**Property Solutions INC.**
Environmental & Engineering Consulting

# Key Site Manager Questionnaire

Please provide the following information, if available, before the property visit by Property Solutions. The key site manager should be a person with good knowledge of the uses and physical characteristics of the property, such as a property manager, building manager, the chief physical plant supervisor, or maintenance supervisor.

**Complete pages 1 through 3.** If applicable, provide information described in subsequent pages. If additional pages for response are necessary, please attach them to this form.

Please sign your name and print your name and the date below. By signing you state that the information you provided herein is accurate to the best of your knowledge.

Signature _____ Date _____ Print Name _____

| Property Information | | | | |
|---|---|---|---|---|
| Property Name<br>Harmony Mills South, LLC | | Property Identification (e.g. Block & Lot or Parcel ID #)<br>76.42-1-5 | | |
| Property Street Address<br>90 State St | | | | |
| Property City<br>Albany | Property County<br>NY | | Property State & Zip<br>12207 | |
| Property Size (acres) | # Buildings<br>1 | # Units<br>57 | # Stories<br>15 | Square footage (total)<br>185000 |
| Foundation<br>☐ Slab-on-grade ☒ Basement | Property Use<br>☒ Commercial ☒ Residential ☐ Industrial ☐ Other (specify) | | | |
| Describe renovations & provide dates: Roof updated 2008, Heating updated 2007, updated electrial as spaces as spaces were rehabbed | | | | |

| Key Site Manager Contact Information | | |
|---|---|---|
| Key Site Manager Name & Title<br>Kathleen Miller, Property Manager | Company<br>Harmony Mills South, LLC | |
| Address<br>90 State St Suite 700 | City<br>Albany | State & Zip<br>NY 12207 |
| Phone<br>518-463-3281 | Fax<br>518-426-0535 | |
| Cell phone | Email<br>kmiller@harmony-group.com | |

| Current Property Owner | | |
|---|---|---|
| Owner Name & Title | Company<br>Harmony Mills South, LLC | |
| Address<br>90 State St | City<br>Albany | State & Zip<br>NY 12207 |
| Date of Acquisition<br>2/2007 | | |

## 1. UTILITIES

| Utility | Provider | Utility | Provider |
|---|---|---|---|
| Electricity | National Grid | Fuel Oil | |
| Natural Gas | National Grid | Steam | |
| Sanitary Sewerage | City of Albany | Solid Waste Removal (include medical waste) | County Waste |
| Potable Water | City of Albany | | |

If a potable water well and/or septic system is located at property, please complete Sections 5.1.6 and/or 5.1.8.

## 2.1 CURRENT OPERATIONS

Is the property currently used for any of the following operations? ***(Check all that apply.)***

☐ Manufacturing operations ☐ Gasoline service station ☐ Automobile repair ☐ Printing facility ☐ Dry cleaning*
☐ Photodevelopment ☐ Junkyard or landfill ☐ Waste treatment, transfer, storage, disposal, processing, or recycling

***If dry cleaning operations currently occur or have occurred at property, please complete Section 5.1.9.**

Describe current operations:

Office Space

## 2.2 PAST OPERATIONS & OWNERS

Has the property ever been used for any of the following operations? ***(Check all that apply.)***

☐ Manufacturing operations ☐ Gasoline service station ☐ Automobile repair ☐ Printing facility ☐ Dry cleaning*
☐ Photodevelopment ☐ Junkyard or landfill ☐ Waste treatment, transfer, storage, disposal, processing, or recycling

***If dry cleaning operations currently occur or have occurred at property, please complete Section 5.1.9.**

Describe property use/operations prior to the construction of buildings currently at the property:

Provide previous property owners, occupants, and/or operators. Attach pages as necessary.

| Company | Owner/ Occupant/ Operator | Dates of occupancy | Operations | Contact name & number |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## 2.3 NEIGHBORING OPERATIONS

Check any operations which occur, or have occurred in the past, at adjoining properties.

