

1. Background

1.a. Describe your facility, including the facility's function.

1.a(1). Who is the primary point of contact (POC) for facility environmental issues?

Complete the following form:

1.a(1).a. Primary POC email:	<input type="text"/>
1.a(1).b. Is this environmental position a collateral duty?	<ul style="list-style-type: none"> • Yes • No
1.a(1).c. If yes, what is this person's primary duty?	<input type="text"/>
1.a(1).d. Primary POC phone number:	<input type="text"/>

Current values summarized below:

Primary POC email:	Is this environmental position a collateral duty?	If yes, what is this person's primary duty?	Primary POC phone number:
<i>(values from the table above are captured in tabular format)</i>			

1.a(2). Who is the secondary POC for facility environmental issues?

Complete the following form:

1.a(2).a. Secondary POC email:	<input type="text"/>
1.a(2).b. Is this environmental position a collateral duty?	<ul style="list-style-type: none"> • Yes • No
1.a(2).c. If yes, what is this person's primary duty?	<input type="text"/>
1.a(2).d. Secondary POC phone number:	<input type="text"/>

Current values summarized below:

Secondary POC email:	Is this environmental position a collateral duty?	If yes, what is this person's primary duty?	Secondary POC phone number:
<i>(values from the table above are captured in tabular format)</i>			

1.b. In what county and/or air district is the facility located (if applicable)?

1.c. Does the Agency own, lease, or is it delegated facility management authority at this facility?

1.c(1). Agency-Owned

YES NO

1.c(2). Agency-Leased, GSA Owned, Agency not delegated facility management

YES NO

1.c(3). Agency-Leased, GSA Owned, Agency delegated facility management

YES NO

1.c(4). Agency-Leased, Owned by Other Than GSA, Agency not delegated facility management

YES NO

1.c(5). Agency-Leased, Owned by Other Than GSA, Agency delegated facility management

YES NO

1.d. How many occupied/open buildings are there onsite?

Complete the following form for each occupied/open building:

1.d(1). Building Number/Name:	<input type="text"/>
1.d(2). Gross Square Footage of the Building:	<input type="text"/> <i>(Numbers Only)</i>

Current values summarized below:

Building Number/Name:	Gross Square Footage of the Building:
<i>(values from the table above are captured in tabular format)</i>	

2. Facility Details

2.a. Which of the following are onsite and/or used at the facility (including cars, trucks, and heavy equipment)? To select more than one choice, click on the first item and, while depressing the Ctrl key, click on the additional desired choices.

Road-licensed motor vehicles
 Non-road licensed motor vehicles and equipment
 Boats/Watercraft
 Aircraft

2.a(1). Which of the following maintenance activities are done for motor vehicles onsite? (select all that apply) To select more than one choice, click on the first item and, while depressing the Ctrl key, click on the additional desired choices.

Not Applicable
 Oil Changes
 Battery Charging
 Battery Changing
 Antifreeze Replacement
 Vehicle Washing
 Tire Changing

2.a(2). Which of the following maintenance activities are done for aircraft onsite? (select all that apply) To select more than one choice, click on the first item and, while depressing the Ctrl key, click on the additional desired choices.

Not Applicable
 Oil Changes
 Battery Charging
 Battery Changing
 Antifreeze Replacement
 Aircraft Washing

2.a(3). Which of the following maintenance activities are done for watercraft/vessels onsite? (select all that apply) To select more than one choice, click on the first item and, while depressing the Ctrl key, click on the additional desired choices.

Not Applicable
 Battery Charging
 Battery Charging
 Antifreeze Replacement
 Oil Changes
 Watercraft/Vessel Washing

2.b. Which of the following are fueled onsite?

Motor Vehicles
 Aircraft
 Boats/Vessels/Watercraft
 None

2.b(1). Which of the following types of onsite fueling are being used? (Choose all that apply)

Cans of gasoline/diesel fuel (incl. 55-gal drums).
 Fuel dispensing pumps (i.e., like a gas station).
 Directly from an above ground storage tank.
 Directly from a fuel tank truck.

2.c. How many motor vehicles (including light-duty, medium-duty, and heavy-duty) are in the facility's fleet?

2.c(1). Does the fleet have any plug-in-hybrid (PIH) vehicles?

YES NO

If Yes:

2.c(1).a. Number of PIHs:

3. Regulatory History

3.a. Has the facility ever been visited/inspected by state or federal environmental regulators and NOT received an enforcement action/notice of noncompliance/warning letter?

YES NO

If Yes:

3.a(1). Date of last visit:

blank date

3.b. Has the facility undergone an agency sponsored environmental audit?

YES NO

If Yes:

3.b(1). Date of last audit:

blank date

3.c. Has the facility received any notices of violation (NOV), notices of noncompliance (NON), or warning letters from either state or federal regulators external to the Agency?

