

**Exhibit G-3
Building Evaluation Form**

Address: 324-332 LAYFIELD RD Date: 11/12/12 + 1/15/14
 Occupant Name: APARTMENT PROPERTY OLD HOUSE Phone: _____
 Owner's Name: FRANK MCGILGUCHLIN Phone: 484 624 4573
 Owner's Address: POTTSTOWN HEATHER
 Point of Contact: STEVE McMILLON Phone: 267 733 7373
 Contact Information: HEATHER ECZKO - PROPERTY MGR 484 624 4573
 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 ^{ADAPTMENTS} Government
 Office School
 Commercial Warehouse
 Industrial Other: _____

Number of Occupants: Adults 5 Infants _____ Children 1-6 _____ Children 6-15 _____

*Area of Building Footprint: 25x30 Number of Floors: 2

*Ceiling Height: BSMT: 6' Building Age: ~ 200 YRS

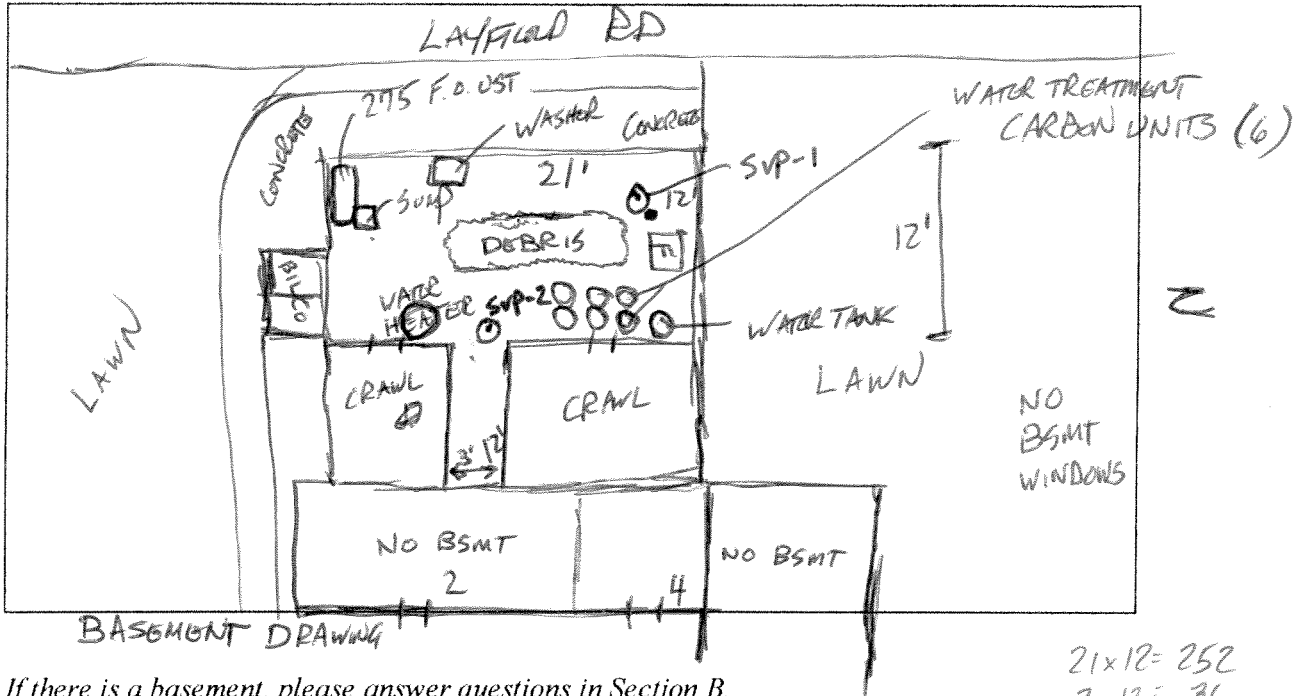
General Description of Building Construction Materials: STONE / EXTERIOR STUCCO

*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 + MORTAR

① SOIL GAS PROBE LOCATION

Draw in the Floor Plan:



21x12= 252
 3x12= 36

 288 ft²

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

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

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

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.

