

4400-011 Vapor Intrusion Building Evaluation (VIBE)

3/18/2026 9:27:37 AM

Introduction

State of Wisconsin Department of Natural Resources

Form 4400-011 (R 03/2026)

Instructions: This form is a tool for environmental professionals. To deliver a completed form to the DNR, include the completed form in a report through the DNR's [RR Submittal Portal](#).

This form provides a consistent format for collecting building-specific information. This form may be used to collect information relevant to development of a conceptual site model, selecting vapor sampling locations and interpreting results at buildings sampled as part of a vapor intrusion investigation conducted under Wis. Admin. Code § NR 716.11(5). This form is also intended to aid the user in the selection and design of applicable mitigation systems under Wis. Admin. Code § NR 708.11 and ch. NR 724, as applicable. Check information bubbles ⓘ for additional explanation relating to an item. Explain any clarifications in “General building comments” on the “Building Information” tab.

The form includes a broad range of building characteristics not applicable to every building. Some information may not be available or seem relevant during the initial walk-through. However, since this form is intended to assist with vapor investigations, data interpretation and mitigation system design, the DNR recommends the user collect as much information as possible. The user may save the form in draft to update at a later time, prior to finalizing the form.

The form is designed to list one address per form. DNR recommendations for buildings with multiple units or addresses:

- Uniform foundation (e.g., duplex, mixed use first floor commercial/upper residential, condominiums, slab-on-grade strip mall) – One form for building with first address listed. Add additional unit addresses under “General building information” on the “Building Information” tab.
- Variable foundation or distinct building additions (e.g., strip mall with basement under one unit, slab-on-grade under two units) – Form for unit with basement. Second form for slab-on-grade units with one address listed and additional address added under “General building information” on the “Building Information” tab.

Please direct questions on this form to the DNR Project Manager for a Site, or go to dnr.wi.gov, and search “Vapor Intrusion Contacts”.

Preparer

Name: Borski, Jennifer - DNR

Email: Jennifer.Borski@wisconsin.gov

Affiliation: Sample for training purposes-JB

Street: Minimum information entered in required fields and to trigger secondary prompts-JB

City:

State:

Zip Code:

Phone #:

Site Information

Instructions: Enter the 10-digit BRRTS No. for the site that is the source of contamination; the DNR Activity (Site) Name associated with the BRRTS No. will auto-populate. The BRRTS No. can be found by searching BRRTS on the Web (BOTW) or RR Sites Map; go to dnr.wi.gov and search "BOTW" or "RRSM".

Note: If there is no assigned BRRTS No. or it is unknown, you may enter 00-00-000000, to submit as "unknown".

BRRTS No.: 00-00-000000

DNR Activity (Site) Name: Unknown

Date inspection initiated: 03-18-2026

Contact Information

Building address (not mailing address)

Street number:

Street direction (e.g., N, E):

Street name:

Street type (e.g., Rd, St, Pl):

Municipality (physical location, not mailing address):

City, Town or Village:

Building owner (mailing address)

Name:

Street:

City:

State:

Zip Code:

Affiliation:

Phone:

Email:

Interview date (if interviewed):

Building Contact:

Same as Building Owner

Name:

Street:

City:

State:

Zip Code:

Affiliation:

Phone:

Email:

Interview date (if interviewed):

Occupant

Collecting occupant contact information during a building walk through may be useful for obtaining future access and discussing results. The DNR recommends recording this information separately

Building Information

Occupancy:

Number of Occupants:

Sensitive Human Receptors

Sensitive Human Receptors are defined as occupants more susceptible to the adverse effects of exposure to toxic vapor forming chemicals. Women who are or may become pregnant are a subgroup that commonly triggers an expedited investigation and response. However, sensitive human receptors can include other subgroups such as the elderly, children and others with specific conditions. The locations where sensitive human receptors may congregate include, but are not limited to, hospitals, schools, child and elder care facilities, elderly housing and convalescent facilities. During a building walk through, identifying if the building is occupied by individuals in this group can assist in determining response actions for certain contaminants or contaminant concentrations. The DNR recommends this information be recorded separately and not be included in this form. Discuss any specific concerns with DNR staff prior to submitting occupant information separately.

Initial year constructed:

Contaminant source property - Is the building located on the property that is the source of contamination?:

Zoning:

Footprint : Square feet

Use of building (check all that apply):

- Residential single family
- Residential duplex
- Residential multi-family
- Residential over commercial
- Residential mobile
- Child/day care
- School
- Church
- Hospital
- Long-term care facility
- Correctional
- Commercial single unit
- Commercial multi-unit
- Industrial manufacturing
- Warehouse
- Self-storage Units
- Enclosed offices
- Other

Describe other use of building:

Number of floors above ground surface: 2

Number of elevators: 2

Name: Elevator pits present?:
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Name: Elevator pits present?:
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Number of stairwells: 2

Name: Does the stairwell extend to the building foundation floor?:

Name: Does the stairwell extend to the building foundation floor?:

Primary construction materials (check all they apply):

- Wood frame
- Metal
- Brick
- Stone
- Other

Describe other construction material:

Water supply type:

Wastewater disposal method:

Percentage of ground cover within 150 feet of the building that is impermeable:

General building comments: Sample for training purposes. Minimum information entered in required fields and to trigger secondary prompts. -JB

