

**ENVIRONMENTAL QUESTIONNAIRE**

Each borrower must complete the following questionnaire immediately upon receipt. In the case of a property acquisition, both the seller and purchaser must respond to the best of their knowledge. Answer all applicable questions by circling the appropriate answer. **Please comment on all “Yes” answers and provide back-up if available. ALL RESPONSES MUST BE IN INK.**

**ASBESTOS**

- |    |   |     |    |
|----|---|-----|----|
| 1. | Was the building constructed prior to 1979?                       | Yes | No |
| 2. | Does a site walk through reveal any visible evidence of asbestos? | Yes | No |
| 3. | Is there any documented evidence of asbestos?                     | Yes | No |

**POLY-CHLORINATED BIPHENYLS (PCBs)**

- |    |   |     |    |
|----|---|-----|----|
| 1. | Are there any florescent light ballast containing PCBs in the building                                      | Yes | No |
| 2. | Are there any transformers or capacitors containing PCBs anywhere on the property?                          | Yes | No |
| 3. | Is there any visible or documented evidence of soil or groundwater contamination from PCBs on the property? | Yes | No |

**RADON**

- |    |  |     |    |
|----|--|-----|----|
| 1. | Were the results of an EPA approved short term radon test performed within the last six months?  | Yes | No |
| 2. | Is there any evidence that nearby structures have elevated indoor levels of radon or radon progeny?  | Yes | No |
| 3. | Have local water supplies been found to have elevated levels of radon or radium?   | Yes | No |
| 4. | Is the property located on or near sites that currently are or formerly were used for uranium, thorium or radium extraction or for phosphate processing? | Yes | No |

**UNDERGROUND STORAGE TANKS (UST's)**

- |    |  |     |    |
|----|--|-----|----|
| 1. | Is there a current site survey performed by a qualified engineer which indicates that the property is free of any UST's? | Yes | No |
|----|--|-----|----|

- |    |  |     |    |
|----|--|-----|----|
| 2. | Is there any visible or documented evidence of soil or groundwater contamination on the property?  | Yes | No |
| 3. | Are there any petroleum storage and/or delivery facilities (including gas stations) or chemical manufacturing plants located on adjacent properties? | Yes | No |
| 4. | Are there any active underground tank facilities on-site for such activities as motor fuel, waste oil, or fuel oil storage?                          | Yes | No |
| 5. | Are there any deactivated UST's on the property?   | Yes | No |

**WASTE DISPOSAL FACILITIES**

- |    |   |     |    |
|----|---|-----|----|
| 1. | Are there results of physical testing (including on-site sampling of soil and groundwater meeting all regulatory standards and sound industry practice) indicating that the property is free of waste contamination and is being operated in an environmentally safe matter | Yes | No |
| 2. | Are there any obvious high risk neighbors in adjacent properties engaged in or have a history of producing, storing, or transporting hazardous waste, chemicals or substances?  | Yes | No |
| 3. | Has any of the site space ever been owned by or leased to companies who are likely to have used, transported or disposed of toxic chemicals? (e.g. dry cleaner, print shop, service stations, etc..).   | Yes | No |
| 4. | Does the property on any site within 1 mile appear on any state or federal list of hazardous waste sites? (e.g. CERCLES, HWDMS, etc.).  | Yes | No |

**ADDITIONAL HAZARDS**

- |    |   |     |    |
|----|---|-----|----|
| 1. | Does the property contain Urea Formaldehyde Foam Insulation that was installed less than a year ago?  | Yes | No |
| 2. | Does the drinking water in the project contain lead at levels above 50 ppb?   | Yes | No |
| 3. | Are there any telltale signs of toxic waste such as: oddly colored soil, seeping ground liquids, unusual absence of or dead vegetation, bubbling or discolored water, evidence of underground storage, or discarded by-products from a manufacturing process? | Yes | No |

Comments: \_\_\_\_\_  
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\_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

DATE: \_\_\_\_\_