Appendix B, Part 1
Indoor Air Survey
Questionnaires and Field Notes

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: Ellen R. Willingham Date: 9-1-05

Part I - Occupants

Residence Address: 1058 Bancroft Rd., Concord, CA 94518

Contact: Ellen Willingham Owner / Renter / other: Ellen Willingham

Contact's Phone: home (925) 932-3688 work (925) 363-6029 cell (925) 899-9376

Residence occupants: Children under age 13 — Children age 13-18 — Adults 1

Part II – Residence Characteristics

Residence type: single-family residential/multi-family residential/office/strip mall/commercial/industrial

Describe residence: Townhouse

Number of floors - below grade: — (full basement/crawl space/slab) at or above grade: 2

Basement size: — ft^2 Basement floor: concrete/dirt/floating/other (specify): —

Foundation type: poured concrete/cinder blocks/stone/other (specify) poured concrete

Type of ground cover around outside of residence: grass/concrete/asphalt/other (specify) concrete, dirt

Basement sump present? *Yes /No* N/A Sump pump? *Yes /No*

Type of heating system (circle all that apply):
(hot air circulation)---hot air radiation---wood----steam radiation----hot water radiation----kerosene heater
electric baseboard----heat pump----other (specify): _____

Type of ventilation system (circle all that apply):

central air conditioning
individual air conditioning units
mechanical fans
kitchen range hood fan
bathroom ventilation fans
other(specify): _____

Type of fuel used (circle all that apply):

Natural gas / electric / fuel oil / wood / coal / solar / kerosene / outside (fresh) air intake

Septic system? *Yes / Yes (but not used) / No*

Irrigation/private well? *Yes / Yes (but not used) / No*

Existing subsurface depressurization (radon) system in place? *Yes / No* (If Yes, is it running?) *Yes / No*

Part III - Outside Contaminant Sources

Comprehensive Site List (1000-ft. radius): _____

Other stationary sources nearby (gas stations, emission stacks, etc.): _____

Heavy vehicular traffic nearby (or other mobile sources): _____

Part IV – Indoor Contaminant Sources

Identify all potential indoor sources found in the residence (including attached garages), the location of the source (floor & room), and whether the item was removed from the building 48 hours prior to indoor air sampling event.

Potential Sources	Location(s)	Removed Prior to Sampling? (Yes / No / NA)
Gasoline storage cans		N/A
Gas-powered equipment		N/A
Kerosene storage cans		N/A
Paints / thinners / strippers	Outside Storage Closet	NO
Cleaning solvents	Kitchen, Upper Bathroom	NO
Oven cleaners	Kitchen - Under sink	NO
Carpet / upholstery cleaners	Kitchen - Under sink + Under-Stairs Closet	NO
Other house cleaning products		
Moth balls		N/A
Polishes / waxes	Under Kitchen sink; Cabinets above W/D	NO
Insecticides	Back Yard	NO
Furniture / floor polish	Under Kitchen Sink	
Nail polish / polish remover	Cabinet Above Wash. Machine	NO
Hairspray	" " " + Under Upper Bath Sink	NO
Cologne / perfume	Upstairs Bathroom + Cabinet at Top of Stairs	NO
Air fresheners	Both Bathrooms	NO
Fuel tank (inside building)		N/A
Wood stove or fireplace	Living Room - Not Used in 15 years	NO
New furniture / upholstery	NO	N/A
New carpeting / flooring	NO	N/A
Recent painting in building?	NO	N/A
Hobbies - glues, paints, etc.	Cabinet on 1st Floor Hallway near Kitchen	NO

Part V – Miscellaneous Items

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

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

Does the residence have an attached garage? *Yes* / (No)
If so, is a car usually parked in the garage? *Yes* / *No*

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

When were dry-cleaned clothes last brought into the residence? 3-6 months ago.

Have the occupants ever noticed any usual odors in the residence? *Yes* / (No)

Describe (with location): _____

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

Describe (with location): _____

Have any pesticides/herbicides been applied around the residence foundation or in the yard/gardens? *Yes* / No

If so, when and which chemicals? Ant Spray - Within 2 weeks

Part VI – Sampling Information

Person conducting sampling: Kimberly Lake / Doug Moberg

Sampler Type: Tedlar / Sorbent / (Canister) Analytical Method: (TO-15) / TO-17 / other: SIM

Laboratory: Air Toxics, Ltd

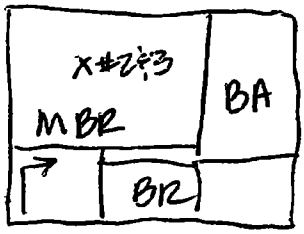
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st Floor	LR	902	902	9/8/05 07:50	9/8/05 1945
2	2nd Floor	MBR	9938	9938	9/8/05 07:40	9/8/05 1935
3	2nd Floor Dup	MBR	~~9938~~	~~9938~~	9/8/05 07:40	9/8/05 1935
			14005	14005		

Sample location(s): Provide Drawing of Sample Location(s) in Residence

Sample # 1 - 1058 Bancroft - 1st Floor

Sample # 2 - 1058 Bancroft - 2nd Floor

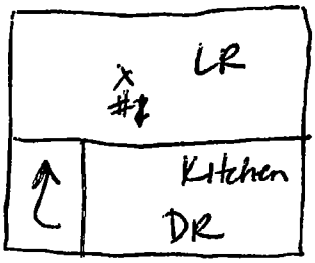
Sample # 3 - 1058 Bancroft - 2nd Floor Dup



2nd Floor

Did the occupants follow all of the "Instructions for Residents" directions? *Yes / No*

If the answer is no, describe modifications:



1st Floor

Part VII - Weather Conditions

Outside temperature at time of sampling: 60 °F

Expected high temperature: 77 °F Expected low temperature: _____ °F

Was there significant precipitation within 12 hours of (or during) the sampling event? *Yes / (No)*

Describe the general weather conditions: cloudy to sunny, clear

Trip Blank collected w/ First Floor Sample
Indoor temp= 76° during set up

Part VIII – General Observations

Provide any information that may be pertinent to the sampling event and may assist in the data interpretation process.

Windows were closed. Box AIC on 2nd Floor was not running & has not been run for 2 days. Strong incense scents in home. Windows closed all day. Indoor Temp - 74°F at P/U

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CHAIN-OF-CUSTODY RECORD

Sample Transportation Notice
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Contact Person: Kimberly Lake
Company: ERM — Email: kimberly.lake@erm.com
Address: 1777 Botelho Dr. #260 City: Walnut Creek State: CA Zip: 94596
Phone: 925-946-0455 Fax: 925-946-9968
Collected by: (Signature) Kimberly Lake Doug Mayer

Project Info:
P.O. # _____
Project # _____
Project Name: UPRR Hookston Station

Turn Around Time:
[X] Normal
[ ] Rush
_____ specify

Lab Use Only
Pressurized by: _____
Date: _____
Pressurization Gas: N He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psi)
	1058 Bancroft Rd - 1st Floor	9/8/05	07:50-1945	TO-15 SIM	26	1.5		
	1058 Bancroft Rd - 2nd Floor	9/8/05	0740-1935	TO-15 SIM	25.5	8		
	1058 Bancroft Rd - 2nd Floor Duplicate	9/8/05	07:40-1935	TO-15 SIM	25.5	7		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	Notes:
Kimberly Lake	9/9/05			
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	

Lab Use Only	Shipper Name	Air Bill #	Temp (°C)	Condition	Custody Seals Intact? Yes / No / None	Work Order #

