRAWN BY XXX	APPROV.BY XXX
DATE MM/DD/YY	DATE MM/DD/YY
SCALE 1/8" = 1'0"	SHT.NO. 00 OF 00
COORDINATOR X X XXXXXXXX	PAGER # NNN-NNNN
DWG. NO. M-PHVA HVAC PLAN	

Project No.
XXX-XXX-X
XXX-XXX-X



Actual Samples:

Bldg. 29: 1 Indoor Air
1 Sub-Slab
1 Outdoor Air

Bldg. 26: 1 Indoor Air
1 Sub-Slab
1 Outdoor Air

Proposed:

1 SS
1 IA
2 total Bld 26

1 SS
1 IA
2 TOTAL Bldg. 29

Bldg 029 Floor 10 Zone 0

REVISIONS

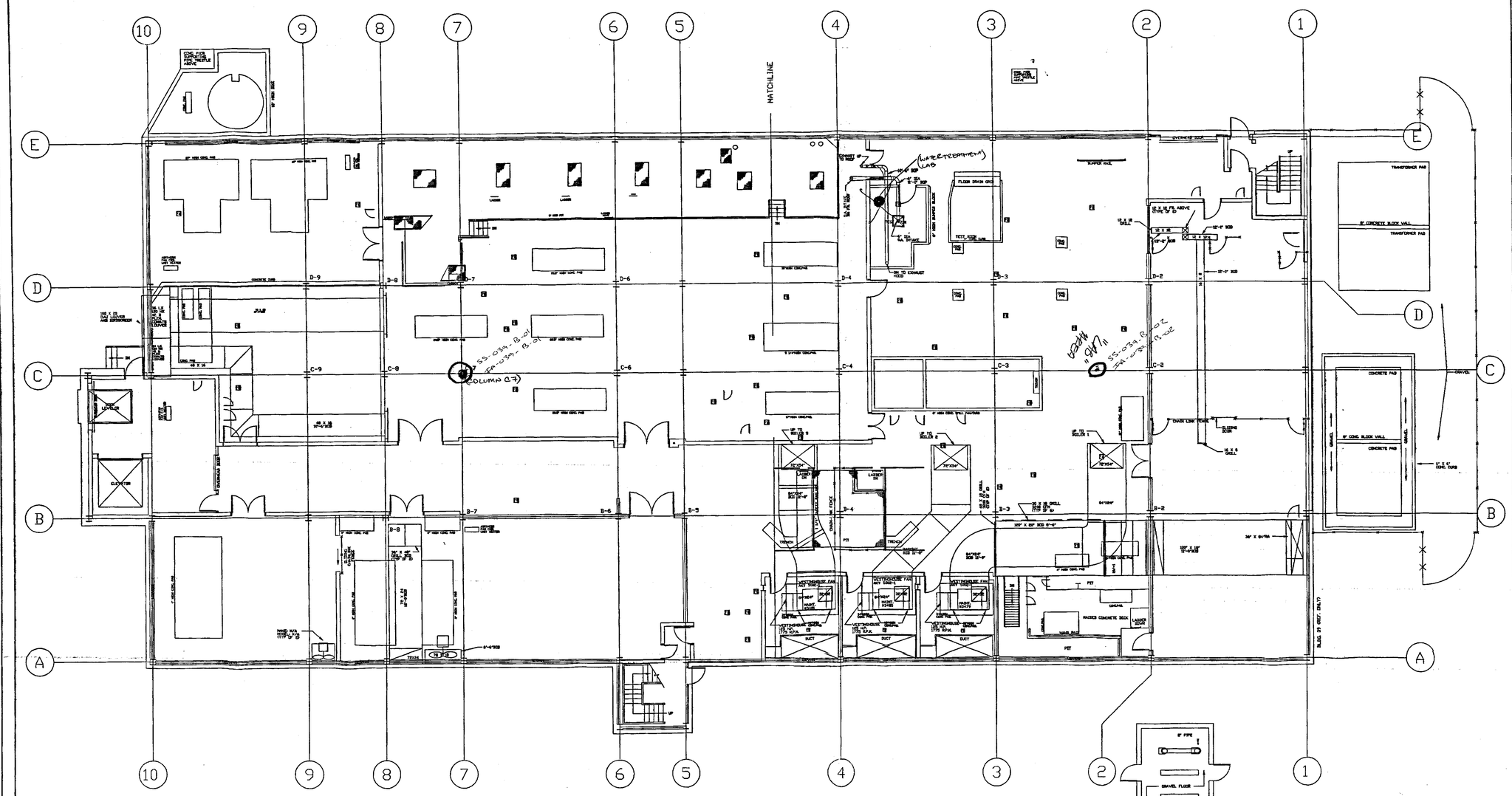
HURON
REAL ESTATE ASSOCIATES, L.L.C.
ENDICOTT, NEW YORK

B/20-1 HVAC AND EXHAUST

Bld 29

DRAWN BY	APPROV.BY
DATE	DATE
SCALE	SHT.NO. OF 00
COORDINATOR X X XXXXXXXX	PAGER # NNN-NNNN
DWG. NO.	

Project No.
XXX-XXX-X
XXX-XXX-X



Actual Samples:

2 Sub-Slab
2 Indoor Air
1 Outdoor Air

39-1
2 SS
2 IA
4 total

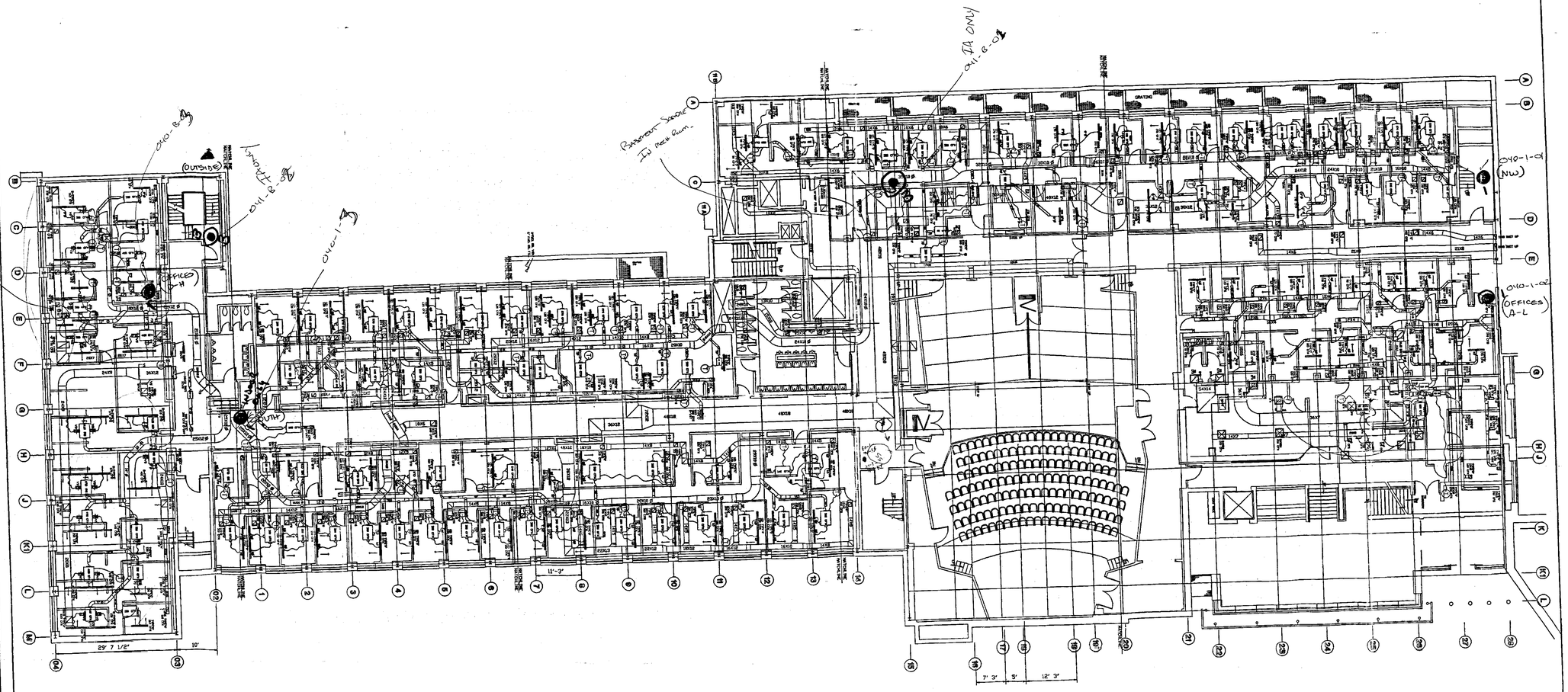
REVISIONS

HURON
REAL ESTATE ASSOCIATES, L.L.C.
ENDICOTT, NEW YORK

B/39-1
HVAC
AND
EXHAUST

DRAWN BY XXX	APPROV.BY XXX
DATE MM/DD/YY	DATE MM/DD/YY
SCALE 1/8" = 1'0"	SHT.NO. 00 OF 00
COORDINATOR X X XXXXXXXX	PAGER # NNN-NNNN
DWG. NO. M-PHVA HVAC PLAN	

Project No.
XXX-XXX-X
XXX-XXX-X



Actual Samples:

4 Sub-Slab

7 Indoor Air

1 Outdoor Air

5 IA + SS

1 IA

total samples = 11

BUILDING 040 FLOOR 1 ZONE ALL

REVISIONS

5
4
3
2
1

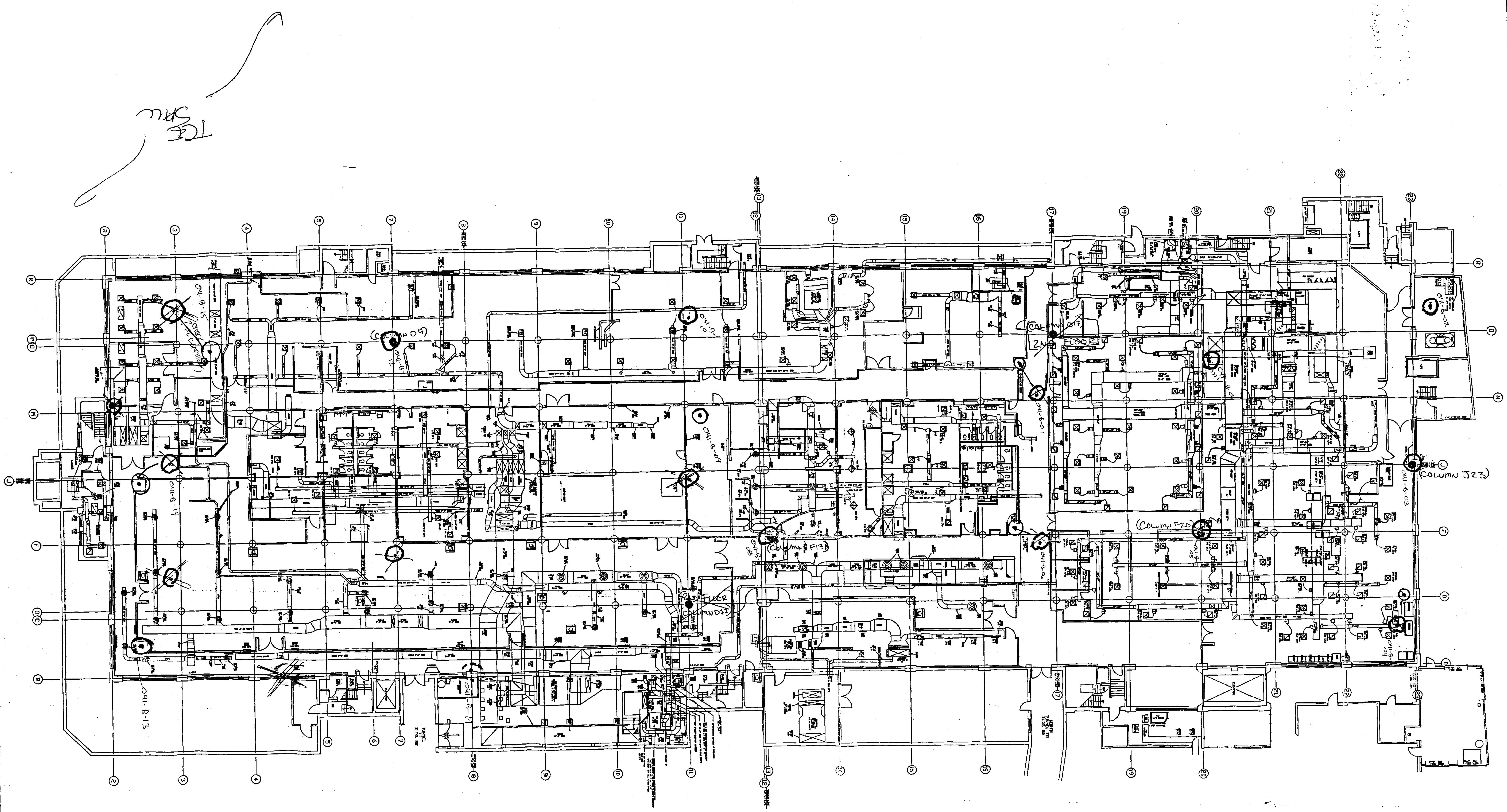
HURON

REAL ESTATE ASSOCIATES, L.L.C.
ENDICOTT, NEW YORK

B/40-1
HVAC
AND
EXHAUST

DRAWN BY XXX	APPROV.BY XXX
DATE: MM/DD/YY	DATE MM/DD/YY
SCALE	SHT.NO. 00 OF 00
COORDINATOR X X XXXXXXXX	PAGER # NNN-NNNN
DWG NO. A-PFLR FLOOR PLAN	

Project No.
XXX-XXX-X
XXX-XXX-X



BUILDING 041 FLOOR 1

REVISIONS

UNLESS NOTED
ALL SAMPLING LOCATIONS INCLUDE BOTH SUB SLAB & INDOOR AIR SAMPLES

ACTUAL SAMPLES:
15 SUB SLAB
15 INDOOR AIR
1 OUTDOOR AIR

RESAMPLE 4
11 NEW

PROPOSED: 30 total

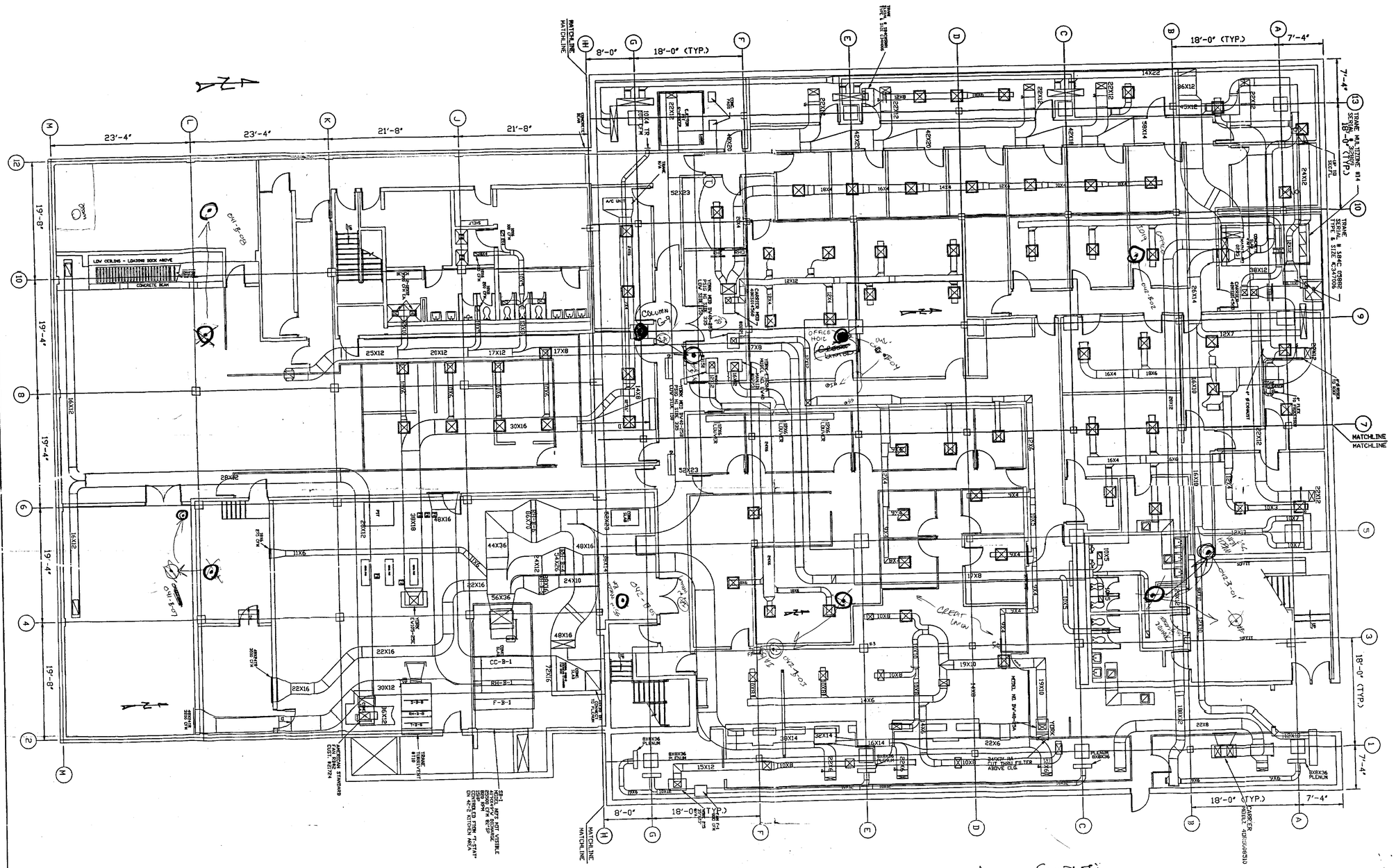
41-1
15 SS
15 IA

HURON
REAL ESTATE ASSOCIATES, L.L.C.
ENDICOTT, NEW YORK

B/41-1
HVAC
AND
EXHAUST

DRAWN BY XXX DATE MM/DD/YY	APPROV.BY XXX DATE MM/DD/YY
SCALE	SHT.NO. 00 OF 00
COORDINATOR X X XXXXXXXX	PAGER # NNN-NNNN
DWG. NO. A-PFLR FLOOR PLAN	

