



State of Alaska Department of Natural Resources  
 Division of Parks & Outdoor Recreation  
**Snowmobile Trails Program**  
**Environmental Review Checklist**

Official Use Only

Project Number

Please complete this form using the latest version of the free Adobe Reader software (<http://www.adobe.com/acrobat>). Using Adobe Reader 8 or above will allow you to take advantage of advanced features such as expanding fields.

**Note:** Applicant is responsible for obtaining all Federal, State, and local permits and authorizations prior to project approval.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Category:  Motorized  Educational / Safety

**I Project Description.** Provide a concise, but complete description of the project (auto expanding field).

Project Description

**II Alternatives to proposed action(s).** Are there project alternatives? If so, please describe. For example, stream crossing in a different area. (auto-expands)

Project Alternatives

**III Environmental Consequences.** Complete the following and attach appropriate supporting documentation.

**A. Property Acquisitions / Easements:** (Note: Condemnation of property is not permissible under the Recreational Trails Program.)

1. Is the project seeking permanent acquisitions from private land owners or businesses?  Yes  No
  - 1a. If yes, is the project seeking full or partial acquisition?  Full  Partial
2. Is the project seeking transfer of Federal or State land?  Yes  No
3. Will the project involve a permanent easement to private property where money will change hands?  Yes  No

If "Yes" to any of the above, describe the proposed acquisitions below and attach figures / maps depicting effects to the property. You will also need to complete a **Property Acquisition / Easement checklist** found [on the Recreational Trails Program web page](#).

**B. Local Land Use Plans:**

1. Is the project consistent with Federal, State, and local land use plans?  Yes  No

If "Yes", please identify specific land use plans and briefly describe how the project meets consistency.

**C. Social and Economic:** Describe the positive and/or negative social and economic impacts (if any) to the local community, individual residents, and/or businesses (For example, consider immediate and future impacts to local commuters, the elderly, and other recreational users.).

Social and Economic impacts:

**D. Archeological and Historical Resources:** Contact the Alaska Office of History and Archeology (OHA) at 907-269-8721; also on the web at <http://www.dnr.state.ak.us/parks/oha/index.htm>.

OHA Contact: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

Contact's Title: \_\_\_\_\_

1. Are there National Register listed or eligible sites in the project area?  Yes  No
2. Will the project impact any listed or eligible sites?  Yes  No

If "Yes" to any of the above, briefly summarize and attach the following: survey report, determinations and concurrences from the State Historic Preservation Office, and any agreements for resolution of adverse impacts.

**E. Threatened and Endangered Species:** Contact the U.S. Fish & Wildlife Service (USFWS) office; For current contact names and numbers visit the website at <http://www.fws.gov/offices/Directory/ListOffices.cfm?statecode=2>.

FWS Contact: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

Contact's Title: \_\_\_\_\_

1. Are there threatened or endangered species present  Yes  No
- a. If "Yes", would project affect species or critical habitat?  Yes  No

Describe impacts and attach documentation of consultations with U.S. Fish & Wildlife Service.

**F. Fish & Wildlife Habitat:** Contact the Alaska Department of Fish and Game (ADFG), Habitat Division. For current contact names and numbers visit the website <http://www.adfg.alaska.gov/index.cfm?adfg=contacts.habitat>.

Agency Contact: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

Contact's Title: \_\_\_\_\_

1. Are anadromous or resident fish populations present?  Yes  No
2. Does the project affect wildlife resources (game / subsistence species)?  Yes  No
3. Are migratory bird habitat or raptor nests present?  Yes  No
4. Will the project cross Essential Fish Habitat (EFH)?  Yes  No

**G. Wetlands:** Contact the USACE regulatory office. Contact information <http://www.poa.usace.army.mil/Contact.aspx>

Agency Contact: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

Contact's Title: \_\_\_\_\_

1. Will the project area impact wetlands?  Yes  No

- a. Total wetland acres impacted: \_\_\_\_\_ d. USACE authorization required:  None  Individual  
b. Total wetland fill (Cubic Yards): \_\_\_\_\_  NWP  Other  
c. Total dredge quantity (Cubic Yards): \_\_\_\_\_

2. Describe impacts, list permits, and attach documentation of consultations with USACE.

**H. Floodplains:** Contact the USACE Floodplain Management Services at <http://www.poa.usace.army.mil/About/Offices/Engineering/FloodplainManagement.aspx> or the local agency responsible for management of local floodplains.