YES NO

If Yes, use the form below to identify the type of notice, the issuing agency, the issue, whether there was a fine and the date received.

3.c(1). Type of Notice:	<ul style="list-style-type: none"> • Consent Decree • Violation • Noncompliance • Warning Letter • Other
3.c(2). Issuing Agency:	<input type="text"/>
3.c(3). Issue:	<input type="text"/>
3.c(4). Was there a monetary fine imposed?	<input type="radio"/> Yes <input type="radio"/> No
3.c(5). Is there a Separate Environmental Project (SEP)?	<input type="radio"/> Yes <input type="radio"/> No
3.c(6). Date of Notice:	<input type="text"/> <input type="button" value="Select Date"/>
3.c(7). Is the corrective action completed or not completed?	<ul style="list-style-type: none"> • Yes • No
3.c(8). Explain how the corrective action was completed, or why it has not been completed.	<input type="text"/>

Current values summarized below:

Type of Notice:	Issuing Agency:	Issue:	Was there a monetary fine imposed?	Is there a Separate Environmental Project (SEP)?	Date of Notice:	Is the corrective action completed or not completed?	Explain how the corrective action was completed, or why it has not been completed.
<i>(values from the table above are captured in tabular format)</i>							

4. Air Emissions

4.a. Does the facility have an air emissions operating or construction permit?

YES NO

If Yes:

4.a(1). Permit Number:

4.a(2). Air emissions covered:

4.a(3). Attach a copy of the permit.

4.b. Does the facility operate any incinerators?

YES NO

If Yes:

4.b(1). Describe what is typically incinerated.

4.c. Do facility personnel perform maintenance on air conditioning or refrigeration systems?

- YES NO

If Yes:

4.c(1). Identify which of the following air conditioning system maintenance is performed by facility personnel:

4.c(1).a. Building Air Conditioners:

- YES NO

4.c(1).b. Motor Vehicles:

- YES NO

4.c(1).c. Laboratory Systems:

- YES NO

4.c(1).d. Window Air Conditioners:

- YES NO

4.c(1).e. Refrigerators:

- YES NO

4.c(1).f. Refrigerated Containers:

- YES NO

4.d. Does the facility operate its own boilers/steam generators for heat or electricity?

- YES NO

If yes, use the form below to identify the location, capacity and fuel of any boilers/steam generators used for heat or electricity.

4.d(1). Boiler Location:	<input style="width: 100%;" type="text"/>
4.d(2). Capacity:	<input style="width: 100%;" type="text"/> <i>(Numbers Only)</i>
4.d(3). Throughput:	<ul style="list-style-type: none"> • gal/hr • MMBtu/h • MW
4.d(4). Primary Fuel:	<ul style="list-style-type: none"> • Diesel • Gasoline • # 2 Heating Oil • Kerosene • Natural Gas • Propane • Solid Fuel • Other
4.d(5). Secondary Fuel:	<ul style="list-style-type: none"> • Diesel • Gasoline • # 2 Heating Oil • Kerosene • Natural Gas

<ul style="list-style-type: none"> • Propane • Solid Fuel • Other
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Current values summarized below:

Boiler Location:	Capacity:	Throughput:	Primary Fuel:	Secondary Fuel:
<i>(values from the table above are captured in tabular format)</i>				

4.e. Does the facility operate emergency generators onsite?

- YES NO

If yes, use the form below:

4.e(1). Location of emergency generator:	<input style="width: 100%; height: 50px;" type="text"/>
4.e(2). Kilovolt amperes (KVA) of the emergency generator:	<input style="width: 80%;" type="text"/> <i>(Numbers Only)</i>
4.e(3). Fuel types used in emergency generator: Select one or more options.	<ul style="list-style-type: none"> • Batteries • Biofuel • Diesel Fuel • Gasoline • Kerosene • Propane

Current values summarized below:

Location of emergency generator:	Kilovolt amperes (KVA) of the emergency generator:	Fuel types used in emergency generator: Select one or more options.
<i>(values from the table above are captured in tabular format)</i>		

5. Cultural Resources

5.a. What is the age of the oldest Bureau-owned building on the facility?

0-25 yrs

5.a(1). Has the facility ever been surveyed for the presence of historic buildings or archaeological sites?

- YES NO N/A

If Yes:

5.a(2). Date of the Survey:

blank date

5.a(3). Location where a copy of the Survey is available:

5.b. Are there any known historic properties listed on the National Register of Historic places or the equivalent State Register on or immediately adjacent to the facility?

- YES NO

If Yes:

5.b(1). Describe the property.

5.b(2). Attach digital picture of the property.

5.c. Are there any archeological sites (Native American or other) on or immediately adjacent to the facility?

YES NO

5.d. Does the facility maintain an archive of historic documents?

YES NO

5.e. Does the facility contain any areas of religious or cultural importance to Native Americans?

