



PHASE I ESA - ENVIRONMENTAL QUESTIONNAIRE

Instructions: This questionnaire should be completed by the property owner, or representative(s) designated by the owner as being most knowledgeable of the physical characteristics, site use history and environmental condition of the subject property. Please complete, sign at bottom of page 5, and return to Hillmann via email, or in person during the site inspection. **Hillmann contact name:** _____ **Email:** _____ **@hillmannconsulting.com**

Document Request/Environmental Report Disclosure: Copies of existing environmental reports and other documents pertinent to the environmental condition of the Property are requested for review. This includes, but is not necessarily limited to, the following types of documents.

- Environmental assessments (Phase I ESA, Transaction screen ESA, Preliminary Assessments, etc.)
- Subsurface or water testing: (Phase II, site investigation, subsurface testing, drinking water, groundwater monitoring, etc.)
- Site remediation documents, and any associated regulatory correspondences
- Petroleum storage tank testing/closure reports, and any associated regulatory documents.
- Building survey/inspection/testing reports for asbestos, lead, mold or radon; any associated O&M documents
- Environmental permits/registrations/certifications (bulk petroleum, waste discharge, emissions, potable wells, etc.).
- Environmental/health/fire code regulatory violations or citations

Property Details			
Street address(es) City, ST ZIP:		Property ownership entity and primary contact person: (name/company/ph#/email):	
Tax ID: (block/lot or APN)		Contact's affiliation to owner: (if other than the owner)	
Property size: (acres or SF)		Questionnaire completed by: (if different than above)	
Total bldg. area:		No. of years at, or familiar, with the Property:	
Number of residential units If residential:		No. of years-current ownership:	
Date(s) of bldg construction:		Prior owner name/contact info: (if owned <5 yrs)	

Current Non-Residential Occupants & Type of Use			
(For facilities with ≥ 10 non-residential occupants, please provide a copy of the latest rent roll in lieu of completing the table below)			
Occupant Name:	Type of Use:	NAICS # (if known)	Appx # yrs at Property

Utilities and Services:									
Type	Yes	No	NA	Name of Provider	Type	Yes	No	NA	Name of Provider
Water:					Fuel Oil:				
Sewer:					HVAC Maint:				
Power:					Elev Maint:				
Nat Gas:					Septic Maint:				
Pest Control:					Pool Maint:				

Please answer each question. Check "D/K" for "Don't Know". Additional space for comments/details is provided on Page 5.

Previous Environmental Investigations			
1.	Have any previous environmental investigations (see list on Page 1) been performed at the Property? <i>If YES, please briefly elaborate below and forward copies of the report(s):</i>	Yes	No
		D/K	
Property & Adjoining Usage			
2.	To the best of your knowledge, is the Property or any adjoining property currently occupied or formerly occupied for industrial purposes? <i>If YES, please elaborate below:</i>	Property:	
		Yes	No
		D/K	
		Adj. Property:	
		Yes	No
		D/K	
3.	Is the property or any adjoining property currently used, or have they ever been used, as a gasoline filling station, dry cleaning facility, automotive service/repair shop, auto body repair shop, commercial printing facility, photo development laboratory shop, junkyard, landfill, or as a waste treatment, storage disposal, recycling or processing facility? <i>If YES, please elaborate below:</i>	Property:	
		Yes	No
		D/K	
		Adj. Property:	
		Yes	No
		D/K	
4.	Have any hazardous substances or petroleum products, unidentified waste materials, tires, automotive or industrial batteries, or any other waste materials been dumped above grade, buried and/or burned on the property?	Yes	No
		D/K	
Bulk Storage Tanks			
5.	Are there currently, or have there been previously, any registered or unregistered above ground or underground storage tanks located at the Property? <i>If YES, please provide number, size, age of tanks, permits, closure reports, regulatory agency correspondence, and related information.</i>	Currently:	
		Yes	No
		D/K	
		Previously:	
		Yes	No
		D/K	
6.	Are there currently, or have there been previously, any vent pipes, or access ways indicating a fill pipe protruding from the ground on the property or adjacent to any structure located on the property? <i>If YES, please elaborate below:</i>	Currently:	
		Yes	No
		D/K	
		Previously:	
		Yes	No
		D/K	
7.	Are there currently, or have there been previously, any leakage of hazardous substances or petroleum products from above ground or underground storage tank systems at the Property? <i>If YES, please elaborate below:</i>	Currently:	
		Yes	No
		D/K	
		Previously:	
		Yes	No
		D/K	

