OLD SMOKEY ENVIRONMENTAL HEALTH AND HISTORY QUESTIONNAIRE

The purpose of this Questionnaire is to learn more about the history of Old Smokey, the former incinerator, which operated from 1925 to 1970, and its environmental health impact on the West Grove community. Please provide any information you are comfortable sharing.

HISTORICAL INFORMATION

Do you have any information about Old Smokey, previously located at 3245 Jefferson Street, Miami, FL?
Do you know anyone who worked at Old Smokey, or the NW 20 th Street Incinerator (for example: drivers, sanitation workers, etc.)? If yes, what was their involvement and please provide their contact information, if possible:
Do you remember any open pits of ash, trash, or other junk? If yes, please describe where (cross streets or landmarks):
Do you recall the locations of any rock quarries? Or empty pits left in the ground from rock removal? If yes, provide an address or description of location (cross streets or landmarks):
Did you ever see trucks leave the incinerator site? If so, please describe the trucks (company or city name, color, size, etc.), where you saw them, and when:
Do you recall the locations of any empty lots where you saw incinerator material being dumped (either permanently or temporarily)? If so provide an address or description of location (cross streets or landmarks) and when you saw this dumping:
Have you ever witnessed dumping of solid waste, such as trash or ash? If yes, where and when:
Have you ever used private or public well water while living in Miami-Dade County? If yes, where did you live where was the well located, and when did you use it:

If you attended any of the schools surrounding Old Smokey, (i.e., Francis S. Tucker Elementary, G.W. Carver Elementary, G.W. Carver Middle (aka Junior and Senior High), or St. Albans) please indicate which schools and please describe the effects, if any, Old Smokey had on your time as a student:			
		HEALTH INFORMATION	
	y health issues, such as type of cancer or diabe	cancer, diabetes, asthma, ADHD, etc.? If so, please specify what health tes:	
If you answered	l yes to the previous qu	estion, please answer the following:	
1) When	n did your symptoms b	egin?	
2) Wher	n were you diagnosed?		
3) What	treatment have you u	ndergone and what is your current disease status?	
How many of yo	our family members liv	re in the West Grove:	
such as cancer,	diabetes, asthma, or A	rrently live or have lived in the West Grove have any health issues, DHD? If yes, please describe their relationship to you, their health hey are deceased, when they died:	
		CONTACT INFORMATION	
NAME:		AGE:	
PHONE:		EMAIL:	
ADDRESS:			
If you live or ha	we lived in the West G	ove, please indicate for what time period:	
From:	To:	Total years:	
Is there any info	ormation you would lik	te to share with us regarding Old Smokey, including any health or ach additional pages or email the UM Law Environmental Justice Projec	

This questionnaire is also available at www.law.miami.edu/ceps. On the right hand side there is a link to the "Old Smokey Questionnaire." This questionnaire may be completed and submitted online. If you would prefer to provide information by telephone, please call 305-284-3934.