Project No.
XXX-XXX-X
XXX-XXX-X



Bldg 042 Floor 10 Zone 0

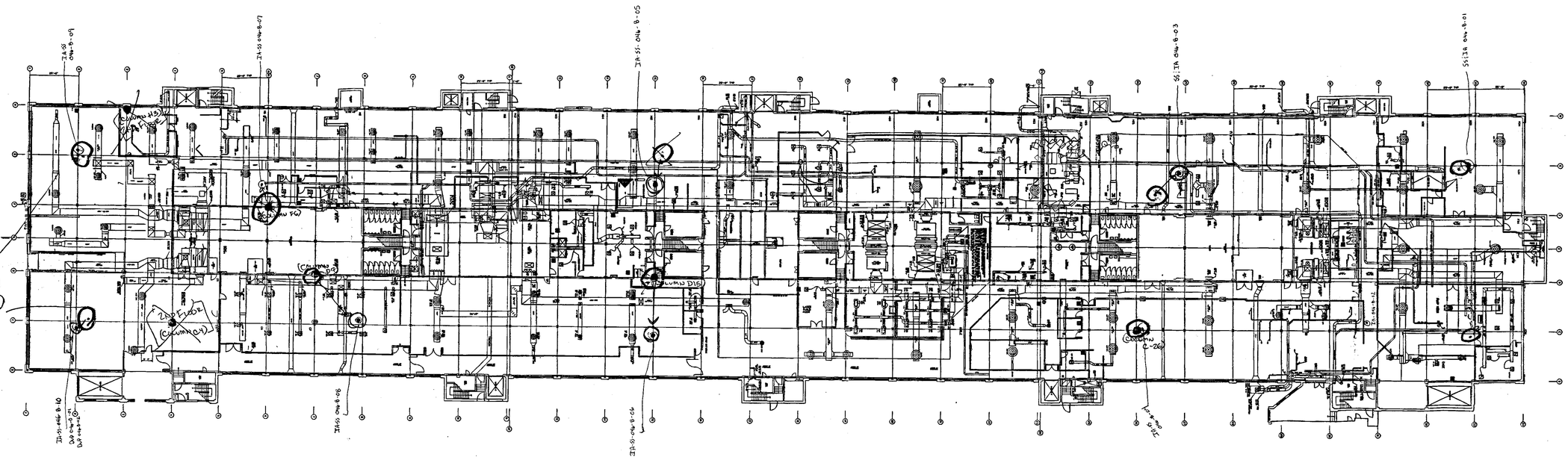
REVISIONS

HURON
REAL ESTATE ASSOCIATES, L.L.C.
ENDICOTT, NEW YORK

B/42-1
HVAC
AND
EXHAUST

DRAWN BY	XXX	APPROV.BY	XXX
DATE	MM/DD/YY	DATE	MM/DD/YY
SCALE	1/8" = 1'0"	SHT.NO.	00 OF 00
COORDINATOR	X X XXXXXXXX	PAGER #	NNN-NNNN
DWG. NO.	E-PLIT LIGHTING PLAN		

Project No.
XXX-XXX-X
XXX-XXX-X



ACTUAL SAMPLES:

8 SUB SLAB (PUS 1 RE-SAMPLE)
10 INDOOR AIR (PUS 1 RESAMPLE) MAY ADD IBM LOCATION MAN 1 SUITE
1 OUTDOOR AIR

4 REPAICHE
6 NEW

46-1
10 SS
10 IA
20 TOTAL

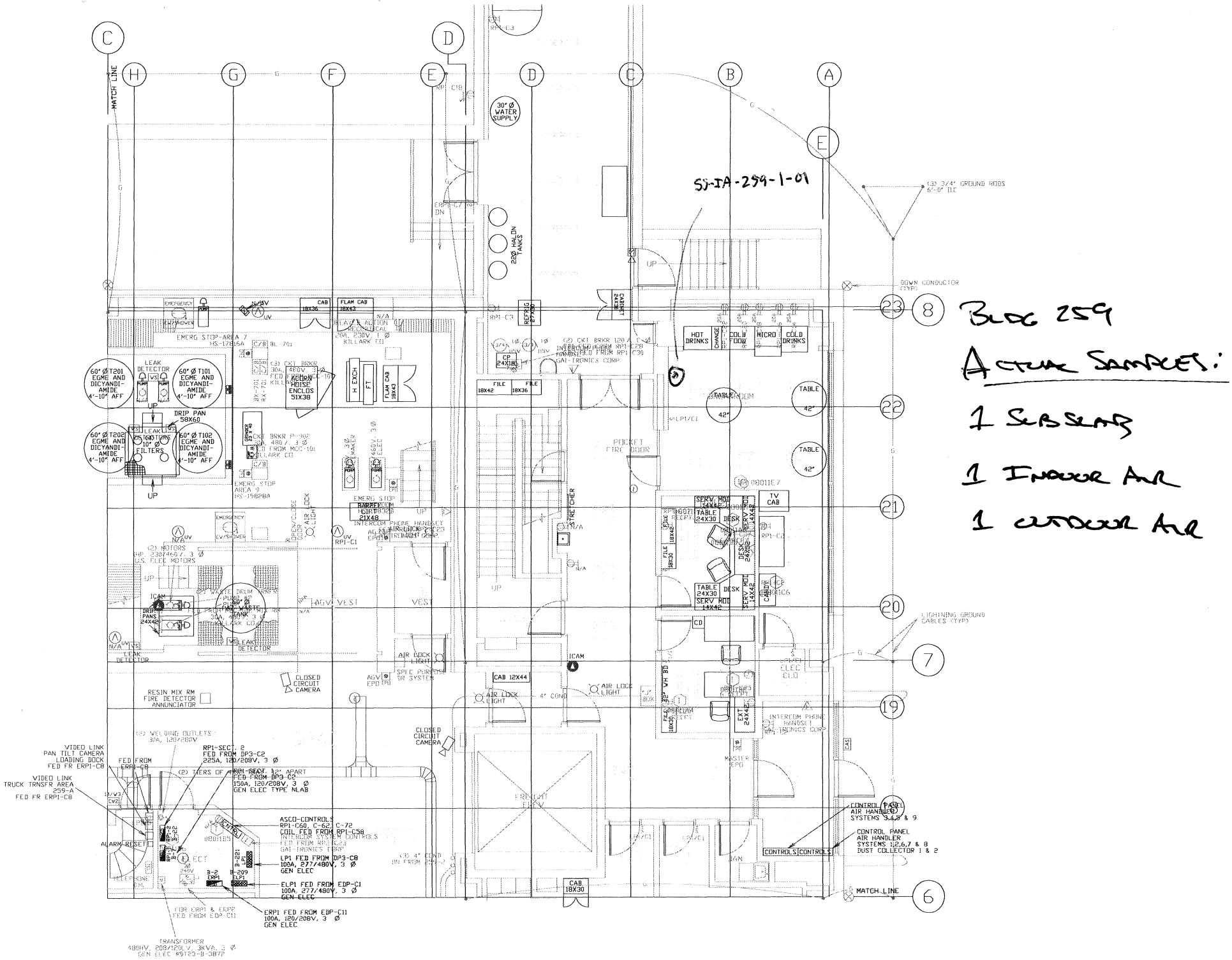
BUILDING 046 FLOOR 1

REVISIONS

HURON
REAL ESTATE ASSOCIATES, L.L.C.
ENDICOTT, NEW YORK

B46/1 HVAC AND EXHAUST

DRAWN BY	APPROV.BY
DATE: 12-2004	DATE
SCALE NONE	SHT.NO. OF
COORDINATOR	PAGER #
DWG. NO. A-PFLR FLOOR PLAN	



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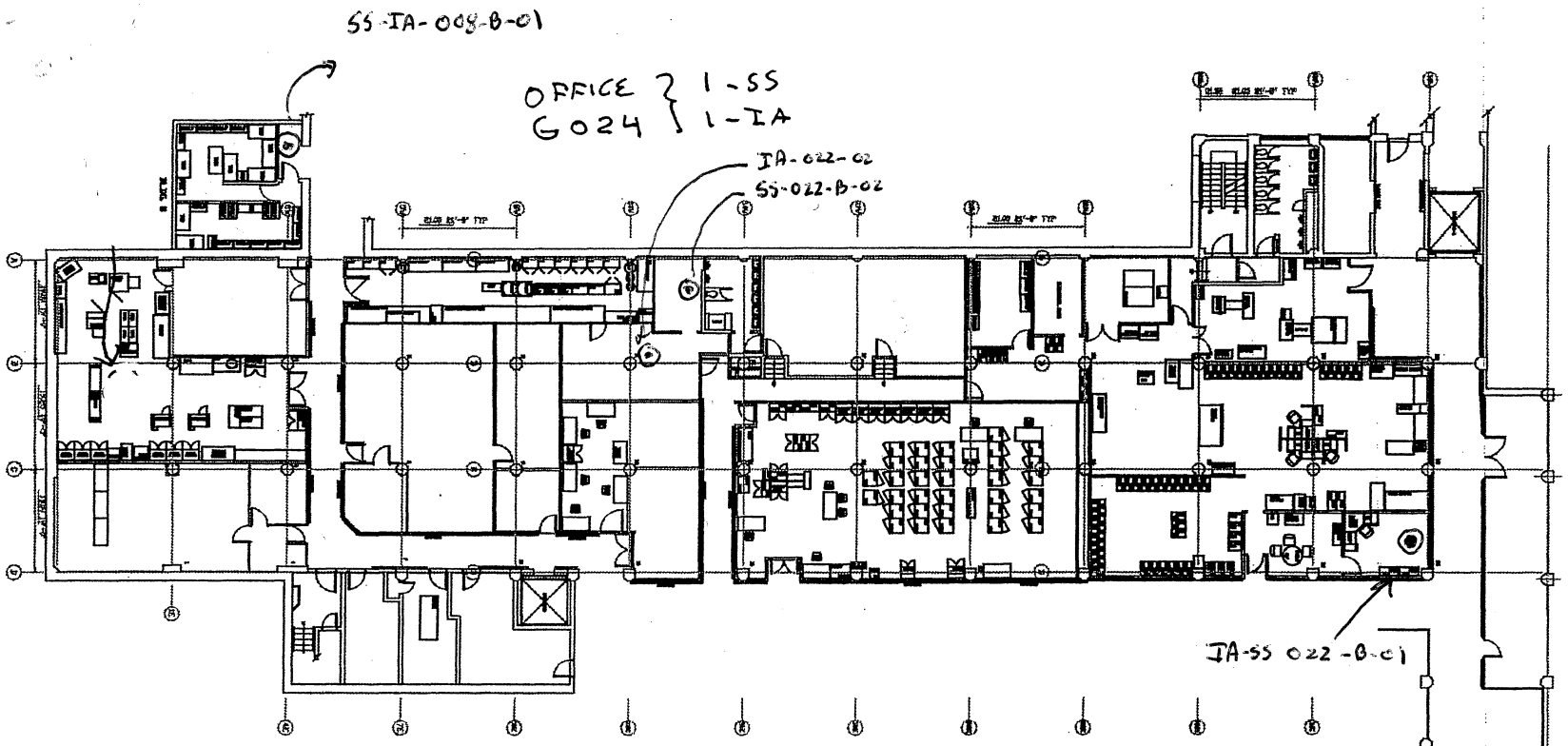


OFFICE K012 COLUMN 1 } 1-SS 1-IA

PROPOSED:

Priority 2

[BLDG 22 – 4 total]

BLDG 8 – 2 total

6 total SAMPLES

ACTUAL SAMPLES:

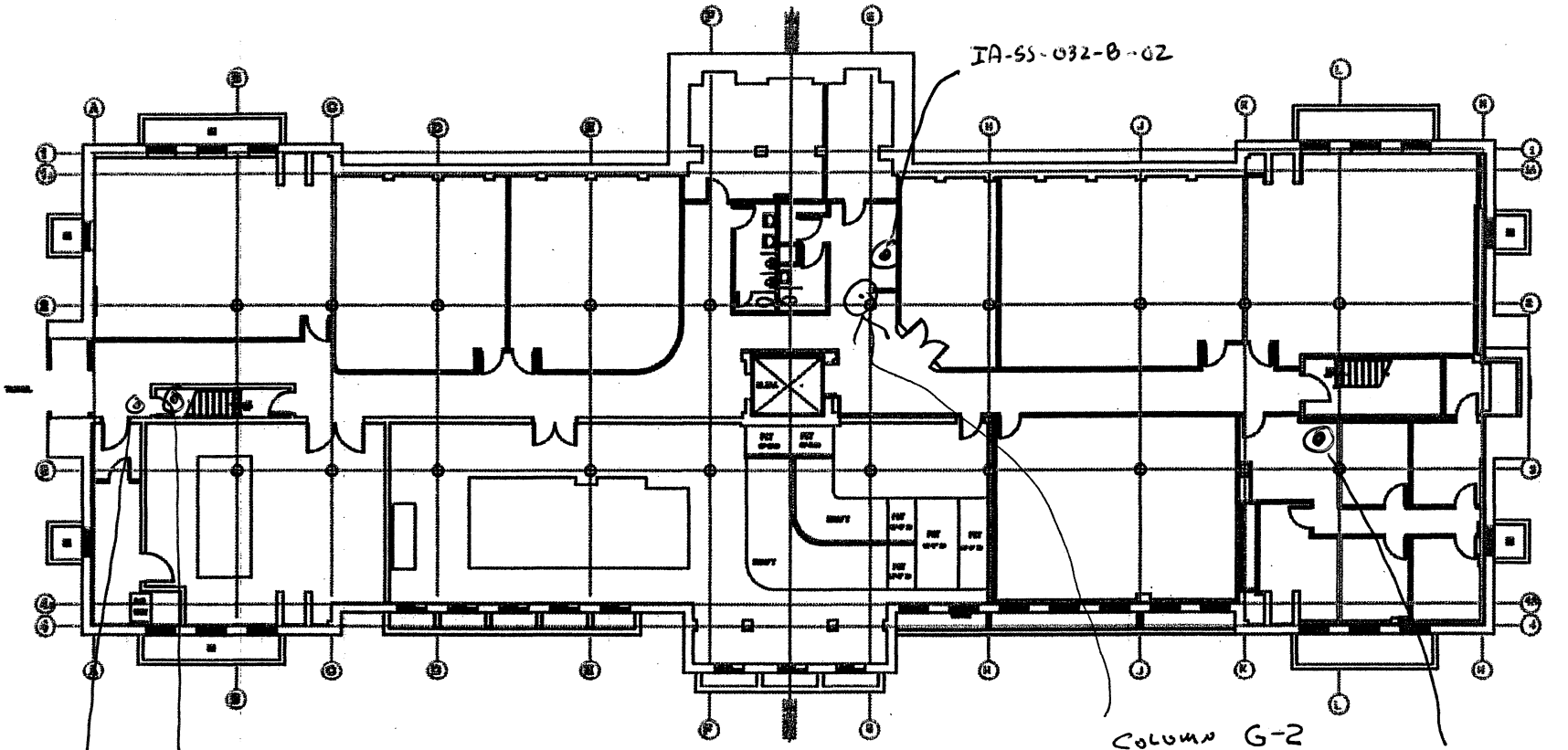
BLDG 22: 2 SUBSLAB
2 INDOOR AIR
1 OUTDOOR AIR

BLDG. 8: 1 SUBSLAB
1 INDOOR AIR
1 OUTDOOR AIR

HURON

CLASSROOM C005
(S.S. IN ELECTRICAL ROOM UNDER STAIRS 'LF ISSUE)

