



# Facilities Environmental Checklist

Project \_\_\_\_\_

Address (No., Street, City, State, ZIP + 4) \_\_\_\_\_

Site Size \_\_\_\_\_

Proposed Building Size \_\_\_\_\_

Assessment Items	Yes	No	Unknown
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*Will the action taken affect site or is site on or near the following:*

*(Check one)*

1. Wetlands, adjacent streams, or lakes.			
2. 100-year floodplain.			
3. Coastal Zone Management Area.			
4. Critical habitat or rare or endangered species.			
5. EPA or State Superfund, or priority cleanup site.			
6. Historic, cultural, or archaeological resources.			
7. Prime, unique, or important farmland.			
8. Park lands or wild or scenic river.			
9. Drinking water supply.			
10. Human health and safety.			
11. Traffic (e.g., site access constraints, congestion).			

*Will the action result in the following:*

12. Changes in land uses on or near site (e.g., zoning).			
13. Changes to topography (slopes over 15%, grading, fill, soil erosion).			
14. New air pollution sources (impacts on air conformity).			
15. Modification of public utilities.			
16. Reduction in force involving more than 1,000 positions.			
17. Relocation of 300 or more employees more than 50 miles.			
18. Excessive noise (presence of sensitive receptors).			

*(Check one)*

Is the proposed action listed as a categorical exclusion in 39 CFR, Part 775?

Yes  No

If the action is categorically excluded, does the checklist identify any extraordinary circumstances that may cause it to have a significant environmental effect?

Yes  No

If yes, please describe below.

\_\_\_\_\_  
\_\_\_\_\_

**Action Required**

*(Check one)*

- The checklist contains no "Yes" answers, to the best of my knowledge, therefore no further NEPA review is necessary. Place this checklist in the project file.
- The checklist contains one or more "Yes" or "Unknown" answers, to the best of my knowledge. The Facilities environmental specialist will determine the need for further environmental studies.

**Note:** *Completion of Form 7498-D does not preclude, exempt, or fulfill due diligence process requirements.*

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**Notes:**

Checklist Completed By <i>(Print name)</i>	Date <i>(Month, Day, Year)</i>
Signature of Individual Completing Checklist	
Title	Telephone Number <i>(Include area code)</i>