# 2020 OHCS Project Site Review Checklist

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The complete Site Review Checklist including all required attachments must be submitted with the application.

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| Applicant/  Sponsor: |  | | | Project Name: | |  | | | |
| Site Address: |  | | | | | | | | |
| County: |  | | | | | | | | |
| Legal description (required): | | Township: |  | | Range: | |  | Section: |  |
| Quarter Section: | | |  | | Tax Lot(s): | |  |  |  |

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| The applicant must complete the Site Review Check list in its entirety and provide to an OHCS Representative prior to the site visit. The OHCS Representative will review the information during the performance of the site review. |
| Certification |

This checklist has been completed accurately to the best of our knowledge, and an OHCS Representative has conducted an in-person site review.

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| Applicant/Sponsor Name | Signature | Date |
|  |  |  |
| OHCS Representative Name | Signature | Date |

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| Information Source Coding |

The source of all information used must be identified. Record the source here and indicate the appropriate code in the space provided throughout the checklist.

**FO - Field Observation.** (On-site observation or personal knowledge of the preparer)

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| --- | --- | --- | --- | --- |
| Preparer: |  | Date of field observation: | |  |
| Address: |  | Phone: |  | |

**PS** - Project Sponsor.  
**PL** - Planning Department.   
 (Information supplied by local planning department or local official previously listed)  
**R1** - Report.(Information from consultant reports, databases, licenses, other authorities. Number such sources   
 consecutively and list below)

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| --- | --- | --- | --- | --- |
| R1 | Title of Report: |  | | |
|  | Preparer: |  | Date: |  |
| R2 | Title of Report: |  | | |
|  | Preparer: |  | Date: |  |
| R3 | Title of Report: |  |  |  |
|  | Preparer: |  | Date: |  |
| R4 | Title of Report: |  |  |  |
|  | Preparer: |  | Date: |  |
| R5 | Title of Report: |  |  |  |
|  | Preparer: |  | Date: |  |
| R6 | Title of Report: |  |  |  |
|  | Preparer: |  | Date: |  |
| R7 | Title of Report: |  |  |  |
|  | Preparer: |  | Date: |  |
| R8 | Title of Report: |  |  |  |
|  | Preparer: |  | Date: |  |

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| Site/Area Maps |

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| Sponsor must provide a vicinity map with scale included. The site location must be visible on any copies sent. Note: Please submit original colored maps as black and white copies are difficult to read.. | | | | |
| On the map, indicate the following: | | | | |
|  | | Location of airport (if applicable) |  | Recreational facilities (park, activity centers, etc.) |
|  | | Railroad (if applicable) |  | Commercial/retail facilities (grocery, dept stores, etc.) |
|  | | Nearest 4-lane highway or arterial |  | Nearby industrial facilities |
|  | | Social Services agencies |  | Schools |
|  | | Hospital, police and fire depts. |  | Rivers, streams, ponds, springs, wetlands |
|  | | | | |
| Also, provide the following: | | | | |
|  | Please submit the most recent original colored FEMA Flood Plain map including a copy of the panel number and date **with project site sketched in**. | | | |
|  | A USGS map of the appropriate Township, Range and Section. The map you submit may be 8 ½ by 11 size, as long as it covers the entire “section” where the site is located. The site location **must be sketched in**. | | | |

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| **Source** | **Type** | **Distance from Project** | **Comments** |
| Commercial Services |  |  |  |
| Employment Centers |  |  |  |
| Public Transportation |  |  |  |
|  |  |  |
|  |  |  |
| Schools | Elementary |  |  |
| Middle/Jr. High |  |  |
| High |  |  |
| Parks and Open Space |  |  |  |
| Recreation/Cultural opportunities |  |  |  |
| Social Services |  |  |  |
| Emergency Services | Police Station |  |  |
| Fire Station |  |  |
| Emergency Medical |  |  |
| Hospital |  |  |
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| Land Development | | | | |

