

SOUTHWEST PENNSYLVANIA

ENVIRONMENTAL



HEALTH

PROJECT

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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, production, or transportation? (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.

Activity	Pipeline	Impoundment Ponds	Well pad	Refinery	Processing Plant	Silica Transport/storage	Industrial Waste Sites
Distance from Home							
Activity	Compressor Station Engine House	Compressor Station Underground Storage Tanks	Compressor Station Above Ground Storage Tanks	Metering Station	WiFi Transmission Tower	Pipeline Intersection	Other
Distance from Home							

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

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

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, oil field, or other facility used in oil/gas production (such as a compressor station or metering station)?

No___ Yes___ if yes what road? _____

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

6. Do you live near a compressor station?

No___ Yes___ if yes how often does it run? _____

HOME WATER ASSESSMENT

- 7. **What is your source of water in your home :** private well____ public system/company____
other/comments:_____

- 8. **The water I drink is:** tap____ filtered tap____ bottled____ water buffalo ____
other/comments:_____

- 9. **The water I cook with is:** tap____ filtered tap____ bottled____ water buffalo____
other/comments:_____

- 10. **The water I bathe/shower with is:** tap____ filtered tap____ water buffalo____
other/comments:_____

- 11. **The water my animals drink is:** tap____ filtered tap____ bottled____ water buffalo____
other/comments:_____

- 12. **Have you noticed changes in your water?** No____ Yes____ Describe changes and when they occurred

- 13. **Have you reported concerns about water?** No____ Yes____ List to whom and when you reported
concern_____

- 14. **Has your water been tested by a laboratory?** No____ Yes____ Date(s)_____
Who tested _____ Results normal?____ abnormal?____

- 15. **Is your bathroom vented?** No ____ Yes ____ **Is your kitchen vented?** No ____ Yes ____

HOME AIR ASSESSMENT

- 16. **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?_____

- 17. **Describe the odor(s)**_____

- 18. **Do you have gas appliances?** No____ Yes____ If yes, check all that apply.
Stove ____ Space heater ____ Water heater ____

- 19. **Does your basement have a sump pump?** No____ Yes____

- 20. **Do you have central heating/air conditioning?** No____ Yes____

- 21. **How do you heat your home?** Check all that apply.
Gas____ Electric____ Oil____ Water____ Wood____ Propane____ Solar____ Coal____ Other____ None ____

- 22. **Do you have any stand-alone air filter systems?** No____ Yes (the brand)_____

23. **Do you use a whole-house HEPA air filtering system or a HEPA room purifier?** No___ Yes___
24. **Have you reported concerns about air?** No___ Yes___ List to whom and when you reported the concern: _____
 What was outcome? _____
25. **Have you had testing of your indoor or outdoor air?** No___ Yes___ If yes: Date(s)_____
- Who tested_____ Results?_____
26. **What type of cooling system do you use?** _____
27. **Do you have pets?** No___ Yes___
28. **Do you have farm animals?** No___ Yes___
29. **Are there other sources for environmental exposure (examples such as coal power plants, ethane cracker plants) around your home? If yes, please explain:**

30. **Other Comments/Concerns you have regarding oil or gas drilling or other activities associated with oil or gas production or transportation:**

Edited to Short Form 8-14-17_Final Revisions 04/14/2018