

2-704.4
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INTEGRATED ENVIRONMENTAL MONITORING PLAN/ON-SITE DISPOSAL
FACILITY AIR MONITORING AND CONSTRUCTION QUALITY ASSURANCE
SIGN-IN SHEETS AND EVALUATION FORMS FROM SEPTEMBER 12, 1996
PUBLIC WORKSHOP

09/12/96

PUBLIC
20
ROSTER/EVA

FERMCO/DOE-FN

SIGN-IN SHEET

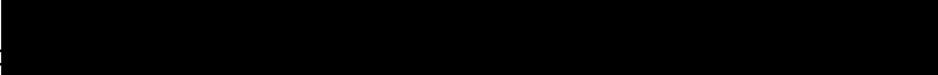
Sept. 12 Public Workshop

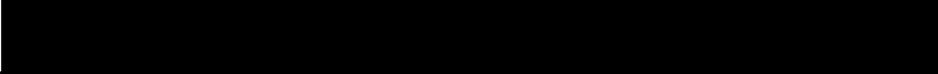
Integrated Environmental Monitoring Plan/
On-Site Disposal Facility air monitoring
and construction quality assurance

Name: Jim Colleli

Affiliation: Ohio Department of Health

Address: 

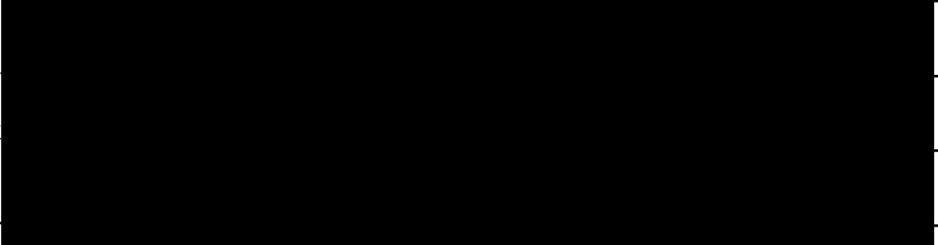
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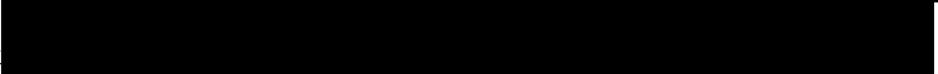
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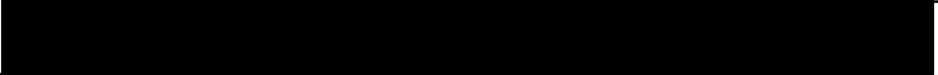
Please add my name to the Fernald Community Mailing List. Yes No *Should be on it already*

Name: WARREN STRUNK

Affiliation: CROSSY TOWNSHIP TRUSTEE

Address: 

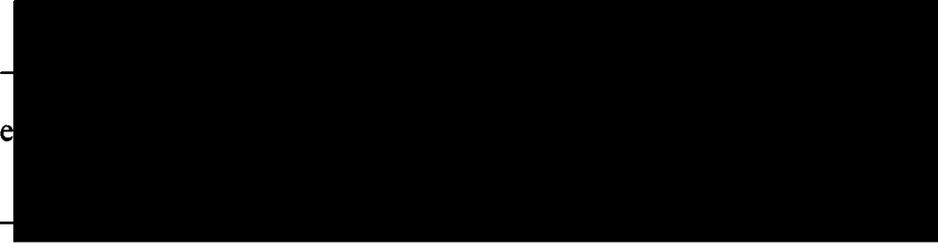
City/State: 

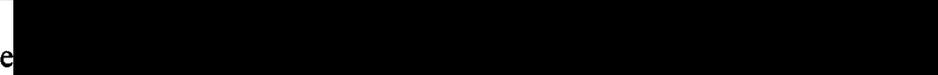
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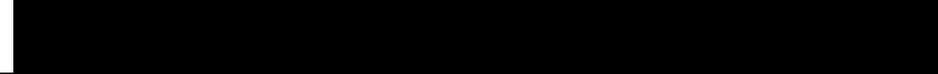
Please add my name to the Fernald Community Mailing List. Yes No

Name: RICHARD MOURDOCK

Affiliation: KOESTER COMPANIES

Address: 

City/State: 

Phone: 

Please add my name to the Fernald Community Mailing List. Yes No

At least ON LIST!

