



24 CFR Part 50 Environmental Review Form

Instructions: Please complete this form and submit, with supporting documentation, to your GTR and the identified Environmental Clearance Officer (unless otherwise instructed by OHHLHC). Upon receipt, review and completion of internal environmental review document, the GTR or Environmental Clearance Officer, will notify you of (conditional) approval as applicable, via e-mail. Please keep a copy of this form and subsequent (conditional) approval from HUD, in the project file.

Grant (Select): Operation LEAP, Healthy Homes Demonstration, Lead Technical Studies,
Other:

Recipient/Grantee:

Instrument (Grant) #:

Project Manager:

Environmental Officer (if different):

Address:

Phone:

Fax:

E-Mail:

Description of Target Area:

See Attached Composite Map

Property Address: _____

Property Description:

Type: _____

Size: _____ -sq. ft.

Construction Type: _____

Year Built: _____

Scope of Work (photos attached):

Estimated Cost for Scope of Work:

\$ _____

HISTORIC PRESERVATION

1. Does the project involve only those activities permitted without further consultation under a currently valid **programmatic agreement** among the responsible entity, the State Historic Preservation Officer (**SHPO**) or Tribal Historic Preservation Officer (**THPO**) and/or the Advisory Council on Historic Preservation?

() Yes () No

If yes, note date of programmatic agreement _____.

Is the property eligible or listed in the National Register (NR), or contained within a National Register Historic District, or is it Locally Designated (LD)?

() Yes () No

Documentation: () NR List

() LD List

() Identified by Survey¹

() Not Eligible²

Comments: _____

and STOP here; the Section 106 Historic Preservation review is complete. **If NO, proceed.**

2. Does the project involve only acquisition and/or minor, interior rehabilitation of a 1-4 unit residential structure that is **less than 50 years old**, with **no visible changes to the exterior** and **no potential to cause effects** on historic properties per §800.3(a)(1)? () Yes () No

If Yes, record date of building construction _____, age: _____ years, and STOP here. The Section 106 Historic Preservation review part is complete. If No, PROCEED.

3. If the proposed rehabilitation involves exterior physical work on any structure, **determine** -in consultation with the appropriate **SHPO/THPO**- whether the building is **listed or eligible** for inclusion in the National Register of Historic Places (NR).

Is the building listed in or eligible for listing in the NR? () Yes () No

If No, attach SHPO/THPO concurrence or other evidence of conclusion and STOP here. This part is complete pursuant to 36 CFR §800.4(d). If Yes, Proceed.

4. Determine whether **historic properties are affected** per §800.4(d). Has SHPO/THPO concurred with your fully documented determination of "no historic properties affected", or failed to object within 30 days of receipt of such determination?

() Yes. Enclose documentation and stop here. Section 106 review is complete.

() No. Proceed.

5. **Determine whether the project will have adverse effect** on historic properties according to § 800.5, in consultation with the SHPO/THPO and consulting parties [see §800.2(c)].

Will this project have an adverse effect on historic properties? () Yes () No

If "no", attach SHPO/THPO concurrence and STOP here. This part is complete per 36 CFR §800.5(d)(1).

If "yes", PROCEED.

6. Resolve Adverse Effects per §800.6 -in consultation with the SHPO/THPO, the Advisory Council on Historic Preservation (ACHP) if participating, and any consulting parties. The loan or grant may not be approved until adverse effects are resolved according to §800.6 or ACHP comment is considered by the Responsible Entity.

NOTES: 1. The determination/consultation of eligibility for the NR, may be sent to SHPO/THPO concurrently with the determination/consultation of effect or no effect and with the determination/consultation of adverse/no adverse effects. 2. The jurisdiction's Chief Executive Officer cannot delegate the decision to approve a project in opposition to Advisory Council comment. 3. Keep copies of this form, all SHPO/THPO and ACHP correspondence in the ERR as evidence of compliance with Section 106 of the National Historic Preservation Act.

