ESA - SITE RECONNAISSANCE FORM

Rev DAP Metropolitan Solutions Project Number: 2016-17164 Portsmouth, VA 23704 Phone: 757-853-4000 / Fax: 757-853-5744 **Date of Inspection** 5/9/2016 PROJECT INFORMATION SITE INSPECTOR INFORMATION COMMERCIAL WILLIAM BRANSON **Project Name** Name of Inspector 347 N Clark St. **Address Phone Number** 573-690-4385 Sullivan MO, 63090 City, State Zip **Email address FUNERAL HOME Property Description** PERSON ACCOMPANYING INSPECTOR **POINT OF CONTACT (if different)** Name/Title Name/Title MARIANNE EATON EATON FUNERAL HOME Company Company Address **Address** Phone # 573-468-4147 Phone # **Fax Number Fax Number Email address** jim@eatonfuneralhome.com **Email address** SITE VISIT DETAILS Weather Raining Ground cover: None Temperature 70 Other Details: Methodology: Describe the method used to survey the property (for example, grid patterns or other systematic approaches used for large properties): Walked property Limitations: Were there any issues or conditions that limited observation of the subject property in its entirety? No (I.e., abutting buildings, bodies of water, snow, rain, denial of entry by occupant, or locked doors) If yes, describe limitations below:

				UTILITIE	S			
Botable water cumply /put	olic privat	o well oto	Г			Public		
Potable water supply (pub	Jiic,privat	e weii, etc)			Public		
Sanitary sewage disposal	Sanitary sewage disposal (public, septic, etc.)			Public				
	,							
Heating system (type and location)				FORCED AIR/CLOSET				
	Cooling system (type and location)			FORCED AIR/CLOSET				
Emergency power/genera		and locati	on)	NONE				
Electrical service provider				SHOW ME ELECTRIC COOPERATIVE				
Natural gas service provid Oil service provider	er					MISSOURI NATURAL GAS NONE		
Oil service provider			L			NONE		
	CON	ICERNING	PROPE	RTY AND A	DIACENT	PROPERTY USE		
	CO.	ICENIIII C	THOLE	MITAMOA	DUACENT	THOTENTI COL		
Is the subject property or	are adjac	ent prope	rties us	ed for the f	ollowing	purposes?		
	SP	N	S	E	w	Further instructions		
Gas Station	No	No	No	No	No			
Motor Repair Facility	No	No	No	No	No			
Dry Cleaners: Pick up	No	No	No	No	No			
Dry Cleaners: On-site	No							
On-site dry cleaner:	What a	re the yea	ars of op	peration?				
Dry Cleaners: On-site, adja	icent	No	No	No	No			
On-site dry cleaner:	What a	re the yea	ars of op	peration?				
Photo Developing Lab	No	No	No	No	No			
Junkyard or Landfill	No	No	No	No	No			
Waste Treatment/Process	1	No	No	No	No			
Waste Storage/Disposal	No	No	No	No	No			
Waste Recycling Other Industrial Uses	No No	No No	No No	No No	No No			
Other maustrial oses	NO	NO	NO	NO	NO	L		
Further description as nee	ded:							
		ı	FUNERA	AL SERVICES	PROVID	ED		
			SUBJ	ECT PROPE	RTY USE			
Current Use: Occupants, in	ncluding b	ousiness na	ames ar	nd business	tvpe. R	Rent roll available and attached?	No	
					-71			
INSURED IS ONLY BUSINES	S ON PRE	MISES						
Prior Uses: Knowledge of	prior use	based on	intervie	ews and obs	servation	s, including dates if available.		
ONLY SERVICE AT BUILDIN	G							

ADJACENT PROPERTY USE

Current Use: Occupants, i	ncluding	business names	and	business type.
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North	ST GEORGE CATHOLIC HIGH SCHOOL	
South	RESIDENTIAL HOME	
East	STRIP MALL WITH INSURANCE COMPANY AND LAW OFFICES	
West	RESIDENTIAL HOME	
Prior Uses: Know	vledge of prior use based on interviews and observations, including dates if available.	
North		
South		
East		
West		
	HAZARDOUS MATERIALS	
Chemicals: Were	any of the following observed on the property?	
		Y/N
	ard cleaning materials	No No
	/used motor oil, waste oil filters, new/used antifreeze, brake fluid, transmission fluid, batteries	No

Describe yes answers below. Document all chemicals and hazardous material on-site.

