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: 
1.a(1).b. Is this environmental position a collateral duty? • Yes • No
1.a(1).c. If yes, what is this person's primary duty?
1.a(1).d. Primary POC phone number: 

Current values summarized below:

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

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

Complete the following form:

1.a(2).a. Secondary POC email: 
1.a(2).b. Is this environmental position a collateral duty? • Yes • No
1.a(2).c. If yes, what is this person's primary duty?
1.a(2).d. Secondary POC phone number: 

Current values summarized below:

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

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:

<table>
<thead>
<tr>
<th>1.d(1). Building Number/Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.d(2). Gross Square Footage of the Building:</td>
</tr>
</tbody>
</table>

Current values summarized below:

<table>
<thead>
<tr>
<th>Building Number/Name:</th>
<th>Gross Square Footage of the Building:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(values from the table above are captured in tabular format)</td>
</tr>
</tbody>
</table>

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 Changing
- 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-galdrums).
- 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.

<table>
<thead>
<tr>
<th>3.c(1). Type of Notice:</th>
<th>Consent Decree</th>
<th>Violation</th>
<th>Noncompliance</th>
<th>Warning Letter</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.c(2). Issuing Agency:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.c(3). Issue:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3c(4). Was there a monetary fine imposed?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.c(5). Is there a Separate Environmental Project (SEP)?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.c(6). Date of Notice:</td>
<td>Select Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.c(7). Is the corrective action completed or not completed?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.c(8). Explain how the corrective action was completed, or why it has not been completed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current values summarized below:

<table>
<thead>
<tr>
<th>Type of Notice</th>
<th>Issuing Agency</th>
<th>Issue</th>
<th>Was there a monetary fine imposed?</th>
<th>Is there a Separate Environmental Project (SEP)?</th>
<th>Date of Notice</th>
<th>Is the corrective action completed or not completed?</th>
<th>Explain how the corrective action was completed, or why it has not been completed.</th>
</tr>
</thead>
</table>

(values from the table above are captured in tabular format)

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:

- YES  - NO

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

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

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

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

4.c(1).e. Refrigerators:

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

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.

<table>
<thead>
<tr>
<th>4.d(1). Boiler Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.d(2). Capacity:</td>
</tr>
<tr>
<td>(Numbers Only)</td>
</tr>
<tr>
<td>4.d(3). Throughput:</td>
</tr>
<tr>
<td>• gal/hr</td>
</tr>
<tr>
<td>• MMBtu/h</td>
</tr>
<tr>
<td>• MW</td>
</tr>
<tr>
<td>4.d(4). Primary Fuel:</td>
</tr>
<tr>
<td>• Diesel</td>
</tr>
<tr>
<td>• Gasoline</td>
</tr>
<tr>
<td>• # 2 Heating Oil</td>
</tr>
<tr>
<td>• Kerosene</td>
</tr>
<tr>
<td>• Natural Gas</td>
</tr>
<tr>
<td>• Propane</td>
</tr>
<tr>
<td>• Solid Fuel</td>
</tr>
<tr>
<td>• Other</td>
</tr>
<tr>
<td>4.d(5). Secondary Fuel:</td>
</tr>
<tr>
<td>• Diesel</td>
</tr>
<tr>
<td>• Gasoline</td>
</tr>
<tr>
<td>• # 2 Heating Oil</td>
</tr>
<tr>
<td>• Kerosene</td>
</tr>
<tr>
<td>• Natural Gas</td>
</tr>
</tbody>
</table>
4.e. Does the facility operate emergency generators onsite?

☑ YES ☐ NO

If yes, use the form below:

4.e(1). Location of emergency generator:

4.e(2). Kilovolt amperes (KVA) of the emergency generator:

(Numbers Only)

4.e(3). Fuel types used in emergency generator:
Select one or more options.