COLUMN L-3 / K3
OFFICE C004



Bld 32

3 - SS
3 - IA
6 TOTAL

ACTUAL SAMPLES:
3 SUBSLAB
3 INDOOR AIR
1 OUTDOOR AIR

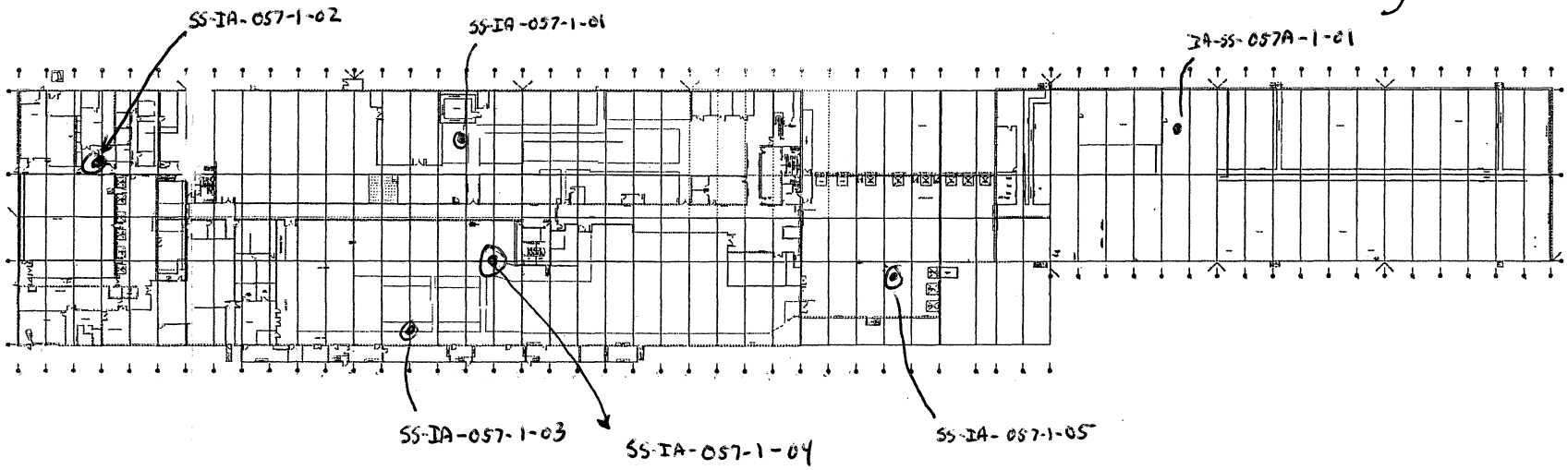
Building 32 Floor 1

HURON

2 - SS } → Room FC-17
2 - IA } → Room XB-16

4 total

+ IBM Locations
If they Don't Do
Collect SS & IA in their
Workplan Locations } 57 AND 57A



Bld 57
Bld 57A
BUILDING 57 FLOOR 1

Actual Samples:

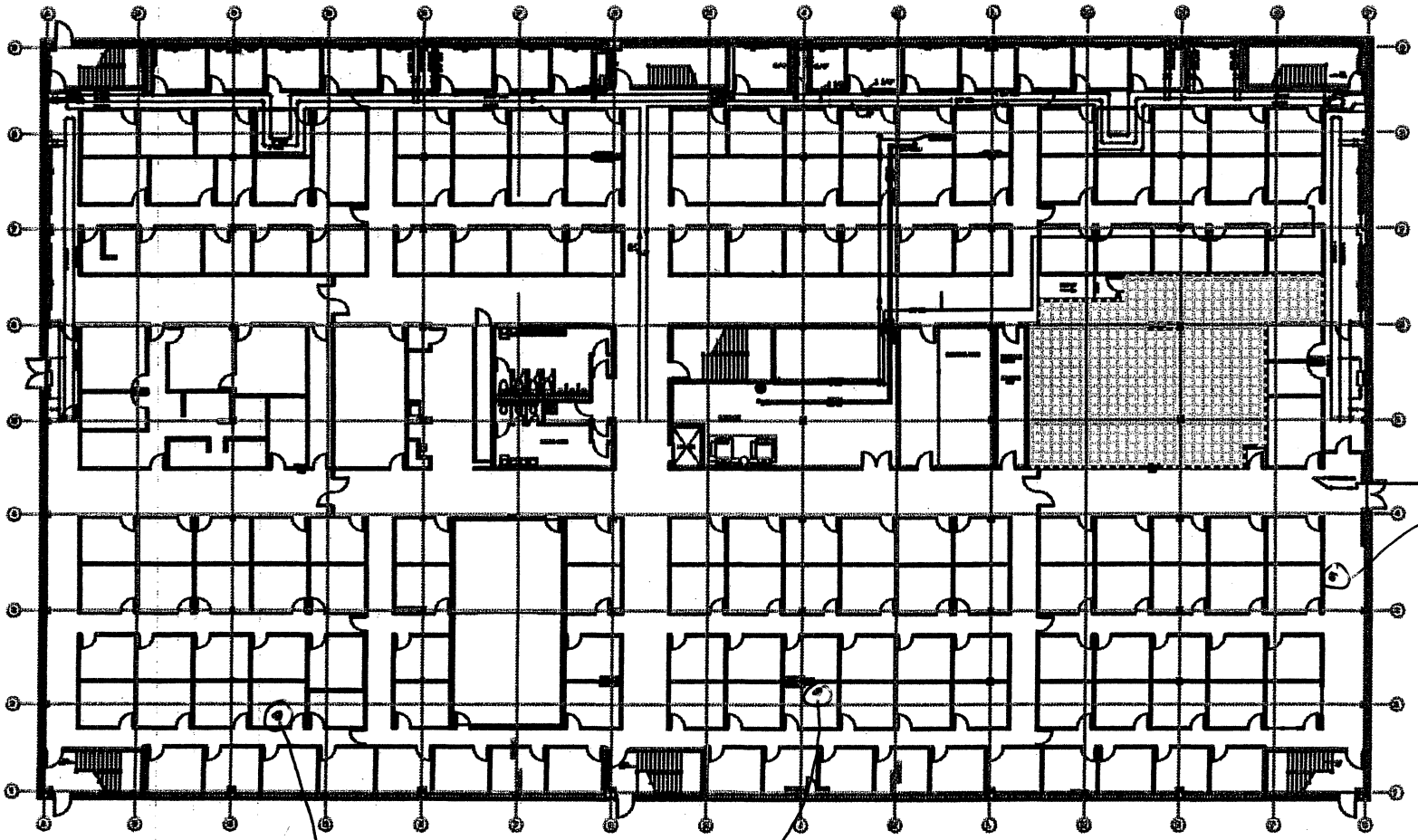
Bldg 57: 5 Subslab
5 Indoor Air
1 Outdoor Air

57A: 1 Subslab
1 Indoor Air

HURON
REAL ESTATE ASSOCIATES, L.L.C.
ENDICOTT, NEW YORK

ACTUAL SAMPLES:

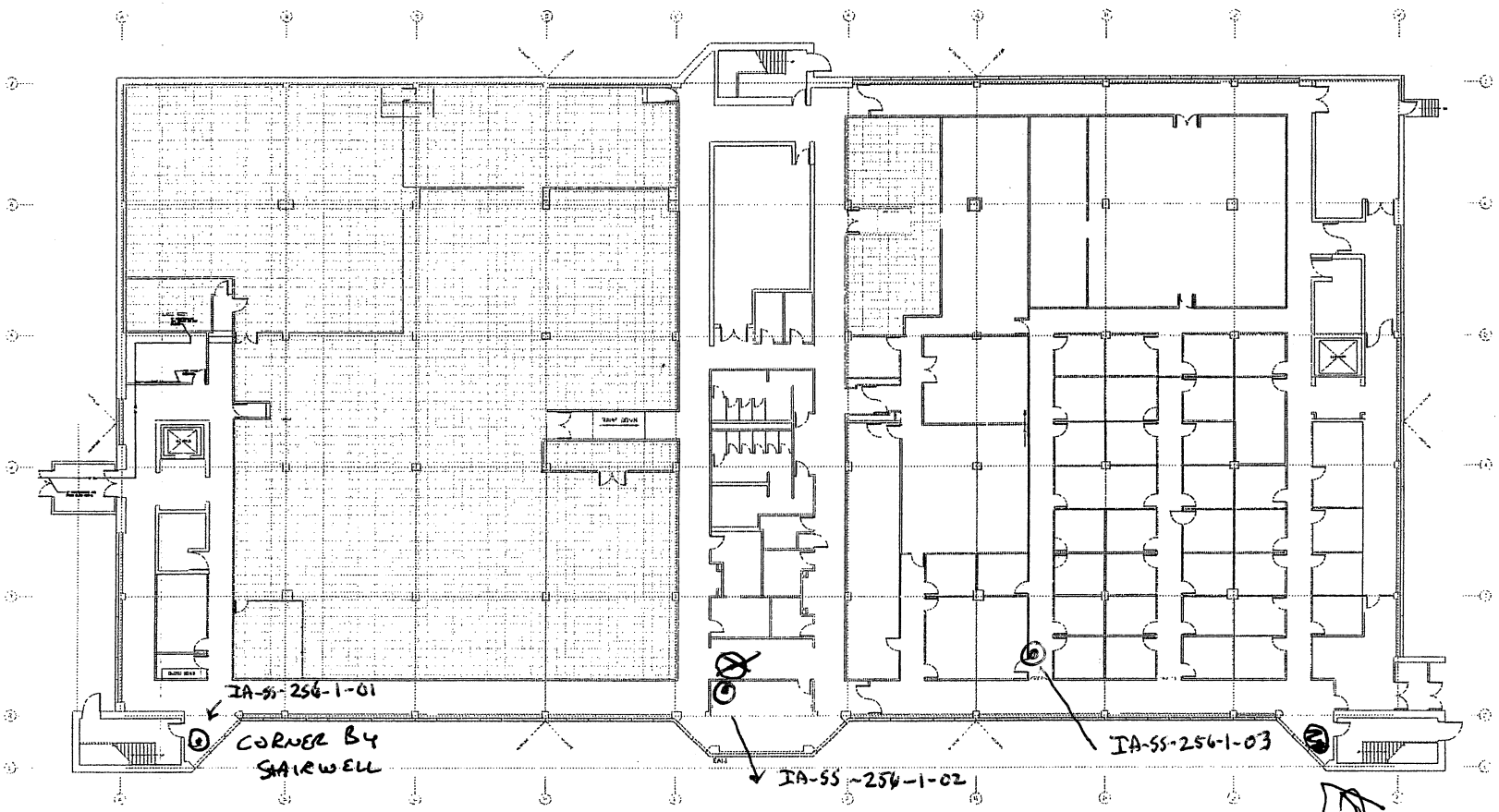
3 SUBSLAB
3 INDOOR AIR
1 OUTDOOR AIR



3-SS
3-IA
6 TOTAL

3 - SS
3 - IA
6 total

ACTUAL SAMPLES:
3 SUB SLAB
3 INDOOR AIR
1 OUTDOOR AIR



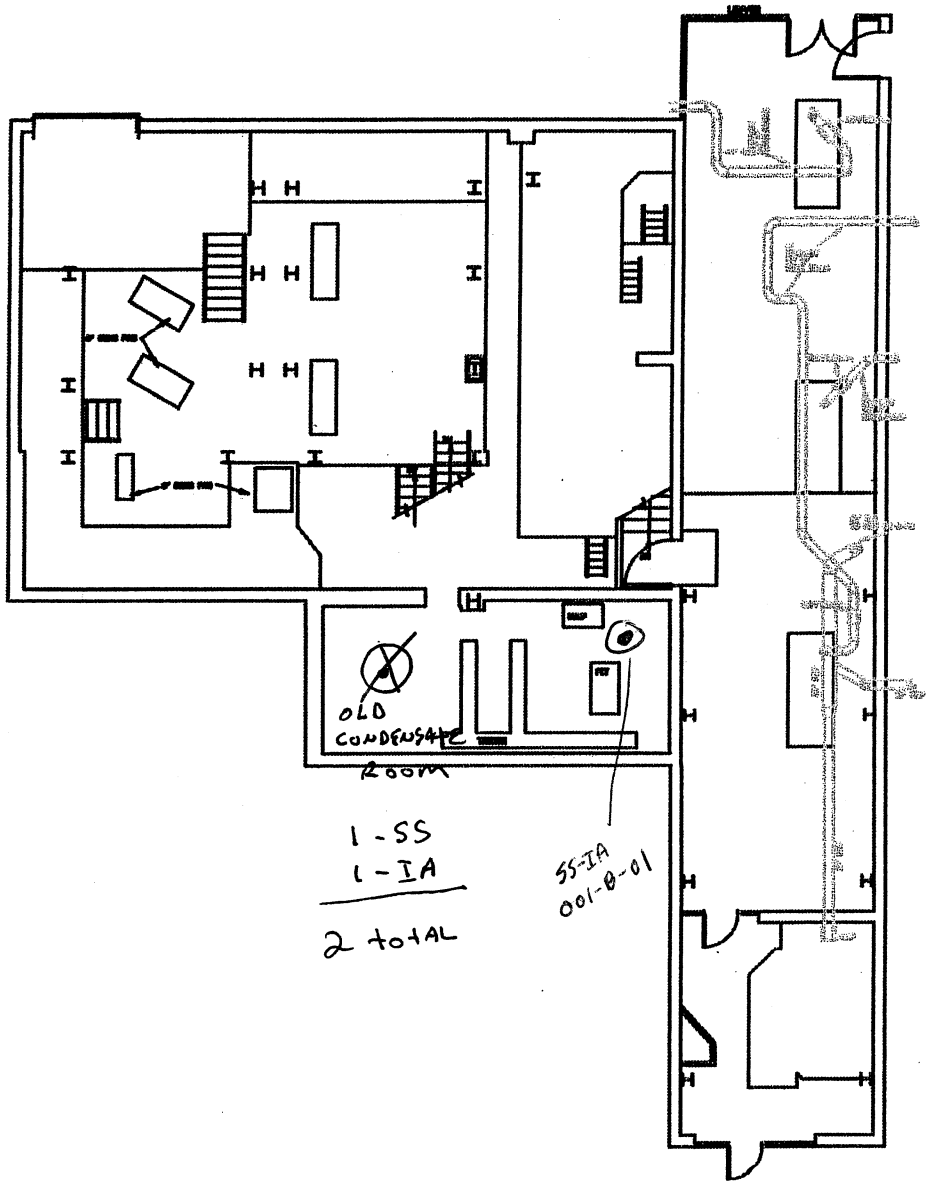
CONFERENCE ROOM
256-1J003

South CENTRAL.
ALCOVE - VENDING

Bld 256

BUILDING 256 FLOOR 1

HURON
REAL ESTATE ASSOCIATES, LLC
ENDICOTT, NEW YORK

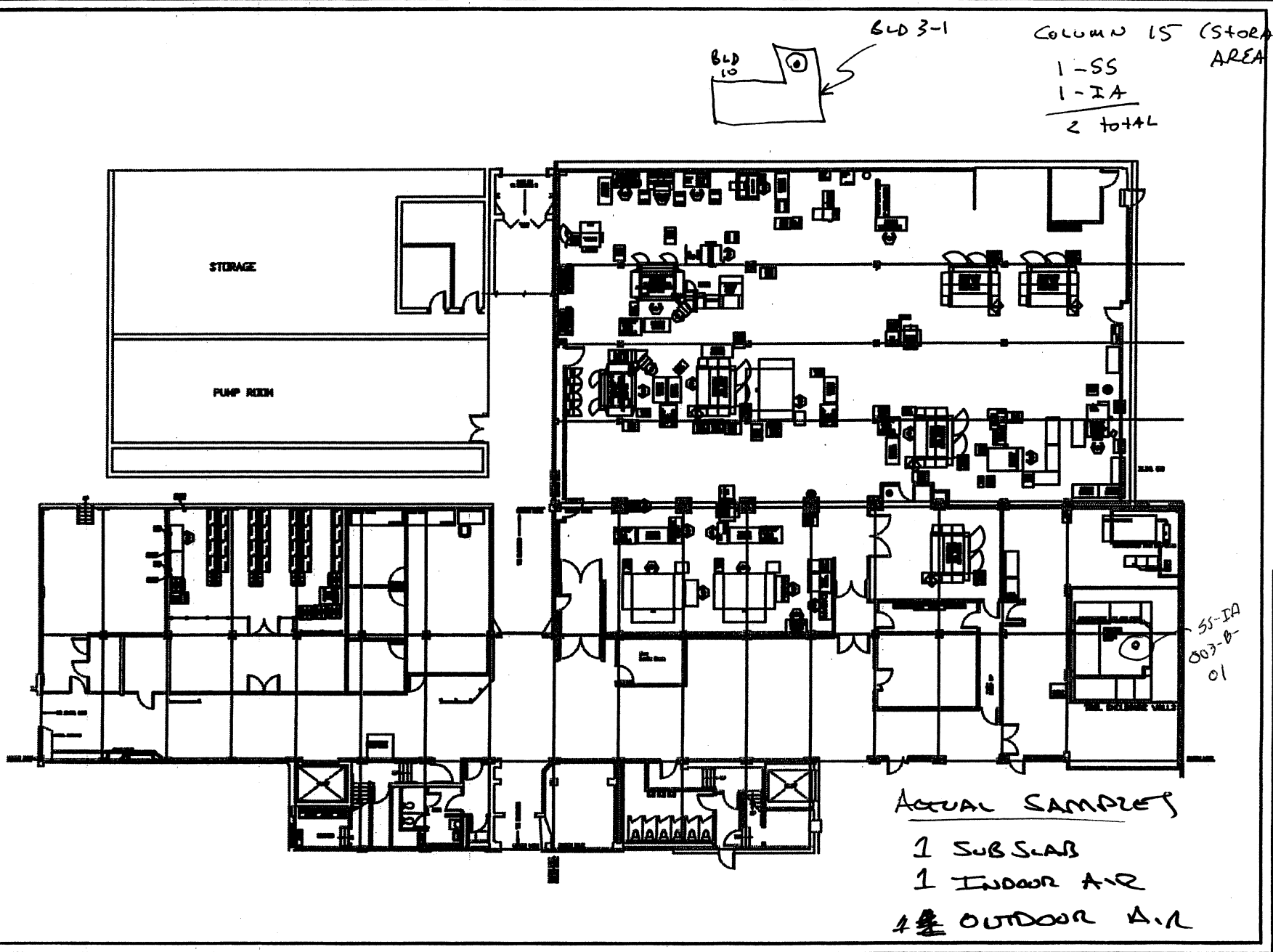


ACTUAL SAMPLES:

