ENVIRONMENTAL REVIEW RECORD STATUTORY CHECKLIST

Program Name (check applicable box):	☒ HOME REPAIR NETWORK PROGRAM
Project Description (check all applicable boxes):	☐ Down payment assistance for acquisition of home ☐ Closing cost assistance for acquisition of home ☐ Gap financing of purchase price of home ☒ Rehabilitation of existing home ☐ Demolition and replacement of substandard home on same lot ☐ Repair, replacement or installation of septic system ☐ Installation of drinking water well
PROGRAM ADMINISTRATOR and Mailing Address:	
CAA Contact Person, telephone and fax numbers:	
Customer Name:	
Subject Property Address:	

PART I Area of Statutory or Regulatory Compliance	**1.** Not applicable to this project	**2.** Consultation required	**3.** Review required	**4.** Permits required	**5.** Consistency determined, approvals/permits obtained	**6.** Conditions and/or mitigation actions required	Provide Compliance Documentation (Additional material may be attached)
Floodplain Management and Flood Insurance							**Use FEMA flood maps – See Instruction 1.** **Map and panel no. of property:** **_____ (attach)** **Map date: _____** Is property in coastal high hazard area (Zone V) **or** a floodway? Yes ☐ No ☐ **If YES:** Mark X in col. 1. Item is complete. **STOP! NO FUNDING ALLOWED.** **If NO:** Is property in 100-year floodplain (Zone A)? Yes ☐ No ☐ **If NO:** Mark X in col. 1. Item is complete. **If YES, for acquisition/no rehab → 1 & 2.** **If YES, for acquisition/rehab → 1, 2 & 3.** **1.** Does town where property is located participate in National Flood Insurance Program? Yes ☐ **(attach proof)** No ☐ **2.** Does homeowner have flood insurance? Yes ☐ **(attach proof)** No ☐ **3.** Is estimated cost of work less than 50% of assessed value of home (excluding land) before work begins? Yes ☐ **(attach proof)** No ☐ **Acquisition/no rehab:** **If NO to 1 or 2:** Mark X in col. 1. **STOP! NO FUNDING ALLOWED.** **If YES to 1 and 2:** Mark X in col. 1 and col. 5. Item is complete. **(continued on next page)**

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Floodplain Management and Flood Insurance (continued)							**Acquisition/rehab:** **If NO to 1 or 2 or 3:** Mark X in col. 1. **STOP! NO FUNDING ALLOWED.** **IF YES to 1 and 2 and 3:** Mark X in col. 1 and col. 5. Item is complete.
Airport Clear Zone Notification and Airport Clear Zones							Is property within 3 miles of a commercial airport or Bangor Air National Guard Base (BANGB)? **See Instruction 2** Yes ☐ No ☐ **(Attach proof)** **If NO:** Mark X in col. 1. Item is complete. **IF YES:** Indicate name of airport or BANGB: _____ **For acquisition/no rehab → 1 & 2.** **For acquisition/rehab → 1, 2 & 3.** **1.** Is property located within 2,500 feet of the end of the commercial airport runway? Yes ☐ No ☐ **2.** Is property located within 15,000 feet of the end of a runway at BANGB? Yes ☐ No ☐ **Attach notes re: contact with airport operator or BANGB or copy of airport or BANGB clear zone map.** **3.** Is the work a home replacement **or** does the estimated cost of the work exceed 75% of estimated replacement cost of the home after completion of the work? Yes ☐ No ☐ **(continued on next page)**

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Airport Clear Zone Notification and Airport Clear Zones (continued)							**<u>Acquisition/no rehab:</u>** **If NO to 1 <u>and</u> 2:** Mark X in col. 1. Item is complete. **If YES to 1 <u>or</u> 2:** Mark X in col. 5. **See Instruction 2.** **<u>Acquisition/rehab:</u>** **If NO to 1 <u>and</u> 2 <u>and</u> 3:** Mark X in col. 1. Item is complete. **If YES to either 1 <u>or</u> 2, and YES to 3:** Mark X in col. 1. **STOP! NO FUNDING ALLOWED.**
Coastal Barriers							Is the property in a town included in the coastal barrier resources system? **See Instruction 3.** Yes ☐ No ☐ **If NO:** Mark X in col. 1. Item is complete. **If YES: Complete this item in accordance with Note 11 of applicable Tier 1 Program ERR** Based on review of coastal barrier resources system map (attach), property ☐ is in a coastal barrier Mark X in col. 1. **STOP! NO FUNDING ALLOWED** ☐ is not in a coastal barrier Mark X in col. 1. Item is complete.

