**Collection System Rehabilitation and Replacement and Collection System Expansion Tables**

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1. Upfront Information

Complete as required by Part B of the guidance.

1. Executive Summary

Complete in narrative format as required by Part B of the guidance.

1. Current Situation
   1. Collection System Rehabilitation and Replacement

| **Table 2.1. System Overview** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** | | | | | | | |
| **Owner Name** | | | | | | | |
| *For use for projects funded or co-funded with the CWSRF, WW-SRP, WW-SEL, or CDBG-I programs.* | | | | | | | |
| Appendix reference for figures: | | | | |  | | |
| Appendix reference for supporting information: | | | | |  | | |
| *Complete this table in accordance with the instructions provided in Subchapter 2.1.1 of Part B of the guidance.* | | | | | | | |
| *Pump Stations* | | | | | | | |
| Key | Pump Station Name | Capacity  (gpm) | Force Main Length  (l.f.) | Force Main Diameter(s)  (inches) | Force Main Material  (if known) | | Force Main Age  (if known) |
|  |  |  |  |  |  | |  |
|  |  |  |  |  |  | |  |
|  |  |  |  |  |  | |  |
|  |  |  |  |  |  | |  |
| *Gravity Sewers* | | | | | | | |
| Length  (l.f.) | | Diameter  (inches) | | Material  (if known) | | Age  (if known) | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |

To [Section 2.2](#Section_2_2) (Collection System Expansion), if applicable.

| Table 2.2. SSO Description and Special Orders | | | | | |
| --- | --- | --- | --- | --- | --- |
| Project Name | | | | | |
| Owner Name | | | | | |
| ***For use with projects funded or co-funded by the CWSRF, WW-SRP, WW-SEL, and CDBG-I programs.*** | | | | | |
| *Provide the SSOs that have occurred in accordance with Subchapter 2.1.2 of Part B of the guidance.* | | | | | |
| Figure number for SSO map: | | |  | | |
| Appendix Number for SSO Reports and Special Orders: | | |  | | |
| **Date** | **Location** | **Brief Description of Cause** | | **Estimated Amount Spilled (gal).** | **Map Key** |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
| *Provide information related to special orders in accordance with Subchapter 2.1.2 of Part B of the guidance.* | | | | | |
| Does the Applicant have a SOC, pending SOC, Administrative Order or other special order?  Yes, SOC is in place.  Yes, SOC is pending.  No | | | | | |
| *If Yes, provide the information discussed in Subchapter 2.1.2 of Part B of the guidance.* | | | | | |
|  | | | | | |

To [Section 2.2](#Section_2_2) (Collection System Expansion), if applicable.

| Table 2.3. Collection System Issue Description | |
| --- | --- |
| Project Name | |
| Owner Name | |
| ***For use with projects funded or co-funded by the CWSRF, WW-SRP, WW-SEL, or CDBG-I programs.*** | |
| Supporting Information Appendix Reference: |  |
| *Provide additional information regarding collection system issues as discussed in Subchapter 2.1.3 of Part B of the guidance.* | |
|  | |

\*\*\*The next three subchapters contain tables to fit a variety of situations. Use tables from only one of the three subchapters. Three asterisks denote then the tables you must use pick up again.\*\*\*

* + 1. SSES Completed

| Table 2.4.1 Summary of Work Accomplished with the SSESa | |
| --- | --- |
| Project Name | |
| Owner Name | |
| ***For use with projects funded or co-funded by the CWSRF, WW-SRP, WW-SEL, or CDBG-I programs.*** | |
| SSES Appendix Reference: |  |
| *Per Subchapter 2.1.4.1 of Part B of the guidance, provide a summary of the work accomplished with/through the Sewer System Evaluation Survey.* | |
|  | |
| aFor use with the requirements of Subchapter 2.1.4.1 of Part B of the guidance only. | |

| **Table 2.4.2. Priority Evaluation Results for Sewers Needing Rehabilitation/Replacementa** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Project Name** | | | | | |
| **Owner Name** | | | | | |
| ***For use with projects funded or co-funded by the CWSRF, WW-SRP, WW-SEL, or CDBG-I programs.*** | | | | | |
| *Per Subchapter 2.1.4.1 of Part B of the guidance, provide the information below.* | | | | | |
| **Gravity**  **Sewer Location I.D.** | **Sewer Score** | **Recommended Solution** | **Cost** | **Part of Proposed Project?** | |
|  |  |  |  | **Yes** | **No** |
|  |  |  |  | **Yes** | **No** |
|  |  |  |  | **Yes** | **No** |
|  |  |  |  | **Yes** | **No** |
|  |  |  |  | **Yes** | **No** |
| **Total Cost of Collection System Needing Rehabilitation/Replacement:** | | |  |  |  |
| **Total Cost of Collection System To Be Replaced/Rehabilitated as Part of Project:** | | |  |  |  |
| aFor use with the requirements of Subchapter 2.1.4.1 of Part B of the guidance only. | | | | | |