☐ Manufacturing operations ☐ Gasoline service station ☐ Automobile repair ☐ Printing facility ☐ Dry cleaning*
☐ Photodevelopment ☐ Junkyard or landfill ☐ Waste treatment, transfer, storage, disposal, processing, or recycling

## 3. EXISTING DOCUMENTATION

Does the following documentation exist? If yes, please provide copies.

| Yes | No | | Yes | No | |
|---|---|---|---|---|---|
| ☐ | ☐ | ESA Reports | ☐ | ☐ | Community Right-to-know plan |
| ☐ | ☐ | Env. Compliance Audit Reports | ☐ | ☐ | Safety Plans |
| ☐ | ☐ | Environmental Permits | ☐ | ☐ | SPCC Plans |
| ☐ | ☐ | UST/AST registrations | ☐ | ☐ | Emergency prepardness & prevention plans |
| ☐ | ☐ | Underground injection permits | ☐ | ☐ | Hydrogeologic reports |
| ☐ | ☐ | MSDS | ☐ | ☐ | Government correspondence & violations |
| ☐ | ☐ | Hazardous waste generator notices | ☐ | ☐ | Recorded AULs |
| ☐ | ☐ | Geotechnical studies | ☐ | ☐ | Environmental Liens |
| ☐ | ☐ | Risk Assessments | ☐ | ☐ | Other _____ |

| 4. KNOWN ENVIRONMENTAL CONCERNS | | |
|---|---|---|
| Are you aware of any pending, threatened, or past litigation relevant to *hazardous substances* or *petroleum products* in, on, or from the property? | Yes ☐ | No ☒ |
| Are you aware of any pending, threatened, or past administrative proceedings relevant to *hazardous substances* or *petroleum products* in, on, or from the property? | Yes ☐ | No ☒ |
| Are you aware of any notices from governmental agencies regarding possible violation of environmental laws or possible liability relating to *hazardous substances* or *petroleum products*? | Yes ☐ | No ☒ |
| Are you aware of any remediation activities that have occurred at the property or adjacent properties in response to contaminated soil, groundwater, and/or surface water? | Yes ☐ | No ☒ |
| Are you aware of any proposed remediations at the property? | Yes ☐ | No ☒ |

**If yes to any of the above, describe. Attach pages as necessary.** _____

Are you aware of any of the following currently or previously located at the subject property?

***(Check all that apply. If you answer yes to any of the items, provide the additional information described on the following pages.)***

| | Yes – currently | Yes – previously | No – never | If yes, provide additional information in section below: |
|---|---|---|---|---|
| Underground storage tanks: | ☒ | ☐ | ☐ | ***5.1.1*** |
| Aboveground storage tanks: | ☒ | ☐ | ☐ | ***5.1.2*** |
| Electrical transformers or capacitors: | ☐ | ☐ | ☒ | ***5.1.3*** |
| Hydraulic equipment, including elevators, dock levelers, lifts, compactors, & balers: | ☐ | ☐ | ☒ | ***5.1.3*** |
| Chemical storage (greater than 5 gallons): | ☐ | ☐ | ☒ | ***5.1.4*** |
| Hazardous wastes, including used oil: | ☒ | ☐ | ☐ | ***5.1.5*** |
| Wells, including potable water wells, monitoring wells, test wells: | ☐ | ☐ | ☒ | ***5.1.6*** |
| Sumps: | ☒ | ☐ | ☐ | ***5.1.6*** |
| Pits: | ☒ | ☐ | ☐ | ***5.1.6*** |
| Floor drains: | ☐ | ☐ | ☒ | ***5.1.6*** |
| Surface water bodies, stormwater discharge, and/or wetlands: | ☐ | ☐ | ☒ | ***5.1.7*** |
| Lagoons: | ☐ | ☐ | ☒ | ***5.1.8*** |
| Septic systems: | ☒ | ☐ | ☐ | ***5.1.8*** |
| Oil water separators: | ☐ | ☐ | ☒ | ***5.1.8*** |
| Dry cleaners: | ☐ | ☐ | ☒ | ***5.1.9*** |
| Asbestos: | ☒ | ☐ | ☐ | ***5.2.1*** |
| Radon studies/mitigation systems: | ☐ | ☐ | ☒ | ***5.2.2*** |
| Lead: | ☐ | ☐ | ☒ | ***5.2.3*** |
| Air emissions, including emergency generators, fume hoods, & spray paint booths: | ☐ | ☐ | ☒ | ***5.2.4*** |
| Mold growth and/or water intrusion: | ☐ | ☐ | ☒ | ***5.2.5*** |

