

As of: _____

General Property Information

Property Owner	Property Name
Property Street Address	Property City, State, Zip
Date of completion of original construction	Date(s) of any substantial renovations
Property's current use(s)	Property's current use(s)

Date(s) of last appraisal and environmental review. If applicable, please provide copy of appraisal, transaction screen report and/or Phase I or II.

Occupancy (non-residential)

Name of Occupant	Business Activity	Date of Occupancy

Please check "Yes" or "No"

1. Has the property been used for any of the following purposes? (If yes, specify.)

Yes No

<u>Use</u>	<u>Current</u>	<u>Previous</u>	<u>Proposed</u>
Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry Cleaner (on site cleaning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Station / Vehicle Refueling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Repair Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Machine Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photo Developing / X-Ray Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Printing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste Treatment / Recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environmental Questionnaire

2. Has an adjacent property been used for any purpose listed in Question 1? (If yes, please explain in the "Additional Comments" section on page 3 or provide an attachment.)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;"><u>Current</u></td> <td style="text-align: center; width: 33%;"><u>Previous</u></td> <td style="text-align: center; width: 33%;"><u>Proposed</u></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<u>Current</u>	<u>Previous</u>	<u>Proposed</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<u>Current</u>	<u>Previous</u>	<u>Proposed</u>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
3. Have there ever been containers of chemical or waste materials (e.g., paints, pesticides, fuel, solvent in drums, cans, buckets, bottles, sacks, tanks, etc.) on the property in sizes greater than 5 gallons or individual containers, which total 50 gallons, 500 pounds, or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
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<u>Current</u>	<u>Previous</u>								
<input type="checkbox"/>	<input type="checkbox"/>								
4. Has there been any stained soil or pavement on the subject property due to chemical spills or have spills or leaks of hazardous material or wastes occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
5. Has there ever been a groundwater well at the property? (If yes, specify.)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;"><u>Drinking Water</u></td> <td style="text-align: center; width: 33%;"><u>Contamination Monitoring</u></td> <td style="text-align: center; width: 33%;"><u>Agricultural Irrigation</u></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<u>Drinking Water</u>	<u>Contamination Monitoring</u>	<u>Agricultural Irrigation</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
6. Do you have any knowledge of the current or previous existence of hazardous substances, wastes, toxics, petroleum products, or environmental contamination of the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
7. Has an environmental site assessment or soil or groundwater sampling been conducted? (If yes, please provide supporting documentation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
8. Have any of the property's current owners been designated as a "potentially responsible party" on this or any property? (A PRP is responsible for cleanup of a significant environmental problem.)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
9. Were there any building or improvements built/made before 1980?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
10A. Has an asbestos sampling survey been conducted on the property to assess the presence, amount, location, and condition of the paint? (If yes, please attach a copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
10B. If "yes" to 10A, has the asbestos been abated? (If yes, please attach the report.)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
10C. If "yes" to 10B, is there an asbestos operation and maintenance program in place? (If yes, please attach the program.)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
11A. Has a lead-based paint sampling survey been conducted on the property to assess the presence, type, amount, location, and condition of the paint? (If yes, please attach the survey.)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
11B. If "yes" to 11A, has any lead-based paint been abated? (If yes, please provide the reports.)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
11C. If "yes" to 11B, is there a lead-based paint operation and maintenance program in place? (If yes, please provide the program.)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
12A. Has there ever been any of the following oil-filled equipment, manufactured prior to 1976, on the property? (If yes, specify.)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><u>Equipment</u></td> <td style="width: 50%;"><u>Equipment</u></td> </tr> <tr> <td>Elevator-Hydraulic <input type="checkbox"/></td> <td>Capacitor <input type="checkbox"/></td> </tr> <tr> <td>Automotive Lift- Hoist <input type="checkbox"/></td> <td>Other Large Hydraulic Equipment <input type="checkbox"/></td> </tr> <tr> <td>Transformer <input type="checkbox"/></td> <td>Large Fluorescent Lights <input type="checkbox"/></td> </tr> </table>	<u>Equipment</u>	<u>Equipment</u>	Elevator-Hydraulic <input type="checkbox"/>	Capacitor <input type="checkbox"/>	Automotive Lift- Hoist <input type="checkbox"/>	Other Large Hydraulic Equipment <input type="checkbox"/>	Transformer <input type="checkbox"/>	Large Fluorescent Lights <input type="checkbox"/>	
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Automotive Lift- Hoist <input type="checkbox"/>	Other Large Hydraulic Equipment <input type="checkbox"/>								
Transformer <input type="checkbox"/>	Large Fluorescent Lights <input type="checkbox"/>								
12B. If any item is checked in 12A, and the equipment is still on the property, does the property owner own the equipment? (If no, please indicate the equipment's owner (i.e. PG&E, Municipality, County, etc.))	<input type="checkbox"/> Yes <input type="checkbox"/> No								
List: _____									

Environmental Questionnaire

13. Have there been any of the following present on the subject property? (If yes, specify.)

Yes No

<u>Use</u>	<u>Current</u>	<u>Previous</u>
Underground Heating Oil / Fuel Tank	<input type="checkbox"/>	<input type="checkbox"/>
Tank Vent Pipes	<input type="checkbox"/>	<input type="checkbox"/>
Boiler (Not Water Heater)	<input type="checkbox"/>	<input type="checkbox"/>
Steam Radiator	<input type="checkbox"/>	<input type="checkbox"/>
Above Ground Tanks	<input type="checkbox"/>	<input type="checkbox"/>

(If a tank has been removed, please provide copies of any tank removal reports, soil or ground water investigations, agency correspondence, and closure letter / certificate)

Additional Comments

Authorization Statement

I/WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS ENVIRONMENTAL QUESTIONNAIRE AND ON ANY ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE, AND I /WE RECOGNIZE THAT SAID INFORMATION WILL BE RELIED UPON IN THE EVALUATION OF THE LOAN REQUEST.

THE INFORMATION CONTAINED IN THIS ENVIRONMENTAL QUESTIONNAIRE IS PROVIDED TO COMMUNITY BANK OF THE BAY (THE BANK) TO EXTEND OR CONTINUE THE EXTENSION OF CREDIT TO THE APPLICANT(S). I/WE ACKNOWLEDGE AND UNDERSTAND THAT THE BANK IS RELYING ON THE INFORMATION PROVIDED HEREIN TO DETERMINE WHETHER IT WILL GRANT OR CONTINUE CREDIT TO THE APPLICANT(S). I/WE ARE REQUIRED TO NOTIFY THE BANK OF ANY MATERIAL AND/OR ADVERSE CHANGES IN THE INFORMATION CONTAINED IN THIS ENVIRONMENTAL QUESTIONNAIRE. I/WE UNDERSTAND THE BANK IS AUTHORIZED TO MAKE ALL INQUIRIES IT DEEMS NECESSARY TO VERIFY THE ACCURACY OF THE INFORMATION CONTAINED HEREIN.

Authorized Applicant/Guarantor Signature

Print Name

Date

Authorized Property Owner/Seller Signature (if applicable)*

Print Name

Date

*For a purchase transaction, the form must be signed by the seller.

For Bank Use Only

Officer Signature

Office Name

Date Received