Form 1293 rev.10

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: Kimberly Cardinale Date: 8-29-05

Part I - Occupants

Residence Address: 1010 Bancroft RD, Concord, CA 94518

Contact: Kimberly Cardinale (Owner) / Renter / other: _____

Contact's Phone: home ( ) 925-937-4106 work ( ) 925-543-7045 cell ( ) 925-324-1992

Residence occupants: Children under age 13 ____ Children age 13-18 ____ Adults 1

Part II – Residence Characteristics

Residence type: single-family residential/multi-family residential/office/strip mall/commercial/industrial

Describe residence: Townhouse

Number of floors - below grade: 0 (full basement/crawl space/(slab)) at or above grade: 2

Basement size: _____ ft^2 Basement floor: concrete/dirt/floating/other (specify): _____

Foundation type: (poured concrete)/cinder blocks/stone/other (specify) _____

Type of ground cover around outside of residence: grass/(concrete)/asphalt/other (specify) _____

Basement sump present? *Yes* (No) Sump pump? *Yes* (No)

Type of heating system (circle all that apply):
(hot air circulation)---hot air radiation---(wood)---steam radiation----hot water radiation----kerosene heater
electric baseboard----heat pump----other (specify): _____

Type of ventilation system (circle all that apply):

central air conditioning mechanical fans bathroom ventilation fans
individual air conditioning units kitchen range hood fan other(specify): _____

Type of fuel used (circle all that apply):

Natural gas / electric / fuel oil / wood / coal / solar / kerosene / outside (fresh) air intake

Septic system? *Yes / Yes (but not used) /* No
Irrigation/private well? *Yes / Yes (but not used) /* No

Existing subsurface depressurization (radon) system in place? *Yes /* No (If Yes, is it running?) *Yes / No*

Part III - Outside Contaminant Sources

Comprehensive Site List (1000-ft. radius): _____

Other stationary sources nearby (gas stations, emission stacks, etc.): _____

Heavy vehicular traffic nearby (or other mobile sources): _____

Part IV – Indoor Contaminant Sources

Identify all potential indoor sources found in the residence (including attached garages), the location of the source (floor & room), and whether the item was removed from the building 48 hours prior to indoor air sampling event.

Potential Sources	Location(s)	Removed Prior to Sampling? (Yes / No / NA)
Gasoline storage cans		
Gas-powered equipment		
Kerosene storage cans	- Paint - outside Storage	
Paints / thinners / strippers	Paint - upstairs bedroom 2nd on right / understairs	No
Cleaning solvents	- upstairs bathroom and laundry room	No
Oven cleaners	- Kitchen under sink	No
Carpet / upholstery cleaners	- [redacted] under stairs in closet	No
Other house cleaning products		
Moth balls		
Polishes / waxes	- understairs	
Insecticides	- outside cabinet in back yard	No
Furniture / floor polish		
Nail polish / polish remover	- bathroom upstairs	No
Hairspray		
Cologne / perfume	- bathroom upstairs	No
Air fresheners	- upstairs 1st bedroom on right / bathroom	No
Fuel tank (inside building)		
Wood stove or fireplace	downstairs livingroom	No
New furniture / upholstery	- cabinet in livingroom	No
New carpeting / flooring	-	
Recent painting in building?	- cabinet in livingroom	No
Hobbies - glues, paints, etc.		

Part V – Miscellaneous Items

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

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

Does the residence have an attached garage? *Yes* / (No)
If so, is a car usually parked in the garage? *Yes* / *No*

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

When were dry-cleaned clothes last brought into the residence? _____

Have the occupants ever noticed any usual odors in the residence? *Yes* / (No)

Describe (with location): _____

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

Describe (with location): _____

Have any pesticides/herbicides been applied around the residence foundation or in the yard/gardens? (Yes) /No

If so, when and which chemicals? Home Defense - orthe

Part VI – Sampling Information

Person conducting sampling: K. Lake / D. Noberg

Sampler Type: Tedlar / Sorbent / (Canister) Analytical Method: (TO-15) / TO-17 / other: SIM

Laboratory: Air Toxics, Ltd.

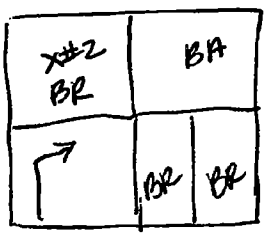
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st	LR	9923	9923	8/30/05 07:00	8/30/05 1902
2	2nd	BR	02247	02247	8/30/05 07:10	8/30/05 1908

Sample location(s): Provide Drawing of Sample Location(s) in Residence

Sample # 1 - 1010 Bancroft Rd 1st Floor

Sample # 2 - 1010 Bancroft Rd - 2nd Floor

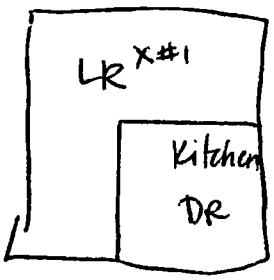
Sample # ____ - ____



2nd Floor

Did the occupants follow all of the "Instructions for Residents" directions? *Yes / No*

If the answer is no, describe modifications:



1st Floor

Part VII - Weather Conditions

Outside temperature at time of sampling: 56 °F

Expected high temperature: 90 °F 94 Expected low temperature: 60 °F

Was there significant precipitation within 12 hours of (or during) the sampling event? Yes / (No)

Describe the general weather conditions: Sunny

inside temp. ~ 24°C during installation

Ambient air sample collected from back patio. Ash tray observed on back patio, no evidence of indoor smoking observed.

Part VIII – General Observations

Provide any information that may be pertinent to the sampling event and may assist in the data interpretation process.

All windows closed when canisters were installed

Windows closed all day. A/C on & off throughout the day. Set at 75°F. Temp inside at time of pickup 73°F.

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FOLSOM, CA 95630-4719
(916) 985-1000 FAX (916) 985-1020

Contact Person: Kimberly Lake
Company: ERM Email: kimberly.lake@erm.com
Address: 1777 Botelho Dr, #260 City: Walnut Creek State: CA Zip: 94596
Phone: 925-946-0455 Fax: 925-946-9968
Collected by: (Signature) Kimberly Lake Doug Hall

Project Info:
P.O. #
Project #
Project Name: UPRR-Hookston Station

Turn Around Time:
☒ Normal
☐ Rush
specify

Lab Use only
Pressurized by:
Date:
Pressurization Gas: N_2 He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psi)
	1010 Bancroft Rd - 1st Floor	8/30/05	07:00-1902	TO-15 SIM	29.5	8		
	1010 Bancroft Rd - 2nd Floor	08/30/05	7:10-1908	TO-15 SIM	29.5	18		

Relinquished by: (signature) Date/Time	Received by: (signature) Date/Time	Notes:
Kimberly Lake 8/31/05 15:00		
Relinquished by: (signature) Date/Time	Received by: (signature) Date/Time	
Relinquished by: (signature) Date/Time	Received by: (signature) Date/Time	

Lab Use Only	Shipper Name	Air Bill #	Temp (°C)	Condition	Custody Seals Intact? Yes No None	Work Order #

Form 1293 rev.10

Ambient Air Sample Field Form

Project: UPRR - Hookston Station

Ambient Air Sample Identification: Ambient Air - ~~8/30/05~~ 8/30/05

Sample Date: 8/30/05

Sample Location: 1010 Bancroft

Height of Inlet Canister (feet above ground): ~4ft

Person conducting sampling: K. Lake

Sampler Type: Tedlar / Sorbent / (Canister)

Analytical Method: (TO-15) / TO-17 / other: SIM

Laboratory: Air Toxics, Ltd.

