

April 27, 2012

Ms. Jenny Herman Maryland Department of the Environment Oil Control Program 1800 Washington Boulevard Baltimore, Maryland 21230-1719

Re: Focused Risk Assessment – Vapor Intrusion at 1207 Chesaco Avenue Gasoline Fueling Station – Royal Farms Store No. 64 7950 Pulaski Highway, Rosedale, Maryland 21237 OCP Case No. 10-0339-BA Facility ID 3975 AEC Project No. 05-056RF064

Dear Ms. Herman:

Advantage Environmental Consultants, LLC (AEC) is presenting this focused risk assessment concerning vapor intrusion (VI) at the 1207 Chesaco Avenue residence. The risk assessment compares the results of the recent indoor air quality (IAQ) and sub-slab vapor testing with residential vapor inhalation risk based standards developed by the MDE. This work is associated with Maryland Department of the Environment (MDE) Oil Control Program (OCP) Case No. 10-0339-BA. The work was performed pursuant to MDE's Work Plan Approval letter, dated January 25, 2012. Figures 1 and 2 in Attachment A illustrate the site vicinity and site features.

Introduction

The Royal Farms Site (7950 Pulaski Highway) is situated in a commercial/residential area located northwest of the intersection of Chesaco Avenue and Pulaski Highway, in the Rosedale area of Baltimore County, Maryland. The Site is developed with a convenience store/gasoline fueling station and associated asphalt- and concrete-paved areas and landscaped areas. The Site currently operates four, 10,000-gallon, fiber-glass reinforced plastic, underground storage tanks (USTs) which distribute fuel to four product dispensers.

The surrounding properties include residences to the north, and commercial properties to the south, east and west. A retaining wall separates the Site and the northern adjoining residence (1205 Chesaco Avenue). The surface elevation difference between the two properties ranges from approximately 2 to 10 feet which increases in a westerly direction. Further north and adjacent to the 1205 property is 1207 Chesaco Avenue.

The 1207 Chesaco Avenue structure is of brick construction and contains two apartments (referred to as 1st floor and 2nd floor). The structure also contains a finished basement which is primarily used by the 1st floor tenant. The basement contains a natural gas fired boiler which provides heat to the structure via hot water radiators. Several home utility lines penetrate the basement ceiling and include hot water (bath and radiator), natural gas for appliances and drinking water lines. A sump pit is located near the southwest corner of the basement. This sump discharges primarily during rainfall events.

On December 15, 2009, the MDE OCP opened a case in response to a report of evidence of a petroleum spill at 1205 Chesaco Avenue, which adjoins the Site to the north. The Baltimore County Fire Department (BCFD) initially responded to a 911 call from the 1205 Chesaco Avenue resident and reportedly observed approximately 1.5 inches of gasoline in the basement dewatering sump at this residence. The dewatering sump had discharged petroleum impacted water onto the backyard, which then migrated via overland flow to a neighboring driveway (1207 Chesaco Avenue). At that time, basement dewatering sumps at adjacent residences were checked by the BCFD for the presence of liquid-phase hydrocarbons (LPH) and field screened for vapor-phase hydrocarbons (VPH). No LPH or VPH were detected at the adjacent residences. The 1205 Chesaco residence has been unoccupied since the release was reported.

The UST observation wells (tank pit (TP) wells) and UST over-fill containment sumps at the Site were gauged by the MDE Emergency Response Division (ERD). LPH was observed in both TP wells and one of the containment sumps. The fuel dispensers were shut down on December 15, 2009, until the leak could be located and repaired. A tank test determined that a leak had occurred from an "O" ring at the top of the check valve of the pump on the regular-grade gasoline UST. A subsequent review of inventory records showed a loss of approximately 5,400 gallons of gasoline.

Recent Data Collection Efforts

On March 22 through March 24, 2012 IAQ samples were obtained from the 1207 Chesaco Avenue residences. Samples were collected from the basement near the bathroom (IAQ-01) and bottom of stairs (IAQ-01A), the first level dining room (IAQ-02), and the second level dining room (IAQ-03) and living room (IAQ-03A). In addition, two sub-slab vapor samples were collected in the 1207 basement (SV-01 located near the sump and SV-02 located near the bathroom). A background ambient air sample was collected from the western (AA-01) side of the exterior of the residence near the basement door. All of these samples were analyzed for volatile organic compounds (VOCs). Prior to sampling, all known VOC containing materials were removed from the 1207 Chesaco structure. In addition, tenants were asked to complete an Occupied Dwelling Questionnaire for Indoor Air Surveys (see Attachment B).

On April 25, 2012 a sump water sample was collected from the sump pit in the basement. The sump pit was not recharged prior to sample collection. The sump was partially full but it was apparent that enabling the sump pump would empty the pit and no sample would be available for collection. The sump sample was analyzed for VOCs,

total petroleum hydrocarbons (TPH) gasoline range organics (GRO), and diesel range organics (DRO).

Data Interpretation

With the exception of samples taken from the second floor of 1207 Chesaco, all IAQ samples collected contained benzene at concentrations below the MDE residential standard of 3.1 micrograms per cubic meter (μ g/m³). The 1207 second floor samples indicated benzene concentrations of 4.86 in IAQ-03 and 4.19 μ g/m³ in IAQ-03A. Subslab sampling results indicate concentrations of 10.2 and 1.47 μ g/m³ in SV-01 and SV-02, respectively.

The results of the sump sample analysis indicate that all analytes are below detection limits. Another sump pit sample collection effort occurred on December 23, 2009 in which all analytes were below detection limits. Pathways of exposure such as dermal contact and ingestion of sump water are incomplete (i.e., the sump water is not impacted by petroleum hydrocarbons) based on these findings.