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| **Existing Structures on Site** | | | | | | | | | | | | | **Source** |  | |
|  | | | | | | | | | | | | |  | *FO* | |
| 1. | Are there existing structures on the site? | | | | | | | | | | | | Yes | No | |
|  | If "yes," describe all existing structures on the site whether commercial, residential, storage, etc. and any plans for them. Will they be demolished or rehabilitated? Indicate if each building listed is occupied or vacant. **Include the year each structure(s) was built**. | | | | | | | | | | | | | | |
|  | Commercial |  |  | Rehab |  |  | Demolished |  |  | Occupied |  |  | Year Built | |  |
| Residential |  |  | Rehab |  |  | Demolished |  |  | Occupied |  |  | Year Built | |  |
| Storage |  |  | Rehab |  |  | Demolished |  |  | Occupied |  |  | Year Built | |  |
| Other |  |  | Rehab |  |  | Demolished |  |  | Occupied |  |  | Year Built | |  |
|  | **Comments:** | | | | | | | | | | | | | | |

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| **Soil Suitability** | | | | | **Source** | |  |
|  | | | | |  | | *PS,FO* |
| 2. | Is the site level or sloped? | Level | | Sloped | |  | |
| 3. | If sloped, estimate the percentage of the slope. | |  | | | | |
| 4. | Are there any signs of unstable soils in the vicinity? (e.g. cracked foundations, sinkholes) | | | | Yes | | No |
| 5. | Are area soils highly erodible? Submit soil reports and/or geotech if available. | | | | Yes | | No |
| 6. | Describe soil type and bearing. Get soils type from Natural Resource Conservation Service (local county jurisdiction). | | | | | | |
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| **Hazards** | | **Source** |  | |
|  | |  | *FO* | |
| 7. | Are any natural hazards apparent? (dangerous trees, sinkholes, ravines, avalanche-prone slopes, etc.) | Yes | No | |
| 8. | If “yes”, give details. | | | |
|  |  | | | |
| 9. | Are any of the following present: overgrown adjacent property, abandoned adjacent buildings, unfenced commercial/industrial adjacent property, high pressure petroleum or natural gas pipelines, irrigation canals, drainage ditches, old wells, improperly screened street drains, deteriorated streets or sidewalks, adjacent power substations, high voltage power transmission lines through or adjacent, excessive vibration, odors, dust, field crops, livestock? | Yes | No | |
| 10. | If “yes”, give details. | | | |
|  |  | | | |
| **Contamination Screening** | | **Source** | |  |
|  | | *PS, FO,PL* | | |
| 11. | If this is a rehabilitation project or the demolition of an existing structure is contemplated, is there evidence of the presence of asbestos or lead-based paint? (generally, lead-based paint can be found in most buildings constructed prior to 1978). | Yes | No | |
| 12. | If “yes”, describe the inspections made to identify these two hazards and results of inspections. If no inspections have been made, are they planned? | | | |
|  |  | | | |
| 13. | Has there been an “environmental due diligence” investigation of the site performed (Phase I or II, site characterization, etc.)? | Yes | No | |
| 14. | If “yes”, is it available? (If available, only the executive summary and any recommendations need to be submitted. A Phase I, conducted in accordance with ASTM E.1527-13, will be required as a reservation condition if the proposed project is selected for funding. | Yes | No | |
| 15. | Is there evidence of contamination or potential contamination on immediately adjacent properties (landfills, chemical storage facilities, service stations, chemical processors, plating plants, dry cleaners, vehicle storage, wrecking or repair businesses, underground storage tanks, drums, distressed soil or vegetation, fill, contaminated wells, transformers, major transmission line, adjacent substation)? | Yes | No | |
| 16. | If “yes”, provide details. | | | |
|  |  | | | |
| 17. | Is there evidence of contamination or potential contamination on site (drums, chemical containers, distressed soil or vegetation, odors, accumulation of trash or debris, contaminated wells, transformers, potential USTs [look for old foundations, slabs, pipes in the ground])? | Yes | No | |
| 18. | If “yes”, provide details. | | | |
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| 19. | Is there evidence of fill on site? | Yes | No | |
| 20. | If “yes”, does documentation exist to demonstrate that the fill was engineered and is appropriate for the intended use? | | | |
|  |  | | | |
| 21. | | Are all utilities presently at the site? | Yes | No | |
| 22. | | If “no”, what needs to be brought to the site? | | | |
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| **Site Safety** | | | | | | | | **Source** | |  |
|  | | | | | | | |  | | *FO, PL* |
| List names, addresses and phone numbers of local officials and the date contacted regarding the following: | | | | | | | | | | |
| **Site Safety** | | | Name/Title: |  | Date: |  | Phone: | |  | |
|  | | | Address: |  | | | | | | |
|  | | | | | | | | | | |
|  | | Runway Clear Zones are areas immediately beyond the end of runways at civil airports.  **NO SITE IN A RUNWAY CLEAR ZONE OR ACCIDENT POTENTIAL ZONE WILL BE APPROVED**. | | | | | | | | |
| 23. | | Is the site located in a runway Clear Zone? | | | | | | Yes | | No |
| Explosive and flammable hazards are above ground tanks that contain explosive or flammable materials. Common examples are: commercial propane tanks, fuel oil deports’, gasoline storage, industrial solvent storage and refineries. Residential fuel oil tanks of 100 gallons or less are excepted. Tanks that are currently empty but have not been decommissioned and can legally be refilled will be considered ‘live’. | | | | | | | | | | |
| 24. | | Are there any explosive or flammable above-ground tanks within one (1) mile of any part of the proposed site? | | | | | | Yes | | No |
| 25. | | Are there any explosive or flammable above-ground tanks within 500 feet of any part of the proposed site shielded from line of sight by buildings but not topography (buildings may or may not be an effective barrier, topography is an effective barrier)? | | | | | | Yes | | No |
| 26. | If "yes" to either question 24 or 25, describe them and the distance from the site. | | | | | | | | | |
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| OHCS will contact applicants later for the detailed information necessary to complete HUD's site requirements for projects near hazardous facilities. |