YES NO

5.f. Does the facility have a Cultural Resources Management Plan (CRMP), if applicable?

YES NO N/A

If Yes:

5.f(1). Date of the plan.

blank date

5.f(2). Location where a copy of the CRMP is available:

5.g. Does the facility have an area open to the public where it displays historic or cultural artifacts?

YES NO

5.h. Does the facility have cultural artifacts onsite that have not been curated?

YES NO

6. Hazardous Materials

6.a. Does the facility have a written Hazard Communication Program?

YES NO N/A

If Yes:

6.a(1). Date of the most recent written version of the Hazard Communication Program:

blank date

6.b. Has the facility reported the presence of any hazardous chemicals/substances onsite to the local or state emergency planning committee (see HELP)?

YES NO N/A

If Yes:

6.b(1). Date:

blank date

6.b(2). Where is a copy of the report located?**6.c. Has the facility ever submitted a Tier I or Tier II emergency planning/community right to know report (see HELP)?** YES NO N/A***If Yes:*****6.c(1). Date:**

blank date

6.c(2). Materials Covered by Report:**6.c(2).a. Explain "Other"****6.c(3). Where is a copy of the report located?****6.d. Has the facility ever submitted a Form R report related to the use of toxic chemicals (see HELP)?** YES NO N/A***If Yes:*****6.d(1). Date:**

blank date

6.d(2). Materials Covered by Report.**6.d(2).a. Explain "Other"****6.d(3). Where is a copy of the report located?****6.e. Does the facility have a laboratory in which relatively small quantities of chemicals are used?** YES NO***If Yes:***

6.e(1). Does the laboratory have a Chemical Hygiene Plan(s)?

YES NO

6.e(2). Current Date of Plan.

blank date

6.f. Does the facility store compressed gases?

YES NO

7. Hazardous Waste

7.a. Has the facility ever generated any hazardous waste?

YES NO

If Yes, pick the description which best fits the facility:

7.a(1). Conditionally Exempt Small Quantity Generator (CESQG): less than 100 kg [>>220 lb, 27 gal] of hazardous waste and 1 kg [>> 2 lb] or less of acute hazardous waste in any calendar month.

YES NO

7.a(2). Small Quantity Generator (SQG): more than 100 kg [>> 220 lb, 27 gal] but less than 1000 kg [>> 2205 lb, 265 gal] of hazardous waste and no more than 1 kg [>> 2 lb] of acute hazardous waste in any calendar month.

YES NO

7.a(3). Large Quantity Generator (LQG): more than 100 kg [>> 2205 lb, 265 gal] of hazardous waste or more than 1 kg [>>2 lb] of acute hazardous waste in any calendar month.

YES NO

7.b. Does the facility have a hazardous waste ID number, either from the state or the Federal EPA?

YES NO

If Yes:

7.b(1). ID Number:

7.c. Does the facility have a contingency plan which addresses hazardous waste management?

YES NO

If Yes:

7.c(1). Current Date of Plan:

blank date

7.c(2). Attach a copy of the plan

7.d. Do facility personnel transport hazardous waste off the property (i.e., on public roads) in Bureau Project vehicles?

YES NO

If Yes:

7.d(1). Waste transported:

7.d(2). Destination of the waste:

7.e. Who signs the hazardous waste manifest as well as tracking and ensuring regulatory compliance for the hazardous waste disposal process?

7.f. Does the facility dispose of any waste as universal waste?

YES NO

If Yes, pick the description which best fits the facility:

7.f(1). Small Quantity Handler of Universal Waste (generates less than 5000 kg [approx. 11,111 lb] of universal waste in 1 yr)

YES NO

7.f(2). Large Quantity Handler of Universal Waste (generates more than 5000 kg [approx. 11,111 lb] of universal waste in 1 yr)

YES NO

7.g. Which of the following items does the facility handle as universal waste?

7.g(1). Florescent Lamps

YES NO

7.g(2). Alkaline Batteries

YES NO

7.g(3). Nickel-Cadmium Batteries

YES NO

7.g(4). Lead-acid Batteries

YES NO

7.g(5). Lithium Batteries

YES NO

7.g(6). Magnesium Batteries

YES NO

7.g(7). Mercury-containing Thermostats/guages

YES NO

7.g(8). Other (explain below)

YES NO

7.g(8).1

8. Natural Resources Management**8.a. Is the facility responsible for managing any threatened or endangered species (plant or animal)?**

YES NO

If Yes:

8.a(1). What species are managed at the facility?

8.b. Is the facility located in a coastal zone?

YES NO

If Yes:

8.b(1). In which coastal zone is the facility located?

8.c. Is the facility located in a floodplain?

YES NO

If Yes:

8.c(1). In what classification of floodplain?

10-yr

8.d. Is the facility located in, or adjacent to, a wetland?

YES NO

If Yes:

8.d(1). Which wetland is the facility located in or adjacent to, if named?

