

UNIFORM ENVIRONMENTAL HISTORY

Questionnaire and / or Certificate

PROPERTY ADDRESS	CITY	STATE	ZIP CODE
NAME OF PERSON	DATES OF OWNERSHIP		OTHER WAY FAMILIAR WITH PROPERTY
	FROM	TO	FROM TO
INTERVIEWER	DATE	TELEPHONE ()	
ADDRESS	CITY	STATE	ZIP CODE

This form is used to report the results of an interview with the current or former owner or others familiar with the property about known *Hazardous Substances* or *Detrimental Environmental Conditions* on or around the subject property. When signed by the interviewer it becomes their certificate.

ASBESTOS	YES	NO	COMMENT ON ALL "YES'S (ADDITIONAL SPACE ON PAGE 2)
1. Are you aware of any asbestos on your property?	<input type="checkbox"/>	<input type="checkbox"/>	
A. Pipe covering	<input type="checkbox"/>	<input type="checkbox"/>	
B. Heating/Hot water unit covering	<input type="checkbox"/>	<input type="checkbox"/>	
C. Tile	<input type="checkbox"/>	<input type="checkbox"/>	
D. Sliding	<input type="checkbox"/>	<input type="checkbox"/>	
E. Other:	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you aware of any asbestos survey being performed on your property?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are you aware of any asbestos tests being conducted on materials from your property?	<input type="checkbox"/>	<input type="checkbox"/>	

PCBs (Polychlorinated Biphenyl's)	YES	NO	
4. Are you aware of any PCBs on your property?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you aware of any PCBs on any neighboring properties that might contaminate your property?	<input type="checkbox"/>	<input type="checkbox"/>	

RADON	YES	NO	
6. Are you aware of any radon tests made on the property?	<input type="checkbox"/>	<input type="checkbox"/>	
7. If so, was radon test made more than 12 months ago?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Were the results over 4 pCi/l? (If so, report actual figures).	<input type="checkbox"/>	<input type="checkbox"/>	
9. To the best of your knowledge, do any properties within 1 mile have radon levels over 4 pCi/l?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are you aware of any evidence that nearby structures have elevated indoor levels of radon or radon progeny?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are you aware of any information that indicates the local water supplies have been found to have elevated levels of radon or radium?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Are you aware of any properties within one mile of your property or any sites that were or currently are used for uranium, thorium or radium extraction or for phosphate processing?	<input type="checkbox"/>	<input type="checkbox"/>	

SOIL CONTAMINATES – Underground Storage Tanks	YES	NO	
12. Are you aware of any underground storage tanks presently on the property?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are you aware of any underground storage tanks which were previously removed from the property. (If so, note date).	<input type="checkbox"/>	<input type="checkbox"/>	
14. 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"/>	
16. 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 checked="" type="checkbox"/>	<input type="checkbox"/>	

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(Continued)

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WASTE SITES	YES	NO	COMMENT ON ALL "YES'S (ADDITIONAL SPACE BELOW)
17. 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"/>	
18. Do you know if the property was ever used for research, industrial or military purposes?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do you know if the owners have ever occupied the property or commercial tenants who are likely to have used, transported or disposed of toxic chemicals (e.g. dry cleaners, print shops, service stations, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Do you know if there is any water provided to the property from a well or private water company?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Do you know if the property or any site within one mile, appears on any state or federal list of hazardous waste sites (e.g. CERCLIS, HWDMS , etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
22. Do you know of any visible evidence or documents that indicate there is or was dangerous waste handling on the property or neighboring sites (e.g. stressed vegetation, stained soil, open or leaking containers, foul fumes or smells, oily ponds, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	

UREA (Formaldehyde)	YES	NO	COMMENT ON ALL "YES'S (ADDITIONAL SPACE BELOW)
23. Do you know if the property contains UREA Formaldehyde Foam Insulation? (If yes, note location and amount).	<input type="checkbox"/>	<input type="checkbox"/>	

LEAD PAINT	YES	NO	COMMENT ON ALL "YES'S (ADDITIONAL SPACE BELOW)
24. Do you know if the property was tested for lead paint?	<input type="checkbox"/>	<input type="checkbox"/>	
25. Do you have any reason to believe that the property contains lead paint?	<input type="checkbox"/>	<input type="checkbox"/>	

DRINKING WATER	YES	NO	COMMENT ON ALL "YES'S (ADDITIONAL SPACE BELOW)
26. Do you know if the drinking water was ever tested for lead? (If yes, note date and results).	<input type="checkbox"/>	<input type="checkbox"/>	
27. Do you know if any other tests were ever made on the drinking water? (If yes, describe and note results).	<input type="checkbox"/>	<input type="checkbox"/>	
28. Do you have reason to believe there was or is any problem with the quality or quantity of drinking water available at the property?	<input type="checkbox"/>	<input type="checkbox"/>	

AIR POLLUTANTS	YES	NO	COMMENT ON ALL "YES'S (ADDITIONAL SPACE BELOW)
29. Do you know if the interior air was ever tested?	<input type="checkbox"/>	<input type="checkbox"/>	
30. Do you have any reason to believe that there was or is any problem with the interior or exterior air of the property?	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER ENVIRONMENTAL HAZARDS	YES	NO	COMMENT ON ALL "YES'S (ADDITIONAL SPACE BELOW)
31. Are you aware of any other hazardous substances or detrimental environmental conditions that effect the property?	<input type="checkbox"/>	<input type="checkbox"/>	
32. Are you aware of any environmental reports that were or are being performed on the property?	<input type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL COMMENTS:

I CERTIFY UNDER PENALTY OR PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT AS OF:			DATE
SIGNATURE	DATE	CURRENT OR FORMER PROPERTY OWNER	DATE
SIGNATURE	DATE	CURRENT OR FORMER PROPERTY OWNER	DATE