

# HUMAN HEALTH CONCEPTUAL SITE MODEL

Site: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Follow the directions below. Do not consider engineering or land use controls when describing pathways.**

Completed By: \_\_\_\_\_  
 Date Completed: \_\_\_\_\_

**(1)** Check the media that could be directly affected by the release.  
**(2)** For each medium identified in (1), follow the top arrow and check possible transport mechanisms. Briefly list other mechanisms or reference the report for details.

**(3)** Check exposure media identified in (2).  
**(4)** Check exposure pathways that are complete or need further evaluation. The pathways identified must agree with Sections 2 and 3 of the CSM Scoping Form.

**(5)** Identify the receptors potentially affected by each exposure pathway: Enter "C" for current receptors, "F" for future receptors, or "C/F" for both current and future receptors.

Media	Transport Mechanisms	Exposure Media	Exposure Pathways	Current & Future Receptors												
				Residents (adults or children)	Commercial or industrial workers	Site visitors, trespassers, or recreational users	Construction workers	Farmers or subsistence harvesters	Subsistence consumers	Other						
<input type="checkbox"/> Surface Soil (0-2 ft bgs)	<input type="checkbox"/> Direct release to surface soil <i>check soil</i>	<input type="checkbox"/> soil	<input type="checkbox"/> Incidental Soil Ingestion <input type="checkbox"/> Dermal Absorption of Contaminants from Soil													
	<input type="checkbox"/> Migration or leaching to subsurface <i>check soil</i>															
	<input type="checkbox"/> Migration or leaching to groundwater <i>check groundwater</i>															
	<input type="checkbox"/> Volatilization <i>check air</i>															
	<input type="checkbox"/> Runoff or erosion <i>check surface water</i>															
	<input type="checkbox"/> Uptake by plants or animals <i>check biota</i> <input type="checkbox"/> Other (list): _____															
<input type="checkbox"/> Subsurface Soil (2-15 ft bgs)	<input type="checkbox"/> Direct release to subsurface soil <i>check soil</i>	<input type="checkbox"/> groundwater	<input type="checkbox"/> Ingestion of Groundwater <input type="checkbox"/> Dermal Absorption of Contaminants in Groundwater <input type="checkbox"/> Inhalation of Volatile Compounds in Tap Water													
	<input type="checkbox"/> Migration to groundwater <i>check groundwater</i>															
	<input type="checkbox"/> Volatilization <i>check air</i> <input type="checkbox"/> Other (list): _____															
<input type="checkbox"/> Ground-water	<input type="checkbox"/> Direct release to groundwater <i>check groundwater</i>	<input type="checkbox"/> air	<input type="checkbox"/> Inhalation of Outdoor Air <input type="checkbox"/> Inhalation of Indoor Air <input type="checkbox"/> Inhalation of Fugitive Dust													
	<input type="checkbox"/> Volatilization <i>check air</i>															
	<input type="checkbox"/> Flow to surface water body <i>check surface water</i>															
	<input type="checkbox"/> Flow to sediment <i>check sediment</i>															
	<input type="checkbox"/> Uptake by plants or animals <i>check biota</i> <input type="checkbox"/> Other (list): _____															
<input type="checkbox"/> Surface Water	<input type="checkbox"/> Direct release to surface water <i>check surface water</i>	<input type="checkbox"/> surface water	<input type="checkbox"/> Ingestion of Surface Water <input type="checkbox"/> Dermal Absorption of Contaminants in Surface Water <input type="checkbox"/> Inhalation of Volatile Compounds in Tap Water													
	<input type="checkbox"/> Volatilization <i>check air</i>															
	<input type="checkbox"/> Sedimentation <i>check sediment</i>															
	<input type="checkbox"/> Uptake by plants or animals <i>check biota</i> <input type="checkbox"/> Other (list): _____															
<input type="checkbox"/> Sediment	<input type="checkbox"/> Direct release to sediment <i>check sediment</i>	<input type="checkbox"/> sediment	<input type="checkbox"/> Direct Contact with Sediment													
	<input type="checkbox"/> Resuspension, runoff, or erosion <i>check surface water</i>															
	<input type="checkbox"/> Uptake by plants or animals <i>check biota</i> <input type="checkbox"/> Other (list): _____			<input type="checkbox"/> biota	<input type="checkbox"/> Ingestion of Wild Foods											