



COAST CAPITAL SAVINGS FEDERAL CREDIT UNION

ENVIRONMENTAL QUESTIONNAIRE

Page 1 of 8

HISTORICAL AND SITE REVIEW

BORROWER _____

PROPERTY/FACILITY _____

A. Owner of Property/facility

Name _____ Tel No. _____

Address _____ City _____

Postal Code _____ Province _____

B. Date Current Owner Took Title _____

Total area of Property _____ No. of Buildings on Property _____

C. Date of Site Improvements on the Property. (Additions, Buildings, Parking, Paving, etc)

D. Any Environmental Assessments of the Property Carried out in the last Five Years

Please provide copies.

E. Current Use(s) of Property (circle one and provide specific information in brief)

Commercial Industrial Residential Recreational Agricultural Vacant/open Other

Details _____

F. Borrower's Intended Use of Property, If Different from E (circle one and provide specific information in brief).

Commercial Industrial Residential Recreational Agricultural Vacant/open Other

Details _____

G. Current Zoning of Property (circle one and record actual zoning classification)

Commercial Industrial Residential Recreational Agricultural Vacant/open Other

Municipal Zoning classification: _____

H. Past Use(s) of Property Prior to Current Occupant (circle one and provide specific information in brief)

Commercial Industrial Residential Recreational Agricultural Vacant/open Other

Details _____

I. Past Zoning of Property (circle one and record actual zoning classification)

Commercial Industrial Residential Recreational Agricultural Vacant/open Other

Municipal Zoning classification: _____

J. Any Special Permits Issued (Air Emission, Water Discharge, Other Environmental)

K. Products Manufactured or Processed

L. Principal Raw Materials Used

M. By-Products or Wastes Produced

N. Catalysts Used (i.e.: substances that aid a chemical reaction while themselves remaining unchanged)

O. Hazardous Maintenance Supplies used for Machinery and Equipment

P. Did/does any past or present use of the property, in whole or in part, involve any of the following:

- | | YES | NO |
|------------------------------------------------------------------------|--------------------------|--------------------------|
| • metal foundries | <input type="checkbox"/> | <input type="checkbox"/> |
| • metal plating industries | <input type="checkbox"/> | <input type="checkbox"/> |
| • leather tanneries | <input type="checkbox"/> | <input type="checkbox"/> |
| • coal gasification works | <input type="checkbox"/> | <input type="checkbox"/> |
| • wood preservation facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| • scrap yards or land fill | <input type="checkbox"/> | <input type="checkbox"/> |
| • petroleum refining, blending, storage or distribution facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| • chemical producers | <input type="checkbox"/> | <input type="checkbox"/> |
| • pesticide/fungicide/herbicide manufacture or formulating | <input type="checkbox"/> | <input type="checkbox"/> |
| • paint and ink manufacturing | <input type="checkbox"/> | <input type="checkbox"/> |
| • smelters or incinerators | <input type="checkbox"/> | <input type="checkbox"/> |
| • damaged or discarded automotive or industrial batteries | <input type="checkbox"/> | <input type="checkbox"/> |
| • gasoline station | <input type="checkbox"/> | <input type="checkbox"/> |
| • motor repair facility | <input type="checkbox"/> | <input type="checkbox"/> |
| • commercial printing facility | <input type="checkbox"/> | <input type="checkbox"/> |
| • dry cleaners | <input type="checkbox"/> | <input type="checkbox"/> |
| • photo developing laboratory | <input type="checkbox"/> | <input type="checkbox"/> |
| • waste treatment, storage, disposal, processing or recycling facility | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO | N/A |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| HAZARDOUS MATERIALS AND WASTE | | | |
| 1. Has fill dirt been brought onto the property that originated from contaminated site or that is of unknown origin? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the property free of any sources of infectious waste (medical pathological waste)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the property manifest its hazardous waste and does the owner ship it off-site to an approved hazardous waste disposal facility? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the property ever received a notice of violation or other similar claim from a regulatory agency for improper hazardous materials/waste storage or disposal on site? If yes, please supply supporting documentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If the property has received such a notice, have all issues related to the notice been satisfactorily corrected? If yes, please supply supporting documentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the property ever received a notification letter or other communication about involvement, or potential involvement, in a site clean-up at an off-site location? If yes, please supply supporting documentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO | N/A |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 7. Is the property free of any current or pending legal action of any kind related to hazardous material/waste storage or disposal? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Details: _____

