Appendix D

**Environmental Information Document Tables** 

# Table 1.1. Topography **Project Name Owner Name** Complete this table per Section 4.1 of the guidance for projects categorized as: FONSI. Topography Figure Reference Number (if applicable): Topography Appendix Reference (if applicable): **Existing Conditions** Physiographic Province: Coastal Plain Piedmont Mountains Minimum Elevation in Project Area (MSL): Maximum Elevation in Project Area (MSL): Discuss topographical and geological features. Impacts & Mitigation (Choose single most appropriate box for each category.) **Construction Impacts Operational Impacts** SCI No Impact anticipated No Impact anticipated No Impact anticipated Potentially beneficial Potentially beneficial Potentially beneficial Potentially adverse Potentially adverse Potentially adverse Requires Mitigation Requires Mitigation Requires Mitigation Requires Modification Requires Modification Requires Modification Describe benefits and impacts to topography, including slope, associated with the project. \*If "Requires Mitigation" or "Requires Modification" is checked, describe such measures Sources Consulted (add more rows if needed) Date Reference(s)

# Table 2.1. Federal Flood Risk Management Standards (FFRMS) Floodplain Management [24 CFR 58.5(b)(1)] **Project Name: Owner Name:** Floodplain Figure Reference Number (if applicable): Floodplain Information Appendix Reference (if applicable): Floodplain Management - Existing Conditions Complete the table per Section 4.2 of the guidance for projects categorized as: CEST and FONSI. *Is the project in the FFRMS floodplain? (If so, show in* Yes No Environmental Features Figure and complete Table 2.2.) *Is the project a non-critical action or a critical action? (§55.16)* ∐Non-critical Critical Which method was used to determine if project is in FFRMS CISA map floodplain? ☐ 0.2 annual chance of floodrisk ☐ Freeboard Value Approach Is the project in the floodway or coastal high-hazard area? (Show any floodway or coastal high-hazard area in Environmental Features Figure.) If the project is not functionally dependent, Yes No de minimis construction, or removal of structures, it must be rejected. Was the 8-Step Process Completed? (if "Yes", complete Table 2.2) No Impacts & Mitigation (Choose single most appropriate box for each category.) **Construction Impacts Operational Impacts** SCI No Impact anticipated No Impact anticipated No Impact anticipated Potentially beneficial Potentially beneficial Potentially beneficial Potentially adverse Potentially adverse Potentially adverse Requires Mitigation Requires Mitigation Requires Mitigation Requires Modification Requires Modification Requires Modification Describe benefits and impacts to floodplains associated with the project. \*If "Requires Mitigation" or "Requires Modification" is checked, describe such measures Sources Consulted (add more rows if needed) Reference(s) Date

Table 2.2. Floodplains – 8 Step Process (24 CFR Part	55, Subpart C)
Project Name:	
Owner Name:	
Complete this table in accordance with Section 4.2 for projects in th	e floodplain.
Floodplain Figure Reference Number (if appl	licable):
Floodplain Information Appendix Reference (if appl	icable):
Complete the 8-step Process for all projects located in the F	Floodplain (§50.20)
Step 1: Is the project in the FFRMS floodplain?	s No
Step 2: Involve the public in decision-making process(early public notice).  Provide date of notice for early public notice:	
Provide name of publication or government website, where notice of early review was published:	
Step 3: Determine if there is a practicable alternative. Identify and ealternatives to locating in the FFRMS floodplain, including alternatifloodplain.	*
Have costs of flood insurance and potential property losses from flooding b	een added as a consideration
for alternatives? $\square$ Yes $\square$ No $\square$ N/A	
Step 4: Identify adverse and beneficial impacts of the proposed action	On.
Step 5: Develop measures to mitigate adverse impacts.	
Was the FFRMS floodplain elevation used for any needed Elevation of Certificates?	r Floodproofing
$\square$ Yes $\square$ No $\square$ N/A	
For critical actions, is an early warning system in place? ☐Yes	□ No □ N/A
Step 6: Re-evaluate Alternatives.	
Is the project located in an area that impacts and Environmental Justice Co	mmunity?
$\square$ Yes $\square$ No $\square$ N/A	

If yes, does the reevaluation of the alternatives address public inper process, reducing environmental disparities related to flood risk o		ublic outreach
$\square$ Yes $\square$ No $\square$ N/A		
Step 7: Announce and explain decision to the public final public notice).  Provide date of notice of finding and a public		
explanation:		
Provide name of publication or government website, where for notice of finding was published:		
Table 2.2. Floodplains – 8 Step Process (24 C	FR Part 55, Subpa	art C)
Project Name Owner Name		
Step 8: Implement proposal with appropriate mitigation.		
		1
Sources Consulted (add more rows if needed)	Date	Reference(s)