Sample #	Canister/ Tube #	Pump/Flow Controller ID #	Sample Start Date / Time	Sample End Date / Time
	02330	~~02333~~ 02330	08/30/05 07:10	8/30/05 1905

Additional Comments and Details of Sample Location:
Ash tray observed on back patio

Outside temperature at time of sampling: ~55 °F

Expected high temperature: ~~90~~ 94 °F (RM) Expected low temperature: 60 °F

Was there significant precipitation within 12 hours of (or during) the sampling event? Yes (No)

Describe the general weather conditions: Warm, clear

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FOLSOM, CA 95630-4719
(916) 985-1000 FAX (916) 985-1020

Contact Person Kimberly Lake
Company ERM Email kimberly.lake@erm.com
Address 1777 Botelho Dr, #260 City Walnut Creek State CA Zip 94596
Phone 925-946-0455 Fax 925-946-9968
Collected by: (Signature) Kimberly Lake Doug Mathey

Project Info:
P.O. # _____
Project # _____
Project Name UPRR Hookston Station

Turn Around Time:
☒ Normal
☐ Rush
_____ specify

Lab Use Only
Pressurized by: _____
Date: _____
Pressurization Gas: N2 He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psig)
	Ambient Air- 8/30/05	8/30/05	07:10	TO-15 SIM	29.5	8		
	Trip Blank 8/30/05	8/30/05	—	TO-15 SIM	28.5	5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	Notes:
Kimberly Lake	8/31/05 15:00			
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	

Lab Use Only	Shipper Name	Air Bill #	Temp (°C)	Condition	Custody Seals Intact? Yes / No / None	Work Order #

Form 1293 rev.10

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: _____ Date: _____

Part I - Occupants

Residence Address: 1013 Bermuda Dr. Concord 94518

Contact: Thane Lloyd (Owner) / Renter / other: _____

Contact's Phone: home 925 689-3513 work ( ) _____ cell ( ) _____

Residence occupants: Children under age 13 None Children age 13-18 None Adults 1

Part II – Residence Characteristics

Residence type: single-family residential/multi-family residential/office/strip mall/commercial/industrial

Describe residence: Single Family

Number of floors - below grade: None (full basement/crawl space/slab) at or above grade: 2

Basement size: NA ft² Basement floor: concrete/dirt/floating/other (specify): NA

Foundation type: poured concrete/cinder blocks/stone/other (specify) Concrete

Type of ground cover around outside of residence: grass/concrete/asphalt/other (specify) Grass

Basement sump present? Yes (No) Sump pump? Yes (No)

Type of heating system (circle all that apply):
hot air circulation---hot air radiation---wood----steam radiation----hot water radiation----kerosene heater
electric baseboard----heat pump----other (specify): _____

Type of ventilation system (circle all that apply):

central air conditioning — mechanical fans — bathroom ventilation fans

individual air conditioning units — kitchen range hood fan — other(specify): _____

Type of fuel used (circle all that apply):

Natural gas / electric / fuel oil / wood / coal / solar / kerosene / outside (fresh) air intake

Septic system? *Yes / Yes (but not used) /* ***No***

Irrigation/private well? *Yes / Yes (but not used) /* ***No***

Existing subsurface depressurization (radon) system in place? *Yes /* ***No*** (If Yes, is it running?) *Yes / No*

Part III - Outside Contaminant Sources

Comprehensive Site List (1000-ft. radius): None

Other stationary sources nearby (gas stations, emission stacks, etc.): None

Heavy vehicular traffic nearby (or other mobile sources): None

Part IV – Indoor Contaminant Sources

Identify all potential indoor sources found in the residence (including attached garages), the location of the source (floor & room), and whether the item was removed from the building 48 hours prior to indoor air sampling event.

Potential Sources	Location(s)	Removed Prior to Sampling? (Yes / No / NA)
Gasoline storage cans	None	
Gas-powered equipment	Side Yard	
Kerosene storage cans	None	
Paints / thinners / strippers	None	
Cleaning solvents	Garage	
Oven cleaners	"	
Carpet / upholstery cleaners	"	
Other house cleaning products	"	
Moth balls	None	
Polishes / waxes	Garage	
Insecticides	"	
Furniture / floor polish	"	
Nail polish / polish remover	Bedroom	
Hairspray	Bathroom	
Cologne / perfume	Bedroom	
Air fresheners	None	
Fuel tank (inside building)	None	
Wood stove or fireplace	Fire Place	
New furniture / upholstery	None	
New carpeting / flooring	None	
Recent painting in building?	None	
Hobbies - glues, paints, etc.	None	

Part V – Miscellaneous Items

Do any occupants of the residence smoke? *Yes* / (*No*) (If Yes, How often? ____)

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

Does the residence have an attached garage? (*Yes*) / *No*
If so, is a car usually parked in the garage? (*Yes*) / *No*

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

When were dry-cleaned clothes last brought into the residence? NA

Have the occupants ever noticed any usual odors in the residence? *Yes* / (*No*)

Describe (with location): ____

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

Describe (with location): ____

Have any pesticides/herbicides been applied around the residence foundation or in the yard/gardens? *Yes* / (*No*)

If so, when and which chemicals? ____

Part VI – Sampling Information

Person conducting sampling: R. Sjogers / R. Dyer

Sampler Type: Tedlar / Sorbent / (Canister) Analytical Method: (TO-15) / TO-17 / other: SIM

Laboratory: Air Toxics, Ltd.

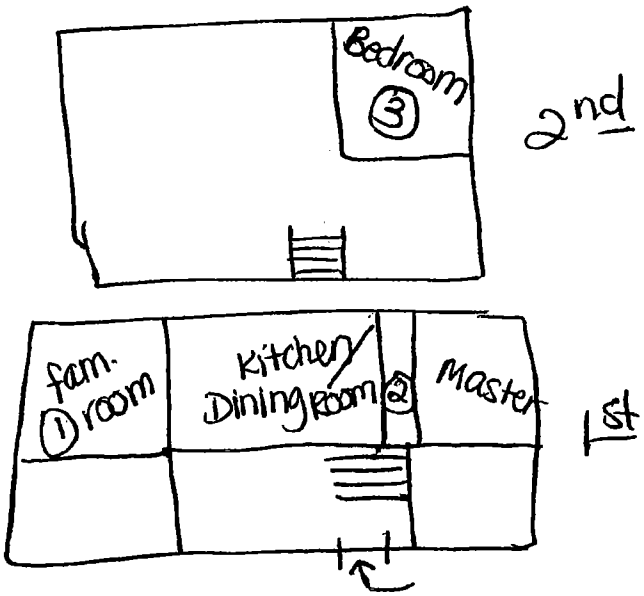
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1013 Bermuda	1st Floor	Living Room	05362	05362	9/7/05 0804	9/7/05 20:00
1013 Bermuda	crawl	Master	31427	31427	9/7/05 0808	9/7/05 20:04
1013 Bermuda	2nd Floor	BR	22507	22507	9/7/05 0815	9/7/05 20:07

Sample location(s): Provide Drawing of Sample Location(s) in Residence

Sample # 1 - 1st Floor

Sample # 2 - crawl

Sample # 3 - 2nd Floor



Did the occupants follow all of the "Instructions for Residents" directions? *Yes / No*

If the answer is no, describe modifications:

Part VII - Weather Conditions

Outside temperature at time of sampling: 71 °F

Expected high temperature: ~~88~~ °F 81 Expected low temperature: 60 °F

Was there significant precipitation within 12 hours of (or during) the sampling event? *Yes* (No)

Describe the general weather conditions: clear, sunny

temp. indoors at time of set-up = 70°F

Part VIII – General Observations

Provide any information that may be pertinent to the sampling event and may assist in the data interpretation process.