• Batteries
• Biofuel
• Diesel Fuel
• Gasoline
• Kerosene
• Propane

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).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 [>> 220 lb, 27 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: |  
| 9.a(1).b. Date of CATEX: |

Current values summarized below:

<table>
<thead>
<tr>
<th>Title of reviewed action</th>
<th>Date of CATEX</th>
<th>(values from the table above are captured in tabular format)</th>
</tr>
</thead>
</table>

### 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 |  
| 9.a(2).b. Status | • In Progress  
| 9.a(2).c. Final Date |  
| 9.a(2).d. FONSI |  
| 9.a(2).e. EIS Initiated |  
| 9.a(2).f. Public availability date |  
| 9.a(2).g. Cooperating Agency |  
| 9.a(2).h. Reason that Cooperating Agency status was not initiated or was ended | • N/A  
|  

**If Other, please explain:**

Current values summarized below:

<table>
<thead>
<tr>
<th>Title of EA</th>
<th>Status</th>
<th>Final Date</th>
<th>FONSI</th>
<th>EIS Initiated</th>
<th>Public availability date</th>
<th>Cooperating Agency</th>
<th>Reason that Cooperating Agency status was not initiated or was ended</th>
<th>If Other, please explain:</th>
</tr>
</thead>
</table>
9.a(3). Did the review result in a NEPA Environmental Impact Statement (EIS)?

☐ YES  ☐ NO

If Yes, enter the following information

<table>
<thead>
<tr>
<th>9.a(3).a. Title of EIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9.a(3).b. Status</td>
<td>• In Progress • Complete</td>
</tr>
<tr>
<td>9.a(3).c. Final Date</td>
<td></td>
</tr>
<tr>
<td>9.a(3).d. NOI Date</td>
<td></td>
</tr>
<tr>
<td>9.a(3).e. DEIS NOA Date</td>
<td></td>
</tr>
<tr>
<td>9.a(3).f. FEIS NOA Date</td>
<td></td>
</tr>
<tr>
<td>9.a(3).g. ROD Date</td>
<td></td>
</tr>
<tr>
<td>9.a(3).h. Reason that Cooperating Agency status was not initiated or was ended</td>
<td>• N/A • No Jurisdiction • No Authority • No Agreement • No Capacity • Other</td>
</tr>
</tbody>
</table>

Current values summarized below:

<table>
<thead>
<tr>
<th>Title of EIS</th>
<th>Status</th>
<th>Final Date</th>
<th>NOI Date</th>
<th>DEIS NOA Date</th>
<th>FEIS NOA Date</th>
<th>ROD Date</th>
<th>Reason that Cooperating Agency status was not initiated or was ended</th>
</tr>
</thead>
</table>

10. CERCLA Cleanup

10.a. Is the facility currently managing a site undergoing remediation/cleanup?

☐ YES  ☐ NO

If Yes:

| 10.a(1). Location of site: |  |
| 10.a(2). Estimated finish date: |  |
| 10.a(3). Description of effort: |  |
| 10.a(4). Remediation of what types of materials: |  |
| 10.a(5). Site ID: |  |
10.b. Has the facility previously managed a remediation/cleanup site?

☐ YES  ☐ NO

*If Yes:*

10.b(1). Location of site:

10.b(2). Estimated finish date:

10.b(3). Description of effort:

10.b(4). Remediation of what types of materials:

10.b(5). Regulatory status of project:

10.b(6). Site ID:

Current values summarized below:

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

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:

11.a(2). Date of complaint:

11.a(3). Action taken to address complaint:

Current values summarized below:

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

<table>
<thead>
<tr>
<th>12.d(1). FY</th>
<th>FY07</th>
<th>FY08</th>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
<th>FY19</th>
<th>FY20</th>
</tr>
</thead>
</table>

| 12.d(2). Number of gallons consumed | (Numbers Only) |

Current values summarized below:

<table>
<thead>
<tr>
<th>FY</th>
<th>Number of gallons consumed</th>
</tr>
</thead>
</table>

(values from the table above are captured in tabular format)

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

Complete the following form:

<table>
<thead>
<tr>
<th>12.e(1). Pick FY:</th>
<th>FY 12</th>
<th>FY 13</th>
<th>FY 14</th>
<th>FY 15</th>
<th>FY 16</th>
<th>FY 17</th>
<th>FY 18</th>
<th>FY 19</th>
<th>FY 20</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>12.e(2). Amount of energy consumed:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>12.e(3). Units of measure:</th>
<th>BTUs</th>
</tr>
</thead>
</table>
Current values summarized below:

<table>
<thead>
<tr>
<th>Pick FY:</th>
<th>Amount of energy consumed:</th>
<th>Units of measure:</th>
</tr>
</thead>
</table>

(values from the table above are captured in tabular format)

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.*

<table>
<thead>
<tr>
<th>13.c(1). Certified Applicator's Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13.c(2). Certification Date:</td>
<td>Select Date</td>
</tr>
<tr>
<td>13.c(3). Areas of Certification:</td>
<td></td>
</tr>
</tbody>
</table>

Current values summarized below:

<table>
<thead>
<tr>
<th>Certified Applicator's Name:</th>
<th>Certification Date:</th>
<th>Areas of Certification:</th>
</tr>
</thead>
</table>

(values from the table above are captured in tabular format)

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?

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?

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)?

If Yes:

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

If Yes:

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?

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?
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: | • 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  

<table>
<thead>
<tr>
<th>16.a(1).a. What is the &quot;other&quot; contents?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>16.a(2). Capacity in gallons:</th>
</tr>
</thead>
</table>

| 16.a(3). Tank construction: | • Fiberglass  
|                             | • Steel  
|                             | • Wood  
|                             | • Field Constructed  
|                             | • Other  

<table>
<thead>
<tr>
<th>16.a(3).a. What is the &quot;other&quot; use?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>16.a(4). Date of tank installation:</th>
<th>[Select Date]</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>16.a(5). Type of secondary containment:</th>
<th>• None</th>
</tr>
</thead>
</table>
16.a(6). Permit and/or Registration Number

16.a(7). Aboveground Storage Tank ID:

Current values summarized below:

<table>
<thead>
<tr>
<th>Tank contents</th>
<th>Capacity in gallons</th>
<th>Tank construction</th>
<th>What is the &quot;other&quot; use?</th>
<th>Date of tank installation</th>
<th>Type of secondary containment</th>
<th>Permit and/or Registration Number</th>
<th>Aboveground Storage Tank ID</th>
</tr>
</thead>
</table>

(values from the table above are captured in tabular format)

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:  
- 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?

16.b(2). Capacity in gallons:

16.b(3). Tank construction:  
- Fiberglass  
- Steel  
- Wood  
- Field Constructed  
- Other

16.b(3).a. What is the "other" use?

16.b(4). Date of tank installation:

16.b(5). Type of secondary containment:  
- None  
- Berm  
- Double-walled  
- Sump

16.b(6). Permit and/or Registration Number

16.b(7). UST ID:

Current values summarized below:

<table>
<thead>
<tr>
<th>Tank contents</th>
<th>Capacity in gallons</th>
<th>Tank construction</th>
<th>What is the &quot;other&quot; use?</th>
<th>Date of tank installation</th>
<th>Type of secondary containment</th>
<th>Permit and/or Registration Number</th>
<th>UST ID</th>
</tr>
</thead>
</table>

(values from the table above are captured in tabular format)
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?

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?

