



Site Specific Environmental Review Checklist
Categorically excluded housing activities as listed in the unspecified site strategy

Project Address (include city & zip code): _____

Signature of Person Inspecting Project Site: _____

RE approval signature: _____

Date Review Completed: _____ Grant Number: _____

If there are more than 4 new construction units together, this form cannot be used. Refer to 24 CFR Part 58.35(a)(4).

*The Site Specific Review checklist contains only the items that could not document compliance on the Broad Review per 24 CFR Part 58.15. **Include the projects scope of work and corresponding pictures related to the project.***

Estimated cost of the project? (Include all funding sources): _____

- _____ 0 to 39.9% market value of the structure
- _____ 40 to 49.9% market value of the structure
- _____ 50 to 74.9% market value of the structure
- _____ 75%+ (and above) market value of the structure

***Note:** *When rehabilitation and/or replacement costs meet or exceed 50% (substantial improvement) of the structures market value, a Statutory Worksheet (with supporting documentation) must be completed for each unit.*

1. Historical Preservation: (36 CFR Part 800)

- a. Is the structure, located on the project site or structures adjacent to the project, more than 50 years old? _____ YES _____ NO [Attach a copy of the property appraiser’s report(s)]
 - _____ age of structure on project site
 - _____ age of structure on adjacent site
 - _____ age of structure on adjacent site
- b. Is the project located in a historic district? _____ YES _____ NO
- c. Will the project site have the potential to contain archeological properties?
 - _____ YES _____ NO

If Yes to question (a) through (c), contact the Florida Department of State, State Historic Preservation Office (SHPO). Allow 30 days from receipt of the request for comments. Attach photocopies of all correspondence. Document the review if no response is received.

- d. Will the project require soil to be disturbed? _____ YES _____ NO

If Yes to question (c) and/or (d), contact the appropriate Native American Indian Tribe(s) listed in the Tribal Directory Assessment Tool version 2.3 (<https://egis.hud.gov.tdat/>) Provide photocopies of all correspondence (included letters, emails, delivery receipts and other relevant information).

2. Floodplain Management: (Executive Order 11988 and 24 CFR Part 55)

- a. According to FEMA's Flood Insurance Rate Map (FIRM) is the project located in a:
100-year floodplain? _____ YES _____ NO
500-year floodplain? _____ YES _____ NO

**Attach a photocopy of the most recent FIRM map (<https://msc.fema.gov/portal/home>) and include the project location.*

- b. If Yes to (a), was the decision making (8-step) process completed during the Unspecified Site Strategy? _____ YES _____ NO

If Yes, proceed to #3. If No, continue below.

- c. Is the project exempt from the decision making (8-step) process per 24 CFR 55 12 (a) or (b)? _____ YES _____ NO

If Yes, state the CFR regulation_____.

If No, the decision making process is required for individual housing projects for one-to-four family properties or structures involving new construction of substantial improvements [see 24 CFR Part 55.2 (b)(10)]

**Provide a copy of the flood insurance policy for projects located within the floodplain [see 24 CFR 58.6 (a) and (b)]. For demolition/replacements, provide a copy of the flood insurance for the new structure.*

3. Wetlands: (Executive Order 11990 and 24 CFR Part 55)

- a. Is the project located in a wetland? _____ YES _____ NO

**Refer to the U.S. Fish and Wildlife Service National Wetland Inventory website at: <https://www.fws.gov/wetlands/>.*

**Attach a photocopy of the wetlands map with the project location.*

If No to (a.), proceed to #4. If Yes, continue below.

- b. Will the project meet an exception listed in 24 CFR 55.12(a) or (b)?
_____ YES _____ NO

If Yes, complete the decision-making process under 24 CFR 55.20.

***The restriction regarding the expansion and/or rehabilitation of a one-to-four family structure was removed effective December 15, 2013.*

4. **Noise:** (24 CFR part 51)

Only complete questions (a) and (b) for housing Disaster Recovery projects.

- a. Will the project utilize funds from a Disaster Recovery Grant?
_____ YES _____ NO _____ N/A

If No, proceed to (c) below. Noise requirements are not applicable to any action or emergency assistance for actions under Disaster Recovery grants as described in 24 CFR Part 51.101(a)(3).

- b. Will the project involve the use of additional funding sources other than the Disaster Recovery grant? _____ YES _____ NO

If Yes, provide funding source(s) in the scope of work and continue below.

- c. Will the project involve rehabilitation? _____ YES _____ NO

If Yes, noise is to be considered. Continue to (d) below.

Will the project involve "new" construction? _____ YES _____ NO

If Yes, complete the questions in (d) below. Mitigation is required for projects exceeding the average day night noise level of 65 decibels (dB).