The sub-slab and IAQ results were used to develop VI attenuation factors (AF). Attenuation is the gradual loss in intensity or concentration of any kind of flux through a medium. Sub-slab to indoor air attenuation factors are calculated by dividing the measured IAQ concentration by the sub-slab vapor concentration. A larger AF value indicates less attenuation and a smaller AF value indicates more attenuation. For example, at an AF = 0.001 a subsurface concentration of 1000 μ g/m³ will attenuate to an indoor air concentration of 1 μ g/m³. At an AF = 0.1, the same subsurface concentration of 1000 μ g/m³.

A site specific analysis indicates that the majority of the sub-slab attenuation factors fall between 0.22 and 0.24 at lower indoor air concentrations. At higher indoor air concentrations, the attenuation factors fall between 0.41 and 0.48, suggesting that there is either less attenuation, or that ambient sources such as tobacco smoke are the likely primary source of VOCs in the second floor's indoor air. Attachment C includes several tables which summarize the current and historical analytical results and attenuation values.

Conclusions

It is AEC's opinion that the benzene vapor detected in the 1207 second floor samples is not associated with vapor intrusion from the release of petroleum at the Site for the following reasons:

- Benzene has a vapor density that is greater than air and will sink to the lowest possible level. This is counter to the existing vapor distribution which indicates the highest benzene levels are found on the second floor.
- The concentrations of benzene detected in the samples collected from the basement (2.40 and 2.36 μ g/m³ in IAQ-01 and 01A) and the first floor (2.24 μ g/m³ in

IAQ-02) are significantly less than the concentration detected on the 2nd floor and are consistent with ambient levels (outdoor sample - $1.82 \text{ }\mu\text{g/m}^3$).

- There appears to be no vapor conduit such as forced air heating/air conditioning from the basement or first floor into the second floor. All of the other utility penetrations which were inspected indicate that significant air flow through the penetrations is not occurring.
- Through conversations with Debbie Cvach (owner of 1207 Chesaco) and field observations (i.e., remnant odor of stale tobacco), the house quests of the 2nd floor smoke cigarettes in the home. Tobacco smoke is a known source of benzene. As indicated in the Occupied Dwelling Questionnaire – Indoor Air Assessment Surveys there is demonstrated tobacco use on the second floor of the 1207 Chesaco structure. These questionnaires (current survey and additional historical surveys (August 19, 2010 and October 5, 2011) for 1207 Chesaco second floor) are included as Attachment B.

In conclusion, tobacco smoke is a known source of benzene, and is likely the cause of the elevated concentration of benzene detected in samples from the 2nd floor. AEC recommends continued monitoring of the IAQ levels in the 1207 Chesaco residence.

If you should have any questions regarding these documents, or if we can be of further assistance, please contact the undersigned at (301) 776-0500.

Sincerely,

ADVANTAGE ENVIRONMENTAL CONSULTANTS, LLC

effer Stein

Jeffrey S. Stein, P.G. Principal

Attachments

Cc: T Ruszin, Royal Farms D. Cvach, Property Owner, 1207 Chesaco Avenue ATTACHMENT A





ATTACHMENT B

1207 - Second Flow

New Jersey Departm	ent of Environmental Protection
	R BUILDING SURVEY AMPLING FORM
Preparer's name: Jony Rubino	Date: 3/22/12
Preparer's affiliation: ACC	Phone #: 301-776-0500
Preparer's name: <u>Tony Rebino</u> Preparer's affiliation: <u>ACC</u> Site Name: <u>RF-64</u>	Case #: 10-0339-6A
Part I - Occupants	
Building Address: 1207 Chesaco Ace, Resedule,	M1 21237
Property Contact: Colort Harman Owner / Ren	ter / other:
Contact's Phone: home (4/1) <u>9/8-98(5</u> work ()	
# of Building occupants: Children under age 13 O Child	dren age 13-18 <u>O</u> Adults <u>2</u>
Part II – Building Characteristics	
Building type: residential multi-family residential / office	/ strip mall / commercial / industrial
Describe building: 2-Story afbasement Sensitive population: day care / nursing home / hospital / sch	Year constructed: <u>1957</u>
Sensitive population: day care / nursing home / hospital / sc	hool / other (specify):
Number of floors below grade: (full basemen) / craw	I space / slab on grade)
Number of floors at or above grade:	
Depth of basement below grade surface: 0.5 ft. Baser	ment size: $\mathcal{F} \mathcal{F} \mathcal{F}$ ft ²
Basement floor construction concrete / dirt / floating / sto	one / other (specify):
Foundation walls: poured concrete (cinder blocks)/ sto	one / other (specify)
Basement sump present? (Yes / No Sump pump? (Tes)	No Water in sump Yes No
Type of heating system (circle all that apply): hot air circulation heat pump other (specify):	od steam radiation osene heater electric baseboard
Type of ventilation system (circle all that apply): central air conditioning mechanical fans conditioning units kitchen range ho other (specify): 2 window AC and s a t	
Type of fuel utilized (circle all that apply): Natural gas / electric / fuel oil / wood / coal / sol	
Are the basement walls or floor sealed with waterproof paint o	r epoxy coatings? Yes No

-

Is there a whole house fan?	Yes (No)
Septic system?	Yes / Yes (but not used) / No
Irrigation/private well?	Yes / Yes (but not used) / (No
Type of ground cover outside of buildin	g: grass/ concrete (asphalt)/ other (specify)
Existing subsurface depressurization (ra	don) system in place? Yes (No) active / passive
Sub-slab vapor/moisture barrier in place Type of barrier:	e? Yes (No)
Part III - Outside Contaminant Source	ces /
NJDEP contaminated site (1000-ft. rad	ius):
Other stationary sources nearby (gas sta	tions, emission stacks, etc.): $\angle F - 69$
Heavy vehicular traffic nearby (or other	mobile sources): Chosaco Ane. + falaski Hyay.

