

2001 Waterdam Plaza Drive, Suite 201, McMurray PA 15317  
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**Home Exposure Assessment Related to Oil and Gas Drilling Activities**

Address: \_\_\_\_\_ Today's date \_\_\_\_\_

Who all lives in the household: name and date of birth: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have pets/farm animals? No \_\_\_ Yes \_\_\_ If yes, what type, how many, age and any concerns?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. **How long have you lived at your current address?** \_\_\_\_\_
2. **Please write the closest distance from any oil and/or gas activity you live near? (Marcellus only)**  
Pipeline \_\_\_\_\_ Impoundment ponds \_\_\_\_\_ Well pad \_\_\_\_\_ Refinery \_\_\_\_\_  
Compressor Station \_\_\_\_\_ Processing Plant \_\_\_\_\_ Other \_\_\_\_\_  
Railyard where silica transfer \_\_\_\_\_ Industrial Waste Sites \_\_\_\_\_
3. **Approximately when did the different stages of drilling activities occur? (Marcellus only)**  
Pad preparation \_\_\_\_\_ Vertical drilling \_\_\_\_\_ Horizontal Drilling \_\_\_\_\_  
Fracking \_\_\_\_\_ Flaring \_\_\_\_\_ Producing well \_\_\_\_\_ Other \_\_\_\_\_
4. **Have there been any accidents such as spills or explosions near your home?**  
Yes \_\_\_\_\_ No \_\_\_\_\_  
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? \_\_\_\_\_
6. **Please list the previous places you have lived and when:**  
\_\_\_\_\_  
\_\_\_\_\_

**WATER ASSESSMENT** (Please comment if you have changed your water use.)

1. **The water in my home is from :** 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 from is:** tap\_\_\_\_ filtered tap\_\_\_\_ bottled\_\_\_\_ water buffalo\_\_\_\_  
other/comments: \_\_\_\_\_
6. **Have you noticed changes in your water?** Yes\_\_\_\_ No\_\_\_\_  
If yes describe changes and when they occurred  
\_\_\_\_\_
7. **Have you reported concerns about water?** Yes\_\_\_\_ No\_\_\_\_  
If yes: Who \_\_\_\_\_ When \_\_\_\_\_
8. **Has your water been tested by a laboratory?** Yes\_\_\_\_ No\_\_\_\_  
If yes: Date(s)\_\_\_\_\_ Who tested \_\_\_\_\_ Results normal?\_\_\_\_ abnormal?\_\_\_\_
9. **Is your bathroom vented?** Yes\_\_\_\_ No\_\_\_\_ **Is your kitchen vented?** Yes\_\_\_\_ No\_\_\_\_

**FOOD ASSESSMENT**

1. **Do you eat vegetables harvested from your own garden?** Yes\_\_\_\_ No\_\_\_\_  
If yes have you noticed anything different? i.e. taste, ability to grow etc.  
\_\_\_\_\_
2. **Do you buy from a local dairy farmer?** Yes\_\_\_\_ No\_\_\_\_  
If yes have you noticed anything different? i.e. taste, color, smell etc.  
\_\_\_\_\_
3. **Do you eat meat from a local supplier or wild game?** Yes\_\_\_\_ No\_\_\_\_  
If yes have you noticed anything different? i.e. taste, color, etc.  
\_\_\_\_\_

**AIR ASSESSMENT**

1. **Do you smell unusual odors?** Yes\_\_\_ No\_\_\_

If yes, **when** did you notice them the first time?

\_\_\_\_\_

**Where** do you smell them?

\_\_\_\_\_

2. **How frequently do you smell them?** \_\_\_\_\_

3. **Describe the odor(s)** \_\_\_\_\_

4. **If you suspect where the odors are coming from, please list where it is located**

\_\_\_\_\_

\_\_\_\_\_

5. **Do you have central heating/air conditioning?** Yes\_\_\_ No\_\_\_

6. **Do you heat your home?**

Gas\_\_\_ Electric\_\_\_ Oil\_\_\_ Water\_\_\_ Wood\_\_\_ Propane\_\_\_ Solar\_\_\_ Coal\_\_\_ Other\_\_\_ None\_\_\_

7. **Do you have any stand-alone air filter systems?** No\_\_\_ Yes (the name)\_\_\_\_\_

8. **Have you reported concerns about air?** Yes\_\_\_ No\_\_\_

If yes: Who \_\_\_\_\_ When \_\_\_\_\_

What happened \_\_\_\_\_

9. **Have you had testing of your indoor or outdoor air?** Yes\_\_\_ No\_\_\_

If yes: Date(s) \_\_\_\_\_ Who tested \_\_\_\_\_

Results? \_\_\_\_\_

\_\_\_\_\_

10. **What type of cooling system do you use?**

Fans\_\_\_ Swamp Cooler\_\_\_ Window Air Conditioner\_\_\_ Other \_\_\_\_\_

11. **What do you use to clean your floors?**

Broom\_\_\_ Wet mop\_\_\_ Vacuum cleaner\_\_\_ Other \_\_\_\_\_

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

Health symptoms (current)

Health symptoms (future)

Health of my animals/pets

Quality of water

Quality of air

Odors

Noise

Traffic

Personal safety

Financial concerns

School issues

Work issues

**Are there other sources for environmental exposure around your home? If yes, please explain :**

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Other Comments/Concerns:

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