





**D. Agricultural, Timber, Mineral Aspects**

	Yes	No	NR
1. Agricultural Status (e.g., forestry deferral) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Licenses, leases, allotments, or usage permits (crops, hunting, water, timber, etc.)..... If yes, describe in detail: <u>Year to year Verbal</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Forfeiture, severance, or transfer of rights (mineral, oil, gas, timber, development, etc.) If yes, describe in detail: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Farming on Property: <input type="checkbox"/> owner or <input checked="" type="checkbox"/> tenant <u>Henry Lusk</u> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Presence of vegetative disease or insect infestation.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Timber cruises or other timber related reports.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Timber harvest within past 25 years .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, monitored by Registered Forester? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If replanted, what species: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Years planted: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Harvest impact (other than timber) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe in detail: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E. Environmental Aspects**

1. Current or past Phase I, Phase II or Phase III Environmental Site Assessment(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Underground or above ground storage tanks .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Abandoned or junk motor vehicles or equipment of any kind.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Past illegal uses of property (e.g., methamphetamine manufacture or use).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Federal or State listed or protected species present.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe plants and/or animals: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Government sponsored clean-up of the property .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Groundwater, surface water, or well water contamination <input type="checkbox"/> Current <input type="checkbox"/> Previous ...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Previous commercial or industrial uses.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Wetlands, streams, or other water features .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Permits or certifications related to Wetlands .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conservation/stream restoration.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Coastal concern (tidal waters, unbuildable land, flood zone, CAMA, Army Corp., etc.) If yes, describe in detail: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. The use or presence on the property, either stored or buried, above or below ground, of:			
i. Asbestos, Benzene, Methane, Pesticides, Radioactive Material .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Other fuel/chemical.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii. Paint <input type="checkbox"/> Lead based paint <input type="checkbox"/> Other paint/solvents .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv. Agricultural chemical storage .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**F. Utilities**

Check all currently available on the Property and indicate the provider.

<input checked="" type="checkbox"/>	Water (describe): <u>Ten/Key</u>
<input type="checkbox"/>	Sewer (describe): _____
<input type="checkbox"/>	Gas (describe): <u>?</u>
<input checked="" type="checkbox"/>	Electricity (describe): <u>Progress</u>
<input type="checkbox"/>	Cable (describe): <u>?</u>