SIGN-IN SHEET

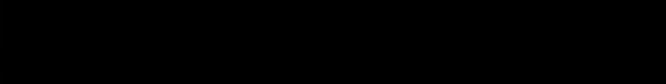
Sept. 12 Public Workshop

Integrated Environmental Monitoring Plan/
On-Site Disposal Facility air monitoring
and construction quality assurance

Name: Joseph Crombie

Affiliation: ODH

Address: 

City/State: 

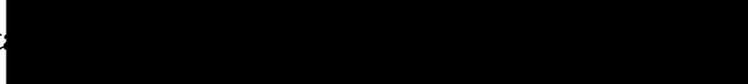
Phone: 

Please add my name to the Fernald Community Mailing List. Yes No

Name: Jim Chandler

Affiliation: J. Page - Karcher - RBF

Address: 

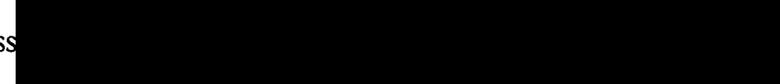
City/State: 

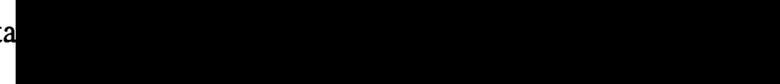
Phone: 

Please add my name to the Fernald Community Mailing List. Yes No

Name: Vicky Dastillung

Affiliation: FRESH/CLN

Address: 

City/State: 

Phone: 

Please add my name to the Fernald Community Mailing List. Yes I'm on it No

SIGN-IN SHEET

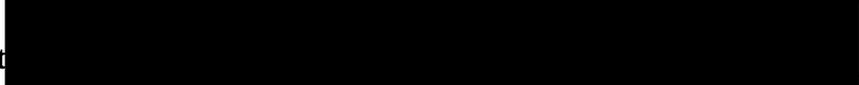
Sept. 12 Public Workshop

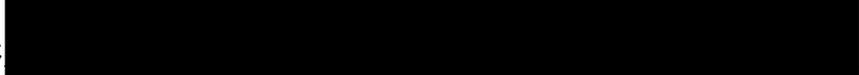
Integrated Environmental Monitoring Plan/
On-Site Disposal Facility air monitoring
and construction quality assurance

Name: Maureen Enderle

Affiliation: RUST Environment & Infrastructure

Address: 

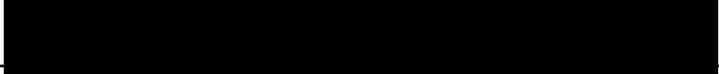
City/State: 

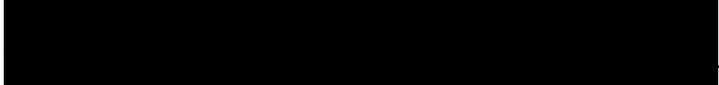
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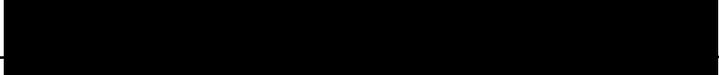
Please add my name to the Fernald Community Mailing List. Yes No

Name: LAURA HAFFER

Affiliation: OHIO EPA

Address: 

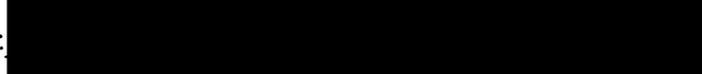
City/State/Zip: 

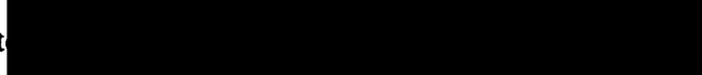
Phone: 

