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 Form**

BIL EC-SDC Grant Program for OTM and Nonprofit NN Public Water Systems Form 8700-022 (R 09/2024) Page 1 of 2

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. Note: if more space is needed in any section, please attach additional sheets. If you have questions regarding the scope of this document, please email questions to <a href="mailto:DNRECSDCGrants@wisconsin.gov">DNRECSDCGrants@wisconsin.gov</a>.

	ction i. Project identini	Cation				
Public Water System (PWS) Name			PW	PWS ID #		
Project Name			Co	County		
Se	ction 2: Project Descrip	otion				
Pr	oposed project start date	Propose	d project end date	Total project acres		
На	as the project started? □	lNo ☐ Yes – Percentag	e completed%			
Pr	evious land use (e.g. urba	an, agricultural, paved, ma	anicured lawn, etc.)			
en			onducted a National Environme urbance footprint(s) (select one)	ntal Policy Act (NEPA) or NEPA-like ? □ No □ Yes (include with		
	st the public land survey o <u>Activity</u>	coordinates for the project <u>County</u>	(list as many as applicable): <u>Township</u>	Range Section		
1		_		NE/W		
2				NE/W		
<b>Se</b>	oction 3: Environmental  Does the project involve	Review Questionnaire e ground disturbance?	No □ Yes			
2.	Does the project involve removal of trees or shrubs, or involve trimming of trees? ☐ No ☐ Yes					
3.	Does the project occur within 300 feet of a wetland, coastal area, waterway or waterbody? ☐ No ☐ Yes					
4.	<ul> <li>4. Is your project covered by the <u>Broad Incidental Take Permit/Authorization (BITPA) Table 1</u> and can meet the additional conditions listed for the activity?</li> <li>☐ Yes. Indicate which activity</li> <li>☐ No</li> </ul>					
5.	<ul> <li>Does your project require air permitting? If you are uncertain if an air permit is needed, the DNR encourages applicants to consult with the Small Business Environmental Assistance Program Air Management Permit Primer webpage (Air management   Permit Primer   Wisconsin DNR).</li></ul>					
6.	Does any portion of you use? ☐ No ☐ Yes	ır proposed project take pl	lace in farmland such that it may	y be converted to non-agricultural		

## **Section 4: Certification**

Printed Name of Authorized Representative

- 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.

requirement.		
Signature of Authorized Representative	 Date Signed	
5	J	

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

Send completed form, along with all other application materials, to: DNRECSDCGrants@wisconsin.gov

Title of Authorized Representative