

U. S. DEPARTMENT OF ENERGY  
OFFICE OF SCIENCE -- CHICAGO OFFICE

NATIONAL ENVIRONMENTAL POLICY ACT (NEPA)  
ENVIRONMENTAL EVALUATION NOTIFICATION FORM

To be completed by "Applicant," i.e., organization receiving funds and/or implementing Federal Actions as defined by 40 CFR § 1508.18. For assistance, refer to "Instructions for Preparing SC-CH F-560, Environmental Evaluation Notification Form."

Solicitation/Award No. (if applicable): \_\_\_\_\_

Organization Name: \_\_\_\_\_

Title of Proposed Project/Research: \_\_\_\_\_

Total DOE Funding/Total Project Funding: \_\_\_\_\_

I. Project Description (use explanation page if additional space is required):

A. Proposed Project/Action (if applicable, delineate Federally funded/Non-Federally funded portions)

B. Would the project proceed without Federal funding?

Yes      No  
     

**If "yes," use explanation page.**

II. Description of Affected Environment:

III. Preliminary Questions:

A. Is the DOE-funded work routinely administrative or *entirely* advisory or a "paper study?"

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

***If "Yes", ensure that the description in Section I reflects this and go directly to Section V.***

B. Is there any potential whatsoever for:

***Provide an explanation for each "Yes" response.***

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| 1. Work to be performed outdoors?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Major modification of a building interior?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Threat of violation of applicable statutory, regulatory, or permit requirements for environment, safety, and health?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Siting, construction or major expansion of waste treatment, storage, or disposal facilities?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Disturbance to hazardous substances, pollutants, or contaminants preexisting in the environment?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The presence of any environmentally-sensitive resources?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Potential for high consequence impacts to human health or the environment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The work being connected to another existing/proposed activity that could potentially create a significant impact?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Nearby past, present, and/or reasonably foreseeable future actions such that collectively significant impacts could result? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Scientific or public controversy over whether impacts could be significant?  | <input type="checkbox"/> | <input type="checkbox"/> |

***If "No" to ALL Section III.B. questions, go directly to Section V.***

IV. Potential Environmental Effects:

***Provide an explanation for each "Yes" response.***

A. Sensitive Resources: Could the proposed action potentially result in changes and/or disturbances to any of the following resources?

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| 1. Threatened/Endangered Species and/or Critical Habitats                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Other Protected Species (e.g., Burros, Migratory Birds)                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sensitive Environments (e.g., Tundra/Coral Reefs/Rain Forests)                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Cultural or Historic Resources  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Important Farmland  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Non-Attainment Areas for Ambient Air Quality Standards                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Class I Air Quality Control Region  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Special Sources of Groundwater (e.g. Sole Source Aquifer)                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Navigable Air Space   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Coastal Zones  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Areas with Special National Designation (e.g. National Forests, Parks, Trails) | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Floodplains and/or Wetlands  | <input type="checkbox"/> | <input type="checkbox"/> |

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B. Regulated Substances/Activities: Would the proposed action involve any of the following regulated Items or activities?