* + 1. Portions of SSES Completed

| **Table 2.4.1. Summary of Work Accomplished to Prioritize Collection System Components for Rehabilitation/Replacementa** | |
| --- | --- |
| **Project Name** | |
| **Owner Name** | |
| ***For use with projects funded or co-funded with the CWSRF, WW-SRP, WW-SEL, or CDBG-I programs.*** | |
| Additional Information Appendix Reference: |  |
| *Discuss the methodology and results of steps taken to prioritize collection system components for rehabilitation/replacement (see Subchapter 2.1.4.2 of Part B of the guidance).* | |
|  | |
| aFor use with Subchapter 2.1.4.2 of Part B of the guidance only. | |

| **Table 2.4.2. Priority Evaluation Results for Sewers Needing Rehabilitation/Replacementa** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Name** | | | | | | |
| **Owner Name** | | | | | | |
| ***For use with projects funded or co-funded by the CWSRF, WW-SRP, WW-SEL, or CDBG-I programs.*** | | | | | | |
| *Per Subchapter 2.1.4.2 of Part B of the guidance, provide the information below.* | | | | | | |
| **Gravity**  **Sewer Location I.D.** | **Priority Score** | **Cost** | | **Part of Proposed Project?** | | |
|  |  |  | | **Yes** | **No** | |
|  |  |  | | **Yes** | **No** | |
|  |  |  | | **Yes** | **No** | |
|  |  |  | | **Yes** | **No** | |
|  |  |  | | **Yes** | **No** | |
| **Total Cost of Collection System Needing Rehabilitation/Replacement:** | |  | |  | |  |
| **Total Cost of Collection System To Be Replaced/Rehabilitated as Part of Project:** | | |  |  | |  |
| aFor use with the requirements of Subchapter 2.1.4.2 of Part B of the guidance only. | | | | | | |

* + 1. No SSES Work Completed

| **Table 2.4.1. Summary of Plans to Analyze and Prioritize Collection System Components for Rehabilitation/Replacementa** | | | |
| --- | --- | --- | --- |
| **Project Name** | | | |
| **Owner Name** | | | |
| *For use with projects funded or co-funded by the CWSRF, WW-SRP, WW-SEL, or CDBG-I programs.* | | | |
| Figure Reference: |  | Supporting Information Appendix Reference: |  |
| *Discuss the step the LGU is taking or plans to take toward analyzing and prioritizing collection system components for rehabilitation/replacement (see 2.1.4.3 of Part B of the guidance).* | | | |
|  | | | |
| aFor use with the requirements of Subchapter 2.1.4.3 of Part B of the guidance only. | | | |

\*\*An optional 2.4.2 may be included to show a tabular listing of the work that will be performed.

\*\*\*

For collection system rehabilitation/replacement, the tables below are required.

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* 1. Collection System Expansion

System Overview – Complete [Table 2.1 System Overview](#Table_2_1_2_1) above.

General Overflow History – Complete [Table 2.2 SSO Description and Special Orders](#Table_2_1_2_2) above.

| Table 2.3. Unsewered Areas and Failing Septic System Description | | |
| --- | --- | --- |
|  | | |
|  | | |
| ***For use with projects funded or co-funded by the CWSRF, WW-SRP, WW-SEL, or CDBG-I programs.*** | | |
| *Provide information related to unsewered areas and septic systems in accordance with Subchapter 2.2.2 of Part B of the guidance.* | | |
| Figure Number for Unsewered Areas map: |  | |
| Are there any failing septic systems within the unsewered areas?  Yes  No | | |
| If Yes, Appendix Reference for failing septic systems letter: | |  |
| *Discuss any unsewered areas and failing septic systems.* | | |
|  | | |

Table 2.4 (WWTP Flow) will be found in the Collection System Expansion workbook.

For small service areas, Table 2.5 will be found in the Current Population – Method 1 worksheet in the Collection System Expansion workbook.

For large service areas, Table 2.5 will be found in the Current Population – Method 2 worksheet in the Collection System Expansion workbook.

Table 2.6 (Current Flow) will be found in the Collection System Expansion workbook.

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1. Future Situation
   1. Collection System Rehabilitation and Replacement

| **Table 3.1. Future Flow** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** | | | | | | | |
| **Owner Name** | | | | | | | |
| ***For use with projects funded or co-funded by the CWSRF, WW-SRP, WW-SEL, or CDBG-I programs.*** | | | | | | | |
| Supporting Information Appendix Reference: | | | |  | | | |
| Project Contains: | | | Pump Stations/Force Mains | | | Gravity Sewers | |
| *Complete this table in accordance with Section 6.4 of the guidance.* | | | | | | | |
| ***Pump Stations/Force Mains*** | | | | | | | |
| **Name** | **Firm Pumping Capacity**  **(gpm)** | **Current Peak Flow**  **(gpm)** | | **Future Peak Flow**  **(gpm)** | **% Change in Flow** | | **% Capacity Utilized** |
|  |  |  | |  |  | |  |
|  |  |  | |  |  | |  |
|  |  |  | |  |  | |  |
| ***Gravity Sewers*** | | | | | | | |
| **Name** | **Capacity**  **(gpd)** | **Current Peak Flow**  **(gpd)** | | **Future Peak Flow**  **(gpd)** | **% Change in Flow** | | **% Capacity Utilized** |
|  |  |  | |  |  | |  |
|  |  |  | |  |  | |  |
|  |  |  | |  |  | |  |
| *Describe the methodology used to determine the future flow(s) listed above.* | | | | | | | |
|  | | | | | | | |
| *Provide any additional information related to future flow determinations.* | | | | | | | |
|  | | | | | | | |

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* 1. Collection System Expansion

Complete Tables 3.1, 3.2, and 3.3 as found in the Collection System Expansion workbook.

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* 1. Energy Efficiency

Complete the narrative as required by the guidance.

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1. Need and Purpose

Use narrative to complete this section according to the guidance.