1 SUB SLAB
1 INDOOR AIR
1 OUTDOOR AIR

Bld. 1

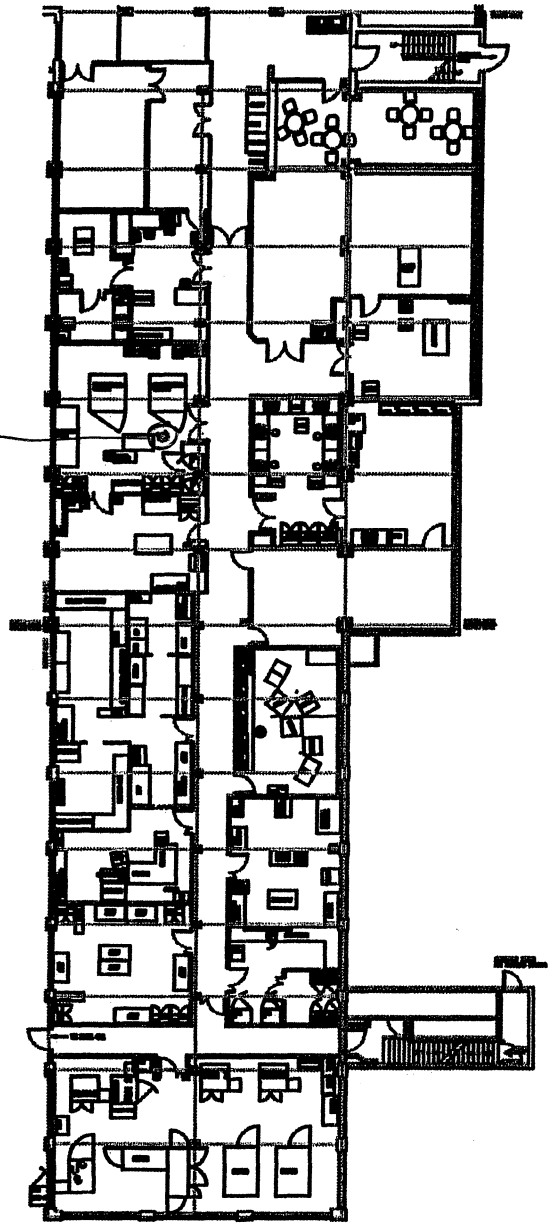
HURON



Bld 3

Bldg 003 Floor 01

HURON



ACTUAL SAMPLES:

1 SUB SLAB

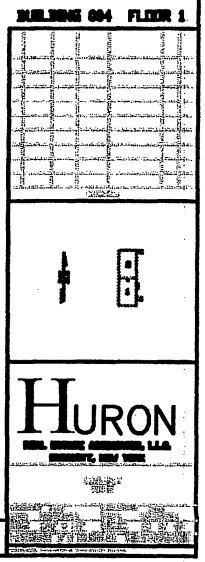
1 INDOOR AIR

1 OUTDOOR AIR

1 - SS
1 - IA
2 TOTAL

OFFICE
E-014

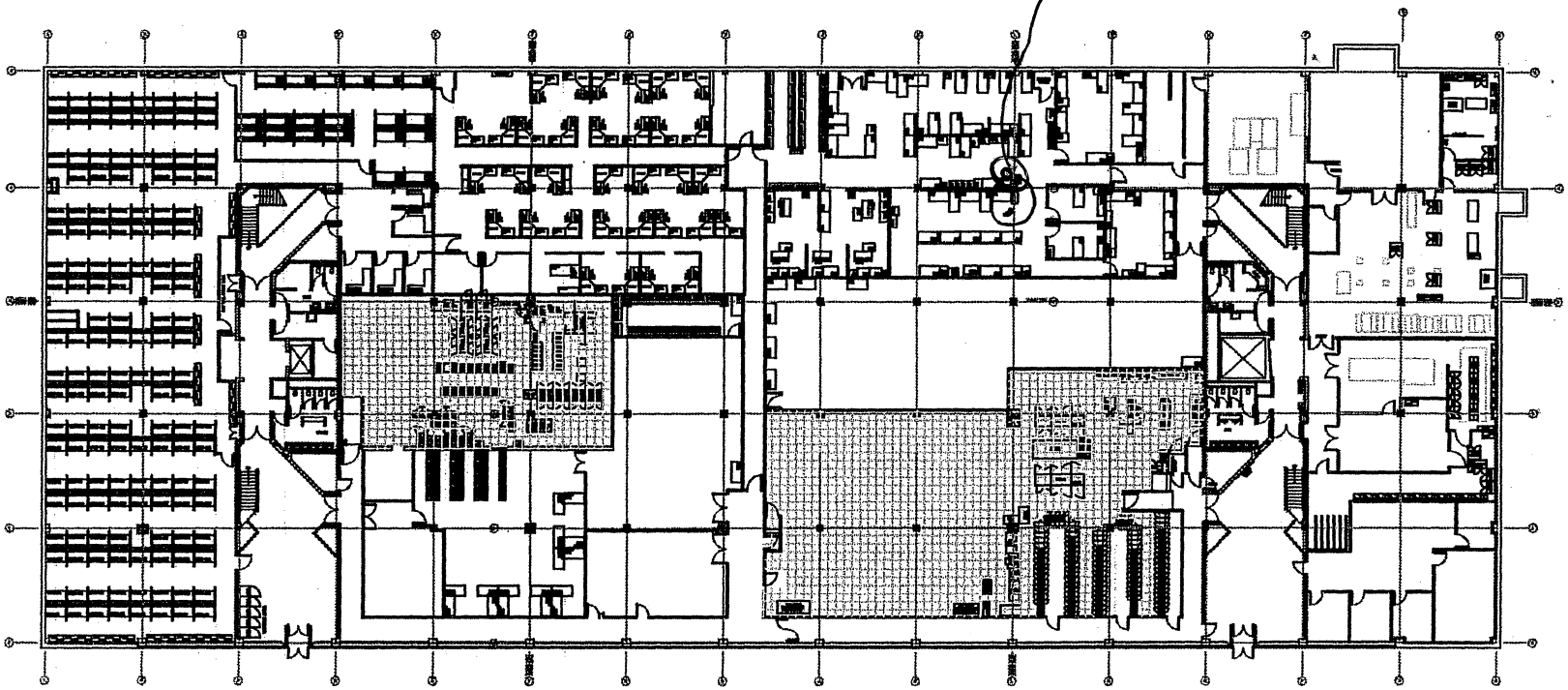
Bld. 4



BUILDING 14

1-SS
1-IA
2 total

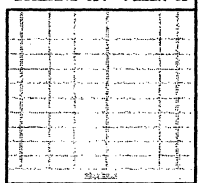
REPLICATE
L-4 (1'st FLOOR)

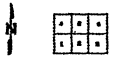


TOTAL (ACTUAL) SAMPLES:

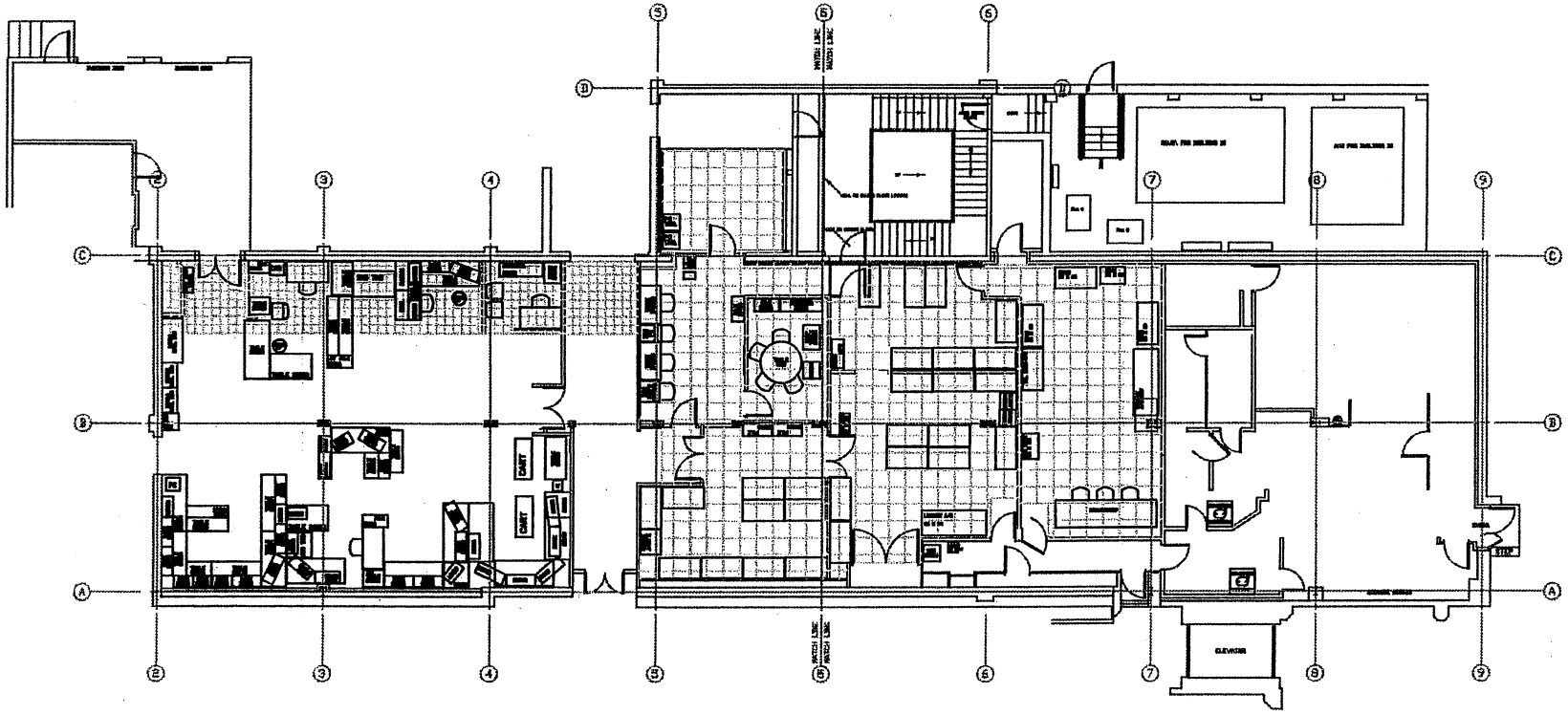
1 SUB SLAB
1 INDOOR AIR
1 OUTDOOR AIR

BUILDING 014 FLOOR 01





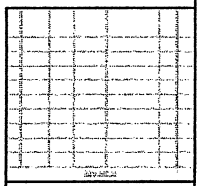
HURON
REAL ESTATE ASSOCIATES, L.L.C.
EMMITT, NEW YORK

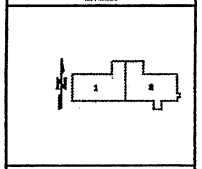


NO SAMPLE

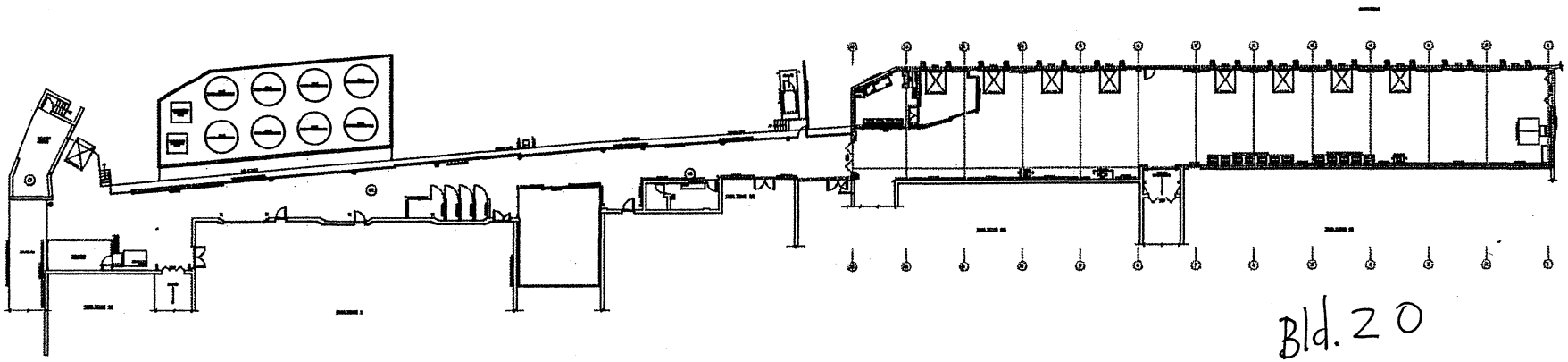
Bld 15

BUILDING 015 FLOOR 2





HURON
REAL ESTATE ASSOCIATES, L.L.C.
EMMITT, NEW YORK

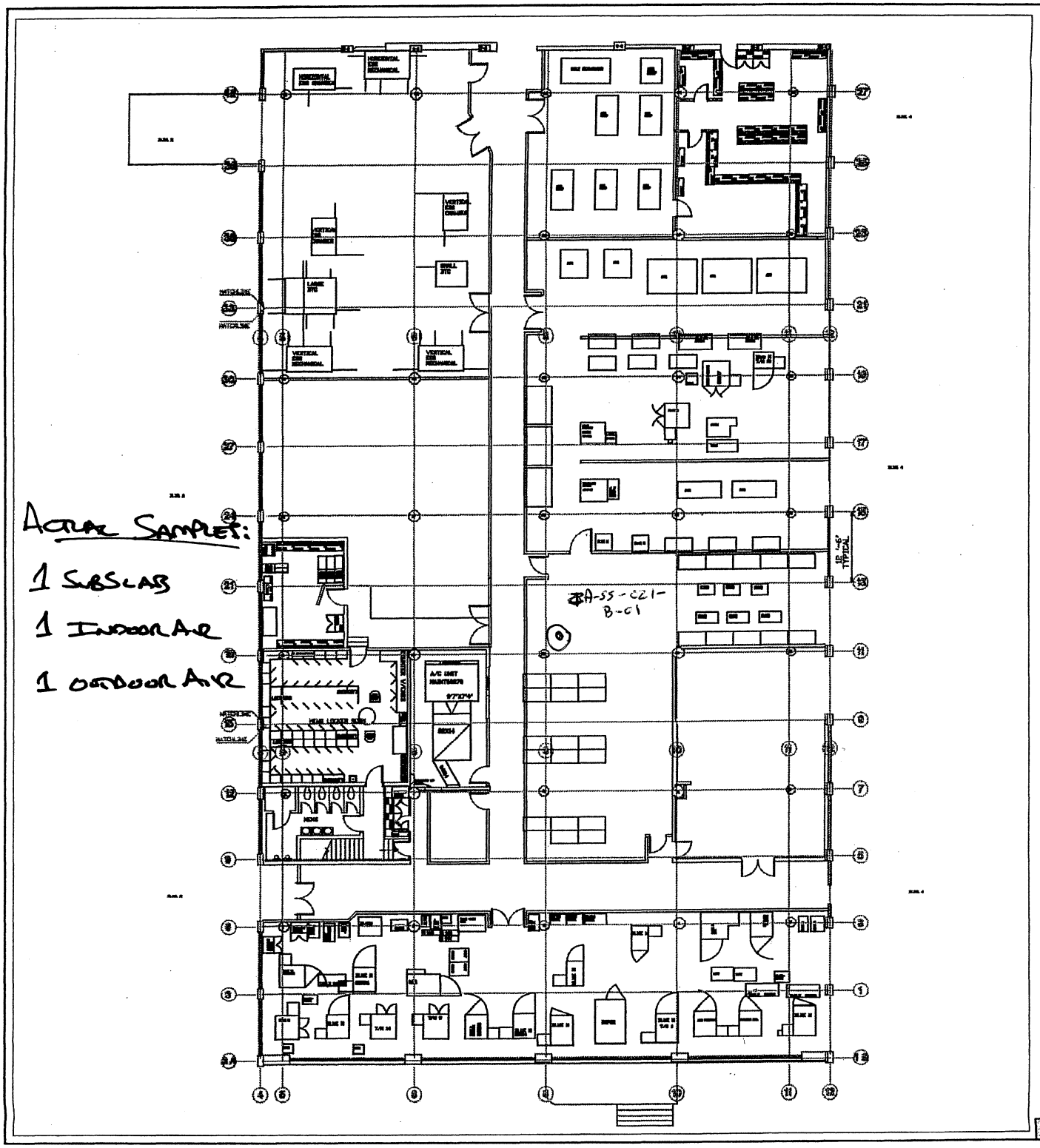


Bld. 20

NO
SAMPLE

Bldg 20

HURON



Actual Samples:

1 Subslab

1 Indoor Air

1 Outdoor Air

OFFICE
D004
Reliability
Stress Lab
North

1 SS
1 IA
2 total

Between
Col 13
& 14

Backup
Column 5
(4001)