Agency Contact: \_\_\_\_\_

Contact's Title: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

1. Will the project encroach onto the 100-year floodplain?  Yes  No

a. If "Yes", would the project increase the backwater elevation of the 100-year floodplain one foot or greater?  Yes  No

2. Is the project within a regulatory floodway?  Yes  No

a. If "Yes", does the project adversely impact the floodway?  Yes  No

3. If "Yes" to any of the above, describe the impacts, list permits, and attach documentation of consultations.

**I. Waterbodies:** Contact the USACE regulatory office. Contact information <http://www.poa.usace.army.mil/Contact.aspx>

Agency Contact: \_\_\_\_\_ Date of contact: \_\_\_\_\_

Contact's title: \_\_\_\_\_

1. Will the project impact a water body (stream, pond, lake, river, etc.)?  Yes  No
- a. Will the project impact navigable waters [Ref. Sec. 9 of Rivers & Harbors Act]  Yes  No
- b. Will the project impact waters of the U.S. as defined by Section 404 of the Clean Water Act and/or Section 10 of the Rivers and Harbors Act?  Yes  No
- c. Will the project impact a catalogued anadromous fish stream?  Yes  No
- d. Will the project involve any of the following actions / installations regarding rivers or streams:  Bridge  Culvert  Embankment fill  Temporary Diversion  Permanent Diversion

2. Describe the impacts, list permits, and attach documentation of consultations:

**J. Water Quality:** Contact the Alaska Department of Environmental Conservation (ADEC) as instructed for each item; visit ADEC on the web at <http://dec.alaska.gov/water/wqsar/wqs/> and <http://dec.alaska.gov/water/wnpspc/stormwater/index.htm>

1. Does the project impact a public or private drinking water source?  Yes  No  
[ Contact ADEC Drinking Water Program Manager at (907) 269-7647 ]

Date: \_\_\_\_\_

ADEC Contact / Title: \_\_\_\_\_

Yes  No

**For the following, contact ADEC Storm Water Program office at (907) 334-2288**

2. Does the project impact a designated impaired water body?

Date: \_\_\_\_\_

ADEC Contact / Title: \_\_\_\_\_

3. How many acres of ground-disturbing activities will result from the project:  
(1 acre = 43,560 ft<sup>2</sup>) \_\_\_\_\_

4. Is there a municipal separate storm system (MS4) with a National Pollution Discharge Elimination System (NPDES) permit, or will runoff be mixed with discharges from an NPDES permitted facility?  Yes  No

5. Does this project require a Storm Water Pollution Prevention Plan (SWPPP)?  Yes  No

ADEC Contact / Title: \_\_\_\_\_

**J. Water Quality** (cont.)

6. Describe the impacts, list permits, and attach documentation of consultations:

**K. Hazardous Waste:** Visit the ADEC website and search the Contaminated Sites database <http://dec.alaska.gov/applications/spar/CSPSearch/default.asp>. For information on contaminated sites/leaking underground storage tanks, visit [http://dec.alaska.gov/spar/csp/db\\_search.htm](http://dec.alaska.gov/spar/csp/db_search.htm)

ADEC Contact / Title: \_\_\_\_\_ Date: \_\_\_\_\_

1. Are hazardous wastes located within the project area ?  Yes  No

If "Yes", please describe below:

**L. Air Quality:** To ensure compliance with air quality standards, contact the Environmental Protection Agency (EPA) on the web at: <http://yosemite.epa.gov/r10/airpage.nsf/webpage/air+quality>

EPA Contact / Title: \_\_\_\_\_ Date: \_\_\_\_\_

1. Is the project in a designated non-attainment or maintenance area for air quality?  Yes  No

a. If "Yes", is the project listed on an exempt projects list ([40 CFR 93.126](#))?  Yes  No

**M. Noise:**

1. Is the project in an existing designated recreational land use area or park?  Yes  No

2. Is the project located near residential areas, campgrounds, wildlife refuges, or wilderness areas?  Yes  No

2a. Describe the proximity and noise impacts to areas below:

3. Indicate the type and estimated number of mechanized vehicles using the trail by season.  
For example, 15 snowmobiles/day on snow, and 25 ATVs/day snow-free.

No. of Vehicles per day: \_\_\_\_\_ Type of vehicle: \_\_\_\_\_  Snow  Snow-Free

No. of Vehicles per day: \_\_\_\_\_ Type of vehicle: \_\_\_\_\_  Snow  Snow-Free

**IV Public Involvement.** Describe how public involvement was solicited and attach copies of public notices and comments.

Our organization solicited public involvement by:

**V Environmental Commitments and Mitigation measures.** List commitments and measures that will be taken to avoid, minimize, or mitigate any impacts identified in Section III or IV above. List all permit conditions.

Our organizations commitments and mitigation measures include:

**VI Applicant Certification.**

I certify that the information provided on this form and any supplemental documents are accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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**Land Water Conservation Fund Act (LWCF), Section 6(f)(3):**

- 1. Are Section 6(f)(3) properties impacted by the project?  Yes  No
- a. If "Yes", will the use of the property constitute a conversion?  Yes  No

Further coordination is not required  Further coordination required

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

LWCF State Liaison Officer

**Trails Program Coordinator Certification:**

Project qualifies as a Categorical Exclusion, per [40 CFR 1508.4](#)  Yes  No

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

State Trails Program Coordinator