Appendix B, Part 2
Indoor Air Survey
Questionnaires and Field Notes

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: _____ Date: _____

Part I - Occupants

Residence Address: 1024 Bermuda Drive Concord, CA 94518

Contact: Tracy Jin Owner / Renter / other: John + Jeri Rueff

Contact's Phone: home (925) 676-9874 work (925) 685-0894 cell (925) 984-9089

Residence occupants: Children under age 13 _____ 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: Single family, one-story home

Number of floors - below grade: Ø (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) crawlspace

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

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		
Paints / thinners / strippers	Garage	no
Cleaning solvents		
Oven cleaners		
Carpet / upholstery cleaners		
Other house cleaning products	~~master Bath~~ under Kitchen sink - 409 + window cleaner scrub free	no
Moth balls		
Polishes / waxes	~~under Kitchen sink~~ garage	no
Insecticides	garage	no
Furniture / floor polish	under Kitchen sink - Resolve, Pledge	no
Nail polish / polish remover	Master Bath	no
Hairspray	Master Bath + Back bedroom	no
Cologne / perfume	Master Bath	no
Air fresheners		
Fuel tank (inside building)		
Wood stove or fireplace	Family Room - wood fireplace	N/A
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? _____

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? Hot Shot in June '05

Part VI – Sampling Information

Person conducting sampling: R. Sijgers / K. Lake

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

Laboratory: Air Toxics

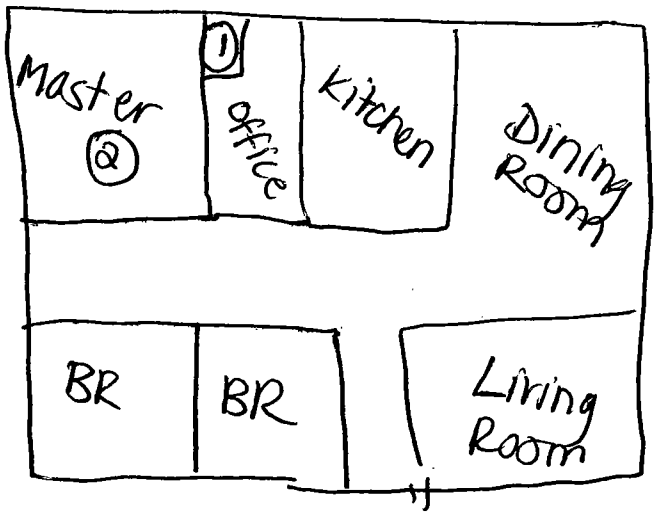
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1024 Bermuda-crawl		office	31433	31433	8/31/05 0744	8/31/05 19:35
1024 Bermuda-1st Floor		Master	12045	12045	8/31/05 0748	8/31/05 19:30

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

Sample # 1 - 1024 Bermuda-crawl

Sample # 2 - 1024 Bermuda-1st

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: 65 °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

Indoor temperature at time of installation: 68°F

Trip Blank installed in Master Bedroom

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, no windows left open during sampling

No A/C running. Windows were not openned today. ~78°F inside when canisters were collected.

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(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 925-946-9960 Fax 925-946-9968
Collected by: (Signature) Rachel Siggers / 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: N_2 He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psi)
	1024 Bermuda Dr - 1st Floor	8/31/05	0748 - 19:30	TO-15 SIM	28.5	8.5		
	1024 Bermuda Dr - crawlspace	8/31/05	0744 - 19:35	TO-15 SIM	28.5	7		

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:

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: _____ Date: _____

Part I - Occupants

Residence Address: 1025 Bermuda Dr, Concord CA

Contact: Mike Hillerman Owner / Renter / other: _____

Contact's Phone: home 925 687-6678 work (925) 408-2036 cell (925) 408-2036

Residence occupants: Children under age 13 4 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: 3 br/2 bath single story 1560 sq ft.

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) pier + beam

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

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* no private well

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	Garage	No
Gas-powered equipment	Garage	No
Kerosene storage cans		
Paints / thinners / strippers	Garage	No
Cleaning solvents	Pantry	No
Oven cleaners		
Carpet / upholstery cleaners	Laundry Room	No
Other house cleaning products	Pantry	No
Moth balls		
Polishes / waxes	Garage	No
Insecticides	Garage	No
Furniture / floor polish		
Nail polish / polish remover	Bathroom	No
Hairspray		
Cologne / perfume		
Air fresheners spray	Under Kitchen sink	No
Fuel tank (inside building)		
Wood stove or fireplace	Family Room	
New furniture / upholstery	Family Room	No
New carpeting / flooring		
Recent painting in building?	Last weekend in July - paint inside of house	
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? Round-up Sun. Aug. 28

Part VI – Sampling Information

Person conducting sampling: K. Lake / D. Moberg

Sampler Type: Tedlar / Sorbent / Canister Analytical Method: TO-15 / TO-17 / other: TO15SIM

Laboratory: Air Toxics, Ltd.

Sample #	Floor	Room M. BR	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st	~~LR~~	10979	10979	8/30/05 07:30	8/30/05 1930
2	Crawl	BR	34314	34314	8/30/05 07:35	8/30/05 1935

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

Sample # 1 - 1025 Bermuda Dr - 1st Floor

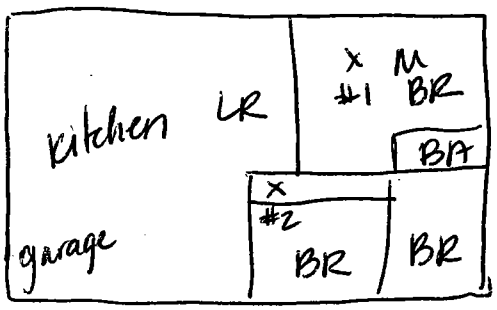
Sample # 2 - 1025 Bermuda Dr - Crawl Space

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: ~58 °F

Expected high temperature: ~~90~~ KU °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 ~ 70°F during installation.

Trip Blank set up w/ first Floor sample

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 during installation, A/c running

Windows closed all day. Opened once or twice in bedroom to talk to kids in backyard playing, but only briefly. A/C set a ~81°F. Went on ~3pm. Inside Temp at 79°F.

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(916) 985-1000 FAX (916) 985-1020

Page ____ of ____

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 Hitt

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)
	1025 Bermuda Dr.-1st Floor	8/30/05	09:30	TO-15 SIM	29.5	7		
	1025 Bermuda Dr- Crawl Space	8/30/05	09:35	TO-15 SIM	29.5	6.5		

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?	Work Order #
					Yes No None	

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Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: Andy Miller Date: 9-

Part I - Occupants

Residence Address: 992 Bermuda Dr., Concord, CA

Contact: Andy Miller Owner / Renter / other: Owner

Contact's Phone: home (925) 280-0770 work (925) 838-1100 cell (925) 766-5018

Residence occupants: Children under age 13 ~~2~~ 4 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: Single family residential

Number of floors - below grade: 0 (full basement/crawl space/slab) at or above grade: 1

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

Foundation type: poured concrete/cinder blocks/stone/other (specify) Pier & grade beam

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): Don't Know

Other stationary sources nearby (gas stations, emission stacks, etc.): Don't Know

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	NO	
Gas-powered equipment	NO	
Kerosene storage cans	NO	
Paints / thinners / strippers	NO	
Cleaning solvents	NO	
Oven cleaners	NO	
Carpet / upholstery cleaners	NO	
Other house cleaning products	NO	
Moth balls	NO	
Polishes / waxes	NO	
Insecticides	NO	
Furniture / floor polish	NO	
Nail polish / polish remover	NO	
Hairspray	~~NO~~ Bathroom	✓
Cologne / perfume	Bathroom	✓
Air fresheners		
Fuel tank (inside building)	NO	
Wood stove or fireplace	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? 3 weeks ago

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

Describe (with location): water in master bath - rotten egg smell

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.

Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
992 Bermuda-	1st Floor	Master	33539	33539	9/22/05 0840	9/22/05 2012S
992 Bermuda-	crawl	Bedroom	22502	22502	9/22/05 0825	9/22/05 2020

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

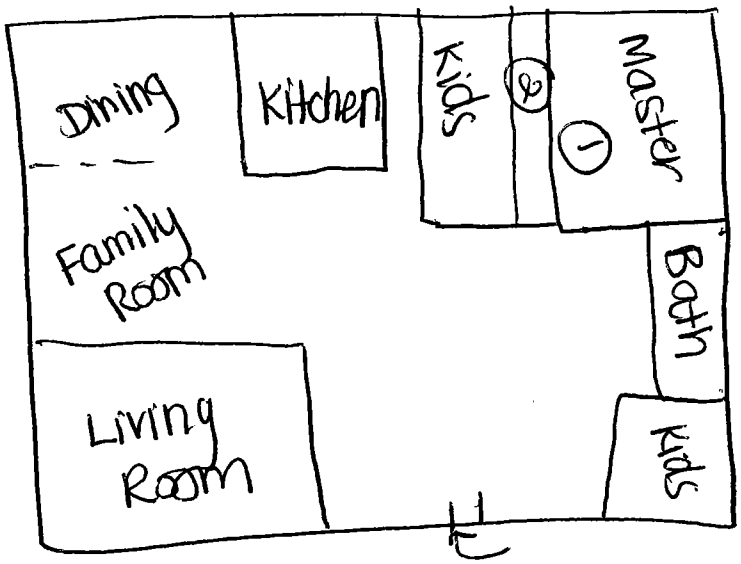
Sample # 1 - 1st Floor

Sample # 2 - Crawl

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: 68 °F

Expected high temperature: ~~90~~ 83°F °F Expected low temperature: 65 °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 sampling 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.

House cleaners cleaned house the morning of 9/21/05, resident unsure of what products were used. Windows were left open last night, however will be closed during the day. No AC/Fan running.

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CHAIN-OF-CUSTODY RECORD

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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:
Collected by: (Signature) Rachel Segan

Project Info:
P.O. #:
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)
	992 Bermuda Dr - 1st Floor	9-22-05	8:40 - 2025	TO-15 SIM	28.5	1.5		
	992 Bermuda Dr - Crawlspace	9-22-05	8:25 - 2020	TO-15 SIM	28.5	7		

Relinquished by: (signature) Date/Time	Received by: (signature) Date/Time	Notes:
Kimberly Lake 9/22/05		
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	

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Ambient Air Sample Field Form

Project: Hookston Station

Ambient Air Sample Identification: Ambient Air

Sample Date: 9/22/05

Sample Location: 992 Bermuda

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

Person conducting sampling: R. Sijgers

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	95611	95611	9/22/05 0830	9/22/05 ~~08:~~ 20:27

Additional Comments and Details of Sample Location:

Outside temperature at time of sampling: 68 °F

Expected high temperature: ~~90~~ 84 °F 83°F Expected low temperature: 65 °F

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

Describe the general weather conditions: clear, warm

Crawl = 22502
Trip = 5488
Fall = 33529

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(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
Collected by: (Signature) Rachel Sayers

Project Info:
P.O. #
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)
	Ambient Air - 9/22/05	9/22/05	0830/2027	TO-15 SIM	28.5	8		
	Trip Blank	9/22/05	~~0853/2022~~	TO-15 SIM	29	5		

Relinquished by: (signature) Date/Time	Received by: (signature) Date/Time	Notes:
Kimberly Lake 9/23/05		
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: Barbara Miller Date: _____

Part I - Occupants

Residence Address: 1007 Bermuda Dr Concord, CA 94518

Contact: Barbara Miller Owner / Renter / other: _____

Contact's Phone: home 925 687-8866 work ( ) _____ cell ( ) _____

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: Single-family

Number of floors - below grade: _____ (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) 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
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		
Gas-powered equipment		
Kerosene storage cans		
Paints / thinners / strippers		
Cleaning solvents		
Oven cleaners		
Carpet / upholstery cleaners		
Other house cleaning products		
Moth balls		
Polishes / waxes		
Insecticides		
Furniture / floor polish		
Nail polish / polish remover		
Hairspray		
Cologne / perfume		
Air fresheners		
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? _____

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? 6 months

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. Lake / D. Moberg

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

Laboratory: Air Toxics, Ltd.

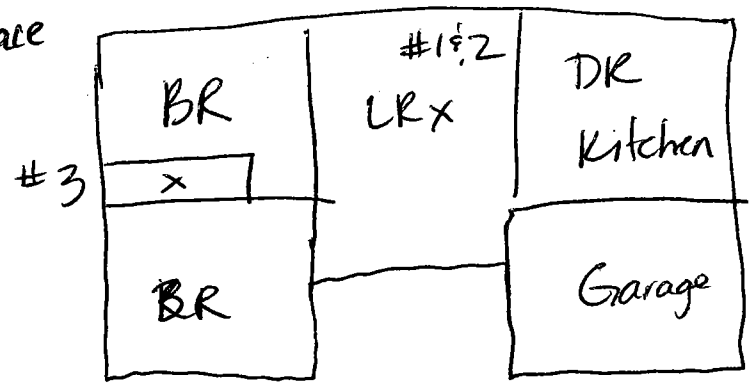
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st Floor	LR	9544	9544	8/23/05 – 08:40	8/23/05 – 2044
2	1st Floor	LR	2003	34491	8/23/05 – 08:40	8/23/05 – 2044
3	crawlspace	BR	407	407	8/23/05 08:45	8/23/05 – 2047

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

Sample # 1 - 1007 Bermuda Dr - 1st Floor

Sample # 2 - 1007 Bermuda Dr - 1st Floor Duplicate

Sample # 3 - 1007 Bermuda Dr - Crawlspace



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: 65 °F

Expected high temperature: 85 °F Expected low temperature: 65 °F

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

Describe the general weather conditions: _____

* initial vacs on samples 1&2 = 24" w/ gauge, gauges on flow controllers were not working.

26°C inside during installations

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 when equipment installed.
Resident was informed it was okay to open her windows
b/c she does not have A/C. Mrs. Miller informed K. Lake that she
normally leaves windows closed ~~at night~~ during day and open at night.

Windows closed until ~ 6pm at 1st Floor sample location.
Room where crawl space sample was collected. the window
remained closed during sampling duration.

Pickup information

1st Floor

Flow Controller = 1" Gauge = 1"

Duplicate

Flow Controller = 16" Gauge = 1.5"

Crawl Space

Flow Controller = 7" Gauge = 1"

78° F inside house during pickup.

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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
Email: kimberly.lake@erm.com
Address: 1777 Botelho Dr, #260
City: Walnut Creek
State: CA
Zip: 94596
Phone: 925-946-0455
Fax: 925-946-9960

Collected by: (Signature)

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)
	1007 Bermuda Dr- 1st Floor	8/23/05	08:40-20:44	TO-15 SIM	24"	1		
	1007 Bermuda Dr- Crawl Space	8/23/05	08:45-20:47	TO-15 SIM	28"	1		
	1007 Bermuda Dr- 1st Flor Duplicate	8/23/05	08:40-20:44	TO-15 SIM	24"	1.5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	8/24/05 15:00		
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time

Notes:
* vacuumread w/ separate gauge. Gauges on flow controllers were not working
Final pressure measurements from Gauge

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: _____ Date: _____

Part I - Occupants

Residence Address: 1321 EDINBURGH ct CONCORD 94518

Contact: VIVIAN OKA Owner / Renter / other: _____

Contact's Phone: home (925) 8250626 work ( ) _____ cell (925) 381-5958

Residence occupants: Children under age 13 3 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: 0 (full basement/crawl space/slab) at or above grade: 1

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

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

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

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): N/A

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): LIVING ROOM

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.Lake~~ R. Sijgers / K. Lake

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

Laboratory: Air Toxics

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		
Paints / thinners / strippers	in garage	
Cleaning solvents		
Oven cleaners		
Carpet / upholstery cleaners		
Other house cleaning products	in kitchen	
Moth balls		
Polishes / waxes		
Insecticides		
Furniture / floor polish		
Nail polish / polish remover		
Hairspray		
Cologne / perfume		
Air fresheners		
Fuel tank (inside building)		
Wood stove or fireplace		
New furniture / upholstery		
New carpeting / flooring		
Recent painting in building?		
Hobbies - glues, paints, etc.		