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1. Alternatives Analysis
   1. Alternatives Description

| **Table 5.x. Alternatives Description** | | | |
| --- | --- | --- | --- |
| Project Name | | | |
| Owner Name | | | |
| No-Action Alternative | | | |
| ***Use this table for projects funded or co-funded by the WW-SRP, WW-SEL, and CDBG-I programs.*** | | | |
| *Provide a description of the above alternative in accordance with Subchapter 5.1 of Part B of the guidance.* | | | |
| Supporting Information Appendix Reference: | | |  |
| **Description** | | | |
|  | | | |
| Is Figure Included?  Yes  No | | If Yes, Figure #: | |
| **Alternative Feasibility:**  Feasible  Infeasible | | | |
| **Capital Cost:** |  | **Present Worth:** |  |
| **Environmental Impact Description** | | | |
| *Provide a qualitative description of the environmental impacts and compare the impacts to that of the Preferred Alternative.* | | | |
|  | | | |
| **Environmental Impact Analysis** | | | |
| Greater than Preferred Alternative  Less than Preferred Alternative  Same as Preferred Alternative  Preferred Alternative | | | |
| **Acceptance/Rejection** | | | |
| **Alternative:** Accepted  Rejected | | | |
| **Rationale for Acceptance/Rejection** | | | |
| *Discuss the rationale for acceptance/rejection of the above-referenced alternative.* | | | |
|  | | | |

| **Table 5.y. Alternatives Description** | | | |
| --- | --- | --- | --- |
| Project Name | | | |
| Owner Name | | | |
| No-Action Alternative | | | |
| ***Use this table for projects funded or co-funded by the CWSRF program only.*** | | | |
| *Provide a description of the above alternative in accordance with Subchapter 5.1 of Part B of the guidance.* | | | |
| Supporting Information Appendix Reference: | | |  |
| **Description** | | | |
|  | | | |
| Is Figure Included?  Yes  No | | If Yes, Figure #: | |
| **Alternative Feasibility:**  Feasible  Infeasible | | | |
| **Capital Cost:** |  | **Present Worth:** |  |
| **Water Use, Reuse, Recapture, and Conservation**  **(CWSRF funded and co-funded projects only)** | | | |
| *Check the box that most appropriately describes the water use, reuse, recapture, and conservation capabilities of the project.* | | | |
| The project type is not applicable to water use, reuse, recapture, and conservation. Therefore, no analysis has been completed.  The scope of the project is not applicable to water use, reuse, recapture, and conservation. Therefore, no analysis has been completed.  The project type or project scope requires an analysis of water use, reuse, recapture, and conservation. The analysis is briefly discussed below. | | | |
| *If the third box above is checked, then check the appropriate box below and briefly provide a qualitative discussion about the water use, reuse, recapture, and conservation abilities of the alternative.* | | | |
| This is the No-Action Alternative.  This alternative provides more water use, reuse, recapture, and/or conservation than the Preferred Alternative.  This alternative provides less water use, reuse, recapture, and/or conservation than the Preferred Alternative.  This alternative provides the same water use, reuse, recapture, and/or conservation as the Preferred Alternative.  This alternative is the Preferred Alternative. | | | |
| *Water Use, Reuse, Recapture, and Conservation Discussion* | | | |
|  | | | |
| **Energy Conservation (CWSRF funded and co-funded projects only)** | | | |
| *Check the box that most appropriately describes the energy conservation capabilities of the project.* | | | |
| The project type is not applicable to energy conservation. Therefore, no analysis has been completed.  The scope of the project is not applicable to energy conservation. Therefore, no analysis has been completed.  The scope of the project is applicable to energy conservation. The analysis is briefly discussed below.  The project type is applicable to energy conservation. The analysis is briefly discussed below. | | | |
| *If the third box and/or fourth boxes above are checked, then check the appropriate box below and briefly provide a qualitative discussion about the energy conservation abilities of the alternative.* | | | |
| This is the No-Action Alternative  This alternative provides more energy conservation than the Preferred Alternative.  This alternative provides less energy conservation than the Preferred Alternative.  This alternative provides the same energy conservation as the Preferred Alternative.  This alternative is the Preferred Alternative. | | | |
| *Energy Conservation Discussion* | | | |
|  | | | |
| **Environmental Impact Description** | | | |
| *Provide a qualitative description of the environmental impacts and compare the impacts to that of the Preferred Alternative.* | | | |
|  | | | |
| **Environmental Impact Analysis** | | | |
| Greater than Preferred Alternative  Less than Preferred Alternative  Same as Preferred Alternative  Preferred Alternative | | | |
| **Acceptance/Rejection** | | | |
| **Alternative:** Accepted  Rejected | | | |
| **Rationale for Acceptance/Rejection** | | | |
| *Discuss the rationale for acceptance/rejection of the above-referenced alternative.* | | | |
|  | | | |

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* 1. Present Worth Analysis

Complete the present worth analysis by using the Present Worth Analysis workbook.

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1. Proposed Project Description

Complete the proposed project description by using a narrative format and following Chapter 6.0 of Part B of the guidance.

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1. Environmental Information Document

