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|  | **PROPERTY AND REAL ESTATE****ENVIRONMENTAL AUDIT** |
| **Institution** |  |
| **Location, address, or property legal description** |  |
| **City/Township** |  |
| **County** |  |
| **Municipality and Tax Parcel No.** |  |
| **OWNERSHIP** |
| **Existing property owner** | **Name** |  |
| **Address** |  |
| **If owned less than 5 years, previous owner(s)** | **Name** |  |
| **Address** |  |
| **PRIOR PROPERTY USES** |
| *Review DNR abandoned landfill registry, Register of Deeds records, interview owners of adjacent property, and current property owner* |
| **Has the property ever been the site of operations that generated, stored, or disposed of regulated hazardous substances? If so, describe.** |  |
| **List any hazardous waste generator ID numbers associated with the property.** |  |
| **Has this property ever been used for a landfill or other waste disposal operation?** |  |
| **Is the property listed on the DNR Solid and Hazardous Waste Information Systems (SHWIMS) registry?***Describe any findings.* |  |
| **ZONING** |
| **Existing Zoning** |  |
| **Floodplain zoning** |  |
| **Federal floodplain map that contains the property** | **Community Panel Number:** |  | **Date:** |  |
| **The map(s) clearly indicate(s) that the property is located outside of the floodplain.** | [ ]  |
| **Wetland Zoning** |  |
| **Wisconsin DNR Wetland Indicator Map:** |  |
| **The map clearly indicates that the property does not contain a wetland.***(Note that maps do not show wetlands less than five acres in size.)* | [ ]  |

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| **PROPERTY DESCRIPTION** |
| *(Provide a sketch of the property and improvements)* |
| **Buildings** | **Identification** | **Size (GSF)** | **Construction Type** | **Age** |
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| **Pits, ponds, lagoons, or surface water** | **Identification** | **Size** | **Location** |
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| **Predominant soil type** |  |
| **Depth to water table** *(if known)* |  |
| **Depth to bedrock** *(if known)* |  |
| **Unique geological features** *(swales, outcroppings, etc.)* |  |
| **Utility Services and Easements** *(Include on property sketch. Contact utility or Digger’s Hotline.)* |  |
| **City water or private well?** |  |
| **Municipal sewage or septic system?** |  |
| **Electrical service****(overhead, buried, transmission lines or transformers)** |  |
| **Natural Gas** **(distribution pipeline and service laterals)** |  |
| **HAZARDOUS MATERIALS** |
| **Is there potential for contamination from industrial, agricultural, or other land uses on adjacent properties? If so, describe.** |  | **Zoning** | **Land Use** |
| **North**  |  |  |
| **South** |  |  |
| **East** |  |  |
| **West** |  |  |
| **Is there any evidence of spills, waste pits, or dumping? If so, describe.** |  |
| **Are there any containers of paints, cleaning agents, or other chemicals on site? If so, describe.** |  |
| **Storage Tanks** |  |  |  |  |
| *(List all abandoned and removed above-ground and underground tanks.)* | **Tank I.D.** | **Contents** | **Capacity** | **Age** |
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| **Have any of the underground tanks been tested for leakage? If so, indicate test date and results.** |  |
| **What is the closest leaking underground tank listed in the DNR LUST Site Address Report?** |  |
| **Is there any indication from tank inventory records, complaints from neighbors, or groundwater problems that indicate that (a) tank(s) may be leaking? If so, describe.** |  |
| **Indicate (or attach) the closure method and test results for any abandoned or removed tanks.** |  |
| **Asbestos** |  |
| **Is there any evidence of asbestos-containing materials on the property? If so, describe.** |  |
| **Have any materials been tested for asbestos? Attach or include any test results.** |  |
| **Lead** |  |
| **Is there any evidence of lead-containing materials? If so, describe.** |  |
| **Have any materials been tested for lead? Attach or include any test results.** |  |
| **PCBs** |  |
| **Electrical equipment (transformers, capacitors, light ballasts)** | **Item** | **No.** | **Size/Rating** | **Manufacturer** |
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| **Has any of the equipment been tested for PCBs? Attach or include any test results.** |  |
| **On-Site Septic Disposal** |  |
| **If there is an abandoned system, has the tank been removed or properly abandoned in place. Include date and method of closure.** |  |
| *If the septic system is in current use, attach a copy of the county sanitary permit* |  |
| **Based on the investigation conducted, the following additional tests, analysis, or actions are recommended:** |
| [ ]  | **Test of well water (NR 140 Groundwater Quality) Recommended test:** |
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| [ ]  | **Test for asbestos-containing building materials. Test the following materials:** |
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| [ ]  | **Test for lead-containing building materials. Test the following:** |
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| [ ]  | **Test for PCBs. Test the following:** |
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| [ ]  | **Underground storage tank integrity test** |
| [ ]  | **Soil Borings (Indicate recommended location of borings and suspected substance.)** |

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| [ ]  | **Analysis of merchandise, stock, raw material, or waste material for hazardous constituents or characteristics** |
| [ ]  | **Require the existing property owner to remediate the following existing hazards:** |
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| [ ]  | **No additional tests recommended.** |
| **SELLER CERTIFICATION** |
| **By signature below the seller/donor acknowledges that to the best of their knowledge the information in this environmental assessment is true and that except for items noted above, the property is free of environmental contamination.** |
| **Signature** |  |
| **Date:** |  |
| **CERTIFICATION OF ASSESSMENT FINDINGS** |
| [ ]  | **Review of the above information reveals insignificant problems and no apparent environmental contamination. Further examination/testing is not recommended.** |
| [ ]  | **As indicated above, conduct additional investigation as a Phase II assessment.** |
| [ ]  | **Property requires environmental remediation and reevaluation before acquisition by Board of Regents of the University of Wisconsin System.** |
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| **Signature** |  |
|  | **UW System Real Estate Officer** |
| **Date:** |  |
|  |
| **Signature** |  |
|  | **Institution Environmental Health and Safety Officer** |
| **Date:** |  |