

**OWNER'S INFORMATION
HAZARD REVIEW/UTILITY
INFORMATION**



For Blue Acres Program Use Only

Hazard Reviewer Initials _____ Date _____

Owner(s)/Seller(s) name _____

Affected Property Address _____

Blue Acres Case Manager _____

Blue Acres Reference Offer Number _____

Case Manager Email _____

1. Has there been any industrial, commercial, or other nonresidential use of the property? Yes ☐ No ☐

*If yes, please provide details: _____

2. **STRUCTURES:** Please provide the following information for all structures **currently or previously** located on the property:

	Currently on the Property?		Previously on the Property?		Heating Source (e.g., heating oil, gas, propane, coal, etc.)	Year Built
House	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Garage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Shed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Barn	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Fence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Septic System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Solar Panels*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____

*If yes, are they leased or privately owned? _____

3. **OIL TANKS:** Please identify all underground (UST) or aboveground storage tanks (AST) (such as heating oil, gasoline, waste oil) **currently or previously** on the property. *For Status, indicate in-use, abandoned-in-place, or removed. If no tanks are/were present, indicate "None" if unknown indicate "unknown".

Type of Tank (Underground or Aboveground)	Contents	Size (gallons)	Location	Status*

4. **SITE ACCESS:** Do you give your permission for a representative of the NJDEP to Inspect your property for the purpose of identifying underground storage tanks? Yes ☐ N ☐

OWNER'S INFORMATION
HAZARD REVIEW continued

5. Do any of the structures noted in have sumps, French drains or floor drains? Yes ☐ No ☐
6. Have there ever been any spills/discharges from any tank on the property? Yes ☐ No ☐
7. To the best of your knowledge, are there any current or former areas of solid or hazardous waste disposal on the property? Yes ☐ No ☐

Utility Information

UTILITY	COMPANY NAME	ACCOUNT NUMBER
Gas	_____	_____
Electric	_____	_____
Phone (landline)	_____	_____
Cable	_____	_____
Water	_____	_____
Well	_____	Permit #: _____
Sewer	_____	_____
Solar Panels	_____	_____
Oil Delivery	_____	_____

This form must be completed to assist NJDEP with our responsibilities and authorizing the release of any utility escrow after the property has closed.

Owner/seller name (s): _____

Address: _____
(property being acquired – street address, city, state, zip code)

Form completed by: _____ Relationship to Owner: _____

Signature: _____ Date: _____