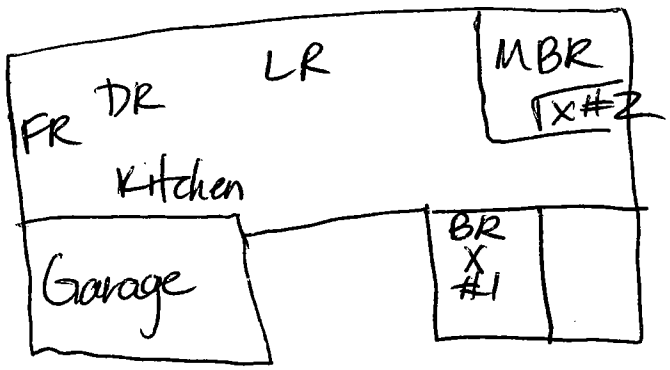
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st Floor	KIDS BR	10801	10801	8/31/05 08:10	8/31/05 ~~20:40~~ 19:50
2	crawlspace	MBR Closet	33990	33990	8/31/05 08:17	8/31/05 ~~20:45~~ 19:55

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

Sample # 1 - _____

Sample # 2 - _____

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: 65 °F

Expected high temperature: 90 °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

Part VIII – General Observations

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

Windows open in evening. A/C during day
↳ not in BR w/ 1st floor sample
~78°F inside when cans retrieved

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CHAIN-OF-CUSTODY RECORD

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180 BLUE RAVINE ROAD, SUITE B
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, #2 City Walnut Creek State CA Zip 94596
Phone 925-946-0455 Fax 925-946-9968
Collected by: (Signature) 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: N_2 He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psi)
	1321 Edinburgh Ct-1st Floor	8/31/05	0810 ~~20:10~~	19:50 TO-15 SIM	28.5	9.5		
	1321 Edinburgh Ct-Crawlspace	8/31/05	0817 ~~20:15~~	19:55 TO-15 SIM	28.5	9.5		

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

Ambient Air Sample Field Form

Project: Hookston Station

Ambient Air Sample Identification: Ambient Air

Sample Date: 9/20/05

Sample Location: 1351 Edinburgh

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

Person conducting sampling: R. Sijgers

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	14874	14874	9/20/05 0780	9/20/05 19:15

Additional Comments and Details of Sample Location:

Outside temperature at time of sampling: 72 °F

Expected high temperature: 90 °F Expected low temperature: 65 °F

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

Describe the general weather conditions: clear, warm

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180 BLUE RAVINE ROAD, SUITE B
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
Collected by: (Signature) Rachel Syzyn

Project Info:
P.O. #
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)
	Ambient Air - 9/20/05	9/20/05	0750-1115	TO-15 SIM	27.5	7		

Relinquished by: (signature) Date/Time	Received by: (signature) Date/Time	Notes:
Kim Lake 9/21/05		
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: Lauren Kamp Date: 9- -05

Part I - Occupants

Residence Address: 1351 Edinburgh Court, Concord, Ca. 94518

Contact: Lauren 437-4215 cell (Owner) / Renter / other: John + Lauren Kamp

Contact's Phone: home (925) 689-5004 work ( ) Same cell (925) 437-4215

Residence occupants: Children under age 13 2 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: single-family residential

Number of floors - below grade: 2 (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) Concrete

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

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 -downstairs

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		N/A
Gas-powered equipment		N/A
Kerosene storage cans		N/A
Paints / thinners / strippers	Garage	No
Cleaning solvents	Garage	No
Oven cleaners	Garage	No
Carpet / upholstery cleaners	Garage	No
Other house cleaning products	Garage	No
Moth balls	Garage	N/A
Polishes / waxes	Garage	No
Insecticides	Garage	No
Furniture / floor polish		N/A
Nail polish / polish remover	Garage	No
Hairspray	Garage	No
Cologne / perfume	Garage	No
Air fresheners	"	No
Fuel tank (inside building)		N/A
Wood stove or fireplace	Family room	No
New furniture / upholstery		N/A
New carpeting / flooring		N/A
Recent painting in building?		N/A
Hobbies - glues, paints, etc.	Garage	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? last week

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? In the Spring - Ants in garden

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.

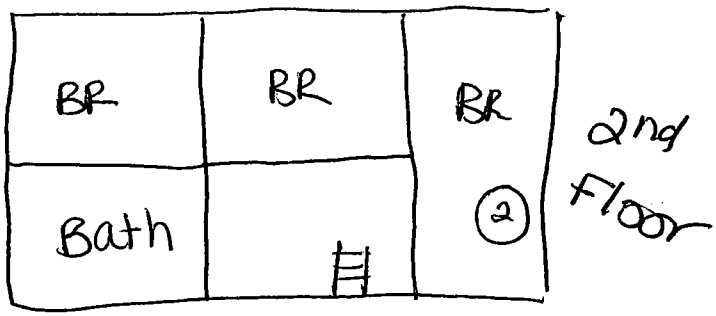
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1351 Edinburgh	1st floor	family room	34758	34758	9/20/05 0735	9/20/05 19:10
1351 Edinburgh	2nd floor	Bedroom	34396	34396	9/20/05 0742	9/20/05 19:12
1351 Edinburgh	crawl	Master	34363	34363	9/20/05 0748	9/20/05 19:17

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

Sample # 1 - 1st floor

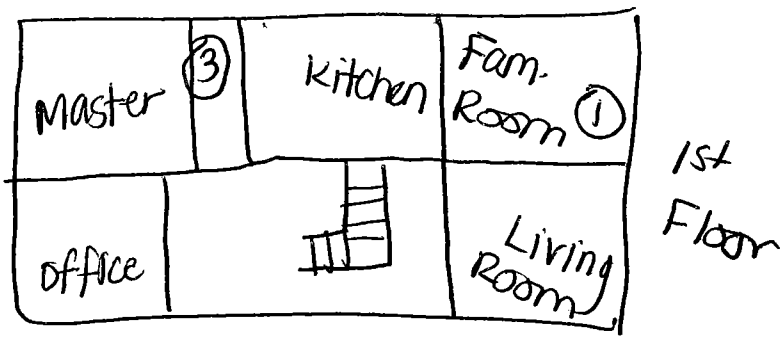
Sample # 2 - second floor

Sample # 3 - crawl



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: 72 °F

Expected high temperature: 90 °F Expected low temperature: 65 °F

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

Describe the general weather conditions: clear, warm

Indoor temp. at time of installation = 70°F

Ambient air sample collected in back yard

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 or fan will be running during sampling. No windows to be left open.

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CHAIN-OF-CUSTODY RECORD

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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
Collected by: (Signature) Rachel Sayers

Project Info:
P.O. #
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)
	1351 Edinburgh Ct - 1st Floor	9/20/05	0735-1910	TO-15 SIM	28	10.5		
	1351 Edinburgh Ct - 2nd Floor	9/20/05	0742-1912	TO-15 SIM	30.5	7		
	1351 Edinburgh Ct - Crawlspace	9/20/05	0748-1917	TO-15 SIM	27	6		

Relinquished by: (signature) Date/Time	Received by: (signature) Date/Time	Notes:
Kim Lake 9/21/05		
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: Nancy Ishibashi Date: _____

Part I - Occupants

Residence Address: 1321 Hampshire Court

Contact: Nancy Ishibashi Owner / Renter / other: _____

Contact's Phone: home (+) 925-689-9571 work ( ) _____ cell (415) 285-0792

Residence occupants: Children under age 13 _____ Children age 13-18 _____ Adults 3
1 temporarily

Part II – Residence Characteristics

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

Describe residence: single-story, ranch

Number of floors - below grade: _____ (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) decking

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* closed

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		
Paints / thinners / strippers		
Cleaning solvents		
Oven cleaners	Kitchen - under counter	No
Carpet / upholstery cleaners	Screen porch	No
Other house cleaning products	Screen porch	No
Moth balls		
Polishes / waxes	Screen porch	No
Insecticides		
Furniture / floor polish	Screen porch	No
Nail polish / polish remover	Bathroom closet	No
Hairspray	Master bedroom	No
Cologne / perfume		
Air fresheners		
Fuel tank (inside building)		
Wood stove or fireplace	Family room	
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? _____

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? 8/22

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

Describe (with location): Kitchen, ~~&~~ bedrooms

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. Lake / R. Sijgers

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

Laboratory: Air Toxics, Ltd

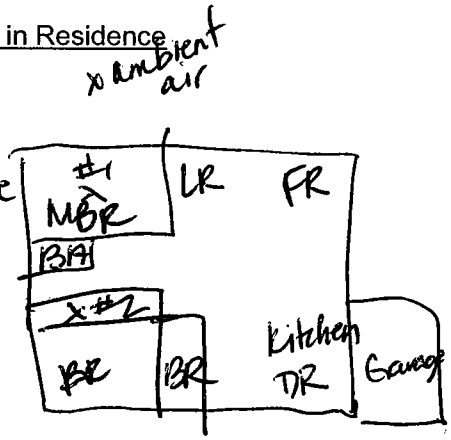
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st	M BR	33663	33663	8/29/05 07:35	8/29/05 ~~0730~~ KU 8:30
2	1st	Crawl Space	21006	21006	8/29/05 07:40	8/29/05 ~~0733~~ 8:33

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

Sample # 1 - 1321 Hampshire Ct - 1st Floor

Sample # 2 - 1321 Hampshire Ct - 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: ~60 °F

Expected high temperature: ~~~80~~ KU °F 86°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: Sunny

24°C inside during setup

Ambient air collected in backyard

Part VIII – General Observations

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

Master Bedroom door normally closed - closed during sampling.
Windows in home open during installation - normally open in morning & evening. No windows open in master bedroom during sampling.
Windows, door of M. Bedroom remained closed during sampling. Other windows, screen doors open in other parts of the house. No AC/fan used during time of sampling.

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CHAIN-OF-CUSTODY RECORD

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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) Kimberly Lake Raoul Sigma

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)
	1321 Hampshire Ct - 1st Floor	8/29/05	07:35 - ~~0730~~ 19:30 KLL	TO-15 SIM	27	4.5		
	~~1321 Hampshire Ct - 2nd Floor~~	KLL		19:33				
	1321 Hampshire Ct - crawl space	8/29/05	07:40 - ~~0733~~ KLL	TO-15 SIM	27	4.5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	Notes:
Kimberly Lake	8/30/05 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?	Work Order #
					Yes No None	

Form 1293 rev.10

Ambient Air Sample Field Form

Project: UPRR- Hookston Station

Ambient Air Sample Identification: Ambient Air 8/29/05

Sample Date: 8/29/05

Sample Location: 1321 Hampshire Ct

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

Person conducting sampling: K. Lake/ R. Sijgers

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
1	909	909	8/29/05 07:45	8/29/05 ~~0735~~ 19:35 KL

Additional Comments and Details of Sample Location:

Outside temperature at time of sampling: ~60 °F

Expected high temperature: ~~~80~~ 85 KL °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: Sunny

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Page 1 of 1

Contact Person Kimberly Lake
Company ERM Email kimberly.lake@erm.com
Address 1771 Botelho Dr. #260 City Walnut Creek State CA Zip 94596
Phone 925-946-0455 Fax 925-946-9960
Collected by: (Signature) Kimberly Lake Ryan Sipes

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)
	Ambient Air 8/29/05	8/29/05	07:45-~~07:35~~ 19:35 KLL	TO-15 SIM	26.5	6		
	~~Trip Blank 8/29/05~~	~~8/29/05~~		~~TO-15 SIM~~ KLL				

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

Notes:

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: _____ Date: _____

Part I - Occupants

Residence Address: 1002 Hampton Dr

Contact: _____ Owner / Renter / other: _____

Contact's Phone: home ( )_____ work ( )_____ cell ( )_____

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

Part II – Residence Characteristics

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

Describe residence: _____

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

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		
Paints / thinners / strippers		
Cleaning solvents		
Oven cleaners		
Carpet / upholstery cleaners		
Other house cleaning products		
Moth balls		
Polishes / waxes		
Insecticides		
Furniture / floor polish		
Nail polish / polish remover		
Hairspray		
Cologne / perfume		
Air fresheners		
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? _____

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? _____

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: AirToxics

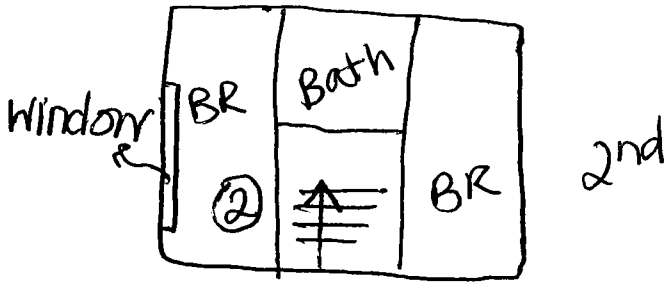
	Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1002	Hampton-	1st	LR	14120	14120	10/5/05 0736	10/5/05 19:30
1002	Hampton-	2nd	BR	34358	34358	10/5/05 0747	10/5/05 19:32
1002	Hampton-	2nd Dup	BR	34402	34402	10/5/05 0747	10/5/05 19:32
1002	Hampton-	crawl	MBR	33879	33879	10/5/05 0750	10/5/05 19:33

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

Sample # 1 - 1st Floor

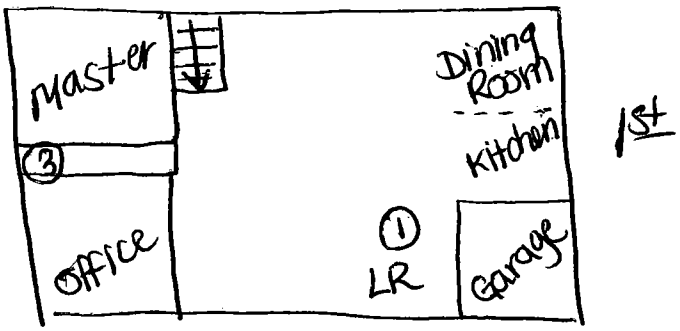
Sample # 2 - 2nd Floor

Sample # 3 - crawl



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: 85 °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

72°F - indoor air temperature at time of sampling

Part VIII – General Observations

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

gauge on 2nd floor sample flow controller appears to not be working.
No AC, window in upstairs bedroom open at time of set-up, resident closed windows before sampling began. All windows to stay closed during day.
Vent to outside near summa canister in crawl space.

Kimberly Lake
10/04/2005 12:49 PM

To: Rachel Sijgers/ERMWE/ERM@ERM, Rob Dyer/ERMWE/ERM@ERM
cc:
Subject: Hookston Station Indoor Air Sampling Tomorrow

Indoor Air samples will be re-collected from the following locations tomorrow (Wednesday, October 5th):
6:30 am - 1270 Waterloo Ct, Augie Proia, 925-825-8605
7:30 am - 1002 Hampton Dr, Karen Wodhams, 925-682-4376
8:00 am - 1000 Hampton Dr, Larry Lunsford, 925-686-0479

At 1270 Waterloo Ct, we will only collect one sample from the 1st Floor Living Room.
At 1000 Hampton Dr, we will only collect one sample from the 1st floor master bedroom.
At 1002 Hampton Dr, we will be re-sampling each floor and crawl space. The samples should be collected from the same rooms that were sampled on 8/30/05 (I have a copy of that event's sampling form for you to refer to for sampling locations). Also, please collect a duplicate sample from the 2nd floor and the ambient air sample at this location. This home has one of the radon systems installed and we need to do an unofficial inspection of the system (the contractor that installed the system will do an official/full-scale inspection at a later date):

- When you're installing the crawl space sample, visually inspect the liner for signs of rips/tears as best you can without actually crawling down into the crawl space.
- Inspect the system's fan to see if it is running. You'll probably have to ask the resident to show you where the fan is located. If the fan is not easily accessible, just ask the resident if they have turned the fan off. It should be running.
- Make a note of where the system's effluent pipe is located relative to the room in which the 2nd floor sample was collected.

Kimberly L. Lake, P.G.
ERM
1777 Botelho Drive, Suite 260
Walnut Creek, CA 94596
(925) 946-0455
(925) 946-9968 (fax)
kimberly.lake@erm.com
www.erm.com

1002 Hampton - Radon unit

observed possible holes in plastic covered w/ black tape, plastic appeared to be coming away from foundation in some places.
Soft hum heard under house
Resident said they hadn't touched unit since it was set-up - never turned unit off or on.
outlet was observed on side of the house bordering 1004 Hampton, discharge at 2nd story level, next to bedroom window.

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

Contact Person Kimberly Lake
Company ERM-West, Inc. 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)

Project Info:
P.O. #
Project # 0020557.10
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)
	1002 Hampton-1st Floor	10/5/05	0736-1130	TO-15 SIM	28.5	7		
	1002 Hampton-2nd Floor	1	0747-1132	TO-15 SIM	29	0		
	1002 Hampton-2nd Floor	Duplicate	0747-1132	TO-15 SIM	28.5	8		
	1002 Hampton-crawl	↓	0750-1135	TO-15 SIM	28.5	7		

Relinquished by: (signature) Date/Time	Received by: (signature) Date/Time	Notes:
Kimberly Lake 10/6/05		
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: KAREN WODHAMS Date: 7/24/05

Part I - Occupants

Residence Address: 1002 HAMPTON DR, CONCORD, CA 94518

Contact: KAREN WODHAMS Owner / Renter / other: OWNER W/ BRUCE WODHAMS

Contact's Phone: home (925) 682-4376 work (925) 935-8460 X217 cell (925) 286-7633

Residence occupants: Children under age 13 NONE Children age 13-18 NONE Adults 3

Part II – Residence Characteristics

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

Describe residence: SINGLE FAM RESIDENCE

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

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

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

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

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): CENTRAL HEAT ONLY

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.): N/A

Heavy vehicular traffic nearby (or other mobile sources): 1 BLOCK FROM HOOKSTON/BANCROFT INTERSECTION

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	no	N/A
Gas-powered equipment	no	N/A
Kerosene storage cans	no	N/A
Paints / thinners / strippers	GARAGE	
Cleaning solvents	NO	yes
Oven cleaners	GARAGE ONLY	yes
Carpet / upholstery cleaners	" "	yes
Other house cleaning products	KITCHEN / GARAGE	yes
Moth balls	N/A	N/A
Polishes / waxes	GARAGE	yes
Insecticides	"	yes
Furniture / floor polish	GARAGE	yes
Nail polish / polish remover	BATHROOM	yes
Hairspray	N/A	yes
Cologne / perfume	N/A	N/A
Air fresheners	N/A	yes
Fuel tank (inside building)	N/A	N/A
Wood stove or fireplace	LIVING ROOM - CLEANED OUT	N/A
New furniture / upholstery	no	N/A
New carpeting / flooring	NO	N/A
Recent painting in building?	no	N/A
Hobbies - glues, paints, etc.	no	N/A

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* EVENINGS + weekends

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

When were dry-cleaned clothes last brought into the residence? 2-3 weeks before test

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? Regular Clark Pest control for ant control - every 2 mos. - last sprayed 2 weeks ago.

Part VI – Sampling Information

Person conducting sampling: K. Lake / D. Moberg

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

Laboratory: Air Toxics, Ltd.