Part IV - Indoor Contaminant Sources

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Identify all potential indoor sources found in the building (including attached garages), the location of the source (floor and room), and whether the item was removed from the building 48 hours prior to indoor air sampling event. Any ventilation implemented after removal of the items should be completed at least 24 hours prior to the commencement of the indoor air sampling event.

Potential Sources	Location(s)	Removed (Yes / No / NA)
Gasoline storage cans	Standard how while demin & Miles. Sec.	
Gas-powered equipment	picks. All interrule incre remard and	
Kerosene storage cans	Stored in the strang sted locatal	
Paints / thinners / strippers	School the DOT shalve at the	
Cleaning solvents	request of the owner.	
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)		NA
Wood stove or fireplace		NA
New furniture / upholstery		
New carpeting / flooring		NA
Hobbies - glues, paints, etc.		

Part V – Miscellaneous Items
Do any occupants of the building smoke? Yes No How often?
Last time someone smoked in the building? <u>Ymonths</u> trours / days ago A ristor to the 2"d
Does the building have an attached garage directly connected to living space? Yes No the day of the stand Surface
If so, is a car usually parked in the garage? Yes / No A shaht reasonant
Are gas-powered equipment or cans of gasoline/fuels stored in the garage? Yes No on the sort Flore
Do the occupants of the building have their clothes dry cleaned? Yes No
If yes, how often? weekly / monthly / 3-4 times a year
Do any of the occupants use solvents in work? Yes / Yo
If yes, what types of solvents are used?
If yes, are their clothes washed at work? Yes / No
Have any pesticides/herbicides been applied around the building or in the yard?
If so, when and which chemicals? Trugeren chemburn (last-ciffleratum yos in hall 2011)
Has there ever been a fire in the building? Yes No If yes, when?
Has painting or staining been done in the building in the last 6 months? Yes No
If yes, when and where?
If yes, when and where?
Part VI – Sampling Information
Part VI - Sampling Information Sample Technician: Tany Kubers Phone number: (301) 776 - 0500
Part VI – Sampling Information Sample Technician: Tany Rubers Phone number: (30/) 776 - 0500 Sample Source: Indoor Air Supple Source: Sub-Slab / Near Slab Soil Gas / Exterior Soil Gas
Part VI – Sampling Information Sample Technician: Tany Rubers Phone number: (301) Sample Source: Indoor Air / Sub-Slab / Near Slab Soil Gas / Exterior Soil Gas Sampler Type: Tedlar bag / Sorbent / Stainless Steel Canister / Other (specify):
Part VI - Sampling Information Sample Technician: Tory Rubers Phone number: (301) Sample Source: Indoor Air / Sub-Slab / Near Slab Soil Gas / Exterior Soil Gas Sampler Type: Tedlar bag / Sorbent / Stainless Steel Canister / Other (specify): Analytical Method TO-17 / other: Cert. Laboratory: TWP. Spectral Succes
Part VI – Sampling Information Sample Technician: Tany Rubers Phone number: (301) Sample Source: Indoor Air / Sub-Slab / Near Slab Soil Gas / Exterior Soil Gas Sampler Type: Tedlar bag / Sorbent / Stainless Steel Canister / Other (specify): Analytical Method TO-17 / other: Cert. Laboratory: TMP. Spectral Succes Sample locations (floor, room): Sample locations (floor, room):
Part VI – Sampling Information Sample Technician: Tany Rubers Phone number: (301) Sample Source: Indoor Air / Sub-Slab / Near Slab Soil Gas / Exterior Soil Gas Sampler Type: Tedlar bag / Sorbent / Stainless Steel Canister / Other (specify): Analytical Method TO-13 / TO-17 / other: Cert. Laboratory: Sample locations (floor, room): Field ID #



Provide Drawing of Sample Location(s) in Building

Part VII - Meteorological Conditions

Was there significant precipitation within 1	2 hours prior t	o (or during)	the sampling	g event?	Yes	(N_o)
Describe the general weather conditions: _	= 60°F	wfreq	(am on	3/22/	12	

Part VIII - General Observations

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

Skipt forment to bacco oder noted a Joyo

(NJDEP 1997; NHDES 1998; VDOH 1993; MassDEP 2002; NYSDOH 2005; CalEPA 2005)

1207 First Flor

New Jersey Departr	nent of Environmental Protection
	IR BUILDING SURVEY
and S	AMPLING FORM
Preparer's name: Tory Rub. no	Date:
Preparer's name: <u>Tony Rub</u> , NO Preparer's affiliation: <u>MEC</u>	Phone #: 301-776-05-00
Site Name: $RF-64$	Case #: 10-0379-BA
Part I - Occupants	
Building Address: <u>1207</u> Chesaco Avenue, Kos Property Contact: <u>Marguret Zuby</u> Owner Re Contact's Phone: home (910) <u>682-2155</u> work ()_	edule, MN 21237
Property Contact: Marguret Zuby Owner Re	nter / other:
Contact's Phone: home (910) 682-2155 work ()_	cell ()
# of Building occupants: Children under age 13 Chi	ldren age 13-18 Adults
Part II – Building Characteristics	
Building type: residential / multi-family residential / offic	
Describe building: 2-story uplaserant	
Sensitive population: day care / nursing home / hospital / s	chool / other (specify):
Number of floors below grade:(full basement - , crav	vl space / slab on grade)
Number of floors at or above grade: 2	
Depth of basement below grade surface: 0-5 ft. Base	
Basement floor construction: concrete / dirt / floating / st	one / other (specify):
Foundation walls: poured concrete / cinder blocks / s	tone / other (specify)
Basement sump present? (Yes)/ No Sump pump? (Yes) /	No Water in sump? Tes / No
	bod steam radiation rosene heater electric baseboard
Type of ventilation system (circle all that apply): central air conditioning mechanical fan conditioning units kitchen range h other (specify): 2 wendaw Arturd ferm m	s bathroom ventilation fans individual air ood fan outside air intake units an the Sach State of 2nd har
Type of finel utilized (circle all that apply): Natural gas / electric / fuel oil / wood / coal / so	
Are the basement walls or floor sealed with waterproof paint	or epoxy coatings?