POLYCHLORINATED BYPHENYLS (PCBs)

- | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Does the property contain any equipment, such as transformers or capacitors, that may contain PCBs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If PCB-containing electrical equipment is present at the property, is it marked with Environment Canada labels (black and white, or green and white for contaminated property)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Details: _____

- | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 3. If PCB-containing electrical equipment is present at the property, is it registered with the local fire department? If yes, please provide a copy of such registration. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

RADIOACTIVE MATERIAL

- | | | | |
|--------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Does the property have any materials containing radioactive sources (low level or otherwise)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

Details: _____

EASEMENTS

- | | | | |
|------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Are/were there now or in the past cross-property easements (roadways, pipelines, railroads, etc)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

Details: _____

DUMPING AREAS

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Does the property now have or did it in the past have any pits, ponds, lagoons, or other dumping areas on site (other than normal water retention ponds required by some jurisdictions)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

- | | YES | NO | N/A |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 2. Does the property discharge waste water on or adjacent to the property other than storm water into a sanitary sewer system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the property have any landfills, junkyards, incinerators or other waste disposal facilities or buried wastes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Details: _____

ASBESTOS

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Has any asbestos survey of the property been conducted? If yes, please supply copies of supporting documentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the survey find the buildings to be free of asbestos-containing materials? If yes, please supply copies of supporting documentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Details: _____

UREA FORMALDEHYDE (UFFI)

- | | | | |
|------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Does the property contain urea formaldehyde foam insulation (UFFI)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

RADON

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Have any radon tests been performed at the property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If radon tests have been conducted, were the results below 800BQ/M ³ , Health & Welfare Canada's guideline? Please supply supporting documentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If elevated radon levels have been discovered at the property, have ventilation systems or similar remedial measures been implemented? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Details: _____

UNDERGROUND STORAGE TANKS (UST)

- | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Does the property have any underground storage tanks or underground pipelines, vent pipes, fill pipes, (UST's), or access ways indicating a fill pipe protruding from the ground? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

If yes, please indicate the contents: _____

- | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 2. If UST's exist at the property, have the proper registration forms been submitted to the designated provincial regulatory agency? If yes, please supply supporting documentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

- | | YES | NO | N/A |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 3. If UST's exist at the property, are leak detection equipment or secondary containment systems installed on the tanks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If UST's exist at the property, have they ever been tested for leaks? If yes, please supply supporting documentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If UST's exist at the property, has there ever been a leak, spill or discharge? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Details: _____

ABOVE GROUND STORAGE TANKS

- | | | | |
|------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Does the property have any above ground storage tanks or pipelines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

If yes, please indicate the contents: _____

- | | | | |
|------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 2. If yes, has there ever been a spill, leak or discharge? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

BULK GASES

- | | | | |
|------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Are there any bulk gases (E.g. propane, butane, carbon dioxide, nitrogen, ammonia) stored on-site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

Details: _____

INDOOR POLLUTION

- | | | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Have there been any complaints or claims filed by any workers at the property for any environmental health reasons? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

- | | | | |
|-------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 2. Has drinking water at the property always complied with provincial requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

Details: _____

- | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 3. Are there currently or have there been previously, any flooring, drains or walls located within the facility that are stained by substances other than water or are emitting foul odours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

