

Site Information Questionnaire

Thank you for your interest in Friedman & Bruya, Inc. In order to estimate the age of the product we find in the sample you send, we need as much site information as we can obtain. This allows us to compare the weathering we observe from the pattern in the chromatogram to the rate of weathering one would expect given the site characteristics. In addition to weathering, we may look for additives to determine the most likely date of manufacturing.

Please do not hesitate to tell us everything you can. This is a combined effort and complete information exchange is important. If you have a site map or tests from another laboratory, they can be invaluable. You may have some pertinent information which does not seem important at first glance. Too much information is never a problem. The following is a typical list of questions we ask about fundamental site conditions in order to determine how long a product has been in the environment.

Perched Water, Ground Water, Precipitation and Drainage Features					
Approximate water temperature	<input type="checkbox"/> Temperature (°F):			<input type="checkbox"/> Not available	
Annual precipitation or county where site is located	<input type="checkbox"/> Inches per Year: <input type="checkbox"/> Centimeters per Year:		<input type="checkbox"/> County, State:	<input type="checkbox"/> Not available	
If groundwater is encountered, what is approximate level of dissolved oxygen at site	<input type="checkbox"/> 0-0.5 mg/L <input type="checkbox"/> 3.0-6.0 mg/L <input type="checkbox"/> 0.5-1.5 mg/L <input type="checkbox"/> >6.0 mg/L <input type="checkbox"/> 1.5-3.0 mg/L		<input type="checkbox"/> Generally Aerobic Conditions <input type="checkbox"/> Generally Anaerobic Conditions <input type="checkbox"/> Mix of Aerobic and Anaerobic Conditions	<input type="checkbox"/> Not available	
Estimate of hydraulic conductivity (ft/day)	<input type="checkbox"/> <0.003 ft/day (Clay) <input type="checkbox"/> 0.03-3 ft/day (Silty/fine sands) <input type="checkbox"/> Inhomogenous <input type="checkbox"/> 0.003-0.3 ft/day (Sils, Till, Clayey Sand) <input type="checkbox"/> >3 ft/day (Sorted Sands/Outwash/Gravels) <input type="checkbox"/> Other, explain in Notes.			<input type="checkbox"/> Not available	
Estimate of gradient (ft/ft)	<input type="checkbox"/> Flat <0.02 <input type="checkbox"/> Moderate 0.02-0.05 <input type="checkbox"/> Steep >0.05 <input type="checkbox"/> Other _____			<input type="checkbox"/> Not available	
Apparent depth to ground water or perch water at the location of the heating oil UST	<input type="checkbox"/> Depth to ground water (ft): <input type="checkbox"/> Estimated fluctuation (ft):		<input type="checkbox"/> Depth to perched water (ft): <input type="checkbox"/> Seasonal: Y N	<input type="checkbox"/> Not available	
Vadose Zone and Soil Characteristics					
Dominant soil type distribution in contaminated zone	<input type="checkbox"/> Loose Fill <input type="checkbox"/> Clayey Silt <input type="checkbox"/> Silty Clay <input type="checkbox"/> Silt <input type="checkbox"/> Clay <input type="checkbox"/> Sandy Silt <input type="checkbox"/> Loam <input type="checkbox"/> Clayey Sand <input type="checkbox"/> Silty Sand <input type="checkbox"/> Sand <input type="checkbox"/> Till <input type="checkbox"/> Other, specify:			<input type="checkbox"/> Interbedded <input type="checkbox"/> Homogenous <input type="checkbox"/> Inhomogenous	<input type="checkbox"/> Not available
Estimate of depth of contaminated zone	<input type="checkbox"/> Top of contaminated zone (ft. bgs):		<input type="checkbox"/> Bottom of contaminated zone (ft. bgs):	<input type="checkbox"/> Does soil contamination extend below water table? Y N	<input type="checkbox"/> Not available
Estimate of plume size	<input type="checkbox"/> Length		<input type="checkbox"/> Width	<input type="checkbox"/> Area	<input type="checkbox"/> Not available
Estimate of organic content of soils in contaminated zone	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High			<input type="checkbox"/> TOC Result:	<input type="checkbox"/> Not available
What soil type appears to be associated with horizontal transport of fuel?	<input type="checkbox"/> Loose Fill <input type="checkbox"/> Clayey Silt <input type="checkbox"/> Silty Clay <input type="checkbox"/> Silt <input type="checkbox"/> Clay <input type="checkbox"/> Sandy Silt <input type="checkbox"/> Loam <input type="checkbox"/> Clayey Sand <input type="checkbox"/> Silty Sand <input type="checkbox"/> Sand <input type="checkbox"/> Till <input type="checkbox"/> Fractured Bedrock			<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Not available
Approximate soil temperature in contaminated area	<input type="checkbox"/> Temperature (°F):			<input type="checkbox"/> Not available	
Approximate levels of TPH in contaminated area	<input type="checkbox"/> Highest level of TPH (ppm): <input type="checkbox"/> Location:		<input type="checkbox"/> Average level of TPH (ppm): <input type="checkbox"/> Location:	<input type="checkbox"/> Not available	
Occurrence of Free Product					
If groundwater is encountered, does it appear to be impacted to produce free product, sheen or an emulsion?	<input type="checkbox"/> Free Product Present Y N <input type="checkbox"/> Color: <input type="checkbox"/> Appr. Thickness (cm.):		<input type="checkbox"/> Sheen Present Y N <input type="checkbox"/> Color: <input type="checkbox"/> Thickness (mm): <input type="checkbox"/> Intermittent: Y N	<input type="checkbox"/> Emulsion Present Y N <input type="checkbox"/> Color: <input type="checkbox"/> Thickness (cm.):	<input type="checkbox"/> Other, specify: <input type="checkbox"/> Not available
Were soils saturated with fuel encountered at the site?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> If yes, please describe:	<input type="checkbox"/> Not available
If evaluated over time, has volume of free product changed significantly?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> If yes, please describe:	<input type="checkbox"/> Not available
Ground Covering and Site Sketch					
Was a site sketch provided to show approximate areas of sample collection? (Include main buildings, UST, sampling locations, dry wells, septic systems, drain fields, or other features that influence drainage at the site)	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> If no, please explain:	<input type="checkbox"/> Not available
Ground covering at each sample location				<input type="checkbox"/> Not available	
Sample collection depth(s)				<input type="checkbox"/> Not available	
Site Name (REQUIRED):	Street Address (REQUIRED):		City and State (REQUIRED):		
Signature:	E-mail address (REQUIRED):			Date:	