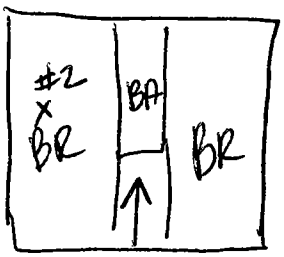
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st	LR	30845	30845	8/30/005:8:10	8/30/05-2011
2	2nd	BR	13343	13343	8/30/08 8:15	8/30/05-2014
3	crawlspace	MBR	924	924	8/30/05 8:05	8/30/05-2006

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

Sample # 1 - 1002 Hampton Dr-1st Floor

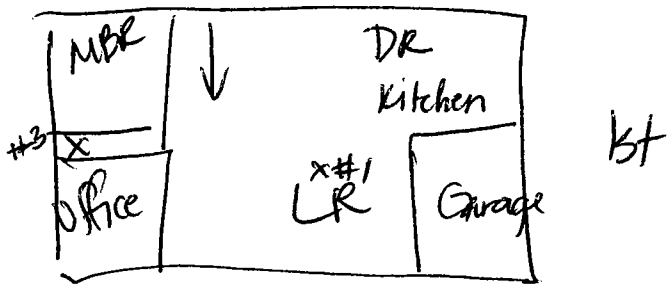
Sample # 2 - 1002 Hampton Dr-2nd Floor

Sample # 3 - 1002 Hampton Dr- Crawlspace



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: ~63 °F

Expected high temperature: ~~90~~ 94 °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

inside temp ~ 70°F during installation.

Part VIII – General Observations

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

Home does not have AC. Resident informed ERM she normally leaves the windows closed during the day. All windows closed during installation.
Vent to outside observed in crawlspace near suma canister
Windows closed all day until about 8pm

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

Page ____ of ____

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 Mthey

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)
	1002 Hampton Dr- 1st Floor	8/30/05	8:10-2011	TO-15 SIM	29.5	7		
	1002 Hampton Dr- 2nd Floor	8/30/05	8:15-2014	TO-15 SIM	29.5	7		
	1002 Hampton Dr- Crawlspace	8/30/05	08:05-2006	TO-15 SIM	~~29.5~~ 29	6		

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/Text	

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: Kenneth C. Robinson Date: 8-24-05

Part I - Occupants

Residence Address: 1008 Hampton DR. Concord, CA 94518

Contact: Kenneth Robinson Owner / Renter / other: _____

Contact's Phone: home ( ) 685-2535 work ( ) 866-0322 cell ( ) 997-8408

Residence occupants: Children under age 13 _____ Children age 13-18 _____ Adults 3

Part II – Residence Characteristics

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

Describe residence: Stucco, Wood Frame 4 bedrooms, 2 baths

Number of floors - below grade: 0 (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) poured concrete

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

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		
Paints / thinners / strippers	In Garage	No
Cleaning solvents		
Oven cleaners		
Carpet / upholstery cleaners		
Other house cleaning products	Mildew stain remover back bathroom	
Moth balls		
Polishes / waxes		
Insecticides	Ant spray in garage	No
Furniture / floor polish		
Nail polish / polish remover		
Hairspray	back bathroom, bedroom	No
Cologne / perfume		
Air fresheners		
Fuel tank (inside building)		
Wood stove or fireplace	Not in use	N/A
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? _____

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* In storage for 10 yrs

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? _____

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.

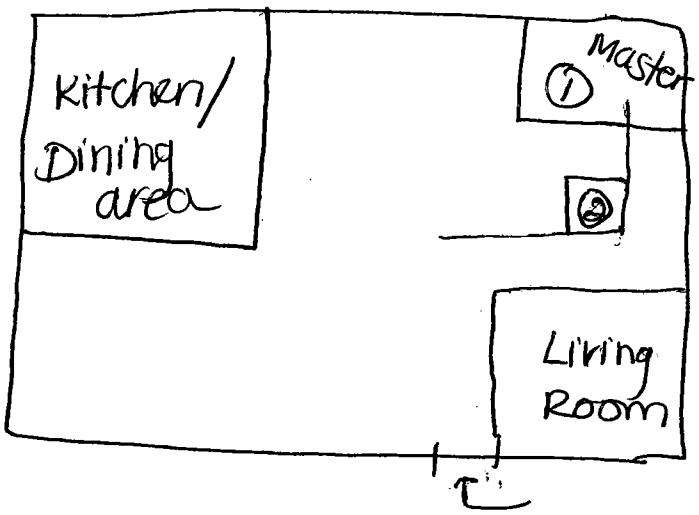
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1008 Hampton	1st floor	Master	34380	34380	9/7/05 0715	9/7/05 19:05
1008 Hampton	Crawl	Hall	33907	33907	9/7/05 0708	9/7/05 19:10

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

Sample # 1 - 1st floor

Sample # 2 - crawl

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: 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 air temp. @ sample set-up: 68°F

Part VIII – General Observations

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

A/C was on

FedEx 6328 9900 0205

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CHAIN-OF-CUSTODY RECORD

Sample Transportation Notice

Relinquishing signature on this document indicates that sample is being shipped in compliance with all applicable local, State, Federal, national, and international laws, regulations and ordinances of any kind. Air Toxics Limited assumes no liability with respect to the collection, handling or shipping of these samples. Relinquishing signature also indicates agreement to hold harmless, defend, and indemnify Air Toxics Limited against any claim, demand, or action, of any kind, related to the collection, handling, or shipping of samples. D.O.T. Hotline (800) 467-4922

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(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) Rachel Sipp

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)
	1008 Hampton - 1st Floor	9/7/05	0715-1905	TO15-SIM	29	2		
	1008 Hampton - crawl	9/7/05	0708-1910	TO-15 SIM	28.5	7		

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: Isao Inose Date: _____

Part I - Occupants

Residence Address: 1016 HAMPTON DRIVE CONCORD, CA 94518

Contact: ISAO INOSE (Owner) / Renter / other: _____

Contact's Phone: home (925-) 686-6223 work ( ) _____ cell ( ) _____

Residence occupants: Children under age 13 NONE Children age 13-18 NONE Adults 2

Part II – Residence Characteristics

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

Describe residence: Single-family Resident

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 Foundation

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

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): _____

* NOT IN USE PAST 5 years

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	Chain-Saw / Garage	yes
Kerosene storage cans		N/A
Paints / thinners / strippers	paints / Garasy	yes
Cleaning solvents	Kitchen / bathroom	yes
Oven cleaners	Easy-off / Garage	yes
Carpet / upholstery cleaners		N/A
Other house cleaning products	Kitchen / bathroom	yes
Moth balls	Chest in master bedroom	yes
Polishes / waxes		N/A
Insecticides	Garage	yes
Furniture / floor polish	Bathroom	yes
Nail polish / polish remover	Upstair Bathroom	yes
Hairspray	Bathroom	yes
Cologne / perfume	Upstair Bathroom	yes
Air fresheners		N/A
Fuel tank (inside building)		N/A
Wood stove or fireplace	Living Room	Not used
New furniture / upholstery		N/A
New carpeting / flooring		N/A
Recent painting in building?		N/A
Hobbies - glues, paints, etc.		N/A

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? Termite / ~~Over~~ over five years ago(?)

Part VI – Sampling Information

Person conducting sampling: K. Lake / J. Pfaff

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

Laboratory: Air Toxics, Ltd.

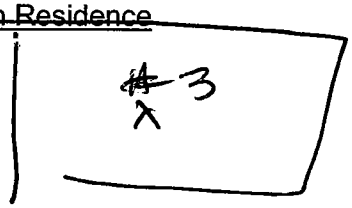
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st	LR	25256	25256	8/25/05 07:38	8/25/05 19:31
2	~~1st~~ Crawl	~~BR~~ ✓ KU	415	415	8/25/05 07:40	8/25/05 19:35
3	2nd	FR/BR	05709	05709	8/25/05 07:45	8/25/05 19:40

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

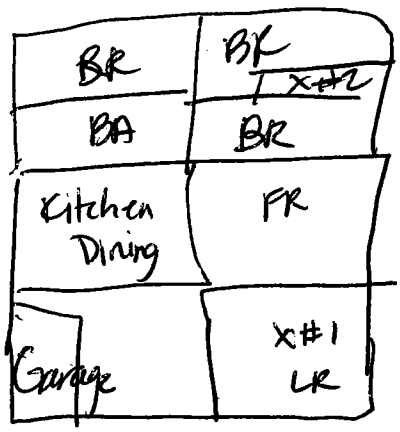
Sample # 1 - 1016 Hampton Dr - 1st Floor

Sample # 2 - 1016 Hampton Dr - Crawl Space

Sample # 3 - 1016 Hampton Dr - 2nd Floor



2nd Floor



1st 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: 60 °F

Expected high temperature: 85 °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

~21°C inside during setup on 1st Floor, 22°C on 2nd Floor

Trip Blank installed in 2nd Floor

Part VIII – General Observations

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

don't have a/c. Windows upstairs open during installation

WINDOWS OPEN AT P/UMP - NO A/C

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Sample Transportation Notice

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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) 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: N_2 He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psi)
	1016 Hampton Dr - 1st Floor	8/25/05	07:30-19:31	TO15 SIM	26.5	4.25		
	1016 Hampton Dr - 2nd Floor	8/25/05	07:40-11:35	TO15 SIM	26.5	6.0		
	1016 Hampton Dr - Crawl Space	8/25/05	07:45-19:40	TO-15 SIM	26.5	5.5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	8/26/05 10:00		
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time

Notes: All vacuum readings recorded from gauge

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: Charlotte Murphy Date: 8.22.05

Part I - Occupants

Residence Address: 1006 Hampton Dr. Concord CA 94518

Contact: Charlotte Murphy Owner / Renter / other: _____

Contact's Phone: home (925) 691.9871 work ( ) _____ cell (925) 497 9039

Residence occupants: Children under age 13 1 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: _____

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	Garden shed	no
Gas-powered equipment	lawn mower / outside	no
Kerosene storage cans		N/A
Paints / thinners / strippers	paint / laundry area	no
Cleaning solvents		NA
Oven cleaners	none	N/A
Carpet / upholstery cleaners	Bissell	no
Other house cleaning products	windex, comet, tilex, pledge	no
Moth balls	none	N/A
Polishes / waxes	~~none~~ shoe polish	no
Insecticides	Ant traps	yes
Furniture / floor polish	murphy oil soap	no
Nail polish / polish remover	bathroom	no
Hairspray	none	N/A
Cologne / perfume	bathroom	no
Air fresheners	bathroom	no
Fuel tank (inside building)	none	N/A
Wood stove or fireplace	fireplace	no
New furniture / upholstery	none	N/A
New carpeting / flooring	none	N/A
Recent painting in building?	no	N/A
Hobbies - glues, paints, etc.	none	N/A

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): Gas

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. Lake / D. Moberg

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

Laboratory: Air Toxics, Ltd.

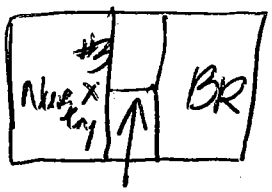
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st	LR	3255	33796	8/23/05 / 08:00	8/23/05 - 20:02
2	2nd	nursery	20936	20936	8/23/05 / 08:10	8/23/05 - 20:04
3	~~1st~~ crawl space	closet	2405	35289	8-23-05 / 08:15	8/23/05 - 20:07

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

Sample # 1 - 1006 Hampton - 1st Floor

Sample # 2 - 1006 Hampton - 2nd Floor

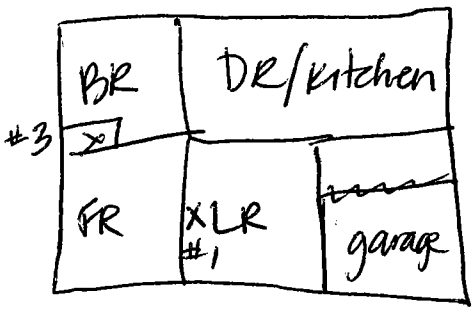
Sample # 3 - 1006 Hampton - Crawl Space



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: 85 °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: _____

24°C inside during set up

Trip Blank set up w/ 2nd Floor Sample in nursery

Indoor samples were set on furniture, not in middle of rooms - resident has toddler & was concerned he knock over cans if in middle of room. Cans set near interior walls, not exterior walls

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 when cans installed.

AC turned on in the afternoon for a couple hours. Set ~75-77°F. Temp during pick was 76°F. Windows remained closed all day.

Pick information

1st Floor

Flow Controller = 8" Gauge = 1"

2nd Floor

Flow Controller = 8" Gauge = 1.5"

Crawl

Flow Controller = 9" Gauge = 2"

FedEx #s 632899995464 & 632899995501

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Sample Transportation Notice
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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) [signature] Kim 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: N_2 He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psi)
	1006 Hampton Dr - 1st Floor	8/23/05	08:00-2002	TO-15 SIM	29.5	1		
	1006 Hampton Dr - 2nd Floor	8/23/05	08:10-2004	TO-15 SIM	29	1.5		
	1006 Hampton Dr - Crawlspace	8/23/05	08:15-2007	TO-15 SIM	30	2		

Relinquished by: (signature) Date/Time	Received by: (signature) Date/Time
Kimberly Lake 8/24/05 15:00	
Relinquished by: (signature) Date/Time	Received by: (signature) Date/Time
Relinquished by: (signature) Date/Time	Received by: (signature) Date/Time

Notes: Final Pressure measurment from Gauge.

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: _____ Date: _____

Part I - Occupants

Residence Address: 1000 Hampton Dr

Contact: Larry Lunsford Owner / Renter / other: _____

Contact's Phone: home ( )_____ work ( )_____ cell ( )_____

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

Part II – Residence Characteristics

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

Describe residence: _____

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

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		
Paints / thinners / strippers		
Cleaning solvents		
Oven cleaners		
Carpet / upholstery cleaners		
Other house cleaning products		
Moth balls		
Polishes / waxes		
Insecticides		
Furniture / floor polish		
Nail polish / polish remover		
Hairspray		
Cologne / perfume		
Air fresheners		
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? _____

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? _____

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

Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1000 Hampton	1st	MBR	33931	33931	10/5/05 0805	10/5/05 20:00

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

Sample # 1 - 1st Floor

Sample # _____ - _____

Sample # _____ - _____

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

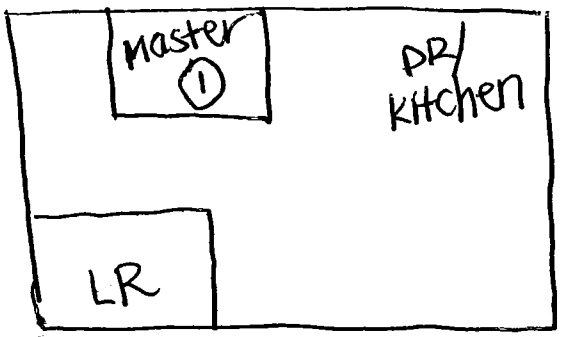
If the answer is no, describe modifications:

_____

_____

_____

_____



Part VII - Weather Conditions

Outside temperature at time of sampling: 68 °F

Expected high temperature: 85 °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

68°F - indoor air temperature at time of 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 closed at time of installation, to remain closed during sample collection.

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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

Page 1 of 1

Contact Person Kimberly Lake
Company ERM-West, Inc. 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)

Project Info:
P.O. #
Project # 0020557.10
Project Name Hoxton 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)
	1000 Hampton - 1st Floor	10/5/05	0805 2020	TO-15 SIM	23.5	5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	Notes:
Kimberly Lake	10/6/05			
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

Ambient Air Sample Field Form

Project: Hookston Station

Ambient Air Sample Identification: Ambient Air

Sample Date: 10/5/05

Sample Location: 1002 Hampton

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

Person conducting sampling: R. Sijgers

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	33893	33893	10/5/05 0758	10/5/05 1938

Additional Comments and Details of Sample Location:
sample sitting on patio table

Outside temperature at time of sampling: 68 °F

Expected high temperature: 85 °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

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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-West, Inc. Email Kimberly.lake@erm.com
Address 1777 Botelho Dr. #219 City Walnut Creek State CA Zip 94596
Phone 925-946-0455 Fax 925-946-9968

Collected by: (Signature)

Project Info:
P.O. #
Project # 0020557.10
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)
	Ambient Air	10/5/05	0758-	TO-15 SIM	28.5	6		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	10/6/05		
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?	Work Order #
					Yes No None	

Form 1293 rev.10

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: _____ Date: _____

Part I - Occupants

Residence Address: 1000 Hampton Dr

Contact: Larry Lunsford Owner / Renter / other: _____

Contact's Phone: home ( )_____ work ( )_____ cell ( )_____

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

Part II – Residence Characteristics

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

Describe residence: _____

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

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): _____

* Refer to Questionaire Form from 2004, resident didn't want to complete the form again.

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		
Paints / thinners / strippers		
Cleaning solvents		
Oven cleaners		
Carpet / upholstery cleaners		
Other house cleaning products		
Moth balls		
Polishes / waxes		
Insecticides		
Furniture / floor polish		
Nail polish / polish remover		
Hairspray		
Cologne / perfume		
Air fresheners		
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? _____

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? _____

Part VI – Sampling Information

Person conducting sampling: K. Lake / R. Sijgers

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

Laboratory: Air Toxics, Ltd.

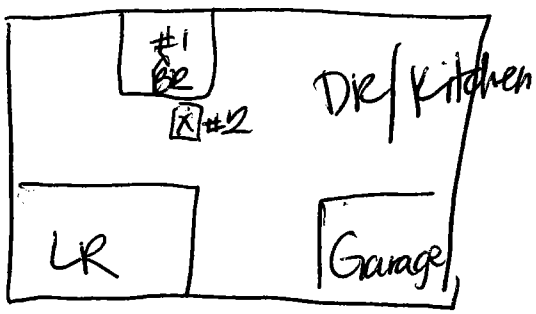
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st	BR	1555	1555	8/29/05 08:10	8/29/05 0805 RLS
1	crawlspace	closet	35161	35161	8/29/05 08:15	8/29/05 0808

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

Sample # 1 - 1000 Hampton Dr - 1st Floor

Sample # 2 - 1000 Hampton Dr - 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: 60 °F

Expected high temperature: ~~80~~ KU °F 86 Expected low temperature: _____ °F

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

Describe the general weather conditions: _____

25°C inside 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 closed during installation, A/C running
windows remained closed during sampling, AC running
Vacuum gauge = 0 on first floor sample when canister was picked up. Flow controller was bolted on canister but was loose above bolt.

