

## Exposure Pathways Checklist Tables

### Exposure Pathways Checklist - Water

Pathway Name	Contaminated	Exposure Points	Receptor Population	Time	Comments/References
<b>Groundwater</b> Private Wells	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Drinking <input type="checkbox"/> Cooking <input type="checkbox"/> Bathing <input type="checkbox"/> Crop Irrigation <input type="checkbox"/> Livestock <input type="checkbox"/> Industrial <input type="checkbox"/> Abandoned <input type="checkbox"/> Other	Identify, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	<b>! Alternate Water Supplied</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
<b>Groundwater</b> Public Wells	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Drinking <input type="checkbox"/> Cooking <input type="checkbox"/> Bathing <input type="checkbox"/> Crop Irrigation <input type="checkbox"/> Livestock <input type="checkbox"/> Industrial <input type="checkbox"/> Abandoned <input type="checkbox"/> Other	Identify, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	<b>! Alternate Water Supplied</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
<b>Groundwater</b> Monitoring Wells	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Upgradient <input type="checkbox"/> Downgradient		<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	<b>! Earliest date of known contamination?</b>  <b>! Other contamination sources off-site?</b>
<b>Surface Water</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Drinking <input type="checkbox"/> Cooking <input type="checkbox"/> Bathing <input type="checkbox"/> Crop Irrigation <input type="checkbox"/> Livestock <input type="checkbox"/> Industrial <input type="checkbox"/> Swimming <input type="checkbox"/> Fishing <input type="checkbox"/> Other	Distance from site	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	<b>! Reasons to believe that surface water is contaminated</b> <input type="checkbox"/> Surface water data <input type="checkbox"/> Sediment data <input type="checkbox"/> Observed (e.g., oil sheen) <input type="checkbox"/> On-site contaminants are likely to migrate to surface water <input type="checkbox"/> Off-site soil contamination confirmed

<b>Leachate</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Drinking <input type="checkbox"/> Playing <input type="checkbox"/> Site Trespassing <input type="checkbox"/> Swimming/Wading	Distance from site	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	
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**Exposure Pathways Checklist - Soil**

Pathway Name	Contaminated	Exposure Points	Receptor Population	Time	Comments/References
<b>Soil</b> Surface Soil Less than 3" in depth	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Fishing <input type="checkbox"/> Recreational <input type="checkbox"/> Hunting <input type="checkbox"/> Trespassing <input type="checkbox"/> Gardening <input type="checkbox"/> Playing <input type="checkbox"/> Other	Identify, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! Earliest documented date of soil contamination?
<b>Soil</b> Subsurface Soil Greater than 3" in depth	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Fishing <input type="checkbox"/> Recreational <input type="checkbox"/> Hunting <input type="checkbox"/> Trespassing <input type="checkbox"/> Gardening <input type="checkbox"/> Playing <input type="checkbox"/> Other	Identify, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! Earliest documented date of soil contamination?
<b>Hard Surface or Wipe Samples</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Other <input type="checkbox"/> Recreational <input type="checkbox"/> Trespassing <input type="checkbox"/> Playing	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! Earliest date of known contamination?
<b>Sludge</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Fishing <input type="checkbox"/> Recreational <input type="checkbox"/> Hunting <input type="checkbox"/> Trespassing <input type="checkbox"/> Gardening <input type="checkbox"/> Playing <input type="checkbox"/> Other	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	

Sediment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Fishing <input type="checkbox"/> Recreational <input type="checkbox"/> Hunting <input type="checkbox"/> Trespassing <input type="checkbox"/> Gardening <input type="checkbox"/> Playing <input type="checkbox"/> Other	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	<b>!</b> Reasons to believe that sediment is contaminated: <input type="checkbox"/> Surface water data <input type="checkbox"/> Sediment data <input type="checkbox"/> Observed (e.g., oil sheen) <input type="checkbox"/> On-site contaminants are likely to migrate to surface water/sediments <input type="checkbox"/> Off-site soil contamination confirmed

### Exposure Pathways Checklist - Biota

Pathway Name	Contaminated	Exposure Points	Receptor Population	Time	Comments/References
<b>Fish</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Ingestion  <input type="checkbox"/> Commercial <input type="checkbox"/> Recreational <input type="checkbox"/> Subsistence	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	<p>! List fish species.</p> <p>! Observed fish kills?</p>
<b>Shell Fish</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Ingestion  <input type="checkbox"/> Commercial <input type="checkbox"/> Recreational <input type="checkbox"/> Subsistence	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	<p>! List shell fish species.</p> <p>! Observed shell fish kills?</p> <p>! Any closures of shell fish area? Date? Reason?</p>
<b>Game Animal</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Ingestion  <input type="checkbox"/> Commercial <input type="checkbox"/> Recreational <input type="checkbox"/> Subsistence	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	<p>! List game.</p> <p>! Reports of animal illness/ailments?</p> <p>! Hunting frequency? Harvest Records?</p>
<b>Farm/Domestic Animal</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Ingestion  <input type="checkbox"/> Commercial <input type="checkbox"/> Recreational <input type="checkbox"/> Subsistence	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	<p>! List livestock.</p> <p>! Reports of animal illness/ailments?</p> <p>! On leased area?</p>

<b>Crops</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Ingestion  <input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Subsistence	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	<b>! List crops.</b>  <b>! Report of crop failures/quality?</b>
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Exposure Pathways Checklist - Other

Pathway Name	Contaminated	Exposure Points	Receptor Population	Time	Comments/References
<b>Waste Material/ Containers</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Fishing <input type="checkbox"/> Recreational <input type="checkbox"/> Hunting <input type="checkbox"/> Trespassing <input type="checkbox"/> Gardening <input type="checkbox"/> Playing <input type="checkbox"/> Other	Identify, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	
<b>Air</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Fishing <input type="checkbox"/> Recreational <input type="checkbox"/> Hunting <input type="checkbox"/> Trespassing <input type="checkbox"/> Gardening <input type="checkbox"/> Playing <input type="checkbox"/> Other  <input type="checkbox"/> Aerosols <input type="checkbox"/> Particulates <input type="checkbox"/> Volatiles	Identify, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	<b>! Source of Contamination</b> <input type="checkbox"/> Open burning <input type="checkbox"/> Fire <input type="checkbox"/> Incinerator <input type="checkbox"/> Excavation <input type="checkbox"/> Production Stack <input type="checkbox"/> Wind <b>! Odor complaints in vicinity of site?</b>
<b>Soil Gas</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Other <input type="checkbox"/> Recreational <input type="checkbox"/> Trespassing <input type="checkbox"/> Housing	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	
<b>Other</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Fishing <input type="checkbox"/> Recreational <input type="checkbox"/> Hunting <input type="checkbox"/> Trespassing <input type="checkbox"/> Gardening <input type="checkbox"/> Playing <input type="checkbox"/> Other	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	
<b>Other</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Fishing <input type="checkbox"/> Recreational <input type="checkbox"/> Hunting <input type="checkbox"/> Trespassing <input type="checkbox"/> Gardening <input type="checkbox"/> Playing <input type="checkbox"/> Other	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	