

**Exhibit G-3  
Building Evaluation Form**

Address: 318 LAYFIELD ROAD Date: 10/31/12 + 1/15/14  
Occupant Name: ED + ANN HILL Phone: 610 754 7218  
Owner's Name: " " " Phone: \_\_\_\_\_  
Owner's Address: 318 LAYFIELD ROAD  
Point of Contact: ED HILL Phone: 610 754 7218  
Contact Information: \_\_\_\_\_  
Conducted By: RICH MERHAR Company: SAIC/LEIDOS

**A. GENERAL BUILDING INFORMATION**

Provides information on building construction that will be used to identify possible points of VI (including preferential pathways) and documents the rationale for selecting sample locations.  
(\* Denotes information used in the EPA Spreadsheet Model.)

Building Type/Use:  Residential  Government  
 Office  School  
 Commercial  Warehouse  
 Industrial  Other: \_\_\_\_\_

Number of Occupants: Adults 2 Infants \_\_\_\_\_ Children 1-6 \_\_\_\_\_ Children 6-15 \_\_\_\_\_

\*Area of Building Footprint: 35' x 25' Number of Floors: 1.5

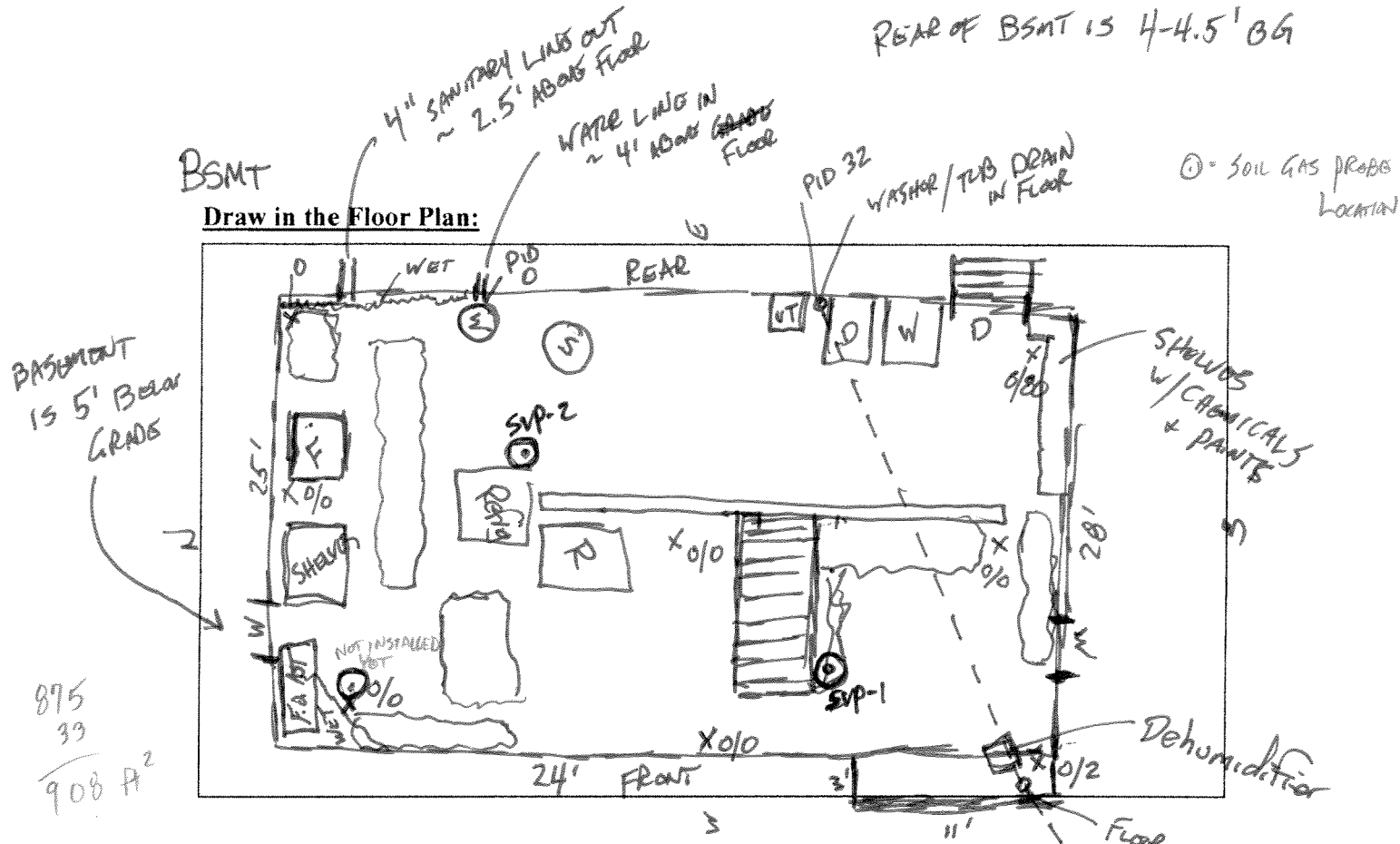
\*Ceiling Height: 8' Building Age: HILL'S HAVE OWNED FOR 47-48 YRS