		Table 3.1. Soils Project Name Owner Name					
Complete this table per Se	ction	1 4.3 of the guidance for projects	s ca	itegorized as F	FONSI.		
-		Soils Figure Reference N					
Soils Info	mati	on Appendix Reference (if appli	icab	ole):			
		Existing Conditions					
Describe the types of soil.	Pro	vide a soils figure in the EID.					
Describe the types of soil. Provide a soils figure in the EID.  Is soil contamination present?  Does soil type present any constraints to the project?  If yes No  If yes to any of the three questions above of the above, explain.							
_	ion (	Choose single most appropriate	e bo				
Construction Impacts		Operational Impacts			SCI		
No Impact anticipated	<u> </u>	No Impact anticipated		Io Impact anticipated			
Potentially beneficial	<u> </u>	Potentially beneficial	+	otentially beneficial			
Potentially adverse		Potentially adverse	-	Potentially adv			
Requires Mitigation	$\frac{\sqcup}{\Box}$	Requires Mitigation	_		equires Mitigation		
Requires Modification	Ш	Requires Modification	R	Requires Modif	ication		
Will soil be moved offsite? Will soil be contaminated? Describe benefits and imp	)	Yes No Quantity Yes No to soils associated with the project		<i>t³):</i>			
*If "Requires Mitigation"	or '	Requires Modification" is check	ked,	describe such	measures.		
Sources Consul	ted (	add more rows if needed)		Date	Referenc	re(s)	

# Table 4.1. Prime and Unique Farmland [24 CFR 58.5(h)] **Project Name Owner Name** Complete this table per Section 4.4 of the guidance for projects categorized as: CEST, FONSI. Prime and Unique Farmland Information Appendix Reference (if applicable): **Existing Conditions & Impacts** If Yes, is the land 1) Is the proposed project located on or adjacent to Yes Yes committed to land categorized as prime or unique farmlands or No No farmland of statewide or local importance? urban development (as defined in 7 CFR 658.2) or water storage? 2) Will drainage from the project adversely affect Yes farmland? No If Yes, Acres 3) Will the project convert prime or unique farmland Yes or farmland of statewide or local importance Impacted: No directly or indirectly? a) If Yes, Must attach Form 1006 [7 CFR 658]. Date Form 1006 Submitted to NRCS: Date of Response from NRCS: 4) Will the project introduce nuisance species which Yes may spread to adjacent farmland? No Impacts & Mitigation (Choose single most appropriate box.) **Construction Impacts Operational Impacts** SCI No Impact anticipated No Impact anticipated No Impact anticipated Potentially beneficial Potentially beneficial Potentially beneficial Potentially adverse Potentially adverse Potentially adverse Requires Mitigation Requires Mitigation Requires Mitigation Requires Modification Requires Modification Requires Modification Describe benefits and impacts to prime and unique farmlands associated with the project.

# Table 4.1. Prime and Unique Farmland [24 CFR 58.5(h)] Project Name Owner Name \*If "Requires Mitigation" or "Requires Modification" is checked, describe such measures. Sources Consulted (add more rows if needed) Date Reference(s)

# Table 5.1. Land Use **Project Name Owner Name** Complete this table per Section 4.5 of the guidance for projects categorized as: FONSI. Land Use Figure Reference Number (if applicable): Land Use Information Appendix Reference (if applicable): **Existing Conditions** Discuss the current land use for the project site. Discuss the current land use for the project area. Discuss the zoning for the project site. Discuss the zoning for the project area. **Impacts** Impacts & Mitigation (Choose single most appropriate box for each category.) **Zoning Impacts** Land Use Impacts No Impact anticipated No Impact anticipated No Impact anticipated Potentially beneficial Potentially beneficial Potentially beneficial Potentially adverse Potentially adverse Potentially adverse Requires Mitigation Requires Mitigation Requires Mitigation Requires Modification Requires Modification *Requires Modification* Describe benefits and impacts to land use associated with the project. \*If "Requires Mitigation" or "Requires Modification" is checked, describe such measures. Sources Consulted (add more rows if needed) Date Reference(s)