Is there a whole house fan?	Yes No
Septic system?	Yes / Yes (but not used) (No
Irrigation/private well?	Yes / Yes (but not used) No
Type of ground cover outside of buildin	g: grass / concrete / asphalt / other (specify)
Existing subsurface depressurization (ra	don) system in place? Yes No active / passive
Sub-slab vapor/moisture barrier in place Type of barrier:	? Yes No
Part III - Outside Contaminant Source	ces (A
NJDEP contaminated site (1000-ft. radi	ius):////
Other stationary sources nearby (gas sta	tions, emission stacks, etc.): <u><i>KF-64</i></u>
Heavy vehicular traffic nearby (or other	mobile sources): Chesa co Ave. + Pullede. Hawy.

Part IV - Indoor Contaminant Sources

Identify all potential indoor sources found in the building (including attached garages), the location of the source (floor and room), and whether the item was removed from the building 48 hours prior to indoor air sampling event. Any ventilation implemented after removal of the items should be completed at least 24 hours prior to the commencement of the indoor air sampling event.

Potential Sources	Location(s)	Removed (Yes / No / NA)
Gasoline storage cans	Chundred househald Change Supplies.	(rest not may
Gas-powered equipment	as freshings Cte. See delas. All	
Kerosene storage cans	milerents mare remobed and Sloved	
Paints / thinners / strippers	in the clarge ded toralal setural	
Cleaning solvents	the Bot charge at the readst	
Oven cleaners	of the amer	
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)		NA
Wood stove or fireplace		NA
New furniture / upholstery		
New carpeting / flooring		NA
Hobbies - glues, paints, etc.		

Part V – Miscellaneous Items
Do any occupants of the building smoke? Yes No How often?
Last time someone smoked in the building? 4 months hours / days ago of vis. to the 2 ho
Does the building have an attached garage directly connected to living space? Yes No Ocurs one (Souther A, Shaht
If so, is a car usually parked in the garage? Yes No noted on the Device of the
Are gas-powered equipment or cans of gasoline/fuels stored in the garage? Yes $(N_0)^{M_1}$ Clark.
Do the occupants of the building have their clothes dry cleaned? Yes / No
If yes, how often? weekly / monthly / 3-4 times a year
Do any of the occupants use solvents in work? Yes N_{Q}
If yes, what types of solvents are used?
If yes, are their clothes washed at work? Yes No
Have any pesticides/herbicides been applied around the building or in the yard?
Have any pesticides/herbicides been applied around the building or in the yard? (Yes/ No If so, when and which chemicals? <u>Ingreen and lest application was a fall Joll</u>)
Has there ever been a fire in the building? Yes No If yes, when?
Has painting or staining been done in the building in the last 6 months? Yes No
If yes, when and where?
Part VI – Sampling Information
Sample Technician: Jory Rusing Phone number: (31) 776 - 0500
Sample Source: Indoor Air / Sub-Slab / Near Slab Soil Gas / Exterior Soil Gas
Sampler Type: Tedlar bag / Sorbent / Stainless Steel Canister / Other (specify):
Analytical Method: 10-15/ TO-17 / other: Cert. Laboratory: MD. Special Secs
Sample locations (floor, room):
Field ID # 1207-IAQ -02 Field ID #
Field ID # Field ID #
Were "Instructions for Occupants" followed?



Provide Drawing of Sample Location(s) in Building

Part VII - Meteorological Conditions

Was there significant precipitation within	12 hours prior to (or during) the sampling event?	Yes (No
Describe the general weather conditions:	~ 60°F v/ Fog (am a 3/22/12)	

Part VIII - General Observations

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

Air Freshuer advers noted on 1st Floor. Tenant indicatal that there are no significant change ance the fast sampling event.

(NJDEP 1997; NHDES 1998; VDOH 1993; MassDEP 2002; NYSDOH 2005; CalEPA 2005)

1207 Basement

New Jersey Departm	ent of Environmental Protection
	R BUILDING SURVEY MPLING FORM
Preparer's name: Jony Rubino	Date: 3/22/12-
Preparer's affiliation: AEC	Phone #: 301-776-0500
Preparer's affiliation: AEC Site Name: $RF-64$	Case #: 10-0339-BA
Part I - Occupants	
Building Address: 1207 Chesaco Avenue, Rosca	
Property Contact: Maryaret Zuby Owner Rent	er other:
Contact's Phone: home $(410) \underline{652} - \underline{2455}$ work ()	
# of Building occupants: Children under age 13 O Child	ren age 13-18 <i>O</i> Adults /
Part II – Building Characteristics	
Building type: (residential / multi-family residential / office	
Describe building: 2-story upbasement	Year constructed: <u>1151</u>
Sensitive population: day care / nursing home / hospital / sch	nool / other (specify):
Number of floors below grade: (full basement) crawl	space / slab on grade)
Number of floors at or above grade:	
Depth of basement below grade surface: $0-5$ ft. Basen	hent size: 850 ft ²
Basement floor construction: concrete/ dirt / floating / sto	ne / other (specify):
Foundation walls: poured concrete / cinder blocks / 30	
Basement sump present? (Yes) No Sump pump? Yes / N	lo Water in sump Yes No
Type of heating system (circle all that apply): hot air circulation (hot air radiation) woo heat pump hot water radiation kerco other (specify):	od steam radiation osene heater electric baseboard
Type of ventilation system (circle all that apply): <u>central air conditioning</u> mechanical fans <u>conditioning units</u> kitchen range ho other (specify): <u>2 Window Air Conditioning</u> a.	od fan outside air intake
Type of fuel utilized (circle all that apply): Natural gas / electric / fuel oil / wood / coal / sola	ar / kerosene
Are the basement walls or floor sealed with waterproof paint or	epoxy coatings? Yes No

