

MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
**APPRAISAL SITE INSPECTION ENVIRONMENTAL CHECKLIST**

*This information is required in accordance with DNR policy on completing land appraisals.*  
 (To be completed by Appraiser and inserted as the last page of the Appraisal Report)

**SITE INFORMATION**

Case # and Project Area	County	T ____	R ____	Section ____
Owner's Name		Property Type: (Ag., Res. Etc)		

**LAND USE HISTORY & DEVELOPMENT**

	<b>A</b>	<b>B</b>			
Current Land Use:	<input type="checkbox"/> Industrial	<input type="checkbox"/> Lt. Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Residential
Previous Land Use:	<input type="checkbox"/> Industrial	<input type="checkbox"/> Lt. Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Residential
Adjacent Land Use:	<input type="checkbox"/> Industrial	<input type="checkbox"/> Lt. Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Residential

**IF "A" OR "B," SPECIFY WHAT THE PROPERTY WAS USED FOR IN THE PAST:**

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**ANY KNOWN HAZARDOUS WASTE SITES IN VICINITY?**     YES – Identify & Explain     NO

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**IS SUBJECT PROPERTY IDENTIFIED ON MICHIGAN'S NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION ACT, 1994 PA 451, PARTS 111, 115, 201, AND 213 (Formerly known as Act 307) FACILITY LISTINGS?**     YES     NO

**VISUAL INSPECTION**

<p><b>Storage Structures</b></p> <input type="checkbox"/> Underground Tanks <input type="checkbox"/> Surface Tanks <input type="checkbox"/> Transformers <input type="checkbox"/> Sumps <input type="checkbox"/> Drums <input type="checkbox"/> Ponds / Basins <input type="checkbox"/> Wastewater Lagoon <input type="checkbox"/> Septic Tank / Field <input type="checkbox"/> Other (Describe) _____ _____ _____	<p><b>Contamination</b></p> <input type="checkbox"/> Surface Stain <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Odors <input type="checkbox"/> Vegetation Damage <input type="checkbox"/> Landfills <input type="checkbox"/> Farmyard Dumps <input type="checkbox"/> Oil/Gas Flowlines/ Pumpjacks/Dehy Facilities <input type="checkbox"/> Monitoring Wells <input type="checkbox"/> Former Shooting Range <input type="checkbox"/> Other (Describe) _____ _____	<p><b>Potential Asbestos Containing Buildings</b></p> <input type="checkbox"/> Spray-on Fireproofing <input type="checkbox"/> Acoustic Plaster <input type="checkbox"/> Pipe Wrap <input type="checkbox"/> Asbestos Shingles / Roofing <input type="checkbox"/> Other (Describe) _____ _____ _____ _____
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**APPRAISER COMMENTS:**

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 Appraiser's Signature

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 Date: