

Site Evaluation

MHDC Form 1302

Please use maps and photographs to show locations and conditions of items noted in the evaluation below. Feel free to mark up the maps as necessary and use more than one map if it keeps the information more legible or illustrates an item more clearly.

Project name: _____

Location: _____

City: _____

County: _____

Field inspection date: _____

By: _____

Firm performing inspection: _____

Brief description of Project: _____

General Project Information:

Project is in a location described as:

- Central city Suburban Infill urban development
 In developing rural area In undeveloped area

Environmental Compliance Factors

Noise (Show location on map of all the following elements.)

- Is the site within 1000 feet of a major street, road, highway, or freeway? Yes No
If yes what is the distance to the nearest lane and the farthest lane? _____
Are there stop signs? Yes No
- Is the site located within 3000 feet of a railroad? Yes No
What is the distance to the railroad tracks? _____
What is the nearest Crossing Number? _____ (posted on the box)
What is the nearest railroad Mile Marker? _____ (posted on the box or crossing post)
Who owns the tracks? _____
- Is the site within 15 miles of a military airfield? Yes No
- Is the site within 5 miles of a civil airport? Yes No

Airport Hazards

- Is the project within 3000 feet from the end of a runway at a civil airport? Yes No
- Is the project within 2½ miles from the end of a runway at a military airfield? Yes No

Floodplains/Wetlands

- Is the site in a floodplain? Yes No
- Are there drainage ways, streams or rivers on or near (w/in 1000 feet) the site? Yes No
- Are there ponds, marshes, bogs, swamps or other wetlands on or near (w/in 1000 feet of) the site? Yes No
- Are there soils or vegetation characteristic of wetlands on or near the site? Yes No

Farmlands Protection

Is the site presently being farmed? Yes No

Unique Natural Features and Area

Is the site on or near a scenic river? Yes No
What is the name of the river? _____

Compatibility with surrounding development

Is there paved access? Yes No

Is the project compatible with surrounding area in terms of:

	Yes	No		Yes	No
Land use	<input type="checkbox"/>	<input type="checkbox"/>	Texture, materials	<input type="checkbox"/>	<input type="checkbox"/>
Height, bulk, mass	<input type="checkbox"/>	<input type="checkbox"/>	Building type (lo/hi rises)	<input type="checkbox"/>	<input type="checkbox"/>

Building density	<input type="checkbox"/>	<input type="checkbox"/>	Building arrangement	<input type="checkbox"/>	<input type="checkbox"/>
Population density	<input type="checkbox"/>	<input type="checkbox"/>	Light/shadow and ventilation	<input type="checkbox"/>	<input type="checkbox"/>
Setback	<input type="checkbox"/>	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	<input type="checkbox"/>

Demographic/neighborhood character

Will the project be unduly influenced by: *(Show photographs of the surrounding areas)*

	Yes	No		Yes	No
Building obsolescence	<input type="checkbox"/>	<input type="checkbox"/>	Transition of land uses	<input type="checkbox"/>	<input type="checkbox"/>
Vacant buildings	<input type="checkbox"/>	<input type="checkbox"/>	Transition in density	<input type="checkbox"/>	<input type="checkbox"/>
Building deterioration	<input type="checkbox"/>	<input type="checkbox"/>	Non-conforming conversions	<input type="checkbox"/>	<input type="checkbox"/>
Postponed maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Incompatible land uses	<input type="checkbox"/>	<input type="checkbox"/>
Obsolete public facilities	<input type="checkbox"/>	<input type="checkbox"/>	Inadequate off-street parking	<input type="checkbox"/>	<input type="checkbox"/>
Buildings crowding land	<input type="checkbox"/>	<input type="checkbox"/>			

Soil, Stability, Erosion, and Drainage

Slope of land: Flat Steep Moderate Slight

Is there evidence of slope erosion or unstable slope conditions on or near site? Yes No

Is there evidence of ground subsidence, high water table, or sink holes or other unusual conditions on or near site? Yes No

Is there any visible evidence of soil problems (foundations cracking or settling, basement flooding, etc.) in the neighborhood of the site? Yes No

Describe: _____

Is there indication of cross-lot runoff, swales, or drainage flows on the property? Yes No

Describe: _____

Is there a visual indication of filled ground? Yes No

Are there active rills and gullies on site? Yes No

Nuisance and Hazards

Will the project be affected by natural hazards?

	Yes	No		Yes	No
Faults, fractures	<input type="checkbox"/>	<input type="checkbox"/>	Fire hazard materials	<input type="checkbox"/>	<input type="checkbox"/>
Cliffs, bluffs, crevices	<input type="checkbox"/>	<input type="checkbox"/>	Wind/sand storm concerns	<input type="checkbox"/>	<input type="checkbox"/>
Slope-failures from rain	<input type="checkbox"/>	<input type="checkbox"/>	Poisonous plants, insects, animals	<input type="checkbox"/>	<input type="checkbox"/>
Unprotected water bodies	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous terrain features	<input type="checkbox"/>	<input type="checkbox"/>

Man-made hazards and nuisances

Will the project be affected by: *(Identify distances to all the following)*

	Yes	No	Ft.		Yes	No	Ft.
Hazardous street conditions	<input type="checkbox"/>	<input type="checkbox"/>		Railroad crossing hazards	<input type="checkbox"/>	<input type="checkbox"/>	
Dangerous intersections	<input type="checkbox"/>	<input type="checkbox"/>		Inadequately screened drainage catchments structures	<input type="checkbox"/>	<input type="checkbox"/>	
Through traffic problems	<input type="checkbox"/>	<input type="checkbox"/>		Hazards in vacant lots	<input type="checkbox"/>	<input type="checkbox"/>	
Inadequate separation of Pedestrian / vehicular traffic	<input type="checkbox"/>	<input type="checkbox"/>		Chemical tank-car	<input type="checkbox"/>	<input type="checkbox"/>	
Terminals	<input type="checkbox"/>	<input type="checkbox"/>		Trucking terminals	<input type="checkbox"/>	<input type="checkbox"/>	
Children's play areas next to freeways or other high volume trafficways	<input type="checkbox"/>	<input type="checkbox"/>		Other hazardous chemical storage	<input type="checkbox"/>	<input type="checkbox"/>	
Inadequate street lighting	<input type="checkbox"/>	<input type="checkbox"/>		High-pressure gas transmission lines	<input type="checkbox"/>	<input type="checkbox"/>	
Unscreened quarries or other excavations	<input type="checkbox"/>	<input type="checkbox"/>		Overhead transmission lines	<input type="checkbox"/>	<input type="checkbox"/>	
Sanitary landfills or mining operations	<input type="checkbox"/>	<input type="checkbox"/>		Hazardous cargo transportation routes	<input type="checkbox"/>	<input type="checkbox"/>	
Industrial operations	<input type="checkbox"/>	<input type="checkbox"/>		Oil or gas wells	<input type="checkbox"/>	<input type="checkbox"/>	

Will the project be affected by nuisances:

	Yes	No		Yes	No
Gas, smoke, fumes	<input type="checkbox"/>	<input type="checkbox"/>	Unsightly land uses	<input type="checkbox"/>	<input type="checkbox"/>
Odors	<input type="checkbox"/>	<input type="checkbox"/>	Front-lawn parking	<input type="checkbox"/>	<input type="checkbox"/>
Vibration	<input type="checkbox"/>	<input type="checkbox"/>	Abandoned vehicles	<input type="checkbox"/>	<input type="checkbox"/>
Glare from parking area	<input type="checkbox"/>	<input type="checkbox"/>	Vermin infestation	<input type="checkbox"/>	<input type="checkbox"/>
Vacant/boarded up	<input type="checkbox"/>	<input type="checkbox"/>	Industrial nuisances	<input type="checkbox"/>	<input type="checkbox"/>
Buildings	<input type="checkbox"/>	<input type="checkbox"/>			

Site accessibility/Parks and recreation/Commercial and Retail/Transportation

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are there sidewalks to connecting areas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are the approaches to the project convenient, safe and attractive?
<i>(Show photographs and drawings)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the project accessible to employment?
<i>(Show location on map)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are parks and play spaces available on site or nearby?
<i>(Show location on map)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are commercial / retail shopping centers nearby? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is public transportation service available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Public Services

Approximate response times from appropriate agency:

Police Station **Approximate response time:** _____
Name and title of person supplying the information: _____

Fire Station **Approximate response time:** _____
Name and title of person supplying the information: _____
Is the fire department a voluntary department? Yes No

Medical Facility **Name:** _____
Does the facility have emergency services? Yes No

Ambulance **Approximate response time:** _____
Name and title of person supplying the information: _____