Is there a whole house fan?	Yes No
Septic system?	Yes / Yes (but not used) No
Irrigation/private well?	Yes / Yes (but not used) No
Type of ground cover outside of buildin	g: grass / concrete / sphalt / other (specify)
Existing subsurface depressurization (ra	don) system in place? Yes No active / passive
Sub-slab vapor/moisture barrier in place Type of barrier:	? Yes No
Part III - Outside Contaminant Source	es
NJDEP contaminated site (1000-ft. radi	us):
Other stationary sources nearby (gas sta	tions, emission stacks, etc.):
Heavy vehicular traffic nearby (or other	mobile sources): Balaski Hquy + Chese co Hre.

Part IV - Indoor Contaminant Sources

Identify all potential indoor sources found in the building (including attached garages), the location of the source (floor and room), and whether the item was removed from the building 48 hours prior to indoor air sampling event. Any ventilation implemented after removal of the items should be completed at least 24 hours prior to the commencement of the indoor air sampling event.

Potential Sources	Location(s)	Removed (Yes / No / NA)
Gasoline storage cans	Sundard Household cloun ve superior	
Gas-powered equipment	Fresheners etc. See Photos, All nulous	
Kerosene storage cans		
Paints / thinners / strippers	steel Lehind 1207 straction at the	
Cleaning solvents	rennest of the parety woner.	
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)		NA
Wood stove or fireplace		NA
New furniture / upholstery		
New carpeting / flooring		NA
Hobbies - glues, paints, etc.		

Part V – Miscellaneous Items
Do any occupants of the building smoke? Yes No How often?
Last time someone smoked in the building? 4 months hours / days ago A vs. for to the second
Does the building have an attached garage directly connected to living space? Yes No an Ocarissianal Sweter A shelt
If so, is a car usually parked in the garage? Yes / No fernant total (co what was not flow of the 2 nd flow
Are gas-powered equipment or cans of gasoline/fuels stored in the garage?
Do the occupants of the building have their clothes dry cleaned? Yes No
If yes, how often? weekly / monthly / 3-4 times a year
Do any of the occupants use solvents in work? Yes No
If yes, what types of solvents are used?
If yes, are their clothes washed at work? Yes / No
Have any pesticides/herbicides been applied around the building or in the yard?
If so, when and which chemicals? Tageen Chemburn (lest application ups on Fall 2011)
Has there ever been a fire in the building? Yes No If yes, when?
Has painting or staining been done in the building in the last 6 months? Yes No
Has painting or staining been done in the building in the last 6 months? Yes No
If yes, when and where?
If yes, when and where?
If yes, when and where? Part VI - Sampling Information Sample Technician:
If yes, when and where?
If yes, when and where? Part VI - Sampling Information Sample Technician:
If yes, when and where? Part VI - Sampling Information Sample Technician:
If yes, when and where? Part VI - Sampling Information Sample Technician:
If yes, when and where? Part VI - Sampling Information Sample Technician:
If yes, when and where? Part VI - Sampling Information Sample Technician:
If yes, when and where? Part VI - Sampling Information Sample Technician:

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Provide Drawing of Sample Location(s) in Building

Part VII - Meteorological Conditions

Was there significant precipitation within						
Describe the general weather conditions:	260°F	Fig	lam	an j	בואכני	ļ
			`			

Part VIII - General Observations

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

A french draw was observed wound the perimeter of the basement, the Afrach Chris was observed to drawn who the camp located in the Gal Corner of the Lesener, t the tersewoul State was epopor ?" thick who grave a blace - Sine more pendralness were roked in the costing along with the doorway for stars. (NJDEP 1997; NHDES 1998; VDOH 1993; MassDEP 2002; NYSDOH 2005; CalEPA 2005)

OCCUPIED DWELLING QUESTIONNAIRE

>

	Indoor Air Assessment Survey
Date:	8/19/10
1.	Name: ROBERT HARMIC
	Address: 1207 CHESTICO AVE 2nd FLOOR
	BALTIMORE COUNTY MD 2/237
	Home Phone: 410 918 9815 Work Phone: N/A
2.	What is the best time to call to speak with you? At: Work \Box or Home ??
3.	Are you the Owner , Renter , Other (please specify)
4.	Total number of occupants/persons at this location? 2 Number of children? $A/4$ Ages? $A/4$
5.	How long have you lived at this location? $13 \sqrt{RS}$
Gener	al Home Description
6.	Type of Home/Structure (check only one): Single Family Home \Box , Duplex \Box , Condominium \Box , Townhouse \Box , Other \Box <u>Definence</u> <u>Single Home</u>
7.	Home/Structure Description: number of floors Basement? Yes I No I Crawl Space? Yes I No I If Yes, under how much of the house's area?%
8.	Age of Home/Structure: 1951 years, Not sure/Unknown 🖾
9.	General Above-Ground Home/Structure construction (check all that apply): Wood \Box , Brick \measuredangle , Concrete \Box , Cement block \Box , Other \Box
10.	Foundation Construction (check all that apply): Concrete slab

Below grade -Basement

Elevated above ground/grade Other DON'T KNOW

- What is the source of your drinking water (check all that apply)? 11. Public water supply Private well Bottled water Other, please specify
- Do you have a private well for purposes other than drinking? 12. Yes D No 🔁 If yes, please describe what you use the well for:_____
- Do you have a septic system? Yes 🗅 No 🖾 Not used 🗅 Unknown 🗅 13.
- Do you have standing water outside your home (pond, ditch, swale)? Yes D No 14.