**If you have answered No to all of the above, you are finished with the Questionnaire.**

## 5. ADDITIONAL INFORMATION

### Underground Storage Tanks (USTs)

If USTs are/were located at the property (including closed or removed USTs), complete the following tables:

| UST No. | Capacity (gallons) | Contents | Material of Construction | Install Date | LD? (Y/N) | CP? (Y/N) | S/O? (Y/N) | DLIT |
|---|---|---|---|---|---|---|---|---|
| 1 | 3000 | water tank | steel | 1970s | | Y | Y | N/A |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

LD: Leak detection, CP: Corrosion Protection, S/O: Spill/Overflow Protection, DLIT: Date of last integrity test

| UST No. | Location/Former Location | Use/Former Use | Registered? (Y/N) | Permit No. | Status |
|---|---|---|---|---|---|
| 1 | Subbasement | Water | N | N/A | Active |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Status: ACT – Active, NIU - Not in use, REM – Removed, CIP – Closed in place

Do any underground pipelines traverse the property? Include easements. Yes ☐ No ☒

**Please attach additional UST information and documentation, including tightness test reports, closure reports, registration forms, permits, correspondence (e.g. No Further Action letters), and approvals.**

### Aboveground Storage Tanks (ASTs)

If ASTs (include & indicate **silos**) are/were located at the property, please describe:

| Capacity (gallons) | Contents | Material of Construction | Location | Install Date | Secondary Containment? (Y/N) | Permit # &/or Facility # | Status | Registered? (Y/N) |
|---|---|---|---|---|---|---|---|---|
| 5000 | Water | steel | Roof | 1932 | Y | | Active | N |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Status: ACT – Active, NIU - Not in use, REM – Removed

**Please attach any additional AST documentation.**

## Electrical & Hydraulic Equipment

Are the transformers labeled "Non-PCB" or has the owner verified they are Non-PCB? Yes ☐ No ☒

Have any releases of dielectric fluid occurred? Yes ☐ No ☒

Are dry-type transformers located at the property? Yes ☐ No ☒

Do any high-tension electric transmission lines traverse the property? Include easements. Yes ☐ No ☒

Number of hydraulic elevators at the property: _____ Number of cable-drawn elevators at property: 6

If applicable, who services the hydraulic elevators? _____

Describe any other hydraulic equipment at the property (including trash compactors, lifts, & dock levelers):

N/A

If hydraulic elevators are located at property, have any hydraulic fluid releases occurred? Yes ☐ No ☐

## Chemical Storage

| Chemical | Use | Amount Stored | Type of Container | MSDS present? (Y/N) | Leaks from container? |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Has a significant release of chemicals (greater than 5 gallons) occurred at the property? Yes ☐ No ☒

Are you aware of any parts cleaners or degreasers located at the property? Yes ☒ No ☐

**Please attach additional chemical storage information/documentation, including information concerning any releases, if applicable.**

## Waste Generation

| Waste type/description | Location stored on property | Quantity generated per month | Waste manifest? (Y/N) | Waste handler |
|---|---|---|---|---|
| Garbage | Ground Floor | unknown | N | County Waste |
| Recycling | Ground floor | unknown | N | County Waste |
| | | | | |
| | | | | |

**Please attach additional waste information, including copies of waste manifests for each above types of waste.**

## Wells, Sumps, Pits, & Floor Drains

*Wells:* Describe wells present at the property, include quantity, type (monitoring, test, potable water supply, etc.), active/inactive, depths of wells, and locations.

N/A

**If water quality tests have been performed on water provided by wells, please attach copy of analytical results.**

*Sumps:* Describe location, whether they are equipped with pumps, and if so, to where the pumps discharge.