| Table 7.1. Topography and Floodplains | | | | | |
| --- | --- | --- | --- | --- | --- |
| Project Name | | | | | |
| Owner Name | | | | | |
| ***Use this table for projects funded or co-funded by the CWSRF, WW-SRP, or WW-SEL programs.*** | | | | | |
| *Complete this table in accordance with Subchapter 7.4.1 of Part B of the guidance.* | | | | | |
| Floodplain Figure Reference Number (if applicable): | | | | |  |
| Floodplain Information Appendix Reference (if applicable): | | | | |  |
| ***Existing Conditions*** | | | | | |
| *Physiographic Province:* | Coastal Plain  Piedmont  Mountains | | | | |
| *Minimum Elevation in Project Area (MSL):* | | *Maximum Elevation in Project Area (MSL):* | | | |
|  | |  | | | |
| *Is the project in the 100-year floodplain? (If so, show in Environmental Features Figure.)* | | | | | Yes  No |
| *Is the project in the 100-year floodway? (If so, show in Environmental Features Figure.)* | | | | | Yes  No |
| *Discuss other topographical and geological features.* | | | | | |
|  | | | | | |
| ***Impacts*** | | | | | |
| *Describe temporary and permanent construction impacts of project on topography.* | | | | | |
|  | | | | | |
| *Describe temporary and permanent impacts of project on the 100-year floodplain and floodway if “Yes” is checked above. If permanent impacts are proposed, explain alternatives that were considered and why those alternatives are not practicable.* | | | | | |
|  | | | | | |
| *Describe SCI of the project.* | | | | | |
|  | | | | | |
| ***Mitigative Measures*** | | | | | |
| *Mitigative Measures for Construction Impacts?* | | | *Mitigative Measures for SCI?* | | |
| Yes  Not Applicable | | | Yes  Not Applicable | | |
| *Describe the mitigative measures below and supply references to the appropriate appendix in the ER/EID.* | | | | | |
| *Mitigative Measure Description* | | | | *Reference(s)* | |
|  | | | |  | |

| Table 7.2. Soils | | | | | |
| --- | --- | --- | --- | --- | --- |
| Project Name | | | | | |
| Owner Name | | | | | |
| ***For use with projects funded or co-funded by the CWSRF program and/or projects requiring a FONSI.*** | | | | | |
| *Complete this table in accordance with Subchapter 7.4.2 of Part B of the guidance.* | | | | | |
| Soils Figure Reference Number: | | | | |  |
| Soils Information Appendix Reference (if applicable): | | | | |  |
| ***Existing Conditions*** | | | | | |
| *Identify and describe the primary types of soil. Provide a soils figure in the EID.* | | | | | |
|  | | | | | |
| *Is soil contamination present?* | | | | Yes  No | |
| *Does soil type present any constraints to the project?* | | | | Yes  No | |
| *If yes to either of the above, explain:* | | | | | |
|  | | | | | |
| ***Impacts*** | | | | | |
|  | | | | | |
| *Will soil be moved offsite?* | Yes  No | | *Quantity (yd3):* | |  |
| *Will soil be contaminated?* | Yes  No | | | | |
| *Describe temporary and permanent construction impacts of project.* | | | | | |
|  | | | | | |
| *Describe SCI of the project.* | | | | | |
|  | | | | | |
| ***Mitigative Measures*** | | | | | |
| *Mitigative Measures for Construction Impacts?* | | *Mitigative Measures for SCI?* | | | |
| Yes  Not Applicable | | Yes  Not Applicable | | | |
| *Describe the mitigative measures below and supply references to the appropriate appendix in the ER/EID.* | | | | | |
| *Mitigative Measure Description* | | | | | *Reference(s)* |
|  | | | | |  |

| Table 7.3. Prime and Unique Farmland | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Project Name | | | | | | |
| Owner Name | | | | | | |
| ***For use with projects funded or co-funded with CWSRF program and/or for projects requiring a FONSI.*** | | | | | | |
| *Complete this table in accordance with Subchapter 7.4.3 of Part B of the guidance.* | | | | | | |
| Prime and Unique Farmland Information Appendix Reference (if applicable): | | | | | |  |
| ***Existing Conditions & Impacts*** | | | | | | |
| 1. *Does the project area contain prime and unique (P&U) farmlands? If yes, show on soils figure the soil types that are prime and unique farmland. (If “No” skip the rest of the table.)* | | Yes  No | | If Yes, Quantity (acres): | |  |
| 1. *Is P&U farmland in agricultural use?* | | Yes  No | |  | |  |
| 1. *Will P&U farmland be directly impacted by the project? (If “No” skip questions 3-4.)* | | Yes  No | | If Yes, Quantity (acres): | |  |
| 1. *What is the total acreage of P&U farmland in the county?* | | Acres Impacted: | |  | | |
| 1. *What is the percentage of P&U farmland in the county that will be impacted? (Divide answer to Question 2 by answer to Question 3)* | | Percentage Impacted: | |  | | |
|  | | | | | | |
| *Will SCI impact prime and unique farmlands?* | | Yes  No | | If Yes, Quantity (acres): |  | |
| *Describe SCI of the project.* | | | | | | |
|  | | | | | | |
| ***Mitigative Measures*** | | | | | | |
| *Mitigative Measures for Construction Impacts?* | *Mitigative Measures for SCI?* | | | | | |
| Yes  Not Applicable | Yes  Not Applicable | | | | | |
| *Describe the mitigative measures below and supply references to the appropriate appendix in the ER/EID.* | | | | | | |
| *Mitigative Measure Description* | | | *Reference(s)* | | | |
|  | | |  | | | |

| Table 7.4. Land Use | | |
| --- | --- | --- |
| Project Name | | |
| Owner Name | | |
| ***For use with projects funded or co-funded with CWSRF program and/or projects requiring a FONSI.*** | | |
| *Complete this table in accordance with Subchapter 7.4.4 of Part B of the guidance.* | | |
| 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 broader project area.* | | |
|  | | |
| *Discuss the zoning for the project site.* | | |
|  | | |
| *Discuss the zoning for the broader project area.* | | |
|  | | |
| ***Impacts*** | | |
| *Discuss the direct impacts to land use on the project site.* | | |
|  | | |
| *Describe SCI of the project.* | | |
|  | | |
| ***Mitigative Measures*** | | |
| *Mitigative Measures for Construction Impacts?* | *Mitigative Measures for SCI?* | |
| Yes  Not Applicable | Yes  Not Applicable | |
| *Describe the mitigative measures below and supply references to the appropriate appendix in the EID.* | | |
| *Mitigative Measure Description* | | *Reference(s)* |
|  | |  |

