**Environmental Information Request Form**

The following information is needed from the design office before the environmental special studies can be started for the project. Please note the “information needed by” dates for each deliverable which are based on the start dates in Primavera. If any of this information is not available, please talk to the Environmental Coordinator (EC) and specialty group person – we may be able to proceed with agreed-upon assumptions and risks.

***Directions: The EC will modify this form by putting a check in the box for each deliverable and piece of information needed and then submit this form to the Project Engineer’s Office (PEO). All blue italicized text and any deliverables or items of information not checked will be deleted by the EC prior to submittal to the PEO. Red text represents items the PEO will enter and blue text will be entered by the EC.***

|  |  |
| --- | --- |
| **Project Name:**       | **WIN No.:**       |
| **Work Order:**       | **Group:**       | **Work Op:**       | **Cntl. Section:**       | **Org. No.:**       |

|  | **Information****Needed** |  | **Date PEO****Submitted** |
| --- | --- | --- | --- |
| **Information****Required****for****All Deliverables** |  | Project description including Section(s), Township(s), Range(s) and County(s) – Click here to enter information. | Date |
|  | Vicinity Map including project mileposts and limits – *As Attachment* | Date |
|  | Ad date, Design Engineer Name, Construction Engineer name. - Click here to enter information. | Date |
|  |  Maps and Aerial photos of project area – *As Attachment* | Date |
|  | Plan sheets showing existing and proposed rights of way; existing and proposed alignments and pavement limits; existing and proposed channelization; labeled side streets; existing and proposed walls; replacement and new guardrail locations; replacement and new sign locations; replacement and new utility and luminaire locations including utility and conduit trenches, junction boxes and cabinets, and utility poles and luminaires; replacement and new stormwater handling structures including catch basins, storm sewer pipe and culverts, and stormwater facilities; impacted ditches and their flow directions; water bodies including free flowing and culverted streams; cut and fill limits; limits of ground disturbance; wetlands, if known; existing and proposed wetland mitigation sites; and proposed staging areas– *As Attachment* | Date |
|  | Rights of Entry needed for investigation off of WSDOT right of way – *As Attachment* | Date |
|  | Locations of property and easements to be acquired and the proposed use of the property and easements – *As Attachment* | Date |
|  | Construction detailed chronology and the equipment and methods that will be used – Click here to enter information. | Date |

**Cultural Resources Survey and Effect Determination**

***If project work will be disturbing ground outside of the roadway prism please provide:***

|  |  |
| --- | --- |
|  | **This information is needed by** Click here to enter date. |
|  | **Information****Needed** |  | **Date PEO****Submitted** |
|  |  | Depths of ground disturbance by activity as listed in the plan sheetsClick here to enter information. | Date |
|  |  | Boring Logs/Geotechnical Report (only if available) – *As Attachment*Click here to enter date when needed. | Date |
|  | [ ]  | Project geotechnical report (including geotechnical boring logs and geomorphic analysis). – *As Attachment* |  |

**Hazardous Materials Discipline Report**

***If project work will excavate soil, drill soil borings or auger soil all outside of or beneath the roadway prism please provide:***

|  |  |
| --- | --- |
|  | **This information is needed by** Click here to enter date. |
|  | **Information****Needed** |  | **Date PEO****Submitted** |
|  |  | Will any property or permanent easements be acquired? If yes, please describe:Click here to enter description. | Date |
|  |  | The location of the property (include the property address, County assessor’s parcel number, and WSDOT parcel number).Click here to enter property information. | Date |
|  |  | The planned use of the property or permanent easement (e.g., road widening, storm water handling, wetland mitigation, permanent access road, etc.).Click here to enter information. | Date |
|  |  | Will the project involve soil excavation (including construction-related soil boring or augering)? If yes, please describe:Click here to enter information.  | Date |
|  |  | The approximate excavation or trench or boring location (please provide plan sheets). – *As Attachment* | Date |