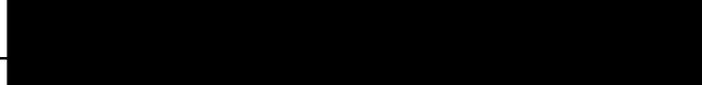
Please add my name to the Fernald Community Mailing List. Yes No

Name: Donna Bohannon

Affiliation: OHIO EPA

Address: 

City/State: 

Phone: 

Please add my name to the Fernald Community Mailing List. Yes No

SIGN-IN SHEET

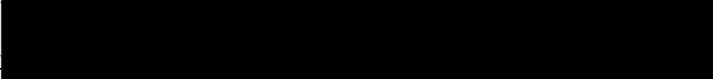
Sept. 12 Public Workshop

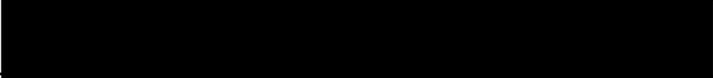
Integrated Environmental Monitoring Plan/
On-Site Disposal Facility air monitoring
and construction quality assurance

Name: Lisa Crawford

Affiliation: FRESH

Address: 

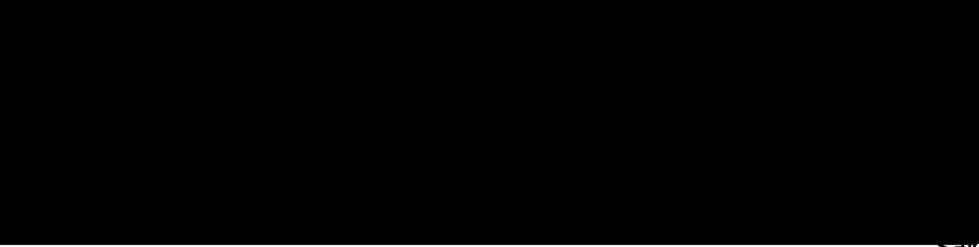
City/State: 

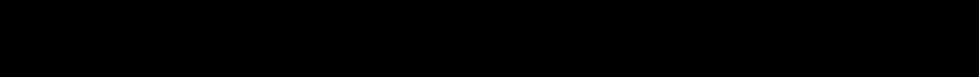
Phone: 

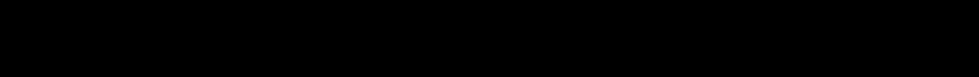
Please add my name to the Fernald Community Mailing List. Yes No

Name: Pam Drown

Affiliation: FRESH TASK FORCE

Address: 

City/State: 

Phone: 

FAX Please add my name to the Fernald Community Mailing List. Yes No *SHOULD ALREADY BE ON.*

Name: Bon Taylor

Affiliation: FATLE FDF

Address: _____

City/State/Zip: _____

Phone: _____

Please add my name to the Fernald Community Mailing List. Yes No

SIGN-IN SHEET

Sept. 12 Public Workshop

Integrated Environmental Monitoring Plan/ On-Site Disposal Facility air monitoring and construction quality assurance

Name: Edwa Yocum

Affiliation: FRESH Inc

Address: 

City/State/Zip: _____

Phone: _____

Please add my name to the Fernald Community Mailing List. Yes No

Name: Betty c McKay

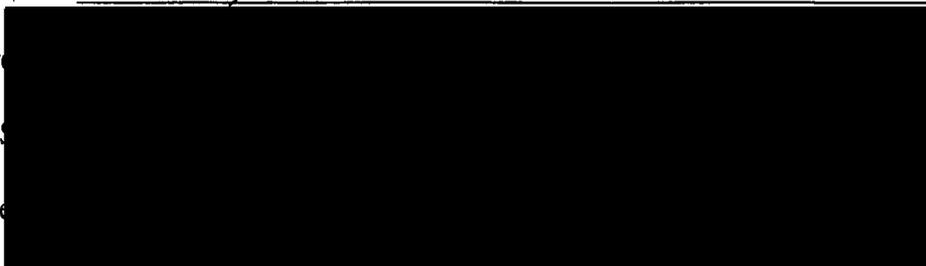
Affiliation: Fresh / inc

Address: 