- d. Is a Highway within 1,000 feet of the project? _____ YES _____ NO
Is a Railroad within 3,000 feet of the project? _____ YES _____ NO
Is a civilian airport within 5 miles of the project? _____ YES _____ NO
Is a Military airport within 15 miles of the project? _____ YES _____ NO

If Yes to (d) above, complete a noise assessment using the Day/Night noise Level Calculator: <https://www.hudexchange.info/resource/2830/day-night-noise-level-assessment-tool/>

Note: *Noise assessments should include the following documentation: FDOT daily traffic map; railroad information; airport noise contour map; airport noise worksheet; and one or both of the following:*

**Rehabilitation with noise above 65 dB: Completion of the Sound Transmission Classification Assessment Tool at: <https://www.hudexchange.info/stracat/>.*

**New construction with noise above 65 dB. Mitigation is required for projects exceeding the average day night noise level of 65 dB. Complete the Barrier Performance Module at: <https://www.hudexchange.info/programs/environmental-review/bpm-calculator/>.*

For additional information refer to HUD's Noise Guidebook or Exchange website at: <https://www.hudexchange.info/resource/313/hud-noise-guidebook/>.

5. Explosive & Flammable Operations: (per 24 CFR Part 51, Subpart C)

- a. For housing rehabilitation projects, will the number of individuals increase?
_____ YES _____ NO
- b. Is the project "new" housing construction? _____ YES _____ NO
- c. Are there stationary above ground storage tanks (AGST) in excess of 100 gallons within a 1 mile radius of the project site that contains explosive or flammable liquids?
_____ YES _____ NO

If Yes, complete the Acceptable Separation Distance calculation using the Electronic Assessment Tool at <https://www.hudexchange.info/environmental-review/asd-calculator/>. Refer to the Acceptable Separation Distance Guidebook for additional information.

****A site located less than the Acceptable Separation Distance will require mitigation or it will be rejected.*** For example, mitigation would be required if the separation distance is 150 feet but the project site is located 125 feet. If mitigation is not obtained, the site will be rejected.

**The review should include the ASD calculation, photos, distance to and location of each tank.*

6. Hazard and Toxics:

- a. Observe the site for any evidence that a toxic material could be present on the site such as distressed vegetation, vent or fill pipes, storage tanks, pits, ponds, or lagoons, stained soil or pavement, pungent, foul or noxious odors, or past uses of the site. _____ YES _____ NO

****Reject any site that has a presence of Toxics or required cleanup prior to purchasing the site.***

Use the U.S. EPA NEPAassist website <http://www.epa.gov/nepa/nepassist> to determine:

- 1. Are there EPA facilities within 3,000 feet of the site? _____ YES _____ NO
- 2. If Yes, are there Brownfields or Superfund facilities? _____ YES _____ NO

**If Yes to # 2, contact the Florida DEP for clearance documentation.*

****Attach a photocopy of the NEPAassist report and associated ECHO reports for all EPA facilities located within 3000 feet of the project site.***

b. Lead-based Paint (LBP):

1. Was the structure built prior to 1978? _____ YES _____ NO

**For the following questions, refer to the U.S. Department of Housing and Urban Development "Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing" at: https://www.hud.gov/program_offices/healthy_homes/lbp/hudguidelines and the "Lead Safe Housing Rule" under 24 CFR Parts 35, Subparts B through M.*

2. Is the structure exempt from LBP testing? _____ YES _____ NO

3. Was a LBP test conducted? _____ YES _____ NO

**Include a copy of the LBP report, homeowner notification and inspector certificate(s).*

(Note: Homeowner is to be notified of test results within 15 calendar days)

4. Are the LBP test results positive? _____ YES _____ NO.

If Yes, provide the homeowner with a copy of the Notice of Evaluation or Presumption.

5. Is a LBP clearance test required? _____ YES _____ NO

**Include a copy of the LBP report, homeowner notification and inspector certificate(s).*

Note: Homeowner is to be notified of test results within 15 calendar days.

c. Asbestos (NESHAP):

1. Is the home exempt from the asbestos (NESHAP) requirements?

_____ YES _____ NO ***If Yes, skip to #11 below.**

**Refer to U.S. EPA's Asbestos (NESHAP) requirements under 40 CFR Part 61, Subpart M and Chapter 62.257, Florida Administrative Code.*

2. Is the home or project site, located in the vicinity of other housing projects associated with this grant?

_____ YES _____ NO

**See Fed. Register, Vol. 60, No. 145 dated July 28, 1995.*

3. Will the home require an inspection to be performed by a licensed asbestos inspector?

_____ YES _____ NO

** If Yes, to #3, include a copy of the inspection report and the inspector(s) certification(s).*

4. If an inspection was performed, is mitigation required? _____ YES _____ NO

**If Yes to #4, include all documentation of the mitigation measures to be performed.*

7. Accident Potential Zone (APZ) and Runway Protection Zone/Clear Zone (RPZ/CZ):

A. Is the project located within 15,000 feet of a military airport (APZ)?

_____ YES _____ NO

B. Is the project located within 2,500 feet of a civilian airport (RPZ/CZ)?

_____ YES _____ NO

C. If Yes to either question above, is the project located within the Accident Potential Zone (Military airport) or Runway Protection Zone/Clear Zone (Civilian airport)?

