

Borrower name _____		Property known as _____			
Property address _____		City _____	County _____	State _____	ZIP _____
MO/YR to MO/YR _____					
Date first developed _____	Specific property use _____				

Please check the appropriate box for each question.

- | | Yes | N/A | No |
|---|--------------------------|--------------------------|--------------------------|
| 1. Has there ever been a release of any hazardous or regulated substances (dry cleaning solvents, gasoline, etc.) on the subject site?
If no, skip to question #5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If so, has the appropriate regulatory agency been notified in writing?
If yes, attach a copy of letter. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If so, has remediation been completed and a closure letter received from the appropriate regulatory agency?
If yes, attach a copy of closure letter. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If a release has occurred and remediation is currently underway (has not been completed), please provide an opinion letter from the environmental consultant of record attesting to the current status of the remediation, when completion is expected, the remaining cost to complete remediation, and whether or not the site is eligible (and to what extent) for reimbursement under a state UST reimbursement program.

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|--|--------------------------|--------------------------|--------------------------|
| 4. If a release has occurred and remediation has not taken place, has the site received "priority ranking" or "hazard risk rating" by the appropriate state regulatory agency? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all tanks appropriately registered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there any hydraulic lifts on-site that utilize underground reservoirs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Corrosion Protection

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 7. Is all piping and are all tanks on-site made of fiberglass or steel clad with fiberglass? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have all steel tanks been upgraded to meet corrosion protection requirements? (interior lining or cathodic protection) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has all steel piping been cathodically protected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Spill Protection

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 10. Have containment basins been installed on all fill pipes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Overfill Protection

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 11. Have all USTs been outfitted with overfill protection? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Leak Detection - Piping

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|---|--------------------------|--------------------------|--------------------------|
| 12. If your facility utilizes pressurized piping, have you installed devices that shut off, restrict flow or sound an alarm if a leak is indicated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. If your piping is pressurized, select the testing method you have used? Check one of the following: <input type="checkbox"/> none <input type="checkbox"/> annual tightness test <input type="checkbox"/> monthly interstitial <input type="checkbox"/> monthly vapor <input type="checkbox"/> monthly groundwater monitoring <input type="checkbox"/> monthly inventory reconciliation | | | |
| 14. If your facility utilizes below grade suction piping, does it operate at less than atmospheric pressure and is it sloped so that contents will drain back into the storage tank if the suction is released? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. If your facility utilizes suction piping and it does not meet the criteria of #12, how do you test your piping for tightness? Check one of the following: <input type="checkbox"/> 3 year tightness test <input type="checkbox"/> monthly interstitial <input type="checkbox"/> monthly vapor <input type="checkbox"/> monthly groundwater monitoring <input type="checkbox"/> monthly reconciliation | | | |

Leak Detection - Tanks

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|--|--|--|--|
| 16a. Do you conduct? Check one of the following: <input type="checkbox"/> monthly inventory control <input type="checkbox"/> 5 year tank tightness testing <input type="checkbox"/> monthly monitoring | | | |
| 16b. If monthly, what method is used? Check one of the following: <input type="checkbox"/> interstitial <input type="checkbox"/> vapor <input type="checkbox"/> groundwater monitoring <input type="checkbox"/> statistical inventory reconciliation | | | |

Financial Assurance

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 17. Has the appropriate financial assurance been established? Check one of the following: <input type="checkbox"/> environmental impairment liability insurance <input type="checkbox"/> surety bonds <input type="checkbox"/> letter of credit <input type="checkbox"/> or eligibility under a solvent state reimbursement program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

History

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 18. Are the current underground storage tanks the original underground storage tanks?
If not, provide closure information on any and all previous tanks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Were any facilities previously located on the subject site that may have stored or consumed significant quantities or hazardous or regulated substances (i.e., gasoline service station, dry cleaner, etc.) If so, please list the nature of the facility or facilities in the space below. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Space provided for any additional information as requested or required.

Question number	Additional information

Your signature

I, PRINT NAME, 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 the foregoing Environmental Questionnaire are true.

X Signature	Corporate title	Date
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