Details: _____

OBVIOUS PHYSICAL SIGNS OF CONTAMINATION

1. Are any of the following visible on the property:
- | | YES | NO |
|---------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| • Piles of garbage or wastes | <input type="checkbox"/> | <input type="checkbox"/> |
| • Partially exposed garbage at ground surface | <input type="checkbox"/> | <input type="checkbox"/> |
| • Partially buried 55 gallon drums | <input type="checkbox"/> | <input type="checkbox"/> |
| • Areas of discoloured soil | <input type="checkbox"/> | <input type="checkbox"/> |
| • Vegetation damage | <input type="checkbox"/> | <input type="checkbox"/> |
| • "Seeps" with unusual or coloured liquids flowing from them | <input type="checkbox"/> | <input type="checkbox"/> |
| • Particularly unusual odours | <input type="checkbox"/> | <input type="checkbox"/> |
| • Areas of unnaturally located/shaped depressions in the land | <input type="checkbox"/> | <input type="checkbox"/> |
| • Large numbers of dead animals or fish | <input type="checkbox"/> | <input type="checkbox"/> |
| • Oily looking soils or vegetation | <input type="checkbox"/> | <input type="checkbox"/> |
| • Railroad tank car unloading areas | <input type="checkbox"/> | <input type="checkbox"/> |
| • An incinerator or open area | <input type="checkbox"/> | <input type="checkbox"/> |
| • Concrete storage pads | <input type="checkbox"/> | <input type="checkbox"/> |
| • Warning signs for acid, poisonous gas, poison, hazardous material, radioactive or biomedical material | <input type="checkbox"/> | <input type="checkbox"/> |
| • Metallic dust or mercury beads (metallic droplets) | <input type="checkbox"/> | <input type="checkbox"/> |

ENVIRONMENTAL HAZARDS ON ADJACENT PROPERTIES YES NO N/A

1. Are there any pits, ponds, lagoons, landfills, dumps, junkyards, incinerators or other waste disposal or treatment facilities or buried wastes adjacent to the subject property?

Details: _____

2. List the surrounding land uses:

North _____
 South _____
 East _____
 West _____

INSURANCE YES NO N/A

1. Does the borrower's insurance require annual environmental reviews or assessments of the property or business to determine environmental liabilities?
2. If yes, are there policy limits?

Details: _____

INDEMNITY

I/We hereby represent and warrant to Coast Capital Savings Federal Credit Union and its agents (the "Credit Union") to the best of my/our knowledge, information, and belief after due enquiry and investigation, that the foregoing Historical and Site Review is accurate and is a full and complete disclosure of the existing or potential environmental hazards and/or contamination pertaining to my/our business operations, the above described property, and that my/our business operations comply with all applicable environmental laws.

The undersigned authorizes the Credit Union to request from any municipal, provincial or federal government authority or regulatory agency, detailed information about any environmental risk or liability associated with my business operations or the above-described property, including copies of any certificates, consents, permits, approvals or orders issued by any of them. The undersigned agrees to provide its written consent to any municipal, provincial or federal government authority or regulatory agency which may require it to provide such information to the Credit Union.

The undersigned undertakes to promptly notify the Credit Union in writing should any new or existing Environmental Hazard involving the undersigned's business operations or the property or improvements become known to the undersigned. The undersigned covenants to permit the Credit Union and its agents to inspect the above-described property from time to time. Any material or substance, dangerous to public health, crops, water supplies, or soil quality, without limitation, shall be considered an Environmental Hazard.

In consideration of the Credit Union and its agents dealing with the undersigned, the undersigned agrees to indemnify the Credit Union and its agents and hold them harmless from any and all liabilities, losses or damages, including reasonable legal and consultant's fees, incurred by the Credit Union as a result of claims, demands, lawsuits or judgments arising from environmental clean-up costs or other matters pertaining to environmental liabilities or potential environmental liabilities of the undersigned.

DATED THIS _____ DAY OF _____, 20____.

(Company Name)
per:

Authorized Signatory

Authorized Signatory