



# Colorado Department of Transportation

## NEPA DETERMINATION / PROJECT CERTIFICATION

### A. PROJECT INFORMATION Form: \_\_\_\_\_

|  |  |  |                       |
|--|--|--|-----------------------|
| Environmental Scoping Date:  | Project #:   | Subaccount #:  | Related Subaccount #: |
| Project Name:  |  |  |                       |
| Project Description (and Location):  |  |  |                       |
| Region:  | CDOT Program/Residency:  | Environmental PM:  | FHWA Area Engineer:   |
| FHWA NEXUS <input type="checkbox"/> Yes <input type="checkbox"/> No  | Other Federal NEXUS: <input type="checkbox"/> Yes <input type="checkbox"/> No                                    | Project Lead: <input type="checkbox"/> CDOT <input type="checkbox"/> Local Agency <input type="checkbox"/> Other |                       |
| Class of Action: <input type="checkbox"/> EIS/ROD <input type="checkbox"/> EA/FONSI <input type="checkbox"/> CatEx | Construction/Contracting Method: <input type="checkbox"/> Design-Bid-Build <input type="checkbox"/> Design Build |  |                       |
| If CatEx, the project fits the following CE number: _____  |  | <input type="checkbox"/> CM/GC <input type="checkbox"/> Other: _____   |                       |

### B. THE NEPA PROCESS

| Resource Clearances   | Revised Clearances   |                |                          |                        |                          |                        |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |
|---|--|----------------|--------------------------|------------------------|--------------------------|------------------------|---------------------------------|--------------------------|-------|--------------------------|-------|--------------------------|-------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|-------------------|--------------------------|-------|--------------------------|-------|--------------------------|-------|------------------------------|--------------------------|-------|--------------------------|-------|--------------------------|-------|------------------------------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------|--------------------------|-------|--------------------------|-------|--------------------------|-------|-------------|--------------------------|-------|--------------------------|-------|--------------------------|-------|---------|--------------------------|-------|--------------------------|-------|--------------------------|-------|------------------------|--------------------------|-------|--------------------------|-------|--------------------------|-------|----------------------------|--------------------------|-------|--------------------------|-------|--------------------------|-------|-------------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--|--|---|---|
| <p><i>Check Box Only if Impacted</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;"></th> <th style="width: 10%; text-align: center;">Clearance Date</th> <th style="width: 15%;"></th> <th style="width: 10%; text-align: center;">Revised Clearance date</th> <th style="width: 10%;"></th> <th style="width: 10%; text-align: center;">Revised Clearance date</th> </tr> <tr> <td>Air Quality (hot spot analysis)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Noise</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Hazmat - ISA/MESA</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>T&amp;E and State Listed Species</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Wetland Delineation (Survey)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Paleontology</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Archaeology</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>History</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Section4(f) - Historic</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Section4(f) - Non-Historic</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Section6(f)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Other:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> </table> <p>All required clearance actions indicated have been completed for the design plans referenced below. If Project is a Categorical Exclusion, no significant environmental impacts will result from this project. Construction is not authorized until approved in Part E below. Implementation of project shall include required mitigation commitments.</p> <p><input type="checkbox"/> Action meets requirements to be a Programmatic CatEx per the FHWA/CDOT Programmatic Agreement for Categorical Exclusions (FHWA signature below not required).</p> <p><input type="checkbox"/> This is an EA/FONSI or EIS/ROD. The Decision Document has already been signed by FHWA (FHWA signature below is not required).</p> <p><b>Design Plan Set and Date:</b> _____ / _____</p> <p><b>RPEM Signature and Date:</b> _____ / _____</p> |  | Clearance Date |                          | Revised Clearance date |                          | Revised Clearance date | Air Quality (hot spot analysis) | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | Noise | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | Hazmat - ISA/MESA | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | T&E and State Listed Species | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | Wetland Delineation (Survey) | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | Paleontology | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | Archaeology | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | History | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | Section4(f) - Historic | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | Section4(f) - Non-Historic | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | Section6(f) | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | Other: | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <p>All required clearance actions indicated have been completed for the design plans referenced below. If Project is a Categorical Exclusion, no significant environmental impacts will result from this project. Construction is not authorized until approved in Part E below. Implementation of project shall include required mitigation commitments.</p> <p><b>FHWA signature is not required because:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> This is a Programmatic CatEx<br/><br/> <input type="checkbox"/> This is a Reevaluation of an EA/FONSI or EIS/ROD (1399 form has already been signed.)         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> This is a Programmatic CatEx<br/><br/> <input type="checkbox"/> This is a Reevaluation of an EA/FONSI or EIS/ROD (1399 form has already been signed.)         </td> </tr> </table> <p><b>Design Plan Set and Date:</b> _____ / _____</p> <p><b>RPEM Signature and Date:</b> _____ / _____</p> |  | <input type="checkbox"/> This is a Programmatic CatEx<br><br><input type="checkbox"/> This is a Reevaluation of an EA/FONSI or EIS/ROD (1399 form has already been signed.) | <input type="checkbox"/> This is a Programmatic CatEx<br><br><input type="checkbox"/> This is a Reevaluation of an EA/FONSI or EIS/ROD (1399 form has already been signed.) |
|   | Clearance Date   |                | Revised Clearance date   |                        | Revised Clearance date   |                        |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |
| Air Quality (hot spot analysis)   | <input type="checkbox"/>   | _____          | <input type="checkbox"/> | _____                  | <input type="checkbox"/> | _____                  |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |
| Noise   | <input type="checkbox"/>   | _____          | <input type="checkbox"/> | _____                  | <input type="checkbox"/> | _____                  |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |
| Hazmat - ISA/MESA   | <input type="checkbox"/>   | _____          | <input type="checkbox"/> | _____                  | <input type="checkbox"/> | _____                  |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |
| T&E and State Listed Species  | <input type="checkbox"/>   | _____          | <input type="checkbox"/> | _____                  | <input type="checkbox"/> | _____                  |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |
| Wetland Delineation (Survey)  | <input type="checkbox"/>   | _____          | <input type="checkbox"/> | _____                  | <input type="checkbox"/> | _____                  |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |
| Paleontology  | <input type="checkbox"/>   | _____          | <input type="checkbox"/> | _____                  | <input type="checkbox"/> | _____                  |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |
| Archaeology   | <input type="checkbox"/>   | _____          | <input type="checkbox"/> | _____                  | <input type="checkbox"/> | _____                  |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |
| History   | <input type="checkbox"/>   | _____          | <input type="checkbox"/> | _____                  | <input type="checkbox"/> | _____                  |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |
| Section4(f) - Historic  | <input type="checkbox"/>   | _____          | <input type="checkbox"/> | _____                  | <input type="checkbox"/> | _____                  |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |
| Section4(f) - Non-Historic  | <input type="checkbox"/>   | _____          | <input type="checkbox"/> | _____                  | <input type="checkbox"/> | _____                  |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |
| Section6(f)   | <input type="checkbox"/>   | _____          | <input type="checkbox"/> | _____                  | <input type="checkbox"/> | _____                  |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |
| Other:  | <input type="checkbox"/>   | _____          | <input type="checkbox"/> | _____                  | <input type="checkbox"/> | _____                  |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |
| <input type="checkbox"/> This is a Programmatic CatEx<br><br><input type="checkbox"/> This is a Reevaluation of an EA/FONSI or EIS/ROD (1399 form has already been signed.)   | <input type="checkbox"/> This is a Programmatic CatEx<br><br><input type="checkbox"/> This is a Reevaluation of an EA/FONSI or EIS/ROD (1399 form has already been signed.)  |                |                          |                        |                          |                        |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |
| <p><b>FHWA Division Administrator Signature</b> (if required)<br/>I concur with the above category designation and the scope of environmental clearance/permits indicated above.</p> <p><b>Signature and Date:</b> _____ / _____</p>  | <p><b>FHWA Division Administrator Signature</b> (if required)<br/>I concur with the above category designation and the scope of environmental clearance/permits indicated above.</p> <p><b>Signature and Date:</b> _____ / _____</p> |                |                          |                        |                          |                        |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |
| <p><b>Comments:</b></p>   |  |                |                          |                        |                          |                        |                                 |                          |       |                          |       |                          |       |       |                          |       |                          |       |                          |       |                   |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |                              |                          |       |                          |       |                          |       |              |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |         |                          |       |                          |       |                          |       |                        |                          |       |                          |       |                          |       |                            |                          |       |                          |       |                          |       |             |                          |       |                          |       |                          |       |        |                          |       |                          |       |                          |       |  |  |   |   |