Bld. 21

BUILDING 021 FLOOR 1

HURON
REAL ESTATE ASSOCIATES, L.L.C.
SOMERSET, NEW YORK

ACTUAL SAMPLES:

1 SUB SLAB

1 INDOOR A.R

1 OUTDOOR A.R

COLUMN 9
REPLICATE
1-SS
1-IA
2 TOTAL

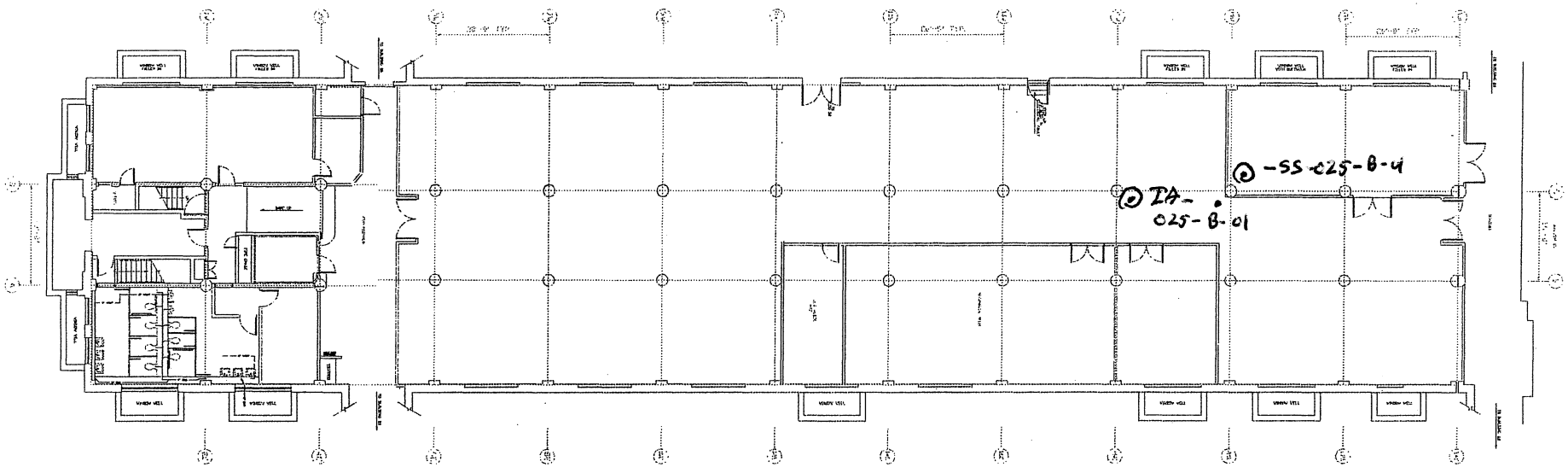
Bldg 23

HURON
REAL ESTATE ASSOCIATES, L.L.C.
ENDICOTT, NEW YORK

NO

BUILDING 24

SAMPLE



OPTICAL TEST AREA

SUBSLAB IN 2028

INDOOR IN COL 18

(PREVIOUS LOCATION)

Actual Samples:

1 SubSlab

1 Indoor Air

1 Outdoor Air

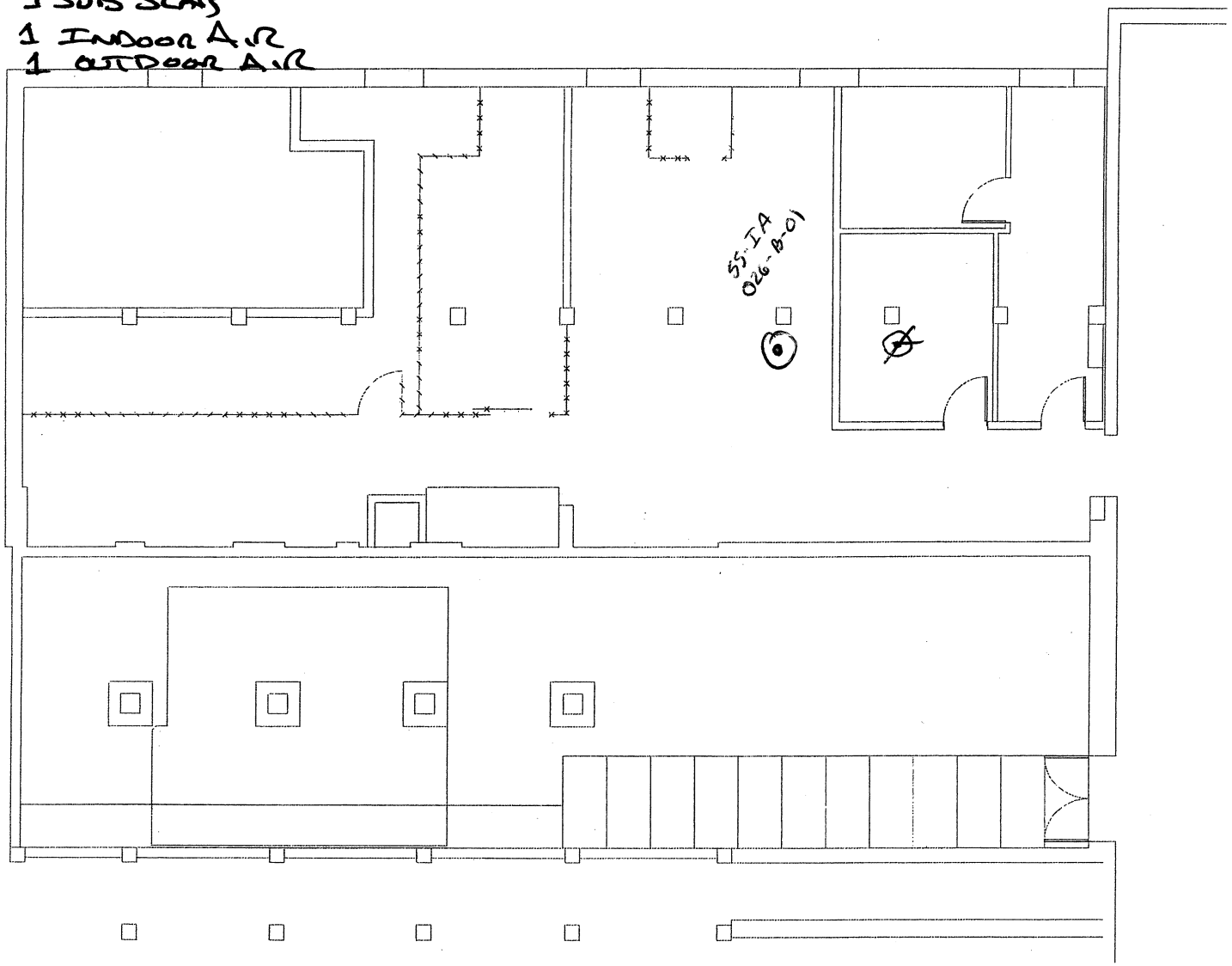
Bld. 25

HURON
REAL ESTATE ASSOCIATES, L.L.C.
DETROIT, NEW YORK

Bldg. 25 Floor 1

ACTUAL SAMPLES:

1 SUB SLAB
1 INDOOR AIR
1 OUTDOOR AIR

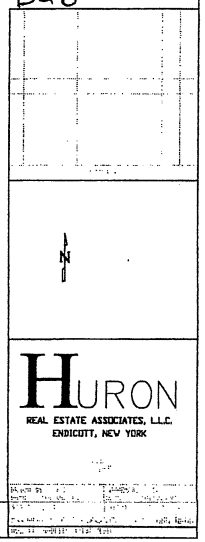


REPEAT SAMPLE
JOHNSON CONTROL
ROOM

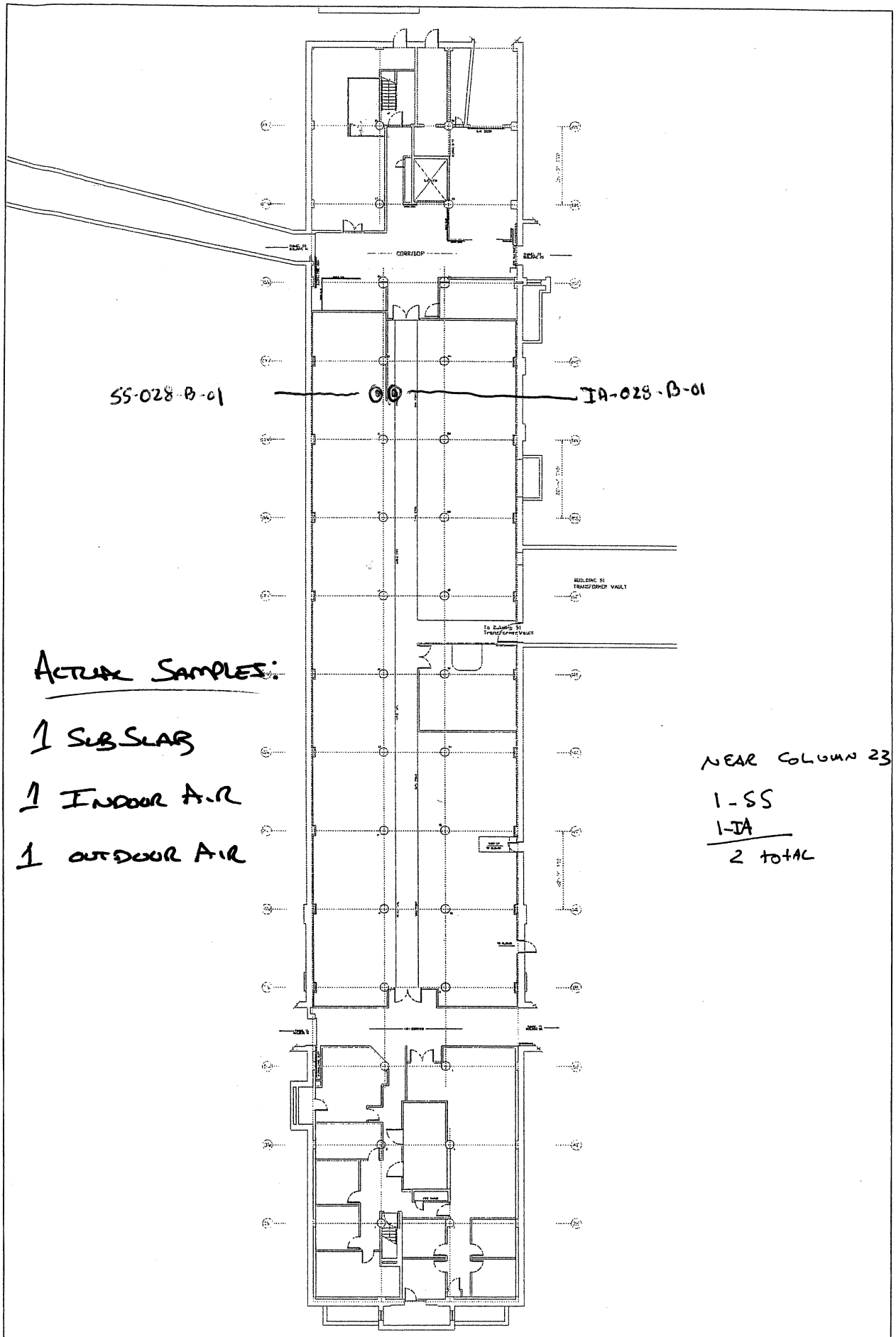
1-SS
1-IA
2 TOTAL

Bld 26

B26



HURON
REAL ESTATE ASSOCIATES, L.L.C.
ENDICOTT, NEW YORK



ACTUAL SAMPLES:

1 SUB SLAB

1 INDOOR A.R

1 OUTDOOR AIR

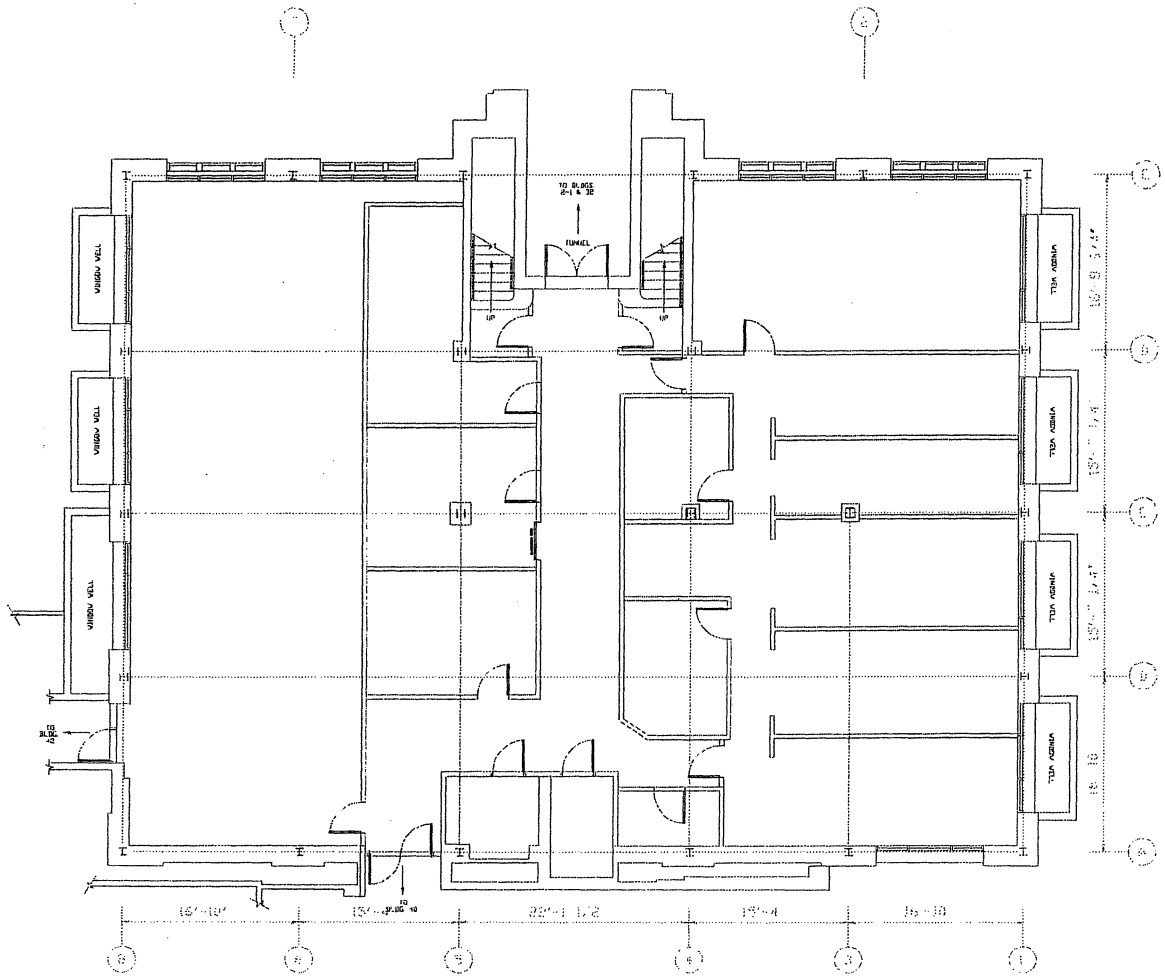
NEAR COLUMN 23

1-SS
1-IA
2 TOTAL

Bld. 28

B28

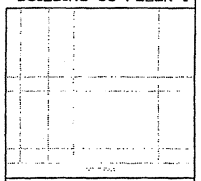
HURON
REAL ESTATE ASSOCIATES, LLC
CHICOTT, NEW YORK



NO SAMPLE

Bld. 33

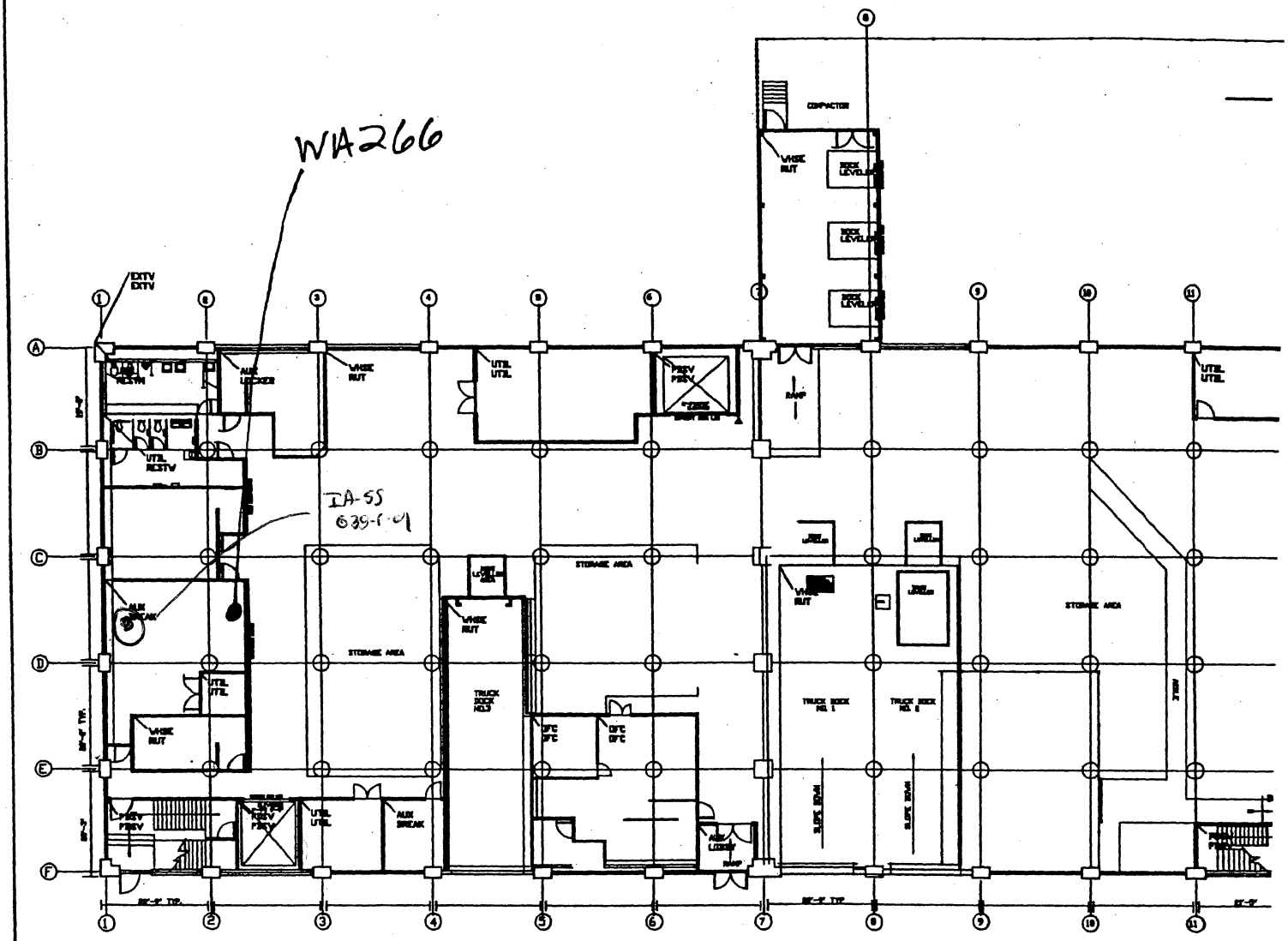
BUILDING 33 FLOOR 1



N

HURON
REAL ESTATE ASSOCIATES, L.L.C.
ENDICOTT, NEW YORK

Building 38



Building is not correct column #'s are off wrong floor?