Basement Description, please check appropriate boxes. If you do not have a basement go to question 23.

- Is the basement finished \Box or unfinished \Box ? 15.
- If finished, how many rooms are in the basement? N/A16. How many are used for more than 2 hours/day?
- Is the basement floor (check all that apply) concrete S, tile , carpeted , dirt , 17. other \Box (describe) $\Box _{on'4} K M _{oo}$? Are the basement walls poured concrete \Box , cement block \Box , stone \Box , wood \Box , brick \Box ,
- 18. other DON'T KNOW
- Does the basement have a moisture problem (check one only)? 19. Yes, frequently (3 or more times/yr) \Box Yes, occasionally (1-2 times/yr) Yes, rarely (less than 1 time/yr) \Box No
- 20. Does the basement ever flood (check one only)? Yes, frequently (3 or more times/yr) \Box Yes, occasionally (1-2 times/yr) Yes, rarely (less than 1 time/yr)
- 21. Does the basement have any of the following? (check all that apply) Floor cracks \Box , Wall cracks , Sump , Floor drain , Other hole/opening in floor (describe)

22.	Are any of the following used or stored in the basement (check all that apply) Paint Paint stripper/remover Paint thinner Metal degreaser/cleaner Gasoline Diesel fuel Solvents Glue Laundry spot removers C Drain cleaners Pesticides
23.	Have you recently (within the last six months) done any painting or remodeling in your home? Yes \Box No $\overleftarrow{\mathbf{x}}$ If yes, please specify what was done, where in the home, and what month:
24.	Have you installed new carpeting in your home within the last year? Yes \Box No $\not \Box$ If yes, when and where?
25.	Do you regularly use or work in a dry cleaning service (check only one box)? Yes, use dry-cleaning regularly (at least weekly) Yes, use dry-cleaning infrequently (monthly or less) Yes, work at a dry cleaning service No
26.	Does anyone in your home use solvents at work? Yes I If yes, how many persons No X If no, go to question 28
27.	If yes for question 26 above, are the work clothes washed at home? Yes \Box No \Box
28.	Where is the washer/dryer located? Basement Upstairs utility room Kitchen Garage Use a Laundromat Other, please specify
29.	If you have a dryer, is it vented to the outdoors? Yes 1 No \Box
30.	What type(s) of home heating do you have (check all that apply) Fuel type: Gas 2, Oil , Electric , Wood , Coal , Other Heat conveyance system: Forced hot air Forced hot water Steam Radiant floor heat Wood stove Coal furnace Fireplace Other

- 31. Do you have air conditioning? Yes X No □. If yes, please check the appropriate type(s) Central air conditioning □
 Window air conditioning unit(s)
 Other □, please specify______
- 32. Do you use any of the following? Room fans, Ceiling fans, Attic fan Do you ventilate using the fan-only mode of your central air conditioning or forced air heating system? Yes No □
- 33. Has your home had termite or other pesticide treatment: Yes № No ♥ Unknown □ If yes, please specify type of pest controlled, <u>May 2008</u> and approximate date of service <u>Inspected yearbly</u> 9.24-09
- Water Heater Type: Gas , Electric , By furnace , Other
 Water heater location: Basement , Upstairs utility room , Garage , Other (please describe)
- 35. What type of cooking appliance do you have? Electric \Box , Gas \triangleleft , Other \Box
- 36. Is there a stove exhaust hood present? Yes ♀ No □ Does it vent to the outdoors? Yes ♀ No □
- 37. Smoking in Home:
 None □, Rare (only guests)□, Moderate (residents light smokers)
 A Heavy (at least one heavy smoker in household)□
- 38. If yes to above, what do they smoke?
 Cigarettes A Cigars □
 Pipe □ Other □
- 39. Do you regularly use air fresheners? Yes 🖵 No 🗖
- 40. Does anyone in the home have indoor home hobbies of crafts involving: None A Heating □, soldering □, welding □, model glues □, paint □, spray paint, wood finishing □, Other □ Please specify whattype of hobby: ______

41. General family/home use of consumer products (please circle appropriate): Assume that Never = never used, Hardly ever = less than once/month. Occasionally = about once/month, Regularly = about once/week, and Often = more than once/week.

Product	Frequen	cy of Use			
Spray-on deodorant	Never	Hardly ever	Occasionally	Regularly	Often

OCCUPIED DWELLING QUESTIONNAIRE

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Indoor Air Assessment Survey

Date:	10-5-2011
1.	Name: Rita and Bob Harmick
	Address: 1207 Chesaco Ave 2nd Floor
	Rosedale, MD 21237
	Home Phone: <u>4/0</u> Work Phone:
2.	What is the best time to call to speak with you? Day At: Work \Box or Home Δ ?
3.	Are you the Owner , Renter , Other (please specify)
4.	Total number of occupants/persons at this location? Number of children? Ages?
5.	How long have you lived at this location?
Gener	al Home Description
6.	Type of Home/Structure (check only one): Single Family Home , Duplex A. Condominium, Townhouse, Other
7.	Home/Structure Description: number of floors Basement? Yes 🖾 No 🖵 Crawl Space? Yes 🖬 No 📮 If Yes, under how much of the house's area?%
8.	Age of Home/Structure: years, Not sure/Unknown 🖵
9.	General Above-Ground Home/Structure construction (check all that apply): Wood , Brick , Concrete , Cement block , Other
10.	Foundation Construction (check all that apply): Concrete slab Fieldstone Concrete block