Funeral Home: Embalming fluids

Other: Pesticides, pool supplies, acids

Unknown substances: unlabeled containers, empty or not

Dry Cleaning: PERC

			orox.		Storage	
Type of Mat'l	Material Name	Qty	Type of Containe	er(s) Location	Condition ³	Leaks
EMBALMING FLUID		1	PLASTIC JUG	EMBALMING ROOM	Good	None
	_					

³Excellent: Has secondary containment; Good: Impervious surface; Fair: Cracked concrete or wood; Poor: Bare ground

	Li	abeled				
Possible PCB material	Y/N N	lon-PCB? De	scribe location, age	, owner and condi	tion unless labeled	non-PCB
Elevators	No					
Hydraulic lifts	No					
Transformers	No					
	ABOVEGROUND AND UN	DEBCROUND C	TODACE TANKS	/ACTs and HC	T-\	
	Check box if no tanks are					ASTs/USTs
Existing Tanks: Provide	ed details as indicated					
-		Age				Secndry
Type Content	s Location	(yrs)	Size(gal)	Material	Registered?	Cntnmnt?
\vdash		-			$+$ \vdash	
\vdash					1	
Are any of the following	ng nresent?					
	nt pipes	Fill pipes		Access	ways	
If so, describe.			L		,	
Previous Tanks: Descri	be any ASTs or USTs know	n to have previo	ously existed on	the property		
Is the property vacant?	No If vacant, d	loes it appear to	have been dev	eloped in the	past?	
Complete section be						
	I	MPROVEMENT	DETAILS			
Parking surface	Asphalt					
0	- Tr					
Main building:	Office and chapel	Y6	ear of constructi	on 18	96	
Construction type	Wood Frame		torior paint can	dition Go	od	
Foundation type	Slab on grade		terior paint con dequate ventilat			
Roof material	Asphalt		of condition	Go		
		-				
**Comments: None.						
Building #2:		Ye	ear of constructi	on		
				<u>-</u>		
Construction type			terior paint con			
Foundation type Roof material			dequate ventilat oof condition	.ion ?		
noor material			o. condition			
**Comments:						

	Y/N	Discharge	Odor ¹	Stains ¹	Pet/Haz²	Further description
Restroom floor drains	No					
Kitchen floor drains	No					
Maintenance room drains	No					
Funeral home: Prep room drain	No					Not accessible due to
Dry Cleaners: Floor drains near unitS	No					
Dry cleaners: Floor drains near storage	No					
Other drains (describe)	No					
Kitchen interior grease trap	No					
Indoor sump (give location)	No					

¹Odors and stains: Other than due to wate¹Pet/Haz: Indication of petroleum or other hazardous substances

Interior Condition:

	Y/IN	Location, Description for Yes answers including possible source of proble
Walls: Staining	No	
Walls: Deterioration	No	
Walls: Mold	No	
Floors: Staining	No	
Floors: Deterioration	No	
Floors: Mold	No	
Basement (if any): Staining	No	
Basement (if any): Deterioration	No	
Basement (if any): Mold	No	
Complaints re: indoor air quality	No	

	WASTE HANDLING							
			Manifests					
Type of Waste	Type/Location of Waste Storage	Disposal Method/Company	Available?					
Municipal solid waste	Curb service	Swinger Sanitation						
Recyclables								
Waste cooking grease								
Used motor oil								
Used solvents								
Used coolants or other auto fluids								
Biomedical waste								
Waste disposal/treatment ponds								
Dry cleaner: Spent PERC/solvent								
Funeral home: Prep room waste								

EXTERIOR OBSERVATIONS Vere any of the following observed on the property?

Results of the compliance inspection

Were any of the following observed of	on the prope	erty?
	Y/N	Describe, including location, if yes.
Stained soil or pavement	No	
Stressed vegetation	No	
Solid waste dumping	No	
Suspect fill material	No	
Used or discarded tires	No	
Known/suspected buried debris	No	
Abnormal odors (exterior)	No	
Pools/sumps of liquids (exterior)	No	
Wells, other than potable wells	No	
Other	No	
Were any of the following stormwater		
Detention (detention nands	Y/N No	Describe, including location and condition, if yes.
Retention/detention ponds Storm drains/inlets	No	
Ditches	No	
Other	No	
Other	NO	
Additional observations:		
	CAS STAT	IONS/AUTO REPAIR FACILITIES
	GAS STATI	IONS/AOTO REPAIR FACILITIES
Complete Hazardous Materials and US	ST sections o	on Page 3.
Name of facility		
Services performed at the facility		
Services performed at the racinty	L	
Years of operation and operating nam	ne(s)	
Date of the most recent compliance in	nspection	

D	RY	CL	EΑ	N	ER	S

Complete Hazardous Materials a	and UST sections on	Page 3.			
Name					
Address (if different from site address	c)				
Contact person	"				
Dates under current ownership					
·	-hin				
Name/dates of previous owners	nib				
Machines Type	Year Inst	tallad			
.,,,,	7	lalleu			
#1	┥				
#2	-				
#3	-				
#4					
Describe ventilation System					
Describe location and condition	of any drains in the	machine area			
Chemicals and Storage		ı			
Solvent(s) used					
Supplier					
	Am Uni		Time period		Y/N
Approximate amount used		per		Solvent stored on site?	
Solvent storage conditions	Y/N				
Containers sealed					
Containers labeled					
Consider and the second	D				
Secondary containment	Describe	!			
Waste Generation/Storage	Amt Uni	t	Time period		
Waste solvent		per			
Still residues		per			
Filter cartridges		per			
Cooked powder residue		per			
Other					
		per			
Describe how wastes are remov	ed from machine:				
Waste storage conditions	Y/N				
Containers sealed					
Containers labeled					
Secondary containment	Describe	?			
I hearby attest that I person	nally inspected this s	site and record	led the above obs	servations to the best of m	y ability.
William Branson					