Recognized Environmental Conditions

For any questions answered in affirmative, please attach an explanation.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is the <i>property</i> used for an industrial use?
Did you observe evidence or do you have any prior knowledge that the property has been used for an industrial use in the past? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is any <i>adjoining property</i> used for industrial use?
Did you observe evidence or do you have any prior knowledge that the adjoining property has been used for an industrial use in the past? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the <i>property</i> used as a gasoline station, motor repair facility, commercial printing facility, dry cleaners, photo developing laboratory, junkyard or landfill, or as a waste treatment, garbage disposal, processing or recycling facility?
(If applicable, identify which.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you observe evidence or do you have any prior knowledge that the property has been the site for any of these uses? (If applicable, identify which.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the <i>adjoining property</i> used as a gasoline station, motor repair facility, commercial printing facility, dry cleaners, photo developing laboratory, junkyard or landfill, or as a waste treatment, garbage disposal, processing or recycling facility?
(If applicable, identify which.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you observe evidence or do you have any prior knowledge that the adjoining property has been the site for any of these uses? (If applicable, identify which.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are there currently any damaged or discarded automotive or industrial batteries, pesticides, paints, or other chemicals in individual containers of >5 gal (19 L) in volume or 50 gal (190 L) in the aggregate stored on or used at the <i>property</i> or at the facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Did you observe evidence or do you have any prior knowledge that these items have ever been stored on or used at the property or at the facility? Yes No
6. Are there currently any damaged or discarded automotive or industrial batteries, pesticides, paints, or other chemicals in individual containers of >5 gal (19 L) in volume or 50 gal (190 L) in the aggregate stored on or used at the *adjoining property* or at the facility? Yes No
- Did you observe evidence or do you have any prior knowledge that these items have ever been stored on or used at the adjoining property or at the facility? Yes No
7. Are there currently any industrial drums (typically 55 gal (208 L) or sacks of chemicals located on the property or at the facility? Yes No
- Did you observe evidence or do you have any prior knowledge that these items have previously been stored on or used at the property or at the facility? Yes No
8. Did you observe evidence or do you have any prior knowledge that *fill dirt* has been brought onto the *property* that originated from a contaminated site? Yes No
9. Did you observe evidence or do you have any prior knowledge that *fill dirt* has been brought onto the *property* that is of unknown origin? Yes No
10. Are there currently any *pits, ponds, or lagoons* located on the *property* in connection with waste treatment or waste disposal? Yes No
- Did you observe evidence or do you have any prior knowledge that these features have ever been present on the property? Yes No
11. Is there currently any *stained* soil on the property? Yes No
- Did you observe evidence or do you have any prior knowledge that there has previously been stained soil on the property? Yes No
12. Are there currently any registered or unregistered storage tanks (above or underground) located on the property? Yes No
- Did you observe evidence or do you have any prior knowledge that such tanks have previously been located on the property? Yes No
13. Are there currently any vent pipes, fill pipes or access ways indicating a fill pipe protruding from the ground on the property or adjacent to any structure located on the property? Yes No
- Did you observe evidence or do you have any prior knowledge that such items have previously been located on the property or adjacent to any structure located on the property? Yes No
14. Is there currently any evidence of leaks, spills or staining by substances other than water, or foul odors, associated with any flooring, drains, walls, ceilings, or exposed grounds on the property? Yes No
- Did you observe evidence or do you have any prior knowledge that there have been such conditions on the property? Yes No
15. If the property is served by a private well or non-public water system, is there evidence or do you have prior knowledge that contaminants have been identified in the well or system that exceed guidelines applicable to the water system? Yes No
- Is there evidence or do you have any prior knowledge that the well has been designated as contaminated by any government environmental health agency? Yes No
16. Does the owner or the occupant of the property have any prior knowledge of environmental liens or governmental notification relating to past or recurrent violations of environmental laws with respect to the property or any facility located on the property? Yes No
17. Has the owner or occupant of the property been informed of the *past* existence or *current* existence of hazardous substances or petroleum products with respect to the property or any facility located on the property? Yes No
18. Has the owner or occupant of the property been informed of the *past* existence

- or *current* existence of environmental violations with respect to the property or any facility located on the property? Yes No
19. Does the owner or occupant of the property have any knowledge of any environmental site assessment of the property or facility that indicated the presence of hazardous substances or petroleum products on, or contamination of, the property or recommended further assessment of the property? Yes No
20. Does the owner or occupant of the property know of any past, threatened, or pending lawsuits or administrative proceedings concerning a release or threatened release of any hazardous substance or petroleum products involving the property by any owner or occupant of the property? Yes No
21. Does the property discharge waste water (not including sanitary waste or storm water) onto or adjacent to the property and/or into a storm water system? Yes No
22. Did you observe evidence or do you have any prior knowledge that any hazardous substances or petroleum products, unidentified waste materials, tires, automotive or industrial batteries, or any other waste materials have been dumped above grade, buried, and/or burned on the property? Yes No
23. Is there a transformer, capacitor, or any hydraulic equipment for which there are any records indicating the presence of PCBs? Yes No
-

I, the above-named field inspector, certify that the above information is true and correct to the best of my knowledge.

(Signature)

Date: _____

(Name)

(Title)