Airport Clear Zones

1. Does this project involve the purchase or sale of existing property? () Yes () No

If no, STOP here. This part is complete, pursuant to 24 CFR Subpart D §51.302. If yes, PROCEED.

2. Is the subject property located in the Clear Zone (CZ), Approach Protection Zone, or in the Runway Clear Zone (RCZ) of a commercial civil airport or military airfield? () Yes () No

Source Documentation:

If no, STOP here; this part is complete. If yes, PROCEED.

Provide a **disclosure statement** advising the buyer that the property is in a RCZ or CZ, what the implications of such a location are and that there is a possibility that the property may, at a later date, be acquired by the airport operator. Obtain the buyer's signature acknowledging receipt of this information and attach it to this Appendix. (This disclosure requirement does not apply to Accident Potential Zones).

Explosive & Flammable Operations

1. Will this proposed acquisition/rehabilitation project result in increased residential density or cause a vacant building to become physically or legally habitable?

Yes No

If the answer to both parts of the question is No, STOP HERE. This part is complete per 24 CFR §51.201.

If the answer is Yes, PROCEED.

2. Is this proposed project within 1 mile of any visible, explosive-or-flammable-substance container (a stationary, above-ground tank with a capacity of more than 100 gallons)?

Yes No (See 24 CFR 51C, Appendices I and II).

Field inspection by: _____

Date: _____

If No, STOP here. This part is complete. If yes, PROCEED.

3. Note Tank volume: _____ gallons, or diked area around tank: _____ square feet.

Record distance from the project to the flammable/explosives container: _____ feet.

4. According to HUD Guidebook "Siting of HUD-Assisted Projects Near Hazardous Facilities" (HUD-1060-CPD), the **Acceptable Separation Distance (ASD)** for both, blast overpressure and thermal radiation is: _____ feet. (The applicable ASD [see Appendix F for Thermal Radiation or Appendix G for Blast Overpressure] is the greater of the two distances).

The project is located at an Acceptable Separation Distance according to Appendices F and G.

Yes No If yes, STOP here; this part is complete.

If no, DENY PROJECT APPROVAL, or

APPROVE only with the following mitigation measures designed in compliance with 24 CFR §51.205:

Toxic/Hazardous/Radioactive Materials, Contamination, Chemicals or Gases (24 CFR 50.3(i))

1. Are there visible dumps, landfills, industrial sites or other locations containing or releasing toxic/hazardous/ radioactive/ materials, chemicals or hazardous wastes on or near the subject site?

Yes No Proceed.

2. Does this project site contain an underground storage tank (which is not a residential fuel tank)?

Yes No Proceed.

Field Inspection by: _____

Date: _____

3. Do Federal, State or local environmental records sources reveal potentially hazardous site on or nearby the proposed project that may pose threats to the subject site occupants' health or safety? Yes No

Environmental Records Sources researched:

4. **Determination:** Is the subject property free of hazardous materials, contamination, toxic chemicals, gases and radioactive substances which could affect the health or safety of occupants or conflict with the intended use of the property? ()Yes ()No

If yes, the proposal is in compliance with HUD environmental policy on toxic/hazardous substances.

If no, proceed.

5. Gather all pertinent information about the on-site or nearby toxic hazard - e.g. waste characteristics, quantity, distance, prevailing wind direction, direction of slope, etc. Contact the State Department of Health Services or Air Quality Management District (in California), as needed, for assistance in assessing exposure to health hazards. Determine whether nearby toxic, hazardous or radioactive substances could affect the health and safety of project occupants.

6. Mitigate the adverse environmental condition by shielding, removing or encapsulating the toxic substances in accordance with the requirements of the appropriate Federal, state or local oversight agency; **OR** reject the subject proposal. **DENY HUD ASSISTANCE** if, after mitigation, the housing is still determined to be in an **UNSAFE OR UNHEALTHY ENVIRONMENT**. Attach all pertinent documentation.

Preparer (please sign and print name and title)

date