

<b>Section 1 - Required</b>		
I.C. Number	Project	Date

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 <input type="checkbox"/> Field <input type="checkbox"/> Office	2. Past or Recent Land Use <input type="checkbox"/> Pasture/Crop <input type="checkbox"/> Pit/Stock Piles <input type="checkbox"/> Other <input type="checkbox"/> Residential/Business <input type="checkbox"/> Undeveloped Roadside Describe Use _____
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? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type? (River, lake, pond etc.) _____     How close? _____	
6. Is there a wetland or standing surface water on or adjacent to this site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure Describe _____	
7. Would the action lead to any excavation? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	
8. Does the site have potential as a future wetland mitigation site or stormwater treatment site? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	
9. Is there evidence of potential hazardous materials? (Fuel tanks, dump sites, asphalt waste, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	
10. Will there be any activities that could lead to an effect on ESA species? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	
11. Could this site have potential for reducing or maintaining reduced traffic noise levels? <input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_