# Table 6.1. Wild & Scenic Rivers [24 CFR 58.5(f)] **Project Name Owner Name** Complete this table per Section 4.6 of the guidance for projects categorized as: CEST, FONSI. Wild & Scenic Rivers Information Appendix Reference (if applicable): Is the project located within one mile of one of the designated Wild & Scenic Rivers or a river in the Nationwide Rivers inventory, or its tributaries? Yes New River Chattooga River No Yes No Yes No Wilson Creek Yes No Horsepasture River Yes No Lumber River *If "Yes" is the stream reach in the project area designated as Wild & Scenic?* Yes Describe the stream reach: Impacts & Mitigation (Choose single most appropriate box for each category.) **Operational Impacts** SCI **Construction Impacts** No Impact anticipated No Impact anticipated No Impact anticipated Potentially beneficial Potentially beneficial Potentially beneficial Potentially adverse Potentially adverse Potentially adverse Requires Mitigation Requires Mitigation Requires Mitigation Requires Modification Requires Modification Requires Modification Describe benefits and impacts to Wild & Scenic Rivers associated with the project. \*If "Requires Mitigation" or "Requires Modification" is checked, describe such measures. Sources Consulted (add more rows if needed) Date Reference(s)

<b>Table 7.1</b>	Exec	utive (	Order 11990 Wet	tlands [24	4 CFR 58.	5(b)(2)	)]	
Project Name								
Owner Name								
Complete this table per Sec	ction	4.7 of	the guidance for p	projects c	ategorizea	d as: C	EST, FON	SI.
Complete this table in acco	ordan	ce wit	h Section 5.2.7 of	the guida	ınce.			
Wet	lands	s and S	treams Figure Re	ference N	Jumber:			
Wetlands and Streams Inf	orma	tion A	ppendix Referenc	ce (if appl	icable):			
Type of Proposed Action:								
							Non-Critic	cal
			Existing Condition		. [-			
Are wetlands, as defined by Executive Order 11990, present on the Sproject site and in the project area?								
If so, discuss the type, qual	ity, f	unction	n, and relative imp	portance	of wetland	S.		
Did a site visit occur?								
Has the U.S. Fish and Wildlife service been contacted?								
Has NRCS's National Soil	Surv	ev						
been referenced?								
Have delineations occurred qualified wetlands scientist		ı	Yes No	If Yes, s	s, supply the date.			
Does the project include we crossings?	etlan	d	Yes No	If Yes, O	Complete T	Table 7	7.2.	
Is the 8-Step Process Requ	ired?		☐ Yes ☐ No	If Yes, (	Complete T	Table 7	<sup>7</sup> .3.	
Will new construction, as a Executive Order 11990, oc wetlands?	efine	d by	Yes No		•			
If yes, explain why practice	able d	alterna	tives are not avai	lable.				
Impacts & Mitiga	tion	Choos	se single most app	propriate	box for ea	ich cat	egory.)	
Construction Impacts Operational Impacts				acts		S	SCI	
No Impact anticipated		No In	npact anticipated		No Impa	ct anti	cipated	
Potentially beneficial		Poter	ntially beneficial		Potentia	lly ben	eficial	
Potentially adverse		Poter	ntially adverse		Potentia	lly adv	verse	
Requires Mitigation		Requ	ires Mitigation		Requires	s Mitig	ation	
Requires Modification		Requ	ires Modification		Requires	s Modij	fication	
Total Acres Impacted from	Tab	le 5.7.2	?					
Describe benefits and impo	acts t	o wetle	ands associated w	ith the nr	roiect			

*If "Requires Mitigation" or "Requires Modification" is checked	, describe such	measures.
Sources Consulted (add more rows if needed)	Date	Reference(s)

	Table 7.2. Wetla	nd Crossings	
	Project N	Vame	
	Owner N	lame	
Wetland Crossing	gs (Add rows as needed; include	all crossings even if impact	is zero acres.)
	Wetlands Crossing	Figure Reference Number:	
Wetland			
# Keyed to Map	Diameter & Type of Sewer	Installation Method	Acres Impacted
	Total	Watland Impacts (acres):	
	1 otal	Wetland Impacts (acres):	

# Table 7.3. Wetlands – 8 Step Process **Project Name Owner Name** Complete this table in accordance with Section 4.7 for projects resulting in new construction in Executive Order 11990 wetlands (§55.16). Wetlands Figure Reference Number: Wetlands Appendix Reference (if applicable): Complete the 8-step Process for all projects located in Wetlands (§50.20) Step 1: Is the proposed project in wetlands, as defined by Yes Executive Order 11990? Step 2: Involve the public in decision-making process (early *public notice) Provide date of notice for early review:* Provide name of publication for early review: Step 3: Determine if there is a practicable alternative. Identify and evaluate practicable alternatives to locating in the wetland, including alternative sites outside of the wetland. Step 4: Identify adverse and beneficial impacts. Step 5: Mitigate adverse impacts. Develop measures to minimize the impacts and restore and preserve the wetland. Step 6: Re-evaluate Alternatives. Step 7: Announce and explain decision to the public (final public notice). *Provide date of notice of finding and a public explanation:* Provide name of publication for notice of finding: Step 8: Implement proposal with appropriate mitigation. . Correspondence with U.S. Army Corps of Engineers Action ID Finding (Concurrence, Recommendations, Reference(s) Date Etc.) Correspondence with U.S. Fish and Wildlife Service

Date	Action ID	Finding (Concurrence, Recommendations, Etc.)	Reference(s)

# **Table 8.1. Streams and Water Resources Project Name Owner Name** Complete this table per Section 4.8 of the guidance for projects categorized as: FONSI. Water Resources Appendix Reference (if applicable): **Existing Conditions** Sole source aguifers are not present in NC; no further action is *Sole Source Aquifers:* required. *River basin(s) for project:* List all stream(s) found within the project site and greater project area. Name Classification *Impaired?* Reason for Impairment Yes No Yes No Yes No Yes No Yes No Discuss groundwater quality and quantity. Discuss surface water quality. *LGU* water supply(ies): **Impacts** Impacts & Mitigation (Choose single most appropriate box for each category.) **Construction Impacts Operational Impacts** SCI No Impact anticipated No Impact anticipated No Impact anticipated Potentially beneficial Potentially beneficial Potentially beneficial Potentially adverse Potentially adverse Potentially adverse Requires Mitigation Requires Mitigation Requires Mitigation Requires Modification Requires Modification Requires Modification Stream Crossings: Total Acres Impacted from Table 5.8.1 Describe benefits and impacts to water resources associated with the project. \*If "Requires Mitigation" or "Requires Modification" is checked, describe such measures. Sources Consulted (add more rows if needed) Date Reference(s)

	Table 8.2. Stream Crossings									
	Project Name									
	Owner N	ame								
	Stream Crossing Figure Reference Number:									
Stream	Stream Crossing Information Appendix Reference (if applicable):									
Stream Crossings	is zero feet.)									
# Keyed to Map	Diameter & Type of Sewer	Installation Method	Linear Feet Impacted							
	Tota	al Stream Impacts (feet):								

# Table 9.1. Endangered Species [24 CFR 58.5(e)] **Project Name Owner Name** Complete this table per Section 4.9 of the guidance for projects categorized as: CEST, FONSI. Endangered Species Appendix Reference (if applicable): **Existing Conditions** Are federally listed T&E species present within the project site, the project area, or downstream *from the project?* Yes No, a finding of No Effect can be made If Yes, list all federally listed T&E species located within the project site, in the project area, and downstream of the project site. Show approximate location(s) on the Environmental Features Figure. T&E Species Figure Reference Number (if applicable): *Approximate* Location (e.g., 5 mi. NE of Common Name Scientific Name Status Project) Discuss T&E species habitat. Will the project affect any of the federally listed T&E species? No, must obtain concurrence from the USFWS or for marine species NMFS If Yes, a Biological Survey must be provided to the USFWS, or for marine species NMFS, and Biological Opinion of "Not Likely to Jeopardize the Existence of" obtained. Impacts & Mitigation (Choose single most appropriate box for each category.) **Construction Impacts Operational Impacts** SCI No Impact anticipated No Impact anticipated No Impact anticipated Potentially beneficial Potentially beneficial Potentially beneficial Potentially adverse Potentially adverse Potentially adverse Requires Mitigation Requires Mitigation Requires Mitigation Requires Modification Requires Modification Requires Modification Describe impacts to threatened & endangered species.

# Table 9.1. Endangered Species [24 CFR 58.5(e)] Project Name Owner Name

\*If "Requires Mitigation" or "Requires Modification" is checked, describe such measures.

Sources Consulted	Date	Reference(s)
U.S. Fish & Wildlife Service		
National Marine Fisheries Service		
Other		

# Table 10.1. Wildlife, Natural Vegetation, and Forest Resources **Project Name Owner Name** Complete this table per Section 4.10 of the guidance for projects categorized as: FONSI. Wildlife, Natural Vegetation, and Forest Resources Information Appendix Reference (if applicable) **Existing Conditions** Discuss the aquatic and terrestrial wildlife, vegetation, and forest resources present in the project site and project area. Impacts & Mitigation (Choose single most appropriate box for each category.) **Construction Impacts Operational Impacts** SCI No Impact anticipated No Impact anticipated No Impact anticipated Potentially beneficial ☐ Potentially beneficial Potentially beneficial Potentially adverse Potentially adverse Potentially adverse Requires Mitigation Requires Mitigation Requires Mitigation Requires Modification Requires Modification Requires Modification Will the project require clearing of forest Yes If Yes, Acres Impacted: resources? No Will the project require clearing of Yes If Yes, Acres Impacted: natural vegetation? No Describe impacts associated with the project (Enter "None" if "No Impact" is checked). \*If "Requires Mitigation" or "Requires Modification" is checked, describe such measures. Sources Consulted (add more rows if needed) Date Reference(s)

# **Table 11.1. Community Facilities Project Name Owner Name** Complete this table per Section 4.11 of the guidance for projects categorized as: FONSI. Community Facilities Figure Reference Number: Community Facilities Information Appendix Reference: **Existing Conditions** Are community facilities such as schools, airports, health care faculties, parks, Yes etc. found adjacent to or in the project area? (See guidance for full list) No If yes, list these areas and show on a figure. Location Name *Type* (e.g., 5 mi. NE of Project) Impacts & Mitigation (Choose single most appropriate box for each category.) **Construction Impacts Operational Impacts** SCI No Impact anticipated No Impact anticipated No Impact anticipated Potentially beneficial Potentially beneficial Potentially beneficial Potentially adverse Potentially adverse Potentially adverse Requires Mitigation Requires Mitigation Requires Mitigation Requires Modification Requires Modification Requires Modification Will the project increase the number of school-aged children? Yes No If "Yes", do potentially affected schools have adequate capacity and safe access Yes to serve these additional students? No If "Yes" to both of the above, explain measures that will be taken to accommodate additional students. Describe impacts associated with the project (Enter "None" if "No Impact" is checked). \*If "Requires Mitigation" or "Requires Modification" is checked, describe such measures.

Table 11.1. Community Facilities		
Project Name		
Owner Name		
Sources Consulted (add more rows if needed)	Date	Reference(s)

# Table 12.1. Historic Preservation [24 CFR 58.5(a)] **Project Name Owner Name** Complete this table per Section 4.12 of the guidance for projects categorized as: CEST, FONSI. Historic Preservation Figure Reference Number: Archaeological or Historical Area Information Appendix Reference: Consultation with NC Dept. of Natural and Cultural Resources As determined through consultation with NCDNCR, will National Register Yes No *listed or eligible properties be impacted?* Date of Correspondence: NCDNCR Record Number: If yes, list these and show on a figure. Consultation with Catawba Indian Nation THPO (Statewide) For projects with ground disturbance, as determined through consultation Yes No with EBCI will National Register listed or eligible properties be impacted? CIN Record Number: *Date of Correspondence:* If yes, list these and show on a figure. Consultation with Eastern Band of Cherokee Indians THPO (See county list.) For projects with ground disturbance, as determined through consultation Yes No with EBCI will National Register listed or eligible properties be impacted? EBCI Record Number: *Date of Correspondence:* If yes, list these and show on a figure. Consultation with Tuscarora Nation of New York (See county list.) For projects with ground disturbance, has the Tuscarora Nation expressed Yes No *interest in the project? Date of Correspondence:* Record Number: If yes, list these and show on a figure. Consultation with Muscogee (Creek) Indian Nation (See county list.) For projects with ground disturbance, has the Muscogee (Creek) Indian Yes No *Nation expressed interest in the project? Date of Correspondence:* Record Number: If yes, list these and show on a figure. Location (e.g., 5 mi. NE of Project) Name Type

Impacts & Mitiga	tion	(Choose single most appropi	riate i	box for each cate	egory.)	
Construction Impacts	Operational Impacts		S	CI		
No Impact anticipated		No Impact anticipated		No Impact anti	cipated	
Potentially beneficial		Potentially beneficial		Potentially ben	eficial	
Potentially adverse		Potentially adverse		Potentially adv	erse	
Requires Mitigation		Requires Mitigation		Requires Mitigo	ation	
Requires Modification		Requires Modification		Requires Modif	ication	
Describe impacts associate	ed wi	th the project (Enter "None'	' if "I	No Impact" is che	ecked).	
*If "Requires Mitigation"	or "I	Requires Modification" is ch	ecked	l, describe such n	neasures.	
				,		
Sources Consu	lted (	add more rows if needed)		Date	Referenc	e(s)

	1 80	ie 13.1. Air Pi	Quanty [22 roject Name		30.	.5(g)J			
			wner Name						
Complete this table per Sec							<mark>zed as:</mark>	CEST, FO	NSI.
Air Quality Ir	ıforr	nation Apper	ndix Referer	nce (if	app	licable):			
		Exist	ing Conditi	ons					
Discuss the general air que surrounding area. Note wh	-	• •			em	issions f	rom the	e project an	d
Will open burning occur?		If Yes, desc	cribe what w	vill be l	bur	ned.			
Yes									
☐ No									
Is the project located in a r			r maintenan	ce area	<i>1</i> ?		Ye	s No	
If Yes, is the project in conj			Yes		-	Consulta	ition		
the State Implementation F			□No	with					
If project is not in conform DAQ	ance	with SIP, be	sure to incl	lude an	ıy n	nitigatio	n as dis	scussed with	'n
Impacts & Mitiga	tion	(Choose sing	gle most app	propria	ite .	box for e	each ca	tegory.)	
Construction Impacts		Opera	ational Imp	acts			Å	SCI	
No Impact anticipated		No Impact	anticipated			No Imp	oact and	ticipated	
Potentially beneficial		Potentially	beneficial	]		Potentially beneficial			
Potentially adverse		Potentially	adverse	[		Potenti	ially ad	lverse	
Requires Mitigation		Requires M	<i>litigation</i>	]		Requir	es Mitig	gation	
Requires Modification		Requires M	Iodification			Requir	es Mod	lification	
Describe impacts associate	ed w	ith the projec	t (Enter "N	one" ij	f "]	Vo Impa	ct" is ci	hecked).	
*IC "D	"	D	1:6	:	1	1 1	1.		
*If "Requires Mitigation"	or .	nequires Mo	aijication	is cnec	кеа	, aescrit	ve such	measures.	
Sources Consu	lted	add more ro	ws if needed	<u>d)</u>			Date	Referen	ce(s)
Zoni ces consu				7		1 -		112,000	20,00
		•	<u> </u>						

Table 14.1. Noise Levels and Noise Abatement and Control (24 CFR Part 51, Subpart B)								
Project Name								
Owner Name								
Complete this table per Section 4.14 of the guidance for projects categorized as: FONSI.								
Noise Level I	ntori	mation Appendix Reference	(11 ap	plicable):				
D: .1		Existing Conditions						
Discuss the current noise l	evels	for the project site and proj	ect ar	ea.				
Does the LGU have noise Yes								
ordinances in place?								
If yes, describe.								
Will the project directly sup	pport	t construction of new housing	g or o	ther	☐Yes ☐No			
noise sensitive developmen								
If "Yes" are any of the foll		O .						
5		5 miles of a civil airport.			Yes No			
<u>o</u>		15 miles of a military airfie		1	Yes No			
		1,000 ft of a major highway	or b	usy roaa.	☐Yes ☐No☐Yes ☐No			
_		ı 3,000 ft of a railroad. en attach Day/Night Noise L	ovol					
calculator results.	e, ine	en anach Day/Might Moise Li	evei					
Will the noise sensitive development be exposed to Normally Unacceptable (>65DNT to 75								
DNL) or Unacceptable (>7			J	1				
Yes No, atta	ach tł	ne Noise Assessment						
• •	-	plete an Environmental Asse		-	_			
reduce interior noise levels to $\leq$ .45 DNL, and outdoor noise levels for designated gathering								
areas to <65 DNL.								
• •		ntal Impact Statement must b		-	less the project me	eets		
		EIS requirement by the Cert (Choose single most approp			ah aatagamı)			
Construction Impacts	uon (	Operational Impacts	riuie		SCI			
No Impact anticipated		No Impact anticipated		No Impa	ct anticipated			
Potentially beneficial		Potentially beneficial		-	ly beneficial			
Potentially adverse		Potentially adverse		Potentially adverse				
Requires Mitigation		Requires Mitigation		Requires Mitigation				
Requires Modification		Requires Modification		Requires Modification				
Describe impacts associated with the project (Enter "None" if "No Impact" is checked).								

Table 14.1. Noise Levels and Noise Abatement and Control (24 CFR Part 51, Subpart B)  Project Name						
Owner Name						
*If Requires Mitigation" or "Requires Modification" is checked, describe such measures.						
	D (	D.C. ()				
Sources Consulted (add more rows if needed)	Date	Reference(s)				

# **Table 15.1. Energy Consumption Project Name Owner Name** Complete this table per Section 4.15 of the guidance for projects categorized as: FONSI. Energy Consumption Appendix Reference (if applicable): Yes Will the project increase energy consumption? No If "Yes" explain the increase in energy consumption. Will the project improve energy consumption? Yes If "Yes" explain the decrease in energy consumption and place any calculations in an appendix. Impacts & Mitigation (Choose single most appropriate box for each category.) **Operational Impacts** SCI **Construction Impacts** No Impact anticipated No Impact anticipated No Impact anticipated Potentially beneficial Potentially beneficial Potentially beneficial Potentially adverse Potentially adverse Potentially adverse Requires Mitigation Requires Mitigation Requires Mitigation Requires Modification Requires Modification Requires Modification Describe energy consumption impacts. \*If "Requires Mitigation" or "Requires Modification" is checked, describe such measures. Sources Consulted (add more rows if needed) Reference(s) Date

