

General Environmental Questionnaire

Cornerstone Earth Group is performing a Phase I environmental site assessment (ESA). The purpose of the ESA is to evaluate current and historic uses of the property that may have involved the use, generation, or storage of hazardous materials. Please respond to these questions to the best of your knowledge.

Return the completed, signed questionnaire by fax at (408) 245-4620 or by mail to the address below. Alternatively, a scanned copy can be emailed to sfoster@cornerstoneearth.com. The completed questionnaire will be attached to the ESA report. Thank you for your assistance and timely response.

GENERAL PROPERTY INFORMATION

- 1) **Site Address(es) and Assessor's Parcel Number(s):** Please list all current and former addresses. Some sites have multiple addresses; all are needed, even if they are not in current use.

<u>Address(es)</u>	<u>APN Number(s)</u>
2512/2506	421-38-006, 421-38-007, 421-38-008
2505	421-37-001, 421-37-002, 421-37-003, 421-37-004
2577	421-37-005, 421-37-018

- 2) **Property Size:** 12.978 (Sq. Ft. or Acres [circle one])

- 3) **Current site owner(s) and purchase date:**

<u>Current Owner Name</u>	<u>Year Purchased</u>
Samaritan Properties LLC	Early 1900s

- 4) **Previous site owner(s) and dates of ownership:**

<u>Prior Owner Name</u>	<u>Year Purchased</u>	<u>Year Sold</u>

STRUCTURES AND OCCUPANTS

5) Please describe all on-site buildings:

<u>Building Size (sq. ft)</u>	<u>Building Use</u>	<u>Date of Construction</u>
2505 51,087sf	Medical	1966-1968
2577 41,373sf	Medical	1972-1975
2512 18,064sf	Medical	1979
2506	N/A	

Potable Water Source (e.g., city or other water agency, on-site well, etc.): No

Sewage Disposal System (e.g., city sewer, septic tank, etc.): No

Heating/Cooling System and Fuel Source (e.g., electric, natural gas, fuel oil, etc.): No

6) Current site tenant(s), site use, and years of occupancy:

<u>Tenant</u>	<u>Site Use</u>	<u>Years of Occupancy</u> <small>(e.g., From 1995 to 2007)</small>
	Medical Imaging, Prosthetics, Pharmacy, Dentistry	
	Medical Waste, General Medical Office	

7) Prior site tenant(s), site use, and years of occupancy:

<u>Tenant</u>	<u>Site Use</u>	<u>Years of Occupancy</u> <small>(e.g., From 1975 to 1983)</small>

OTHER SITE FEATURES AND INFORMATION

8) Please indicate if you are aware of any of the following structures, features, or activities currently or formerly at the site.

Structure/Feature	Yes	No	Do Not Know
Aboveground Storage Tanks (ASTs)		X	
Agricultural fields	X		
Agricultural or drinking water supply wells			X
Air emission control systems		X	
Areas where garbage or other wastes have been disposed on-site		X	
Boilers	X		
Chemical mixing or processing activities		X	
Chemical storage areas		X	
Current or former drainage ditches, ponds, or streams		X	
Dry cleaning equipment		X	
Dry wells		X	
Elevators	X		
Emergency generators *	X		
Equipment maintenance or repair areas	X		
Fill materials placed on-site (<i>i.e.</i> , fill used to build up the site elevation to current level)			X
Ground water monitoring wells		X	
Ground water or soil remediation systems		X	
Hydraulic lifts	X		
Incinerators		X	
Manufacturing machinery		X	
Medical Waste	X		
Oil or gas wells		X	
Petroleum pipelines		X	
Railroad lines		X	
Septic tanks			X
Stockpiles of soil or debris		X	
Storage sheds		X	
Sumps, clarifiers, oil/water separators, or similar structures		X	
Transformers		X	
Underground Storage Tanks (USTs)		X	
Vapor or dust control hoods and ducting	X		
Waste burning areas (<i>i.e.</i> burn pit) or ash disposal area		X	

If you checked yes to any of the above, please provide additional information here or attach to this questionnaire.

All medical waste is bagged and removed by a medical waste service.

* Mr. Dan Kennedy and Ms. Tammy Marozick of Samaritan Medical Center indicated during Cornerstone's Site visit that no generators are associated with the on-Site structures.

9) Please indicate if, to your knowledge, any of the following documents exist:

Document	Yes	No	Do Not Know
Environmental site assessments	X		
Environmental permits or violation notices		X	
Underground or above ground storage tank documents/permits		X	
Geotechnical reports or hydrogeologic studies	X		
Risk assessments			X
Hazardous materials management plans or chemical inventories	X		
Safety/emergency response plans or spill prevention plans	X		
Compliance audits or community right-to-know plans	X		
Asbestos or lead based paint surveys		X	

If you checked yes to any of the above, please indicate the location of the documents.

Can copies be provided? Yes X No

10) Have significant quantities of hazardous materials been used, stored, or generated on-site?

Yes No X

If so, please list types and quantities and where these materials are or were located.

11) Are you aware of commonly known or reasonably ascertainable information about the site that would help the environmental professional to identify conditions indicative of releases or threatened releases? For example, do you know of past uses of the site, specific chemicals that were or are present at the site, have knowledge of spills or other chemical releases at the site, or any environmental cleanups at the site.

Yes No X

If so, please briefly describe below, including whether reports documenting the activities are available for review by Cornerstone Earth Group.

12) Are you aware of any environmental cleanup liens against the site that are filed or recorded under federal, tribal, state, or local law?

Yes No X

13) Are you aware of any activity or use limitations (UALs), such as engineering controls, land use restrictions, or institutional controls that are in place at the site and/or have been filed or recorded in a registry under federal, tribal, state, or local law?

Yes _____ No X

If so, please briefly describe below.

14) Are you aware of 1) any pending, threatened or past litigation, or administrative proceedings relevant to hazardous substances or petroleum products at the site, or 2) any notices from any governmental entity regarding possible violations of environmental laws or possible liability related to hazardous substances or petroleum products?

Yes _____ No X

If so, please briefly describe below.

15) Completed by:

Greg Henderson

Samaritan Medical Center 3/31/15

Name (print)

Signature

Company

Date