

Exposure Pathways Checklist Tables

Exposure Pathways Checklist - Water

Pathway Name	Contaminated	Exposure Points	Receptor Population	Time	Comments/References
Groundwater Private Wells	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Drinking <input type="checkbox"/> Cooking <input type="checkbox"/> Bathing <input type="checkbox"/> Crop Irrigation <input type="checkbox"/> Livestock <input type="checkbox"/> Industrial <input type="checkbox"/> Abandoned <input type="checkbox"/> Other	Identify, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! Alternate Water Supplied <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Groundwater Public Wells	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Drinking <input type="checkbox"/> Cooking <input type="checkbox"/> Bathing <input type="checkbox"/> Crop Irrigation <input type="checkbox"/> Livestock <input type="checkbox"/> Industrial <input type="checkbox"/> Abandoned <input type="checkbox"/> Other	Identify, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! Alternate Water Supplied <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Groundwater Monitoring Wells	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Upgradient <input type="checkbox"/> Downgradient		<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! Earliest date of known contamination? ! Other contamination sources off-site?
Surface Water	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Drinking <input type="checkbox"/> Cooking <input type="checkbox"/> Bathing <input type="checkbox"/> Crop Irrigation <input type="checkbox"/> Livestock <input type="checkbox"/> Industrial <input type="checkbox"/> Swimming <input type="checkbox"/> Fishing <input type="checkbox"/> Other	Distance from site	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! Reasons to believe that surface water is contaminated <input type="checkbox"/> Surface water data <input type="checkbox"/> Sediment data <input type="checkbox"/> Observed (e.g., oil sheen) <input type="checkbox"/> On-site contaminants are likely to migrate to surface water <input type="checkbox"/> Off-site soil contamination confirmed

Leachate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Drinking <input type="checkbox"/> Playing <input type="checkbox"/> Site Trespassing <input type="checkbox"/> Swimming/Wading	Distance from site	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	
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Exposure Pathways Checklist - Soil

Pathway Name	Contaminated	Exposure Points	Receptor Population	Time	Comments/References
Soil Surface Soil Less than 3" in depth	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Fishing <input type="checkbox"/> Recreational <input type="checkbox"/> Hunting <input type="checkbox"/> Trespassing <input type="checkbox"/> Gardening <input type="checkbox"/> Playing <input type="checkbox"/> Other	Identify, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! Earliest documented date of soil contamination?
Soil Subsurface Soil Greater than 3" in depth	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Fishing <input type="checkbox"/> Recreational <input type="checkbox"/> Hunting <input type="checkbox"/> Trespassing <input type="checkbox"/> Gardening <input type="checkbox"/> Playing <input type="checkbox"/> Other	Identify, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! Earliest documented date of soil contamination?
Hard Surface or Wipe Samples	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Other <input type="checkbox"/> Recreational <input type="checkbox"/> Trespassing <input type="checkbox"/> Playing	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! Earliest date of known contamination?
Sludge	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Fishing <input type="checkbox"/> Recreational <input type="checkbox"/> Hunting <input type="checkbox"/> Trespassing <input type="checkbox"/> Gardening <input type="checkbox"/> Playing <input type="checkbox"/> Other	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	

Sediment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Fishing <input type="checkbox"/> Recreational <input type="checkbox"/> Hunting <input type="checkbox"/> Trespassing <input type="checkbox"/> Gardening <input type="checkbox"/> Playing <input type="checkbox"/> Other	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! Reasons to believe that sediment is contaminated: <input type="checkbox"/> Surface water data <input type="checkbox"/> Sediment data <input type="checkbox"/> Observed (e.g., oil sheen) <input type="checkbox"/> On-site contaminants are likely to migrate to surface water/sediments <input type="checkbox"/> Off-site soil contamination confirmed

Exposure Pathways Checklist - Biota

Pathway Name	Contaminated	Exposure Points	Receptor Population	Time	Comments/References
Fish	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Ingestion <input type="checkbox"/> Commercial <input type="checkbox"/> Recreational <input type="checkbox"/> Subsistence	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! List fish species. ! Observed fish kills?
Shell Fish	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Ingestion <input type="checkbox"/> Commercial <input type="checkbox"/> Recreational <input type="checkbox"/> Subsistence	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! List shell fish species. ! Observed shell fish kills? ! Any closures of shell fish area? Date? Reason?
Game Animal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Ingestion <input type="checkbox"/> Commercial <input type="checkbox"/> Recreational <input type="checkbox"/> Subsistence	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! List game. ! Reports of animal illness/ailments? ! Hunting frequency? Harvest Records?
Farm/Domestic Animal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Ingestion <input type="checkbox"/> Commercial <input type="checkbox"/> Recreational <input type="checkbox"/> Subsistence	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! List livestock. ! Reports of animal illness/ailments? ! On leased area?

Crops	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Ingestion <input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Subsistence	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! List crops. ! Report of crop failures/quality?
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Exposure Pathways Checklist - Other

Pathway Name	Contaminated	Exposure Points	Receptor Population	Time	Comments/References
Waste Material/ Containers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Fishing <input type="checkbox"/> Recreational <input type="checkbox"/> Hunting <input type="checkbox"/> Trespassing <input type="checkbox"/> Gardening <input type="checkbox"/> Playing <input type="checkbox"/> Other	Identify, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	
Air	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Fishing <input type="checkbox"/> Recreational <input type="checkbox"/> Hunting <input type="checkbox"/> Trespassing <input type="checkbox"/> Gardening <input type="checkbox"/> Playing <input type="checkbox"/> Other <input type="checkbox"/> Aerosols <input type="checkbox"/> Particulates <input type="checkbox"/> Volatiles	Identify, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	! Source of Contamination <input type="checkbox"/> Open burning <input type="checkbox"/> Fire <input type="checkbox"/> Incinerator <input type="checkbox"/> Excavation <input type="checkbox"/> Production Stack <input type="checkbox"/> Wind ! Odor complaints in vicinity of site?
Soil Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Other <input type="checkbox"/> Recreational <input type="checkbox"/> Trespassing <input type="checkbox"/> Housing	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Fishing <input type="checkbox"/> Recreational <input type="checkbox"/> Hunting <input type="checkbox"/> Trespassing <input type="checkbox"/> Gardening <input type="checkbox"/> Playing <input type="checkbox"/> Other	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Fishing <input type="checkbox"/> Recreational <input type="checkbox"/> Hunting <input type="checkbox"/> Trespassing <input type="checkbox"/> Gardening <input type="checkbox"/> Playing <input type="checkbox"/> Other	Identify, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	