All windows will be kept shut during sampling. No AC or central air running. Small fan operating in family room - will be kept on.

Yes

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FOLSOM, CA 95630-4719
(916) 985-1000 FAX (916) 985-1020

Contact Person: Kimberly Lake
Company: ERM Email: Kimberly.lake@erm.com
Address: 1777 Botelho Dr. 260 City: Walnut Creek State: CA Zip: 94596
Phone: 925-946-0455 Fax: 925-946-9968
Collected by: (Signature) Rachel Seyn

Project Info:
P.O. # 0020557.0
Project #
Project Name: Hookston Station

Turn Around Time:
☒ Normal
☐ Rush
specify

Lab Use Only:
Pressurized by:
Date:
Pressurization Gas: N_2 He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psi)
	1013 Bermuda-1st Floor	9/7/05	0804-1400	TO-15 SIM	28.5	7		
	1013 Bermuda-crawl	9/7/05	0808-1401	TO-15 SIM	28.5	7.5		
	1013 Bermuda-2nd Floor	9/7/05	0815-1402	TO-15 SIM	28.5	7.5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	Notes:
Kimberly Lake	9/8/05			
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	

Lab Use Only	Shipper Name	Air Bill #	Temp (°C)	Condition	Custody Seals Intact? Yes No None	Work Order #

Form 1293 rev.10

Ambient Air Sample Field Form

Project: Hookston Station

Ambient Air Sample Identification: Ambient Air

Sample Date: 9/7/05

Sample Location: 1033 Bermuda

Height of Inlet Canister (feet above ground): 5'

Person conducting sampling: R. Sijgers / R. Dyer

Sampler Type: Tedlar / Sorbent / (Canister)

Analytical Method: (TO-15) / TO-17 / other: TO-15 SIM

Laboratory: Air Toxics

Sample #	Canister/ Tube #	Pump/Flow Controller ID #	Sample Start Date / Time	Sample End Date / Time
Ambient Air	33920	33920	9/7/05 0655	9/7/05 18:50

Additional Comments and Details of Sample Location:

Outside temperature at time of sampling: 67 °F

Expected high temperature: ~~88~~ 81 °F Expected low temperature: 60 °F

Was there significant precipitation within 12 hours of (or during) the sampling event? Yes (No)

Describe the general weather conditions: clear, sunny

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CHAIN-OF-CUSTODY RECORD

Sample Transportation Notice
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180 BLUE RAVINE ROAD, SUITE B
FOLSOM, CA 95630-4719
(916) 985-1000 FAX: (916) 985-1020

Contact Person: Kimberly Lake
Company: ERM
Address: 1777 Botelho Dr, #260 City: Walnut Creek State: CA Zip: 94596
Phone: 925-946-0455 FAX:
Collected By: Signature:

Project info:
P.O. #:
Project #:
Project Name: UPRR Hookston Station

Turn Around Time:
☒ Normal
☐ Rush ____ Specify

Lab I.D.	Field Sample I.D.	Date & Time	Analyses Requested	Canister Pressure / Vacuum Initial	Final	Receipt
	Ambient Air	9/7/05 0655-18:50	TO15 SIM	28.5	7.5	
	Trip Blank	9/7/05 ~~0717~~	TO15 SIM	28.5	5	

Relinquished By: (Signature) Date/Time: Kimberly Lake 9/8/05
Received By: (Signature) Date/Time:
Relinquished By: (Signature) Date/Time:
Received By: (Signature) Date/Time:
Relinquished By: (Signature) Date/Time:
Received By: (Signature) Date/Time:

Notes:
Trip = 14115
Ambient = 33920
TB in box w/ FedEx #6328 9900 0205

Lab Use Only	Shipper Name	Air Bill #	Opened By:	Temp. (°C)	Condition	Custody Seals Intact? Yes / No / None	Work Order #

Form 1293 rev. 09

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: Sherry Huddleston Date: 9/5/05

Part I - Occupants

Residence Address: 1033 Bermuda Dr Concord

Contact: Sherry (Owner) Renter / other: _____

Contact's Phone: home ( )925 _____ work ( ) _____ cell ((925) 586-6690

Residence occupants: Children under age 13 ___ Children age 13-18 1 Adults 2

Part II – Residence Characteristics

Residence type: (single-family residential)/multi-family residential/office/strip mall/commercial/industrial

Describe residence: 2 story house

Number of floors - below grade: (0) (full basement/crawl space/slab) at or above grade: 2

Basement size: _____ ft^2 Basement floor: concrete/dirt/floating/other (specify): _____

Foundation type: poured concrete/cinder blocks/stone/other (specify) concrete

Type of ground cover around outside of residence: grass/concrete/asphalt/other (specify) concrete, grass
very little dirt

Basement sump present? Yes (No) Sump pump? Yes (No)

Type of heating system (circle all that apply):
hot air circulation----hot air radiation----wood----steam radiation----hot water radiation----kerosene heater
electric baseboard----heat pump----other (specify): Central heat gas

Type of ventilation system (circle all that apply):

central air conditioning	mechanical fans ✓	bathroom ventilation fans ✓
individual air conditioning units ✓	kitchen range hood fan	other(specify) whole house fan

Type of fuel used (circle all that apply):

(Natural gas) / (electric) / fuel oil / wood / coal / solar / kerosene / outside (fresh) air intake

Septic system? *Yes / Yes (but not used) /* (No)

Irrigation/private well? *Yes / Yes (but not used) /* (No)

Existing subsurface depressurization (radon) system in place? *Yes / No* (If Yes, is it running?) *Yes / No*

Part III - Outside Contaminant Sources

Comprehensive Site List (1000-ft. radius): _____

Other stationary sources nearby (gas stations, emission stacks, etc.): _____

Heavy vehicular traffic nearby (or other mobile sources): _____

Part IV – Indoor Contaminant Sources

Identify all potential indoor sources found in the residence (including attached garages), the location of the source (floor & room), and whether the item was removed from the building 48 hours prior to indoor air sampling event.