**Wetland and Stream Assessment Report**

***If project work will occur outside the existing pavement or gravel shoulders (includes wetland reconnaissance (mapping), wetland memo (not including delineation), wildlife habitat inventory) please provide:***

|  |  |  |
| --- | --- | --- |
|  | **This information is needed by** Click here to enter date. |  |
|  | **Information****Needed** |  | **Date PEO****Submitted** |
|  |  | Description of the exact area needing to be investigated (example: Fog line to right of way between MP 1.3 and MP 2.5 in the south bound lane.) Click here to enter description.  | Date |

**Jurisdictional Ditch Memorandum**

***If roadside ditches are being impacted please provide:***

|  |  |
| --- | --- |
|  | **This information is needed by** Click here to enter date. |
|  | **Information****Needed** |  | **Date PEO****Submitted** |
|  |  | A description of where the water is coming from and where it is going (i.e., the eventual receiving waters downstream) for each ditch. Click here to enter description. | Date |
|  |  | The impact activities for each ditch (fill, culverted, realigned, etc.) Click here to enter activities. | Date |
|  |  | If known, the following additional information would be helpful: the average ditch width (ft), ditch length (ft), average ditch depth (ft) and ditch size (ft3 or yds3) for each impacted ditch. Click here to enter information. | Date |

**Critical Areas Report/Biological Mitigation Report**

***If project work will be impacting wetlands, streams or buffers please provide:***

|  |  |
| --- | --- |
|  | **This information is needed by** Click here to enter date. |
|  | **Information****Needed** |  | **Date PEO****Submitted** |
|  |  | Impact Plan sheets – *As Attachment* | Date |
|  |  | JARPA Drawings – *As Attachment -* Click here to add JARPA Drawing due date. | Date |

**Biological Assessment or No Effect Letter**

***If project work will occur outside the existing pavement or gravel shoulders please provide:***

|  | **This information is needed by** Click here to enter Date. |  |
| --- | --- | --- |
|  | **Information****Needed** |  | **Date PEO****Submitted** |
|  |  | List measures that will be implemented to avoid or minimize adverse effects to sensitive areas. Click here to enter list. | Date |
|  |  | Describe any clearing, grading, or filling that will occur within 300 feet of any water body, including wetlands. Click here to enter description. | Date |
|  |  | Describe any proposed in-water work and work over waterbodies and the potential for impacts to riparian vegetation. Click here to enter description. | Date |
|  |  | Quantify areas of vegetation removal (if possible, identify sub-totals by vegetation type, such as forest, scrub-shrub, etc.). Click here to enter data. | Date |
|  |  | Are there any future projects that relate to the proposed project? Is this a stage or part of a larger project? Click here to enter information. | Date |
|  |  | Explain any changes to the operation of the facility (increased traffic, revised use patterns, new maintenance needs, etc.). Click here to enter explanation. | Date |

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| --- | --- |
|  | **If new impervious surface will be added, include the following information:** |
|  |  | Provide a map of TDA boundaries, BMP locations, and discharge locations for existing and proposed conditions. – *As Attachment*  | Date |
|  |  | Description of stormwater conveyance (drainage) system (e.g. pipe, culvert, ditch, sheet flow) pre- and post-project, including the drainage distance from project right-of-way to receiving water body. Click here to enter description. | Date |
|  |  | If no runoff treatment or flow control BMP is being proposed for a TDA, provide justification. Click here to enter justification. | Date |
|  |  | Does the project transfer water between watersheds? – Y/N | Date |
|  |  | Will the project require construction of a new outfall or discharge point? If yes, identify the receiving water body and describe areas of permanent and temporary clearing or grading, types of vegetation to be removed, amount of riprap, diameter of outfall pipe(s), and all maintenance or access roads to be constructed. If available, provide a map of outfall locations. Click here to enter information. | Date |



**Existing conditions**

| **Existing TDA or Outfall Number** | **Total Area (acres)** | **Total Impervious Surface Area (acres)** | **Area with Runoff Treatment (acres)** | **Runoff Treatment BMP Type(s)** | **Area with No Runoff Treatment (acres)** | **Area with Flow Control (acres)** | **Flow Control BMP Type(s)** | **Area to Infiltration BMP (acres)** | **Area with No Flow Treatment (acres)** | **Number of discharge points or outfalls** | **Receiving waterbody** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **Project Totals** |  |  |  |  |  |  |  |  |  |  |  |

