Environmental Health & Safety Division



A good mind. A good heart. A strong fire.

Land History Questionnaire

Name of Property Owner: Person Interviewed: Relationship to Land Owner: Address and Parcel Number: Number of Acres: Year(s) building(s) constructed:	
The following questions are used to obtain information indicating the likelihood of environmental conditions in connection with the property of interest.	
1.	How long has the current owner, owned this property?
2.	What has been the primary use (e.g. residential, agriculture, commercial):
3.	What was this property used as before?
4.	Are there any existing or unused wells on the property? Yes No If yes, where are they located? Is it still in use? Yes No If not in use, has it been abandoned? Yes No
5.	Is the property serviced by a private septic system? Yes No What kind of system is it? Please give location of system:
6.	What kind of fuel is used for heating: Natural Gas Propane Fuel Oil Wood Other (describe)
7.	Electrical service is: Overhead Underground
8.	Do you know of any asbestos related materials on the property? Yes No If yes, where?
9.	Are you aware of any lead based paint on the property? Yes No
10	. Were there, or are there, any underground or above ground storage tanks on this property? Yes No Aboveground Underground How many gallons? Where are/were they located? If removed, when?

11. Is there a burn pit or area where you regularly burn items?
12. Are there any small dumps or areas of debris disposal on the property? Yes No If yes, where?
13. Do you change your own automobile, machinery or equipment oil or other fluids? Yes No If yes, what do you do with the fluid?
14. Has this property been used to repair any types of automobiles, machinery, or equipment? ☐Yes ☐No
15. Was foundry sand ever used for fill on this property? Yes No
16. Are there any drain tiles on this property? Yes No If yes, where:
17. Are there any lands enrolled in any USDA Program? Yes No If yes, what program and how many acres:
18. Are there any Federal, State, or local programs that affect this property? Yes No If yes, explain:
19. Do you know of any easements or right-of-ways for this property? ☐Yes ☐No
I have answered the preceding questions in an accurate and truthful manner to the best of my ability.
Property Owners Signature Date:
If you have questions about the form, please call 920-869-4548. Please return this completed form to: Oneida Environmental, Health & Safety Division Attention: Victoria Flowers, Environmental Specialist PO Box 365, Oneida, WI, 54155