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

Underserved Drinking Water System Grant Program **Environmental Review Form**

Form 8700-830 (08/2024)

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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 DNRUnderservedGrants@wisconsin.gov.

Se	ection 1: Project Identification				
Public Water System (PWS) Name			PWS ID #		
Project Name			County		
Se	ection 2: Project Information				
Pro	Proposed Project start date Proposed Project end date Total project acres				
Has the project started? ☐ No ☐ Yes – Percentage completed %					
Previous land use (e.g. urban, agricultural, paved, manicured lawn, etc.)					
Has a state agency, federal agency, or verified firm conducted a National Environmental Policy Act (NEPA) or NEPA-like environmental review for all or part of the project disturbance footprint(s) (select one)? □ No □ Yes (include with attachments)					
List the public land survey coordinates for the project (list as many as applicable):					
	Activity County Township		<u>Range</u>	<u>Section</u>	
			E/W		
		N	E/W		
Section 3: Environmental Impacts					
1.	Does the project involve ground disturbance? ☐ No ☐ Yes				
2.	2. Does the project involve removal of trees or shrubs, or involve trimming of trees? \square No \square Yes				
3.	3. Does the project occur within 300 feet of a wetland, coastal area, waterway or waterbody? ☐ No ☐ Yes				
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? ☐ Yes. Indicate which activity ☐ No 				
5.	5. Does your project require air permitting? <i>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</i> (<i>Air management Permit Primer Wisconsin DNR</i>). □ No □ Yes. List which air permit type(s)				
6.	 Does any portion of your proposed project take place in farmland such that it may be converted to non-agricultural use? □ No □ Yes 				

Section 4: 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 Authorized Representative	 Date Signed
Printed Name of Authorized Representative	Title

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