| Table 7.5. Forest Resources | | | | | |
| --- | --- | --- | --- | --- | --- |
| Project Name | | | | | |
| Owner Name | | | | | |
| ***For use with projects funded or co-funded by the CWSRF program and/or for projects requiring a FONSI.*** | | | | | |
| *Complete this table in accordance with Subchapter 7.4.5 of Part B of the guidance.* | | | | | |
| Forest Resources Information Appendix Reference (if applicable): | | | |  | |
| ***Existing Conditions*** | | | | | |
| *Discuss the type of forest resources on the project site and in the project area* | | | | | |
|  | | | | | |
| *Discuss the types of wildlife habitat on the project site and in the project area.* | | | | | |
|  | | | | | |
| ***Impacts*** | | | | | |
| *Will forest resources be impacted?* | Yes  No | If Yes, Quantity (acres): | | |  |
| *Will SCI impact forest resources?* | Yes  No | If Yes, Approximate Quantity (acres): | | |  |
| *Describe SCI of the project.* | | | | | |
|  | | | | | |
| ***Mitigative Measures*** | | | | | |
| *Mitigative Measures for Construction Impacts?* | | | *Mitigative Measures for SCI?* | | |
| Yes  Not Applicable | | | Yes  Not Applicable | | |
| *Describe the mitigative measures below and supply references to the appropriate appendix in the EID.* | | | | | |
| *Mitigative Measure Description* | | | | *Reference(s)* | |
|  | | | |  | |

| Table 7.6.1. Wetlands and Streams | | | | | |
| --- | --- | --- | --- | --- | --- |
| Project Name | | | | | |
| Owner Name | | | | | |
| ***For use with the CWSRF, WW-SRP, and WW-SEL programs.*** | | | | | |
| *Complete this table in accordance with Subchapter 7.4.6 of Part B of the guidance.* | | | | | |
| Wetlands and Streams Figure Reference Number: | | | | |  |
| Wetlands and Streams Information Appendix Reference (if applicable): | | | | |  |
| ***Existing Conditions*** | | | | | |
| *Are wetlands present on the project site and in the project area?* | | *Are streams present on the project site and in the project area?* | | | |
| Yes  No | | Yes  No | | | |
| *If so, discuss the type, quality, function, and relative importance of wetlands and identify any streams.* | | | | | |
|  | | | | | |
| *Have delineations occurred?* | | *If so, supply the date.* | | | |
| Yes  No | |  | | | |
| ***Impacts*** | | | | | |
| *Will wetlands be impacted?* | Yes  No | If Yes, Quantity (acres): | | |  |
| *Will streams be impacted?* | Yes  No | If Yes, Quantity (linear feet): | | |  |
| *Will SCI impact wetlands?* | Yes  No | If Yes, Approximate Quantity (acres): | | |  |
| *Will SCI impact streams?* | Yes  No | If Yes, Approximate Quantity (linear feet): | | |  |
| *Describe Direct Impacts of the project (construction and operational impacts). If there will be any stream/wetland crossings, complete Table S.9.a in addition to the description.* | | | | | |
|  | | | | | |
| *Describe SCI of the project.* | | | | | |
|  | | | | | |
| ***Mitigative Measures*** | | | | | |
| *Mitigative Measures for Construction Impacts?* | | | *Mitigative Measures for SCI?* | | |
| Yes  Not Applicable | | | Yes  Not Applicable | | |
| *Describe the mitigative measures below and supply references to the appropriate appendix in the EID.* | | | | | |
| *Mitigative Measure Description* | | | | *Reference(s)* | |
|  | | | |  | |

| Table 7.6.2. Stream/Wetland Crossings | | | |
| --- | --- | --- | --- |
| Project Name | | | |
| Owner Name | | | |
| ***For use with the CWSRF, WW-SRP, and WW-SEL programs.*** | | | |
| *Wetland Crossings (add rows as needed; include all crossings even if impact is zero acres.)* | | | |
| Stream and Wetlands Crossing Figure Reference Number: | | |  |
| Stream and Wetlands Crossing Information Appendix Reference (if applicable): | | |  |
| # Keyed to Map | Diameter & Type of Sewer | Installation Method | Acres Impacted |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Wetland Impacts (acres):** | | |  |
| *Stream Crossings (add rows as needed; include all crossings even if impact is zero feet.)* | | | |
| # Keyed to Map | Diameter & Type of Sewer | Installation Method | Linear Feet Impacted |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Stream Impacts (feet):** | | |  |

| Table 7.7. Water Resources | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Project Name | | | | | | | |
| Owner Name | | | | | | | |
| ***For use with projects funded or co-funded with CWSRF program and/or projects requiring a FONSI.*** | | | | | | | |
| *Complete this table in accordance with Subchapter 7.4.7 of Part B of the guidance.* | | | | | | | |
| Water Resources Appendix Information Appendix Reference (if applicable): | | | | | |  | |
| ***Existing Conditions*** | | | | | | | |
| *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*** | | | | | | | |
| *Discuss construction impacts related to surface water quality and groundwater quality/quantity.* | | | | | | | |
|  | | | | | | | |
| *Discuss operational impacts related to surface water quality and groundwater quality/quantity.* | | | | | | | |
|  | | | | | | | |
| *Describe SCI of the project.* | | | | | | | |
|  | | | | | | | |
| ***Mitigative Measures*** | | | | | | | |
| *Mitigative Measures for Construction Impacts?* | | | | | *Mitigative Measures for SCI?* | | |
| Yes  Not Applicable | | | | | Yes  Not Applicable | | |
| *Describe the mitigative measures below and supply references to the appropriate appendix in the EID.* | | | | | | | |
| *Mitigative Measure Description* | | | | | | | *Reference(s)* |
|  | | | | | | |  |