Potential Sources	Location(s)	Removed Prior to Sampling? (Yes / No / NA)
Gasoline storage cans	Shed	NO
Gas-powered equipment	Shed	NO
Kerosene storage cans	—	NA
Paints / thinners / strippers	Garage	NO
Cleaning solvents	Laundry Room	NO
Oven cleaners	—	NA
Carpet / upholstery cleaners	Garage.	NO
Other house cleaning products	Kitchen Bathroom	NO
Moth balls	—	NO
Polishes / waxes	garage	NO
Insecticides	Garage	NO
Furniture / floor polish	Laundry Room	NO
Nail polish / polish remover	Down Stairs Bath	NO
Hairspray	yes Bathroom Down Stairs	NO
Cologne / perfume	yes Bedroom - Down Stairs	NO
Air fresheners		NO
Fuel tank (inside building)		NO
Wood stove or fireplace	yes Dinning Room use 3x 5yrs	NO
New furniture / upholstery		NO
New carpeting / flooring		NO
Recent painting in building?		NO
Hobbies - glues, paints, etc.		NA

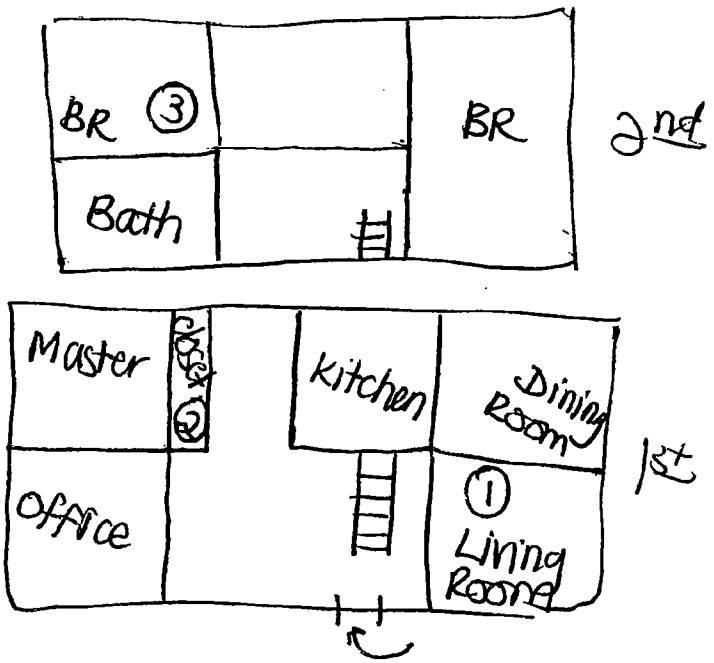
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1033 Bermuda-	1st floor	Living Room	02504	02504	9/7/05 06:42	9/7/05 18:40
1033 Bermuda-	crawl	Master	401	401	9/7/05 06:47	9/7/05 18:45
1033 Bermuda-	2nd floor	Bedroom	4061	4061	9/7/05 0650	9/7/05 18:48

Sample location(s): Provide Drawing of Sample Location(s) in Residence

Sample # 1 - 1st Floor

Sample # 2 - crawl

Sample # 3 - 2nd Floor



Did the occupants follow all of the "Instructions for Residents" directions? (Yes) No

If the answer is no, describe modifications:

Part VII - Weather Conditions

Outside temperature at time of sampling: 67 °F

Expected high temperature: ~~88~~ 81 °F Expected low temperature: 60 °F

Was there significant precipitation within 12 hours of (or during) the sampling event? Yes (No)

Describe the general weather conditions: clear, sunny

indoor temp. @ time of set-up = 68°F

Ambient Air sample collected on back patio

Part VIII – General Observations

Provide any information that may be pertinent to the sampling event and may assist in the data interpretation process.

NO AC/fan will be on during sampling. Some windows will remain open.

Windows remained closed.

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FOLSOM, CA 95630-4719
(916) 985-1000 FAX (916) 985-1020

Page 1 of 1

Contact Person Kimberly Lake
Company ERM Email Kimberly.lake@erm.com
Address 1777 Botelho Dr. 260 City Walnut Creek State CA Zip 94596
Phone 925-946-0455 Fax 925-946-9968
Collected by: (Signature) Raquel Seggs [signature]

Project Info:
P.O. # 0020557.10
Project #
Project Name Hookston Station

Turn Around Time:
☒ Normal
☐ Rush
specify

Lab Use Only
Pressurized by:
Date:
Pressurization Gas: N_2 He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psi)
	1033 Bermuda-1st Floor	9/7/05	0642-18:40	TO-15 SIM	28.5	5.5		
	1033 Bermuda-crawl	9/7/05	0647-18:45	TO-15 SIM	28.5	6.5		
	1033 Bermuda-2nd Floor	9/7/05	0650-18:48	TO-15 SIM	28.5	7.5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	Notes:
Kimberly Lake	9/8/05			
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	

Lab Use Only	Shipper Name	Air Bill #	Temp (°C)	Condition	Custody Seals Intact?	Work Order #
					Yes No None	

Form 1293 rev.10

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: Margo Lloyd Date: 7/24/05

Part I - Occupants

Residence Address: 1011 Bermuda Drive Concord, CA 94518

Contact: Margo Lloyd (Owner) / Renter / other: _____

Contact's Phone: home (925) 827-4997 work (925) 284-5933 cell (925) 998-1626

Residence occupants: Children under age 13 2 Children age 13-18 — Adults 2

Part II – Residence Characteristics

Residence type: ~~single-family~~ residential/multi-family residential/office/strip mall/commercial/industrial

Describe residence: _____

Number of floors - below grade: 1 (full basement/crawl space/slab) at or above grade: 1

Basement size: _____ ft^2 Basement floor: concrete/dirt/floating/other (specify): _____

Foundation type: poured concrete/cinder blocks/stone/other (specify) _____

Type of ground cover around outside of residence: grass/concrete/asphalt/other (specify) _____

Basement sump present? *Yes* (*No*) Sump pump? *Yes* (*No*)

Type of heating system (circle all that apply):
(hot air circulation)----hot air radiation----wood----steam radiation----hot water radiation----kerosene heater
electric baseboard----heat pump----other (specify): _____

Type of ventilation system (circle all that apply):
central air conditioning mechanical fans bathroom ventilation fans
individual air conditioning units kitchen range hood fan other(specify): _____

Type of fuel used (circle all that apply):
Natural gas / electric / fuel oil / wood / coal / solar / kerosene / outside (fresh) air intake

Septic system? *Yes / Yes (but not used)* X *No*
Irrigation/private well? *Yes / Yes (but not used)* / *No*

Existing subsurface depressurization (radon) system in place? *Yes* X *No* (If Yes, is it running?) *Yes / No*

Part III - Outside Contaminant Sources

Comprehensive Site List (1000-ft. radius): _____

Other stationary sources nearby (gas stations, emission stacks, etc.): _____

Heavy vehicular traffic nearby (or other mobile sources): _____

Part IV – Indoor Contaminant Sources

Identify all potential indoor sources found in the residence (including attached garages), the location of the source (floor & room), and whether the item was removed from the building 48 hours prior to indoor air sampling event.

Potential Sources	Location(s)	Removed Prior to Sampling? (Yes / No / NA)
Gasoline storage cans	Garage	
Gas-powered equipment	Garage	
Kerosene storage cans	Garage	
Paints / thinners / strippers	Garage	
Cleaning solvents	Garage	
Oven cleaners	—	
Carpet / upholstery cleaners	Kitchen, Garage	
Other house cleaning products	Laundry Room	
Moth balls	—	
Polishes / waxes	Garage	
Insecticides	Garage	
Furniture / floor polish	Laundry Room	
Nail polish / polish remover	Bathroom	
Hairspray	Bathroom	
Cologne / perfume	Bathroom	
Air fresheners	Bathroom	
Fuel tank (inside building)		
Wood stove or fireplace		
New furniture / upholstery		
New carpeting / flooring		
Recent painting in building?		
Hobbies - glues, paints, etc.		

Part V – Miscellaneous Items

Do any occupants of the residence smoke? (Yes) / No (If Yes, How often? outside)

Has anyone smoked in the residence within the last 48 hours? Yes / (No)

Does the residence have an attached garage? (Yes) / No
If so, is a car usually parked in the garage? (Yes) / No

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

When were dry-cleaned clothes last brought into the residence? NA

Have the occupants ever noticed any usual odors in the residence? Yes / (No)

Describe (with location): _____

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

Describe (with location): _____

Have any pesticides/herbicides been applied around the residence foundation or in the yard/gardens? Yes (No)

If so, when and which chemicals? _____

Part VI – Sampling Information

Person conducting sampling: R. Sijgers / R. Dyer

Sampler Type: Tedlar / Sorbent / (Canister) Analytical Method: (TO-15) / TO-17 / other: SIM

Laboratory: Air Toxics, Ltd.