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

CHAIN-OF-CUSTODY RECORD

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)946-9988
Collected by: (Signature) Kimberly Lake RAUD Sys

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)
	1000 Hampton Dr - 1st Floor	8/29/05	08:10 - ~~0805~~ 20:05 KLL	TO-15 SIM	27	0		
	1000 Hampton Dr - Crawlspace	8/29/05	08:15 - ~~0808~~ 20:08 KLL	TO-15 SIM	27	4.5		
	~~1000 Hampton Dr 1st Floor Duplicate~~			~~TO-15 SIM~~ KLL				

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	8/30/05 15:00		
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?	Work Order #
					Yes No None	

Form 1293 rev.10

Ambient Air Sample Field Form

Project: UPRR Hookston Station

Ambient Air Sample Identification: Ambient Air 9-14-05

Sample Date: 9-14-05

Sample Location: 1004 Hampton Dr

Height of Inlet Canister (feet above ground):

Person conducting sampling: K. Lake / R. Dyer

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
	34010	34010	9-14-05 06:57	9-14-05 19:00

Additional Comments and Details of Sample Location:

Outside temperature at time of sampling: 60 °F

Expected high temperature: 75 °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:

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CHAIN-OF-CUSTODY RECORD

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180 BLUE RAVINE ROAD, SUITE B
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
Collected by: (Signature)

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)
	Ambient Air 9/14/05	9-14-05	06:57 – 19:00	TO-15 SIM	25	4		
	Trip Blank 9-14-05	9-14-05	—	TO-15 SIM	28.5	5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	Notes:
Kim Lake	9/15/05			
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: Helen Duncan Date August 20, 2005

Part I - Occupants

Residence Address: 1250 Hookston Rd

Contact: Ms Helen Duncan Owner / Renter / other: _____

Contact's Phone: home (225) 935 1872 work ( ) _____ cell ( ) _____

Residence occupants: Children under age 13 _____ Children age 13-18 _____ Adults one

Part II – Residence Characteristics

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

Describe residence: single family - ranch-type home

Number of floors - below grade: one (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) poured concrete ?

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

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

Type of heating system (circle all that apply):
hot air circulation----X 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.): 1/2 mile

Heavy vehicular traffic nearby (or other mobile sources): Vehicular traffic - 7/10 mile away

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		
Paints / thinners / strippers	garage - paints	
Cleaning solvents		
Oven cleaners	Kitchen	
Carpet / upholstery cleaners		
Other house cleaning products		
Moth balls		
Polishes / waxes		
Insecticides	2 canisters - for flies + ants	
Furniture / floor polish		
Nail polish / polish remover		
Hairspray	in bathroom	
Cologne / perfume	" "	
Air fresheners		
Fuel tank (inside building)		
Wood stove or fireplace	unused fireplace for 20 yrs	
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? _____

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? 15-20 years ago

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

Describe (with location): only after heavy rain about 6-9 yrs ago from crawl space

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: Rachael Siggers / Doug Moberg

Sampler Type: Tedlar / Sorbent / Canister Analytical Method: TO-15 / TO-17 / other: _____

Laboratory: Air Toxics

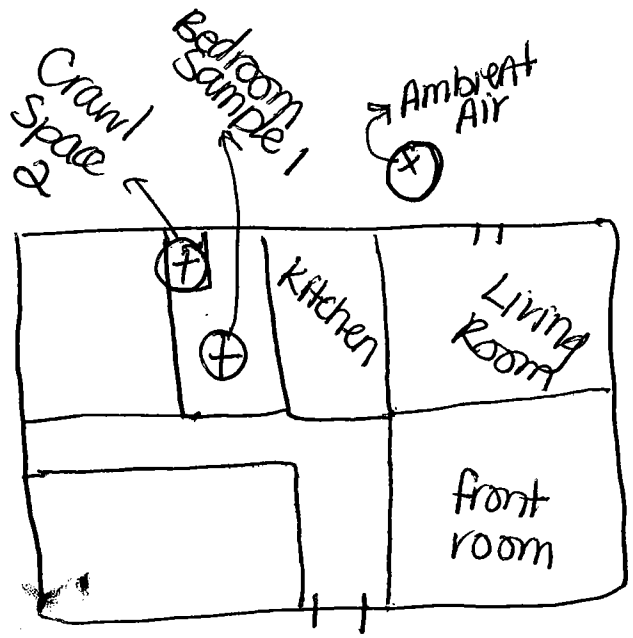
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1250 Hookston-	1st floor	Guest Room	35269	35269	8/24/05 0740	8/24/05 1940
1250 Hookston	crawl	"	3424	3424	8/24/05 0745	8/24/05 1945

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

Sample # 1 - First 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: 22 °F

Expected high temperature: 90 °F Expected low temperature: 65 °F

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

Describe the general weather conditions: sunny, clear

23°C - inside temp. at installation

Ambient air sample collected in backyard

Part VIII – General Observations

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

No windows open at time of installation, No AC/fan being used.

Windows remained closed during sampling with the exception of patio door which was open at time of pickup.

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CHAIN-OF-CUSTODY RECORD

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180 BLUE RAVINE ROAD, SUITE B
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 ___ Zip 94596
Phone 925-946-0455 Fax 925-946-9968
Collected by: (Signature) Raul Segovia/Doug Mitchell

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)
	1250 Hookston Rd - 1st Floor	8/24/05	07:40-19:40	TO15SIM	29	7.5		
	1250 Hookston Rd ~~2nd Floor~~ - Crawl space	8/24/05	07:45-19:45	TO 15 SIM	29	7		

Relinquished by: (signature) Date/Time	Received by: (signature) Date/Time	Notes:
Kimberly Lake 8/25/05 15:00		Crawl Space sample in box w/ FedEx # 6328 9899 5512
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

Ambient Air Sample Field Form

Project: UPRR Hookston Station

Ambient Air Sample Identification: Ambient Air 8-23-05

Sample Date: 8-23-05

Sample Location: 1261 Hookston Rd Back Patio

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

Person conducting sampling: K.Lake

Sampler Type: Tedlar / Sorbent / Canister

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

Laboratory:

Sample #	Canister/ Tube #	Pump/Flow Controller ID #	Sample Start Date / Time	Sample End Date / Time
Ambient Air 8/23/05	1931	34432	8/23/05 07:15	8/23/05 1911

Additional Comments and Details of Sample Location:
AC on in the afternoon. Setting at 72°F. Temp at time of P/U - 74°F downstairs. Note that ambient sample was collected outside though.

Outside temperature at time of sampling: 60 °F

Expected high temperature: 85 °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: Sunny, Warm

Fed Ex 6928 9897 2453

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CHAIN-OF-CUSTODY RECORD

Sample Transportation Notice

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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)

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)
	Ambient Air - 8/23/05	8/23/05	07:15-1911	TO-15 SIM	30"	1"		
	Trip Blank - 8/23/05	8/23/05	———	TO-15 SIM	NA			

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	Notes:
Kimberly Lake	8/24/05 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?	Work Order #
					Yes No None	

Form 1293 rev.10

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: Lucy Goodell Date: _____

Part I - Occupants

Residence Address: 1261 HOOKSTON RD, CONCORD CA 94518

Contact: LUCY GOODELL (Owner) / Renter / other: _____

Contact's Phone: home ( ) 925-682-3388 work ( ) 925-790-7376 cell ( ) 925-768-7190

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: TWO-STORY WOOD/STUCCO

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

Basement size: 0 ft^2 Basement floor: concrete/dirt/floating/other (specify): _____

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

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	GARAGE	NO
Gas-powered equipment	GARAGE (LAWN MOWER) (MOTORCYCLE)	NO
Kerosene storage cans	—	
Paints / thinners / strippers	GARAGE	NO
Cleaning solvents	GARAGE, KITCHEN (U/SINK), BOTH BATHROOMS (U/SINK)	NO
Oven cleaners	KITCHEN (U/SINK)	NO
Carpet / upholstery cleaners	DOWNSTAIRS BATHROOM (U/SINK)	NO
Other house cleaning products	GARAGE	NO
Moth balls	—	
Polishes / waxes	GARAGE, UPSTAIRS BATHROOM (U/SINK)	NO
Insecticides	GARAGE	NO
Furniture / floor polish	KITCHEN (U/SINK)	NO
Nail polish / polish remover	DOWNSTAIRS BATHROOM	NO
Hairspray	DOWNSTAIRS BATHROOM	NO
Cologne / perfume	DOWNSTAIRS BATHROOM	NO
Air fresheners	—	
Fuel tank (inside building)	—	
Wood stove or fireplace	FAMILY ROOM (FIREPLACE, NEVER USED)	NO
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? _____

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? APRIL 2005

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. Lake / D. Moberg

Sampler Type: Tedlar / Sorbent / Canister Analytical Method: TO-15 / TO-17 / other: TO-15 S/M

Laboratory: Air Toxics, Ltd.

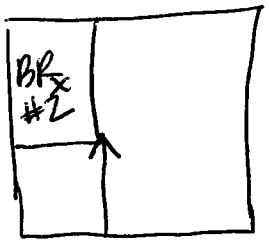
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st	DR	3491	21005	8/23/05 / 07:00	8/23/05 1902
2	2nd	BR	2608	9939	8/23/05 - 07:10	8/23/05 1908
3	Crawl	closet	2850	4119	8/23/05 / 07:05	8/23/05 1905

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

Sample # 1 - 1261 Hookston Rd - 1st Floor

Sample # 2 - 1261 Hookston Rd - 2nd Floor

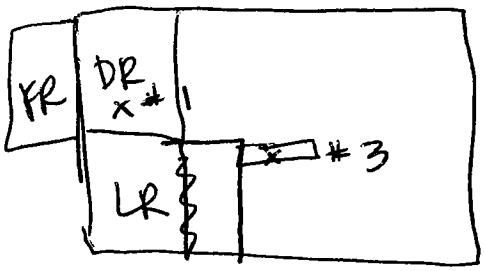
Sample # 3 - 1261 Hookston Rd Crawl Space



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: 85 °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: _____

22°C inside during setup
Ambient Air sample collected in back yard

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 when cans installed. Inside temp = 25°C during installation

windows closed all day. AC on in the afternoon. Set at 72°F 74°F downstairs

Pickup Information

1st Floor

Flow Controller = 8" Gauge = 1.5"

Crawl Space

Flow Controller = 6" Gauge = 1"

2nd Floor

Flow Controller = 8" Gauge = 1.5"

Ambient

Flow Controller = 8.5" Gauge = 1"

Fed EX 632889995464

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CHAIN-OF-CUSTODY RECORD

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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) Kim Lake Doug Leith

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)
	1261 Hookston Rd - 1st Floor	8/23/05	07:00-1902	TO-15 SIM	29.5"	1.5		
	1261 Hookston Rd - 2nd Floor	8/23/05	07:10-1908	TO-15 SIM	30	1.5		
	1261 Hookston Rd - Crawlspace	8/23/05	07:05-1905	TO-15 SIM	28	1		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	8/24/05 15:00		
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time

Notes: Final pressure measurements with Gauge

* 1st Floor sample is in box w/ Fed EX tracking no 632889953497

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: Ed White Date: 8/21/2005

Part I - Occupants

Residence Address: 1271 Hookston Road

Contact: Ed White (Owner) / Renter / other: _____

Contact's Phone: home 925 671-7927 work ( ) _____ cell ( ) _____

Residence occupants: Children under age 13 ____ 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: Single family residential

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): _____

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

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

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	garage	no
Gas-powered equipment	garage	no
Kerosene storage cans	—	~~N/A~~
Paints / thinners / strippers	garage	no
Cleaning solvents	garage / ~~kitchen~~ / ~~bathroom~~	no
Oven cleaners	—	N/A
Carpet / upholstery cleaners	—	N/A
Other house cleaning products	Kitchen / bathroom	no
Moth balls	—	N/A
Polishes / waxes	—	N/A
Insecticides	garage	no
Furniture / floor polish	Kitchen	no
Nail polish / polish remover	—	N/A
Hairspray	bathroom	no
Cologne / perfume	bathroom	no
Air fresheners	—	N/A
Fuel tank (inside building)	—	N/A
Wood stove or fireplace	family room	no
New furniture / upholstery	—	N/A
New carpeting / flooring	—	N/A
Recent painting in building?	—	N/A
Hobbies - glues, paints, etc.	—	N/A

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? 4-6 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? _____

Part VI – Sampling Information

Person conducting sampling: K. Lake / R. Sijgers

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

Laboratory: Air Toxics, Ltd. Folsom, CA

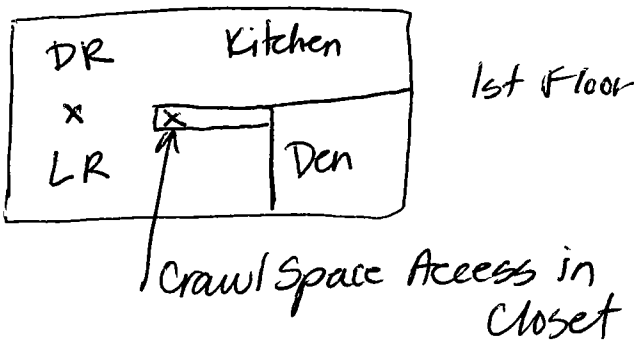
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time	
1	1st	LR/DR	2334	FC00469	8-22-05/08:15	8/22/05 2003	9"
2	2nd	BR	2420	FC00176	8-22-05/08:10	8/22/05 2000	8"
3	Crawl Space		3236	34316	8-22-05/08:20	8/22/05 2010	11"

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

Sample # 1 - 1st Floor LR/DR

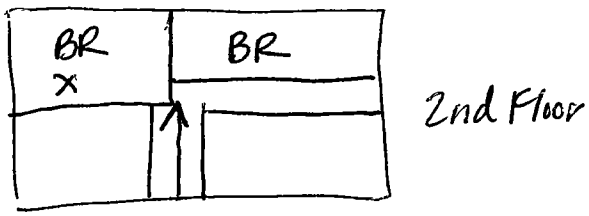
Sample # 2 - 2nd Floor BR

Sample # 3 - Crawl Space



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: 60 °F

Expected high temperature: 80 °F Expected low temperature: 50s °F

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

Describe the general weather conditions: sunny

inside air = 22°C 29°C @ pick-up (inside air)

gauge on Crawl space sampler read greater than 30 in Hg

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 when cans installed
Trip Blank 8/22/05 installed next to 1st Floor Sample
2nd story sample collected from bedroom at top of stairs
No A.C, windows/doors remained closed during sampling period.

Fed Ex Tracking 6025-1291-8850

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CHAIN-OF-CUSTODY RECORD

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Page 1 of 1

Contact Person Kimberly Lake
Company ERM Email
Address 1777 Botelho Dr City Walnut Creek State CA Zip 94596
Phone (925)946-0455 Fax (925)946-9968

Collected by: (Signature)

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)
	1271 Hookston Rd - 1st Floor	8/22/05	08:15-2003	TO-15 SIM	30	1"		
	1271 Hookston Rd - 2nd Floor	8/22/05	08:10-2000	TO-15 SIM	29.5	8.5"		
	1271 Hookston Rd - Crawl Space	8/22/05	08:20-2010	TO-15 SIM	>30	8"		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	8/23/05 14:30		
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time

Notes: Crawl Space sample is shipped in second box w/ Fed Ex Tracking # 6025-1291-8849

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

Form 1293 rev.10

Original Chain-of-Custody form is in 2nd box w/ samples from 1271 Hookston Rd, 1st & 2nd floors → Fed Ex # 6025-1291-8850

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

CHAIN-OF-CUSTODY RECORD

Contact Person: Kimberly Lake
Company: ERM Email:
Address: 1777 Botelho Dr City: Walnut Creek State: CA Zip: 94596
Phone: (925) 946-0455 Fax: (925) 946-9968

Collected by: (Signature)

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)
	1271 Hookston Rd - 1st Floor	8/22/05	08:15-2003	TO-15 SIM	30	1"		
	1271 Hookston Rd - 2nd Floor	8/22/05	08:10-2000	TO-15 SIM	29.5	8.5"		
	1271 Hookston Rd - Crawl Space	8/22/05	08:20-2010	TO-15 SIM	>30	8"		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	8/23/05 14:30		

Notes:

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: _____ Date: 9/8/05

Part I - Occupants

Residence Address: 1043 Stimel Dr. Concord.