## Table 16.1. Site Safety (24 CFR Part 51, Subparts C and D) **Project Name Owner Name** Airport Hazards [24 CFR Part 51, Subpart D, 24 CFR 58.6(d)] Complete this portion of the table per Section 4.16.1 of the guidance for projects categorized as: Exempt, CENST, CEST, FONSI. *a) Is the project within 3,000 ft from the end of a civil airport runway?* Yes No b) Is the project within 2.5 miles from the end of a military airfield Yes No runway? c) If "Yes" to a or b, will the project be located in a runway clear zone at Yes No a civil airport OR clear zone or accident potential zone at a military d.) If "Yes" to a or b, will the project be located in a runway clear zone at Yes No a civil airport OR clear zone or accident potential zone at a military $airfield^{26}$ . d.) If "Yes" has the airport operator has provided written assurance to the Yes No effect that there are no plans to purchase the land involved with the project site (provide Record Number)<sup>1</sup>; or for projects in accident potential zones Record Number: the project has been found to be compatible with the Airport Instillation Compatibility Use Zone. Sources Consulted Reference(s) Complete this portion of the table per Section 4.16.2 of the guidance for projects categorized as: CEST. FONSI. Explosive & Flammable Hazard Operations d) Is this a construction or rehab/modernization project that will increase Yes No the number of people using a structure? e) Is this a rehab/modernization project that will make a vacant building Yes No habitable? f) If "Yes" to d or e, are there 100+ gallon above ground storage tanks Yes No (ASTs) storing common liquid industrial fuels, or any capacity ASTs Not Applicable storing hazardous liquids or gases that are not common liquid industrial fuels. I mile from, adjacent to, or visible from the project site? g) if "Yes" to f, attach Acceptable Separation Distance documentation. Yes No Does the project require mitigation for hazards?<sup>27</sup> If yes, describe. Not Applicable

<sup>&</sup>lt;sup>26</sup> In accordance with 24 CFR 51.303 HUD funds cannot be used in runway clearzones or clearzones for construction, land development, community development, redevelopment, or provision of services or facilities that are frequently used or occupied by people.

<sup>&</sup>lt;sup>27</sup> In accordance with 24 CFR 51.202(a) if a HUD-assisted project (as defined in 24 CFR Part 51 Subpart C) is located within a ASD the project must be rejected unless mitigation can be provided or already exists

Table 16.1. Site Safety (24 CFR Part 51, Subparts C and D)							
Project Name							
Owner Name							
Sources Consulted	Reference(s)						
Contamination, Toxic Substances and Radioactive Mater	rials						
Complete this portion of the table per Section 4.16.3 of the guidance for projects, FONSI.	iects categorized as:						
h) Does this project involve enclosed structures that are intended to be occupied at least 4 hours per day?  If "Yes" continue to the questions below  If "No" skip to question l	□ Yes □ No						
i) Does appropriate scientific data show that more than at least 10 radon tests have been conducted over the last 10 years and the average reading is <b>below</b> 4 pCi/L?  If "Yes", go to l, and provide source and documentation  If "No" proceed to j  If "n/a", proceed to j	□ Yes □ No □ N/A						
j) Was testing completed that showed Radon levels <b>at or above</b> 4 pCi/L? If "Yes" continue to k and provide documentation If "No" skip to l and show documentation If "n/a" provide explanation of infeasibility and documentation of lack of data, and skip to l	□ Yes □ No □ N/A						
k) Has a Radon mitigation been proposed? Show proposed plan in appendix.	□ Yes □ No						
l) Is the project near an industry disposing of chemicals or hazardous waste?	□ Yes □ No						
m) Is the site on an EPA Superfund or CERCLA or state equivalent list?	☐ Yes ☐ No						
n) Is the site located within 3,000 feet of a toxic or solid waste landfill?	☐ Yes ☐ No						
o) Does the site have an underground storage tank?	☐ Yes ☐ No						
p) Does the project require a Phase I ASTM or Phase II ASTM report? If "Yes," include a copy and provide the Appendix Reference:	☐ Yes ☐ No						
r) Does the project require mitigation or remediation measures for toxins? If "Yes", describe.	☐ Yes ☐ No						

