



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

Official Use Only

RTP Project Number

**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 ☐ Non-motorized ☐ Diversified ☐ 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: \_\_\_\_\_

NEW: If a Cultural Resources survey is required it **must** be complete within 18 months before you will get federal approval for this grant.

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/Directories/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/wnp spc/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 ]

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

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

☐ 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:

**Sections "L" and "M" are to be completed for Motorized and Diversified projects.**

**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 [23 CFR 771.117](#), and Stipulation 1 or 2 of the Programmatic Agreement between FHWA and the Alaska Department of Natural Resources

☐ Yes ☐ No

*\* If project does not qualify as a CE, consult with FHWA*

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

State Trails Program Manager

**Federal Highway Administration**

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

FHWA Recreational Trails Program Manager