Please add my name to the Fernald Community Mailing List. Yes No

Name: ROBERT M' CULLOUGH

Affiliation: FD / FERNALD

Address: 

Please add my name to the Fernald Community Mailing List. Yes No

SIGN-IN SHEET

Sept. 12 Public Workshop

Integrated Environmental Monitoring Plan/
On-Site Disposal Facility air monitoring
and construction quality assurance

Name: Marvin R. Poe

Affiliation: _____

Address: 

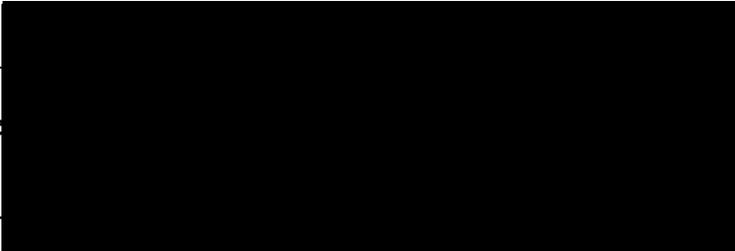
City/State: _____

Phone: _____

Please add my name to the Fernald Community Mailing List. Yes No

Name: Nancy J. Poe

Affiliation: _____

Address: 

City/State: _____

Phone: _____

Please add my name to the Fernald Community Mailing List. Yes No

Name: _____

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

Please add my name to the Fernald Community Mailing List. Yes No

EVALUATION FORM**Public Workshop****Integrated Environmental Monitoring Plan/
On-Site Disposal Facility air monitoring
and construction quality assurance****Sept. 12, 1996**

Thank you for attending tonight's public meeting. Your feedback is important to us. Please take a few minutes to complete this evaluation form before you leave tonight. Thank you!

1. Have you attended a Fernald public meeting before tonight?

Yes
 No

2. How did you learn about tonight's meeting? Check all that apply.

Newspaper story
 Newspaper ad
 Friend or neighbor
 Television story
 Fernald employee

Fernald Envoy
 Fernald newsletter
 Postcard
 Other (please specify) _____

3. Please check all of the categories which apply. I am a(n):

Area resident
 Fernald employee
 Government official
 FRESH member
 Fernald Citizens Task Force member
 Regulatory Agency
 Local government employee
 Elected official
 Other: _____

4. How well do you understand Fernald's Integrated Environmental Monitoring Plan and monitoring/quality assurance issues regarding the On-Site Disposal Facility?

Very well
 Well
 Not very well
 Not at all

5. Was enough time allowed for the question-and-answer session?

Yes
 No

6. In general, were you satisfied with the answers provided by the panelists during the question-and-answer session?

Very satisfied
 Satisfied
 Somewhat satisfied
 Not satisfied
 Very dissatisfied

7. Please provide any additional comments about the meeting tonight.

Hand outs are not in order according to the ones on the new head, you have to look for them. Why can't they be put together like they are talking.

Kathy's report was very good & well done enjoyed hearing her talk.

Thank you for your feedback!

EVALUATION FORM

Public Workshop

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On-Site Disposal Facility air monitoring
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<input type="checkbox"/> Newspaper story	<input checked="" type="checkbox"/> Fernald Envoy
<input type="checkbox"/> Newspaper ad	<input checked="" type="checkbox"/> Fernald newsletter
<input checked="" type="checkbox"/> Friend or neighbor	<input checked="" type="checkbox"/> Postcard
<input type="checkbox"/> Television story	<input checked="" type="checkbox"/> Other (please specify) <u>FRESH</u>
<input checked="" type="checkbox"/> Fernald employee	<u>Sponsor of workshop</u>

3. Please check all of the categories which apply. I am a(n):

Area resident
 Fernald employee
 Government official
 FRESH member
 Fernald Citizens Task Force member
 Regulatory Agency
 Local government employee
 Elected official
 Other: CEO member

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Very well
 Well
 Not very well
 Not at all

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Very satisfied
 Satisfied
 Somewhat satisfied
 Not satisfied
 Very dissatisfied

Still a little confusing - but were getting there!