# Colorado Department of Transportation

## NEPA DETERMINATION / PROJECT CERTIFICATION

### C. PERMITS AND ADDITIONAL REQUIREMENTS

Form: 01

| Resource Clearances               |                                | Revised Clearances             |                                |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <i>Check Box Only if Impacted</i> | Date Completed                 | Date Updated                   | Date updated                   |
| 404 Permit                        | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| 401 Certification                 | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| 402 Certification                 | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Const. Stormwater Permit (CDPS)   | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Const. Dewatering Permit          | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Noxious Weed Management           | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| SB40 Certification                | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Wetland Finding                   | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Structure Demolition Permit       | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Hazardous Materials – Phase II    | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Permanent WQ                      | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| SWMP                              | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Other:                            | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

### D. Comments

### E. ENVIRONMENTAL PROJECT CERTIFICATION

All clearance and permit requirements for this project have been addressed and mitigation included. The appropriate documentation is on file in the Region office.

|  | Clearance   | Revised Clearance                                     | Revised Clearance                                     |
|--|---|---|---|
| <b>Design Plan Set and Date:</b>       | _____/_____/_____                                     | _____/_____/_____                                     | _____/_____/_____                                     |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Advertisement                | <input type="checkbox"/> Advertisement                | <input type="checkbox"/> Advertisement                |
| <b>Certification Type:</b>             | <input type="checkbox"/> Advertisement & Construction | <input type="checkbox"/> Advertisement & Construction | <input type="checkbox"/> Advertisement & Construction |
| <input type="checkbox"/> Other:        | <input type="checkbox"/> Other:                       | <input type="checkbox"/> Other:                       | <input type="checkbox"/> Other:                       |
| <b>RPEM Signature &amp; Date:</b>      | _____/_____/_____                                     | _____/_____/_____                                     | _____/_____/_____                                     |

**Note to Project Manager:** Any changes to the plans and specifications after the date of the RPEM signature in Part B that affect environmental impacts or mitigation must be approved by the RPEM.