	Elevated above ground/grade
11.	What is the source of your drinking water (check all that apply)? Public water supply
	Private well
	Bottled water
	Other, please specify
12.	Do you have a private well for purposes other than drinking? Yes D No
	If yes, please describe what you use the well for:
13.	Do you have a septic system? Yes 🗅 No 🙀 Not used 🗅 Unknown 🗅
14.	Do you have standing water outside your home (pond, ditch, swale)? Yes 🖵 No 🌶
	tent Description , please check appropriate boxes. <u>do not have a basement</u> go to question 23.
15.	Is the basement finished Δ or unfinished \Box ?
16.	If finished, how many rooms are in the basement?
	now many are used for more than 2 hours/day:
17.	Is the basement floor (check all that apply) concrete \Box , tile \Box , carpeted \Box , dirt \Box , other \Box (describe)? Are the basement walls poured concrete \Box , cement block Δ , stone \Box , wood \Box , brick \Box ,
18.	other ?
19.	Does the basement have a moisture problem (check one only)?
	Yes, frequently (3 or more times/yr)
	Yes, occasionally $(1-2 \text{ times/yr})$
	Yes, rarely (less than 1 time/yr) 🗖 No 🛱
20.	Does the basement ever flood (check one only)?
	Yes, frequently (3 or more times/yr)
	Yes, occasionally (1-2 times/yr)
	Yes, rarely (less than 1 time/yr)
	Nox
21.	Does the basement have any of the following? (check all that apply) Floor cracks \Box ,
	Wall cracks 🗔, Sump 🖾, Floor drain 🗔, Other hole/opening in floor 🗔
	(describe) for a Dian to Sump

22.	Are any of the following used or stored in the basement (check all that apply) Paint Paint stripper/remover Paint thinner Metal degreaser/cleaner Gasoline Diesel fuel Solvents Glue Laundry spot removers D-Drain cleaners Pesticides Shout
23.	Have you recently (within the last six months) done any painting or remodeling in your home? Yes I No A. If yes, please specify what was done, where in the home, and what month:
24.	Have you installed new carpeting in your home within the last year? Yes \Box No \maltese If yes, when and where?
25.	Do you regularly use or work in a dry cleaning service (check only one box)? Yes, use dry-cleaning regularly (at least weekly) Yes, use dry-cleaning infrequently (monthly or less) Yes, work at a dry cleaning service No
26.	Does anyone in your home use solvents at work? Yes I If yes, how many persons No I If no, go to question 28
27.	If yes for question 26 above, are the work clothes washed at home? Yes 🖵 No 🖵
28.	Where is the washer/dryer located? Basement A Upstairs utility room Kitchen Garage Use a Laundromat Other, please specify
29.	If you have a dryer, is it vented to the outdoors? Yes 1 No \Box
30.	What type(s) of home heating do you have (check all that apply) Fuel type: Gas, Oil , Electric , Wood , Coal , Other Heat conveyance system: Forced hot air Forced hot water Steam Radiant floor heat Wood stove Coal furnace Fireplace Other

- 31. Do you have air conditioning? Yes No . If yes, please check the appropriate type(s) Central air conditioning .
 Window air conditioning unit(s) Other , please specify _______
- 32. Do you use any of the following? Room fans □, Ceiling fans □, Attic fan A Do you ventilate using the fan-only mode of your central air conditioning or forced air heating system? Yes □ No A
- 33. Has your home had termite or other pesticide treatment: Yes No \Box Unknown \Box If yes, please specify type of pest controlled, and approximate date of service <u>3-4 years age</u>
- Water Heater Type: Gas ₄, Electric □, By furnace □, Other
 □_______
 Water heater location: Basement ₄, Upstairs utility room □, Garage □, Other □ (please describe)_______
- 35. What type of cooking appliance do you have? Electric \Box , Gas Ξ , Other
- 36. Is there a stove exhaust hood present? Yes ↓ No ↓ Does it vent to the outdoors? Yes ↓ No ↓
- 37. Smoking in Home: 1 pack every 3-4 days Grandson Philip None □, Rare (only guests)□, Moderate (residents light smokers)□, Heavy (at least one heavy smoker in household)□
- 38. If yes to above, what do they smoke?
 Cigarettes Cigars □
 Pipe □ Other □

39. Do you regularly use air fresheners? Yes 🗆 No

40. Does anyone in the home have indoor home hobbies of crafts involving: None Heating , soldering , welding , model glues , paint , spray paint, wood finishing , Other Please specify what type of hobby:

41. General family/home use of consumer products (please circle appropriate): Assume that **Never** = never used, **Hardly ever** = less than once/month, **Occasionally** = about once/month, **Regularly** = about once/week, and **Often** = more than once/week.

Product	Frequency of Use

Spray-on deodorant

Nevel

Hardly ever Occasionally Regularly Often

Aerosol deodorizers	Never>	Hardly ever	Occasionally	Regularly	Often
Insecticides	Never	Hardly ever	Occasionally	Regularly	Often
Disinfectants	Never	Hardly ever	Occasionally	Regularly	Often

(Question 41, continued) Product	Frequenc	y of Use			
Window cleaners	Never	Hardly ever <	Occasionally	Regularly	Often
Spray-on oven cleaners	Never >	Hardly ever	Occasionally	Regularly	Often
Nail polish remover	Never	Hardly ever	Occasionally	Regularly	Often
Hair sprays	Never	Hardly ever	Occasionally	Regularly	Often