_____ YES _____ NO

**If Yes, continue below. If No, attached a map of the project location as it relates to the Accident Potential Zone (APZ) OR Runway Protection Zone/Clear Zone (RPZ/CZ).*

For projects located within the Accident Potential Zone (APZ):

1. Will the project involve any of the following new construction, substantial rehabilitation acquisition of undeveloped land, activities that would significantly prolong the physical or economic life of existing facilities or change the use of the facility to a use that is not consistent with the recommendations of the Department of Defense (DOD)'s Land Use Compatibility Guidelines; activities that would significantly increase the density or number of people at the site; or activities that would introduce explosive, flammable, or toxic materials to the area? _____ YES _____ NO

**If Yes, is the project in conformance with DOD guidelines? _____ YES _____ NO*

For projects located within the RPZ/CZ:

1. Will the project involve facilities that will be frequently used or occupied by people?

_____ YES _____ NO

**If No, include written assurance from the airport operator that there are no plans to purchase the land as part of a RPZ/CZ program and continue to #8.*

**If Yes, was a signed copy of the Notice to Prospective Buyers to inform of potential hazards from airplane accidents as well as the potential for the property to be purchased as part of an airport expansion project in accordance with 24 CFR 51.303(a)(3) provided?*

_____ YES _____ NO

*If Yes, to (A) above, was a written documentation obtained from the airport operator assuring the project site would not be acquired or purchased in the future as part of a clear zone acquisition program? _____ Yes _____ No

2. Does the project involve new construction, substantial rehabilitation, acquisition of undeveloped land, or activities that would significantly prolong the physical or economic life of existing facilities that will be frequently used or occupied by people?

_____ YES _____ NO

(If Yes, the site should be rejected unless it will not be frequented by people and/or is approved by the airport operator).

8. **Endangered Species Act:**

Use the Florida Fish and Wildlife Conservation Commission (FFWCC) Eagle Nest Locator website (<http://myfwc.com/wildlifehabitats/managed/bald-eagle/>), to check for Bald Eagles nest within a one mile radius of the project location. Include a copy of the Bald Eagle nest data search results, clearance documentation and permit(s) as required.

- A. Was a clearance received from the U.S. Fish and Wildlife Service (FWS) Information for Planning and Consultation (IPaC) website? _____ YES _____ NO

- B. Was a bald eagle nest(s) located:

1. During a visual inspection within one mile of the project? _____ YES _____ NO

2. On the FFWCC website within one mile radius of the project site?

_____ YES _____ NO

3. Within 660 feet of the project location? _____ YES _____ NO

*If Yes, will the proposed activity occur during the nesting season (October 1 through May 15)? _____ YES _____ NO

**If Yes, contact the FFWCC at <http://myfwc.com/license/wildlife/protected-wildlife/eagle-permits/>. Include clearance documentation and a copy of all permits (if required).*

9. **Coastal Barrier Resource Act:**

Use the U.S. Fish and Wildlife Service Coastal Barrier Resource System Mapper website at <http://www.fws.gov/cbra/maps/mapper.html>.

- A. Is the project located in a Coastal Barrier Resource System? _____ YES _____ NO

**Provide the projects location on the Costal Barrier Resource System map.*

**If Yes, cancel the project and consult with the FWS. Federal assistance for most activities may not be used in this location.*

B. If consultation occurred with the FWS, was approval given?

_____YES _____NO _____NA

**Provide a copy of all consultation documents. If not approved, the project may not proceed at this location.*

10. Inspections:

A. Septic Tank Inspection:

1. Was a septic tank and drain field inspection performed? _____ YES _____NO

**If yes, include a copy of the inspection.*

2. Will the inspection require the septic system to be replaced?

_____ YES _____NO

**If Yes to #2, provide a copy of the clearance inspection report. A clearance must be received prior to closure of the project.*

B. Wood Destroying Organism (WDO) inspection:

1. Will a WDO inspection be required? _____YES _____NO

**If Yes, include a copy of the WDO inspection and/or clearance report.*

Note: If work was performed, provide a copy of the clearance report.

11. Disaster Recovery Project (Only):

A. Has a duplication of benefits been performed and cleared for the following:

FEMA: _____YES _____NO

Insurance: _____YES _____NO

Other: _____YES _____NO

**If Yes to the above, include a copy of the Duplication of Benefits (DOB) information and/or a clearance report.*