Contact: Elizabeth Johnson (Owner) Renter / other: _____

Contact's Phone: home (925) 685-3909 work (510) 879-1550 cell (925) 787-7414

Residence occupants: Children under age 13 0 Children age 13-18 3 Adults 4

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: 1 (full basement/crawl space/slab) at or above grade: _____

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		no
Gas-powered equipment		no
Kerosene storage cans		no
Paints / thinners / strippers	garage	no
Cleaning solvents	under kitchen sink	
Oven cleaners	under kitchen sink	no
Carpet / upholstery cleaners	✓	
Other house cleaning products	✓	
Moth balls		no
Polishes / waxes	✓	
Insecticides	garage	no
Furniture / floor polish	under K. sink	no
Nail polish / polish remover	bathroom	no
Hairspray	bathroom	no
Cologne / perfume	bathroom	no
Air fresheners	✓	
Fuel tank (inside building)		n/a
Wood stove or fireplace	family room	
New furniture / upholstery		n/a
New carpeting / flooring		n/a
Recent painting in building?		n/a
Hobbies - glues, paints, etc.		n/a

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? n/a

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? n/a

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	MBR	33779	33779	9/8/05 08:15	9/8/05 2015
2	crawlspace	BR closet	21009	21009	9/8/05 08:20	9/8/05 2020

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

Sample # 1 - 1043 Stimel Dr - 1st Floor

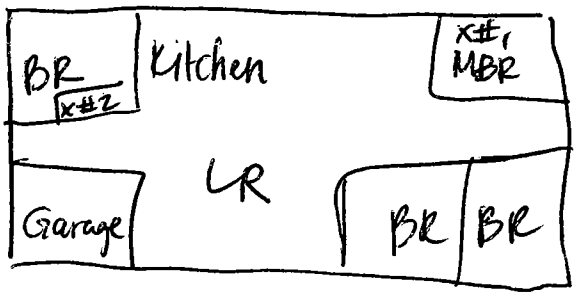
Sample # 2 - 1043 Stimel Dr - Crawlspace x Ambient Air

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: 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

inside temp= 74°F during setup

ambient air 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.

Windows open in MBR during set up. Resident usually opens windows during day

Windows on sample rooms open all day. 1st Fl bedroom sample had air freshener sprayed in room just prior to sample pickup. Free Breeze Air Effects Meadows & Rain.

Indoor air temp – 74°F at pk.

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CHAIN-OF-CUSTODY RECORD

Sample Transportation Notice
Relinquishing signature on this document indicates that sample is being shipped in compliance with all applicable local, State, Federal, national, and international laws, regulations and ordinances of any kind. Air Toxics Limited assumes no liability with respect to the collection, handling or shipping of these samples. Relinquishing signature also indicates agreement to hold harmless, defend, and indemnify Air Toxics Limited against any claim, demand, or action, of any kind, related to the collection, handling, or shipping of samples. D.O.T. Hotline (800) 467-4922

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) Kimberly Lake Doug Mitchell

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)
	1043 Stimel Dr - 1st Floor	9/8/05	08:15-2015	TO-15SIM	26.5	7		
	1043 Stimel Dr - Crawl Space	9/8/05	08:20-2020	TO-15SIM	26.5	6.5		

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?	Work Order #
					Yes No None	

Form 1293 rev.10

Ambient Air Sample Field Form

Project: UPRR Hookston Station

Ambient Air Sample Identification: Ambient Air 9-8-05

Sample Date: 9-8-05

Sample Location: 1043 Stinel Dr

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

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 #	Canister/ Tube #	Pump/Flow Controller ID #	Sample Start Date / Time	Sample End Date / Time
	31156	31156	9/8/05 08:20	9/8/05 2024

Additional Comments and Details of Sample Location:

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

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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 Email kimberly.lake@erm.com
Address 1777 Botelho Dr, #260 City Walnut Creek State CA Zip 94596
Phone 925-946-~~9968~~ 0455 Fax 925-946-9968
Collected by: (Signature) Doug Kelly 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: N_2 He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psi)
	Ambient Air 9-8-05	9/8/05	08:20-2024	TO-15 SIM	26.5	7		
	Trip Blank 9-8-05	9/8/05	—	TO-15 SIM	28.5	5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
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

Notes: Trip Blank in separate box

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: Marcia Shawl Date: 9/6/05

Part I - Occupants

Residence Address: 1009 Stimel Dr.

Contact: same (Owner) / Renter / other: _____

Contact's Phone: home (925) 798-5931 work (925) 674-2398 cell ( ) _____

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: ~~one~~ ranch style

Number of floors - below grade: 0 (full basement/(crawl space)/(slab)) at or above grade: 1

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

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

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

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): ceiling fans

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		
Paints / thinners / strippers	garage	no
Cleaning solvents		
Oven cleaners		
Carpet / upholstery cleaners	closet	no
Other house cleaning products	closet	no
Moth balls		
Polishes / waxes		
Insecticides		
Furniture / floor polish		
Nail polish / polish remover		
Hairspray	bathroom	no
Cologne / perfume		
Air fresheners	several areas	no
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? _____

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? 2 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? _____

Part VI – Sampling Information

Person conducting sampling: K. Lake / D. Moberg

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

Laboratory: Air Toxics, Ltd.

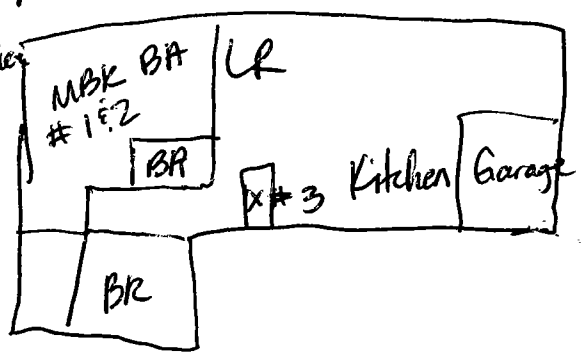
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st	MBR	9933	9933	9/8/05 08:50	9/8/05 2053
2	1st	MBR	12666	12666	9/8/05 08:50	9/8/05 2053
3	Crawl space	closet	94946	94946	9/8/05 08:40	9/8/05 2039

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

Sample # 1 - 1009 Stimel Dr - 1st Floor

Sample # 2 - 1009 Stimel Dr - 1st Floor Dup.

Sample # 3 - 1009 Stimel Dr - Crawl Space



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: 77 °F 60

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

indoor temp = 72°F 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.

Resident usually leaves windows closed & runs A/C. Windows were closed during set up

Windows closed all day. Ceiling Fan in 1st Fl bedroom sample area on at time of flu. Indoor temp - 78°F at flu.

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CHAIN-OF-CUSTODY RECORD

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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) Kimberly Lake Doug [illegible]

Project Info:
P.O. #
Project #
Project Name Upper 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)
	1009 Stimel Dr - 1st Floor	9/8/05	08:50	2053 TO-15 SIM	27	7		
	1009 Stimel Dr - 1st Floor Duplicate	9/8/05	08:50	2053 TO-15 SIM	28.5	0		
	1009 Stimel Dr - Crawlspace	9/8/05	08:40	2039 TO-15 SIM	27	7		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
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

Notes:

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: _____ Date: _____

Part I - Occupants

Residence Address: 1040 Stimel DR. Concord, CA 94518

Contact: Shirley McKinnon (Owner) / Renter / other: _____

Contact's Phone: home (925)-691-7107 work ( ) _____ cell ( ) _____

Residence occupants: Children under age 13 _____ 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: Single-family Residential

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) poured concrete

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

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	N/A	
Gas-powered equipment	N/A	
Kerosene storage cans	N/A	
Paints / thinners / strippers	Garage	
Cleaning solvents	Garage	
Oven cleaners	Garage	
Carpet / upholstery cleaners	Garage	
Other house cleaning products	Garage/Kitchen/Bathroom	
Moth balls	Bedrooms	
Polishes / waxes	Garage	
Insecticides	Garage	
Furniture / floor polish	Garage	
Nail polish / polish remover	Bathroom	
Hairspray	Bathroom	
Cologne / perfume	Bathroom	
Air fresheners	Bathroom	
Fuel tank (inside building)	N/A	
Wood stove or fireplace	Dining Room	
New furniture / upholstery	N/A	
New carpeting / flooring	N/A	
Recent painting in building?	N/A	
Hobbies - glues, paints, etc.	Bedroom	

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 MOS.

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? Termite spray 11/2003

Part VI – Sampling Information

Person conducting sampling: R. Sijgers / D. Moberg

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

Laboratory: Air Toxics, Ltd.

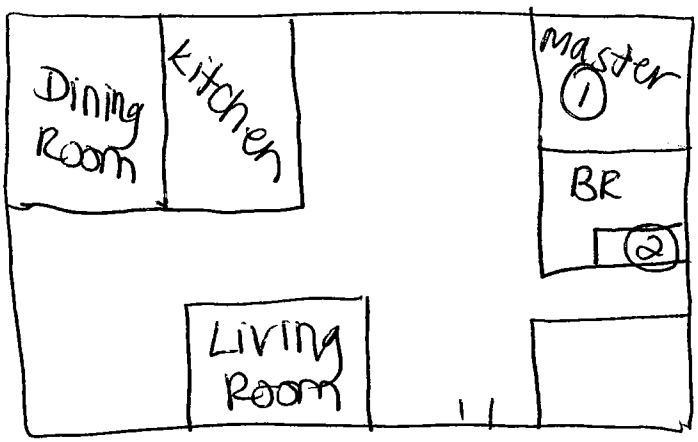
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1040 stimel	1st	Master	1227	1227	9/6/05 0833	9-6-05 2033
1040 stimel	1st - Dup	"	12959	12959	9/6/05 0833	9-6-05 2033
1040 stimel	crawl	Bedroom	12951	12951	9/6/05 0837	9-6-05 2042

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

Sample # 1 - 1st Floor + Dup

Sample # 2 - crawl

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: 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

indoor air temp. @ set-up = 68°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 running during sampling, windows will be open in the house, but not in the Master Bedroom.

Windows closed all day. Inside temp - 78°F

FedEx 6328998996840

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CHAIN-OF-CUSTODY RECORD

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180 BLUE RAVINE ROAD, SUITE B
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-~~996~~ 0455 Fax 925-946-9968
Collected by: (Signature) Randy Sykes

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)
	1040 Stimel Dr - 1st Floor	9/6/05	0833-20:33	TO-15 SIM	26.5	4.5		
	1040 Stimel Dr - 1st Floor Duplicate	↓	0833-20:33	TO-15 SIM	26.5	4		
	1040 Stimel Dr - Crawl Space		0837-20:42	TO-15 SIM	26.5	5.5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kim 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:
Crawl Space sample in Box w/ FedEx # 6328998996861

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: Victoria Henderson Date: 9/3/05

Part I - Occupants

Residence Address: 1007 Stimel Dr. Concord, CA

Contact: Victoria & Daren (Owner) / Renter / other: owners

Contact's Phone: home (925) 685-3026 work ( ) _____ cell (925) 899-6616

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: Single family

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): _____

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

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

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.): gas station ?

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		
Paints / thinners / strippers	garage	yes
Cleaning solvents	"	"
Oven cleaners	"	"
Carpet / upholstery cleaners	"	"
Other house cleaning products	"	"
Moth balls		
Polishes / waxes		
Insecticides		
Furniture / floor polish		
Nail polish / polish remover	bathroom	yes
Hairspray	"	"
Cologne / perfume	"	"
Air fresheners		
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? _____

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? Aug. 29th 2005

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

Describe (with location): methane smell in Kitchen (near entrance)

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? Round-up sprayed on back lawn on Aug. 27

Part VI – Sampling Information

Person conducting sampling: R. Sijgers / D. Moberg

Sampler Type: Tedlar / Sorbent / Canister Analytical Method: TO-15 / TO-17 / other: S/M

Laboratory: Air Toxics, Ltd.

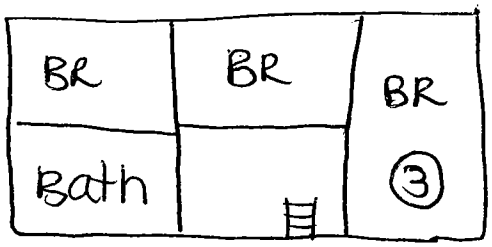
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1007 Stimel	1st Floor	Living Room	33893	33893	9/6/05 0740	9/6/05 1940
1007 Stimel	Crawl	Master	10799	10799	9/6/05 0746	9/6/05 1947
1007 Stimel	2nd Floor	Bedroom	33656	33656	9/6/05 0751	9/6/05 1944

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

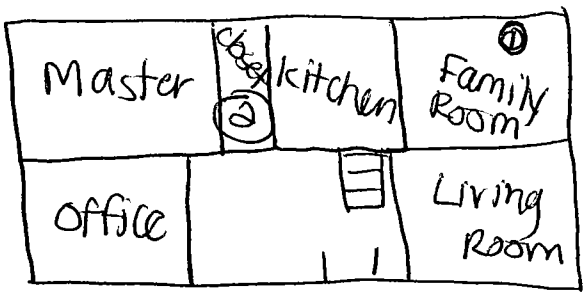
Sample # 1 - 1st Floor

Sample # 2 - Crawl

Sample # 3 - 2nd Floor



2nd



1st

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

Trip Blank installed next to 1st Floor sample
indoor temp. at 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.

No AC running during sample collection, a few windows will remain open during the day.
Windows open in bedroom with Crawl space sample.
Indoor temp - 76°F

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CHAIN-OF-CUSTODY RECORD

Sample Transportation Notice

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(916) 985-1000 FAX (916) 985-1020

Page 1 of 1

Contact Person Kimberly Lake kimberly.lake@erm.com
Company ERM Email ~~klake~~
Address 1777 Botelho Dr, #200 City Walnut Creek State CA Zip 94596
Phone 925-946-0455 Fax 925-946-9968
Collected by: (Signature) Doug Mooney RIVWD Supps

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)
	1007 Stimel Dr - 1st Floor	9/6/05	0740 - 1940	TO-15 SIM	26.5	5		
	1007 Stimel Dr - 2nd Floor	9/6/05	0750 - 1947	TO-15 SIM	26.5	5.5		
	1007 Stimel Dr - Crawl Space	9/6/05	0746 - 1947	TO-15 SIM	26.5	5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kim Lake	9/7/05 11:00		
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?	Work Order #
					Yes No None	

Form 1293 rev.10

Ambient Air Sample Field Form

Project: UPRR Hookston Station

Ambient Air Sample Identification: Ambient Air 9/6/05

Sample Date: 9/6/05

Sample Location: 1005 Stimel Dr

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

Person conducting sampling: R. Sijgers / D. Moberg

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
	949	949	9/6/05 07:20	9/6/05 19:12

Additional Comments and Details of Sample Location:

Outside temperature at time of sampling: 66 °F

Expected high temperature: 86 °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: Clear, Sunny

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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) Ravin D. Sy

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)
	Ambient Air 9/6/05	9/6/05	0720-1912	TO-15 SIM	26.5	13.5		
	Trip Blank 9/6/05	9/6/05	0743	TO-15 SIM	29.0			

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	9/8/05 16:00		
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time

Notes: TB in FedEx box 6328 9899 6839

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: Sandra Risner Date: 9/6/05

Part I - Occupants

Residence Address: 1005 Stimel Dr.

Contact: Jim Risner (Owner) Renter / other: Jim & Sandra Risner

Contact's Phone: home ( ) 925-686-2619 work ( ) _____ cell ( ) _____

Residence occupants: Children under age 13 ____ 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: Single family home

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) _____

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): gas heat

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		yes No
Gas-powered equipment		No
Kerosene storage cans		No
Paints / thinners / strippers		No
Cleaning solvents		
Oven cleaners		NA
Carpet / upholstery cleaners		NA
Other house cleaning products		No
Moth balls		NA
Polishes / waxes		NA
Insecticides		No
Furniture / floor polish		
Nail polish / polish remover		
Hairspray		
Cologne / perfume		
Air fresheners		
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? _____

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? 3wks

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 / D. Moberg

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

Laboratory: Air Toxics, Ltd.

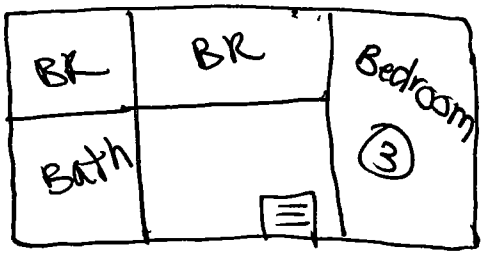
	Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1005	Stimel-	1st	Family Room	33879	33879	9/6/05 0707	9/6/05 1902
1005	Stimel-	Crawl	Master	94607	94607	9/6/05 0711	9/6/05 1907
1005	Stimel-	2nd	Bedroom	14120	14120	9/6/05 0715	9/6/05 1910

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

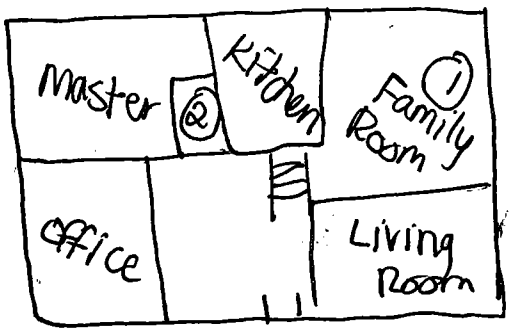
Sample # 1 - 1st Floor

Sample # 2 - crawl

Sample # 3 - 2nd Floor



2nd



1st

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: 66 °F

Expected high temperature: 86 °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

Ambient air sample collected at 1005 Stimel

Part VIII – General Observations

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

AC might come on during sampling, not on @ set-up. No windows will remain open.

Windows remained closed all day. A/C on and set at 72°F. Indoor temp 70°F at pick up.

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

CHAIN-OF-CUSTODY RECORD

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 Sipp

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)
	1005 Stimel Dr - 1st Floor	9/6/05	0707-1902	TO-15 SIM	26.5	5.5		
	1005 Stimel Dr - 2nd Floor	9/6/05	0715-1906	TO-15 SIM	26.5	6		
	1005 Stimel Dr - Crawl Space	9/6/05	0718-1907	TO-15 SIM	26.5	5.5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
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?	Work Order #
				Yes No None	

Form 1293 rev.10

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: Dee Simmons David Fitzgerald Date: 8-19-05

Part I - Occupants

Residence Address: 1015 Stimel Dr, Concord, Ca 94518

Contact: Dee Simmons or ~~David Fitzgerald~~ (Owner) / Renter / other: _____

Contact's Phone: home (✓) 925-689-1141 work ( ) _____ cell ( ) _____

Residence occupants: Children under age 13 _____ 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: single family one story home

Number of floors - below grade: ~~2~~ 0 (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) grass in front Concrete in back with gravel

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 1
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 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 years

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

Describe (with location): kitchen esp + bathrooms - sort of unpleasant earthyish smell.