Part V – Miscellaneous Items

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

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

Does the residence have an attached garage? (Yes) / *No*
If so, is a car usually parked in the garage? *Yes* / (No)

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

When were dry-cleaned clothes last brought into the residence? Maybe in last 3 years

Have the occupants ever noticed any usual odors in the residence? *Yes* / (No)

Describe (with location): _____

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

Describe (with location): _____

Have any pesticides/herbicides been applied around the residence foundation or in the yard/gardens? (Yes)/No

If so, when and which chemicals? Home Defense

Part VI – Sampling Information

Person conducting sampling: R. Sijgers / R. Dyer

Sampler Type: Tedlar / Sorbent / (Canister) Analytical Method: (TO-15) / TO-17 / other: SIM

Laboratory: Air Toxics, Ltd.

Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
101 Bermuda	1st floor	Bedroom	35250	35250	9/7/05 0845	9/7 20:20
~~101 Bermuda~~	~~1st floor dup~~	~~"~~	12666	12666	9/7/05 N/A	~~9/7 20:~~
101 Bermuda	crawl	Master	12672	12672	9/7/05 0850	9/7 20:25

PLS

Sample location(s): Provide Drawing of Sample Location(s) in Residence

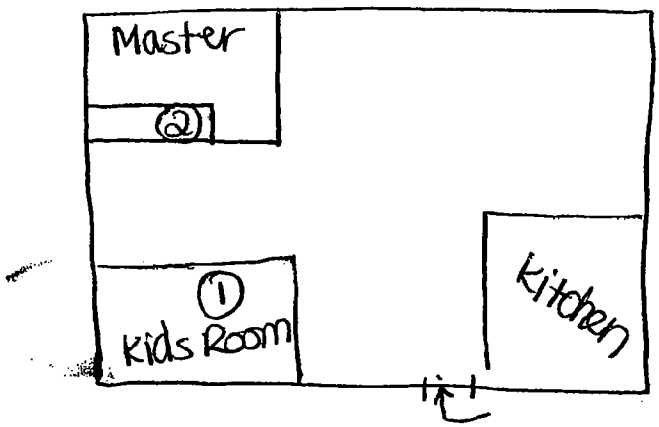
Sample # 1 - 1st floor

Sample # 2 - crawl space

Sample # ____ - ____

Did the occupants follow all of the "Instructions for Residents" directions? *Yes / No*

If the answer is no, describe modifications:



Part VII - Weather Conditions

Outside temperature at time of sampling: 71 °F

Expected high temperature: ~~80~~ 81 °F Expected low temperature: 60 °F

Was there significant precipitation within 12 hours of (or during) the sampling event? Yes / (No)

Describe the general weather conditions: clear, sunny

indoor air temp. at sample set-up = 69°F

Part VIII – General Observations

Provide any information that may be pertinent to the sampling event and may assist in the data interpretation process.

ceiling fans will be operating, no AC during sampling. windows will be closed.

Yes

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FOLSOM, CA 95630-4719
(916) 985-1000 FAX (916) 985-1020

Contact Person: Kimberly Lake
Company: ERM Email: Kimberly.lake@erm.com
Address: 777 Botelho Drive 260 City: Walnut Creek State: CA Zip: 94596
Phone: 925-946-0455 Fax: 925-946-9968
Collected by: (Signature) Rachel Sieyes

Project Info:
P.O. # 0020557.10
Project #
Project Name: Hookston Station

Turn Around Time:
☒ Normal
☐ Rush
specify

Lab Use Only
Pressurized by:
Date:
Pressurization Gas: N_2 He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psig)
	1011 Bermuda-1st Floor	9/7/05	0845-70	TO-15 SIM	28.5	4		
	1011 Bermuda-crawl	9/7/05	0850-70	TO-15 SIM	28.5	4.5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	9/8/05		
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time

Notes:
Crawl space sample shipped in separate box

Lab Use Only	Shipper Name	Air Bill #	Temp (°C)	Condition	Custody Seals Intact? Yes / No / None	Work Order #

Form 1293 rev.10

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: D.G. PARCHER Date: 9-5-05

Part I - Occupants

Residence Address: 1027 BERMUDA DRIVE, CONCORD, CA 9452[illegible]

Contact: ELAINE ARCHER Owner / Renter / other: OWNER

Contact's Phone: home 925 682-2195 work ( ) NONE cell 925 787-4513

Residence occupants: Children under age 13 0 Children age 13-18 0 Adults 2

Part II – Residence Characteristics

Residence type: (single-family residential) multi-family residential/office/strip mall/commercial/industrial

Describe residence: 2 STORY 4 Bedroom House

Number of floors - below grade: 0 (full basement/(crawl space)/slab) at or above grade: 2

Basement size: NONE ft² Basement floor: concrete/dirt/floating/other (specify): _____

Foundation type: (poured concrete)/cinder blocks/stone/other (specify) _____

Type of ground cover around outside of residence (grass)/(concrete)/asphalt/other (specify) _____

Basement sump present? Yes (No) Sump pump? Yes (No)

Type of heating system (circle all that apply):
(hot air circulation)---hot air radiation----wood---steam radiation----hot water radiation----kerosene heater
electric baseboard----heat pump----other (specify): _____

Type of ventilation system (circle all that apply):

central air conditioning | mechanical fans | bathroom ventilation fans
individual air conditioning units | kitchen range hood fan | other(specify): _____

Type of fuel used (circle all that apply):

Natural gas / electric / fuel oil / wood / coal / solar / kerosene / outside (fresh) air intake

Septic system? *Yes / Yes (but not used) / No*

Irrigation/private well? *Yes / Yes (but not used) / No*

Existing subsurface depressurization (radon) system in place? *Yes / No* (If Yes, is it running?) *Yes / No*

Part III - Outside Contaminant Sources

Comprehensive Site List (1000-ft. radius): HOOKSTON STATION, Hagen oil

Other stationary sources nearby (gas stations, emission stacks, etc.): Hagen oil

Heavy vehicular traffic nearby (or other mobile sources): BANCROFT AVE

Part IV – Indoor Contaminant Sources

Identify all potential indoor sources found in the residence (including attached garages), the location of the source (floor & room), and whether the item was removed from the building 48 hours prior to indoor air sampling event.

Potential Sources	Location(s)	Removed Prior to Sampling? (Yes / No / NA)
Gasoline storage cans	GARAGE	Yes
Gas-powered equipment	Shed outside	
Kerosene storage cans	NONE	
Paints / thinners / strippers	GARAGE	NO
Cleaning solvents	GARAGE	NO
Oven cleaners	NO	
Carpet / upholstery cleaners	NO	
Other house cleaning products	Closet, GARAGE	NO
Moth balls	NO	
Polishes / waxes	Closet	NO
Insecticides	GARAGE	NO
Furniture / floor polish	GARAGE, Closet	NO
Nail polish / polish remover	BATHROOM	NO
Hairspray	11	NO
Cologne / perfume	11	NO
Air fresheners	NO	
Fuel tank (inside building)	NO	
Wood stove or fireplace	Yes	NO
New furniture / upholstery	NO	
New carpeting / flooring	NO	
Recent painting in building?	NO	
Hobbies - glues, paints, etc.	NO	

Part V – Miscellaneous Items

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

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

Does the residence have an attached garage? (*Yes*) / *No*
If so, is a car usually parked in the garage? (*Yes*) / *No*

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

When were dry-cleaned clothes last brought into the residence? Several Months Ago

Have the occupants ever noticed any usual odors in the residence? *Yes* / (*No*)

Describe (with location): NO

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

Describe (with location): _____

Have any pesticides/herbicides been applied around the residence foundation or in the yard/gardens? (Yes)/No

If so, when and which chemicals? Several weeks Ago

Part VI – Sampling Information

Person conducting sampling: R. Sigers / D. Moberg

Sampler Type: Tedlar / Sorbent / (Canister) Analytical Method: (TO-15) / TO-17 / other: SIM

Laboratory: Air Toxics, Ltd.