Subbasement for groundwater, pumped into main building drainage

*Pits:* Describe pits' construction and whether equipped with sump. Include hydraulic elevator pits and quantity, and to where sump discharges or if it retains all it collects.

Water Retention pit, concrete with sump pump, pumps to main building drainage

*Floor drains:* Indicate locations and to where they discharge.

N/A

Is/are grease trap(s) located at the property? If yes, please provide following information. Yes ☒ No ☐

Locations: Store Fronts #2 &4, Bank Space Construction: Steel

Who services them? Tenant How often cleaned out? Every 6 months

## Surface Water Bodies & Stormwater Discharge

Are stormwater retention or detention basins located at the property? Yes ☐ No ☐

If yes, are there outflow or overflow structures? Yes ☐ No ☐

Are there streams and/or ponds at the property? Yes ☐ No ☐

Are wetlands located at the property? Yes ☐ No ☐

If yes, where? _____

To where do roof drains/leaders discharge? _____

Does the property have a NPDES permit? Yes ☐ No ☐

## Lagoons, Septic Systems, & Separators

*Lagoons:* Describe purpose, years of existence, and location:

_____

*Septic system:* If currently or previously located at property, provide following: ☒ Active ☐ Inactive ☐ Closed

Type: ☒ Tank ☐ Leach field ☐ Spray field ☐ Cesspool ☐ Other (specify) ____

Describe location: Subbasement

*Separator:* If an oil/water separator is located at the property, provide following:

Location: _____ Discharges to: _____ Tank capacity: _____

Construction: _____ Permit required? _____ Used oil removed by: _____

## Drycleaners

| | |
|---|---|
| Establishment Name | |
| Establishment Address | |
| Years of Operation | |
| Unit Manufacturer | |
| Unit Model | |
| Model Year | |
| Model Type | |
| Installation Date | |
| Original or Replacement Unit | |
| Air Discharge | ☐ Yes ☐ No |
| Condensate Discharge | ☐ Yes ☐ No |
| Condensate Receptor | ☐ Floor drain ☐ Collection bucket ☐ Other _____ |
| Solvent Storage | (location and/or internal reservoir) |
| Solvent Supplier | |
| Method of Filling Solvent | ☐ Via pump truck directly ☐ Poured by hand |
| Solvent Type | |
| Spent Solvent Removal | |
| Secondary Containment | ☐ Yes Type _____ ☐ No |
| Solvent-resistant floor coating | ☐ Yes ☐ No |
| Floor Drains or Sumps | ☐ Yes ☐ No |
| Slab or basement | |
| Cracks or Staining | |
| Filters | ☐ Yes ☐ No |
| Condensate Atomizer/Mister | ☐ Yes ☐ No |
| RCRA Identification Number | |

## Material & Waste Handling

| Material | Location | Container Type/ Capacity | Disposal Method | Disposal Company | Manifests/ MSDS | Secondary Containment |
|---|---|---|---|---|---|---|
| Lint | | | | | | |
| Filters | | | | | | |
| Condensate | | | | | | |
| Spent Solvent | | | | | | |
| Off-spec chemicals | | | | | | |
| Fresh solvent | | | N/A | N/A | | |
| Other Chemicals | | | N/A | N/A | | |