8.e. Is the facility on a sole source aquifer?

YES NO

8.f. Does the facility impact, or have the potential to influence, a wild or scenic river?

YES NO

8.g. Does the facility impact, or have the potential to influence, a recognized wilderness area?

- YES NO

9. NEPA

9.a. Has a Major Federal action been reviewed through the NEPA Process in the past year?

- YES NO

If Yes,

9.a(1). Did the review result in a Categorical Exclusion (CATEX)

- YES NO

If Yes, enter the following information

9.a(1).a. Title of reviewed action:	<input type="text"/>
9.a(1).b. Date of CATEX:	<input type="text"/> Select Date

Current values summarized below:

Title of reviewed action:	Date of CATEX:
<i>(values from the table above are captured in tabular format</i>	

9.a(2). Did the review result in a NEPA Environment Assessment (EA)?

- YES NO

If Yes, enter the following information

9.a(2).a. Title of EA	<input type="text"/>
9.a(2).b. Status	<ul style="list-style-type: none"> <input type="checkbox"/> In Progress <input type="checkbox"/> Complete
9.a(2).c. Final Date	<input type="text"/> Select Date
9.a(2).d. FONSI	<input type="radio"/> Yes <input type="radio"/> No
9.a(2).e. EIS Initiated	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
9.a(2).f. Public availability date	<input type="text"/> Select Date
9.a(2).g. Cooperating Agency	<input type="text"/>
9.a(2).h. Reason that Cooperating Agency status was not initiated or was ended	<ul style="list-style-type: none"> <input type="checkbox"/> N/A <input type="checkbox"/> No Jurisdiction <input type="checkbox"/> No Authority <input type="checkbox"/> No Agreement <input type="checkbox"/> No Capacity <input type="checkbox"/> Other
If Other, please explain:	<input type="text"/>

Current values summarized below:

Title of EA	Status	Final Date	FONSI	EIS Initiated	Public availability date	Cooperating Agency	Reason that Cooperating Agency status	If Other, please explain:

Current values summarized below:

Location of site:	Estimated finish date:	Description of effort:	Remediation of what types of materials:	Site ID:
<i>(values from the table above are captured in tabular format)</i>				

10.b. Has the facility previously managed a remediation/cleanup site?

YES NO

If Yes:

10.b(1). Location of site:	<input type="text"/>
10.b(2). Estimated finish date:	<input type="text"/> <input type="button" value="Select Date"/>
10.b(3). Description of effort:	<input type="text"/>
10.b(4). Remediation of what types of materials:	<input type="text"/>
10.b(5). Regulatory status of project:	<input type="text"/>
10.b(6). Site ID:	<input type="text"/>

Current values summarized below:

Location of site:	Estimated finish date:	Description of effort:	Remediation of what types of materials:	Regulatory status of project:	Site ID:
<i>(values from the table above are captured in tabular format)</i>					

11. Environmental Noise

11.a. Has facility-generated noise resulted in complaints from the public.

YES NO

If Yes:

11.a(1). Subject of the complaint:	<input type="text"/>
11.a(2). Date of complaint:	<input type="text"/> <input type="button" value="Select Date"/>
11.a(3). Action taken to address complaint:	<input type="text"/>

Current values summarized below:

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Subject of the complaint:	Date of complaint:	Action taken to address complaint:
<i>(values from the table above are captured in tabular format)</i>		

12. Pollution Prevention

12.a. Does the facility have a process/procedure for ensuring they are purchasing products containing recovered materials (i.e., paper, office supplies, carpet, park benches, playground equipment, plastic fencing, construction products)?

YES NO

12.b. Does the facility have a procurement program for bio-based products (i.e., hydraulic fluid, diesel fuel additives, penetrating lubricants, 2-cycle engine oil, greases, and stationary equipment hydraulic fluids)?

YES NO

12.c. Has the facility enrolled in the optional Federal Green Challenge (FGC)?

YES NO

12.d. What is the facility water consumption by FY (i.e., potable, landscape, and other)?

Complete the following form:

12.d(1). FY	<ul style="list-style-type: none"> • FY07 • FY08 • FY09 • FY10 • FY11 • FY12 • FY13 • FY14 • FY15 • FY16 • FY17 • FY18 • FY19 • FY20
12.d(2). Number of gallons consumed	<input type="text"/>
	<i>(Numbers Only)</i>

Current values summarized below:

FY	Number of gallons consumed
<i>(values from the table above are captured in tabular format)</i>	

12.e. What is the rate of energy consumption at the facility?

