

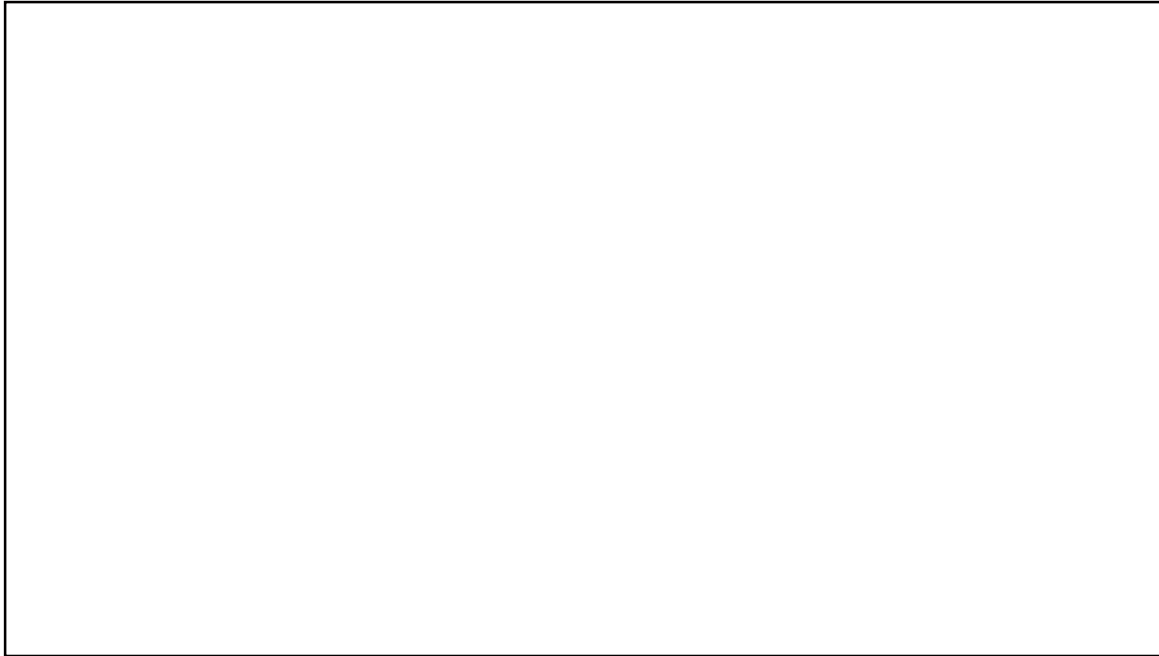
Appendix C
Exposure Investigation Protocol Attachments

Attachment A.

Date _____

Address _____

Sketch of Property (Include A- garage, B- basement, C-main living space, D-Filtration system, E-location of water sample, F- location of SUMMA® sample, and G- location of air screening)



Location	Time	PID (ppm)	LEL/O2 (%)	H2S (ppm)	Methane (ppm)	SUMMA® (yes/no)	Notes

Attachment B.

Questionnaire for Cady Rd EI

Name(s)* _____

Address* _____

Phone Number-- Home: _____ Work: _____
(ATSDR should try home ___ / work ___ number, first)

How long have you lived at this Cady Rd Address?

What year was your home built (or approximately how old is the home)? _____

Water

	YES	NO
Do you have a private well?		
Do you have municipal water?		

Do you use your private well water for:	YES	NO
Drinking?		
Cooking?		
Showering/bathing?		
Cleaning the house?		
Washing clothes?		
Watering plants/lawn?		
for any other purpose?		
If yes, explain		

What is the depth of your private well? _____ feet

Does your well water have a certain:	YES	NO
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Taste?
Odor?
Look?
Feel/residue?

Air

In which room does your family spend most of their time (this is where the air sample will be taken)?

Family room
TV Room
Kitchen
Other (Describe) _____

Do you heat your home with: YES NO
Gas?
Electric?
Oil?
Coal?

Do you heat your water with: YES NO
Gas?
Electric?
Oil?