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| Noise |

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| **Effects of Noise** | | | | | **Source** | |  |
| [Day/Night Noise Level Electronic Assessment Tool](https://www.hudexchange.info/environmental-review/daynight-noise-level-electronic-assessment-tool/)  For your information: If you are applying for HOME funds for your project, we will use HUD’s DNL Calculator linked above as part of the Environmental Review process. A score above 64 is problematic and will require mitigation or disqualification. | | | | | | | |
|  | | | | | *FO,PS, PL* | | |
| 27. | | Is any part of the site within 15 miles of an airport with scheduled service (passenger, cargo) or 2.5 miles of a military airport? | | | Yes | No | |
|  | | Check which type(s): | passenger/cargo | military |  |  | |
| 28. | | Is any part of the site within 3,000 feet of a railroad? | | | Yes | No | |
| 29. | | Is any part of the site within 1,000 feet of a freeway, busy road or highway? | | | Yes | No | |
| 30. | Are any other noise generators located nearby (such as heavy industrial facilities, rail yards, shipyards, and fire stations)?  Comment: Sites immediately adjacent to freeways and heavily traveled rail lines may not be acceptable. Most other sites will either be acceptable or acceptable with design mitigation to achieve the required interior standard. | | | Yes | No | |
| 31. | If "yes," identify them and give their distance from the site. | | | | | |
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| Air Quality | | | |
| **Air Quality Screening** | | **Source** |  |
|  | |  | *FO, PL* |
| 32. | Is the site subject to air quality impacts not generally shared with the entire community? (e.g., close proximity to freeway, gravel pit, pulp mill or other source generator or air pollution). | Yes | No |
| 33. | If "yes," please describe. | | |
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| Historic and Preservation Values | | | | | |
| **Historic Preservation Screening** | | | **Source** | |  |
| *PL, R1 appropriate sources for first 4 questions.* | |  | | | |
| **Every site**, whether bare land or scheduled for rehabilitation and/or demolition of existing buildings, must address the questions below. Identify the source of the information. Possible sources include State Historic Preservation Office (SHPO), local historical societies, city and county planners, interested tribes. | | | | | |
| 34. | Is any part of the site in an established, eligible or proposed historic or conservation district? | | Yes | | No |
| 35. | Is the site or any structure on the site listed in a local historic or cultural resources inventory or the National Register of Historic Places (NRHP)? | | Yes | | No |
| 36. | If “yes” on either question 34 or 35, please describe | | | | |
|  |  | | | | |
| 37. | Are any immediately adjacent sites or structures listed in a local historic or cultural resource inventory or the NRHP? | | Yes | | No |
| 38. | If "yes," please describe. | | | | |
|  |  | | | | |
| 39. | Are there any known or suspected archaeological resources on the site, adjacent sites or in the vicinity? | | | Yes | No |
| 40. | Is the site located on any historical or currently owned Tribal lands? | | | Yes | No |
| 41. | If "yes” to either #39 or #40, please describe. | | | | |
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| 42. | List the year(s) built of any structure(s) listed in a local historic or cultural resource inventory or the NRHP? | | | |  |