General Description of Building Construction Materials: CONCRETE BLOCK

FOUNDATION / WOOD CONSTRUCTION

\*Foundation Type:  Basement  Crawl Space  Slab  
Foundation Materials:  Poured Concrete  Cinder Blocks  Earthen  
 Wood Pilings  Other, specify \_\_\_\_\_

Foundation Wall Material:  
 Poured Concrete  Cinder Blocks  Earthen  
 Wood  Stone



If there is a basement, please answer questions in Section B.

If there is not a basement, skip to Section C.

- BASEMENT FLOOR IN VERY GOOD CONDITION. NO CRACKS AT ALL. WALLS ARE SEALED WITH WATER PROOFING PAINT DOWN TO FLOOR. NO OPEN JOINTS BETWEEN WALLS + FLOOR.

**B. BASEMENT INFORMATION**

Provides information regarding VI and the potential for groundwater intrusion into basement, as well as documents human activity patterns (e.g., sleeping in the basement) that should be used to determine where samples should be collected.

(\* Denotes information used in the EPA Spreadsheet Model.)

\*Depth of basement or crawl space: 4-5' Below GRADE

Is the basement finished?  Yes  No

Does anyone live in the basement as a primary residence or use the basement daily?  Yes

No

The basement is generally:  Wet  Dry  Damp

WET AFTER RAINS (2" OF RAIN OR MORE)

Is there a sump in the basement?  Yes  No

If yes, please describe the size, the construction, where it is located and whether or not there is a sump pump and how it is activated.

NO, BUT THERE IS A FLOOR DRAIN AT SE CORNER. POPS OUT IN FRONT YARD

Does the basement have cracks?  Yes  No BASEMENT FLOOR IS IN VERY GOOD CONDITION

If yes, what is the PID/FID/CGI reading? \_\_\_\_\_

Does the basement have a drainage point in floor?  Yes  No

If yes, what is the PID/FID/CGI reading? 0 ppb

Does the basement have pipes or utility conduits through floor or outside walls?  Yes

WALL WATER IN SEPTIC OUT  No

If yes, what is the PID/FID/CGI reading? 0 ppb

Is the basement sealed with waterproof paint or epoxy coating?  Yes  No

Does the basement have flooring over the foundation?  Yes  No

If yes, what type?  Tile  Carpet  Wood  Pergo  Other, specify \_\_\_\_\_

Are there odors in the basement?  Yes  No

If yes, describe: \_\_\_\_\_

BUT MANY CHEMICAL PRODUCTS INCLUDING PAINTS/VARNISHES GUN CLEANING/RELATED SUPPLIES, CLEANING SUPPLIES, FUEL OIL AST

**C. FIRST FLOOR INFORMATION**

Provides information on building construction and human activity patterns to be used to determine where samples should be collected

What are the walls constructed of?  Cinder Block  Sheet Rock  Paneling + Wood  Other, specify \_\_\_\_\_

Is there flooring in the first floor?  Yes  No

If yes, what type?  Tile  Carpet  Wood  Pergo  Other, specify LINOLEUM

Are there pipes or utility conduits through the outside walls or floor?  Yes  No

If yes, what is the PID/FID/CGI reading? \_\_\_\_\_

Are there odors on the first floor?  Yes  No If yes, describe STRONG PEST ODOR

#### D. SECOND FLOOR INFORMATION (if applicable)

Provides information on building construction and human activity patterns to be used to determine where samples should be collected.

