

**HAZARDOUS MATERIALS--PROPERTY SURVEY  
INDIVIDUAL PROPERTY SURVEY FORM**

NAME OF OWNER(S): 1. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 2. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 3. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ OWNER(S) ADDRESS: (If Different) \_\_\_\_\_  
 City: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_

I (We), \_\_\_\_\_  
 \_\_\_\_\_  
 as owner(s) of the above referenced property that lies within the jurisdiction of \_\_\_\_\_  
 \_\_\_\_\_, in the State of \_\_\_\_\_ represent and certify that I (we)  
 have used due diligence to determine, to the best of my (our) knowledge, that the description of the property described  
 herein is accurate with respect to the presence or absence of contamination from toxic or hazardous substances.  
 The term "property" refers to the physical piece of legally recorded land that is to be acquired.

1. Is this property currently or was previously used for governmental, commercial, light industrial, or industrial activities? YES NO Unknown

If yes, list specific type and nature.  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Are there any Aboveground Storage Tanks (AST), Underground Storage Tanks (IJST), or Leaking Underground Storage Tanks (LUST) present on the property? YES NO Unknown

If yes, list type of each tank, capacity and condition.  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Has there ever been, past or present, any generation, treatment, storage, disposal, release, or spill of petroleum products, solid or hazardous substances and/or wastes (this includes pesticides, herbicides, or rodenticides), other than normal quantities of household substances? YES NO Unknown

If yes, list type of activity, substance, and quantity involved.  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Is there presently or has there been in the past a transportation facility on what is now your property? This includes includes parking lots, railroad yards, railroad or roadway right-of- way. YES NO Unknown

If yes, list type of facility or activity.  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Have you noticed any unusual odors or discoloration in your drinking water or anywhere on your property? YES NO

If yes, describe the location, color, and odor of the water.  
 \_\_\_\_\_

6. For your property, is there presently or has there been in the past any:

Environmental investigations conducted by federal, state, local government agencies, or private firms; or YES NO

Environmental or Occupational Safety and Health Administration (OSHA) citations or notices of violation? YES NO

If yes, list the type of investigation or violation and the preparer or origin of the investigation or violation.

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7. Are there any drinking water wells or sewage septic tanks/systems on your property? YES NO

Do any of the structures contain asbestos or lead ? YES NO

If either is yes, please explain:

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8. If there any issues that are not covered by the previous questions, please attach an extra sheet describing these issues.

The property owner(s) acknowledge that this certification regarding hazardous substances and/or waste is a material representation of fact upon which the Hazard Mitigation Grant Program applicant (local government) and other government entities rely upon to execute the property purchase. The property owner(s) certify that the information contained within this HAZARDOUS MATERIAL—PROPERTY SURVEY FORM is a full disclosure of all available information to the best of their knowledge and that the owner(s) has exercised due diligence in obtaining all relevant information.

Preparer  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Typed or  
printed name: \_\_\_\_\_

Owner(s)  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Typed or  
printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Typed or  
printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Typed or  
printed name: \_\_\_\_\_