

<b>Loan Number:</b>	Parcel	Legal/Land Descriptions (add additional sheet if necessary)
	1	
<b>Customer Name:</b>	2	
	3	
	4	

<b>SECTION 1: LICENSES, PERMITS AND APPROVALS</b>			
Licenses, Permits and Other Approvals		Obtained	Last Renewal Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>SECTION 2: BUILDINGS AND OTHER IMPROVEMENTS</b>		IF NONE PROCEED TO SECTION 3
Are you aware of any of the following affecting any buildings or improvements?		
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Radon	<input type="checkbox"/> Significant Weather Damage
<input type="checkbox"/> UFFI (Insulation)	<input type="checkbox"/> PCBs	<input type="checkbox"/> Significant Rodent Damage
		<input type="checkbox"/> Fire Damage
		<input type="checkbox"/> Mold
Please describe particulars and your activity to prevent or limit damage or contamination:		

<b>SECTION 3: UNDER AND ABOVE GROUND STORAGE TANKS (EXCLUDING SEPTIC)</b>							IF NONE PROCEED TO SECTION 4
Above or Under	Substance Stored	Number of Tanks	Tank Age	Tank Material	Capacity	Do you regularly test for leaks?	Last Test Date
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Past or existing leaks or spills?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Clean-Up Report/ Remediation Certificate provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please describe particulars and your activity to prevent or limit damage or contamination:							

<b>SECTION 4: WASTE MANAGEMENT</b>		IF NONE PROCEED TO SECTION 5
Do you produce, store or dispose of any of the following (excluding household wastes)		
<input type="checkbox"/> Food/Animal Processing Wastes	<input type="checkbox"/> Odours	<input type="checkbox"/> Abandoned or Junked Vehicles or Equipment
<input type="checkbox"/> Waste Water	<input type="checkbox"/> Land Fill Materials	<input type="checkbox"/> Waste Oil or Petroleum Products
<input type="checkbox"/> Air Emissions	<input type="checkbox"/> Compost	<input type="checkbox"/> Municipal Wastes/Biosolids
		<input type="checkbox"/> Other
If Yes, please describe your management and plan to prevent or limit pollution:		
Has there ever been a spill or contamination from any of the above?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe particulars and your activity to prevent or limit damage or contamination:		

<b>Section 5: Chemicals, Pesticides and Fertilizers</b>				IF NONE PROCEED TO SECTION 6
Type of Chemical Used or Stored on property	Quantity	Containment	Chemical/Spent Container Disposal Method	Contingency or Emergency Plan
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SECTION 6: WATER AND WASTE WATER MANAGEMENT</b>	
<b>A. WASTEWATER</b> (Please check any that apply. If none proceed to Part B)	
<input type="checkbox"/> Wastewater Treatment <input type="checkbox"/> Wash Water Disposal <input type="checkbox"/> Other (please describe)	
If Yes, does wash water flow into an approved drainage system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe particulars and your activity to prevent or limit contamination:	
Do you test water quality?	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 20px;">If Yes, how often?</span>
Do you use a water purification or filtration system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe:	

**WASTEWATER (Continued)**

Has there ever been a spill or contamination from wash or wastewater?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please describe particulars and your activity to prevent or limit damage or contamination:		

**B. DRINKING WATER (Please check any that apply. If none proceed to Part C)**

What is the source of your drinking water?	<input type="checkbox"/> Municipal water service	<input type="checkbox"/> Water Well	<input type="checkbox"/> Other
Do you test drinking water quality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of last test: _____
Result:	_____		
Has there ever been contamination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please describe particulars and your activity to prevent or limit damage or contamination:			

Any abandoned water wells on site?	<input type="checkbox"/> Yes (Number _____)	<input type="checkbox"/> No	Are wells capped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**C. SEPTIC SYSTEMS (Please check any that apply. If none proceed to Section 7)**

Type:	<input type="checkbox"/> Municipal sewer service	<input type="checkbox"/> Septic tank with drainage bed	<input type="checkbox"/> Septic holding tank only
	<input type="checkbox"/> Other		
Septic System approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has there ever been septic failure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, has it been remedied?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe particulars and your activity to prevent or limit damage or contamination:			

**SECTION 7: ENVIRONMENTAL EFFECTS AND RISK MANAGEMENT SYSTEMS****A. Check any of the following reasonably impacted by your operation or activity**

<input type="checkbox"/> Air quality	<input type="checkbox"/> Wetlands	<input type="checkbox"/> Light pollution	<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Odour	<input type="checkbox"/> Soil Stability/Erosion control	<input type="checkbox"/> Natural vegetation,	
<input type="checkbox"/> Groundwater quality	<input type="checkbox"/> Soil Fertility/Productivity	<input type="checkbox"/> Animal or plant habitats	
<input type="checkbox"/> Surface water quality	<input type="checkbox"/> Noise		

**B. Please indicate the risk management processes or systems you use in your operation**

<input type="checkbox"/> HACCP	<input type="checkbox"/> Third Party Inspection and Monitoring	<input type="checkbox"/> Other (describe)
<input type="checkbox"/> WHMIS	<input type="checkbox"/> ISO Management System (or Equivalent)	
<input type="checkbox"/> Environmental Policy and Process	<input type="checkbox"/> Environmental Insurance (provide coverage)	

**SECTION 8: ENDANGERED SPECIES, PROTECTED AREAS AND NEIGHBOURING PROPERTIES****A. Please check those that may be negatively affected by your operation**

<input type="checkbox"/> Environmentally Protected Areas	<input type="checkbox"/> Rare or Endangered Species	<input type="checkbox"/> Migratory Birds	<input type="checkbox"/> Migratory Animals
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**B. Are neighbouring sites any of the following?**

<input type="checkbox"/> Environmentally Protected or Sensitive Area	<input type="checkbox"/> National Park/Reserve	<input type="checkbox"/> Historic Canal
<input type="checkbox"/> Contaminated Site	<input type="checkbox"/> National Historic Site	<input type="checkbox"/> Aboriginal Lands

**SECTION 9: ENVIRONMENTAL INVESTIGATIONS, REPORTS AND ISSUES****Please check those completed, received or in progress**

<input type="checkbox"/> Phase 1 Environmental Assessment	<input type="checkbox"/> Provincial Environmental Assessment	<input type="checkbox"/> Remediation Plan
<input type="checkbox"/> Phase 2 Environmental Assessment	<input type="checkbox"/> Federal Environmental Assessment	<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Regulatory Compliance Audit		
If Yes, what was date of report?	Copy Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has operation been subject of environmental investigation, order, legal claim, action or dispute?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:		

**CUSTOMER SIGNATURE, WARRANTY AND CONSENT TO DISCLOSURE OF PERSONAL INFORMATION**

I (undersigned) represent and warrant that, to the best of my knowledge and after due inquiry and investigation, the property described here is free of contamination and to the best of my knowledge, there has been no violation of any law, or, I have disclosed any past or existing contamination. I agree to immediately notify FCC of any contamination or spill of a hazardous substance or any potential breach of any law. I authorize and agree to FCC's disclosure of information about its environmental assessments on loans to federal authorities, including posting a summary of environmental assessments completed by FCC on the public web site of the Canadian Environmental Assessment Agency.

I understand that my personal information will be protected under the provisions of the Privacy Act (Canada) and will not be disclosed to any third party without the Customer's express consent.

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Customer Signature

\_\_\_\_\_  
Date