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| List names, addresses and phone numbers of persons or entities contacted for answers to above: | | | | | |
| Name/Title: |  | Date: |  | Phone: |  | |
| Address: |  | | | | | |

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| **Note to all applicants (regardless of funding requests):**  If any building is 50 or more years old, include the following items with this application. Each individual building over 50 years of age requires submission of these items separately:   * Photographs, laser-copy photos, or color-printed digital images (no photocopies) of the targeted building(s) or of the proposed site, showing architectural context of the project. The photos must clearly show the entire building as well as the immediate surrounding neighborhood area. * A physical description, including date of construction, of any building affected by the project completion. If alterations to the structures have been made, they need to be dated also. |

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| **IMPORTANT: Proposed projects applying for HOME and or HTF funding from OHCS, may be required to complete a Section 106 of the National Historic Preservation Act of 1966 review process.**  In the Section 106 process, a historic property, district, site, building, structure, or object included in or eligible for inclusion in the National Register of Historic Places must be reviewed by the State Historic Preservation Office (SHPO) as part of the NEPA Environmental Assessment. Instructions for the Section 106 review are available under SHPO Clearance Form at: https://www.oregon.gov/oprd/HCD/SHPO/pages/preservation\_106.aspx  **However,** if application is being made for HOME FUNDS from a jurisdiction other than OHCS, applicants must work with that HOME jurisdiction regarding completion of the SHPO process. |

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| Natural Resources | | | | | | | |
| **Flood Plains** | | | | **Source** | |  | |
|  | | | |  | | *PL* | |
| Federally supported construction activities are prohibited within the 100-year flood plain as mapped by the Federal Emergency Management Agency (FEMA), except under limited circumstances. Federally supported construction activities within the floodway are totally prohibited under any circumstances. | | | | | | | |
| 43. | FEMA Map |  | Effective Date |  | | | |
| 44. | Is any part of the site located within the 100-year flood plain according to the FEMA map? | | | | Yes | | No |
| 45. | Is any part of the site located within the floodway according to the FEMA map? | | | | Yes | | No |
| 46. | Will any off-site construction occur within the 100-year flood plain? | | | | Yes | | No |
|  |  | | | |  | |  |
| A color copy of the applicable FEMA map panel **must be submitted** with the proposed site sketched in or identified. Please submit a map with clear differentiation between flood zones. Do not submit a poor photocopy. Local governments are required to have flood plain maps available. | | | | | | | |

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| **For applications requesting OHCS HOME and or HTF, in addition to answering the following, you must submit documentation from participating local officials to back up their determinations for questions 47 through 55.** |

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| **Wetlands** | **Source** |  |
|  |  | *PL, FO* |
| HUD has defined wetlands as “...only those designated wetland areas identified or delineated on maps issued by the Fish and Wildlife Service of the U.S. Department of the Interior as areas that are inundated by surface or ground water with a frequency sufficient to support, and under normal circumstances do or would support, a prevalence of vegetative or aquatic life that requires saturated or seasonally saturated soil conditions for growth or reproduction.”The project site may also contain wetland designation areas from state, county or local entities. | | |