**Dry cleaning continued on next page.**

### 5.1.9 Drycleaning - continued

| | |
|---|---|
| Have secondary containment structures been installed around or beneath each machine or item of equipment in which dry cleaning solvents are used? | Yes ☐ No ☐ |
| If yes, then indicate when the containment structure(s) was installed: | |
| Have secondary containment structures been installed around or beneath each area where dry cleaning solvents and / or waste which contains dry cleaning solvents are stored? | Yes ☐ No ☐ |
| If yes, indicate date when the containment structure(s) was installed: | |
| Have the floor surfaces of the dry cleaning facility been sealed or otherwise rendered impervious in all areas in which solvents may leak, spill, or otherwise be released? | Yes ☐ No ☐ |
| If yes, indicate when the floors were sealed: | |
| Has new equipment with closed-loop technology been installed? | Yes ☐ No ☐ |
| Has old equipment been retrofitted with closed-loop technology? | Yes ☐ No ☐ |
| Have floor drains ever been present at the premises? | Yes ☐ No ☐ |
| Has the facility ever been connected to a septic system? | Yes ☐ No ☐ |
| Describe any spilling, leaking, seeping, pouring, emitting, emptying, dumping, or mis-application of dry cleaning solvents that has occurred at any time during the operation of the facility prior to this application (attach additional pages if necessary). If none, so state. | |
| Describe how wastes are disposed of (attach additional pages if necessary). | |

### Historical Dry Cleaning Operations

| Dry Cleaner Name | Address | RCRA ID Number | Years of Operation |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

### 5.2.1 Asbestos-containing materials

Describe asbestos-containing materials (ACMs) at the property, amount, location, & type.

Wraps around steam pipes in basement

| | | |
|---|---|---|
| Has an asbestos survey been conducted at the property? | Yes ☒ | No ☐ |
| Has an asbestos abatement been conducted at the property? | Yes ☒ | No ☐ |
| Is an ACM Operations & Maintenance Plan in place at the property? | Yes ☐ | No ☒ |

**If yes to the above questions, please attach reports/documentation.**

### 5.2.2 Radon

| | | |
|---|---|---|
| Has a radon study been conducted at the property? **If yes, please provide.** | Yes ☐ | No ☒ |

Describe radon mitigation systems at the property, including type (active/passive) and locations.

### 5.2.3 Lead

| | | |
|---|---|---|
| Are there sources of lead (aside from lead-based paint – discussed below) at the property, such as water or soil contamination? | Yes ☐ | No ☒ |
| Are lead-based paints located at the property? If yes, describe locations. | Yes ☐ | No ☒ |
| If the property is residential, does HUD own the property or does the owner receive mortgage insurance under a program administered by HUD? | Yes ☐ | No ☐ |
| If the property is residential, does the property (or any of its tenants) receive project-based rental assistance under a HUD program (including Section 8 housing)? | Yes ☐ | No ☐ |
| If yes to the above, is the amount more than $5,000 per year per unit? | Yes ☐ | No ☐ |
| Has a lead-based paint survey and/or abatement been conducted at the property? | Yes ☐ | No ☒ |

**If yes to the above question, please attach lead-based paint survey and/or abatement documentation.**

### 5.2.4 Air Emissions

Have federal, state, county, or local permits been applied for and/or received for operations conducted at the property for air emissions? If yes, please describe – include permit number, issuing authority, purpose of permit, date of approval or denial, and expiration date. Yes ☐ No ☒

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If an emergency generator is located at property, please provide the following information:

Make/model: _____ Kilowatts: _____ Fuel: _____

How often does it run? _____ Owner: _____ Tank size: _____

Permits required? _____ Location: _____ Permit No. & Exp. Date: _____

Is/are there spray paint booth(s) located at the property? If yes, indicate frequency air filters are changed, disposal method, and whether air emissions permits are required. Yes ☐ No ☒

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### 5.2.5 Water Intrusion

| | | |
|---|---|---|
| Are you aware of any current water leaks? | Yes ☐ | No ☒ |
| Are you aware of any past water leaks? | Yes ☒ | No ☐ |
| Is/are the building(s) air conditioned? | Yes ☒ | No ☐ |
| Is mold visible in the building(s)? | Yes ☐ | No ☒ |
| Is there a pool or other water features (such as a fountain) in the building(s)? | Yes ☐ | No ☒ |
| Are the bathrooms and dryers (if applicable) vented to the exterior? | Yes ☒ | No ☐ |
| Have there been reports of illness due to air quality, or any indoor air quality or ventilation problems at the property? | Yes ☐ | No ☒ |
| Does property management have a mold response plan? | Yes ☐ | No ☒ |

**Please attach water intrusion documentation, including a mold response plan, mold handling plan, or laboratory results from mold samples collected at the property.**