7. Please provide any additional comments about the meeting tonight.

Part 1

- ① placement of monitors / may need more for radon: radiation.
- ② "average" scores used need more break down / justification
- ③ buy local / residential grown veggies, etc. - not outside

also qualifications / organizations

Part 2

- ① need names to go w/ flow charts - add level 5 - EPA (Submit up to DOE/EPA)
- ② data available to public - may need a workshop / mtg. to discuss this!

③ Still need answers to questions
ie: what goes into cell - no large items / machinery!
Thank you for your feedback!

Lori Crawford

after 4:30 pm 11/15

Good Workshop!

EVALUATION FORM

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- Yes
- No

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- | | |
|--|--|
| <input type="checkbox"/> Newspaper story | <input type="checkbox"/> Fernald Envoy |
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| <input type="checkbox"/> Friend or neighbor | <input checked="" type="checkbox"/> Postcard |
| <input type="checkbox"/> Television story | <input type="checkbox"/> Other (please specify) _____ |
| <input checked="" type="checkbox"/> Fernald employee | _____ |

3. Please check all of the categories which apply. I am a(n):

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- FRESH member
- Fernald Citizens Task Force member
- Regulatory Agency
- Local government employee
- Elected official
- Other: _____

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- Well
- Not very well
- Not at all

5. Was enough time allowed for the question-and-answer session?

- Yes
- No

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- Very satisfied
- Satisfied
- Somewhat satisfied
- Not satisfied
- Very dissatisfied

7. Please provide any additional comments about the meeting tonight.

NONE AT THIS TIME, BUT WILL CALL IF AND
WHEN I DO.

Sam Dunn

Thank you for your feedback!

EVALUATION FORM

Public Workshop

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Sept. 12, 1996

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- | | |
|--|---|
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| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Fernald newsletter |
| <input type="checkbox"/> Friend or neighbor | <input type="checkbox"/> Postcard |
| <input type="checkbox"/> Television story | <input type="checkbox"/> Other (please specify) _____ |
| <input checked="" type="checkbox"/> Fernald employee | _____ |

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- FRESH member
- Fernald Citizens Task Force member
- Regulatory Agency
- Local government employee
- Elected official
- Other: _____

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<input type="checkbox"/> Friend or neighbor	<input type="checkbox"/> Postcard
<input type="checkbox"/> Television story	<input type="checkbox"/> Other (please specify) _____
<input checked="" type="checkbox"/> Fernald employee	

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 FRESH member
 Fernald Citizens Task Force member
 Regulatory Agency
 Local government employee
 Elected official
 Other: _____

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EVALUATION FORM

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Public Workshop

Integrated Environmental Monitoring Plan/ On-Site Disposal Facility air monitoring and construction quality assurance

Sept. 12, 1996

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 No

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- | | |
|---|--|
| <input type="checkbox"/> Newspaper story | <input checked="" type="checkbox"/> Fernald Envoy |
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Fernald newsletter |
| <input type="checkbox"/> Friend or neighbor | <input checked="" type="checkbox"/> Postcard |
| <input type="checkbox"/> Television story | <input type="checkbox"/> Other (please specify) <u>Crasby Township</u> |
| <input type="checkbox"/> Fernald employee | <input type="checkbox"/> <u>FRESH</u> |

3. Please check all of the categories which apply. I am a(n):

- Area resident
 Fernald employee
 Government official
 FRESH member
 Fernald Citizens Task Force member
 Regulatory Agency
 Local government employee
 Elected official
 Other: CDL Subcomt. Health Advisory Board

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|---|---|
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| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Fernald newsletter |
| <input type="checkbox"/> Friend or neighbor | <input checked="" type="checkbox"/> Postcard |
| <input type="checkbox"/> Television story | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Fernald employee | _____ |

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- Fernald employee
- Government official
- FRESH member
- Fernald Citizens Task Force member
- Regulatory Agency
- Local government employee
- Elected official
- Other: VENDOR

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- Well
- Not very well
- Not at all

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