

**ASTM E-1527 PHASE I ENVIRONMENTAL SITE ASSESSMENT
SURVEY QUESTIONNAIRE AND DISCLOSURE STATEMENT**

1. PROPERTY INFORMATION:

Property Name: 3340 Monroe Ave Associates LLC		
Property Address: 3340 Monroe Ave		
City Rochester	State NY	Zip 14618
Appraisal District Parcel Number: 150.12-1-17		

2. COMPLETED BY

Signature	Date
Printed Name	Title

3. ASTM-REQUIRED INQUIRIES

Property Owner:	
Name: I Gordon Corp	Phone: Fax:
Key Site Manager (Site contact):	
Name: Chris Hill	Phone: Fax:
If not residential Property, please provide list of tenants, including contact names and phone numbers.	
Can you provide a Current Title Abstract for the Property, including a chain of Title? If so, please send documents along with completed questionnaire to BBG	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have knowledge of any environmental liens recorded against the Property, or environmentally related Activity and Use Limitations of the Property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have any specialized knowledge that would be material in identifying recognized environmental conditions in connection with the Property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you aware of a reduction in the property value due to environmental issues?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Please attach explanation of all affirmative answers.	
8) Please state reason for procuring this Phase I ESA:	
<input type="checkbox"/> Qualify for Innocent Landowner defense to CERCLA Liability. <input checked="" type="checkbox"/> Other: (state below) Refinance	

BBG

4. PLEASE PROVIDE A GENERAL SITE DESCRIPTION BY COMPLETING THE FOLLOWING TABLE:

Legal description/ boundary survey/ plat available (please send if "yes")	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Property Size 6.30 Acres	
Total number of buildings 1	
Total square footage of buildings 92,700 SF	
Date of construction 1968	
Dates of significant renovation	
Waste water discharge <input checked="" type="checkbox"/> Municipal Sanitary Sewer <input type="checkbox"/> On-site septic system <input type="checkbox"/> Other	
Potable water source <input checked="" type="checkbox"/> Community Water Supplier <input type="checkbox"/> On-site well <input type="checkbox"/> Other	
Please describe prior use of property, if known:	

5. PREVIOUS INVESTIGATIONS:

Have any previous environmental investigations been performed at the site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
INVESTIGATION TYPE If yes, please describe conclusions, and attach copy of report(s)	
<input type="checkbox"/> Phase 1 ESA	
<input type="checkbox"/> Phase 2 ESA	
<input type="checkbox"/> Tank Tightness Testing	
<input type="checkbox"/> Asbestos Survey/ O&M	
<input type="checkbox"/> Radon	
<input type="checkbox"/> Lead-based Paint	
<input type="checkbox"/> Lead in Water	
<input type="checkbox"/> Operations & Maintenance Plan(s)	
<input type="checkbox"/> Other	

6. ON SITE OPERATIONS

Are you aware of any of the following conditions, either past or present, on the site?		
Condition	Response	If yes, please describe
1. Stored Chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Underground Storage Tanks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Aboveground Storage Tanks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Spills or Releases	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Dump Areas/ Landfills	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Waste Treatment Systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Clarifiers/ Separators	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Air stacks/ Vents/ Odors	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Floor Drains/Sumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Stained Soil/ Impacted Vegetation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. On-site OWNED Electrical Transformers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Hydraulic lifts/ Elevators	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Dry Cleaning Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Wetlands/ Flooding	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Oil/ Gas/ Water/ Monitoring Wells	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Environmental Cleanups	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Environmental Permits	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe and ATTACH ALL COPIES of permits. Please attach last three waste manifests.
a) Industrial Discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) POTW (NPDES)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Hazardous Waste Generator	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Air Quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e) Flammable Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f) AST/UST	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g) Waste Manifest(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h) Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. OFF SITE ENVIRONMENTAL CONCERNS

Are you aware of any of the following conditions, either past or present, Adjacent to the site?		
Condition	Response	If yes, please describe
Gasoline Stations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dry Cleaners	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Industrial Uses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