| Table 7.8. Wild & Scenic Rivers | | | | | |
| --- | --- | --- | --- | --- | --- |
| Project Name | | | | | |
| Owner Name | | | | | |
| ***For use with projects funded or co-funded with CWSRF program and/or projects requiring a FONSI.*** | | | | | |
| *Complete this table in accordance with Subchapter 7.4.8 of Part B of the guidance.* | | | | | |
| *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?* | | | | | |
| *Chattooga River*  *Horsepasture River*  *Lumber River* | Yes  No  Yes  No  Yes  No | *New River*  *Wilson Creek* | | | Yes  No  Yes  No |
| *If “Yes” is the stream reach in the project area designated as Wild & Scenic?*  Yes  No  *Describe the stream reach:* | | | | | |
| ***Impacts*** | | | | | |
| *Discuss construction impacts related to Wild and Scenic Rivers.* | | | | | |
|  | | | | | |
| *Discuss operational impacts related to Wild and Scenic Rivers.* | | | | | |
|  | | | | | |
| *Describe SCI of the project.* | | | | | |
|  | | | | | |
| ***Mitigative Measures*** | | | | | |
| *Mitigative Measures for Construction Impacts?* | | | *Mitigative Measures for SCI?* | | |
| Yes  Not Applicable | | | Yes  Not Applicable | | |
| *Describe the mitigative measures below and supply references to the appropriate appendix in the EID.* | | | | | |
| *Mitigative Measure Description* | | | | *Reference(s)* | |
|  | | | |  | |

| Table 7.9. Coastal Resources | | |
| --- | --- | --- |
| Project Name | | |
| Owner Name | | |
| ***For use with projects funded or co-funded with CWSRF program and/or projects requiring a FONSI.*** | | |
| Coastal Resources Appendix Information Appendix Reference (if applicable): |  | |
|  | | |
| ***CAMA*** | | |
| 1. *Is the project in a CAMA county listed in Subchapter 7.4.9 of Part B of the guidance.? If “No,” skip the rest of the table.* | | Yes No |
| 1. *Does the project involve new construction, land conversion, major rehabilitation, and substantial improvement activities?* | | Yes No |
| *If “Yes” to a and b, discuss consistency review with Division of Coastal Management and include any relevant documentation in an appendix.* | | |
| ***Coastal Barriers*** | | |
| ***For use with projects funded or co-funded with CWSRF program and/or projects requiring a FONSI.*** | | |
| 1. *Is project located within a CBRS community? If “Yes,” attach a FIRM map indicating whether construction activity occurs in a CBRS and provide documentation of US Fish and Wildlife Service approval in an Appendix. Include the appropriate Appendix Reference at the top of this table.* | | Yes No |
|  | | |

| Table 7.10. Shellfish, Fish, and Their Habitats | | | | |
| --- | --- | --- | --- | --- |
| Project Name | | | | |
| Owner Name | | | | |
| ***For use with projects funded or co-funded by the CWSRF, WW-SRP, and WW-SEL programs.*** | | | | |
| *Complete this table in accordance with Subchapter 7.4.10 of Part B of the guidance.* | | | | |
| Shellfish, Fish, and Their Habitats Information Appendix Reference (if applicable): | | | |  |
| ***Existing Conditions*** | | | | |
| *Are T&E species present within the project site, the project area, or downstream from the project?* | | | | |
| Yes  No | | | | |
| *If Yes, list all aquatic state and federal T&E species located in the waterbodies within the project site, in the project area, and downstream of the project site.* | | | | |
| Aquatic T&E Species Figure Reference Number (if applicable): | | | |  |
| *Common Name* | *Scientific Name* | | *Status* | *Approximate Location*  *(e.g., 5 mi. NE of Project)* |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| *Discuss shellfish and fish habitat. (Not just T&E species.)* | | | | |
|  | | | | |
| ***Impacts*** | | | | |
| *Discuss any impacts to threatened and endangered species or explain why none are expected.* | | | | |
|  | | | | |
| *Discuss construction impacts related to fish, shellfish, and their habitat generally.* | | | | |
|  | | | | |
| *Discuss operational impacts related to fish, shellfish, and their habitats generally.* | | | | |
|  | | | | |
| *Describe SCI of the project.* | | | | |
|  | | | | |
| ***Mitigative Measures*** | | | | |
| *Mitigative Measures for Construction Impacts?* | | *Mitigative Measures for SCI?* | | |
| Yes  Not Applicable | | Yes  Not Applicable | | |
| *Describe the mitigative measures below and supply references to the appropriate appendix in the EID.* | | | | |
| *Mitigative Measure Description* | | | *Reference(s)* | |
|  | | |  | |