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

Describe (with location): only the one mentioned - Hookston Station Site

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. Lake / R. Sijgers

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

Laboratory: Air Toxics, Ltd. - Folsom, CA

Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1 1st Floor	1	BR (master)	35780	FC00489	8/22/05/07:40	8/22/05 19:38
2	crawl		25261	FC00248	8/22/05 /07:45	8/22/05 19:42

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

Sample # 1 - 1015 Stimel Drive First Floor

Sample # 2 - 1015 Stimel Drive - Crawlspace

Sample # _____ - _____

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

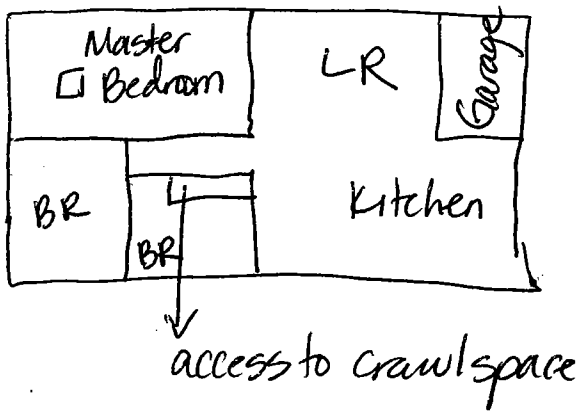
If the answer is no, describe modifications:

_____

_____

_____

_____



Part VII - Weather Conditions

Outside temperature at time of sampling: 56 °F

Expected high temperature: 80 °F Expected low temperature: 50s °F

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

Describe the general weather conditions: sunny

19°C inside during set up

75°F - Thermostat

1: intial vaccum = 29" Hg → 7" Hg

29°C @ pick-up

2: initial vaccum =

Ambient air sample collected outside

Part VIII – General Observations

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

First Floor sample collected from Master Bedroom.
Windows were closed when cans installed
No windows, doors, left open during sampling
AC used some, thermostat @ 75°F

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	none	
Kerosene storage cans	none	
Paints / thinners / strippers	garage	yes
Cleaning solvents	garage	
Oven cleaners	garage	
Carpet / upholstery cleaners	garage	
Other house cleaning products	Kitchen	yes
Moth balls	— none	
Polishes / waxes	furniture, etc	yes
Insecticides	garage	yes
Furniture / floor polish	Kitchen	yes
Nail polish / polish remover	Bathroom	yes
Hairspray	Bathroom	yes
Cologne / perfume	bedroom	yes
Air fresheners	living room	yes
Fuel tank (inside building)	no	
Wood stove or fireplace	— no	
New furniture / upholstery	— no	
New carpeting / flooring	— no	
Recent painting in building?	— no	
Hobbies - glues, paints, etc.	— garage (Water Based only	

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

CHAIN-OF-CUSTODY RECORD

Contact Person: Kimberly Lake
Company: ERM Email: kimberly.lake@ermcom
Address: 1777 Botelho Dr City: Walnut Creek State: CA Zip: 94596
Phone: (925)946-0455 Fax: (925)946-9968

Collected by: (Signature)

Project Info:
P.O. #
Project # HF
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)
	1015 Stimel Drive - 1st Floor	8/22/05	07:40-1938	TO-15 SIM	29"	7.5"		
	1015 Stimel Drive - Crawl Space	8/22/05	07:45-1942	TO-15 SIM	>30	6"		

Relinquished by: (signature) Date/Time	Received by: (signature) Date/Time	Notes:
Kimberly Lake 8/23/04 14:30		Vacuum gauge not working on Crawl space sample
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

Ambient Air Sample Field Form

Project: UPRR

Ambient Air Sample Identification: Ambient Air - 8/22/05

Sample Date: 8/22/05

Sample Location: 1015 Stimel Drive - back patio

Height of Inlet Canister (feet above ground): ~~~4 feet~~ ~4.5 feet

Person conducting sampling: KLake

Sampler Type: Tedlar / Sorbent / Canister

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

Laboratory: _____

Sample #	Canister/ Tube #	Pump/Flow Controller ID #	Sample Start Date / Time	Sample End Date / Time
1	2921	FC00 486	8/22/05/07:50	8/22/05 19:45

Additional Comments and Details of Sample Location:

initial vacuum = 21"
final vacuum = 8"

Outside temperature at time of sampling: 56 °F

Expected high temperature: 80 °F Expected low temperature: 50s °F

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

Describe the general weather conditions: Sunny

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CHAIN-OF-CUSTODY RECORD

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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 City Walnut Creek State CA Zip 94596
Phone (925)946-0455 Fax 925-946-9968

Collected by: (Signature)

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)
	Ambient Air – 8/22/05	8/22/05	07:50–1945	TO15-SIM	21"	8"		
	Trip Blank - 8/22/05	8/22/05	—	TO15-SIM	28.5	5.0		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	8/24/05 15:00		
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?	Work Order #
					Yes No None	

Form 1293 rev.10

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: _____ Date: _____

Part I - Occupants

Residence Address: 1016 STIMEL DR, CONCORD, CA 94518

Contact: TAMARA "TJ" JOHNSTON Owner / Renter / other: _____

Contact's Phone: home (925) 349-6307 work (925) 689-6211 cell (925) 787-8589

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: 3 BEDROOM 2 BATH RANCH STYLE

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): OSCILLATING FANS

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	LAWN MOWER - GARAGE	
Kerosene storage cans		
Paints / thinners / strippers	GARAGE	
Cleaning solvents		
Oven cleaners		
Carpet / upholstery cleaners	PANTRY	
Other house cleaning products	KITCHEN, BATHROOM	
Moth balls		
Polishes / waxes		
Insecticides	GARAGE; UNDER KITCHEN SINK	
Furniture / floor polish		
Nail polish / polish remover	BEDROOM - MASTER	
Hairspray	BATHROOM - MASTER	
Cologne / perfume	BEDROOMS	
Air fresheners	BEDROOM; BATHROOMS	
Fuel tank (inside building)		
Wood stove or fireplace	LIVING ROOM	
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? _____

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? 6 mos

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. Lake / R. Dyer

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

Laboratory: Air Toxics

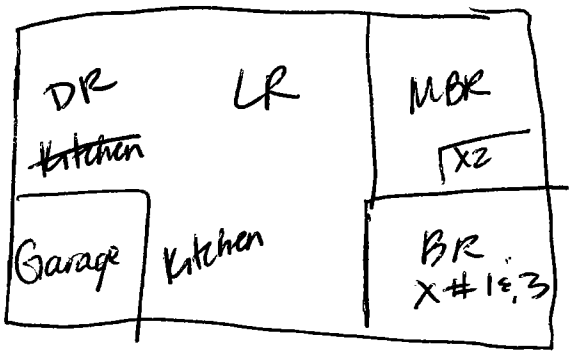
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st	BR	33574	33574	9-14-05 07:35	9/14/05 19:30
2	Crawl space		30838	30838	9-14-05 07:38	9/14/05 19:35
3	1st	BR	35280	35280	9-14-05 07:35	9/14/05 19:30

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

Sample # 1 - 1st Floor

Sample # 2 - Crawl Space

Sample # 3 - 1st Floor Duplicate



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: 60 °F

Expected high temperature: 75 °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:

Indoor air temp= 70° during setup

Part VIII – General Observations

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

Windows open in BR w/ 1st floor sample in kitchen during set up

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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 Email kimberlylake@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

Project Info:
P.O. #
Project #
Project Name UPRR Houkston 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)
	1016 Stimel Dr - 1st Floor	9.14.05	07:35 - 19:30	TO-15 SIM	25.5	3.5		
	1016 Stimel Dr - Crawl Space	9.14.05	07:38 - 19:35	TO-15 SIM	25.5	7.1		
	1016 Stimel Dr - 1st Floor Duplicate	9.14.05	07:35 - 19:30	TO-15 SIM	25.5	3.5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	Notes:
Kim Lake	9/15/05			
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: Judy Angel Date: 9-14-05

Part I - Occupants

Residence Address: 1006 Stymel Dr Concord

Contact: Alan Owner / Renter / other: _____

Contact's Phone: home ( ) 674-1414 work ( ) _____ cell ( ) _____

Residence occupants: Children under age 13 1 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 Ranch

Number of floors - below grade: 0 (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) 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): _____

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		
Kerosene storage cans		
Paints / thinners / strippers		
Cleaning solvents		
Oven cleaners		
Carpet / upholstery cleaners		
Other house cleaning products		
Moth balls		
Polishes / waxes		
Insecticides		
Furniture / floor polish		
Nail polish / polish remover		
Hairspray		
Cologne / perfume		
Air fresheners		
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? _____

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? _____

Part VI – Sampling Information

Person conducting sampling: _____

Sampler Type: Tedlar / Sorbent / Canister Analytical Method: TO-15 / TO-17 / other: _____

Laboratory: _____

Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st Floor	MBR	35283	35283	9/14/05 06:40	9/14/05 - 18:45
2	Crawl	BR	34416	34416	9/14/05 06:42	9/14/05 - 18:45

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

Sample # 1 - _____

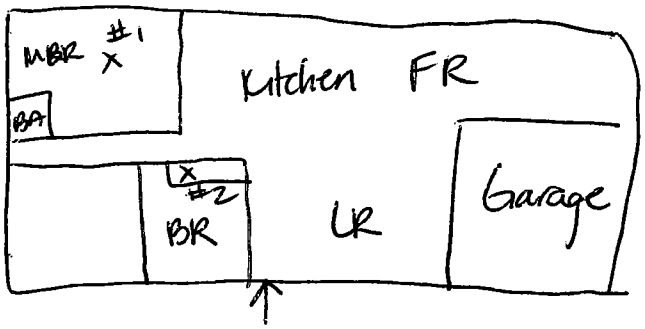
Sample # 2 - _____

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: 60 °F

Expected high temperature: 75 °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: _____

Inside temp = 70°F during set up
Trip Blank set up w/ 1st Floor Sample

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 during set up

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

CHAIN-OF-CUSTODY RECORD

Contact Person Kimberly Lake
Company 1777 Botelho Dr. #260 Email kimberly.lake@erm.com
Address ERM City Walnut Creek State CA Zip 94596
Phone 925-946-0455 Fax
Collected by: (Signature) 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: N_2 He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psi)
	1006 Stimel Dr - 1st Floor	9/14/05	06:40-18:35	TO-15 SIM	25	3		
	1006 Stimel Dr - Crawl Space	9/14/05	06:42-18:35	TO-15 SIM	24.5	25		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kim Lake	9/15/05		
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?	Work Order #
					Yes No None	

Form 1293 rev.10

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: _____ Date: _____

Part I - Occupants

Residence Address: 1311 Strathmore Ct. Concord CA

Contact: Lisa Wrenn (Owner) / Renter / other: _____

Contact's Phone: home (925) 682-1489 work ( ) n/a cell (510) 207-7149

Residence occupants: Children under age 13 1 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: single-family home

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) _____

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

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): No

Other stationary sources nearby (gas stations, emission stacks, etc.): No

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		N/A
Gas-powered equipment		N/A
Kerosene storage cans		N/A
Paints / thinners / strippers	Garage	NO
Cleaning solvents	Kitchen - under sink 1	NO
Oven cleaners		N/A
Carpet / upholstery cleaners		N/A
Other house cleaning products	Kitchen - under sink 1	NO
Moth balls	Master Bedroom closet 1	24hrs.
Polishes / waxes	Kitchen - under sink/Bathroom	NO
Insecticides	Garage	NO
Furniture / floor polish	Kitchen / Master Bath 1	NO
Nail polish / polish remover	Master Bath 1	NO
Hairspray		NO
Cologne / perfume		NO
Air fresheners		N/A
Fuel tank (inside building)		N/A
Wood stove or fireplace	Family Room - not used	
New furniture / upholstery		N/A
New carpeting / flooring		N/A
Recent painting in building?		N/A
Hobbies - glues, paints, etc.	Paints - Family Room 1	NO

* Except for dish detergent/- none of the items have
clothes detergent (garage) been used within
the last 48 hours.

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? N/A

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? d-con rat poison in crawl space - removed 24 hrs. before

Part VI – Sampling Information

Person conducting sampling: R. Sjygers / K. Lake

Sampler Type: Tedlar / Sorbent / Canister Analytical Method: TO-15 / TO-17 / other: Sim

Laboratory: Air Toxics

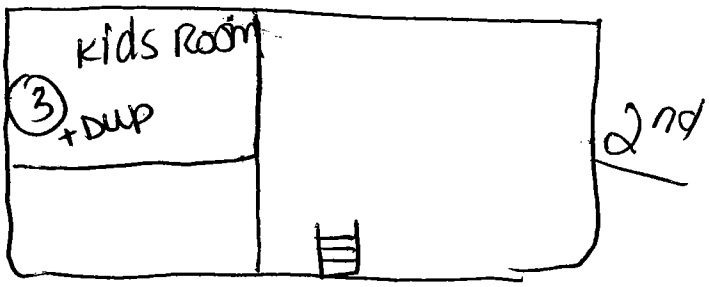
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1311 Strathmore	1st	Dining	9409	9409	8/31/05 0840	8/31/05 20:30
1311 Strathmore	crawl	Master	32126	32126	8/31/05 0844	8/31/05 20:35
1311 Strathmore	2nd	Kids Room	25249	25249	8/31/05 0852	8/31/05 20:40
1311 Strathmore-Dup	2nd	Kids Room	21078	21078	8/31/05 0852	8/31/05 20:40

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

Sample # 1 - 1311 Strathmore-1st floor

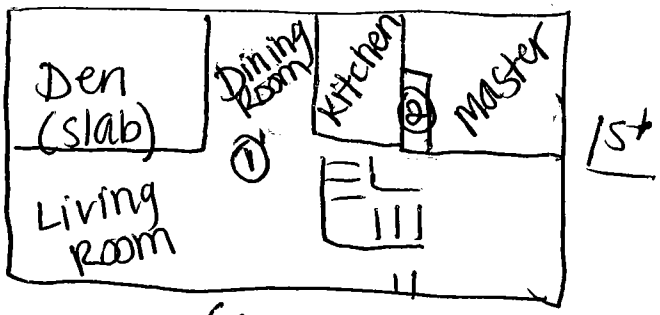
Sample # 2 - 1311 Strathmore-crawl

Sample # 3 - 1311 Strathmore-2nd floor + Dup



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

68°F = inside temp. @ time of sampling.

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, windows left open usually, will remain closed during sampling.

Windows have been closed since morning. ~85° on 2nd Floor in evening, ~78° on First Floor in evening

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CHAIN-OF-CUSTODY RECORD

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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) Rachel Sigers / 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: N_2 He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psi)
	1311 Strathmore Ct - 1st Floor	8/31/05	0840-20:30	TO-15 SIM	28.5	8.5		
	1311 Strathmore Ct - 2nd Floor		0852-20:40	TO-15 SIM	28	8		
	1311 Strathmore Ct - 2nd Floor Duplicate		0852-20:40	TO-15 SIM	28.5	8		
	1311 Strathmore Ct - Crawl Space		0844-20:35	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?	Work Order #
					Yes No None	

Form 1293 rev.10

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: Bill Cotton Date: 8-24-05

Part I - Occupants

Residence Address: 1310 STRATHMORE CT., CONCORD, CA 94518

Contact: BILL OR NANCY COTTON (Owner) / Renter / other: _____

Contact's Phone: home ( ) 925 676-3477 work ( ) _____ cell ( ) _____

Residence occupants: Children under age 13 ____ 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: SINGLE-FAMILY RESIDENTIAL

Number of floors - below grade: ____ (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) GRASS, CONCRETE, DIRT W/ SHRUBS, GRAVEL

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
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	NO	NO
Gas-powered equipment	NO	
Kerosene storage cans	NO	
Paints / thinners / strippers	GARAGE -	
Cleaning solvents	GARAGE	
Oven cleaners	GARAGE	
Carpet / upholstery cleaners	GARAGE	
Other house cleaning products	GARAGE	
Moth balls	NO	
Polishes / waxes	GARAGE	
Insecticides	NO	
Furniture / floor polish	GARAGE	
Nail polish / polish remover	MASTER BATH	
Hairspray	MASTER BATH	
Cologne / perfume	MASTER BATH	
Air fresheners	BATHROOMS & KITCHEN (SPRAY CANS)	
Fuel tank (inside building)	NO	
Wood stove or fireplace	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

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

When were dry-cleaned clothes last brought into the residence? 8/23 BUT REMOVED FROM THE HOUSE 12 HRS. LATER.

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
ANT AND PEST CONTROL OUTSIDE. LAST DONE 2 OR 3 WEEKS AGO.

If so, when and which chemicals? _____

Part VI – Sampling Information

Person conducting sampling: K. Lake / D. Moberg

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

Laboratory: Air Toxics, Ltd.

Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st	MBR	R15	R15	8/25/05 09:00	8/25/05 20:30
2	1st Crawl	BR	34412	34412	8/25/05 09:10	8/25/05 20:40
3	Crawl	BR	33535	33535	8/25/05 09:10	8/25/05 20:40

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

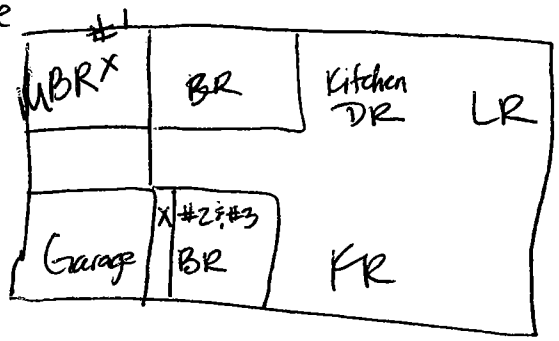
Sample # 1 - 1310 Strathmore Ct-1st Floor

Sample # 2 - 1310 Strathmore Ct-Crawl Space

Sample # 3 - 1310 Strathmore Ct- Crawl Space Duplicate

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: 60 °F

Expected high temperature: 85 °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: Sunny

25°C inside 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.