What are the walls constructed of?  Cinder Block  Sheet Rock  Paneling  
 Other, specify 1/2 FLOOR/ATTIC UNDER ROOF. ALL WOOD

Is there flooring in the second floor?  Yes  No  
If yes, what type?  Tile  Carpet  Wood  
 Pergo  Other, specify \_\_\_\_\_

Are there pipes or utility conduits through the outside walls or floor?  Yes  No

If yes, what is the PID/FID/CGI reading? NA

Are there odors on the second floor?  Yes  No

If yes, describe \_\_\_\_\_

#### E. HEATING AND VENTILATION SYSTEMS

Provides information on the type of heating and ventilation system used in the structure to help identify potential indoor and outdoor contaminant sources, as well as provides information to assist with data interpretation.

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

- Heat Pump/Furnace  Hot Air Radiation  
 Steam Radiation  Unvented Kerosene Heater  
 Wood Stove  Electric Baseboard  
 Other, specify: \_\_\_\_\_

BASEBOARD RADIATORS ON 1ST FLOOR / SUPPLEMENTAL ELECTRIC BASEBOARD

What type of fuel(s) are used in the building? (Check all that apply)

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

FUEL OIL HEAT / FURNACE

What type of mechanical ventilation systems are present and/or currently operating in the building? (Check all that apply)

- Mechanical Fans
- Open Windows
- Individual Air Conditioning Units
- Kitchen Range Hood
- Bathroom Ventilation Fan
- Air-to-Air Heat Exchanger
- Other, specify

WINDOW UNITS ~~SUMMER~~ - MOSTLY OPEN WINDOWS DURING SPRING/FALL

**F. POTENTIAL SOURCES OF INDOOR CHEMICALS:**

Helps identify typical sources of indoor air contamination that may be found in the building (including attached garages), and documents whether the item was removed from the building prior to the sampling event.

Which of these items are present in the building? (Check all that apply) 1/15/14 INSPECTION

Potential VOC Source	BSMT Location of Source	Removed at least 24 hours prior to sampling (Yes/No/NA)
Paints	BSMT	YES
Gas-powered equipment	NO	NA
Gasoline storage cans	NO	NA
Cleaning solvents (thinner)	YES - BSMT	ALL REMOVED
Air fresheners	YES	NO PID
Oven cleaners	NO	NA
Carpet / Upholstery cleaners	YES	REMOVED
Hairspray	NO	
Nail polish / Polish remover	NO	
Bathroom cleaner	YES	REMOVED
Appliance cleaner	YES	REMOVED
Furniture / Floor polish	YES	REMOVED
Mothballs	NO	
Fuel tank	PROPANE CYLINDERS	REMOVED
Woodstove	NO	
Fireplace	NO	
Perfume / Colognes	NO	
Hobby supplies (e.g., solvents, paints, lacquers, glues, photographic darkroom chemicals)	YES	ALL REMOVED
Scented trees, wreaths, potpourri, etc.	NO	

REMOVED  
7921  
PID

Potential VOC Source	Location of Source	Removed at least 24 hours prior to sampling (Yes/No/NA)
Polish / Wax	Yes	Removed
Insecticide / Pesticide	NO	
Kerosene	NO	
Other		

**G. BUILDING USE:**

Provides miscellaneous information about human activities and building construction that may assist in the data interpretation and identification of indoor and outdoor contaminant sources.

Is there standing water in the building (historic or current)?  Yes  No *USUALLY DRY*

Is there water damage in the building (historic or current)?  Yes  No

Is there fire damage to the building?  Yes  No If yes, date \_\_\_\_\_

Is there a septic system?  Yes  No If yes, date of system \_\_\_\_\_

Do one or more smokers occupy this building on a regular basis?  Yes  No

Has anybody smoked in the building in the last 48 hours?  Yes  No

Does the building have an attached garage?  Yes  No

If so, is a car usually parked in the garage?  Yes  No

Do the occupants of the building frequently have their clothes dry-cleaned?  Yes  No, *periodically*

Was recent remodeling or painting done in the building?  Yes  No

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Activity: \_\_\_\_\_

Are there any pressed wood products in the building (e.g., hardwood, plywood, wall paneling, particleboard, fiberboard)?  Yes  No

