

**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> |     |    |

***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)                                  |     |    |
| 19. Asbestos Removal  |     |    |
| 20. Polychlorinated biphenyls (PCBs)                                  |     |    |
| 21. Import, Manufacture, or Processing of Toxic Substances            |     |    |
| 22. Chemical Storage/Use  |     |    |
| 23. Pesticide Use   |     |    |
| 24. Hazardous, Toxic, or Criteria Pollutant Air Emissions             |     |    |
| 25. Liquid Effluents  |     |    |
| 26. Spill Prevention/Surface Water Protection                         |     |    |
| 27. Underground Injection   |     |    |
| 28. Hazardous Waste   |     |    |
| 29. Underground Storage Tanks   |     |    |
| 30. Radioactive or Radioactive Mixed Waste                            |     |    |
| 31. Radiation Exposure  |     |    |
| 32. Nanoscale Materials   |     |    |
| 33. Genetically Engineered Microorganisms/Plants or Synthetic Biology |     |    |
| 34. Ozone Depleting Substances  |     |    |
| 35. Greenhouse Gas Generation/Sustainability                          |     |    |
| 36. Off-Road Vehicles   |     |    |
| 37. Biosafety Level 3-4 Laboratory                                    |     |    |
| 38. Research on Human Subjects or other Vertebrate Animals            |     |    |
| 39. Facility footprint exceeds 5,000 Square Feet                      |     |    |

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

- |  | Yes | No |
|--|-----|----|
| 40. Disproportionate Nearby Presence of Minority and/or Low Income Populations     |     |    |
| 41. Existing, Modified, or New Federal/State Permits                               |     |    |
| 42. Involvement of Another Federal Agency (e.g. license/permit, funding, approval) |     |    |
| 43. Action in a State with NEPA-type law   |     |    |
| 44. Expansion of Public Utilities/Services   |     |    |
| 45. Depletion of a Non-Renewable Resources   |     |    |
| 46. Subject to an Existing Institutional Work Planning and Control Process         |     |    |
| 47. Other Pertinent Information Which Could Impact Human Health or the Environment |     |    |

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
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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 3 and 4.

*DOE NEPA Tracking Number*