Foundation

Foundation type:

Foundation material (check all that apply):

- Concrete
- Earthen
- Other

Specify:

Basement or crawlspace depth: Feet

Mitigation system present?: Sub-slab depressurization system installed for radon

Installer, if known:

Is the system operational?:

Vapor barrier present:

Sub-grade material:

Foundation thickness: Inches

Foundation condition:

Foundation wetness:

Foundation wall material (check all that apply):

- Poured concrete
- Block hollow
- Block filled
- Field stone
- Other

Specify:

Is the foundation concrete sealed?:

Is a sump present?: Yes

Number of sump(s): 2

Name:

How is the sump constructed?:

Is the top of the sump sealed?:

Is liquid present in the sump at any time?:

Where does the sump receive liquid from?:

Sump discharge location?:

Name:

How is the sump constructed?:

Is the top of the sump sealed?:

Is liquid present in the sump at any time?:

Where does the sump receive liquid from?:

Sump discharge location?:

Visible gaps around utility penetrations?:

Sub-foundation ductwork, chases, or oversize conduits present?:

Number of floor drains observed?:

Number of cleanouts observed?:

Plumbing vent stack material:

- PVC
- Cast Iron
- Lead
- Unknown
- Other

Describe vent stack material:

Foundation comments: Sample for training purposes. Minimum information entered in required fields and to trigger secondary prompts - JB

Floors

Floor: Floor 1

Occupancy:

Bedrooms:

Floor covering/type (check all that apply):

- Concrete
- Carpet
- Tile
- Vinyl
- Other

Describe floor covering/type:

Number of overhead doors:

Ceiling height: Feet

Number of bathrooms:

Condition of plumbing traps:

Window area: Square feet

Window condition:

Windows openable?:

Electrical outlets weatherized?:

Floor comments:

Floor: Floor 2

Occupancy:

Bedrooms:

Floor covering/type (check all that apply):

- Concrete
- Carpet
- Tile
- Vinyl
- Other

Describe floor covering/type:

Number of overhead doors:

Ceiling height: Feet

Number of bathrooms:

Condition of plumbing traps:

Window area: Square feet

Window condition:

Windows openable?:

Electrical outlets weatherized?:

Floor comments:

Surrounding Features

Check all that are observed or determined to be present:

- Ditching
- Drain Tiles
- Dry Well
- Sanitary Sewers
- Storm Sewers
- Trenches
- Tunnels
- Underground tunnel for pneumatic tube (such as at a bank)

Surrounding features comments: Sample for training purposes. Minimum information entered in required fields and to trigger secondary prompts. - JB

Potential Vapor Sources

Are there odors in the building?:

Contaminant of concern (COC) currently used commercially in building?:

COC used historically in building?:

Occupant use COC at another location?:

COC source nearby?:

Was remodeling performed within previous 6 months?:

Is remodeling of the building planned in the next 12 months?:

Attached garage present?:

History of fire at building?:

COC(s) container removed prior to sampling?:

Potential vapor sources comments: Sample for training purposes. Minimum information entered in required fields and to trigger secondary prompts. - JB

Heating Ventilation and Air Conditioning (HVAC)

Primary heating system type:

Number of HVAC zones?: 2

Describe how the building is divided with respect to HVAC zones:

Heating fuel source (check all that apply):

- Electric
- Fuel oil
- Geothermal
- Natural gas
- Propane
- Wood
- Kerosene

Location primary of heating unit:

Primary cooling system type:

Does the HVAC use outside replacement air?:

Number of ventilation fans:

Total capacity of ventilation fans, if known (cubic feet per minute):

Air Exchange Rate (AER) if known (in air exchanges per hour):

Energy audit performed?:

Effective leakage air (ELA) if known : Square feet

Is there a vented hot water heater?:

Is there a vented clothes dryer?:

Is there a vented fireplace?:

Is there a whole house fan?:

HVAC comments: Sample for training purposes. Minimum information entered in required fields and to trigger secondary prompts. - JB

Mitigation

Was a vapor mitigation system installed during the investigation?: Yes

What type of system was installed? (check all that apply):

- Active sub-slab depressurization system
- Active sub-membrane depressurization (e.g. crawl space)
- Passive sub-slab ventilation system
- Sub-foundation collection system (e.g. a perforated pipe network)
- Chemical vapor membrane (including spray applied)
- Foundation sealing
- Active indoor air building controls
- Ventilated parking structure
- Indoor air treatment
- Conduit mitigation
- Other

What percentage of the building was addressed by mitigation?: %

Was smoke testing performed?:

Approximate month and/or year of installation:

Approximate month and/or year commissioning completed:

Mitigation comments: Sample for training purposes. Minimum information entered in required fields and to trigger secondary prompts. - JB

Attachments

Attach photographs or sketches to show unique building features as needed. Obtain permission from the owner/occupant as appropriate.

Attachment(s): N/A

Acknowledgement

Acknowledgement:

I acknowledge understanding clicking "Finalize Form" generates a PDF of the form with information entered. To include the information in a specific DNR site file in BRRTS, the final PDF for this form must be downloaded, incorporated into a report (e.g., Status Update, Site Investigation Report, Vapor Mitigation System Design Report) and submitted through the DNR's RR Submittal Portal.