38-1

RESAMPLE

OFFICE AREA COL E2

CARPETED. [WEST END OF ~~OFFICE~~ BLDG]

N

1SS | 1IA

2 total

ACTUAL SAMPLES:

1 SUB SLAB

1 INDOOR AIR

1 OUTDOOR AIR

Actual Samples:

1 Sub Slab

1 Indoor Air

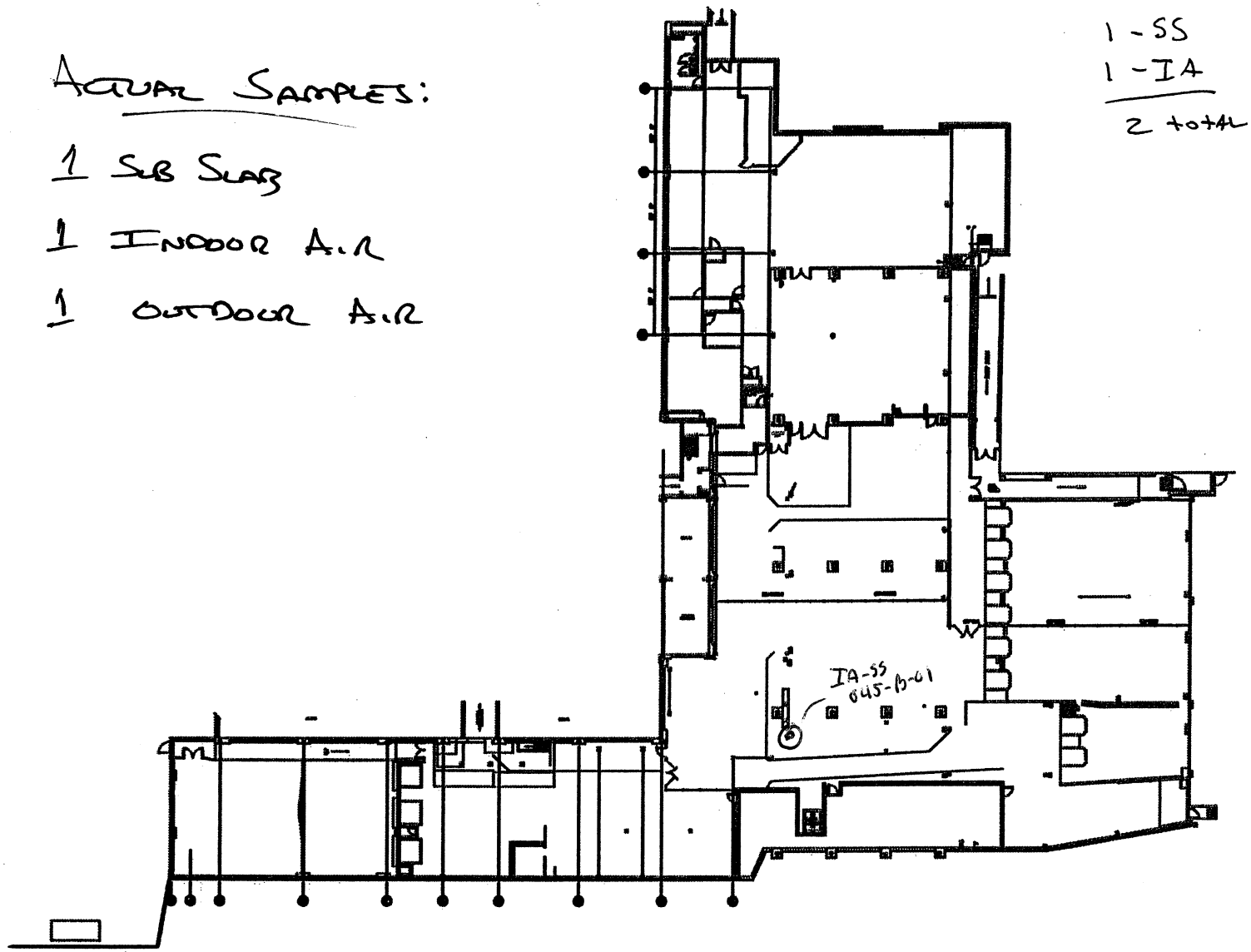
1 Outdoor Air

Column 14

1 - SS

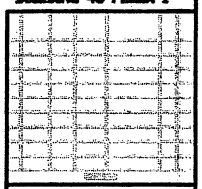
1 - IA

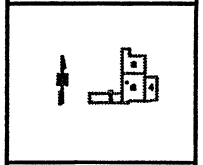
2 total



Bld 45

BUILDING 45 FLOOR 1

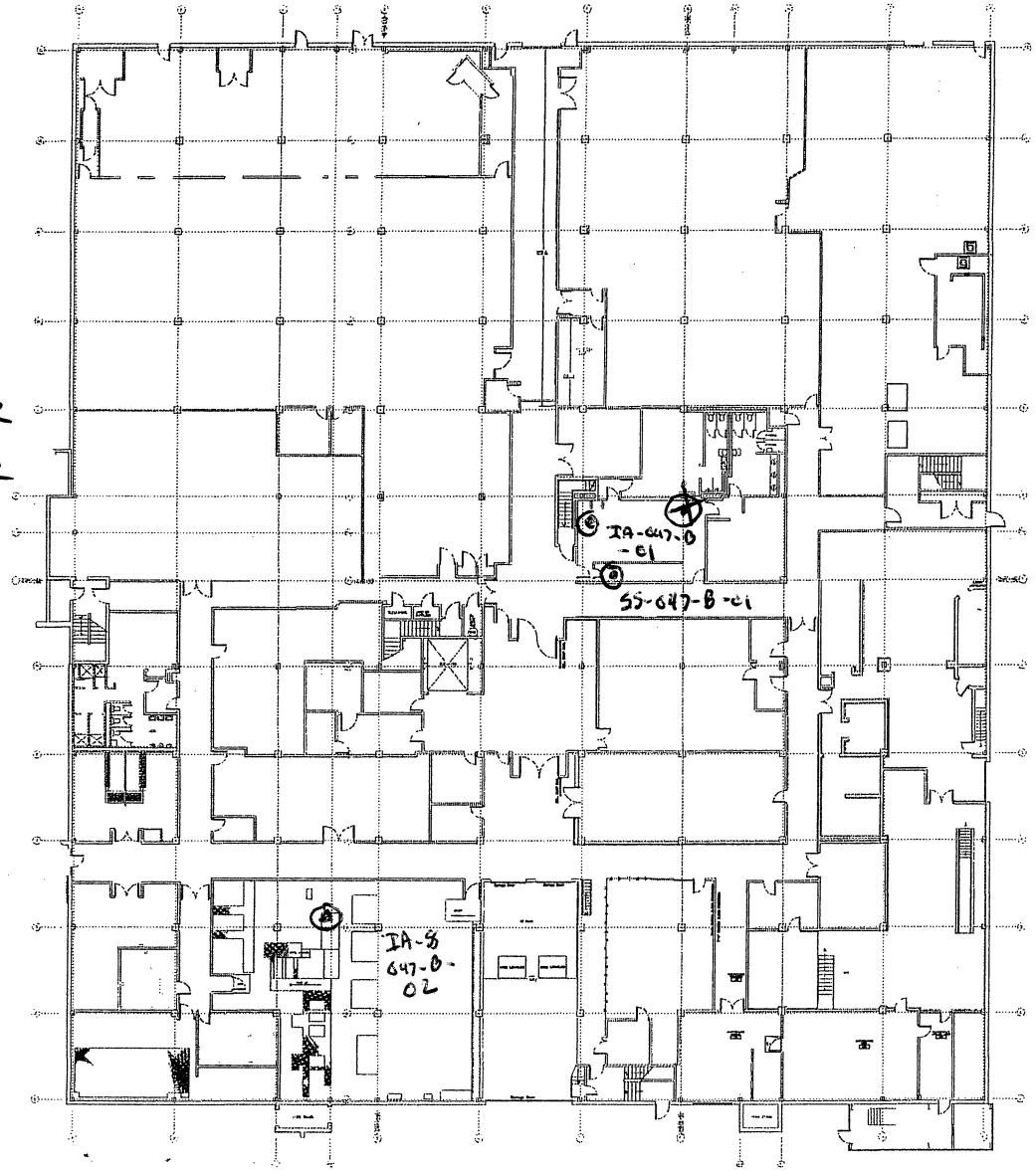




HURON

ACTUAL SAMPLES:

2 SUB SLAB
2 INDOOR AIR
1 OUTDOOR AIR



COLUMN F-7 REPLICATE

1-SS
1-IA

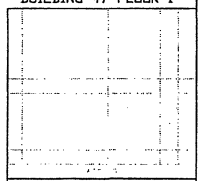
FORMER SOLVENT ROOM
COLUMN D-3
IN SW CORNER OF BLD

1-SS
1-IA

4 TOTAL

Bld. 47

BUILDING 47 FLOOR 1



N

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REAL ESTATE ASSOCIATES, L.L.C.
ENDICOTT, NEW YORK

ACTUAL SAMPLES:

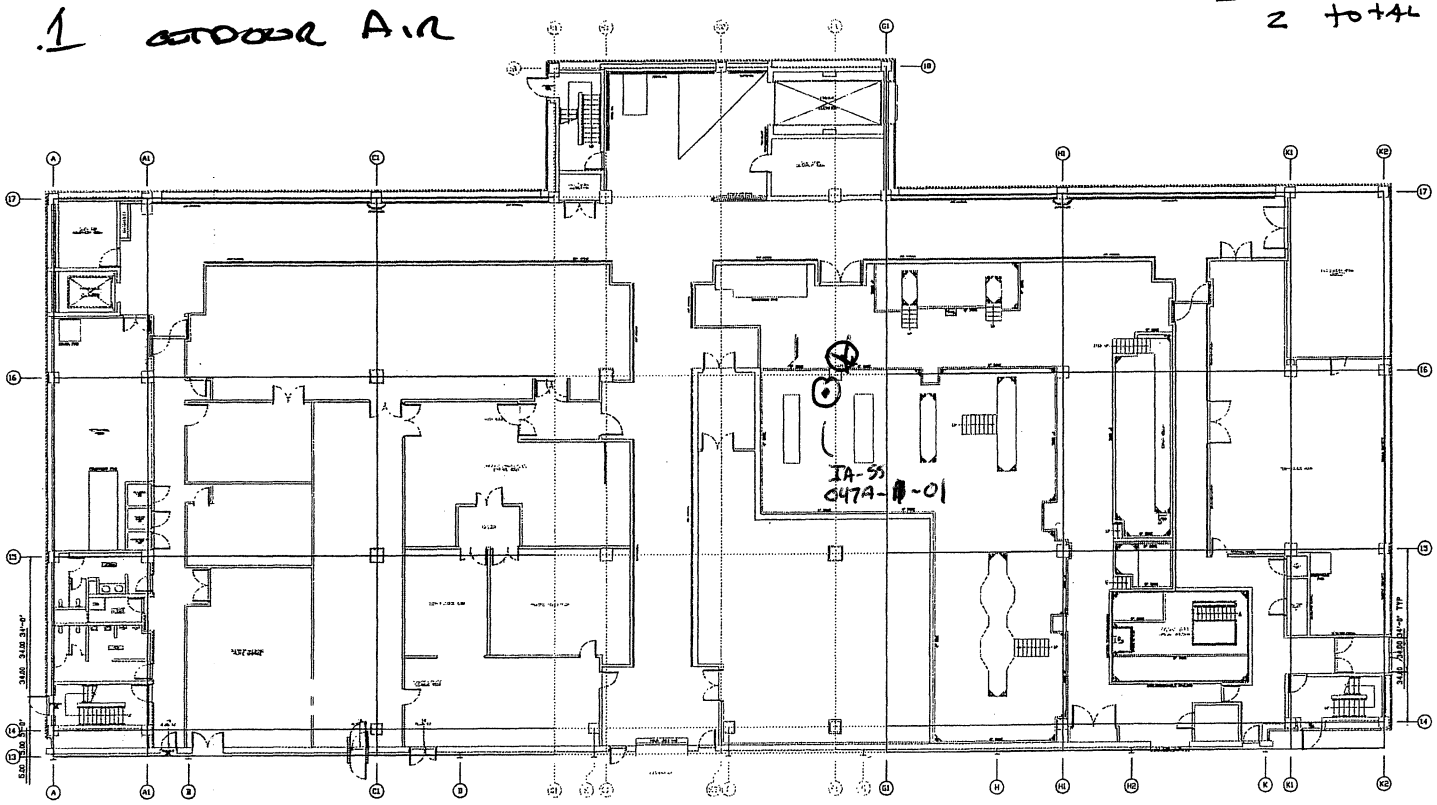
1 SUB SLAB

1 INDOOR AIR

1 OUTDOOR AIR

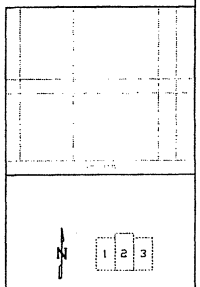
REPLICATE COL F-1-16
(MODIFY)

1-SS
1-IA
2 TOTAL



Bld 47A

BUILDING 47A FLOOR 1



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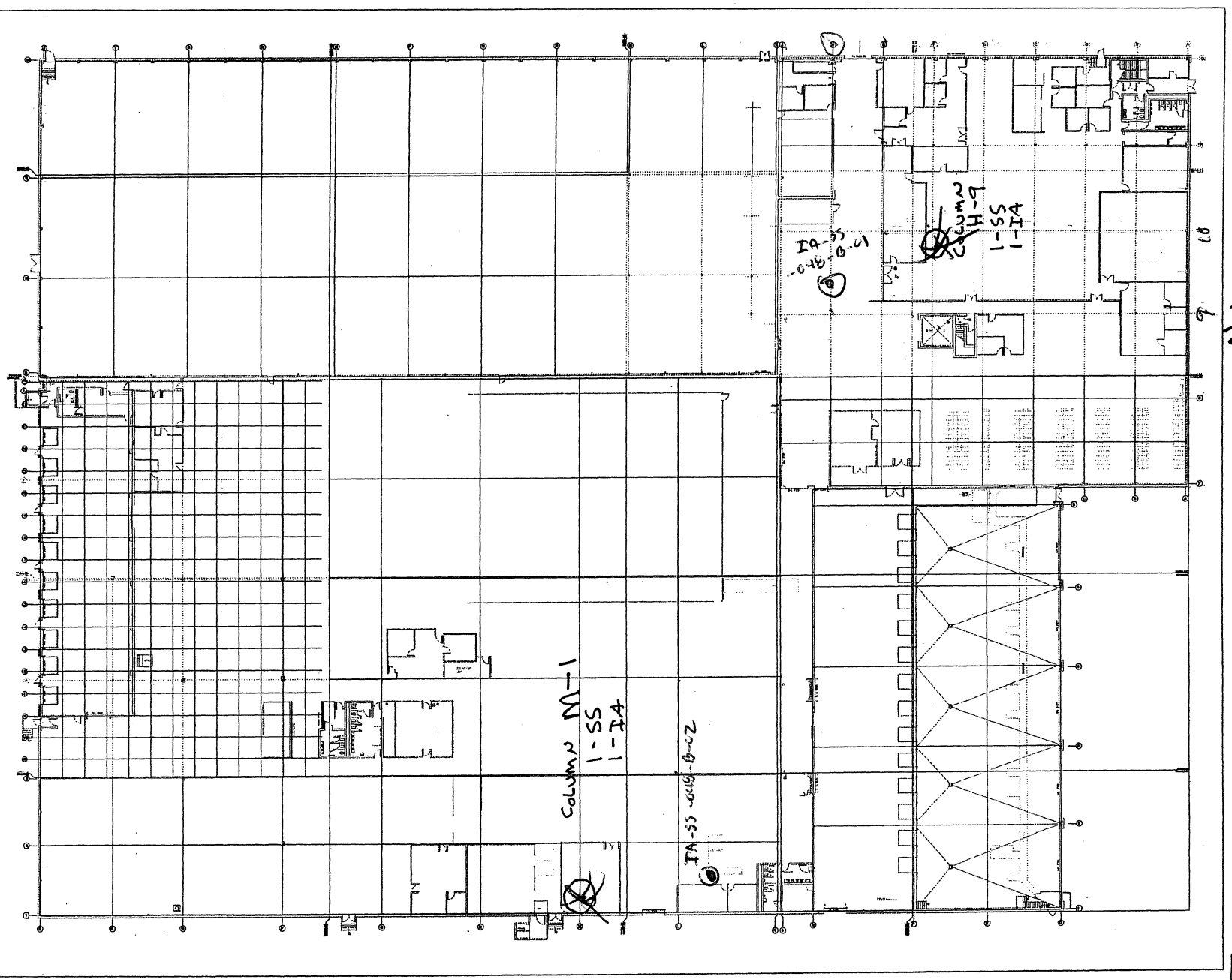
ENDICOTT, NEW YORK