Biological and Transport Processes				
Are there indications of biological activity, or lack thereof, at the Site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, please explain:	<input type="checkbox"/> Not available
Are there unique site features which may influence the movement of fuel at this site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, please explain:	<input type="checkbox"/> Not available
Misc.				
Installation Date of UST	<input type="checkbox"/> Date:	<input type="checkbox"/> Other, Explain:		<input type="checkbox"/> Not Available
Removal Date of UST	<input type="checkbox"/> Date:	<input type="checkbox"/> Other, Explain:		<input type="checkbox"/> Not Available
Approximate UST Capacity	<input type="checkbox"/> Volume (gal.):			<input type="checkbox"/> Not Available
Amount of Fuel in UST Currently or During Decommissioning	<input type="checkbox"/> Volume (gal.):			<input type="checkbox"/> Not Available
Presence or Absence of Water in UST	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If Yes, volume (gal.):	<input type="checkbox"/> Not Available
Presence or Absence of Holes in UST or Ancillary Equipment	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Not Available
Size and Location of Holes	<input type="checkbox"/> Size(s) in centimeters:	<input type="checkbox"/> Approximate Number:	<input type="checkbox"/> Location:	<input type="checkbox"/> Not Available
How Long Has Current Resident Lived at Residence?	<input type="checkbox"/> Appr. Purchase Date:	<input type="checkbox"/> If less than 5 years, list previous occupants during the last 10 years and there tenure in Notes section.		<input type="checkbox"/> Not Available
Year or Approximate Decade Residence Built	<input type="checkbox"/> Year Built:		<input type="checkbox"/> Was UST likely installed when house originally constructed? Y N	<input type="checkbox"/> Not Available
What Event Triggered Investigation of the Fuel Tank	<input type="checkbox"/> Home Sale <input type="checkbox"/> Fuel Inventory Discrepancy		<input type="checkbox"/> Poor Furnace Performance <input type="checkbox"/> Odors in Basement	<input type="checkbox"/> Visual Fuel Impact <input type="checkbox"/> Other, explain in Notes.
Were any historic problems noted with furnace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, describe.	<input type="checkbox"/> Not Available
Was residence converted to an energy source other than heating oil (i.e. natural gas, electric)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If Yes, when was conversion:	<input type="checkbox"/> Not Available
In basement or furnace area, have any odors or staining ever been noted by residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, describe.	<input type="checkbox"/> Not Available
Is drainage/stormwater system potentially impacted with contamination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, describe.	<input type="checkbox"/> Not Available
Any historic indication of problems with UST, Lines, or Furnace by Current or Past Residents or Fuel Vendor(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, describe.	<input type="checkbox"/> Not Available
Is a catastrophic release being claimed? (i.e. sudden, abrupt tank failure)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, describe.	<input type="checkbox"/> Not Available
Additional Notes:				
Site Name (REQUIRED):		Street Address (REQUIRED):		City and State (REQUIRED):
Signature:		E-mail address (REQUIRED):		Date: