



2001 Waterdam Plaza Drive, Suite 201, McMurray PA 15317  
 (724)-260-5504 Office (724)-260-5031 Fax

## 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:**

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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.

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

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

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

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:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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