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Historic Properties							Is property a mobile home? Yes ☐ No ☐ **If NO:** Mark X in col. 2. **See Instruction 4.** **If YES:** Will work involve <u>any</u> ground disturbance? **See definition in Instruction 5.** Yes ☐ No ☐ **If NO:** Mark X in col. 1. Item is complete. **If YES:** Mark X in col. 2. **See Instruction 4.**
Wetlands Protection							Will work involve <u>any</u> ground disturbance? **See definition in Instruction 5.** Yes ☐ No ☐ **If NO:** Mark X in col. 1. Item is complete. **If YES:** Is there visual evidence of wetlands on or adjacent to the property (such as cattails or other aquatic vegetation, ponds, marshes, bogs, or creeks)? Yes ☐ No ☐ **If NO:** Mark X in col. 1. Item is complete. **If YES: Complete this item in accordance with Note 3 of applicable Tier 1 Program ERR** Based on (attach documentation) ☐ a review of U.S. Fish and Wildlife Service wetlands maps **and, if Note 3 requires,** ☐ a wetlands field investigation conducted according to U.S. Army Corps of Engineers criteria wetlands ☐ are located on/near property (X in col. 1) **STOP! NO FUNDING ALLOWED** ☐ are not located on/near property (X col.1)

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Coastal Zone Management	X						Is the property in the coastal zone? **See Instruction 6.** Yes ☐ No ☐ **If NO:** Mark X in col. 1. Item is complete. **If YES:** Is property in the shoreland zone of that town? Yes ☐ No ☐ **Attach notes re: contact with town code enforcement officer (CEO).** **If NO:** Mark X in col. 1. Item is complete. **If YES:** Does CEO require a permit for the work? Yes ☐ No ☐ **Attach notes re: contact with town CEO.** **If NO:** Mark X in col. 1. Item is complete. **If YES:** Mark X in col. 2. Item is complete.
Air Quality	X						Will the work disturb any asbestos? Yes ☐ No ☐ **If NO:** Mark X in col. 1. Item is complete. **If YES:** Licensed contractor must handle all work involving asbestos and notify Maine Department of Environmental Protection of asbestos-related work. Mark X in col. 5. Item is complete.

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Endangered Species and Fish and Wildlife	X						Based on a review of Maine Dept. of Inland Fisheries and Wildlife (IFW) essential habitat map (attach), property ☐ is within an essential habitat (Mark X in col. 3) ☐ is not within an essential habitat (Mark X in col. 1) If within an essential habitat, the project was submitted to IFW for review. (Attach results of review.) Based on IFW review, consultation with the U.S. Fish and Wildlife Service (FWS) ☐ was required ☐ was not required (Attach results of any required consultation with FWS.) (Mark any appropriate additional column(s))

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Toxic Sites	X						**1.** Is there evidence of any hazardous or toxic substance on the property? Yes ☐ No ☐ **If NO:** Go to Toxic Sites question 2. **If YES:** Substance: _____ Where on property? _____ _____ Go to Toxic Sites question 2. **2.** Is there a gas station, landfill, dump, electric substation, fueling facility, hazardous waste storage facility, or other industrial facility abutting **<u>or</u>** across the street from the property? Yes ☐ No ☐ **If NO to 1 <u>and</u> 2:** Mark X in col. 1. Item is complete. **If YES to 2:** Type of facility: _____ Address: _____ _____ Check if the facility is located ☐ uphill ☐ downhill of the property. **If YES to 1 <u>or</u> 2: Complete this item in accordance with Note 10 of applicable Tier 1 Program ERR and attach documentation and mark appropriate columns.**

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Water Quality - Aquifers	X						See applicable Tier 1 Program ERR.
Wild and Scenic Rivers	X						See applicable Tier 1 Program ERR.
Farmlands Protection	X						See applicable Tier 1 Program ERR
Thermal/Explosive Hazards	X						See applicable Tier 1 Program ERR.
Noise	X						See applicable Tier 1 Program ERR.
Environmental Justice	X						See applicable Tier 1 Program ERR.
Water Quality	X						See applicable Tier 1 Program ERR.
Solid Waste Disposal	X						See applicable Tier 1 Program ERR

Signature of Preparer

Title or Position

Printed Name

Date

Attach all required documentation.