

RECORD OF ENVIRONMENTAL CONSIDERATION
For use of this form, see ENV-NE001; proponent is DPW-ENRD

1. PROPONENT/ORGANIZATION:

2.a. WORK ORDER OR PROJECT NUMBER IF APPLICABLE:

2.b. TITLE OF PROPOSED ACTION:

3. POINT OF CONTACT: *NAME*

PHONE: *EMAIL:*

4. PURPOSE OF THE PROPOSED ACTION: (ATTACH ADDITIONAL INFORMATION AS NECESSARY)

5. BRIEF DESCRIPTION AND LOCATION OF THE PROPOSED ACTION: (ATTACH MAPS, DRAWINGS AS NECESSARY)

6. ANTICIPATED DATE THE PROPOSED ACTION/PROJECT WILL START:

7. METHOD IN WHICH ACTION WILL BE EXECUTED: DPW IN HOUSE JOC USACE SELF HELP OTHER (EXPLAIN BELOW)

8. ANY OTHER COMMENTS OR INFORMATION REGARDING THE PROPOSED ACTION

THE ABOVE DESCRIPTION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

9. NAME RANK (GRADE)

SIGNATURE

10. DATE PHONE: EMAIL:

SECTION 2

Mark the appropriate box for each environmental consideration that may be impacted. Any box containing a "yes" response requires a comment.

COMMENTS/OTHER SOURCE (DESCRIBE)

1. RCRA CONSIDERATIONS

a. SOLID WASTE (LIST DETAILS/TYPE IN COMMENTS)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. RECYCLABLE MATERIALS (LIST DETAILS/TYPE IN COMMENTS)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
c. HAZARDOUS WASTE (LIST DETAILS/TYPE IN COMMENTS)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
d. UNIVERSAL WASTE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Batteries <input type="checkbox"/> Used Lamps <input type="checkbox"/> Mercury-Containing Equipment		
e. LEAD-BASED PAINT	<input type="checkbox"/> YES <input type="checkbox"/> NO	

2. TSCA CONSIDERATIONS

a. ASBESTOS CONTAINING MATERIALS <input type="checkbox"/> Floor Tile/Mastic <input type="checkbox"/> Ceiling Material <input type="checkbox"/> Insulation/Fireproofing <input type="checkbox"/> Window Glazing <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. PCBs (BALLASTS, TRANSFORMERS) <input type="checkbox"/> Ballasts <input type="checkbox"/> Transformers <input type="checkbox"/> Caulking/Grout <input type="checkbox"/> Oil Based Paint <input type="checkbox"/> Mastic/Adhesive <input type="checkbox"/> Roofing/Siding <input type="checkbox"/> Gaskets/Glazing for Windows/Doors	<input type="checkbox"/> YES <input type="checkbox"/> NO	

3. OTHER REGULATED WASTES / MATERIALS

a. USED OIL	<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. USED COOKING OIL / GREASE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
c. USED ANTIFREEZE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
d. OIL PRODUCTS IN CONTAINERS 55-GAL OR LARGER	<input type="checkbox"/> YES <input type="checkbox"/> NO	
e. PESTICIDE / HERBICIDE USE (LIST DETAILS/TYPE IN COMMENTS BOX)	<input type="checkbox"/> YES <input type="checkbox"/> NO	

4. AIR

a. OPERATING EMISSIONS <input type="checkbox"/> Boilers <input type="checkbox"/> Paint Booth <input type="checkbox"/> Generators	<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. DEMOLITION EMISSIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
c. ODCs (CFCs, REFRIGERANT)	<input type="checkbox"/> YES <input type="checkbox"/> NO	

5. WATER

a. GROUNDWATER	<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. STORMWATER	<input type="checkbox"/> YES <input type="checkbox"/> NO	
c. WASTEWATER	<input type="checkbox"/> YES <input type="checkbox"/> NO	

6. NATURAL FEATURES

a. TIMBERLANDS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. WETLANDS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
c. FLOODPLAIN	<input type="checkbox"/> YES <input type="checkbox"/> NO	
d. CRITICAL HABITAT	<input type="checkbox"/> YES <input type="checkbox"/> NO	

7. LAND MANAGEMENT

a. LAND USE CHANGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. LAND DISTURBANCE (INCLUDE TOTAL ACRES IN COMMENTS BOX)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
c. EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO	

8. CULTURAL RESOURCES

a. ARCHEOLOGICAL SITES	<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. HISTORIC PROPERTIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	

9. NOISE

a. MISSION-RELATED NOISE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. OPERATIONAL NOISE	<input type="checkbox"/> YES <input type="checkbox"/> NO	

10. ENERGY / WATER CONSERVATION

a. WILL ADDITIONAL ENERGY SOURCES BE REQUIRED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. WILL ADDITIONAL WATER RESOURCES BE REQUIRED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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