Where is your furnace located? _____

Where is your hot water heater located? _____

Is there an attached garage?

If yes, do you park your car(s)
in the garage?
Do you store lawn
mowers, gas cans,
and/or shop supplies
in the garage?

Does your home have a:
Crawl space?
Basement?

Do you or another resident of the home smoke cigarettes (or cigars or pipes)

indoors? YES___ NO___

Do you or another resident have indoor hobbies that involve:

	YES	NO
Furniture refinishing		
Painting/varnishing	_____	_____
Gluing		
Using solvents		
Other	_____	_____
(Explain)		

Please describe any issues you have (if any) about the quality of the air—indoors and out.

Is there any pattern to the quality of air (e.g., is the air quality better in the winter? Is the air quality better in the morning? Is the air quality better during the week?)

Health

Please describe any health concerns that you have that you want us to consider in this health evaluation:

DURING SAMPLING

Home construction (brick, stone, stick)

Description of water treatment/filtering system

Whole-house system?

Tap system (e.g., filter on kitchen tap)

Name of system maintenance contractor:

Brand and type of system (as described on the system) in the event we need to contact the manufacturer or maintenance service provider for more information

Homeowner's description of system

Maintenance schedule for system/parts of system

Homeowner's description of contractor maintenance

If resident/homeowner performs maintenance, describe the maintenance and frequency?

Location of faucet or spigot where pre-filtration system sample was collected:

Description of well (casing, enclosure, pump location, location, etc)

Copies of previous well water test results

Copies of previous air sample results

Attachment C.

**Agency for Toxic Substances and Disease Registry
U.S. Department of Health and Human Services, Atlanta, Georgia**

Consent for Environmental Sampling

**Cady Road Exposure Investigation
North Royalton, Cuyahoga County, Ohio**

The Agency for Toxic Substances and Disease Registry (ATSDR) of the U.S. Department of Health and Human Services, is conducting an exposure investigation. Participation in this investigation is voluntary. The authority for collecting information in this investigation is the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980 (42 U.S.C. 9604). Your participation in this investigation will help to measure contaminants that may be present in well water or indoor air.

The investigation involves collecting different samples by collecting a water sample from a spigot or faucet attached to your well, but before it enters any filtration or treatment system. We may have to flush (run) your water for up to 15 minutes to obtain the sample. We will monitor the air while we take the water sample with several different instruments to determine if any gases are present. We will also put a sampling device in your home for eight hours to obtain an air sample. The purpose of the investigation is to determine if contaminants are present in your water or air at concentrations of health concern.

Participation

Furnishing any information is voluntary and you may choose to stop participating at any time, even after signing this consent form. If you choose not to participate, or to stop at any time, there will be no penalty.

Results

The ATSDR will provide you with the results of the tests conducted on your property and an explanation of their significance.

Confidentiality

Upon the conclusion of this investigation, ATSDR will prepare a written report that discusses the findings. The report will be available to the public but will not contain personal identifiers. Test results may be shared with other federal, state, or local environmental agencies. Confidentiality will be protected in accordance with Federal and State laws.

Directions: If you do not understand the description of this portion of the exposure investigation, please ask questions. If you agree to participate, please sign the attached consent form.

CONSENT FOR ENVIRONMENTAL SAMPLING

Name:

Description of Property (include address):

Telephone number:

I hereby consent to employees of the Agency for Toxic Substances and Disease Registry (ATSDR) and parties authorized by ATSDR, entering and having continued reasonable access to the above described property for the collection of air and water well samples.

I realize that these actions are taken pursuant to ATSDR's response authorities under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), as amended, 42 U.S.C. 9601 et seq.

I am the property owner, or an individual having the authority or the authorization of the property owner to make this access agreement.

This written permission is given by me voluntarily with full knowledge of my right to refuse and without threats or promises of any kind.

Signature

Date

Witness

Date

If you have any questions please contact:

Greg Zarus: ATSDR at (404) 498-0507 or Jennifer Noack: ATSDR at (404)498-0508