Resident informed ERM he normally opens windows in the morning & evening & closes during the day.
Resident was going to run a/c @ 75°F during testing

~~[illegible]~~ DOESN'T KNOW IF A/C CAME ON
NO WINDOWS OPEN

Fed Ex 6328 9899 5486

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Sample Transportation Notice

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

CHAIN-OF-CUSTODY RECORD

Contact Person Kimberly Lake
Company ERM Email kimberly.lake@erm.com
Address 1777 Botelho Dr. #260 City Walnut Creek State CA Zip 94596
Phone 925-945-0455 Fax 925-946-9968
Collected by: (Signature) 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: N_2 He

Lab I.D.	Field Sample I.D. (Location)	Date	Time	Analyses Requested	Canister Pressure/Vacuum Initial	Final	Receipt	Final (psi)
	1310 Strathmore Ct - 1st Floor	8/25/05	09:00-20:30	TO-15 SIM	26.25	6.5		
	1310 Stratmore Ct - Crawl Space	8-25-05	09:10-20:40	TO-15 SIM	26.5	6.5		
	1310 Stratmore Ct - Crawl Space Duplicate	8-25-05	09:10-20:45	TO-15 SIM	26.5	6.5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	8/26/05 10:00		
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time

Notes: All vacuum readings measured w/ gauge

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

Form 1293 rev.10

Ambient Air Sample Field Form

Project: UPRR Hookston Station

Ambient Air Sample Identification: Ambient Air 8-25-05

Sample Date: 8-25-05

Sample Location: 1320 Stratmore Ct

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

Person conducting sampling: R. Lake / J. Pfaff

Sampler Type: Tedlar / Sorbent / Canister

Analytical Method: TO-15 / TO-17 / other: TO-15 S/M

Laboratory: Air Toxics

Sample #	Canister/ Tube #	Pump/Flow Controller ID #	Sample Start Date / Time	Sample End Date / Time
Ambient Air	34452	34452	8/25/05 07:20	8/25/05 19:10

Additional Comments and Details of Sample Location:

Outside temperature at time of sampling: 60 °F

Expected high temperature: 85 °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

FedEx 6328 9899 5523 & 6328 9899 5442

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CHAIN-OF-CUSTODY RECORD

Sample Transportation Notice

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(916) 985-1000 FAX (916) 985-1020

Page 1 of 1

Contact Person Kimberly Lake
Company ERM Email
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

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)
	Ambient Air 8-25-05	8/25/05	07:20-19:10	TO-15 SIM	26.25	6.25		
	Trip Blank 8-25-05	8/25/05	—	TO15 SIM	29	5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	8/26/05 10:00		
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time

Notes: Trip Blank in box w/ FedEx # 6328 9899 5442

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: Dixie Flynn Date: _____

Part I - Occupants

Residence Address: 1320 Strathmore Ct

Contact: Dixie Flynn Owner / Renter / other: _____

Contact's Phone: home (925) 686-4563 work ( ) _____ cell ( ) _____

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: single family residential

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) _____

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

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): 1 ceiling

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.): 3 blocks away _____

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		
Paints / thinners / strippers	garage	N
Cleaning solvents	garage	N
Oven cleaners		
Carpet / upholstery cleaners	garage	N
Other house cleaning products	garage	N
Moth balls		
Polishes / waxes	garage	N
Insecticides	garage	N
Furniture / floor polish	garage	N
Nail polish / polish remover	bedroom	yes
Hairspray	bathroom	yes
Cologne / perfume		
Air fresheners		
Fuel tank (inside building)		
Wood stove or fireplace	family room	
New furniture / upholstery		
New carpeting / flooring		
Recent painting in building?	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): dank odor sometimes from under house

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? Raid - 1 spray

Part VI – Sampling Information

Person conducting sampling: Kimberly Lake / J. Pfaff

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

Laboratory: Air Toxics Ltd.

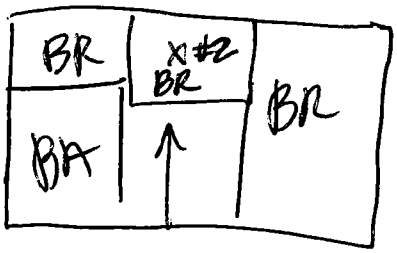
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st	LR	33930	33930	8/25/05 07:08	8/25/05 19:01
2	2nd	BR	2574	30841	8/25/05 07:16	8/25/05 19:05
3	Crawl	BR	05700	05700	8/25/05 07:13	8/25/05 19:12

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

Sample # 1 - 1320 Strathmore Ct - 1st Floor

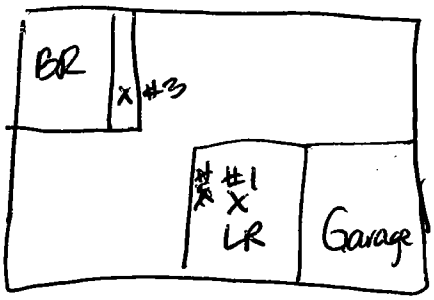
Sample # 2 - 1320 Strathmore Ct - 2nd Floor

Sample # 3 - 1320 Strathmore Ct - Crawl Space



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

If the answer is no, describe modifications:



1st Flr

Part VII - Weather Conditions

Outside temperature at time of sampling: 260 °F

Expected high temperature: 85 °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

21°C inside during setup

Ambient air sample set up in backyard - P/U @ 19:10

Part VIII – General Observations

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

Running A/C set @ 78°. Window in 2nd Floor BR was open but resident closed it before sampling began. Mrs. Flynn informed ERM that her home was cleaned on 8/24/05 and that she used flea medicine on her dog on 8/24/05.

NO A/C RAN

WINDOWS CLOSED ALL DAY UNTIL ~5PM

Fed Ex 632898995523

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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

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) Kimberly Lake

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

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)
	1320 Strathmore Ct - 1st Floor	8/25/05	07:08-19:01	TO-15 SIM	25.5"	5.0"		
	1320 Strathmore Ct - 2nd Floor	8/25/05	07:16-17:05	TO-15 SIM	26.5	5.5		
	1320 Strathmore Ct - Crawl Space	8/25/05	07:13-19:12	TO-15 SIM	26.5	5.5"		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	8/26/05 10:00		
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time

Notes: All vacuum readings measured w/ gauge

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: ERM Date: _____

Part I - Occupants

Residence Address: 1221 Thames Dr

Contact: Ron Block (Owner) / Renter / other: _____

Contact's Phone: home ( )_____ work ( )_____ cell (925) 382-4330

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

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: 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		
Paints / thinners / strippers		
Cleaning solvents		
Oven cleaners		
Carpet / upholstery cleaners		
Other house cleaning products		
Moth balls		
Polishes / waxes		
Insecticides		
Furniture / floor polish		
Nail polish / polish remover		
Hairspray		
Cologne / perfume		
Air fresheners		
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? _____

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? _____

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.

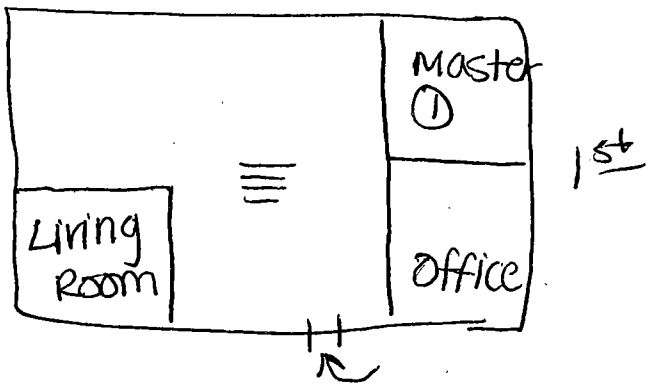
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
122 Thames	1st floor	Master BR	34490	34490	9/7/05 0726	9/7/05 1912

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

Sample # 1 - 1st Floor

Sample # _____ - _____

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: 68 °F

Expected high temperature: ~~88~~ °F 81 KU 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 sampling: 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.

windows closed

fed ex 6768 4700 0170

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CHAIN-OF-CUSTODY RECORD

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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
	1221 Thames - 1st Floor	9/7/05 0726-19:21	TO15-SIM	28.5	4	

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:
34490 - Master Bedroom

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

Form 1293 rev. 09

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: JACK E. KAMPHUIS Date: 30 AUG 05

Part I - Occupants

Residence Address: 1220 THAMES DRIVE, CONCORD, CA 94518-3939

Contact: JACK E. KAMPHUIS (Owner) / Renter / other: _____

Contact's Phone: home (925 676-3233) work ( ) — cell ( ) —

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 4BR/2BA

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

Basement size: 0 ft^2 Basement floor: concrete/dirt/floating/other (specify): 0

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.): ~~0~~

Heavy vehicular traffic nearby (or other mobile sources): ~~0~~

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	EMPTY/CAPPED GARAGE	
Gas-powered equipment	Ø	
Kerosene storage cans	Ø	
Paints / thinners / strippers	GARAGE	No
Cleaning solvents	Ø	
Oven cleaners	Ø	
Carpet / upholstery cleaners		
Other house cleaning products	SOFT SCRUB TSP	
Moth balls	GARAGE (PACKAGED)	NO
Polishes / waxes CAPPED	LAUNDRY ROOM	NO
Insecticides	GARAGE	NO
Furniture / floor polish CAPPED	LAUNDRY ROOM	NO
Nail polish / polish remover CAPPED	BATHROOM	NO
Hairspray COVERED	BATHROOM	NO
Cologne / perfume CAPPED	BATHROOM	NO
Air fresheners COVERED	BATH ROOM	NO
Fuel tank (inside building)	Ø Ø	
Wood stove or fireplace	Ø	
New furniture / upholstery	Ø	
New carpeting / flooring	Ø	
Recent painting in building?	Ø	
Hobbies - glues, paints, etc.	Ø	

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? APRIL, 2005

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? TERMITE TREATMENT ABOUT 10 YRS AGO

Part VI – Sampling Information

Person conducting sampling: K. Lake / D. Moberg

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

Laboratory: Air Toxics Ltd.

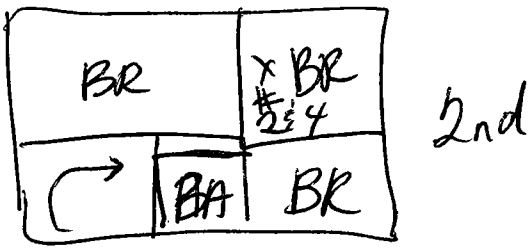
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st	FR	35144	35144	8/30/05 8:20	8/30/05 2025
2	2nd	BR	33564	33564	8/30/05 8:30	8/30/05 2034
3	Crawl Space	MBR	10797	07979	8/30/05 8:25	8/30/05 2029
4	2nd Dup		12044	12044	8/30/05 8:30	8/30/05 2034

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

Sample # 1 - 1220 Thames Dr - 1st Floor

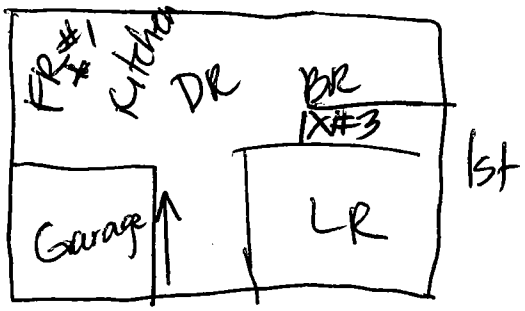
Sample # 2 - 1220 Thames Dr - 2nd Floor

Sample # 3 - 1220 Thames Dr - Crawlspace



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: ~65 °F

Expected high temperature: ~~90~~ 94 °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

~70°F inside during installation

Duplicate sample set up w/ 2nd Floor Sample.

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 open night before sampling. Windows closed during sample installation. Garage Door open to outside during installation.
Resident requested sample on 1st floor be collected in FR b/c they do not use the LR or DR as often. Resident's (Stamp collection?) hobby table set up in FR

Inside temp at p/u = 74°F
Windows were opened ~ 630pm. sliding door by 1st floor sample opened ~630pm. Electric Fan running in downstairs hallway at p/u time.

Attachment 2

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CHAIN-OF-CUSTODY RECORD

Sample Transportation Notice

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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) Kimberly Lake Doug Mahney

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)
	1220 Thames Dr - 1st Floor	8/30/05	8:20	TO-15 SIM	29	7.5		
	1220 Thames Dr - 2nd Floor	8/30/05	08:30	TO-15 SIM	29	0		
	1220 Thames Dr - 2nd Floor Duplicate	8/30/05	08:30	TO-15 SIM	29.5	7.5		
	1220 Thames Dr - Crawl Space	8/30/05	08:25	TO-15 SIM	29	7.5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
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

Notes:

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: _____ Date: _____

Part I - Occupants

Residence Address: 1221 Thames Dr

Contact: Ron Block (Owner) / Renter / other: _____

Contact's Phone: home ( )_____ work ( )_____ cell ( )_____

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

Part II – Residence Characteristics

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

Describe residence: _____

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) _____

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		
Paints / thinners / strippers		
Cleaning solvents		
Oven cleaners		
Carpet / upholstery cleaners		
Other house cleaning products		
Moth balls		
Polishes / waxes		
Insecticides		
Furniture / floor polish		
Nail polish / polish remover		
Hairspray		
Cologne / perfume		
Air fresheners		
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? _____

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? _____

Part VI – Sampling Information

Person conducting sampling: K Lake / J. Pfaff

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

Laboratory: Air Toxics

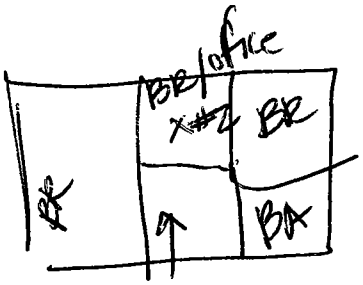
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st	LR	24493	24493	8/25/05 08:05	8/25/05 19:52
2	2nd	BR	34366	34366	8/25/05 08:20	8/25/05 19:55
3	~~1st~~ Crawl Space	BR	34407	34407	8/25/05 08:16	8/25/05 20:00

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

Sample # 1 - 1221 Thames Dr- 1st Floor

Sample # 2 - 1221 Thames Dr- 2nd Floor

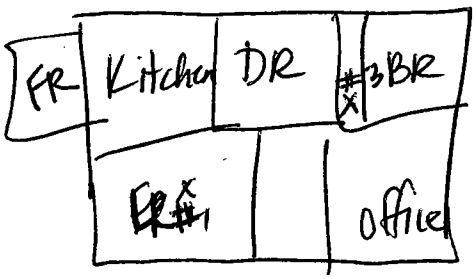
Sample # 3 - 1221 Thames Dr-Crawl Space



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: 85 °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: sunny

inside temp during installation = 22°C

Part VIII – General Observations

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

Thermostat set @ 75°F. All windows closed

1ST FLOOR CANISTER HAS READ 0.0 SINCE ~ 1:30pm

0.0 WHEN CHECKED w/ GAUGE @ P/U ~~= NOT VALID SAMPLE~~ KLL

The Hg has been at
0 since I checked it
at Lunch time, about 1330. —
Hard to say how long the
Flow constriction was broken

[illegible]

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Page 1 of 1

CHAIN-OF-CUSTODY RECORD

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

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)
	1221 Thames Dr - 1st Floor	8/25/05	08:05 - 19:52	TO15SIM	26.5	0.0		
	1221 Thames Dr - 2nd Floor	8/25/05	08:20 - 19:55	TO-15SIM	26.5	6.0		
	1221 Thames Dr - Crawl Space	8/25/05	08:16 - 20:00	TO-15 SIM	26.5	5.5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	8/26/05 10:00		
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time

Notes: All vacuum readings measured w/ gauge

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: _____ Date: 8/24/05

Part I - Occupants

Residence Address: 1200 THAMES DR. CONCORD, CA 94518

Contact: EMIL F. MELLONI (Owner) / Renter / other: _____

Contact's Phone: home (✓) 925 687-9016 work ( ) _____ cell ( ) _____

Residence occupants: Children under age 13 NO Children age 13-18 NO Adults ONE

Part II – Residence Characteristics

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

Describe residence: ONE STORY, FRAME/STUCCO, CRAWL SPACE, ATTIC, 1200 □'

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

NO BASEMENT GARAGE ONLY

Basement size: _____ ft² ~~Basement floor~~: (concrete)/dirt/floating/other (specify): 1200 □'

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

Type of ground cover around outside of residence: (grass)/(concrete)/asphalt/other (specify) 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): FORCED AIR HEAT & A/C

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

Heating WASHER, DRYER, STOVE

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

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

Already Tested

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): 2nd Entrance to Elementary School

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	- Gasoline, Kerosene Outside shed	
Gas-powered equipment	Lawn Mower - Garage	YES
Kerosene storage cans	- Outside Shed	
Paints / thinners / strippers	Garage	
Cleaning solvents	Garage	
Oven cleaners	Garage	
Carpet / upholstery cleaners	Garage	
Other house cleaning products	✓	
Moth balls	✓	
Polishes / waxes	✓	
Insecticides	✓	
Furniture / floor polish	~~Hall Closet~~ Garage	
Nail polish / polish remover	Hall Closet	
Hairspray	N/A	
Cologne / perfume	Bathroom Drawer	
Air fresheners	Bathroom	
Fuel tank (inside building)	No	
Wood stove or fireplace	Fireplace ~ unused	
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? N/A

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: Rachael Sijgers / Doug Moberg

Sampler Type: Tedlar / Sorbent / Canister Analytical Method: TO-15 / TO-17 / other: _____

Laboratory: Air Toxics

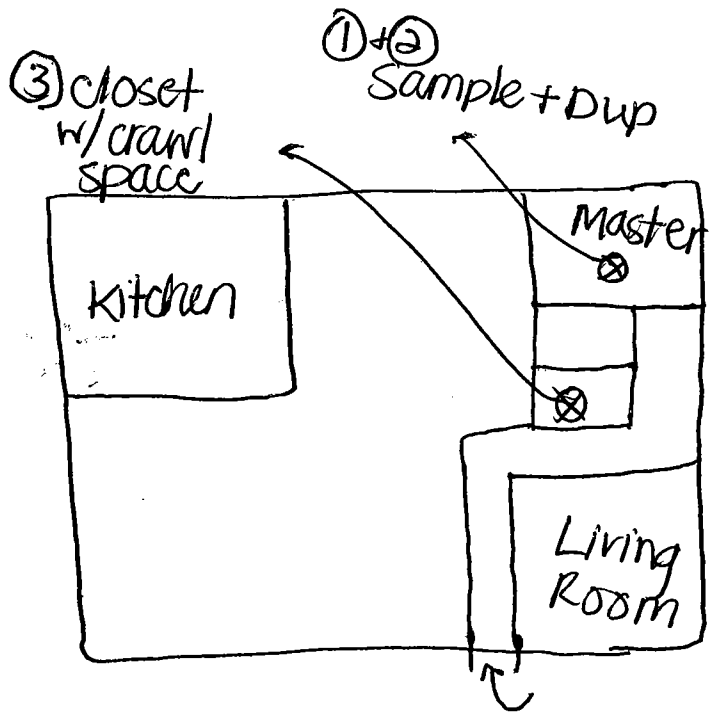
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time	
1200 Thames-	1st floor	Master	34505	34505	8/24/05 0840	8/24/05 - 2039	29.5
1205 Thames-	1st floor-Dup.	"	34443	34443	8/24/05 0840	8/24/05 - 2039	"
1200 Thames-	Crawl Space	Hall	33772	33772	8/24/05 0843	8/24/05 - 2045	"

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

Sample # 1 - First Floor

Sample # 2 - First Floor-Dup

Sample # 3 - Crawl space



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: 22 °C

Expected high temperature: 90 °F Expected low temperature: 65 °F

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

Describe the general weather conditions: clear, sunny

23°C - Inside temp. at time of sampling.

Part VIII – General Observations

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

Couple of windows left open at time of sampling
No AC/fan in operation.
Resident will leave windows/doors closed in master bedroom.
Windows closed all day. 76°F at p/u in house.

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CHAIN-OF-CUSTODY RECORD

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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) Rachel Sygo / Doug Mills

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)
	1200 Thames Dr - 1st Floor	8/24/05	08:40-20:39	TO-15 SIM	29.5	7		
	1200 Thames Dr - 1st Floor Duplicate	8/24/05	08:40-20:39	TO-15 SIM	29.5	7		
	1200 Thames Dr - Crawlspace	8/24/05	08:43-20:45	TO-15 SIM	29.5	7.5		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	8/25/05 15:00		
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?	Work Order #
					Yes No None	

Form 1293 rev.10

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: Angela Cardinale Date: 8/22/05

Part I - Occupants

Residence Address: 1210 Thames Drive

Contact: angela/mike Cardinale Owner / Renter / other: angela/mike Cardinale

Contact's Phone: home (925) 680-7687 work (925) 787-5622 cell (925) 989-0116

Residence occupants: Children under age 13 3 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: Single family - 4 bedrooms, 2.5 baths

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

Basement size: N/A 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) grass, concrete

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

~~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 sure

Other stationary sources nearby (gas stations, emission stacks, etc.): no

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	none	n/a
Gas-powered equipment	none	n/a
Kerosene storage cans	none	n/a
Paints / thinners / strippers	outside	n/a
Cleaning solvents	under sink	yes
Oven cleaners	none	n/a
Carpet / upholstery cleaners	none	n/a
Other house cleaning products	under sink - kitchen	yes
Moth balls	none	n/a
Polishes / waxes	none	n/a
Insecticides	outside	n/a
Furniture / floor polish	under kitchen sink	yes
Nail polish / polish remover	none	n/a
Hairspray	master bedroom	no
Cologne / perfume	master bedroom	no
Air fresheners	none	n/a
Fuel tank (inside building)	none	n/a
Wood stove or fireplace	fireplace - kitchen not used	n/a
New furniture / upholstery	none	n/a
New carpeting / flooring	none	n/a
Recent painting in building?	none	n/a
Hobbies - glues, paints, etc.	none	na

Part V – Miscellaneous Items

Do any occupants of the residence smoke? Yes / No (If Yes, How often? occasional + outside - not in home

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? n/a

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

Describe (with location): n/a

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

Describe (with location): n/a

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

If so, when and which chemicals? Last week, insect/wasp spray

Part VI – Sampling Information

Person conducting sampling: K. Lake / R. Sijgers

Sampler Type: Tedlar / Sorbent / Canister Analytical Method: TO-15 / TO-17 / other: TO-15 S/M

Laboratory: Air Toxics, Ltd.

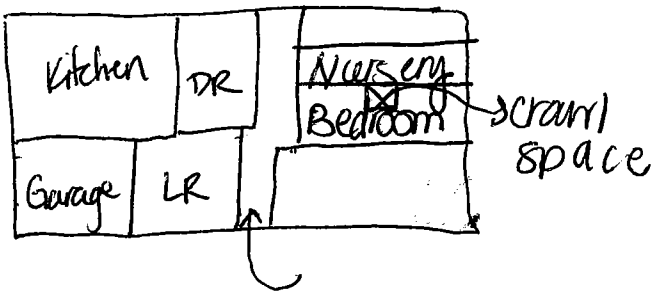
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st	Nursery	2765	32110	8/22/05 08:40	8/22/05 20:31
2	1st	Nursery	1770	33936	8/22/05 08:40	8/22/05 20:31
3	Crawlspace		1503	FC00465	8/22/05 08:45	8/22/05 2035 10"

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

Sample # 1 - 1210 Thames Dr- 1st Floor

Sample # 2 - 1210 Thames Dr- 1st Floor Duplicate

Sample # 3 - 1210 Thames Dr- Crawlspace



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: 60 °F

Expected high temperature: 80 °F Expected low temperature: 50s °F

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

Describe the general weather conditions: Sunny

indoor air = 23°C during installation
indoor air = 29°C during pick-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 Closed when canisters were installed
windows, doors remained closed during sample collection

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CHAIN-OF-CUSTODY RECORD

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Page 1 of 1

Contact Person: Kimberly Lake
Company: ERM Email: kimberly.lake@erm.com
Address: 1777 Botelho Dr City: Walnut Creek State: CA Zip: 94596
Phone: 925-946-0455 Fax: 925-946-9968

Collected by: (Signature)

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)
	1210 Thames Dr- 1st Floor	8/22/05	08:40-2031	TO-15 SIM	>30	7.5		
	1210 Thames Dr-Crawl Space	8/22/05	08:45-2035	TO-15 SIM	>30	7		
	1210 Thames Dr-1st Floor Duplicate	8/22/05	08:40-2031	TO-15 SIM	30	8		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	8/23/05 1430		
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?	Work Order #
					Yes No None	

Form 1293 rev.10

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: Andrina Marin Date: Aug 14, 2005

Part I - Occupants

Residence Address: 1270 Trafalgar Ct. Concord, CA 94518

Contact: Andrina Owner / Renter / other: _____

Contact's Phone: home (925) 969 0140 work ( ) — cell (925) 286-8424

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: _____ (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		N/A
Gas-powered equipment		N/A
Kerosene storage cans		N/A
Paints / thinners / strippers	OUTSIDE SHED	N/A
Cleaning solvents		N/A
Oven cleaners		N/A
Carpet / upholstery cleaners		N/A
Other house cleaning products	GARAGE	yes
Moth balls		N/A
Polishes / waxes		N/A
Insecticides		N/A
Furniture / floor polish		N/A
Nail polish / polish remover		N/A
Hairspray		N/A
Cologne / perfume	BATHROOMS	yes
Air fresheners		N/A
Fuel tank (inside building)		N/A
Wood stove or fireplace	FAMILY ROOM	NOT USED
New furniture / upholstery		N/A
New carpeting / flooring		N/A
Recent painting in building?		N/A
Hobbies - glues, paints, etc.		N/A

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? _____

Part VI – Sampling Information

Person conducting sampling: Rachel Sijjers/Doug Moberg

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

Laboratory: Air Toxics

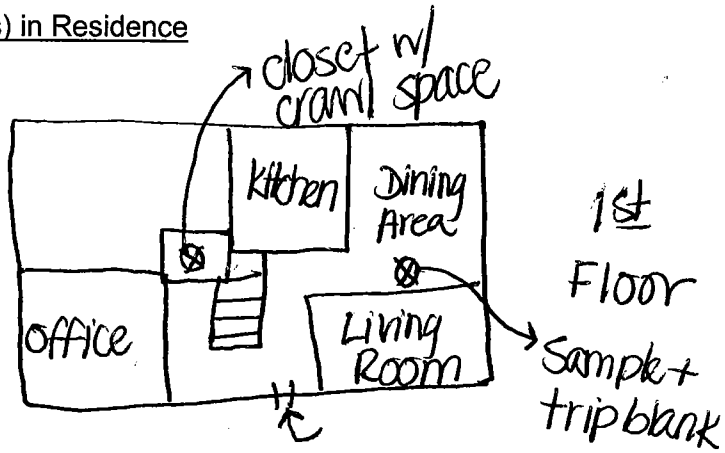
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1270 Trafalgar	1st floor	Living Room	13842	13842	8/24/05 0805	8/24/05 2005
1270 Trafalgar	2nd floor	Nursery	25247	25247	8/24/05 0810	8/24/05 2007
1270 Trafalgar	Crawl Space	closet	33991	33991	8/24/05 0815	8/24/05 2003

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

Sample # 1 - 1st floor

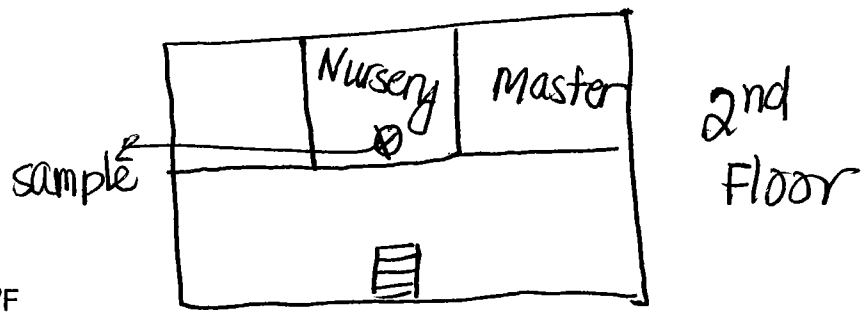
Sample # 2 - 2nd floor

Sample # 3 - crawl space



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: 23 °F

Expected high temperature: 90 °F Expected low temperature: 65 °F

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

Describe the general weather conditions: clear, warm

Sample in Nursery - diaper pail present
25°C - inside air at time of sampling
Trip Blank installed # 20937 on 1st floor

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
No windows open at time of sampling, however windows kept open all night
Windows remained closed all day.

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(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) Raymond Sieggar / Doug Mahoney

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)
	1270 Trafalgar Ct - 1st Floor	8/24/05	08:05-20:05	TO-15 SIM	28.5	7		
	1270 Trafalgar Ct - 2nd Floor	8/24/05	08:10-20:07	TO-15 SIM	29	8		
	1270 Trafalgar Ct - Crawl Space	8/24/05	08:15-20:03	TO-15 SIM	29	8		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	Notes:
Kimberly Lake	8/25/05 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?	Work Order #
					Yes No None	

Form 1293 rev.10

Attachment 2
Air Quality Survey & Sampling Form

Survey Completed by: _____ Date: _____

Part I - Occupants

Residence Address: 1270 Waterloo Ct

Contact: Augie Proia Owner / Renter / other: _____

Contact's Phone: home ( )_____ work ( )_____ cell ( )_____

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

Part II – Residence Characteristics

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

Describe residence: _____

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

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		
Paints / thinners / strippers		
Cleaning solvents		
Oven cleaners		
Carpet / upholstery cleaners		
Other house cleaning products		
Moth balls		
Polishes / waxes		
Insecticides		
Furniture / floor polish		
Nail polish / polish remover		
Hairspray		
Cologne / perfume		
Air fresheners		
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? _____

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? _____

Part VI – Sampling Information

Person conducting sampling: R. Sjgers / R. Dyer

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
1270 Waterloo	1st Floor	Living Room	96111	96111	10/5/05 0632	10/5/05 18:45

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

Sample # 1 - 1st Floor

Sample # _____ - _____

Sample # _____ - _____

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

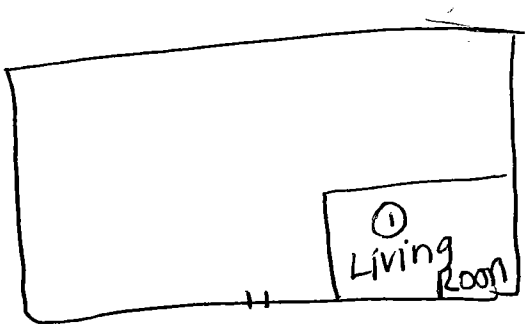
If the answer is no, describe modifications:

_____

_____

_____

_____



Part VII - Weather Conditions

Outside temperature at time of sampling: 65 °F

Expected high temperature: 85 °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, cool, still dark

67° F - indoor air temp. at time of sample 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.

gauge on flow controller does not appear to be working
No AC or fan, windows will remain open during the day

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Page 1 of 1

Contact Person Kimberly Lake
Company ERM-West, Inc. 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)

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

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)
	1270 Waterloo-1st Floor	10/5/05	0632-18:55	TO-15 SIM	28.5	6.0		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time	Notes:
Kimberly Lake	10/6/05			
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: AUGUST PROIA Date: _____

Part I - Occupants

Residence Address: 1270 WATERLOO CT

Contact: 925-825-8605 (Owner) / Renter / other: _____

Contact's Phone: home ( ) AUBIE work ( ) _____ cell ( ) _____

Residence occupants: Children under age 13 _____ Children age 13-18 _____ Adults 3

Part II – Residence Characteristics

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

Describe residence: TWO STORY

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) RAISED CONCRETE

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): F.A.F.

Type of ventilation system (circle all that apply):

central air conditioning | mechanical fans | bathroom ventilation fans -1
individual air conditioning units | kitchen range hood fan -1 | other(specify): None A/C

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		YES
Gas-powered equipment		
Kerosene storage cans		
Paints / thinners / strippers		
Cleaning solvents		
Oven cleaners		
Carpet / upholstery cleaners		
Other house cleaning products		
Moth balls		
Polishes / waxes		
Insecticides		NONE
Furniture / floor polish		NONE
Nail polish / polish remover		NONE
Hairspray		NONE
Cologne / perfume		
Air fresheners		NONE
Fuel tank (inside building)		NO "
Wood stove or fireplace		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? 3-yrs –

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. Lake / D. Moberg

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

Laboratory: Air Toxics, Ltd.

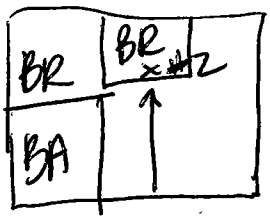
Sample #	Floor	Room	Canister/ Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time
1	1st	LR	9419	9419	8/23/05 06:20	8/23/05 18:20
2	~~Gro~~ 2nd	BR	3381	34766	8/23/05 06:30	8/23/05 18:25
3	Crawl space	BR closet	35265	35265	8/23/05 06:25	8/23/05 18:22

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

Sample # 1 - 1270 Waterloo Ct - 1st Floor

Sample # 2 - 1270 Waterloo Ct - 2nd Floor

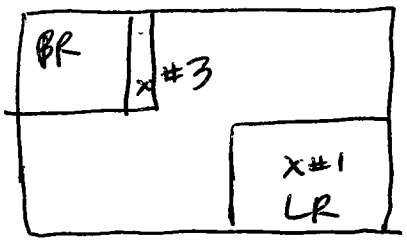
Sample # 3 - 1270 Waterloo Ct - Crawl Space



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: 85 °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: 20°C inside during setup

Sample #1: initial vacuum = 24" on gauge, 28.5" on flow controller

Sample #3: initial vac = 24" on gauge, 23.5" on flow controller

Part VIII – General Observations

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

Window in 2nd floor bedroom was open during installation. Mr. Proia does not have a/c and windows were open in the home, as is the norm for the home. Temp inside during installation = 20°C on 1st floor, 23C on second floor
Windows remained open all day. Downstairs Temp during retrieval - 78°F

Pickup information:

1st Floor

Flow Controller = 0" Gauge = 0"

Crawl Space

Flow Controller = 8.5" Gauge = 2"

2nd Floor

Flow Controller = 2" Gauge = 1.5"

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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)

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)
	1270 Waterloo Ct - 1st Floor	8/23/05	06:20-1820	TO15-SIM	24"*	0		
	1270 Waterloo Ct - 2nd Floor	6/23/05	06:30-1825	TO15 SIM	29.5	1.5		
	1270 Waterloo Ct - Crawl Space	8/23/05	06:25-1822	TO15 SIM	24"*	2		

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Kimberly Lake	8/24/05 15:00		
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time

Notes:
* Vac reading from separate ~~flowrent~~ gauge. Flowcontroller gauge = -28.5" for 1st floor sample, = -28.5" for crawl space sample. Final Pressures measured with Gauge

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

Form 1293 rev.10