

<b>STREET ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>LOAN NUMBER:</b>
------------------------	--------------	---------------	---------------------

# 1. ENVIRONMENTAL QUESTIONNAIRE

This Environmental Questionnaire is for the Lender's information. We suggest that you review the entire form before beginning to complete it. If you should need additional space to complete any question, please attach a sheet and number your response corresponding to the question number on this form.

1. Address of subject property

---

2. Name of current property owner(s) and operator(s)

---

3. Describe the type(s) of business(es) operated and to be operated by the applicant and all tenants on the property.

---

4. Describe the type(s) of business(es) operated and to be operated on the property if Applicant is not the only operator and/or tenant.

---

5. To the best of your knowledge, describe the past use(s) of, or businesses operated on, the property.

---

6. Did or does the Applicant, current owner or any tenant have in the past, now have, or plan to obtain, an environmental permit?  YES  NO  UNKNOWN  
**If yes, attach list of the type of permits, expiration date(s), and copies of the permits.** If any such permit has expired or is otherwise no longer in effect, also indicate the reason(s) why.

---

7. Are you aware of any citations, claims, complaints, notices of violations, correspondence with governmental agencies, or internal correspondence regarding or relating to the release, threatened release, or cleanup of hazardous substances or any other environmental violation or problem at this property by the previous or current owner(s) or tenant(s) ? If yes, attach an explanation of your knowledge of such notices and/or correspondence.  YES  NO  UNKNOWN as to previous owner(s) or tenant(s)

---

8. To the best of your knowledge, describe the past uses of all properties adjacent to this property, the current uses of the properties, and the planned uses of the properties (if different from current uses).

NORTH	Past:	Current:	Future:
SOUTH	Past:	Current:	Future:
EAST	Past:	Current:	Future:
WEST	Past:	Current:	Future:

**FOR ANY QUESTION ANSWERED "YES," PLEASE DESCRIBE, BY PROVIDING ADDITIONAL INFORMATION ON A SEPARATE SHEET.**

9. Are there currently, or have there been previously, stored on the property, or otherwise used in connection with the property, any of the following?

• Any drums or containers of chemicals greater than 5 gallons	Currently: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Previously: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
• Underground or above ground storage tanks	Currently: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Previously: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
• Asbestos or lead based paints or coatings	Currently: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Previously: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

---

10. Is there now or has there been previously any of the following on or leaking from or to the property?

• Oily films on standing water or unusual odors	Currently: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Previously: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
• Dying or dead vegetation	Currently: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Previously: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
• Stains or discoloration on or around soil, concrete, flooring, walls, or drains	Currently: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Previously: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

---

11. Are there now or have there ever been any ground water monitoring wells on the property?  YES  NO  UNKNOWN

---

12. Has an environmental assessment ever been performed on the property? If yes, please attach.  YES  NO  UNKNOWN

---

13. Are you aware of or has there been any environmental litigation, administrative action, or environmental clean up or remediation action related to a release or threatened release of any chemicals, hazardous substance, petroleum product, or other environmental problem or issue involving the property or an adjacent property?

	Currently?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
	Previously?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

---

14. Are there currently any septic systems, dry wells, leach fields, wastewater pits, ponds, or lagoons on the property? If yes, describe.
  - a. If yes to 14, have chemicals, hazardous substances, or petroleum products ever been discharged into these systems?

---

15. Have any demolition debris, hazardous substances, petroleum products, waste materials, waste piles, automotive or industrial batteries, tires, trash, or refuse been stored, dumped, buried, and/or burned on the property?

---

16. Is there a transformer, capacitor, or any hydraulic equipment on the property?

APPLICANT SIGNATURE	APPLICANT NAME	APPLICANT TITLE	DATE
---------------------	----------------	-----------------	------

**ACKNOWLEDGEMENT OF OWNER/OPERATOR (IF NOT THE APPLICANT)**

Each of the undersigned, as a current owner or operator of the subject property described in the attached Environmental Questionnaire agrees that, to my knowledge, the information set forth in such Environmental Questionnaire is materially true, accurate, and complete.

SIGNATURE – CURRENT OWNER/OPERATOR:	NAME – CURRENT OWNER/OPERATOR	TITLE – CURRENT OWNER/OPERATOR	DATE
-------------------------------------	-------------------------------	--------------------------------	------

STREET ADDRESS:	CITY:	STATE:	LOAN NUMBER:
-----------------	-------	--------	--------------

## 2. STRUCTURAL DISCLOSURE

Building Area:	Year Built:
----------------	-------------

	Yes	No	N/A	Please answer each numbered question below with either "Yes", "No", or "N/A".
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seller/Owner has occupied the property within the last 12 months.
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of any flooding or recurring leakage problems.
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware that the property is located in a flood plain or that I currently have flood hazard insurance on the property.
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of material defects in the basement or foundation (including cracks and bulges).
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of leaks or material defects in the roof, ceilings, or chimney.
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of material defects in the walls or floors.
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of material defects in the electrical system.
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of material defects in the plumbing system (includes such things as water heater, sump pump, water treatment system, sprinkler system, etc.).
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of material defects in the well or well equipment.
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of unsafe conditions in the drinking water.
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of material defects in the heating, air conditioning, or ventilating systems.
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of material defects in the fireplace or wood-burning stove.
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of material defects in the septic, sanitary sewer, or other disposal system.
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of unsafe concentrations of radon on the premises.
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of unsafe concentrations of or unsafe conditions relating to asbestos on the premises.
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of unsafe concentrations of, or unsafe conditions relating to lead paint, lead water pipes, lead plumbing pipes or lead in the soil on the premises.
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of mine subsidence, underground pits, settlement, sliding, upheaval, or other earth stability defects on the premises.
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of current infestations of termites or other wood boring insects.
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of structural defect caused by previous infestations of termites or other wood boring insects.
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of underground fuel storage tanks on the property.
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am aware of boundary or lot line disputes.
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have received notice of violation of local, state or federal laws or regulations relating to this property, which violation has not been corrected.

\_\_\_\_\_  
Borrower's or Authorized Agent's Name – print

\_\_\_\_\_  
Borrower's or Authorized Agent's Signature - Date

\_\_\_\_\_  
Borrower's or Authorized Agent's Name - print

\_\_\_\_\_  
Borrower's or Authorized Agent's Signature - Date

