

ENVIRONMENTAL QUESTIONNAIRE

PURCHASE AREA DEVELOPMENT DISTRICT (PADD)

1002 Medical Drive

Mayfield, KY 42066

Borrower Name: _____ Telephone: _____

Contact Person: _____ Telephone: _____

Person Completing Questionnaire: _____ Telephone: _____

Questionnaire Completion Date: _____

Property Address: _____

1.	Is the subject property presently used as an industrial use facility (including gas stations, manufacturing operations, dry cleaners, printing operations, junkyards, landfills and auto repairs)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If yes, please describe:		

2.	Has the subject property ever been used as an industrial use facility (including gas stations, manufacturing operations, dry cleaners, printing operations, junkyards, landfills and auto repairs)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If yes, please describe:		

3.	Is the subject property structure a multi-tenant (10+ units) residential dwelling, nursing home or daycare center constructed prior to 1978?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If yes, please describe:		

4.	Is there historical or archeological significance in the subject property?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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5.	Is the subject property structure to be significantly renovated or demolished?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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6.	Is there Asbestos Containing Material (ACM) in the building materials of the subject property structure?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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7.	<p>Are any of the properties on any side of the subject property presently used as an industrial use facility (including gas stations, manufacturing operations, dry cleaners, printing operations, junkyards, landfills and auto repairs)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please describe:</p> <p>North: _____</p> <p>South: _____</p> <p>East: _____</p> <p>West: _____</p> <p>(If a road/street abuts any side of the property, please identify the land use beyond the road/street)</p>
8.	<p>Have any of the properties on any side of the subject property ever been used as an industrial use facility (including gas stations, manufacturing operations, dry cleaners, printing operations, junkyards, landfills and auto repairs)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please describe:</p> <p>_____</p>
9.	<p>Are there any transformers or other stationary hydraulic equipment on the subject property which are owned by the property owner? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
10.	<p>Are there underground storage tanks (UST's) currently on the subject property? If yes, attach copies of the registration, spill insurance certificate, recent tank and line tightness test results (within last six months) and verification that UST's meet all compliance requirements. <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
11.	<p>Have UST's ever been removed from the subject property or abandoned in place? If yes, state the year removed, and attach a copy of all removal documents and the "No Further Action" letter issued by the State Firm Marshall's Office. <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
12.	<p>Are there currently or have there ever been any fill pipes, vent pipes or access ways protruding from the ground on the subject property that would indicate the presence of a UST or former UST. <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
13.	<p>Are there above ground storage tanks (AST's) without secondary containment on the subject property? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
14.	<p>Is the subject property registered with the EPA regarding any permits or for hazardous waste generation, treatment, storage or disposal? If yes, attach a copy of permit, registration, and/or ID # respectively. <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
15.	<p>Is any hazardous waste including petroleum currently being treated or dispensed at the subject property? If yes, describe the type and method of treatment, storage and/or disposal. <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please describe:</p> <p>_____</p>
16.	<p>Is any hazardous waste including petroleum products currently being disposed of off-site? If yes, attach a copy of the most recent waste manifest for the disposed waste. <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

17.	Has any hazardous waste including petroleum products ever been disposed of on or off-site? If yes, attach a copy of the most recent manifest and the borrower's Hazardous Waste T.D.# and describe waste(s) disposed of:	<input type="checkbox"/> No <input type="checkbox"/> Yes

18.	Are there any present/past enforcement actions by a regulatory agency for the subject property? If yes, please describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes

19.	Are there any existing environmental liens, lawsuits, administrative actions or environmental easements associated with the use of the subject property? If yes, please describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes

20.	Are there now or have there ever been pits, ponds or lagoons used for dumping wastes located on the subject property? If yes, please describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes

21.	Are there any groundwater monitoring wells (for groundwater contamination) located on the subject property? If yes, state how many and describe their purpose:	<input type="checkbox"/> No <input type="checkbox"/> Yes

22.	Does the subject property discharge waste (or wastewater) to an on-site sewer, on-site septic system, ditch or other waterway? If yes, state the nature of the discharge and attach a copy of the permit:	<input type="checkbox"/> No <input type="checkbox"/> Yes

23.	Are there any outstanding Fire and/or Health Department violations for the subject property? If yes, please describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes

24.	Does the subject property have any Wetlands?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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25.	Is the subject property or portion thereof used for agriculture?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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VISUAL INSPECTION

1.	Is there any evidence that chemicals are used in the operation of the facility?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If yes, please describe:		

2.	Are there any discarded chemical containers on the property?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If yes, please describe:		

3.	Are there any waste piles of any type (ask about buried waste and the presence of underground storage tanks)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If yes, please describe:		

4.	Is there any evidence of distressed vegetation of non-vegetative areas?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If yes, please describe:		

5.	Is there evidence of oily films on standing water?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If yes, please describe:		

6.	Is there evidence of any discolored soils?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If yes, please describe:		

7.	Are there any unusual odors?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If yes, please describe:		

Person Completing Questionnaire: _____

Questionnaire Completed: _____

Property Owner: _____