If Yes:

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

18. Asbestos Management

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

If Yes:

18.a(1). Survey date:

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

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

If Yes:

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

If Yes:


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

If Yes:

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

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

<table>
<thead>
<tr>
<th>Building name:</th>
<th>Renovation/Demolition date:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Select Date</td>
<td></td>
</tr>
</tbody>
</table>

Current values summarized below:

<table>
<thead>
<tr>
<th>Building name:</th>
<th>Renovation/Demolition date:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(values from the table above are captured in tabular format)

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.*

<table>
<thead>
<tr>
<th>21.b(1). Permit Number:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21.b(2). Date Issued:</td>
<td>Select Date</td>
</tr>
<tr>
<td>21.b(3). Expirations Date:</td>
<td>Select Date</td>
</tr>
</tbody>
</table>

Current values summarized below:

<table>
<thead>
<tr>
<th>Permit Number:</th>
<th>Date Issued:</th>
<th>Expirations Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(values from the table above are captured in tabular format)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

- Permit Number: 
- Date Issued: 
- Expiration Date: 
- Location of a copy of the permit: 
- Location of a copy of the associated Stormwater Pollution Prevention Plan (SWPPP): 

<table>
<thead>
<tr>
<th>Permit Number</th>
<th>Date Issued</th>
<th>Expiration Date</th>
<th>Location of a copy of the permit</th>
<th>Location of a copy of the associated Stormwater Pollution Prevention Plan (SWPPP):</th>
</tr>
</thead>
</table>

(values from the table above are captured in tabular format)

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.

- Permit Number: 
- Date Issued: 
- Expiration Date: 
- Location of a copy of the permit: 
- Location of a copy of the associated Stormwater Pollution Prevention Plan (SWPPP): 

<table>
<thead>
<tr>
<th>Permit Number</th>
<th>Date Issued</th>
<th>Expiration Date</th>
<th>Location of a copy of the permit</th>
<th>Location of a copy of the associated Stormwater Pollution Prevention Plan (SWPPP):</th>
</tr>
</thead>
</table>

(values from the table above are captured in tabular format)

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:

- 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.

<table>
<thead>
<tr>
<th>21.f(1). Name of watercraft:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21.f(2). Permit Number:</td>
<td></td>
</tr>
<tr>
<td>21.f(3). Date Issued:</td>
<td></td>
</tr>
<tr>
<td>21.f(4). Permit Expiration Date:</td>
<td></td>
</tr>
<tr>
<td>21.f(5). Location of a copy of the permit:</td>
<td></td>
</tr>
</tbody>
</table>

Current values summarized below:

<table>
<thead>
<tr>
<th>Name of watercraft:</th>
<th>Permit Number:</th>
<th>Date Issued:</th>
<th>Permit Expiration Date:</th>
<th>Location of a copy of the permit:</th>
</tr>
</thead>
</table>

(values from the table above are captured in tabular format)

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.

<table>
<thead>
<tr>
<th>21.h(1). Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.h(2). Volume of separator: (Numbers Only)</td>
</tr>
<tr>
<td>21.h(3). Volume unit of measure: Gallons, Liters, Cubic Foot, Cubic Meter</td>
</tr>
<tr>
<td>21.h(4). Throughput:</td>
</tr>
<tr>
<td>21.h(5). Throughput unit of measure: Gal/Min, L/Min, Gal/Hour, L/Hour</td>
</tr>
<tr>
<td>21.h(6). What type of unit is used (i.e. multi-stage clarifier, oil/water separator, etc)</td>
</tr>
<tr>
<td>21.h(7). Unit ID.</td>
</tr>
</tbody>
</table>

Current values summarized below:

<table>
<thead>
<tr>
<th>Location:</th>
<th>Volume of separator:</th>
<th>Volume unit of measure:</th>
<th>Throughput:</th>
<th>Throughput unit of measure:</th>
<th>What type of unit is used (i.e. multi-stage clarifier, oil/water separator, etc)</th>
<th>Unit ID.</th>
</tr>
</thead>
</table>

(values from the table above are captured in tabular format)

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. Location:

21.i(2). Types of UIC:
- Class I
- Class II
- Class III
- Class IV
- Class V
- Class VI
- Other

21.i(3). UIC ID.

Current values summarized below:

<table>
<thead>
<tr>
<th>Location</th>
<th>Types of UIC</th>
<th>UIC ID.</th>
</tr>
</thead>
</table>

(values from the table above are captured in tabular format)

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?