This checklist must accompany the initial submitted of all Engineering Reports/Environmented Information Documents. If your submitted does not contain this checklist, the Project Manager will not start review until it is received. A. Number of Reports Submitted Number of Copies Submitted:	Submi	ttal Checklist for E	_	•		mental li	nformatio	n Docum	ents			
Number of Copies Submitted:	submittal does not contain this checklist, the Project Manager will not start review until it is received.											
B. Contact Information Owner Information Is the contact person (Elected Official or Authorized Representative) different from the application?		•										
Institute Inst	Number of Copies S	Submitted: 2 copies	4 copie	s (FONSI	s only)	Other:						
Institute Inst												
Is the contact person (Elected Official or Authorized Representative) different from the application?	B. Contact Inform	mation										
First Name	Owner Information											
Mailing Address 1	Is the contact person	n (Elected Official or Ai	ıthorized Rep	oresentativ	ve) different fr	rom the app	lication?	Yes	☐ No			
Mailing Address 1	First Name	Last Name	Suffix		Position		_		sentative			
E-Mail Address Phone Number Extension (if application is the contact person different from the application?	Mailing	Address 1	Mail	ling Addr	ress 2							
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State contact person different from the application?		E-Mail Add	ress			Phone Number		Extension (if applicable)				
Firm Name First Name Last Name Suffix	Consultant Informa	ution										
Mailing Address 1 Mailing Address 2 City State Zip Code	Is the contact person	n different from the app	lication?	Yes 🗌	No							
E-Mail Address Phone Number Extension (if applicable separate firm prepare the Environmental Information Document?	Firm				Last Name			Suffix				
Environmental Information Document Contact Information Did a separate firm prepare the Environmental Information Document?	Mailing	Mailing Address 2			City		State	Zip Code				
Did a separate firm prepare the Environmental Information Document?	E-Mail Address					Phone Number Extensi		Extension	n (if applicable)			
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Firm Name First Name Last Name Suffix	*				ment? Ne	es	□ No					
Firm Name First Name Last Name Suffix Mailing Address 1 Mailing Address 2 City State Zip Code E-Mail Address Phone Number Extension (if applicable) Project Name Project Type Check all that apply in terms of project type. Note that for the CDBG-I program, projects in both wastewater and water may be checked. Wastewater Treatment Plant Equipment Repair and Replacement Replacement Wastewater Treatment Plant Expansion Waster Storage Repair/Replacement/Expansion Water Storage Repair/Replacement/Expansion System Expansion Water Source Development Reclaimed Water Stormwater Best Management Practices	•						_					
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	Replacement Wastewater Treatment Plant Expansion Collection System Rehabilitation and Replacement Collection System Expansion Reclaimed Water				 □ Water Treatment Plant Expansion □ Water Line Rehabilitation and Replacement □ Water Storage Repair/Replacement/Expansion 							

Form ER/EID-SUBMITTAL-5/17 Page 1

D. Environmental Information									
Check the box for the appropriate final information document required for the project and based upon the minor construction activities listed in Appendix A of the guidance (CWSRF, DWSRF, WW-SRP, and DW-SRP only), and any discussion with Division staff. Note: Under the CDBG-I program, the Responsible Entity will be in charge of the environmental review process. The Consultant should check which environmental document the Responsible Entity is preparing.									
Final Environmental Document									
☐ Certificate of Exemption (CDBG-I only) ☐ Categorical Exclusion Not Subject to §58.5 (CDBG-I only) ☐ Categorical Exclusion Subject to §58.5 (CDBG-I only) ☐ Finding of No Significant Impact (all funding programs) ☐ Categorical Exclusion (CWSRF and DWSRF only) ☐ Record of Decision (all funding programs) ☐ Approval Only (WW-SRP and DW-SRP)									
Check the box(es) for the river basin(s) where the project is found. This information is used for programmatic reporting purposes.									
☐ Broad ☐ Cape Fear ☐ Catawba ☐ Chowan ☐ French Broad ☐ Hiwassee ☐ Little Tennessee ☐ Lumber ☐ Neuse			New Pasquotank Roanoke Savannah Tar-Pamlico Watauga White Oak Yadkin						
E. Funding Information									
Estimated Project Cost									
Provide the estimated Project Cost:									
Funding Source(s)									
Check the box(es) for each source of funding, including those outside of the Division. Place the amount(s) in the appropriate column.									
☐ CWSRF ☐ DWSRF ☐ CDBG-I ☐ WW-SRP ☐ DW-SRP	\$ \$ \$ \$ \$		North Carolina Rural Center USDA Grant/Loan Bonds Local Funds Bank Loans Other, Specify:	\$ \$ \$ \$ \$ \$					
F. Signature									
This submittal checklist has been completed and is, to the best of my knowledge, accurate.									
Signature:									
Date:									

Form ER/EID-SUBMITTAL-5/17 Page 2