43. Other comments:

Aerosol deodorizers	Never	Hardly ever	Occasionally	Regularly	Often			
Insecticides	Never	Hardly ever	Occasionally	Regularly	Often			
Disinfectants	Never	Hardly ever	Occasionally	Regularly	Often			
(Question 41, continued) Product	Frequen	cy of Use						
Window cleaners	Never	Hardly ever (Occasionally	Regularly	Often			
Spray-on oven cleaners	Never	Hardly even	Occasionally	Regularly	Often			
Nail polish remover	Never	Hardly ever	Occasionally	Regularly	Often			
Hair sprays	Never	Hardly ever	Occasionally	Regularly	Often			
 42. Please check weekly household cleaning practices: Dusting Ø Dry sweeping □ Vacuuming Ø Polishing (furniture, etc) □ Washing/waxing floors □ Other □ 								
43. Other comments:								

ATTACHMENT C

1207 Chesaco Avenue Indoor Air Quality (IAQ) Analytical Results Gasoline Fueling Station – Royal Farms #64 7950 Pulaski Highway, Rosedale, MD 21237

Sample ID	Date	Benzene	Toluene	Ethylbenzene	Xylenes	MTBE	Naphthalene
IAQ-01	8/20/2010	2.71	4.56	0.87 U	1.7 U	0.72 U	1.4
	4/26/2011	1.05	3.08	0.87 U	1.7 U	0.72 U	1.1 U
	7/20/2011	5.02	5.80	0.97	3.65	0.72 U	2.98
	10/6/2011	1.74	4.09	0.87 U	1.7 U	0.72 U	3.04
	3/23/2012	2.40	6.82	0.87 U	2.43	0.72 U	1.1 U
IAQ -01A	3/23/2012	2.36	6.44	0.87 U	2.39	0.72 U	1.1 U
IAQ-02	8/20/2010	2.00	4.88	0.87 U	1.7 U	0.72 U	1.2
	4/26/2011	1.08	2.03	0.87 U	1.7 U	0.72 U	1.1 U
	7/20/2011	2.23	4.31	0.90	3.97	0.72 U	1.32
	10/6/2011	1.39	2.68	0.87 U	1.7 U	0.72 U	1.75
	3/23/2012	2.24	6.75	0.91	2.82	0.72 U	1.1 U
IAQ-03	8/20/2010	2.72	9.96	0.87 U	2.60	0.72 U	1.1 U
	4/26/2011	1.03	7.78	0.87 U	1.7 U	0.72 U	1.1 U
	7/20/2011	3.45	10.70	1.11	4.52	0.72 U	2.60
	10/6/2011	14.00	41.90	3.49	10.10	0.72 U	6.36
	3/23/2012	4.86	17.80	1.56	5.82	0.72 U	1.1 U
IAQ -03A	3/23/2012	4.19	15.30	1.39	5.08	0.72 U	1.1 U
AA-01	8/20/2010	1.16	3.32	0.87 U	1.7 U	0.72 U	1.1 U
	4/26/2011	0.64 U	1.07	0.87 U	1.7 U	0.72 U	1.1 U
	7/20/2011	0.81	2.85	0.87 U	1.7 U	0.72 U	1.1 U
	10/6/2011	0.64U	2.73	0.87 U	1.7 U	0.72 U	1.38
	3/23/2012	1.82	5.8	0.87 U	2.04	0.72 U	1.1 U
SV-01	3/23/2012	10.2	9.69	1.00	4.69	0.72 U	1.1 U
SV-02	3/23/2012	1.47	2.26	1.74 U	3.4 U	1.44 U	2.2 U

All results reported in micrograms per cubic meter (µg/m³)

L = suspect artifact

U = less than reported quantitation limit

B = detected in laboratory blank

IAQ-01 located in basement near bathroom

IAQ-01A located in basement near bottom of stairs

IAQ-02 located in 1st floor dining room

IAQ-03 located in 2nd floor dining room

IAQ -03A located in 2nd floor living room

AA-01 located outside of basement door which was in down wind direction

SV-01 located in basement near sump

SV-02 located in basement near bathroom

1207 Chesaco Avenue Indoor Air Quality Attenuation Factors Gasoline Fueling Station – Royal Farms #64 7950 Pulaski Highway, Rosedale, MD 21237

Sample ID	Benzene	Toluene	Ethylbenzene	Xylenes
IAQ-01	0.24	0.7	NA	0.51
IAQ -01A	0.23	0.66	NA	0.52
IAQ-02	0.22	0.7	0.91	0.6
IAQ-03	0.48	1.84	1.56	1.24
IAQ -03A	0.41	1.58	1.39	1.08

Sub-slab data from sample SV-01 used (10.2 ug/m3).

1207 Chesaco Avenue Sump Water Quality Analytical Results Gasoline Fueling Station – Royal Farms #64 7950 Pulaski Highway, Rosedale, MD 21237

Sample ID	Date	Benzene	Toluene	Ethylbenzene	Xylenes	Total BTEX	MTBE	TPH GRO	TPH DRO
Sump 1207	12/23/2009	BDL	BDL	BDL	BDL	BDL	BDL	BDL	BDL
	3/25/2012	BDL	BDL	BDL	BDL	BDL	BDL	BDL	BDL

TPH GRO and DRO results in parts per million or mg/L

BTEX and MTBE results in parts per billion or $\mu\text{g/L}$

BDL = Below Detection Limits

B = Benzene; T = Toluene; E = Ethylbenzene; X = Xylene

MTBE = Methyl-tert-butyl-ether

TPH GRO = Total Petroleum Hydrocarbons Gasoline Range Organics

TPH DRO = Total Petroleum Hydrocarbons Diesel Range Organics

NS = Not Sampled

Some compounds may have been detected but are not tabulated on this spreadsheet.

See laboratory analytical results reports for full results.

J Denotes Estimated Value