

# ENVIRONMENTAL RISK QUESTIONNAIRE

In Re:

Address:

---

---

---

Loan Number:

---

---

For the purposes of this Questionnaire, the word "Property" means the parcel or parcels of real estate which are subject to that certain loan application dated the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, of which this is made a part and incorporated therein by this reference, and includes the surface of the land, everything below the surface and the air above the surface. Furthermore, "Property" includes all buildings, structures and other improvements on the land, including without limitation, all equipment, fixtures and other property located on, or used in connection with, such related and subordinate facilities, and any thing stored, used, or otherwise present in or on the land or in any building, structure or other improvement.

The word "User" means the owner of the Property, any tenant on the Property and any other person regularly occupying or conducting business on the Property.

The word "Applicant" means the undersigned applicant for a loan from \_\_\_\_\_ ("Lender") for which the Property will be the security. If a person or entity related to the undersigned has held title to the Property or conducted the investigation of the Property prior to acquisition by the undersigned, the term "Applicant", for the purpose of this Questionnaire, includes such other person or entity.

Applicant acknowledges that, as a condition to making a loan, Lender requires this Questionnaire and, in evaluating the application for the loan, Lender will rely on the truth, accuracy and completeness of the information provided herein. Applicant represents and warrants this Questionnaire has been completed accurately, to the best of Applicant's knowledge and belief and in good faith, based on reasonable inquiry and reasonable due diligence and that Applicant is not aware of any fact to the contrary to any statement made herein.

Applicant further acknowledges that, notwithstanding the contents of this Questionnaire, Lender may decline or place limits or conditions on any loan because of the presence or potential presence of environmental risks. Applicant further acknowledges that certain additional representations, warranties and indemnities regarding the same subject matter will be required at the time any loan is made.

Where indicated by "Y, N, DK", answer YES, NO, DON'T KNOW. For underwriting purposes, "DON'T KNOW" answers may be treated as a "YES" answer at the discretion of Lender. Supplement with additional pages if necessary. Provide explanations to any "YES" answers.

**A. GENERAL**

1. Applicant  does not own the Property;  has owned the Property since \_\_\_\_\_
2. Approximate date of completion of original construction and any substantial renovations: \_\_\_\_\_
3. Describe previous uses of the Property: \_\_\_\_\_  
\_\_\_\_\_
4. Provide names of any previous commercial owners or tenants: \_\_\_\_\_  
\_\_\_\_\_
5. What are the uses of adjacent properties ? \_\_\_\_\_  
\_\_\_\_\_

**B. ASBESTOS**

Y      N      DK

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are there asbestos-containing materials in any building on the Property?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If so, has a survey been conducted to assess the type, amount, location and condition of asbestos-containing materials? If so, please attach a copy of any survey report. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you aware of any asbestos tests being conducted on materials from the Property?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have asbestos air samples been taken? If so, please attach a copy of the results.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If the Property contains asbestos, has notice been given tenants of the presence of asbestos?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you aware of any asbestos on any of the following:  |                          |                          |                          |
| • Pipe covering  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Heating/hot water unit covering  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Tile   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Siding   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C. OTHER HAZARDS**

- **PCBs**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Are you aware of any PCBs on the Property?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you aware of any PCBs on any neighboring properties that might contaminate the Property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
-

	Y	N	DK
3. Are there any fluorescent light ballasts containing PCBs in any building on the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any transformers or capacitors containing PCBs anywhere on the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>• RADON</b>			
1. Are you aware of any radon tests made on the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If "YES", was the test made more than 12 months ago?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were the results over 4 pCi/? (If so, report actual figures.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. To the best of your knowledge, do any properties within a one mile radius of the Property have radon levels greater than 4 pCi/?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there any evidence that the Property or any nearby structures have elevated indoor levels of radon or radon progeny?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have local water supplies been found to have elevated levels of radon or radium?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>• SOIL CONTAMINATES - UNDERGROUND STORAGE TANKS</b>			
1. Is there a storage tank or pipeline (underground or otherwise), for petroleum, chemicals or other substances (excluding ordinary waste and sewage pipes) on the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there any visible or documented evidence of soil or groundwater contamination on the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any petroleum storage and/or delivery facilities (including gas station) or chemical manufacturing plants located on adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have any underground storage tanks been removed from the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you aware of any site survey made by a qualified engineer which indicates the Property is free of USTs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of any petroleum storage and/or delivery facilities (including gas stations) or chemical manufacturing plants located within one mile of the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there results of physical testing (including on-site sampling of soil and groundwater meeting all regulator standards and sound industry practice) indicating whether the Property is free of waste contamination and is being operated in an environmentally safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If the Property has been used for agricultural purposes, have pesticides, herbicides or other agricultural chemicals been applied to the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Y N DK

• **WASTE SITES**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are you aware of any physical testing (including on-site sampling of soil and groundwater) to determine if the Property is free of waste contamination?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there any obvious high-risk neighbors in adjacent properties engaged in producing, storing or transporting hazardous waste, chemicals or substances?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you aware if the site was ever used for research, commercial, industrial or military purposes during the last 30 years?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any of the site space ever been leased to commercial tenants who are likely to have used, transported or disposed toxic chemicals? (e.g., dry cleaner, print shop, service station, etc.)                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is water for any building on the Property provided either by a private company or directly from a well on the Property?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there any documented or visible evidence of dangerous waste handling on the Property or neighboring sites; e.g., stressed vegetation, stained soil, open or leaking containers, foul fumes or odors, oily ponds, etc?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you aware of any existing or capped oil wells within 2,000 feet of the Property?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you know if the Property or any site within one mile of the Property appears on any state or federal list of hazardous waste sites, (e.g., CERCLIS, HWDMS, etc?)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the Property discharge pollutants into the waters of the state or onto land from which pollutants could enter such waters?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has any User ever generated, transported or disposed of a "hazardous substance" as defined by law?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have any toxic or hazardous pollutants ever been spilled or otherwise released on the Property?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you engaged in a business or hobby which involves the use, generation, storage, treatment, or disposal of hazardous materials?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

• **LEAD PAINT**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Do you know if the Property was ever tested for lead paint?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there any documented or visible evidence of peeling lead paint on the floors or below the height of 5 feet on the walls of tenant and common areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any reason to believe the Property contains lead paint?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

• **UREA (FORMALDEHYDE)**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Do you know if the Property contains Urea Formaldehyde Foam Insulation that was installed less than one year ago? If "YES", please note location and amount. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Y N DK

2. If the answer to the above question is "YES", did the current HVAC system meet ASHRAE standards?

• DRINKING WATER

Do you know if the drinking water at the Property was ever tested for lead? If "YES", note date and results.

1. Do you know if any other tests were ever made on the drinking water? If "YES", describe and note and results.

2. Do you have any reason to believe there was or possibly is any problem with the quality or quantity of drinking water available at the Property?

• AIR POLLUTANTS

1. Do you know if the interior air of any of the buildings on the Property was ever tested?

2. Do you have any reason to believe there was or possibly is any problem with the quality of the interior or exterior air in or about the Property?

• GENERAL COMPLIANCE

1. Are you aware of any other hazardous substances or detrimental environmental conditions that effect the Property?

2. Are you aware of any environmental reports that were or are being performed on the Property?

3. Have there been any federal or state enforcement actions against the Property or any User?

4. Are you aware if any User is subject to any outstanding administrative orders which require ongoing compliance efforts?

5. Is each User in full compliance with all environmental permits?

Additional Comments:

In witness whereof I have executed this certificate as Applicant, or on behalf of Applicant if Applicant is other than an individual, under penalty of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name