**Rental Assistance Demonstration Program**

**Environmental Restrictions Checklist**

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| **Project Name and Location (Street, City, County, ST, Zip Code):** | **Owner Name, Address (Street, City, ST, Zip Code), and Phone:** | | |
| **Project Description:** | | | |
| **ENVIRONMENTAL REVIEW FINDINGS** | | **YES** | **NO** |
| **FLOOD PLAIN** | | | |
| Is the project located in a FEMA Special Flood Hazard Area? (Current flood plain maps should be found in each HUD field office or call FEMA at 1-877-FEMA-MAP, FEMA’s web site URL is www.fema.gov/FHM/) | |  |  |
| Identify Map Panel and Date | |  |  |
| Does the project currently carry Flood Insurance? | |  |  |
| Do any structures appear to be within or close to the floodplain? (If yes and if the project does not currently carry flood insurance, flood insurance is required.) | |  |  |
| **HISTORIC PRESERVATION** (If yes, identify relevant restrictions below.) | | | |
| Is the property listed on the National Register of Historic Places? | |  |  |
| Is the property located in a historic district listed on the National Register of Historic Places? | |  |  |
| Is the property located in a historic district determined to be eligible for the National Register? | |  |  |
| **AIRPORT HAZARDS** | | | |
| Is the project located in the clear zone of an airport? (24 CFR Part 51 D. If yes, Notice is required.) | |  |  |
| **HAZARDOUS OPERATIONS** | | | |
| Is there any evidence or indication of manufacturing operations utilizing or producing hazardous substances (paints, solvents, acids, bases, flammable materials, compressed gases, poisons, or other chemical materials) at or in close proximity to the site? | |  |  |
| Is there any evidence or indication that past operations located on or in close proximity to the property used hazardous substances or radiological materials that may have been released into the environment? | |  |  |
| **EXPLOSIVE/FLAMMABLE OPERATIONS/STORAGE (24 CFR Part 51C)** | | | |
| Is there visual evidence or indicators of unobstructed or unshielded above ground storage tanks (fuel oil, gasoline, propane etc.) or operations utilizing explosive/flammable material at or in close proximity to the property? | |  |  |
| **FOR YES RESPONSES, SUMMARIZE RESTRICTIONS BELOW:** | | | |
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**RENTAL ASSISTANCE DEMONSTRATION PROGRAM ENVIRONMENTAL RESTRICTIONS CHECKLIST**

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| **ENVIRONMENTAL REVIEW FINDINGS** | **YES** | **NO** |
| **TOXIC CHEMICALS AND RADIOACTIVE MATERIALS** | | |
| **Petroleum Storage** | | |
| Is there any evidence or indication of the presence of commercial or residential heating activities that suggest that underground storage tanks may be located on the property? |  |  |
| If yes, are any such tanks being used? If yes, indicate below whether the tank is registered, when it was last tested for leaks, the results of that test, and whether there are any applicable state or local laws that impose additional requirements beyond those required under federal law. |  |  |
| Are there any out-of-service underground fuel storage tanks? If yes, indicate whether the tank was closed out in accordance with applicable state, local and federal laws. |  |  |
| Is there any evidence or indication that any above ground storage tanks on the property are leaking? |  |  |
| **Polychorinated Biphenyls (PCB)** | | |
| Is there any evidence or indication that electrical equipment, such as transformers, capacitors, or hydraulic equipment (found in machinery and elevators, installed prior to July 1, 1884) are present on the site? |  |  |
| If yes, is any such equipment (a) owned by anyone other than a public utility company; and (b) not marked with a “PCB Free” sticker? |  |  |
| If yes, indicate below whether such equipment has been tested for PCBs, the results of those tests, and (if no testing has been performed) the proposed testing approach. (Electrical equipment need not be tested but will be assumed to have PCBs) |  |  |
| If PCBs are found in non-electrical equipment over 50ppm it must be replaced or retrofitted, otherwise any equipment with PCBs or assumed to have PCBs require an O&M Plan. |  |  |
| **Asbestos Containing Materials (ACM)** | | |
| Is there any evidence or indication of ACM insulation or fire retardant materials such as boiler or pipe wrap, ceiling spray, etc. within the buildings on the property? If yes, the property is required to have an Operations and Maintenance Plan for asbestos containing materials. |  |  |
| **Lead Based Paint** | | |
| Are there residential structures on the property that were built prior to 1978? |  |  |
| If yes, has the property been certified as lead-free? |  |  |
| If property has not been certified as lead-free, has a Risk Assessment been completed? |  |  |
| If yes, has the owner developed a plan including Interim Controls to address the findings of the Risk Assessment including Tenant notifications and an Operations and Maintenance plan? |  |  |
| If yes, has a qualified Risk Assessor reviewed the Owner’s plan and O&M plan for compliance with 24 CFR 35? |  |  |
| **EASEMENT AND USE RESTRICTIONS** | | |
| Are there easements, deed restrictions or other use restrictions on this property? (e.g. oil and gas well pumping, transformer boxes/units, navigation, microwave, rights of way (ROW), for hi-voltage power transmission lines, interstate/intrastate gas and liquid petroleum  pipelines, etc.) |  |  |
| **FOR YES RESPONSES, SUMMARIZE RESTRICTIONS BELOW:** | | |
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| **If you have questions, please call or E-mail the HUD Housing Environmental Clearance Officer,**  **Eric Axelrod at** [**Eric.Axelrod@HUD.GOV**](mailto:Eric.Axelrod@HUD.GOV) **or 202-708-1104 x 2275.** | | |