### Section 1 - Required

<table>
<thead>
<tr>
<th>I.C. Number</th>
<th>Project</th>
<th>Date</th>
</tr>
</thead>
</table>

Disposal / Lease of the subject parcel **complies with NEPA 23 CFR 771-117.d List, ESA and Sec 106 of NHPA** and has been addressed by:

- [ ] A. Memo to File (See Attached)
- [ ] B. Documentation as Part of an EIS or EA  **Title:** ______________________
- [ ] C. Completion of an ECS (See Attached)
- [ ] D. Completion of Section 2 of this form

### Section 2 - Required if D above is checked

1. **Type of Review**
   - [ ] Field
   - [ ] Office

2. **Past or Recent Land Use**
   - [ ] Pasture/Crop
   - [ ] Pit/Stock Piles
   - [ ] Other
   - [ ] Residential/Business
   - [ ] Undeveloped Roadside

3. Describe existing vegetation at the site (including type and size of trees if known)

4. Describe the topography of the site (Flat, gently or steeply sloping, hummocky, etc.)

5. Is surface water present on or near the property?  [ ] Yes  [ ] No
   - What Type? (River, lake, pond etc.) ____________________________
   - How close? ____________________________

6. Is there a wetland or standing surface water on or adjacent to this site?  [ ] Yes  [ ] No  [ ] Not Sure
   - Describe ____________________________

7. Would the action lead to any excavation?  [ ] Yes  [ ] No
   - Describe ____________________________

8. Does the site have potential as a future wetland mitigation site or stormwater treatment site?  [ ] Yes  [ ] No
   - Describe ____________________________

9. Is there evidence of potential hazardous materials? (Fuel tanks, dump sites, asphalt waste, etc.)  [ ] Yes  [ ] No
   - Describe ____________________________

10. Will there be any activities that could lead to an effect on ESA species?  [ ] Yes  [ ] No
    - Describe ____________________________

11. Could this site have potential for reducing or maintaining reduced traffic noise levels?  [ ] Yes  [ ] No
    - Describe ____________________________

### Section 3 - Required - Recommendation and Review

**Do You Recommend Disposal?**  [ ] Yes  [ ] No

**Explain** ____________________________

**Recommendation By** ____________________________  **Date** ____________________________

**Title** ____________________________

**Specialty Review By** ____________________________  **Date** ____________________________

**Title** ____________________________

**Specialty Review By** ____________________________  **Date** ____________________________

**Title** ____________________________

---

**DOT Form 220-015 EF**  
**Revised 10/2019**