**Proposed conditions**

| **Proposed TDA or Outfall Number** | **Total Area (acres)** | **Total Impervious Surface Area (acres)** | **Area with Runoff Treatment (acres)** | **Runoff Treatment BMP Type(s)** | **Area with No Runoff Treatment (acres)** | **Area with Flow Control (acres)** | **Flow Control BMP Type(s)** | **Area to Infiltration BMP (acres)** | **Area with No Flow Treatment (acres)** | **Number of discharge points or outfalls** | **Receiving waterbody** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **Project Totals** |  |  |  |  |  |  |  |  |  |  |  |

| Inputs for HI-RUN Model End-of-Pipe Loading Subroutine |
| --- |
| Baseline (i.e., Pre-Project) Stormwater Facilities |
| *Treatment Type* | *Level of Infiltrationa* | *Subbasin 1 Impervious Area (acres)* | *Subbasin 2 Impervious Area (acres)* | *Subbasin 3 Impervious Area (acres)* | *Subbasin 4 Impervious Area (acres)* | *Subbasin 5 Impervious Area (acres)* |
| Basic orPhosphorus *(Check one)* | 0% |  |  |  |  |  |
| 20% |  |  |  |  |  |
| 40% |  |  |  |  |  |
| 60% |  |  |  |  |  |
| 80% |  |  |  |  |  |
| Enhanced | 0% |  |  |  |  |  |
| 20% |  |  |  |  |  |
| 40% |  |  |  |  |  |
| 60% |  |  |  |  |  |
| 80% |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Infiltration BMP | 100% |  |  |  |  |  |
| *a Level of infiltration relates to the amount of incidental infiltration that can be expected, expressed as a percentage of annual average flow volume. If no incidental infiltration can be assumed, enter area in the row corresponding to “0%”* |



| Proposed (i.e., Post Project) Stormwater Facilities |
| --- |
| *Treatment Type* | *Level of Infiltrationa* | *Subbasin 1 Impervious Area (acres)* | *Subbasin 2 Impervious Area (acres)* | *Subbasin 3 Impervious Area (acres)* | *Subbasin 4 Impervious Area (acres)* | *Subbasin 5 Impervious Area (acres)* |
| Basic orPhosphorus *(Check one)* | 0% |  |  |  |  |  |
| 20% |  |  |  |  |  |
| 40% |  |  |  |  |  |
| 60% |  |  |  |  |  |
| 80% |  |  |  |  |  |
| Enhanced | 0% |  |  |  |  |  |
| 20% |  |  |  |  |  |
| 40% |  |  |  |  |  |
| 60% |  |  |  |  |  |
| 80% |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Infiltration BMP |  100% |  |  |  |  |  |
| *a Level of infiltration relates to the amount of incidental infiltration that can be expected, expressed as a percentage of annual average flow volume. If no incidental infiltration can be assumed, enter area in the row corresponding to “0%”* |

**Traffic Noise Analysis Report**

***If project will be widening, adding a lane, changing the alignment or altering topography please provide:***

|  |  |  |
| --- | --- | --- |
|  | **This information is needed by** Click here to enter date. |  |
|  | **Information****Needed** |  | **Date PEO****Submitted** |
|  |  | Individual Microstation basemap files (.dgn) without references, tags deleted and design compressed that extend to at least 500 feet from outside lane fog line for existing and all proposed alignments, including No-Build – *As Electronic Files** Maximum of 5-foot contours
* ROW line
* Additional features such as noise walls, retaining walls, etc.
* Footprints for homes and businesses
* Existing and proposed roadway profiles
* Cross sections (50 ft. intervals)
 | Date |
|  |  | Posted existing and proposed speedsClick here to enter existing and proposed speeds. | Date |
|  |  | Proposed location and height of concrete safety barriers top elevation and beginning and end locations – *In Microstation File or as Attachment* | Date |
|  |  | Regrading profiles and limits – *As Attachment* | Date |
|  |  | Clearing limits - *As Attachment* | Date |
|  |  | AM and PM peak hour traffic and vehicle mix (heavy trucks, medium trucks and autos) for existing and design year for all alternatives including No-Build – *As Attachment* | Date |
|  |  | **Consultant Noise Report Review:** TNM model files and noise analysis – *As Electronic Files* | Date |