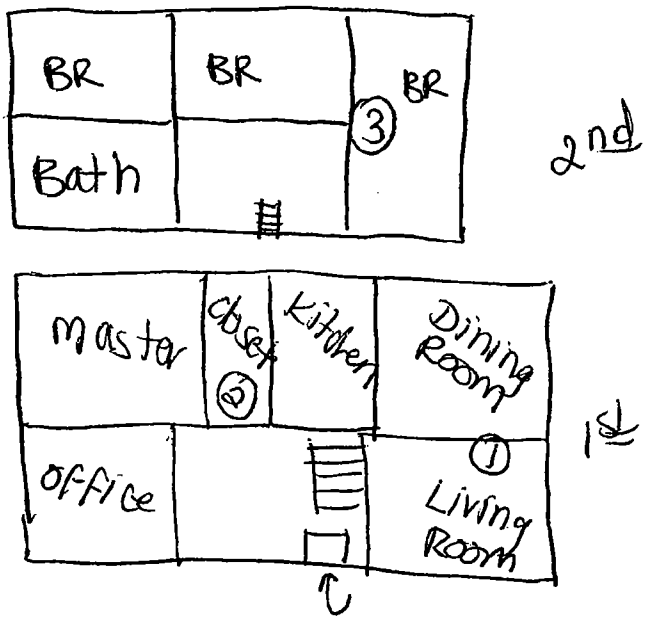
	Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1027	Bermuda	1st	Living Room	33963	33963	9/6/05 0807	9-6-05 2002
1027	Bermuda	crawl	Master	05698	05698	9/6/05 0812	9-6-05 2008
1027	Bermuda	2nd	Bedroom	34460	34460	9/6/05 0816	9-6-05 2012

Sample location(s): Provide Drawing of Sample Location(s) in Residence

Sample # 1 - First Floor

Sample # 2 - Crawl

Sample # 3 - Second Floor



Did the occupants follow all of the "Instructions for Residents" directions? (Yes) No

If the answer is no, describe modifications:

Part VII - Weather Conditions

Outside temperature at time of sampling: 68 °F

Expected high temperature: 88 °F Expected low temperature: 60 °F

Was there significant precipitation within 12 hours of (or during) the sampling event? Yes / (No)

Describe the general weather conditions: clear, sunny

Part VIII – General Observations

Provide any information that may be pertinent to the sampling event and may assist in the data interpretation process.

No AC running during sample collection, a couple of windows were open last night, but will most likely remain closed during the day.

Windows opened in late afternoon
78°F in house at pickup

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180 BLUE RAVINE ROAD, SUITE B
FOLSOM, CA 95630-4719
(916) 985-1000 FAX (916) 985-1020

Contact Person: Kimberly Lake
Company: ERM Email: kimberly.lake@erm.com
Address: 1777 Botelho Dr. #260 City: Walnut Creek State: CA Zip: 94596
Phone: 925-946-0455 Fax: 925-946-9968
Collected by: (Signature) Doug Mark

Project Info:
P.O. #
Project #
Project Name: UPRR Hookston Station

Turn Around Time:
☒ Normal
☐ Rush
specify

Lab Use Only
Pressurized by:
Date:
Pressurization Gas: N_2 He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psi)
	1027 Bermuda Dr-1st Floor	9/6/05	0807	2002 TO-15 SIM	26.5	5.5		
	1027 Bermuda Dr-2nd Floor	9/6/05	0816	2012 TO-15 SIM	26.5	5		
	1027 Bermuda Dr-Crawl Space	9/6/05	0812	2018 TO-15 SIM	26.5	4.5		

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Kimberly Lake	9/7/05 16:00		
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time

Notes:

Lab Use Only	Shipper Name	Air Bill #	Temp (°C)	Condition	Custody Seals Intact? Yes No None	Work Order #

Form 1293 rev.10

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: KATHRYN GRIDER Date: 8/31/05

Part I - Occupants

Residence Address: 1018 BERMUDA DR - CONCORD 94518

Contact: _____ (Owner / Renter / other: _____

Contact's Phone: home ( ) 685-7410 work ( ) 288-2010 cell (415 516-5606 (BARRETT)

Residence occupants: Children under age 13 ____ Children age 13-18 2 Adults 2

Part II – Residence Characteristics

Residence type: single-family residential/multi-family residential/office/strip mall/commercial/industrial

Describe residence: SINGLE-FAMILY RESIDENCE

Number of floors - below grade: 1 (full basement/crawl space/slab) at or above grade: 2

Basement size: _____ ft^2 Basement floor: concrete/dirt/floating/other (specify): DIRT

Foundation type: poured concrete/cinder blocks/stone/other (specify) PIERS

Type of ground cover around outside of residence: grass/concrete/asphalt/other (specify) + FLOWER BEDS

Basement sump present? *Yes* (No) Sump pump? *Yes* (No)

Type of heating system (circle all that apply):
(hot air circulation)---hot air radiation----wood----steam radiation----hot water radiation----kerosene heater
electric baseboard----heat pump----other (specify): _____

Type of ventilation system (circle all that apply):

central air conditioning | mechanical fans | bathroom ventilation fans
individual air conditioning units | kitchen range hood fan | other(specify): _____

Type of fuel used (circle all that apply):

Natural gas / electric / fuel oil / wood / coal / solar / kerosene / outside (fresh) air intake

Septic system? *Yes / Yes (but not used) / No*
Irrigation/private well? *Yes / Yes (but not used) / No*

Existing subsurface depressurization (radon) system in place? *Yes / No* (If Yes, is it running?) *Yes / No*

Part III - Outside Contaminant Sources

Comprehensive Site List (1000-ft. radius): NOT KNOWN

Other stationary sources nearby (gas stations, emission stacks, etc.): NOT KNOWN

Heavy vehicular traffic nearby (or other mobile sources): No

Part IV – Indoor Contaminant Sources

Identify all potential indoor sources found in the residence (including attached garages), the location of the source (floor & room), and whether the item was removed from the building 48 hours prior to indoor air sampling event.