Complete the following form:

12.e(1). Pick FY:	<ul style="list-style-type: none"> • FY 12 • FY 13 • FY 14 • FY 15 • FY 16 • FY 17 • FY 18 • FY 19 • FY 20
12.e(2). Amount of energy consumed:	<input type="text"/>
12.e(3). Units of measure:	• BTUs

<ul style="list-style-type: none"> • Cubic ft. of Natural gas • Kilowatt hour

Current values summarized below:

Pick FY:	Amount of energy consumed:	Units of measure:
<i>(values from the table above are captured in tabular format)</i>		

13. Pesticide Management

13.a. Does the facility use pesticides, herbicides, fungicides, insecticides, algicides, virucides, rodenticides, or even general use over-the-counter products?

YES NO

If Yes, indicate all the application methods used

13.a(1). Contractor application?

YES NO

13.a(2). In-house personnel apply?

YES NO

13.a(3). Other application methods?

YES NO

If Yes, explain:

13.b. Does the facility maintain a pesticide/entomology shop (i.e., a place for the mixing, storage, and decontamination activities associated with pesticide applications)?

YES NO

13.c. Does the facility have any Bureau employees who are certified pesticide applicators?

YES NO

If yes, use the form below to identify all certified pesticide applicators and their certification dates.

13.c(1). Certified Applicator's Name:	<input style="width: 95%;" type="text"/>
13.c(2). Certification Date:	<input type="button" value="Select Date"/>
13.c(3). Areas of Certification:	<div style="border: 1px solid gray; height: 100px; width: 95%;"></div>

Current values summarized below:

Certified Applicator's Name:	Certification Date:	Areas of Certification:
<i>(values from the table above are captured in tabular format)</i>		

14. Petroleum, Oil and Lubricants Management

14.a. Does the facility have a Federally-required Spill Prevention Control and Countermeasure (SPCC) plan (see HELP for info) that covers the petroleum products stored onsite?

YES NO

If Yes:

14.a(1). What is the date of the current SPCC plan?

blank date

14.a(2). Is the facility a Tier 1 or Tier 2 SPCC facility?

Tier 1

14.a(3). When was annual training last conducted?

blank date

14.a(4). Where is a copy of the current SPCC available?

14.b. Does the facility have a Federally-required Facility Response Plan (FRP) (see HELP for info) that covers the petroleum products stored onsite?

YES NO

If Yes:

14.b(1). What is the date of the current FRP?

blank date

14.b(2). When was annual training last conducted?

blank date

14.b(3). Where is a copy of the current SPCC available?

14.c. Does the facility have a "Marine Transportation-Related (MTR) Facility" (see Help)?

YES NO

If Yes:

14.c(1). Does the MTR have a site-specific spill response plan?

YES NO

14.c(1).a. What is the date of the current plan?

blank date

14.c(1).b. When was annual training last conducted

blank date

14.c(1).c. Where is a copy of the current SPCC available?

14.d. Does the facility generate used oil?

YES NO

If Yes:

14.d(1). What is the source of the used oil?

14.d(2). Is used oil recycled/reused?

YES NO

14.d(3). Is used oil sent for disposal?

YES NO

14.e. Do facility personnel transport used oil on public roads?

YES NO N/A

If Yes:

14.e(1). Where is the used oil transported to?

14.e(2). Does the facility keep final destination and use records?

YES NO

15. Solid Waste Management

15.a. Do you have a baseline for your annual solid waste generations?

YES NO

15.b. Does the facility recycle waste generated by Bureau operations?

YES NO

15.b(1). If No, document why not:

15.b(2). If Yes, which of the following are recycled at the facility by the Bureau?

15.b(2).a. White Paper (i.e., office paper)

YES NO N/A

15.b(2).b. Cardboard

YES NO N/A

15.b(2).c. Glass

YES NO N/A

15.b(2).d. Scrap Metal

YES NO N/A

15.b(2).e. Mixed Paper/Newspaper

YES NO N/A

15.b(2).f. Plastic

YES NO N/A

15.b(2).g. Aluminum Beverage Cans

YES NO N/A

15.b(2).h. Wood Pallets

YES NO N/A

15.b(2).i. Toner Cartridges

YES NO N/A

15.b(2).j. Fluorescent Lamps/Bulbs

YES NO N/A

15.b(2).k. Light Ballasts

YES NO N/A

15.b(3).l. Lead Acid Batteries

YES NO N/A

15.b(2).m. Batteries other than Lead Acid Batteries

YES NO N/A

15.b(2).n. Used Oil

YES NO N/A

15.b(2).o. Antifreeze

YES NO N/A

15.b(2).p. Tires

YES NO N/A

15.b(2).q. Electronics

YES NO N/A

15.b(2).r. Ammunition, Lead and/or Brass

YES NO N/A

15.b(2).s. Other

YES NO N/A

If Yes, please specify:

15.c. Does the facility have a compost pile?

YES NO

15.d. Does the facility operate a landfill?

YES NO

15.e. Is there a closed landfill on the facility's property?

YES NO

If Yes:

15.e(1). When did the landfill close?

blank date

15.f. Does the facility manage/dispose of sharps or other medical waste?