**Air Quality Discipline Report (including MSAT’s)**

***If project will be adding a new signal at an intersection, ramp meter or new through lanes in an intersection within the CO or PM maintenance area or has AADT of 140,000 or more or is a trucking facility please provide:***

|  | **This information is needed by** Click here to enter date. |  |
| --- | --- | --- |
|  | **Information****Needed** |  | **Date PEO****Submitted** |
|  |  | LOS for each intersection with a new signal and/or new channelization within the project area – *As Attachment* | Date |
|  |  | Synchro output report for existing, year of opening and horizon year including – *As Attachment* * + Total cycle length of the signal
	+ Turning movements and volumes for each leg of the intersection
	+ Number of lanes
	+ Signal red times (green time minus cycle length)
	+ Clearance interval and lost time (optional)
	+ Signal is actuated, semi actuated, pre-timed (optional)
	+ Arrival rate (optional)
	+ Saturation flow rate (optional)
 | Date |
|  |  | Metered ramps – *As Attachment* | Date |
|  |  | Hourly VMT – *As Attachment* | Date |
|  |  | Estimated construction start and end dates (to determine if general conformity applies) Click here to enter dates. | Date |
|  |  | **Consultant Air Quality Report Review:** Modeling output reports and air quality analysis – *As Electronic Files* | Date |

**Energy Discipline Report**

***If the environmental documentation is an EIS please provide:***

|  |  |  |
| --- | --- | --- |
|  | **This information is needed by** Click here to enter date. |  |
|  | **Information****Needed** |  | **Date PEO****Submitted** |
|  |  | Estimated project costClick here to enter cost. | Date |
|  |  | VMT (Vehicle miles travelled) – *As Attachment* | Date |
|  |  | Total estimated project cost for all alternativesClick here to enter cost. | Date |
|  |  | **Consultant Energy Review:** Energy Analysis – *As Electronic Files* | Date |

**Greenhouse Gas Analysis**

***If the environmental documentation is an EIS or an EA please provide:***

|  |  |
| --- | --- |
|  | This information is needed by Click here to enter date. |
| [ ]  |  | Posted existing and proposed speedsClick here to enter speeds. |
|  | **This information is needed by** Click here to enter date. |  |
|  | **Information****Needed** |  | **Date PEO****Submitted** |
|  |  | Posted existing and proposed speeds Click here to enter speeds. | Date |
|  |  | Estimated project cost Click here to enter cost. | Date |
|  |  | VMT (Vehicle miles travelled) – *As Attachment* | Date |
|  |  | ADT or AADT – *As Attachment* | Date |
|  |  | If the project is an EIS, please work with ANE Program to clarify additional traffic data needs. | Date |
|  |  | **Consultant Climate Change Review:** GHG analysis – *As Electronic Files* | Date |

**Noise Variance or Exemption**

***If project cannot close lanes during daytime hours please provide:***

|  |  |  |
| --- | --- | --- |
|  | **This information is needed by** Click here to enter date. |  |
|  | **Information****Needed** |  | **Date PEO****Submitted** |
|  |  | Number of work nights Click here to enter number of nights. | Date |
|  |  | List of equipment expected to be used and type of work expected at night in each jurisdiction Click here to enter list. | Date |
|  |  | Email or memo from Traffic or agency stating they do not allow daytime closures and/or reason for requiring nighttime work only – *As Attachment* | Date |
|  |  | Description of detours and traffic control plan – *As Attachment* | Date |
|  |  | Estimated construction start and end dates Click here to enter dates. | Date |
|  |  | Hours of nighttime operation including weekdays and weekends Click here to enter days & hours. | Date |