Potential Sources	Location(s)	Removed Prior to Sampling? (Yes / No / NA)
Gasoline storage cans	BY LARGE GARAGE DOOR	NO
Gas-powered equipment	YES - LAWN MOWER & GENERATOR	NO
Kerosene storage cans	NO	—
Paints / thinners / strippers	YES - IN CABINETS (GARAGE)	NO
Cleaning solvents	YES - ✓ ✓ ✓	NO
Oven cleaners	YES - UNDER KITCHEN SINK	NO
Carpet / upholstery cleaners	NO	—
Other house cleaning products	YES - UNDER KITCHEN SINK & GARAGE	NO
Moth balls	NO	—
Polishes / waxes	YES - UNDER KITCHEN SINK & GARAGE	NO
Insecticides	YES - CABINET IN GARAGE	NO
Furniture / floor polish	YES - SINK IN KITCHEN	NO
Nail polish / polish remover	YES - MASTER BATHROOM CABINET	NO
Hairspray	NO	—
Cologne / perfume	NO	—
Air fresheners	YES	NO
~~Fuel tank~~ (inside building)	NO	
(Wood stove) or fireplace	YES - FAMILY ROOM	
New furniture / upholstery	NO	
New carpeting / flooring	NO	
Recent painting in building?	NO	
Hobbies - glues, paints, etc.	NO	

Part V – Miscellaneous Items

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

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

Does the residence have an attached garage? (Yes) / *No*
If so, is a car usually parked in the garage? (Yes) / *No* (DOESN'T RUN)

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

When were dry-cleaned clothes last brought into the residence? 12 WEEKS

Have the occupants ever noticed any usual odors in the residence? *Yes* / (No)

Describe (with location): _____

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

Describe (with location): _____

Have any pesticides/herbicides been applied around the residence foundation or in the yard/gardens? *Yes* / (No)

If so, when and which chemicals? _____

Part VI – Sampling Information

Person conducting sampling: K. Sjgurs / K. Lake

Sampler Type: Tedlar / Sorbent / (Canister) Analytical Method: (TO-15) / TO-17 / other: SIM

Laboratory: Air Toxics

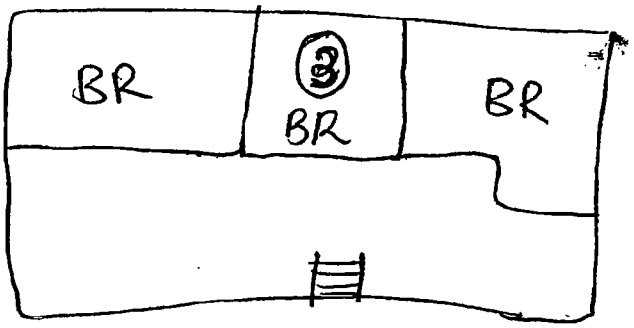
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1018 Bermuda-	1st floor	Fam. Room	31145	31145	8/31/05 0708	8/31/05 19:10
1018 Bermuda-	crawl	Master	34402	34402	8/31/05 0712	8/31/05 19:12
1018 Bermuda-	2nd floor	Bedroom	34358	34358	8/31/05 0718	8/31/05 19:15

Sample location(s): Provide Drawing of Sample Location(s) in Residence

Sample # 1 - 1018 Bermuda-crawl

Sample # 2 - 1018 Bermuda-1st floor

Sample # 3 - 1018 Bermuda-2nd floor



Did the occupants follow all of the "Instructions for Residents" directions? (Yes) / No

If the answer is no, describe modifications:

Part VII - Weather Conditions

Outside temperature at time of sampling: 62 °F

Expected high temperature: 88 °F Expected low temperature: 60 °F

Was there significant precipitation within 12 hours of (or during) the sampling event? Yes (No)

Describe the general weather conditions: sunny, clear

Indoor temp at sample installation = 67°F

Part VIII – General Observations

Provide any information that may be pertinent to the sampling event and may assist in the data interpretation process.

No AC, windows will be left open on 1st floor, not 2nd floor during sampling.
Resident used air freshner (not aerosol) cleaning wipes (Pledge) and sprayed for athletes-foot in last 24 hours. (aerosol)

A/C not run. Windows closed during day, MBR & Kitchen windows openned @ ~6pm. ~75° inside first floor, ~83° inside second floor. Windows not openned in rooms w/ canisters.

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AN ENVIRONMENTAL ANALYTICAL LABORATORY

CHAIN-OF-CUSTODY RECORD

Sample Transportation Notice
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180 BLUE RAVINE ROAD, SUITE B
FOLSOM, CA 95630-4719
(916) 985-1000 FAX (916) 985-1020

Contact Person Kimberly Lake
Company ERM Email kimberly.lake@erm.com
Address 1777 Botelho Dr #260 City Walnut Creek State CA Zip 94596
Phone 925-946-0455 Fax 925-946-9968
Collected by: (Signature) Richard Sayre Kimberly Lake

Project Info:
P.O. # _____
Project # _____
Project Name UPRR Hookston Station

Turn Around Time:
☒ Normal
☐ Rush
_____ specify

Lab Use Only
Pressurized by: _____
Date: _____
Pressurization Gas: N2 He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psi)
	1018 Bermuda Dr-1st Floor	8/31/05	0708-09:10	TO-15 SIM	28.5	8		
	1018 Bermuda Dr-2nd Flor	8/31/05	0718-19:15	TO-15 SIM	28.5	9		
	1018 Bermuda Dr-Crawl Space	8/31/05	0712-09:12	TO-15 SIM	28.5	8.5		

Relinquished by: (signature) Date/Time	Received by: (signature) Date/Time	Notes:
Kimberly Lake 9/1/05		
Relinquished by: (signature) Date/Time	Received by: (signature) Date/Time	
Relinquished by: (signature) Date/Time	Received by: (signature) Date/Time	

Lab Use Only	Shipper Name	Air Bill #	Temp (°C)	Condition	Custody Seals Intact? Yes No None	Work Order #

Form 1293 rev.10

Ambient Air Sample Field Form

Project: UPRR Hookston Station

Ambient Air Sample Identification: Ambient Air 8/31/05

Sample Date: 8/31/05

Sample Location: 1018 Bermuda

Height of Inlet Canister (feet above ground): approx. 5 feet

Person conducting sampling: R. Sijgers / K. Lake

Sampler Type: Tedlar / Sorbent / (Canister)

Analytical Method: (TO-15) TO-17 / other: SIM

Laboratory: Air Toxics

Sample #	Canister/ Tube #	Pump/Flow Controller ID #	Sample Start Date / Time	Sample End Date / Time
Ambient Air	21076	21076	8/31/05 0722	8/31/05 19:20

Additional Comments and Details of Sample Location:

Outside temperature at time of sampling: 62 °F

Expected high temperature: 88 °F Expected low temperature: 60 °F

Was there significant precipitation within 12 hours of (or during) the sampling event? Yes (No)

Describe the general weather conditions: clear, hot

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180 BLUE RAVINE ROAD, SUITE B
FOLSOM, CA 95630-4719
(916) 985-1000 FAX (916) 985-1020

Contact Person: Kimberly Lake
Company: ERM Email: kimberly.lake@erm.com
Address: 1777 Botelho Dr. #260 City: Walnut Creek State: CA Zip: 94596
Phone: 925-946-0455 Fax: 925-946-9968
Collected by: (Signature) Ralph Sipps / Kimberly Lake

Project Info:
P.O. # _____
Project # _____
Project Name: UPRR Hookston Station

Turn Around Time:
☒ Normal
☐ Rush
_____ specify

Lab Use Only
Pressurized by: _____
Date: _____
Pressurization Gas: N2 He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psi)
	Ambient Air 8/31/05	8/31/05	0722 - 19:20	TO-15 SIM	28.5	8.5		
	Trip Blank 8/31/05	8/31/05	0752 - 19:50	TO-15 SIM	28.5	5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	9/1/05		
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time

Notes:
TB in box w/ Fed Ex #
6328 9899 6200

Lab Use Only	Shipper Name	Air Bill #	Temp (°C)	Condition	Custody Seals Intact? Yes No None	Work Order #

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