



Missouri CSPECE Property Questionnaire



Applicant Information

Name: _____

Email: _____

Phone number: _____

Mailing address: _____

Current owner of the property: _____

Name and address of the proposed facility: _____

We will use the above information only for providing your consultation and results.



Former Use of the Property

Building constructed: Before 1978 1978 or after I do not know

The Property was used as: (Mark all that apply)

Commercial Businesses	Manufacturing	Outdoor
<input type="checkbox"/> Art Studio	<input type="checkbox"/> Metal Plating	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Auto Repair Shop	<input type="checkbox"/> Metal Welding	<input type="checkbox"/> Landfill
<input type="checkbox"/> Copy/Print Shop	<input type="checkbox"/> Paper Mill/Wood Treatment	<input type="checkbox"/> Mining Site
<input type="checkbox"/> Dry Cleaner	<input type="checkbox"/> Recycling Facility	<input type="checkbox"/> Shooting Range
<input type="checkbox"/> Funeral Home	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Gas Station		
<input type="checkbox"/> Hair/Nail Salon		
<input type="checkbox"/> Other: _____		

*For any of the above checked boxes, please share any known information.

Years of operation (19xx – 20xx): _____

Additional information you think would be helpful: _____



Migration of Harmful Substances from Adjacent Properties

When standing outside of the building, in any direction, what do you see? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Auto Body Shop | <input type="checkbox"/> Junk Yard/Dump Site | <input type="checkbox"/> Nail Salon |
| <input type="checkbox"/> Agriculture/Farm Use | <input type="checkbox"/> Manufacturing/Recycling Site | <input type="checkbox"/> Shooting Range |
| <input type="checkbox"/> Dry Cleaner | <input type="checkbox"/> Mines or abandoned property | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gas Station | | |



Presence of Naturally Occurring Harmful Substances

Has the property ever been tested for radon? Yes No I do not know



Access to Safe Drinking Water

What is your water system type? Public water system – municipal Private well

This questionnaire can be submitted electronically or by mail to:

MissouriCSP@health.mo.gov

Missouri Department of Health and Senior Services
Health and Risk Assessment Program
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Jefferson City, MO 65102-0570