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| --- | --- | --- | --- | --- | --- |
| List name, address and phone number of local officials and the date contacted regarding wetlands: | | | | | |
| Name/Title: |  | Date: |  | Phone: |  |
| Address: |  | | | | |

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| 47. | Has any part of the site (including off-site construction areas) been identified as potentially a jurisdictional wetland by one of the following sources?  If jurisdictional wetlands are anywhere on the site or adjacent to the site, a site map showing an overlay of the wetland area and the planned building(s) must be submitted. Use dark ink. Colored ink or markers do not photocopy well. | | |
|  | **Source** | | |
|  | US Army Corp of Engineers | Yes | No |
|  | Oregon Division of State Lands | Yes | No |
|  | US Fish and Wildlife (Nat’l Wetlands Inventory Maps) | Yes | No |
|  | Natural Resource Conservation Service (rural areas) | Yes | No |
|  | Local Planning Department (Goal 5 Inventories) | Yes | No |
|  | Wetlands Delineation consultant | Yes | No |
|  | Other | Yes | No |

Comment: The local planning department should be cognizant of any identification’s made by the above authorities. Submit any documentation available concerning the wetland status of the site.

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| 48. | If potential jurisdictional wetlands have not been identified, does the site exhibit any of the following characteristics? | | |
|  | **Characteristic** | | |
|  | Wetland vegetation  (cattails, rushes, reeds, sedges, reed canary grass, creeping buttercup) | Yes | No |
|  | Hydric Soils (Soil Conservation Service Maps) | Yes | No |
|  | Seasonally saturated conditions | Yes | No |
|  | Water table within 18 inches of surface | Yes | No |
|  | Wetland wildlife (ducks, salamanders, frogs, nutria, etc. | Yes | No |

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| **Comments:** |
| For sites which possess no potential wetland characteristics (such as building lots in established urban neighborhoods that are “high and dry,’ desert sites with no water resources in the vicinity, or sites with no water resources in the vicinity that are un-vegetated or artificially planted [irrigation is a water resource], the above investigation may be cursory (an inquiry with the planning department and field observation). |
|  |
| If water resources are on site or adjacent, the planning department indicates potential for wetlands in the vicinity, any of the above characteristics are present or the public has raised wetlands as an issue, a more thorough examination is merited. The services of a qualified professional may be necessary. OHCS will not debate the delineation of any wetland (or the determination that no wetland is present) that has been documented as acceptable to the Oregon Division of State Lands |

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| **Endangered, Threatened, Listed Species and Critical Habitat** | | | | **Source** | | |  |
|  | | | |  | | |  |
| List names, addresses and phone numbers of local officials and the date contacted regarding vegetation and wildlife: | | | | | | | |
| Name/Title: |  | Date: |  | | Phone: |  | |
| Address: |  | | | | | | |

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| Proposed projects requesting **HOME** funds must comply with Section 7 of the Endangered Species Act which states that federally funded projects must not jeopardize the continued existence of a listed species or destroy or adversely modify designated critical habitat. To that end, and as a condition of reservation, each HOME project is subject to a professional Biological Assessment to determine the presence of species and critical habitat. This will be included as a Reservation Condition if the proposed project is selected for HOME funding.  In addition to the Biological Assessment, the proposed Project may be subject to consultation with NOAA Fisheries Service and the U.S. Fish and Wildlife Service. | | | |
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| 49. | Have any endangered, threatened or candidate species (fish, animals, plants) been identified in the quarter section of land surrounding the site? | Yes | No |
| 50. | If "yes," provide details. | | |
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| --- | --- | --- | --- | --- |
| 51. | Have any endangered, threatened or candidate species of plants, fish or animals been identified on the actual site? *PL is appropriate source.* | Yes | | No |
| 52. | If "yes," provide details. | | | |
|  |  | | | |
| 53. | Has the locality identified the site or vicinity as wildlife habitat as part of its Goal 5 Inventory process? *PL is appropriate source.* | Yes | No | |
| 54. | If "yes," provide details. | | | |
|  |  | | | |
| 55. | Describe the pre-dominate ground cover and any wildlife observed. *FO is appropriate source.* | | | |
|  |  | | | |

