

HAZARDOUS MATERIALS FIELD INSPECTION CHECKLIST

A. BACKGROUND INFORMATION

Clear Form

NRCS PROGRAM	LANDOWNER NAME		
PROPERTY ADDRESS			NUMBER OF ACRES
NEST APPLICATION NUMBER	COUNTY	STATE	
FIELD INSPECTOR'S NAME & TITLE			DATE INSPECTED

B. INSTRUCTIONS:

- For each question, indicate if you find any evidence of past or present hazardous materials.
- For any suspected evidence found, display the location on the parcel map and attach photographic evidence as an addendum to this document.
- If you need more room to explain your findings attach additional sheets.
- When complete, attest that a field inspection has been completed and that to the best of your knowledge the information included is accurate.

C. Field Conditions:

Onsite Nearby None

1. Dumps or landfills (especially with drums/containers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Other debris: household or farm waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Fills (possible cover for dumps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Unusual chemical odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Above/below ground storage tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Buildings: chemical storage, equipment repair solvents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Structures: evidence of asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Vegetation different from surrounding area for no apparent reason (e.g., stressed or dead, bare ground)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. "Sterile" or modified water bodies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Oil seeps, stained ground, discolored stream banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Unnatural characteristics of water: oil slicks, unusual color, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Spray operation base: air strip, equipment parking area chemical staging, storage, and mixing areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Machinery repair areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Pipelines, power lines, gas lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Oiled or formerly oiled roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Mounted transformers - evidence of leakage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Any mining activity or mining residue: past, present, or future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Wastewater treatment equipment, septic system, sewage lagoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Treatment for vegetation or invasive species

20. Spills or releases of pollution

D. EVIDENCE OF PAST USE (check all that are applicable)

Manufacturing

Scrap metal, auto, or battery recycling

Service station

Military

Dry cleaning

Laboratories

Air Strip

Wood preserving

Pipeline

Tanning

Railroad line

Monitoring wells

Facilities with large electrical transformers

Wells no longer providing water

Petroleum production

Piles of soil, rock, debris

Landfills

Any unnatural topographic features

Other (describe) _____

E. PHYSICAL EVIDENCE OF EASEMENTS OR RIGHTS-OF-WAY (power lines, pipelines, railroads, roads)

F. NEARBY LAND USES: (describe all surrounding land uses – especially those upstream or upgradient)

G. CONTAMINATED SITES RECORD SEARCH:

List all known contaminant sites within a 1-mile radius of the site. Check with Federal or State environmental protection agencies and local authorities. Are there any known hazardous material problems on or near the site (National Priority List, State sites, etc.)? (*Attach additional sheets as necessary*)

H. INTERVIEWS:

(Interviewee Name)

(Title)

(Interview Date)

Present Owner(s) _____

Past Owner(s) _____

County Agent _____

Other Authorities _____

I. AGRICULTURAL HISTORY:

Type, Duration and Extent of Agricultural Activity:

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Surface Drains Present PRESENT NOT PRESENT

Subsurface Drains Present PRESENT NOT PRESENT

J. RECOMMENDATION:

In my professional opinion and based on my inspection of the site this project should move forward:

YES NO FURTHER INVESTIGATION NEEDED

K. CERTIFICATION:

I hereby certify that on _____, 20____ I made a personal examination and inspection of the tract or parcel of land identified above, and that I am fully informed as to the boundaries, lines and corners of said tract. Based upon a careful and thorough investigation and inquiry I hereby certify that the *Hazardous Materials Field Inspection Checklist* and the attachments are true to the best of my knowledge and belief.

EXAMINER (Name and Signature)	OFFICIAL TITLE
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