| Table 7.11. Wildlife and Natural Vegetation | | | | | |
| --- | --- | --- | --- | --- | --- |
| Project Name | | | | | |
| Owner Name | | | | | |
| ***For use with projects funded or co-funded with the CWSRF, WW-SRP, and WW-SEL programs.*** | | | | | |
| *Complete this table in accordance with Subchapter 7.4.11 of Part B of the guidance.* | | | | | |
| Wildlife and Natural Vegetation Information Appendix Reference (if applicable) | | | | |  |
| ***Existing Conditions*** | | | | | |
| *Are T&E species present within the project site, or project area?* | | | | | |
| Yes  No | | | | | |
| *If Yes, list all terrestrial state and federal T&E species located in the project site or project area.* | | | | | |
| Terrestrial T&E Species Figure Reference Number (if applicable): | | | | |  |
| *Common Name* | *Scientific Name* | | | *Status* | *Approximate Location*  *(e.g., 5 mi. NE of Project)* |
|  |  | | |  |  |
|  |  | | |  |  |
|  |  | | |  |  |
|  |  | | |  |  |
|  |  | | |  |  |
| *Discuss the wildlife and vegetation present in the project site and project area. (Not just T&E species.)* | | | | | |
|  | | | | | |
| ***Impacts*** | | | | | |
| *Discuss any impacts to threatened and endangered species or explain why none are expected.* | | | | | |
|  | | | | | |
| *Discuss construction impacts related to wildlife and natural vegetation generally.* | | | | | |
|  | | | | | |
| *Describe SCI of the project.* | | | | | |
|  | | | | | |
| ***Mitigative Measures*** | | | | | |
| *Mitigative Measures for Construction Impacts?* | | *Mitigative Measures for SCI?* | | | |
| Yes  Not Applicable | | Yes  Not Applicable | | | |
| *Describe the mitigative measures below and supply references to the appropriate appendix in the EID.* | | | | | |
| *Mitigative Measure Description* | | | *Reference(s)* | | |
|  | | |  | | |

| Table 7.12. Public Lands and Scenic, Recreational, and State Natural Areas | | | | |
| --- | --- | --- | --- | --- |
| Project Name | | | | |
| Owner Name | | | | |
| ***For use with projects funded or co-funded by the CWSRF program and/or projects requiring a FONSI.*** | | | | |
| *Complete this table in accordance with Subchapter 7.4.12 of Part B of the guidance.* | | | | |
| Public Lands and Scenic, Recreational, and State Natural Area Figure Reference Number (if applicable): | | |  | |
| Public Lands and Scenic, Recreational, and State Natural Area Information Appendix Reference (if applicable): | | |  | |
| ***Existing Conditions*** | | | | |
| *Are public lands and scenic, recreational, and state natural areas found adjacent to or in the project area?* | | | | |
| Yes  No (then no impact) | | | | |
| *If yes, list these areas and show on the Environmental Features Figure* | | | | |
| *Name* | *Type* | | *Location*  *(e.g., 5 mi. NE of Project)* | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| ***Impacts*** | | | | |
| *If Yes, discuss construction impacts related to public lands, and scenic, recreational, and state natural areas.* | | | | |
|  | | | | |
| *If Yes, discuss operational impacts related to public lands, and scenic, recreational, and state natural areas.* | | | | |
|  | | | | |
| *Describe SCI of the project.* | | | | |
|  | | | | |
| ***Mitigative Measures*** | | | | |
| *Mitigative Measures for Construction Impacts?* | | *Mitigative Measures for SCI?* | | |
| Yes  Not Applicable | | Yes  Not Applicable | | |
| *Describe the mitigative measures below and supply references to the appropriate appendix in the EID.* | | | | |
| *Mitigative Measure Description* | | | | *Reference(s)* |
|  | | | |  |

| Table 7.13. Areas of Archaeological or Historical Value | | | | |
| --- | --- | --- | --- | --- |
| Project Name | | | | |
| Owner Name | | | | |
| ***For use with projects funded or co-funded by the CWSRF, WW-SRP, and WW-SEL programs.*** | | | | |
| *Complete this table in accordance with Subchapter 7.4.13 of Part B of the guidance.* | | | | |
| Archaeological or Historical Area Figure Reference Number (if applicable): | | |  | |
| Archaeological or Historical Area Information Appendix Reference (if applicable): | | |  | |
| ***Existing Conditions*** | | | | |
| *Are areas of archaeological or historical value in the project site, project vicinity, or project area?* | | | | |
| Yes  No (No Impact) | | | | |
| *If yes, list these and show on the Environmental Features Figure* | | | | |
| *Name* | *Type* | | *Location*  *(e.g., 5 mi. NE of Project)* | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| ***Impacts*** | | | | |
| *If Yes, discuss construction impacts related to areas or archaeological or historical value?* | | | | |
|  | | | | |
| *If Yes, discuss operational impacts related to areas of archaeological or historical value.* | | | | |
|  | | | | |
| *Describe SCI of the project.* | | | | |
|  | | | | |
| ***Mitigative Measures*** | | | | |
| *Mitigative Measures for Construction Impacts?* | | *Mitigative Measures for SCI?* | | |
| Yes  Not Applicable | | Yes  Not Applicable | | |
| *Describe the mitigative measures below and supply references to the appropriate appendix in the EID.* | | | | |
| *Mitigative Measure Description* | | | | *Reference(s)* |
|  | | | |  |

| Table 7.14. Air Quality | | | | |
| --- | --- | --- | --- | --- |
|  | | | | |
|  | | | | |
| ***For use with projects funded or co-funded by the CWSRF program and/or projects requiring a FONSI.*** | | | | |
| *Complete the table in accordance with Subchapter 7.4.14 of Part B of the guidance.* | | | | |
| Air Quality Information Appendix Reference (if applicable): | | | |  |
| ***Existing Conditions*** | | | | |
| *Discuss the general air quality and identify current sources of emissions from the project and surrounding area. Note whether odors have been a problem.* | | | | |
|  | | | | |
| ***Impacts*** | | | | |
| *Discuss construction impacts related to air quality.* | | | | |
|  | | | | |
| *Will open burning occur?* | *If Yes, describe what will be burned.* | | | |
| Yes  No |  | | | |
| *Discuss operational impacts related to air quality.* | | | | |
|  | | | | |
| *Describe SCI of the project.* | | | | |
|  | | | | |
| ***Mitigative Measures*** | | | | |
| *Mitigative Measures for Construction Impacts?* | | *Mitigative Measures for SCI?* | | |
| Yes  Not Applicable | | Yes  Not Applicable | | |
| *Describe the mitigative measures below and supply references to the appropriate appendix in the EID.* | | | | |
| *Mitigative Measure Description* | | | *Reference(s)* | |
|  | | |  | |