Are there new furniture, upholstery, drapes, or other textiles in the building?  Yes  No *but 50+ years old*

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Item(s): \_\_\_\_\_

Has the building been treated with any insecticides/pesticides?  Yes  No

Chemicals used and how often they are applied? \_\_\_\_\_

Do any of the occupants apply pesticides/herbicides in the yard or garden?  Yes  No

If yes, what chemicals are used and how often are they applied? \_\_\_\_\_

Type of ground cover (e.g., grass, pavement, etc.) outside the building: grass + shrub gardens

Is there a well on the property?  Yes  No

If yes, what is it used for and where is it screened? potable water / depth unknown

Is there any other information about the structural features of this building, the habits of its occupants or potential sources of constituent contaminants to the indoor air that may be of importance in facilitating the evaluation of the indoor air quality of the building?

ED HAS A LOT OF GUNS/HUNTING SUPPLIES + CLEANERS/MAINT PRODUCTS IN BSMT. ALSO PAINTS + VARNISHES. PID SCREENING AT ALL AREAS OF BSMT ON 10/31/12 + 1/15/14 WAS 0 PPB (PPB RAS)

#### H. OTHER POTENTIAL SOURCES OF INDOOR OR OUTDOOR AIR CONTAMINATION

Helps identify typical sources of background indoor air contamination that may be found in the building or outside the building, and includes a table to document the results of portable field screening measurements. A portable photo-ionization detector (PID) can be used to identify individual cans of solvents that should be removed prior to the sampling event or to identify VI points and help with on-site decisions regarding sample placement.

Outdoor Sources of Contamination (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Garbage Dumpsters  | <input type="checkbox"/> Heavy Motor Traffic        |
| <input type="checkbox"/> Loading Dock In Use  | <input type="checkbox"/> Construction Activities    |
| <input type="checkbox"/> Airport Flight Path  | <input type="checkbox"/> Railyard / Railcar Traffic |
| <input checked="" type="checkbox"/> Nearby Industries, specify <u>HEAVY EQUIPMENT YARD ADJACENT TO E/NG</u> |   |
| <input type="checkbox"/> UST/AST (gasoline / heating fuel / other, specify _____)                           |   |

Is there a known spill or release outside or inside the building?  Yes  No

If yes, was it:

- |  |  |
|--|--|
| <input type="checkbox"/> Oil                     | <input type="checkbox"/> Natural Gas           |
| <input type="checkbox"/> Kerosene                | <input type="checkbox"/> Heating Oil           |
| <input type="checkbox"/> Used Vehicle Oil        | <input type="checkbox"/> Solvents              |
| <input type="checkbox"/> Pesticide / Insecticide | <input type="checkbox"/> Other, describe _____ |

Describe any additional information about the release (amount, when it occurred, action taken to clean up, etc):

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**I. BUILDING SCREENING RESULTS (PID/FID/CGI)** <sup>10/31/12 11/15/14</sup>

Location	FID (ppm)	PID (ppm) ppb	CGI (%)
Basement	—	0.0 0.0	—
First Floor	—		—
Second Floor	—	NA	—
Other	—		—

PID – photo-ionization detector; FID – flame ionization detector; CGI – combustible gas indicator.

PPB RAE

**INSTRUCTIONS FOR OCCUPANTS OF BUILDING PRIOR TO SAMPLING EVENT**

(to be followed starting at least 24 hours prior to and during the sampling event)

- Operate furnace and whole house air-conditioner as appropriate for current weather conditions.
- Do not keep doors open.
- Do not use air fresheners or odor eliminators.
- Do not smoke in the house.
- Do not use wood stoves, fireplace or auxiliary heating equipment (e.g., kerosene heater).
- Do not use paints or varnishes.
- Do not use cleaning products (e.g., bathroom cleaners, furniture polish, appliance cleaners, all-purpose cleaners, floor cleaners).
- Do not use cosmetics, including hair spray, nail polish, nail polish remover, perfume, etc.
- Do not partake in indoor hobbies that use solvents.
- Do not apply pesticides.
- Do not store containers of gasoline, oil, petroleum-based or other solvents, within the house or attached garage (except for fuel oil tanks).
- Do not operate or store automobiles in an attached garage.