List names, addresses and phone numbers of local officials and the date contacted regarding the following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Public Water** | Name/Title: |  | Date: |  | Phone: |  |
|  | Address: |  | | | | |
| **Public Sewer** | Name/Title: |  | Date: |  | Phone: |  |
|  | Address: |  | | | | |
| **Storm Sewer** | Name/Title: |  | Date: |  | Phone: |  |
|  | Address: |  | | | | |

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| **Solid Waste** | | | **Source** | |  | | | |
|  | | | *FO, PS. PL* | | | | | |
| 56. | | Is garbage collection available? | | Yes | | | No | |
| 57. | | If "yes," by commercial service? | | Yes | | | No | |
|  | |  | | | | | | |
| 58. | | Will curbside residential recycling be available to the proposed project? | | Yes | | | No | |
| 59. | | Is construction waste recycling available in the community? | | Yes | | | No | |
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|  | |  | |  | | |  | |
| **Waste Water** | | | **Source** | |  | | | |
|  | | | *FO, PS. PL* | | | | | |
| 60. | | Is public sewer available at the site? | | Yes | | No | | |
| 61. | | If "no," explain waste-water arrangements | | | | | | |
|  | |  | | | | | | |
| **Storm Water** | | | **Source** | |  | | | |
|  | | | *FO, PS. PL* | | | | | |
| 62. | Is public storm sewer available at the site? | | | Yes | | | No | |
| 63. | If "yes," is this a combined waste/storm sewer? | | | Yes | | | No | |
|  |  | | | | | | | |
| 64. | If public storm sewer is not available, how will storm water drainage be handled? | | | Yes | | | | No |
| 65. | What will be the total square footage of impervious surfaces (roofs, parking areas, walkways) on the site: | | | Yes | | | | No |

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| **Nearby Water** | | | **Source** | |  | | |
|  | | | *Project Architect* | | | | |
| 66. | Are there rivers, creeks or lakes within a 2 mile radius of the proposed project?  (Ponds and irrigation canals are not necessary to consider). | | | Yes | | No | |
| 67. | If so, submit their official names and approximate distance from the site. A map showing their location with respect to the site would be helpful now, and will ultimately be required. | | | | | | |
|  |  | | | | | | |
| 68. | **Is the proposed project within proximity of a designated Wild and Scenic River, as defined below:**  [Wild and Scenic Rivers.](http://www.rivers.gov/map.php) These rivers or river segments have been designated by Congress or by states (with the concurrence of the Secretary of the Interior) as wild, scenic or recreational.  [Study Rivers.](http://www.rivers.gov/study.php) These rivers or river segments are being studied as a potential component of the Wild & Scenic River system.  [Nationwide Rivers Inventory (NRI).](http://www.nps.gov/ncrc/programs/rtca/nri/) The National Park Service has compiled and maintains the NRI, a register of river segments that potentially qualify as national wild, scenic or recreational river areas. | | | Yes | | | No |
| 69. | If so, please describe. | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| **Radon Gas** | | | **Source** |  | | | |
| 70. | HUD regulations require all HOME funded projects to be free of contamination, such as Radon. Proposed new construction projects can incorporate Radon –resistant construction techniques into design. Rehabilitation projects must undergo Radon testing to establish the need for mitigation. Radon testing to screen multifamily properties must be completed by a certified radon professional, who is certified by the American Association of Radon Scientists & Technologists (AARST), the National Radon Proficiency Program (NRPP) or the National Radon Safety Board (NRSB).  The EPA has divided states and counties into three radon risk zones: <https://www.epa.gov/radon/find-information-about-local-radon-zones-and-radon-programs>. Elevated levels of radon can be found in any of the three zones.  Please indicate in which Zone the proposed project is located. Testing and mitigation will be included as a reservation condition if the proposed project is selected for funding. | | | | | | |
| 71. | The proposed project is located in the following Radon Zone: |  | | | | | |

**Attach all maps, pictures and required exhibits to the Project Site Checklist Section here.**