| Table 7.15. Noise Levels | | | | |
| --- | --- | --- | --- | --- |
|  | | | | |
|  | | | | |
| ***For use with projects funded or co-funded by the CWSRF program and/or projects requiring a FONSI.*** | | | | |
| *Complete this table in accordance with Subchapter 7.4.15 of Part B of the guidance.* | | | | |
| Noise Level Information Appendix Reference (if applicable): | | | |  |
| ***Existing Conditions*** | | | | |
| *Discuss the current noise levels for the project site and project area and identify existing sources of noise.* | | | | |
|  | | | | |
| *Does the LGU have noise ordinances in place?* | Yes  No | | | |
| *If yes, describe.* |  | | | |
| ***Impacts*** | | | | |
| *Discuss construction impacts related to noise levels. If noise levels will increase, discuss when they will be heard and at what distance.* | | | | |
|  | | | | |
| *Discuss operational impacts related to noise levels.* | | | | |
|  | | | | |
| *Describe SCI of the project.* | | | | |
|  | | | | |
| ***Mitigative Measures*** | | | | |
| *Mitigative Measures for Construction Impacts?* | | *Mitigative Measures for SCI?* | | |
| Yes  Not Applicable | | Yes  Not Applicable | | |
| *Describe the mitigative measures below and supply references to the appropriate appendix in the EID.* | | | | |
| *Mitigative Measure Description* | | | *Reference(s)* | |
|  | | |  | |

| Table 7.16. Introduction of Toxic Substances | | |
| --- | --- | --- |
|  | | |
|  | | |
| ***For use with projects funded or co-funded by the CWSRF program and/or projects requiring a FONSI.*** | | |
| *Complete this table in accordance with Subchapter 7.4.16 of Part B of the guidance.* | | |
| Introduction to Toxic Substances Appendix Reference (if applicable): | |  |
| ***Impacts*** | | |
| *Discuss any toxic substances that may be introduced during project construction and operation in accordance with Subchapter 7.4.16 of Part B of the guidance.* | | |
|  | | |
| ***Mitigative Measures*** | | |
| *Mitigative Measures for Construction Impacts?* | | |
| Yes  Not Applicable | | |
| *Describe the mitigative measures below and supply references to the appropriate appendix in the EID.* | | |
| *Mitigative Measure Description* | *Reference(s)* | |
|  |  | |

| Table 7.17. Environmental Justice Analysis | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
|  | | | | | | | | | |
| ***For use with projects funded or co-funded by the CWSRF program.*** | | | | | | | | | |
| *Complete this table in accordance with Subchapter 7.4.17 of Part B of the guidance.* | | | | | | | | | |
| Was the U.S. Environmental Protection Agency’s Environmental Justice Geographic Assessment Tool used?  If No, then complete the Existing Conditions cells below. | | | | | | | Yes  No | | |
| Environmental Justice Figure Reference Number(s): | | | | | | |  | | |
| Environmental Justice Information Appendix Reference (if applicable): | | | | | | |  | | |
| **Existing Conditions** | | | | | | | | | |
| *Provide the following information and key the Block Groups to the map in the EID. Include figures.* | | | | | | | | | |
| **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?** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Impacts** | | | | | | | | | |
| Are there any potentially significant environmental justice populations in the project area? | | | | | | Yes  No | | | |
| *If the answer is yes, then below, list the impacts to the minority and/or low-income populations below and whether the impacts are potentially significant. If potentially significant, contact the Environmental Assessment Coordinator.* | | | | | | | | | |
| *Impact* | | | | | | | *Potentially Significant?* | | |
|  | | | | | | | Yes  No | | |
|  | | | | | | | Yes  No | | |
|  | | | | | | | Yes  No | | |
|  | | | | | | | Yes  No | | |
|  | | | | | | | Yes  No | | |
|  | | | | | | | Yes  No | | |
|  | | | | | | | Yes  No | | |

| Table 7.18. Mitigative Measures | | | | |
| --- | --- | --- | --- | --- |
|  | | | | |
|  | | | | |
| ***For use with projects funded or co-funded by the CWSRF, WW-SRP, and WW-SEL programs.*** | | | | |
| *Complete this table for all applicable categories in accordance with Subchapter 7.4.16 of Part B of the guidance. If there was no impact in a particular resource category, then state, “No Impact.” Be sure this table is consistent with information provided in the resource category tables.†* | | | | |
| **Resource Category** | **Potential Direct Impact** | **Mitigative Measure(s) for Direct Impact** | **Potential SCI** | **Mitigative Measures for SCI** |
| Topography & Floodplains |  |  |  |  |
| Soils |  |  |  |  |
| Prime & Unique Farmland |  |  |  |  |
| Land Use |  |  |  |  |
| Forest Resources |  |  |  |  |
| Wetlands and Streams |  |  |  |  |
| Water Resources |  |  |  |  |
| Shellfish, Fish, and their Habitats |  |  |  |  |
| Wildlife and Natural Vegetation |  |  |  |  |
| Public Land and Scenic, Recreational, and State Natural Areas |  |  |  |  |
| Areas of Archaeological or Historical Value |  |  |  |  |
| Air Quality |  |  |  |  |
| Noise Levels |  |  |  |  |
| Toxic Substances |  |  |  |  |
| Environmental Justice |  |  |  |  |
| †If completing a limited EID, then delete rows for the resources categories not reviewed. | | | | |