Close

USDA
Form RD 1940-20
(Rev. 4-06)

Position 3

FORM APPROVED
OMB No. 0575-0094

Name of Project

Location

REQUEST FOR ENVIRONMENTAL INFORMATION

Item 1a. Has a Federal, State, or Local Environmental Impact Statement or Analysis been prepared for this project?
☐ Yes ☐ No ☐ Copy attached as EXHIBIT I-A.

1b. If "No." provide the information requested in Instructions as EXHIBIT I.

Item 2. The State Historic Preservation Officer (SHPO) has been provided a detailed project description and has been requested to submit comments to the appropriate Rural Development Office. ☐ Yes ☐ No Date description submitted to SHPO _____

Item 3. Are any of the following land uses or environmental resources either to be affected by the proposal or located within or adjacent to the project site(s)? *(Check appropriate box for every item of the following checklist).*

	Yes	No	Unknown
1. Industrial.....	☐	☐	☐
2. Commercial.....	☐	☐	☐
3. Residential.....	☐	☐	☐
4. Agricultural.....	☐	☐	☐
5. Grazing.....	☐	☐	☐
6. Mining, Quarrying.....	☐	☐	☐
7. Forests.....	☐	☐	☐
8. Recreational.....	☐	☐	☐
9. Transportation.....	☐	☐	☐
10. Parks.....	☐	☐	☐
11. Hospital.....	☐	☐	☐
12. Schools.....	☐	☐	☐
13. Open spaces.....	☐	☐	☐
14. Aquifer Recharge Area.....	☐	☐	☐
15. Steep Slopes.....	☐	☐	☐
16. Wildlife Refuge.....	☐	☐	☐
17. Shoreline.....	☐	☐	☐
18. Beaches.....	☐	☐	☐

	Yes	No	Unknown
19. Dunes.....	☐	☐	☐
20. Estuary.....	☐	☐	☐
21. Wetlands.....	☐	☐	☐
22. Floodplain.....	☐	☐	☐
23. Wilderness..... *(designated or proposed under the Wilderness Act)*	☐	☐	☐
24. Wild or Scenic River..... *(proposed or designated under the Wild and Scenic Rivers Act)*	☐	☐	☐
25. Historical, Archeological Sites..... *(Listed on the National Register of Historic Places or which may be eligible for listing)*	☐	☐	☐
26. Critical Habitats..... *(endangered/threatened species)*	☐	☐	☐
27. Wildlife.....	☐	☐	☐
28. Air Quality.....	☐	☐	☐
29. Solid Waste Management.....	☐	☐	☐
30. Energy Supplies.....	☐	☐	☐
31. Natural Landmark..... *(Listed on National Registry of Natural Landmarks)*	☐	☐	☐
32. Coastal Barrier Resources System.....	☐	☐	☐

Item 4. Are any facilities under your ownership, lease, or supervision to be utilized in the accomplishment of this project, either listed or under consideration for listing on the Environmental Protection Agency's List of Violating Facilities? ☐ Yes ☐ No

_____
(Date)

Signed: _____
(Applicant)

_____
(Title)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collections is 0575-0094. The time required to complete this information collection is estimated to average 6 to 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Close