SUMP PIT IS NEAR ENTRANCE TO BSMT. SIZE:
AN ELECTRIC PUMP REMOVES WATER THAT COLLECTS IN THE SUMP.
SUMP IS OPEN TO SUBSURFACE

Does the basement have cracks? Yes No NOT IN FLOOR
If yes, what is the PID/FID/CGI reading? WALLS ARE MORTAR + STONE

Does the basement have a drainage point in floor? Yes No
If yes, what is the PID/FID/CGI reading? SUMP 16" x 6" x 1.0 DEEP

Does the basement have pipes or utility conduits through floor or outside walls? Yes
NO YES No

If yes, what is the PID/FID/CGI reading? 0 AT ALL LOCATIONS

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: SEWAGE TYPE ODORS

* PID READINGS (PPB) WERE ORIGINALLY 0 EVERYWHERE IN BSMT.
DURING CARBON FILTER INSTALL OCCURRING ON SAME DAY, PID READINGS AT HEADSPACE
WENT UP TO 1777 PPB FROM POTABLE WELL WATER DRAINING OUT OF LINES + ONTO

C. FIRST FLOOR INFORMATION

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

FLOOR:
PID AT FLOOR
OVER WATER: 480
PP

NOT
ACCESSED

What are the walls constructed of? Cinder Block Sheet Rock Paneling
 Other, specify HERSHEAR PLASTER

Is there flooring in the first 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? ____

Are there odors on the first floor? Yes No If yes, describe __

D. SECOND FLOOR INFORMATION (if applicable) NOT ACCESSED

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 _____

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? _____

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:

FURNACE IN BASEMENT

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 AST OUTSIDE BLDG (OPERATIONAL)
EMPTY FUEL OIL AST STILL IN BSMT

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

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)

Potential VOC Source	Location of Source	Removed at least 24 hours prior to sampling (Yes/No/NA)
Paints	BASMENT	
Gas-powered equipment		
Gasoline storage cans	EMPTY 3-4 GAL GAS CAN	YES
Cleaning solvents (thinner)	CAN AEROSOL CLEANER	YES
Air fresheners		
Oven cleaners		
Carpet / Upholstery cleaners		
Hairspray		
Nail polish / Polish remover		
Bathroom cleaner		
Appliance cleaner		
Furniture / Floor polish		
Mothballs		
Fuel tank	EMPTY 275 GAL F.O. TST IN BSMT (NOT USED)	
Woodstove		
Fireplace		
Perfume / Colognes		
Hobby supplies (e.g., solvents, paints, lacquers, glues, photographic darkroom chemicals)		
Scented trees, wreaths, potpourri, etc.		

Potential VOC Source	Location of Source	Removed at least 24 hours prior to sampling (Yes/No/NA)
Polish / Wax		
Insecticide / Pesticide		
Kerosene		
Other	5 GAL ROOF TAR 3 GAL UGL WATERPROOF PAINT	YES YES

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 WATER IN BSMT AFTER RAIN. WATER ALWAYS IN SUMP
- 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 VERY OLD
- 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 ?
- 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 ?
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, BARE DIRT, CRUSHED STONE

Is there a well on the property? Yes No

If yes, what is it used for and where is it screened? POTABLE WATER, NO OTHER INFO

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?

BSMT IS PROXY MUCH EMPTY. ONLY ACCESSED FROM BIUCO DOOR ENTRANCE FROM OUTSIDE. DID SCREENING AT ALL AREAS OF BSMT ON 1/15/14 WAS 0 PPB (PPB RAE).

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 checked="" type="checkbox"/> Garbage Dumpsters | <input type="checkbox"/> Heavy Motor Traffic |
| <input type="checkbox"/> Loading Dock In Use | <input checked="" type="checkbox"/> Construction Activities |
| <input type="checkbox"/> Airport Flight Path | <input type="checkbox"/> Railyard / Railcar Traffic |

Nearby Industries, specify LARGE HEAVY EQUIPMENT YARD BESIDE + BOTH END THE APARTMENTS

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 checked="" 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):

275 GAL HEATING OIL AST IN BASEMENT LEAKED INTO SUMP AND
WAS PUMPED OUTSIDE AT DISCHARGE POINT NEAR LAYFIELD ROAD.
RELEASE OCCURRED IN 2011.

I. BUILDING SCREENING RESULTS (PID/FID/CGI)

Location	FID (ppm)	PID (ppm)	CGI (%)
Basement	- -	0 0	- -
First Floor		- -	
Second Floor			
Other			

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

PB RAB

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.