YES NO

15.g. Does the facility manage/dispose of carcasses?

YES NO

If Yes:

15.g(1). How are carcasses disposed of?

16. Storage Tank Management

16.a. Does the facility have any aboveground storage tanks (see "help" for guidance on which ASTs to include in this list)

YES NO

If yes, use the form below to identify the size, contents, and purpose.

16.a(1). Tank contents:	<ul style="list-style-type: none"> • Diesel • Gasoline • # 2 Heating Oil • Hydraulic Oil • JP-4 • JP-8 • Kerosene • No Longer In Use • Non-potable Water • Pesticides • Potable Water • Transformer Oil • Turbine Oil • Wastewater • Other
16.a(1).a. What is the "other" contents?	<input style="width: 100%;" type="text"/>
16.a(2). Capacity in gallons:	<input style="width: 100%;" type="text"/>
16.a(3). Tank construction:	<ul style="list-style-type: none"> • Fiberglass • Steel • Wood • Field Constructed • Other
16.a(3).a. What is the "other" use?	<input style="width: 100%;" type="text"/>
16.a(4). Date of tank installation:	<input style="width: 100%;" type="text"/> <input type="button" value="Select Date"/>
16.a(5). Type of secondary containment:	<ul style="list-style-type: none"> • None

	<ul style="list-style-type: none"> • Berm • Part of Tank • Sump
16.a(6). Permit and/or Registration Number	<input type="text"/>
16.a(7). Aboveground Storage Tank ID:	<input type="text"/>

Current values summarized below:

Tank contents:	What is the "other" contents?	Capacity in gallons:	Tank construction:	What is the "other" use?	Date of tank installation:	Type of secondary containment:	Permit and/or Registration Number	Aboveground Storage Tank ID:
<i>(values from the table above are captured in tabular format)</i>								

16.b. Does the facility have any underground storage tanks?

YES NO

If yes, use the form below to identify the size, contents, and purpose.

16.b(1). Tank contents:	<ul style="list-style-type: none"> • Diesel • Gasoline • # 2 Heating Oil • Hydraulic Oil • JP-4 • JP-8 • Kerosene • No Longer In Use • Non-potable Water • Pesticides • Potable Water • Transformer Oil • Turbine Oil • Wastewater • Other
16.b(1).a. What is the "other" contents?	<input type="text"/>
16.b(2). Capacity in gallons:	<input type="text"/>
16.b(3). Tank construction:	<ul style="list-style-type: none"> • Fiberglass • Steel • Wood • Field Constructed • Other
16.b(3).a. What is the "other" use?	<input type="text"/>
16.b(4). Date of tank installation:	<input type="text" value="Select Date"/>
16.b(5). Type of secondary containment:	<ul style="list-style-type: none"> • None • Berm • Double-walled • Sump
16.b(6). Permit and/or Registration Number	<input type="text"/>
16.b(7). UST ID:	<input type="text"/>

Current values summarized below:

Tank contents:	What is the "other" contents?	Capacity in gallons:	Tank construction:	What is the "other" use?	Date of tank installation:	Type of secondary containment:	Permit and/or Registration Number	UST ID:
<i>(values from the table above are captured in tabular format)</i>								

16.c. Has the facility closed or removed any underground storage tanks?

YES NO

16.c(1) If yes, what is the date the last UST was removed?

blank date

16.d. Does the facility have storage tanks (aboveground or underground) that are not in use?

YES NO

17. Polychlorinated biphenyls (PCBs) Management

17.a Does the facility use PCBs in research?

YES NO

If Yes:

17.a(1) How are PCBs used in research?

17.b. Does the facility have equipment that contains known PCBs?

YES NO

If yes, indicate which types of equipment at the facility contain PCBs:

17.b(1). Transformers

YES NO

17.b(2). Ballasts

YES NO

17.b(3). Capacitors

YES NO

17.b(4). Reclosers

YES NO

17.b(5). Switches

YES NO

17.b(6). Other

YES NO

17.b(7). Enter Description of Other:

17.c. Has the facility conducted a PCB inventory?

YES NO N/A

If Yes:

17.c(1) Attach a copy of the PCB inventory

17.d. Have all known PCB-containing or contaminated equipment been removed from the facility?

YES NO

17.e. Has the facility disposed of any PCBs in the past 3 years?

YES NO

18. Asbestos Management

18.a. Has the facility been surveyed for asbestos?

YES NO N/A

If Yes:

18.a(1). Survey date:

blank date

18.a(2). Attach a copy of the Asbestos Survey.

18.b. Is there known asbestos at the facility?

YES NO

If Yes:

18.b(1). Who performs maintenance in the areas with known asbestos?

If Yes:

18.b(1).a. Attach a copy of the Asbestos Management Plan.

18.c. Has asbestos been removed from the facility?

YES NO

If Yes:

18.c(1). What was the date of the last removal of asbestos?

blank date

18.d. Do facility personnel perform maintenance on vehicle brake or clutch systems?

