State of Wisconsin
Department of Natural Resources
Bureau of Community Financial Assistance
EC-SDC Grant Program
101 S. Webster St., PO Box 7921
Madison, WI 53707-7921
dnr.wi.gov

Environmental Review Questionnaire

BIL EC-SDC Grant Program for OTM and Non-Profit NN Public Water Systems Form 8700-022 (R 02/2024) Page 1 of 3

All maps should be included with submission of this questionnaire to the DNR. Complete all questions. If additional environmental review is needed, the DNR will reach out to discuss next steps. Send completed form, along with all attachments, to: DNRECSDCGrants@wisconsin.gov. Note: if more space is needed in any section, please attach additional sheets. The questions in this form apply to the entire planned project, regardless of whether the grant will fund only a portion of the planned project. If you have questions regarding the scope of this document, please email questions to DNRECSDCGrants@wisconsin.gov.

Se	ction 1: Project Identif	ication							
Pu	Public Water System (PWS) Name								
Project Name									
Se	ction 2: Project Descri	ption							
Pro	oject Description								
Pro	oject start date	F	Project end date		To	tal project a	cres		
На	s the project started? [□No □ Yes – Pe	rcentage compl	eted%					
Pre	evious land use (e.g. urb	oan, agricultural, pa	ved, manicured	lawn, etc.)					
en	s a state agency, federa vironmental review for a achments)					•	•		
Lis	t the public land survey	coordinates for the	project (list as r	nany as applicable):				
<u> </u>	<u>Activity</u>	<u>County</u>		<u>Township</u>		<u>Range</u>		<u>Section</u>	
1					N	E/	W		
2		_			N	E/	W		
						E/	W		
Se	ction 3: Environmenta	I Review Question	naire						
1.	Create 2 maps of the pattachments. Will the pattachments.	=			with the proje	ect footprint	and	include in	
2.	applicants to consult w webpage (<u>Air manage</u> . ☐ No	rour project require air permitting? If you are uncertain if an air permit is needed, the DNR encourages ants to consult with the Small Business Environmental Assistance Program Air Management Permit Primer ge (Air management Permit Primer Wisconsin DNR). List which air permit type(s)							

Additional environmental review may be needed.

Section 3: Environmental Review Questionnaire Continued

3.	Determine if your project is covered by the Broad Incidental Take Permit/Authorization by consulting the No/Low Impact Activities List. Is your project covered by the Broad Incidental Take Permit/Authorization Table and does it meet the additional conditions listed for the activity? □ Yes: Indicate which activity					
	 □ No: Perform a Preliminary Assessment through the <u>Natural Heritage Inventory (NHI)</u>. Were your results "no actions required/recommended"? □ Yes: Provide copy of results in attachments. □ No: Include copy of results in attachments. Additional environmental review may be needed. 					
4.	Does any portion of your proposed project take place in farmland such that it may be converted to non-agricultural use?					
	□ No.□ Yes. Additional environmental review may be needed.					
5.	Create two Surface Water maps: a Wetland/Waterways Map and a Floodplain Map. Include both in attachments. Based off the results, does any portion of your proposed project within 300 feet of any of the following: a. Wetland: □ No □ Yes. Additional environmental review may be needed. b. Waterway: □ No □ Yes. Additional environmental review may be needed. c. Wild & Scenic Rivers: □ No □ Yes. Additional environmental review may be needed. d. Coastal Areas: □ No □ Yes. Additional environmental review may be needed.					
Se	ction 4: NEPA Categorical Exclusion Assessment					
	Certain projects involving rehabilitation of existing facilities, replacement of existing water lines, or construction of ancillary facilities adjacent to or on the same property as existing facilities may be categorically excluded from requiring additional environmental review under NEPA.					
1.	ancillary facilities adjacent to or on the same property as existing facilities may be categorically excluded from					
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2.	ancillary facilities adjacent to or on the same property as existing facilities may be categorically excluded from requiring additional environmental review under NEPA. Is this project limited to minor expansion or reconstruction of existing infrastructure (select all that apply): Yes, due to rehabilitation of existing facilities. Yes, due to replacement of existing water lines. Yes, due to reconstruction of existing ancillary facilities adjacent to or on the same property as existing facilities. Yes, due to construction of new minor ancillary facilities adjacent to or on the same property as existing facilities. No, this project includes actions beyond the actions listed above. Complete this question only if you answered Yes to Section 4 Question 1. Select all the statements that are true for					
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Section 5: Required Attachments

No ground disturbance projects: include project area on maps. If available, include ground photographs of project area in attachments.

- 1. TOPO map
- 2. Aerial map
- 3. Prior NEPA Review if available

Ground disturbance projects: include project area on maps. If available, include ground photographs of project area in attachments.

- 1. TOPO map
- 2. Aerial map
- 3. Wetland/Waterway Surface Water map
- 4. Floodplain Surface Water map
- 5. Prior NEPA Review if available
- 6. Copy of NHI results if prompted by Section 3, Question 3

Section 6: Certification

- I certify that the disturbance footprint(s) on the submitted maps encompasses the entire area of the project, including staging areas.
- I certify that this form is accurate and the environmental impacts of the project, if any, have been or will be taken into consideration during the construction of this project.
- I certify that, in the event that the disturbance footprint(s) or the anticipated environmental impact of the project changes during the course of the project, I will notify the DNR as soon as possible and I understand that, proceeding without approval may result in a loss of funding.
- I certify that my answers are true and complete to the best of my knowledge. I understand that failure to disclose information or providing false information could result in the loss of funding.

Please type your name in the signature line. By electronically signing this form, you are agreeing to be legally bound to the same extent as if you applied a traditional handwritten signature on a paper document submitted to satisfy the same requirement.

Signature of Public Water System's Authorized Representative	Date Signed
Printed Name of Authorized Representative	Title of Authorized Representative
Email Address	Phone Number (include area code)