

FIELD CONTAMINATION CHECKLIST

Completing the form requires a site visit by the preparer. The preparer should be sure to observe the property by walking through the property and the building(s) and other structures on the property to the extent possible and observing all adjoining* properties.

PREPARER MUST COMPLETE CHECKLIST IN ITS ENTIRITY

Date of Visit:	Time:	Weather Conditions:	
Program Name:			
Project Location/Address:			
Property Owner:			
Attach the following, as appropriate:			
<input type="checkbox"/> Photographs of site and surrounding areas <input type="checkbox"/> Maps (street, topographic, aerial, site map, etc.)			
QUESTION	OBSERVATION		
Is there evidence of any of the following?	SUBJECT PROPERTY	ADJOINING PROPERTIES	
Is the property or any adjoining property currently used, or has evidence of prior use, as a gasoline station, motor vehicle repair facility, printing facility, dry cleaners, photo developing laboratory, junkyard, or as a waste treatment, storage, disposal, processing or recycling facility?	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	NO <input type="checkbox"/>	NO <input type="checkbox"/>	
	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
Are there any damaged or discarded automobile(s), automotive or industrial batteries, pesticides, paints, or other chemicals in individual containers greater than 5 gal in volume or 50 gal in the aggregate, stored on or used at the property or adjoining properties?	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	NO <input type="checkbox"/>	NO <input type="checkbox"/>	
	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
Are there any industrial drums (typically 55 gal) or sacks of chemicals, herbicides or pesticides located on the property or adjoining properties?	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	NO <input type="checkbox"/>	NO <input type="checkbox"/>	
	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
Has fill dirt been brought onto the property or adjoining properties that originated from a suspicious site or that is of an unknown origin?	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	NO <input type="checkbox"/>	NO <input type="checkbox"/>	
	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
Are there any pits, ponds, or lagoons located on the property or adjoining properties in connection with waste treatment or waste disposal?	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	NO <input type="checkbox"/>	NO <input type="checkbox"/>	
	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
Is there any stained soil, distressed vegetation and/or discolored water on the property or adjoining properties?	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	NO <input type="checkbox"/>	NO <input type="checkbox"/>	
	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
Are there any storage tanks , aboveground or underground (other than residential), located on the property or adjoining properties?	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
	NO <input type="checkbox"/>	NO <input type="checkbox"/>	
	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	

*Adjoining properties: Any real property or properties the border of which is contiguous or partially contiguous with that of the property, or that would be contiguous or partially contiguous with that of the property but for a street, road, or other public thoroughfare separating them.

QUESTION	SUBJECT PROPERTY		ADJOINING PROPERTIES	
Is there evidence of any of the following?				
Are there any vent pipes, fill pipes, or underground tank access ways visible on the property or adjoining properties?	YES <input type="checkbox"/>		YES <input type="checkbox"/>	
	NO <input type="checkbox"/>		NO <input type="checkbox"/>	
	UNKNOWN <input type="checkbox"/>		UNKNOWN <input type="checkbox"/>	
Are any flooring, drains, walls, ceilings, or grounds on the property or adjoining properties stained by substances (other than water) or emitting noxious or foul odors or odors of a chemical nature ?	YES <input type="checkbox"/>		YES <input type="checkbox"/>	
	NO <input type="checkbox"/>		NO <input type="checkbox"/>	
	UNKNOWN <input type="checkbox"/>		UNKNOWN <input type="checkbox"/>	
Is the property served by a private well or non-public water system ? (If yes, a follow-up investigation is required to determine if contaminants have been identified in the well or system that exceed guidelines applicable to the water system, or if the well has been designated contaminated by any government environmental/health agency.)	YES <input type="checkbox"/>			
	NO <input type="checkbox"/>			
	UNKNOWN <input type="checkbox"/>			
Has the owner or occupant of the property been informed of the existence of past or current hazardous substances or petroleum products or environmental violations with respect to the property or adjoining properties?	YES <input type="checkbox"/>		YES <input type="checkbox"/>	
	NO <input type="checkbox"/>		NO <input type="checkbox"/>	
	UNKNOWN <input type="checkbox"/>		UNKNOWN <input type="checkbox"/>	
Do the property or adjoining properties discharge wastewater (not including sanitary waste or storm water) onto the property or adjoining properties and/or into a storm water system?	YES <input type="checkbox"/>		YES <input type="checkbox"/>	
	NO <input type="checkbox"/>		NO <input type="checkbox"/>	
	UNKNOWN <input type="checkbox"/>		UNKNOWN <input type="checkbox"/>	
Is there a transformer, capacitor, or any hydraulic equipment on the property or adjoining properties that are not marked as "non-PCB"?	YES <input type="checkbox"/>		YES <input type="checkbox"/>	
	NO <input type="checkbox"/>		NO <input type="checkbox"/>	
	UNKNOWN <input type="checkbox"/>		UNKNOWN <input type="checkbox"/>	
If answering "YES" or UNKNOWN" to any above items, describe the conditions:				
Use photographs and maps to mark and identify conditions. Attach more information as needed.				
Is further evaluation warranted? YES <input type="checkbox"/> NO <input type="checkbox"/> UNCERTAIN <input type="checkbox"/>				
Preparer of this form must complete the following required information.				
This inspection was completed by: Name: Title:		Phone Number:		
		Email:		
		Agency:		
Address:				
Preparer represents that to the best of his/her knowledge the above statements and facts are true and correct and to the best of his/her actual knowledge no material facts have been suppressed, omitted or misstated.				
Signature:		Date:		