YES NO

18.e. Has the facility undergone any renovation or demolition?

YES NO

If yes, use the form below to identify any building that was demolished or renovated.

18.e(1). Building name:	<input type="text"/>
18.e(2). Renovation/Demolition date:	<input type="text"/> <input type="button" value="Select Date"/>
18.e(3). Description:	<input type="text"/>

Current values summarized below:

Building name:	Renovation/Demolition date:	Description:
<i>(values from the table above are captured in tabular format)</i>		

18.f. Has the facility disposed of any asbestos in the past 2 years?

YES NO

19. Radon Management**19.a. Has the facility been surveyed for radon?**

YES NO

If Yes:

19.a(1). What was the date of the last radon survey?

blank date

19.a(2). Attach a copy of the radon survey.

19.b. Did the radon survey identify the presence of radon?

YES NO

If Yes:

19.b(1). What mitigation actions have been taken?

20. Lead-based Paint Management**20.a. Has the facility been surveyed for lead-based paint?**

YES NO

20.c. Does the facility have housing for Bureau personnel onsite?

YES NO

If yes, choose all age ranges appropriate to housing at this facility.

20.c(1). < 10 years

YES NO

20.c(2). 11 - 20 years

YES NO

20.c(3). 21 - 35 years

YES NO

20.c(4). 36 or more years old

YES NO

21. Wastewater Management

21.a. Does the facility discharge wastewater to the environment (i.e., not to a treatment plant, septic tank, leach field, or lagoon)?

YES NO

21.a(1). What is the source of the wastewater discharged to the environment?

21.b. Does the facility have a NPDES point source wastewater discharge permit for direct discharges to the environment (Examples of point source discharges potentially requiring a NPDES point source include: oil/water separators, wash racks, fish hatcheries)

YES NO

If yes, use the form below to provide the numbers and dates of any permits allowing wastewater discharge into the environment.

21.b(1). Permit Number:	<input type="text"/>
21.b(2). Date Issued:	<input type="text"/> <input type="button" value="Select Date"/>
21.b(3). Expirations Date:	<input type="text"/> <input type="button" value="Select Date"/>

Current values summarized below:

Permit Number:	Date Issued:	Expirations Date:
<i>(values from the table above are captured in tabular format)</i>		

21.b(4). Attach a copy of the NPDES point source discharge permit(s).

21.c. Does the facility have a NPDES industrial stormwater discharge permit (Example activities potentially requiring a NPDES industrial stormwater discharge permit include shipyards, warehousing, and landfills.)

YES NO

If yes, us the form below to provide the numbers and dates of any permits allowing industrial stormwater discharge to the environment.

21.c(1). Permit Number:	
21.c(2). Date Issued:	<input type="text" value="Select Date"/>
21.c(3). Expirations Date:	<input type="text" value="Select Date"/>
21.c(4). Location of a copy of the permit:	
21.c(5). Location of a copy of the associated Stormwater Pollution Prevention Plan (SWPPP):	

Current values summarized below:

Permit Number:	Date Issued:	Expirations Date:	Location of a copy of the permit:	Location of a copy of the associated Stormwater Pollution Prevention Plan (SWPPP):
<i>(values from the table above are captured in tabular format)</i>				

21.d. Does the facility have a NPDES non-industrial stormwater discharge permit (i.e., construction activities)?

YES NO

If yes, us the form below to provide the numbers and dates of any permits allowing non-industrial stormwater discharge to the environment..

21.d(1). Permit Number:	
21.d(2). Date Issued:	<input type="text" value="Select Date"/>
21.d(3). Permit Expiration Date:	<input type="text" value="Select Date"/>
21.d(4). Location of a copy of the permit:	
21.d(5). Location of a copy of the associated Stormwater Pollution Prevention Plan (SWPPP):	

Current values summarized below:

Permit Number:	Date Issued:	Permit Expiration Date:	Location of a copy of the permit:	Location of a copy of the associated Stormwater Pollution Prevention Plan (SWPPP):
<i>(values from the table above are captured in tabular format)</i>				

21.e. Does the facility discharge any wastewater to municipal treatment works (i.e., not to a leach field, a septic system, a lagoon, or the stormwater drains)?

YES NO

If Yes:

21.e(1). Has the facility had any pre-treatment standards imposed by the municipal treatment works?

YES NO

If Yes, identify any pollutants requiring pre-treatment and their associated parameters prior to municipal processing.

21.f. Does the facility have any watercraft that operate under the NPDES Vessel General Permit (VGP)?

- YES NO

If yes, use the form below to provide the numbers and dates of any permits allowing wastewater discharge to the environment from watercraft.