	Yes	No
13. Natural Resource Damage Assessments	<input type="checkbox"/>	<input type="checkbox"/>
14. Invasive Species or Exotic Organisms	<input type="checkbox"/>	<input type="checkbox"/>
15. Noxious Weeds	<input type="checkbox"/>	<input type="checkbox"/>
16. Clearing or Excavation (indicate if greater than one acre)	<input type="checkbox"/>	<input type="checkbox"/>
17. Dredge or Fill (under Clean Water Act, Section 404, greater than one acre)	<input type="checkbox"/>	<input type="checkbox"/>
18. Noise (in excess of regulations)	<input type="checkbox"/>	<input type="checkbox"/>
19. Asbestos Removal	<input type="checkbox"/>	<input type="checkbox"/>
20. Polychlorinated biphenyls (PCBs)	<input type="checkbox"/>	<input type="checkbox"/>
21. Import, Manufacture, or Processing of Toxic Substances	<input type="checkbox"/>	<input type="checkbox"/>
22. Chemical Storage/Use	<input type="checkbox"/>	<input type="checkbox"/>
23. Pesticide Use	<input type="checkbox"/>	<input type="checkbox"/>
24. Hazardous, Toxic, or Criteria Pollutant Air Emissions	<input type="checkbox"/>	<input type="checkbox"/>
25. Liquid Effluents	<input type="checkbox"/>	<input type="checkbox"/>
26. Spill Prevention/Surface Water Protection	<input type="checkbox"/>	<input type="checkbox"/>
27. Underground Injection	<input type="checkbox"/>	<input type="checkbox"/>
28. Hazardous Waste	<input type="checkbox"/>	<input type="checkbox"/>
29. Underground Storage Tanks	<input type="checkbox"/>	<input type="checkbox"/>
30. Radioactive or Radioactive Mixed Waste	<input type="checkbox"/>	<input type="checkbox"/>
31. Radiation Exposure	<input type="checkbox"/>	<input type="checkbox"/>
32. Nanoscale Materials	<input type="checkbox"/>	<input type="checkbox"/>
33. Genetically Engineered Microorganisms/Plants or Synthetic Biology?	<input type="checkbox"/>	<input type="checkbox"/>
34. Ozone Depleting Substances	<input type="checkbox"/>	<input type="checkbox"/>
35. Greenhouse Gas Generation/Sustainability	<input type="checkbox"/>	<input type="checkbox"/>
36. Off-Road Vehicles	<input type="checkbox"/>	<input type="checkbox"/>
37. Biosafety Level 3-4 Laboratory	<input type="checkbox"/>	<input type="checkbox"/>

C. Other Relevant Information: Would the proposed action involve the following?

	Yes	No
38. Existing, Modified, or New Federal/State Permits	<input type="checkbox"/>	<input type="checkbox"/>
39. Disproportionate Nearby Presence of Minority and/or Low Income Populations	<input type="checkbox"/>	<input type="checkbox"/>
40. Action/Involvement of Another Federal Agency (e.g. license/permit, funding, approval)	<input type="checkbox"/>	<input type="checkbox"/>
41. Action of a State Agency in a State with NEPA-type law	<input type="checkbox"/>	<input type="checkbox"/>
42. Public Utilities/Services	<input type="checkbox"/>	<input type="checkbox"/>
43. Depletion of a Non-Renewable Resource	<input type="checkbox"/>	<input type="checkbox"/>
44. Other Pertinent Information Which Could Impact Human Health or the Environment	<input type="checkbox"/>	<input type="checkbox"/>

V. Applicant Certification that to the best of their knowledge all information provided on this form is accurate:

Does this disclosure contain classified, confidential, or other exempt information that DOE would not be obligated to disclose pursuant to the Freedom of Information Act? Yes  No

A. Organization Official (Name and Title): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

B. Optional Secondary Approval (Name and Title): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Remainder to be completed by DOE**

VI. DOE Concurrence/Recommendation/Determination:

A. DOE Project Director/Program Manager or Contract/Grant Management Specialist:

	Yes	No
Has the Applicant completed the Form correctly?	<input type="checkbox"/>	<input type="checkbox"/>
Does an existing Generic Categorical Exclusion apply?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, indicate: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

B. DOE NEPA Team Review:

	Yes	No
Is the class of action identified in the DOE NEPA Regulations (Appendices A-D to Subpart D (10 CFR § 1021))?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, specify the class(es) of action: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

C. DOE Counsel (if requested):

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

D. DOE NEPA Compliance Officer:

The preceding pages are a record of documentation required under DOE Final NEPA Regulation, 10 CFR § 1021.400.

- Action may be categorically excluded from further NEPA review. I have determined that the proposed action meets the requirements for Categorical Exclusion referenced above.
- Action requires approval by Head of the Field Organization. Recommend preparation of an Environmental Assessment.
- Action requires approval by Head of the Field Organization or a Secretarial Officer. Recommend preparation of an Environmental Impact Statement.

Comments/limitations if any:

NEPA Compliance Officer:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Chicago Office NEPA Tracking Number*

Optional Additional Narrative: (add additional detail to description to Sections I and II or explanations to responses in Sections III and IV.

EXAMPLE