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| **Submittal Checklist for Engineering Reports/Environmental Information Documents**  (Last updated: December 2022) | | | | | | | | |
| *This checklist must accompany the initial submittal of all Engineering Reports/Environmental Information Documents. If your submittal does not contain this checklist, the Project Manager will not start review until it is received.* | | | | | | | | |
| **A. Submittal** (Project Engineer may request a hard copy if needed for ease of review) | | | | | | | | |
| Mode of submission:  Email DWI Project Engineer  Upload to the link provided by the DWI Project Engineer | | | | | | | | |
|  | | | | | | | | |
| **B. Contact Information** | | | | | | | | |
| **Owner/ Recipient*:*** | | | | | | | | |
| *Is the contact person (Elected Official or Authorized Representative) different from the application?*  Yes  No | | | | | | | | |
| **First Name** | **Last Name** | **Suffix** | **Position** | | | Elected Official | | |
|  |  |  |  | | | Authorized Representative | | |
| **Mailing Address 1** | | **Mailing Address 2** | | | **City** | | **State** | **Zip Code** |
|  | |  | | |  | |  |  |
| **E-Mail Address** | | | | | **Phone Number** | | **Extension (if applicable)** | |
|  | | | | |  | |  | |
| ***Consultant Information*** | | | | | | | | |
| *Is the contact person different from the application?*  Yes  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)** | |
|  | | | | |  | |  | |
| ***Environmental Information Document Contact Information*** *(SRF and CDBG funded projects only)* | | | | | | | | |
| *Did a separate firm prepare the Environmental Information Document?*  Yes  No | | | | | | | | |
| *If Yes, complete the information below. If No, then continue to Part C (Project Information).* | | | | | | | | |
| **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)** | |
|  | | | | |  | |  | |
|  | | | | | | | | |
| **C. Project Information** | | | | | | | | |
| Project Name:  DWI Project No.(s):  PWSID No. (for Drinking Water projects): | | | | | | | | |
| ***Project Type*** | | | | | | | | |
| *Check all that apply in terms of project type.* | | | | | | | | |
|  | | | | Drinking Water  Wastewater  Stormwater | | | | |

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| --- | --- | --- | --- |
| **D. Environmental Information (**for SRF and CDBG funded projects only**)** | | | |
| *Check the box for the appropriate final information document required for the project and based upon the activities listed in Appendix A of the guidance or 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 Subject to §58.5 (CDBG-I only)  Categorical Exclusion (SRF only) | | Categorical Exclusion Not Subject to §58.5 (CDBG-I only)  Finding of No Significant Impact  Record of Decision | |
| *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:*** | | | |
| ***Funding Source(s)*** | | | |
| ***Funding Secured (amount should equal total of the funding sources listed below):*** | | | |
| *Check the box(es) for each secured source of funding, including those outside of the Division. Place the amount(s) in the appropriate column.* | | | |
| Total amount financed by DWI | $  $  $  $  $  $  $ | North Carolina Rural Center  USDA Grant/Loan  Bonds  Local Funds  Bank Loans  Other, Specify: | $  $  $  $  $  $ |
| Plan of action if secured funding is less than the project cost: | | | |
|  | | | |
| **F. Signature** | | | |
| This submittal checklist has been completed and is, to the best of my knowledge, accurate. | | | |
| Signature: | | | |
| Date: | | | |