Spills, Releases, Wastes			
8.	Are there currently, or have there been previously, any waste discharges on or adjacent to the property, other than storm water or into a municipal sanitary sewer system? <i>If YES, please elaborate below:</i>	Currently: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No D/K Previously: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No D/K	
9.	Are there currently, or have there been previous, any septic systems, dry wells or leach fields on the property? <i>If YES, please elaborate below:</i>	Currently: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No D/K Previously: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No D/K	
10.	Are there currently, or have there been previously, any flooring, drains or walls located within the facility that are, or have been, stained by substances (or, in the case of drains, used for) other than water or are emanating foul odors? <i>If YES, please elaborate below:</i>	Currently: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No D/K Previously: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No D/K	
11.	Are there currently, or have there been previously, any spills or releases of hazardous substances or petroleum products within the building(s) or on the exterior of the Property? <i>If YES, please elaborate below:</i>	Currently: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No D/K Previously: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No D/K	
12.	Has any non-native and/or contaminated fill material been deposited on the Property? <i>If YES, please elaborate below:</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No D/K	
13.	Have any current or former property occupants generated hazardous wastes or other wastes (such as waste oil, or medical wastes) that required non-conventional storage, handling and/or disposal methods? <i>If YES, please indicate type of waste and the name of the waste handling contractor:</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No D/K	
Transformers/Hydraulic Equipment			
14.	Are any power transformers, capacitors, oil-filled switchgear or hydraulic equipment present at the Property? <i>If YES, please elaborate below; and indicate approximate age and ownership:</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No D/K	
15.	If hydraulic equipment is present, indicate approximate age of equipment & ownership:		
Regulatory Disclosure			
16.	Have there been any environmental liens or governmental notification or involvement relating to past or current use or disposal of hazardous substances with respect to the property of any facility or structure located on the property? <i>If YES, please elaborate below:</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No D/K	
17.	If the property is served by a private well or non-public water system, have contaminants been identified in the well or system that exceed guidelines applicable to the water system, or has the well been designated as contaminated by any government environmental/health agency? <i>(If YES, please elaborate below. If not applicable, please check NO)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No D/K	

18.	Is there any environmental litigation, administrative action or cleanup action involving the property related to a release or threatened release of any hazardous substance or petroleum product? <i>If YES, please elaborate below:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	D/K
19.	Are you aware of testing of any environmental media (soil, groundwater, surface water, etc.) at the property which identified levels of contaminants in excess of regulatory standards and/or cleanup guidelines? <i>If YES, please elaborate below:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	D/K
Additional Environmental/Building Conditions				
20.a.	Has testing of building materials for asbestos ever been conducted at the Property? <i>If YES, please forward a copy of test results and/or survey reports:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	D/K
20.b.	Are any asbestos containing materials known to be present at the Property? <i>If YES, please elaborate:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	D/K
20.c.	Is there an Asbestos Operations & Maintenance (O&M) program in place? <i>If YES, please forward a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	D/K
21.a.	Has lead paint testing/risk assessment ever been conducted at the Property? <i>If YES, please forward a copy of test results.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	D/K
21.b.	Is lead-based paint known to be present at the Property? <i>If YES, please elaborate:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	D/K
21.c.	Is there a lead paint Operations & Maintenance (O&M) (or equivalent) program in place? <i>If YES, please forward a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	D/K
21.d.	For any residential buildings built prior to 1987, has any testing for lead in drinking water been performed? <i>If YES, please provide a copy of all test results.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	D/K
21.e.	If Yes to 23.d., has any lead testing of drinking water indicated results exceeding 15 parts per billion (or microgram per liter)? <i>If YES, please elaborate and forward documentation of any mitigation performed to reduce lead concentration in drinking water.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	D/K
22.a.	Has radon testing ever been conducted at the Property? <i>If YES, please forward a copy of test results.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	D/K
22.b.	Are there any radon mitigations systems at the Property? <i>If YES, please provide details of the systems including the most recent service records.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	D/K
23.a.	Are there any problems with water intrusion, water damaged surfaces or excessive mold growth within the buildings? <i>If YES, please elaborate:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	D/K
23.b.	Is there a Moisture Control (or Mold Management) Program in place <i>If YES, please forward a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	D/K
24.a.	Are any pest control, pesticides or herbicides products utilized or applied at the Property? <i>If YES, please elaborate.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	D/K
24.b.	<u>If Yes to 24.a.</u> , are all products applied by licensed pest control contractor? <i>If YES, provide company name and any applicable license #s if available. If NO, please describe what products are utilized, who applies them and/or how they are applied or utilized.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	D/K

Additional Details/Comments:

For any questions that warrant further elaboration, please use the following space as necessary, and/or provide documentation along with the completed questionnaire:

Certification

I, _____, state to the best of my knowledge, information and belief, that all of the facts stated in response to the questions and requests for information contained in this Environmental Questionnaire are true.

Signature: _____

Date: _____

Title: _____

On behalf of: _____
(name of entity)