

Idaho Department of Environmental Quality
Coeur d'Alene Basin Property Sampling Participant Information Form

This side is for Participant Use: Participant Name: _____

Physical Address of Property:

Street Address Number _____ Unit Type: APT LOT Suite Unit Number _____

Street Direction E W N S NE NW SE SW

Street Name _____

Street Type ST RD DRIVE AVE LOOP LANE
BLVD TER COURT CIRCLE WAY TRAIL

City _____ Zip _____

(____)____-____ (____)____-____ (____)____-____

Home Phone Number Cell Phone Number Work Phone Number

Participant Mailing address (if different than property address): Address _____ City _____ State _____ ZIP _____

Private Drinking Water Well: Yes No UNKNOWN

Do you have an outside dog? Yes No

Any immediate plans to move? Yes No Are you 18 years of age or older? Yes No

How long have you lived at this address? _____ years _____ months

Are you a(n): Owner
Renter
Property Manager *
Other *

Please fill out this box if you are not the owner:

Owner Name _____
Mailing Address _____ City _____
State _____ ZIP _____ Home Number (____)____-____
Cell Number (____)____-____ Work Number (____)____-____

If Other, what?: _____

* Property Manager is defined as a person who manages the property financially, designated by the owner (e.g., landlord). Other refers to someone who is a custodian, neighbor, babysitter, or someone other than the owner, renter, or property manager.

Child Information:

To help control exposure to lead and arsenic by young children and pregnant women, a soil removal program has been proposed to continue for this summer. Please list by name and age all children 6 years of age or younger living in the home. Also, please note if there is anyone who is pregnant at this residence. PLEASE SKIP THIS SECTION if your yard has already been remediated or there are no eligible people living at this residence.

Pregnant Women in Residence: Yes No Nursing Women in Residence: Yes No

Number of children who live at this residence/property _____

Please include First & Last Names:

Name _____ Age ____ yrs. ____ mos. Relationship _____

Name _____ Age ____ yrs. ____ mos. Relationship _____

Name _____ Age ____ yrs. ____ mos. Relationship _____

Name _____ Age ____ yrs. ____ mos. Relationship _____

If you have more than four children, please use bottom or back of form to list additional children.

Sampling Consent: (only an owner, renter, or property manager can provide consent to sample)

I have received and read the *Basin Yard Sampling Consent for Access to Property* Information Sheet and understand that this Form is executed pursuant to all privileges recognized by law.

Please initial all that apply:

- _____ Please call to schedule a time for the sampling. Best time to call: morning / afternoon / evening
- _____ I agree that samplers may take exterior samples even when I am not present during daylight hours.
- _____ I agree to dust mat sampling, if a dust program is available.

Resident Comments: _____

_____/_____/_____
Date

Participant Signature

_____/_____/_____
Date

Interviewer Signature

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This side is for Internal State use only:

Note to employees: Always complete both sides of form.

General Information:

Date _____ **Time:** _____ : _____ **Initials** _____

Physical Description of property: _____

Property Usage: Commercial w/ possible children (CM1) Commercial w/ NO children (CM2)

Common Use Area (CUA) Vacant Lot Residential

Property Type: House Apartment Trailer Duplex Garage Shop

If in the course of conversation or a site visit you determine issues to be concerned with, please indicate below.

1. Property cannot be sampled/remediated – steep hillside and/or heavily vegetated land, and not in use.
2. Nothing other than a ROW can be sampled on this property (due to the same reasons in #1)

Comments: _____

Was Personal Contact Made? Yes No

No contact is classified as not talking with a person.

Contact Type: Property Visit Phone Call Mailed-in form

If not a mailed-in form and there was no contact made, did you stop because of:

No Trespassing sign No Soliciting sign No one home

Did you: Leave flyers on property Leave message on phone message machine

Are the participants: HR Not HR No Response

Sampling Refusal: *(complete only if participant refuses sampling)*

Why?

Check Back Contact Landlord Wants more information
Moving/selling home Not interested at all Not currently interested
No EPA Other: _____

Remediation Refusal: *(complete only if participant refuses remediation)*

Why? _____

***Parcel #** _____ - _____ - _____ ***GIS ID#** _____ - _____

Map discrepancy? Yes No

Map Comments: _____

GPS'ed: Yes No **GPS Data: 05GPS** _____

In office use:

House ID: _____ - _____ **MH** _____

- | | |
|--|---|
| <input type="checkbox"/> Previously Sampled (PS) _____ | <input type="checkbox"/> Previously Remediated (PR) _____ |
| <input type="checkbox"/> Research Required (RQ) _____ | <input type="checkbox"/> Refusal (RF) _____ |
| Owner <input type="checkbox"/> | <input type="checkbox"/> Duplicate Consent _____ |
| Address <input type="checkbox"/> | |
| Sampling status <input type="checkbox"/> | |
| Remediation status <input type="checkbox"/> | |
| Other <input type="checkbox"/> | |

**Please list additional parcel and GIS ID#s here if more than one:*