Impacts & Mitigation (Choose single most appropriate box for each category.)							
Construction Impacts	ï	Operational Impacts	SCI				
No Impact Anticipated		No Impact Anticipated	No Impact Anticipated				
Potentially Beneficial		Potentially Beneficial	☐ Potentially Beneficial				
Potentially Adverse		Potentially Adverse		Potentially Adverse			
Requires Mitigation		Requires Mitigation		Requires Mitigation			
Requires Modification		Requires Modification		Requires Modification			
Describe toxic substances that may be introduced to the environment. (Enter "none" if "no impact" is checked.)							
*If "Requires Mitigation"	or "	Requires Modification" is ch	eckea	l, describe such measures			
Sources Consulted (add more rows if needed)  Date Reference							

Table 17.1. Coastal Resources [24 CFR 58.5(c), 24 CFR 58.6(c)]								
Project Name								
Owner Name								
Complete the section below per Section 4.17.1 of the guidance for pro	jects c	ategor	rized as:					
CEST, FONSI.								
CAMA [24 CFR 58.5(c)]								
Is the project in a CAMA county? If "No," skip the rest of the table.		Yes No						
Does the project involve new construction, land conversion, major		$\Box$ Y $\epsilon$	es 🔲 No					
rehabilitation, and substantial improvement activities?								
If "Yes" to a and b, discuss consistency review with Division of Coast	tal Mai	nagem	ent.					
Sources Consulted		Reference(s)						
Coastal Barriers [24 CFR 58.6(c)]								
Complete the section below per Section 4.17.2 of the guidance for projects categorized as:								
Exempt, CENST, CEST, FONSI.								
c) Is project located within a CBRS community? If "Yes," attach a FI	<i>IRM</i>	☐Yes ☐No						
map indicating whether construction activity occurs in a CBRS and								
provide documentation of US Fish and Wildlife Service approval.								
Sources Consulted (add more rows if needed)	Da	Date Reference(						

# Table 18.1. Environmental Design Project Name Owner Name

Complete the section below per Section 4.18 of the guidance for projects categorized as: FONSI.

# **Existing Conditions**

Describe environmental d compatible use, and scale	_	of the project including visu	al qu	ality, coherence, diversity,		
Impacts & Mitig	ation	(Choose single most approp	riate	box for each category.)		
Construction Impacts		Operational Impacts	SCI			
No Impact anticipated		No Impact anticipated		No Impact anticipated		
Potentially beneficial		Potentially beneficial		Potentially beneficial		
Potentially adverse		Potentially adverse		Potentially adverse		
Requires Mitigation		Requires Mitigation		Requires Mitigation		
Requires Modification		Requires Modification		Requires Modification		
Describe benefits and imp	acts t	o environmental design asso	ociate	ed with the project.		
*If "Requires Mitigation"	or "I	Requires Modification" is ch	necke	d, describe such measures.		
Sources Co	Reference(s)					

Table 19.1. Demographics, Employment & Income, and Environmental Justice Analysis [24 CFR 58.5(j)]										
Project Name Owner Name										
Complete the table in accordance with Section 4.19 of the guidance for project categorized as: CEST, FONSI.										
Was the U.S. Environmental Protection Agency's EJSCREEN used?										
If No, then complete the Existing Conditions cells below.										
					ce Figure Refere					
		Envir	onmental Justice	1.1		(if applicable):				
D 11 1 0	11		n. 1 G		Conditions					
Provide the fo	llowing informati	1	Block Groups to t	he map in the EL		1	-	D 4	G: '@' .	
County	Census Tract	Census Block Group	Total Population	Minority Population	Percent Minority Population	Significant Minority Population?	Low-Income Population	Percent Low-Income Population	Significant Low Income Population?	
				-	pacts			T —		
1 5	ct significantly al	<u> </u>			•			Yes	☐ No	
	ct create physical es, facilities and				cular neighborho	ood or population	from access	Yes	☐ No	
Will the project severely alter residential, commercial, or industrial uses?								Yes	☐ No	
1 0	ct destroy or harn		· ·					Yes	☐ No	
Are there any potentially significant environmental justice populations in the project area?								Yes	☐ No	
1 0	Will the project have any impact on job opportunities or income potential in the project area?  Yes No									
If the answer is "Yes," then below, list the impacts and indicate whether the impacts are potentially significant. If potentially significant, contact the Environmental Assessment Coordinator.										
Impact (add rows as needed)								Potentially	Significant?	
								Yes	☐ No	
									☐ No	
								Yes	☐ No	
Describe any	anticipated benefi	its to environme	ntal justice popul	ations expected t	to result from the	project:				