21.f(1). Name of watercraft:	<input style="width: 95%;" type="text"/>
21.f(2). Permit Number:	<input style="width: 95%;" type="text"/>
21.f(3). Date Issued:	<input style="width: 45%;" type="text"/> <input type="button" value="Select Date"/>
21.f(4). Permit Expiration Date:	<input style="width: 45%;" type="text"/> <input type="button" value="Select Date"/>
21.f(5). Location of a copy of the permit:	<input style="width: 95%;" type="text"/>

Current values summarized below:

Name of watercraft:	Permit Number:	Date Issued:	Permit Expiration Date:	Location of a copy of the permit:
<i>(values from the table above are captured in tabular format)</i>				

21.g. Does the facility operate its own wastewater treatment system?

- YES NO

If yes, check all of the treatment systems that apply.

21.g(1). Carbon Adsorption

- YES NO

21.g(1).a. If Yes, how many are there and where are they located?

21.g(2). Septic

- YES NO

21.g(2).a. If Yes, how many are there and where are they located?

21.g(3). Leach Field

- YES NO

21.g(3).a. If Yes, how many are there and where are they located?

21.g(4). Settling Pond

- YES NO

21.g(4).a. If Yes, how many are there and where are they located?

21.g(5). Lagoon

YES NO

21.g(5).a. If Yes, how many are there and where are they located?

21.g(6). Package Plant

YES NO

21.g(6).a. If Yes, how many are there and where are they located?

21.g(7). Other

YES NO

21.g(7).a. If Yes, explain "Other".

21.h. Does the facility operate any oil/water separators?

YES NO

If yes, use the form below to identify the location, size, last cleaning date, and the POC for of all oil separators.

21.h(1). Location:	<input type="text"/>
21.h(2). Volume of separator:	<input type="text"/> <i>(Numbers Only)</i>
21.h(3). Volume unit of measure:	<ul style="list-style-type: none"> • Gallons • Liters • Cubic Foot • Cubic Meter
21.h(4). Throughput:	<input type="text"/>
21.h(5). Throughput unit of measure:	<ul style="list-style-type: none"> • Gal/Min • L/Min • Gal/Hour • L/Hour
21.h(6). What type of unit is used (i.e. multi-stage clarifier, oil/water separator, etc)	<input type="text"/>
21.h(7). Unit ID.	<input type="text"/>

Current values summarized below:

Location:	Volume of separator:	Volume unit of measure:	Throughput:	Throughput unit of measure:	What type of unit is used (i.e. multi-stage clarifier, oil/water separator, etc)	Unit ID.
<i>(values from the table above are captured in tabular format)</i>						

21.i. Does the facility have any underground injection control wells?

YES NO

If yes, use the form below to identify the wells.

21.i (1). Location:	
21.i(2). Types of UIC:	<ul style="list-style-type: none"> • Class I • Class II • Class III • Class IV • Class V • Class VI • Other
21.i(3). UIC ID.	

Current values summarized below:

Location:	Types of UIC:	UIC ID.
<i>(values from the table above are captured in tabular format)</i>		

21.j. Does the facility have any lift stations?

YES NO

22. Drinking Water Management

22.a. From which of the following does the facility receive drinking water?

22.a(1). Municipality/Township

YES NO

22.a(2). Commercially bottled water

YES NO

22.a(3). Bureau owned/operated (i.e., well onsite)

YES NO

If Yes:

22.a(3).a. Who does the Bureau owned/operated system supply drinking water for?

22.a(3).a.1. Serves an average of at least 25 individuals daily at least 60 days out of the year.

YES NO

22.a(3).a.2. Serves at least 25 yr-round residents.

YES NO

22.a(3).a.3. Regularly serves at least 25 of the same persons over 6 mo/yr.

YES NO

22.a(3).a.4. Does not regularly serve at least 25 of the same persons over 6 mo/yr.

YES NO

23. Environmental Management Systems

23.a. Has your facility been designated as an "appropriate" EMS facility by Bureau?

YES NO

If Yes:

23.a(1). Does the facility have a policy statement endorsed by top mgmt. which reflects the nature and scale of the org's activities, and embodies the org's commitment to compliance with laws and applicable req'ts, pollution prevention, and continuous improvem

YES NO

23.a(2). Has the EMS policy been communicated to all employees?

YES NO

23.a(3). Has the facility identified the environmental attributes of their products, activities, and services?

YES NO

23.a(4). Has the facility identified environmental objectives and targets?

YES NO

23.a(5). Have environmental responsibilities been identified organization-wide?

YES NO

23.a(6). Does the facility budget address EMS?

YES NO

23.a(7). Does the facility have a procedure to check on the key characteristics of its operations that can have significant environmental impact?

YES NO

23.b. What date has the facility self-declared its EMS or plans to complete self-declaration?

blank date

50. Miscellaneous Issues

50.a. Are there any activities, equipment, or processes not addressed in this survey that create an environmental impact by discharging/emitting a pollutant, creating waste, or otherwise damaging the environment?