

U. S. DEPARTMENT OF ENERGY, OFFICE OF SCIENCE  
INTEGRATED SUPPORT CENTER—CHICAGO OFFICE

NATIONAL ENVIRONMENTAL POLICY ACT (NEPA)  
ENVIRONMENTAL EVALUATION NOTIFICATION FORM

**To be completed by "Applicant," i.e., organization with responsibilities for a "Federal action" involving application to DOE for a permit, license, exemption or allocation, or other similar actions. For assistance with this Form, refer to "Instructions for Preparing ISC-CH F-560, Environmental Evaluation Notification Form."**

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

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

Proposed Action Title: \_\_\_\_\_

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

I. Project Description: **(Use explanation pages 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: **(Use explanation pages if additional space is required)**

III. Preliminary Questions:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A. <u>Is the DOE-funded work routinely administrative or <i>entirely</i> advisory or a “paper study?”</u> | <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)

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 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. Any potential whatsoever 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, uncertainty over potential impacts, or conflicts regarding resource usage?               | <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. Environmentally 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, Pollinators)            | <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"/> |

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

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 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 greater than one acre or Removal of Trees Governed by Local Requirement | <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"/> |

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

	Yes	No
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"/>
38. Research on Human Subjects or other Vertebrate Animals	<input type="checkbox"/>	<input type="checkbox"/>
39. Facility footprint exceeds 5,000 Square Feet	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
40. Disproportionate Nearby Presence of Minority and/or Low Income Populations	<input type="checkbox"/>	<input type="checkbox"/>
41. Existing, Modified, or New Federal/State Permits	<input type="checkbox"/>	<input type="checkbox"/>
42. Involvement of Another Federal Agency (e.g. license/permit, funding, approval)	<input type="checkbox"/>	<input type="checkbox"/>
43. Action in a State with NEPA-type law	<input type="checkbox"/>	<input type="checkbox"/>
44. Expansion of Public Utilities/Services	<input type="checkbox"/>	<input type="checkbox"/>
45. Depletion of a Non-Renewable Resources	<input type="checkbox"/>	<input type="checkbox"/>
46. Subject to an Existing Institutional Work Planning and Control Process	<input type="checkbox"/>	<input type="checkbox"/>
47. 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, sensitive business, 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 this 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 (if requested):

	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 § 1021.410.

- 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: \_\_\_\_\_

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