BUILDING 48



2-SS
2-IA

4-total

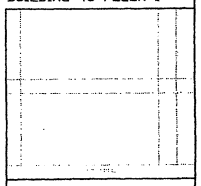
ACTUAL SAMPLES:

2 SUBSLAB

2 INDOOR AIR

1 OUTDOOR AIR

BUILDING 48 FLOOR 1



N

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ENDICOTT, NEW YORK

Building 53

Actual Samples:

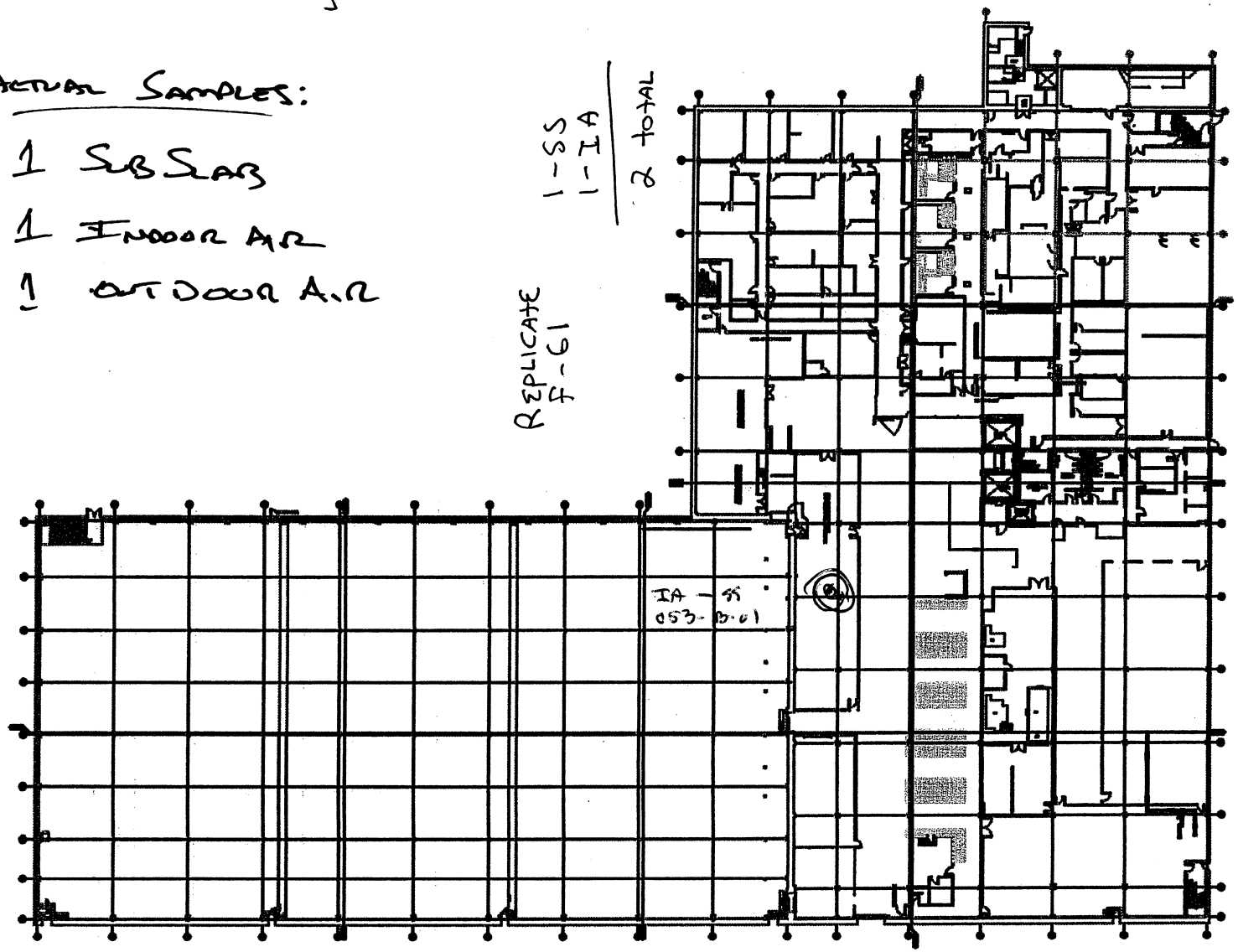
1 Sub Slab

1 Indoor Air

1 Outdoor Air

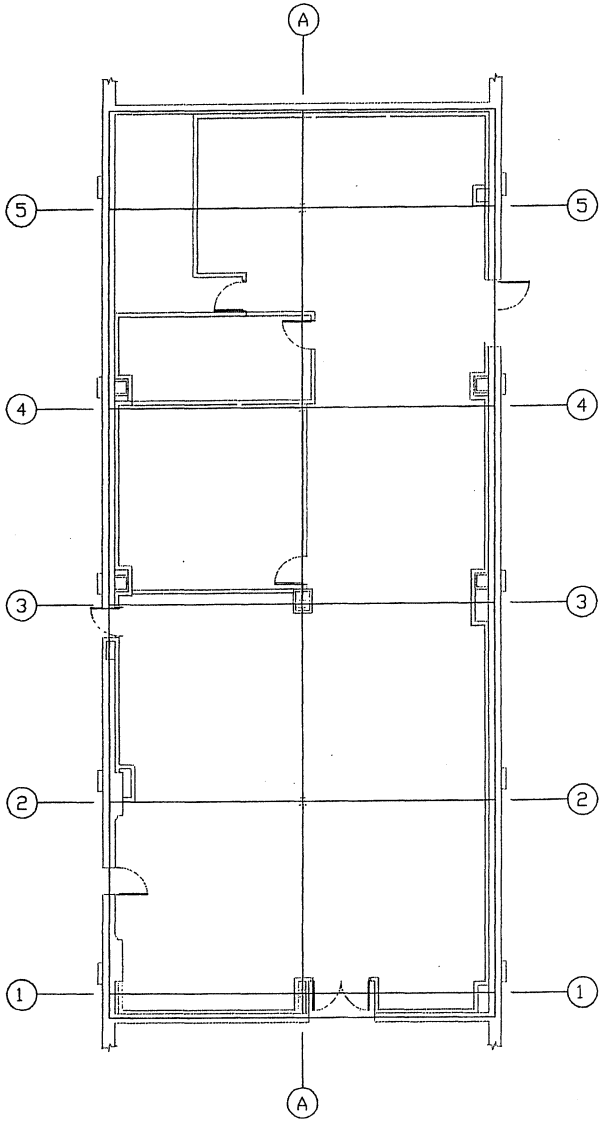
1-SS
1-IA
2 total

Replicate
F-61



BUILDING 53 FLOOR 1

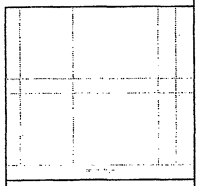
HURON



NO SAMPLE

Bld 58

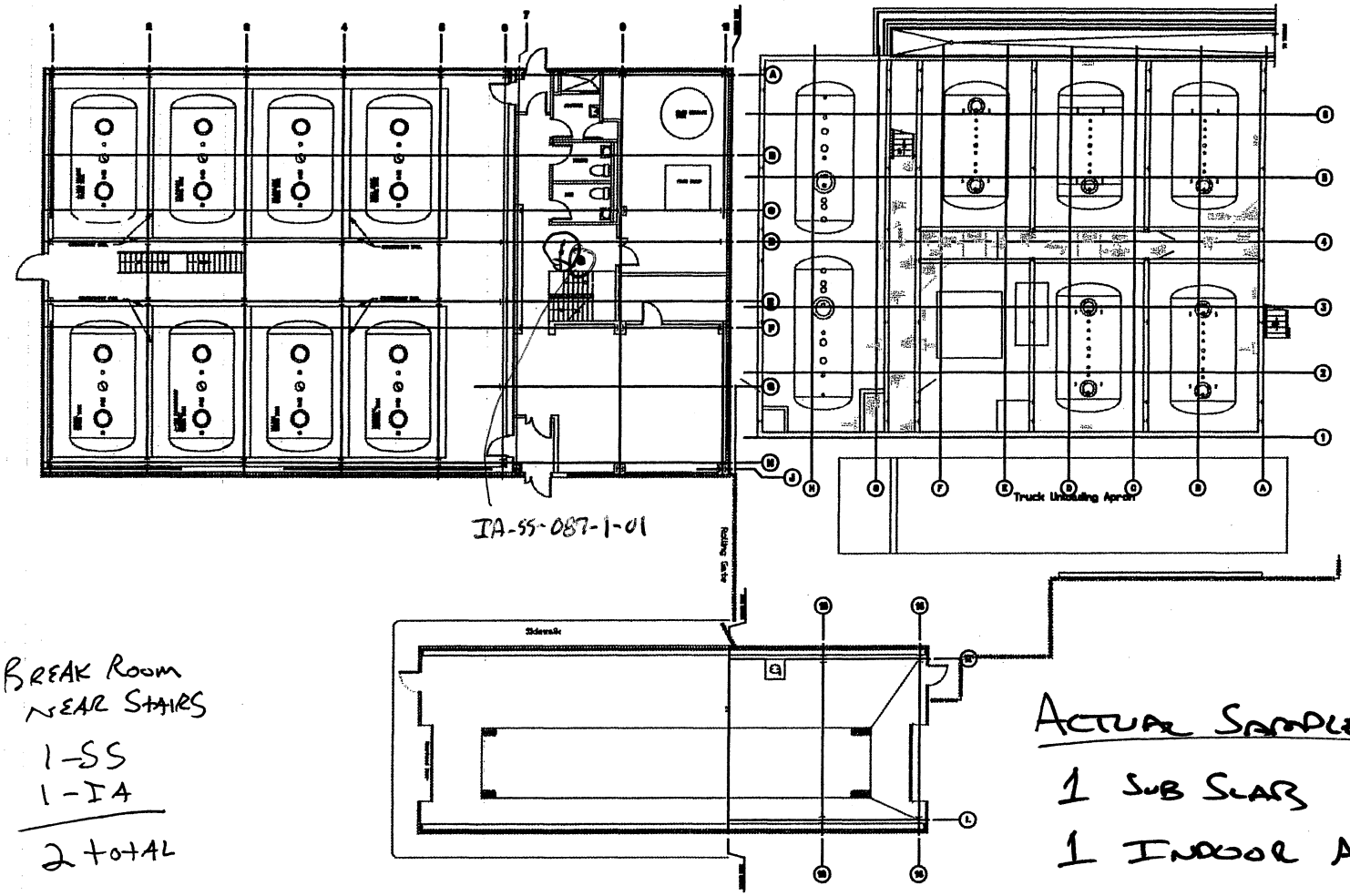
BUILDNING 58 FLOOR 1



N

HURON
REAL ESTATE ASSOCIATES, L.L.C.
ENDICOTT, NEW YORK

Building 87



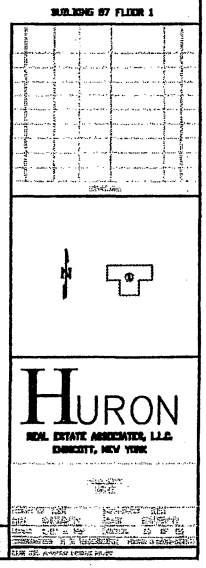
Break Room
Near Stairs

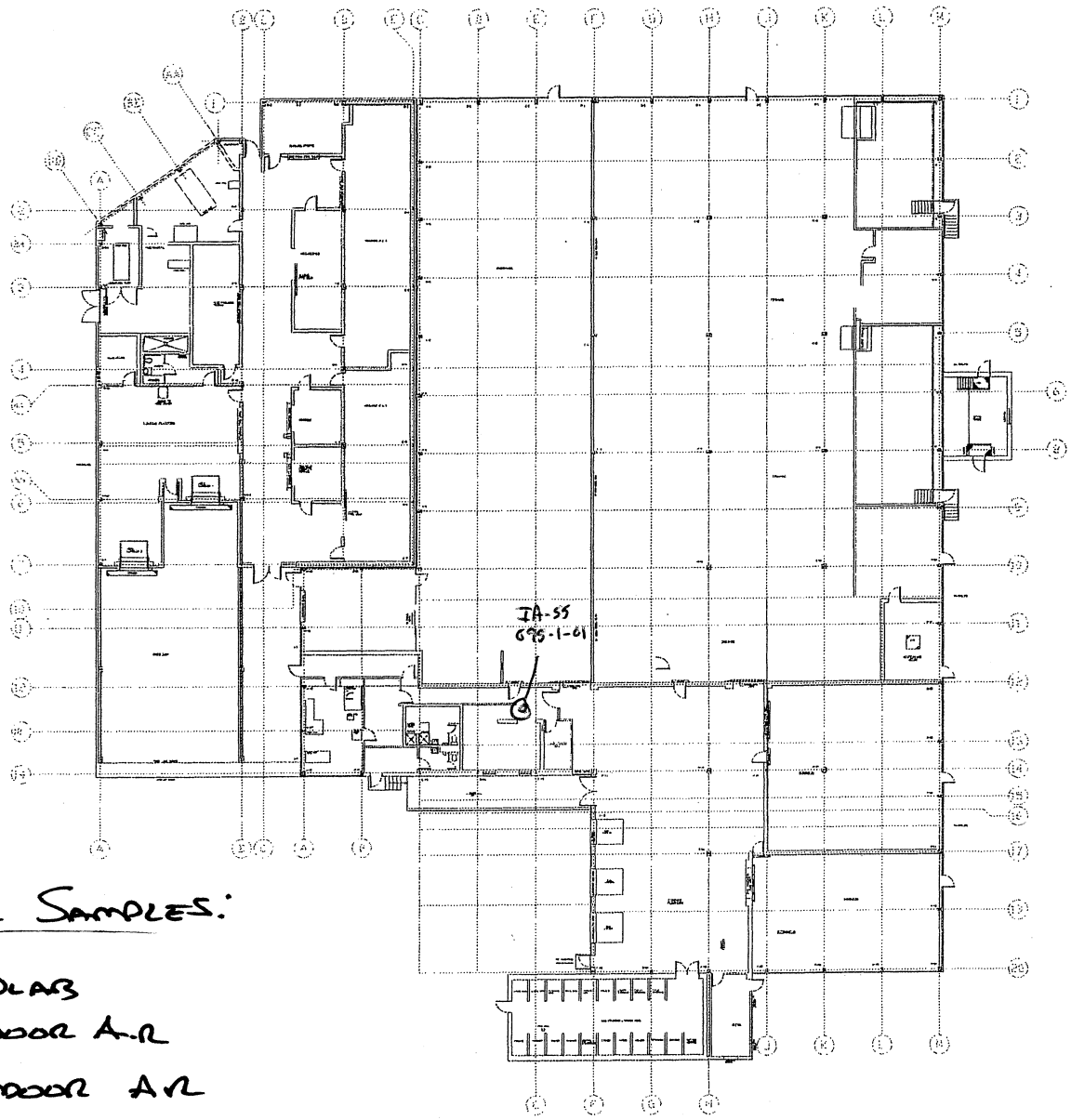
1-SS
1-IA

2 total

Actual Samples:

1 Sub Slab
1 Indoor Air
1 Outdoor Air





Bld 95

REPLICATE South OFFICES

BREAK ROOM = PLAN B
IF DOOR to TRUCK
AREA IS AN ISSUE

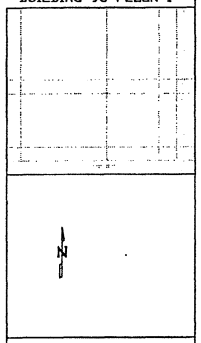
1-SS
1-IA

2 TOTAL

ACTUAL SAMPLES:

1 SUB SLAB
1 INDOOR A.R
1 OUTDOOR AR

BUILDING 95 FLOOR 1



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HURON
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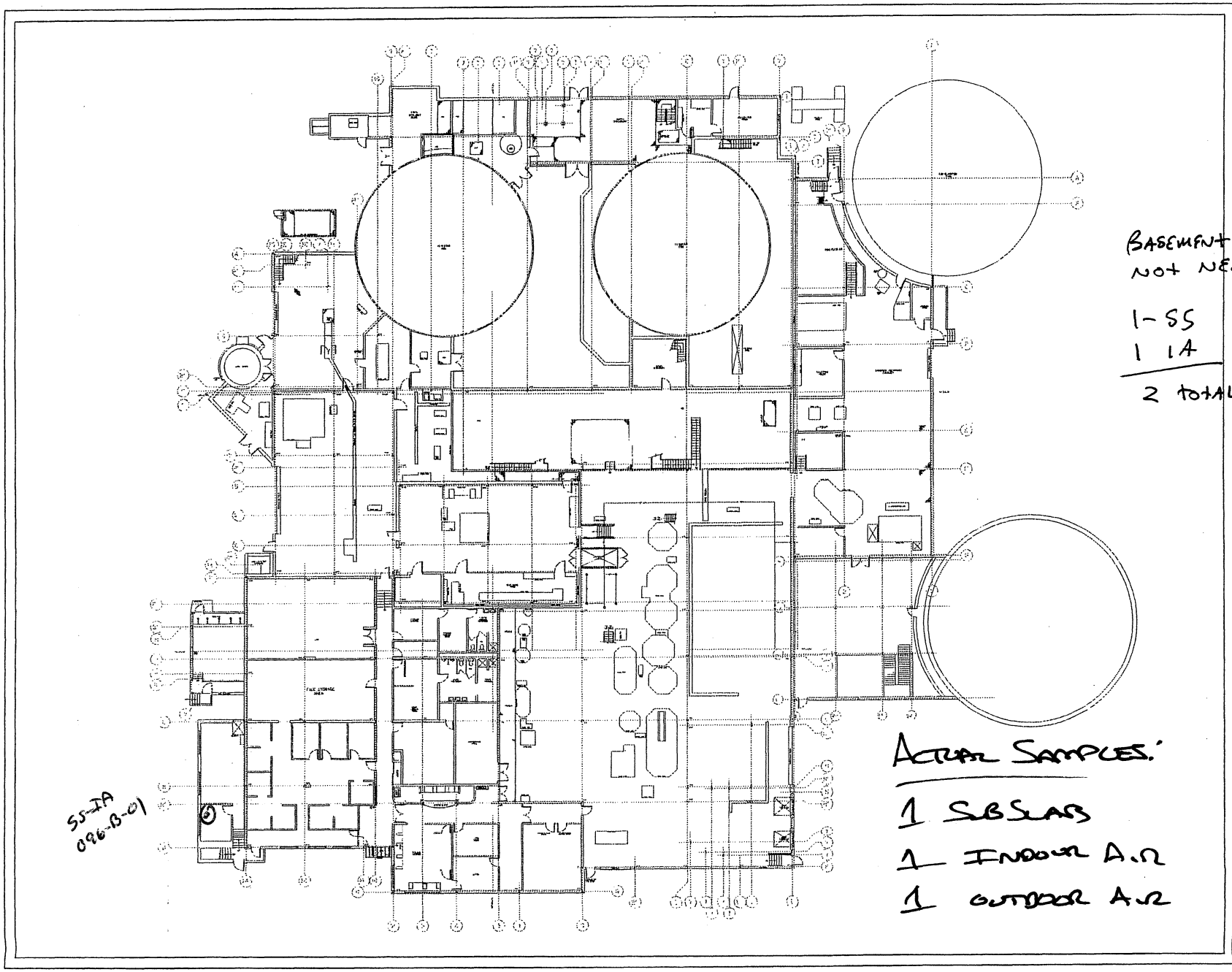
ENDICOTT, NEW YORK



BASEMENT
NOT NEAR DOOR

1-SS
1 IA

2 TOTAL

Bld 96

ACTUAL SAMPLES:

1 SUBSLAB
1 INDOOR AIR
1 OUTDOOR AIR

BUILDING 96 FLOOR 1

N

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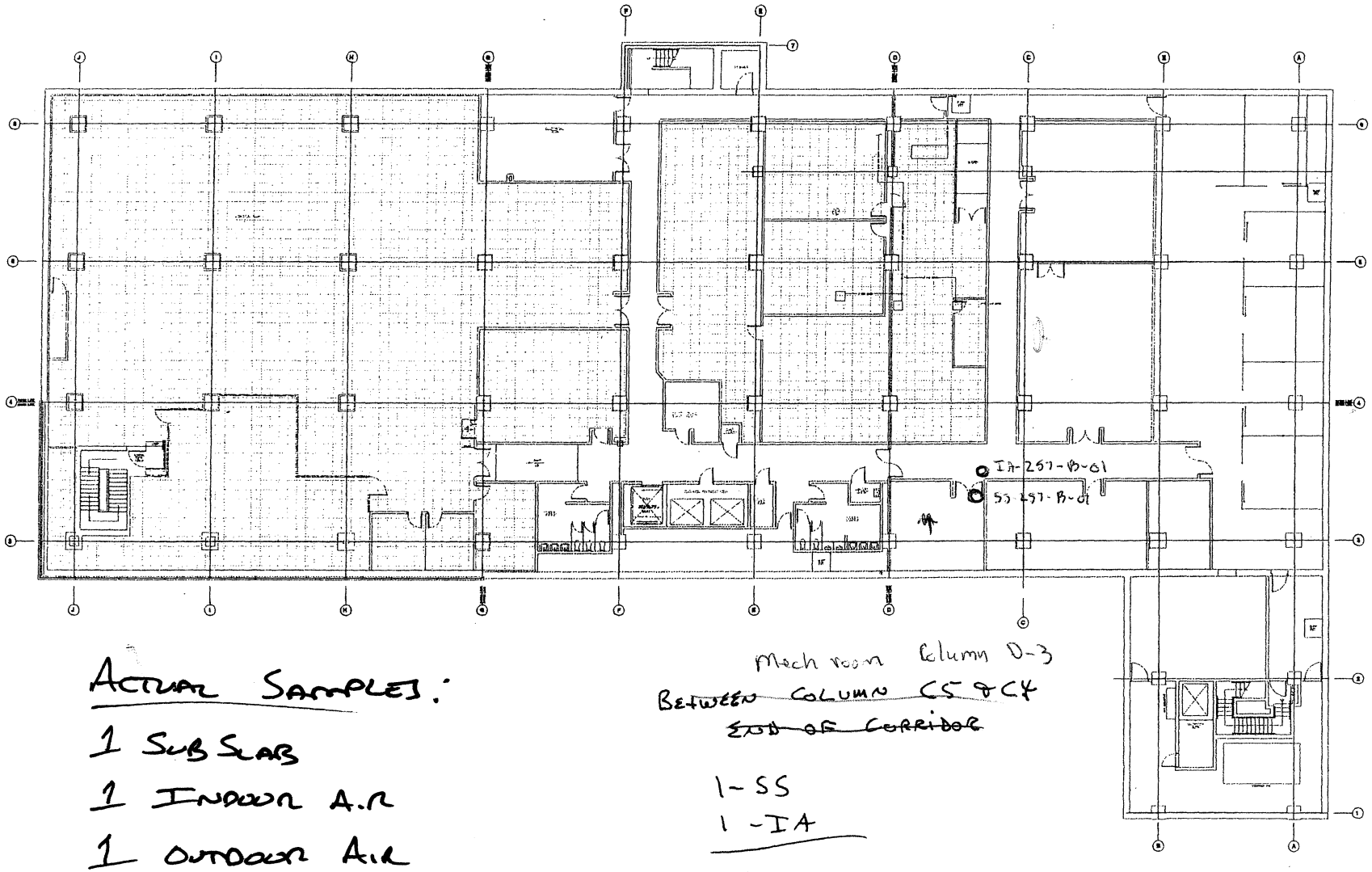
REAL ESTATE ASSOCIATES, L.L.C.
ENDICOTT, NEW YORK



Bld 257

ACTUAL SAMPLES:

1 SUB SLAB

1 INDOOR A.R

1 OUTDOOR A.R

Mech room Column D-3

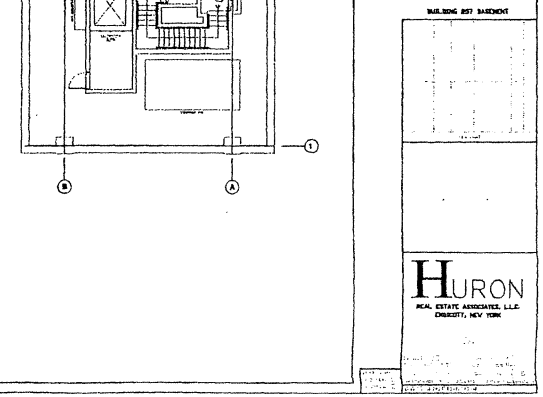
~~BETWEEN COLUMN C5 & C4~~

~~END OF CORRIDOR~~

1-SS

1-IA

2 TOTAL

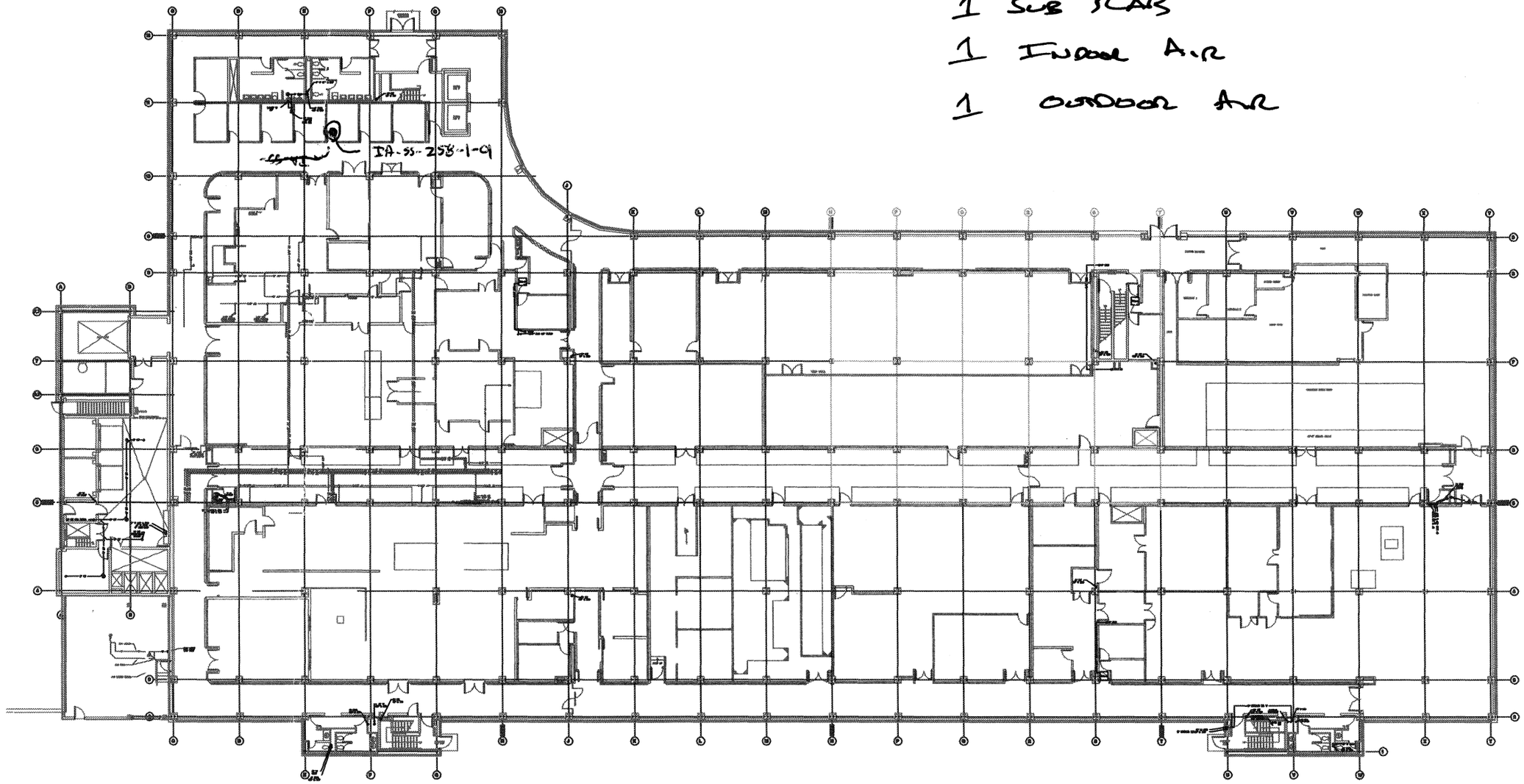


BLDG. 258 - ACTUAL SAMPLES:

1 SUB SLAB

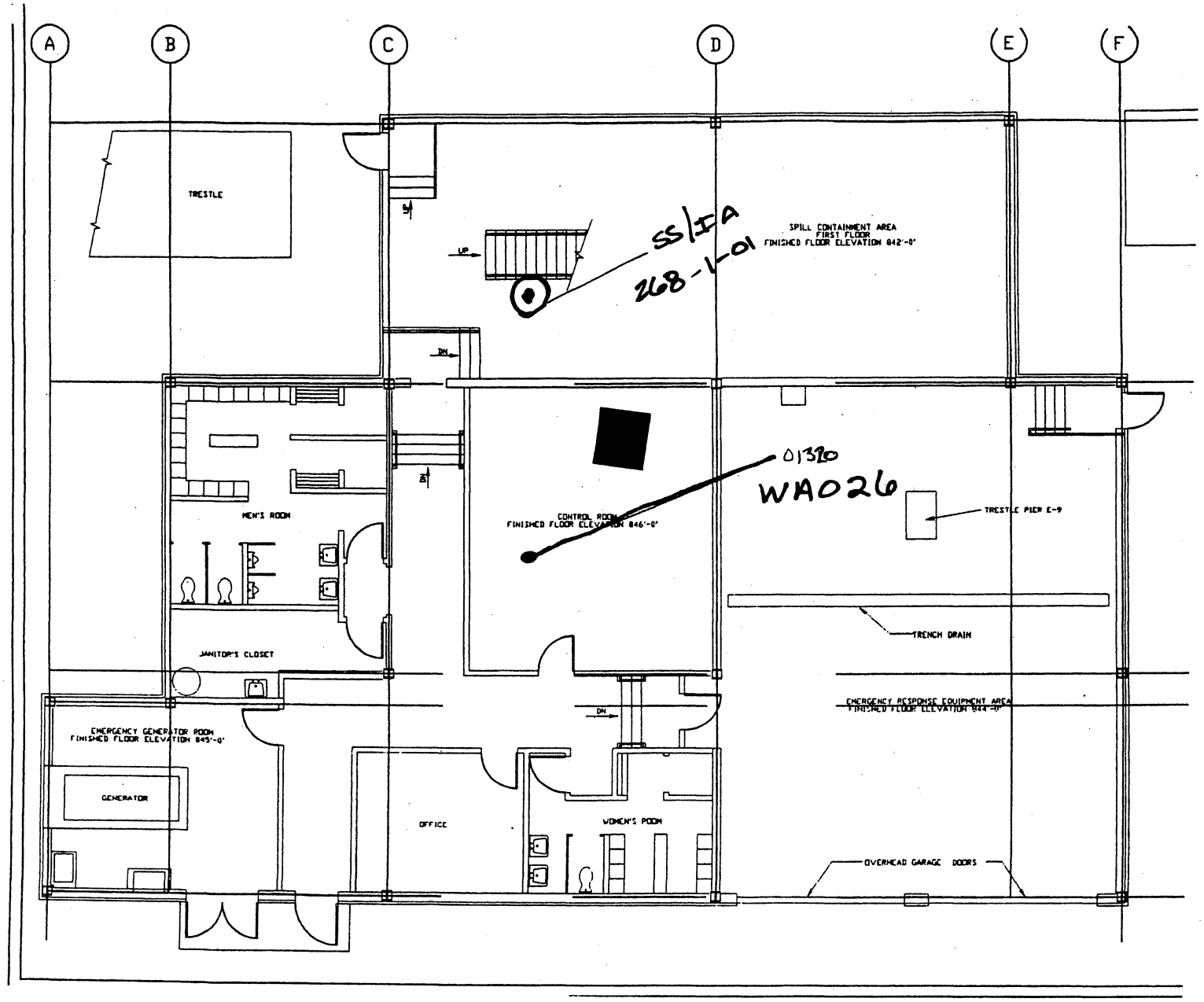
1 INDOOR AIR

1 OUTDOOR AIR



HURON

M:\Master\Composit\258A100.dwg, 2/23/2005 2:11:13 PM, \\eitnyp2\96-1 HP Color LaserJet 2500 PCL 6



ACTUAL SAMPLES:

1 SUB-SLAB
1 INDOOR AIR
1 OUTDOOR AIR

BUILDINGS
264-1
268

1-SS
1-IA
2 total

UNDER CONTROL RM
BEHIND STAIRS AWAY FROM ELECTRICAL
CONCRETE SLAB FLOOR
"LOW-LEVEL
MAINTENANCE ROOM"

N