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Home Exposure Assessment Related to Oil and Gas Drilling Activities

Instructions: It will be helpful if you answer the questions as best as you can. Please don't worry if you can't answer everything, but give as much detail as you can remember.

Name: _____ **Date:** _____

Address: _____ **What year did you move to your home?** _____

Who lives in the household? Please provide the name and date of birth of each person:

1. What concerns do you have regarding oil or gas drilling? (check all that apply)

Health symptoms currently		Noise/vibrations	
Health symptoms in future		Personal safety	
Health of my family/children		Financial concerns	
Health of my animals		School issues	
Quality of my water		Work issues	
Quality of my air		Traffic	
Odors		Other	

2. Please write the closest distance in feet/miles) from any oil and/or gas activity near your home. If you are not sure, EHP can help you determine the distance.

<u>Activity</u>	Pipeline	Impoundment Ponds	Well pad	Refinery	Compressor Station	Processing Plant	Silica Transport/storage	Industrial Waste Sites	Other
<u>Distance from Home</u>									

3. Approximately what month/year did the different stages of drilling activities occur?

<u>Stage of Drilling</u>	Pad Preparation	Vertical Drilling	Horizontal Drilling	Fracking	Flaring	Producing Well	Other
<u>Approximate month/year</u>							

4. **Have there been any accidents such as spills or explosions near your home?**

No _____ Yes _____ If yes, describe the accident(s) and provide the approximate date(s):

5. **Do you live within 1,000 feet of a road used by vehicles servicing a drilling site or oil field?** No _____

Yes _____ if yes what road? _____

Do vehicles idle on this road longer than 5 minutes? _____

HOME WATER ASSESSMENT

1. **What is your source of water in your home :** private well _____ public system/company _____

other/comments: _____

2. **The water I drink is:** tap _____ filtered tap _____ bottled _____ water buffalo _____

other/comments: _____

3. **The water I cook with is:** tap _____ filtered tap _____ bottled _____ water buffalo _____

other/comments: _____

4. **The water I bathe/shower with is:** tap _____ filtered tap _____ water buffalo _____

other/comments: _____

5. **The water my animals drink is:** tap _____ filtered tap _____ bottled _____ water buffalo _____

other/comments: _____

6. **Have you noticed changes in your water?** No _____ Yes _____ Describe changes and when they occurred

7. **Have you reported concerns about water?** No _____ Yes _____ List to whom and when you reported

concern _____

8. **Has your water been tested by a laboratory?** No _____ Yes _____ Date(s) _____

Who tested _____ Results normal? _____ abnormal? _____

9. **Is your bathroom vented?** No _____ Yes _____ **Is your kitchen vented?** No _____ Yes _____

HOME AIR ASSESSMENT

1. **Do you smell unusual odors?** No _____ Yes _____ **When** did you notice them the first time? _____

Where do you smell them? _____ **How** often do you smell them? _____

2. **Describe the odor(s)** _____

3. **Do you have central heating/air conditioning?** No _____ Yes _____

4. **How do you heat your home?** Check all that apply.

Gas _____ Electric _____ Oil _____ Water _____ Wood _____ Propane _____ Solar _____ Coal _____ Other _____ None _____

5. Do you have any stand-alone air filter systems? No___ Yes (the brand)_____

6. Have you reported concerns about air? No___ Yes___ List to whom and when you reported the concern:_____

What was outcome? _____

7. Have you had testing of your indoor or outdoor air? No___ Yes___ If yes: Date(s)_____

Who tested_____ Results?_____

8. What type of cooling system do you use? _____

9. Are there other sources for environmental exposure (examples such as coal power plants, ethane cracker plants) around your home? If yes, please explain:

10. Other Comments/Concerns you have regarding oil or gas drilling or activities associated with oil or gas drilling:

