



U.S. Department of Housing and Urban Development

451 Seventh Street, SW
Washington, DC 20410
www.hud.gov

espanol.hud.gov

Environmental Review for Activity/Project that is Categorically Excluded Subject to Section 58.5

Pursuant to 24 CFR 58.35(a)

Project Information

Project Name: Lincoln Heights Roof

Responsible Entity: City of Pittston

Grant Recipient (if different than Responsible Entity):

State/Local Identifier:

Preparer: Jessica Lurz, Mullin & Lonergan Associates, Inc

Certifying Officer Name and Title: Michael Lombardo, Mayor, City of Pittston

Grant Recipient (if different than Responsible Entity):

Consultant (if applicable): Jessica Lurz, Mullin & Lonergan Associates, Inc

Direct Comments to: Joseph Chacke, Director, Pittston Redevelopment Authority

Project Location: 5 Defoe St, Pittston, PA 18640

Description of the Proposed Project [24 CFR 50.12 & 58.32; 40 CFR 1508.25]: The City of Pittston will contract work to be completed on the Lincoln Heights Senior Housing complex. The project will include the demolition and removal of the current roofing materials, removal of existing surface mounted metal counterflashing, removal of existing wall flashings and accessories and broom cleaning of the wood deck surfaces. Two layers of new 2.6 inch non-tapered polyiso insulation will be mechanically fastened on the roof deck, along with new EPDM flashing at penetrations, curbs, pipes and scupper will be provided in addition to installing new roof drain inserts, new .060 inch EPDM roof membrane will be fully adhered over new insulation board. The contractor will also fabricate and install new regletted aluminum counter over the termination at rising perimeter wall surfaces, reuse metal coping cap at rear addition wall elevation. The new roof would have a 20-year roof system warranty.

Level of Environmental Review Determination:

Categorically Excluded per 24 CFR 58.35(a), and subject to laws and authorities at §58.5: (3) Rehabilitation of buildings and improvements when the following conditions are met: (ii) In the case of multifamily residential buildings: (A) Unit density is not changed more than 20 percent; (B) The project does not involve changes in land use from residential to non-residential; and (C)

The estimated cost of rehabilitation is less than 75 percent of the total estimated cost of replacement after rehabilitation.

Funding Information

Grant Number	HUD Program	Funding Amount
	FY 2020 CDBG Small Cities	\$157,478

Estimated Total HUD Funded Amount: \$157,478

Estimated Total Project Cost (HUD and non-HUD funds) [24 CFR 58.32(d)]: \$328,633

Compliance with 24 CFR 50.4, 58.5, and 58.6 Laws and Authorities

Record below the compliance or conformance determinations for each statute, executive order, or regulation. Provide credible, traceable, and supportive source documentation for each authority. Where applicable, complete the necessary reviews or consultations and obtain or note applicable permits of approvals. Clearly note citations, dates/names/titles of contacts, and page references. Attach additional documentation as appropriate.

Compliance Factors: Statutes, Executive Orders, and Regulations listed at 24 CFR §58.5 and §58.6	Are formal compliance steps or mitigation required?	Compliance determinations
STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR 50.4 & 58.6		
Airport Hazards 24 CFR Part 51 Subpart D	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	There are no military or civilian airports located within 15,000 and 2,500 feet of the project. Project is in compliance. (See attached map)
Coastal Barrier Resources Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501]	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	The City of Pittston is not located near a coastal barrier. The closest coastal barrier is over 110 miles away. Project is in compliance. (See attached map)
Flood Insurance Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	The project is in compliance. CDBG Small Cities projects are exempt from flood insurance requirements per 24 CFR 58.6(a)(3) and Section 3(a)(3) of the Flood Disaster Protection Act of 1973, as

[42 USC 4001-4128 and 42 USC 5154a]		amended. The City of Pittston does participate in the National Flood Insurance Program.
STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR 50.4 & 58.5		
Clean Air Clean Air Act, as amended, particularly section 176(c) & (d); 40 CFR Parts 6, 51, 93	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	The City of Pittston is in an air quality management district in attainment status for all criteria pollutants. The project is in compliance. See attached map.
Coastal Zone Management Coastal Zone Management Act, sections 307(c) & (d)	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	The City of Pittston is not within the Coastal Zone. The closest zone is 94 miles away. The project is in compliance. See attached map
Contamination and Toxic Substances 24 CFR Part 50.3(i) & 58.5(i)(2)	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	There were 6 RCRA and 1 Superfund sites located near the project. All sites have been in compliance and have no violations reported. The Butler Mine Tunnel (BMT) Superfund Site (Site) is in Luzerne County, Pennsylvania. The EPA Comprehensive Five-Year Review Guidance (OSWER Guidance No. 9355.7-03B-P) defines "unlimited use and unrestricted exposure" (UU/UE) as follows: "UU/UE means that the selected remedy will place no restrictions on the potential use of land or other natural resources. The selected remedy is complete. EPA remedial response is complete at the Butler Mine Tunnel Site. See attached reports.
Endangered Species Endangered Species Act of 1973, particularly section 7; 50 CFR Part 402	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	No effect is anticipated on endangered species. See PNDI Receipt 726216 attached. Project is in compliance.
Explosive and Flammable Hazards 24 CFR Part 51 Subpart C	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	The project does not include development, construction, rehabilitation that will increase residential densities, or conversion. Based on aerial inspection, this project is not located in proximity to explosive or flammable hazards. The project is in compliance.
Farmlands Protection Farmland Protection Policy Act of 1981, particularly sections	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	Project is located in an Urbanized Area and is not suitable for farming or other

1504(b) and 1541; 7 CFR Part 658		agricultural use. Project is in compliance. See attached map.
Floodplain Management Executive Order 11988, particularly section 2(a); 24 CFR Part 55	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	The project area is not located in a FEMA-designated floodplain. The project is in compliance. See FIRM map 42079C0233E.
Historic Preservation National Historic Preservation Act of 1966, particularly sections 106 and 110; 36 CFR Part 800	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	Consultation with the PA SHPO found the project will have no archaeological concerns. The project is in compliance. See attached letter from March 5, 2021.
Noise Abatement and Control Noise Control Act of 1972, as amended by the Quiet Communities Act of 1978; 24 CFR Part 51 Subpart B	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	Combined DNL for Road and Rail sources is 48. This is considered acceptable and there are no mitigation measures needed.
Sole Source Aquifers Safe Drinking Water Act of 1974, as amended, particularly section 1424(e); 40 CFR Part 149	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	There is no sole source aquifer in the vicinity of the City of Pittston. The nearest is over 52 miles away. See attached map.
Wetlands Protection Executive Order 11990, particularly sections 2 and 5	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	The nearest wetland is .37 miles from the project. The project does not involve new construction as defined in Executive Order 11990, expansion of a building's footprint, or ground disturbance and is in compliance. See attached map.
Wild and Scenic Rivers Wild and Scenic Rivers Act of 1968, particularly section 7(b) and (c)	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	The closest Wild and Scenic River to the site is over 58 miles away. The project is in compliance. See attached map.
ENVIRONMENTAL JUSTICE		
Environmental Justice Executive Order 12898	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	Project activity and location does not have any adverse impacts, including adverse impacts on minority or low-income populations.

Field Inspection (Date and completed by):

Summary of Findings and Conclusions: : No adverse impacts are anticipated and no formal compliance measures are required. This project can convert to Exempt per Section 58.34(a)(12), because it does not require any mitigation for compliance with any listed statutes or authorities, nor requires any formal permit or license.

Mitigation Measures and Conditions [40 CFR 1505.2(c)]

Summarize below all mitigation measures adopted by the Responsible Entity to reduce, avoid, or eliminate adverse environmental impacts and to avoid non-compliance or non-conformance with the above-listed authorities and factors. These measures/conditions must be incorporated into project contracts, development agreements, and other relevant documents. The staff responsible for implementing and monitoring mitigation measures should be clearly identified in the mitigation plan.

Law, Authority, or Factor	Mitigation Measure

Determination:

- ☐ This categorically excluded activity/project converts to Exempt, per 58.34(a)(12) because there are no circumstances which require compliance with any of the federal laws and authorities cited at §58.5. **Funds may be committed and drawn down after certification of this part** for this (now) EXEMPT project; OR
- ☒ This categorically excluded activity/project cannot convert to Exempt because there are circumstances which require compliance with one or more federal laws and authorities cited at §58.5. Complete consultation/mitigation protocol requirements, **publish NOI/RROF and obtain “Authority to Use Grant Funds”** (HUD 7015.16) per Section 58.70 and 58.71 before committing or drawing down any funds; OR
- ☐ This project is now subject to a full Environmental Assessment according to Part 58 Subpart E due to extraordinary circumstances (Section 58.35(c)).

Preparer Signature: Jessica Lurz Date: 03/22/2021

Name/Title/Organization: Jessica Lurz, Community and Housing Specialist, Mullin & Lonergan Associates

Responsible Entity Agency Official Signature:

Date: _____

Name/Title: _____

This original, signed document and related supporting material must be retained on file by the Responsible Entity in an Environmental Review Record (ERR) for the activity/project (ref: 24 CFR Part 58.38) and in accordance with recordkeeping requirements for the HUD program(s).

Project : Lincoln Heights Roof

Air Quality

Clean Air Act, as amended, particularly section 176(c) & (d); 40 CFR Parts 6, 51, 93

Air Quality. This threshold is triggered if the project is within a non-attainment area for which EPA has approved the State Implementation Plan (SIP), and there are SIP controls for such a project. If compliance issues are transportation related, priority must be given to implementing these portions of the SIP to achieve and maintain national primary air quality standards.

- Any activities involving the removal and disposal of asbestos from facilities/structures will require consultation with the appropriate agency to ensure compliance with the requirements.
- Any construction project which involves fugitive dust emissions (FDE) must ensure that mitigating measures are undertaken to limited FDE. Design engineers/consultants should be familiar with the requirements which are to be included in construction documents.
- Any development which will result in increased vehicular traffic (e.g. parking facilities or, new development) must consider the impact on air quality.

The environmental review record should contain one of the following:

- A determination that the project does not include new construction or conversion of land use facilitating the development of public, commercial, or industrial facilities OR five or more dwelling units
- Documentation that the project's county or air quality management district is not in nonattainment or maintenance status for any criteria pollutants
- Evidence that estimated emissions levels for the project do not exceed de minimis emissions levels for the nonattainment or maintenance level pollutants
- A determination that the project can be brought into compliance with the State Implementation Plan (SIP) through modification or mitigation, including documentation on how the project can be brought into compliance

X This project is not within an EPA-designated non-attainment area.

Air Quality (CEST and EA)

General Requirements	Legislation	Regulation
The Clean Air Act is administered by the U.S. Environmental Protection Agency (EPA), which sets national standards on ambient pollutants. In addition, the Clean Air Act is administered by States, which must develop State Implementation Plans (SIPs) to regulate their state air quality. Projects funded by HUD must demonstrate that they conform to the appropriate SIP.	Clean Air Act (42 USC 7401 et seq.) as amended particularly Section 176(c) and (d) (42 USC 7506(c) and (d))	40 CFR Parts 6, 51 and 93
Reference		
https://www.hudexchange.info/environmental-review/air-quality		

Scope of Work

1. Does your project include new construction or conversion of land use facilitating the development of public, commercial, or industrial facilities OR five or more dwelling units?

☐ Yes

→ Continue to Question 2.

☒ No

Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide any documents used to make your determination.

Air Quality Attainment Status of Project's County or Air Quality Management District

2. Is your project's air quality management district or county in non-attainment or maintenance status for any criteria pollutants?

Follow the link below to determine compliance status of project county or air quality management district:

<http://www.epa.gov/oaqps001/greenbk/>

☐ No, project's county or air quality management district is in attainment status for all criteria pollutants

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide any documents used to make your determination.

☐ Yes, project's management district or county is in non-attainment or maintenance status for one or more criteria pollutants.

Describe the findings:

→ Continue to Question 3.

3. Determine the estimated emissions levels of your project for each of those criteria pollutants that are in non-attainment or maintenance status on your project area. Will your project exceed any of the *de minimis* or *threshold* emissions levels of non-attainment and maintenance level pollutants or exceed the screening levels established by the state or air quality management district?

☐ No, the project will not exceed *de minimis* or threshold emissions levels or screening levels

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Explain how you determined that the project would not exceed *de minimis* or threshold emissions.

☐ Yes, the project exceeds *de minimis* emissions levels or screening levels.

→ Continue to Question 4. Explain how you determined that the project would not exceed *de minimis* or threshold emissions in the Worksheet Summary.

4. For the project to be brought into compliance with this section, all adverse impacts must be mitigated. Explain in detail the exact measures that must be implemented to mitigate for the impact or effect, including the timeline for implementation.

Worksheet Summary

Compliance Determination

Provide a clear description of your determination and a synopsis of the information that it was based on, such as:

- Map panel numbers and dates
- Names of all consulted parties and relevant consultation dates
- Names of plans or reports and relevant page numbers
- Any additional requirements specific to your region

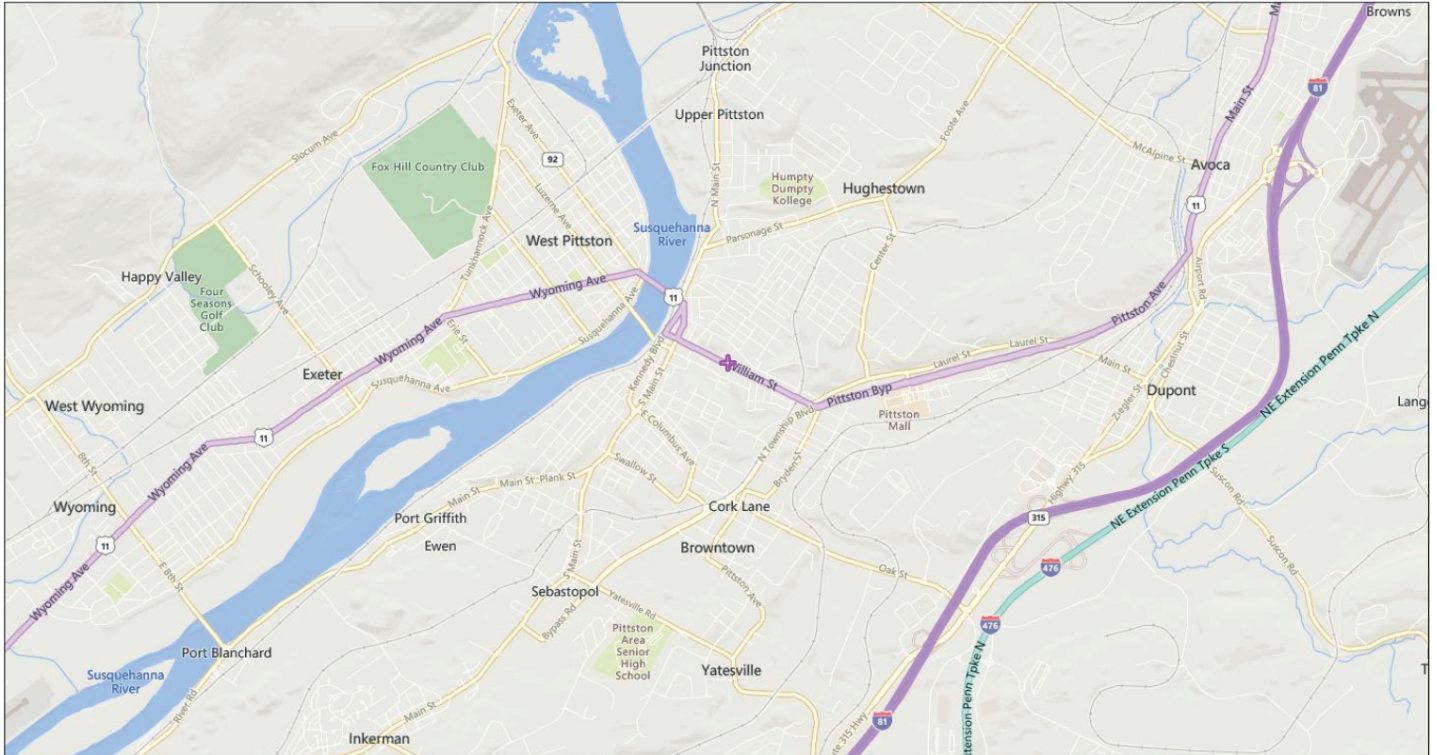
The City of Pittston is in an air quality management district in attainment status for all criteria pollutants. The project is in compliance. See attached map.

Are formal compliance steps or mitigation required?

☐ Yes

☒ No

NEPAssist Report



January 26, 2021

- + Search Result (point)
- Ozone 8-hr (2015 Standard)
- Maintenance
- Nonattainment

1:34,373
 0 0.33 0.65 1.3 mi
 0 0.5 1 2 km
 © 2021 Microsoft Corporation © 2021 TomTom, U.S. EPA Office of Air and Radiation (OAR) - Office of Air Quality Planning and Standards (OAQPS)

Project Location	41.321886,-75.785582
Within 1000 meters of an Ozone 8-hr (1997 standard) Non-Attainment/Maintenance Area?	yes
Within 1000 meters of an Ozone 8-hr (2008 standard) Non-Attainment/Maintenance Area?	no
Within 1000 meters of a Lead (2008 standard) Non-Attainment/Maintenance Area?	no
Within 1000 meters of a SO2 1-hr (2010 standard) Non-Attainment/Maintenance Area?	no
Within 1000 meters of a PM2.5 24hr (2006 standard) Non-Attainment/Maintenance Area?	no
Within 1000 meters of a PM2.5 Annual (1997 standard) Non-Attainment/Maintenance Area?	no
Within 1000 meters of a PM2.5 Annual (2012 standard) Non-Attainment/Maintenance Area?	no
Within 1000 meters of a PM10 (1987 standard) Non-Attainment/Maintenance Area?	no
Within 1000 meters of a Federal Land?	no
Within 1000 meters of an impaired stream?	yes
Within 1000 meters of an impaired waterbody?	no
Within 1000 meters of a waterbody?	yes
Within 1000 meters of a stream?	yes
Within 1000 meters of an NWI wetland?	Available Online
Within 1000 meters of a Brownfields site?	no
Within 1000 meters of a Superfund site?	yes
Within 1000 meters of a Toxic Release Inventory (TRI) site?	no
Within 1000 meters of a water discharger (NPDES)?	yes

Within 1000 meters of a hazardous waste (RCRA) facility?	yes
Within 1000 meters of an air emission facility?	yes
Within 1000 meters of a school?	no
Within 1000 meters of an airport?	no
Within 1000 meters of a hospital?	no
Within 1000 meters of a designated sole source aquifer?	no
Within 1000 meters of a historic property on the National Register of Historic Places?	no
Within 1000 meters of a Toxic Substances Control Act (TSCA) site?	no
Within 1000 meters of a Land Cession Boundary?	no
Within 1000 meters of a tribal area (lower 48 states)?	no

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Airport Runway Clear Zones

Code of Federal Regulations, 24 CFR Part 51D, Section 51.302

Runway Clear Zones at Designated Commercial Service Airports and Clear Zones and Accident Potential Zones at Military Airfields. Assistance for construction or major rehabilitation of any real property located on a clear zone site is prohibited for a project to be frequently used or occupied by people. For properties located within 2,500 feet of the end of a civil airport runway or 15,000 feet of the end of a military airfield runway, the airport operator should make a finding stating whether or not the property is located within a runway clear zone for civil airports or a clear zone or accident potential zone at a military airfield.

For a project not to be frequently used or occupied by people, HUD assistance may be approved only when written assurances are provided to HUD by the airport operator to the effect that there are no plans to purchase the land involved with such facilities as part of a Runway Clear Zone or Clear Zone acquisition program.

The environmental review record should contain **one** of the following:

- Documentation that the rule is not applicable to the proposed project (i.e., acquisition of an existing building, “minor” rehabilitation, or emergency action)
- A map showing the site is not within 15,000 feet of a military airport or within 2,500 feet of a civilian airport
- If within 15,000 feet of a military airport, a map showing the site is not within a designated APZ or a letter from the airport operator stating so
- If within 2,500 feet of a civilian airport, a map showing the site is not within a designated RPZ/CZ or a letter from the airport operator stating so
- If the site is in a designated APZ, documentation of consistency with DOD Land Use Compatibility Guidelines
- If the site is in a designated RPZ/CZ and the project does not involve any facilities that will be frequently used or occupied by people, and a determination of such and a written assurance from the airport operator that there are no plans to purchase the land as part of a RPZ/CZ program
- If the site is in a designated RPZ/CZ and the project involves the acquisition or sale of an existing property that will be frequently used or occupied by people, a copy of the notice to prospective buyers signed by the prospective buyer

Airport Hazards (CEST and EA)

General policy	Legislation	Regulation
It is HUD's policy to apply standards to prevent incompatible development around civil airports and military airfields.		24 CFR Part 51 Subpart D
References		
https://www.hudexchange.info/environmental-review/airport-hazards		

1. To ensure compatible land use development, you must determine your site's proximity to civil and military airports. Is your project within 15,000 feet of a military airport or 2,500 feet of a civilian airport?

☒ No → *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide a map showing that the site is not within the applicable distances to a military or civilian airport.*

☐ Yes → *Continue to Question 2.*

2. Is your project located within a Runway Potential Zone/Clear Zone (RPZ/CZ) or Accident Potential Zone (APZ)?

☐ Yes, project is in an APZ → *Continue to Question 3.*

☐ Yes, project is an RPZ/CZ → *Project cannot proceed at this location.*

☐ No, project is not within an APZ or RPZ/CZ

→ *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide a map showing that the site is not within either zone.*

3. Is the project in conformance with DOD guidelines for APZ?

☐ Yes, project is consistent with DOD guidelines without further action.

Explain how you determined that the project is consistent:

→ *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide any documentation supporting this determination.*

☐ No, the project cannot be brought into conformance with DOD guidelines and has not been approved. → *Project cannot proceed at this location.*

☐ Project is not consistent with DOD guidelines, but it has been approved by Certifying Officer or HUD Approving Official.

Explain approval process:

If mitigation measures have been or will be taken, explain in detail the proposed measures that must be implemented to mitigate for the impact or effect, including the timeline for implementation.

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide any documentation supporting this determination.

Worksheet Summary

Compliance Determination

Provide a clear description of your determination and a synopsis of the information that it was based on, such as:

- Map panel numbers and dates
- Names of all consulted parties and relevant consultation dates
- Names of plans or reports and relevant page numbers
- Any additional requirements specific to your region

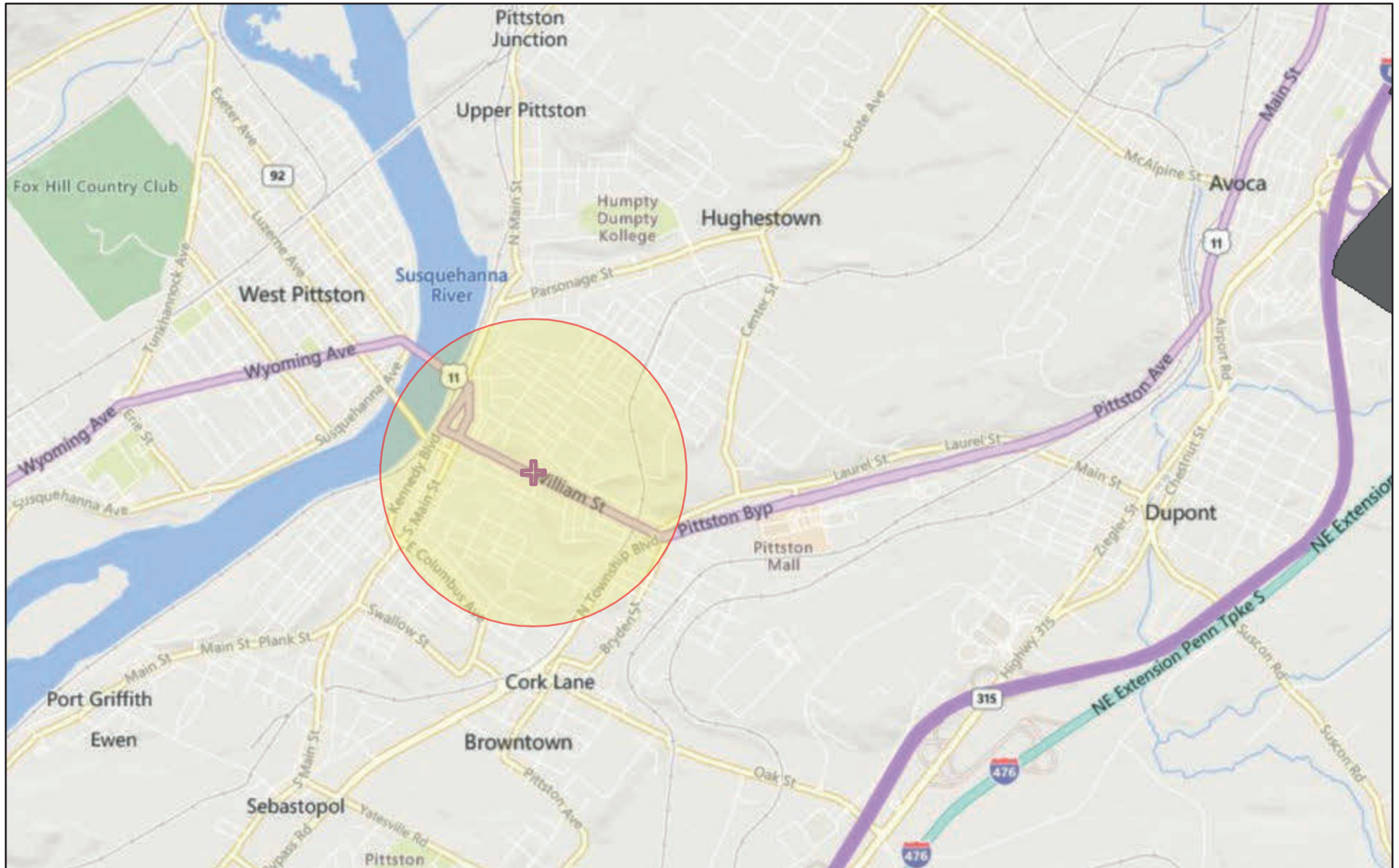
There are no military or civilian airports located within 15,000 and 2,500 feet of the project. Project is in compliance.(see attached map)

Are formal compliance steps or mitigation required?





☐ Yes

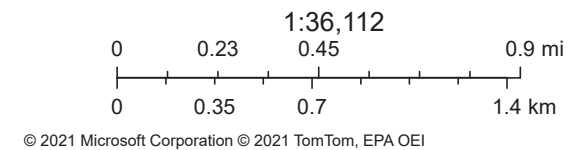
☒ No

Civilian Airport

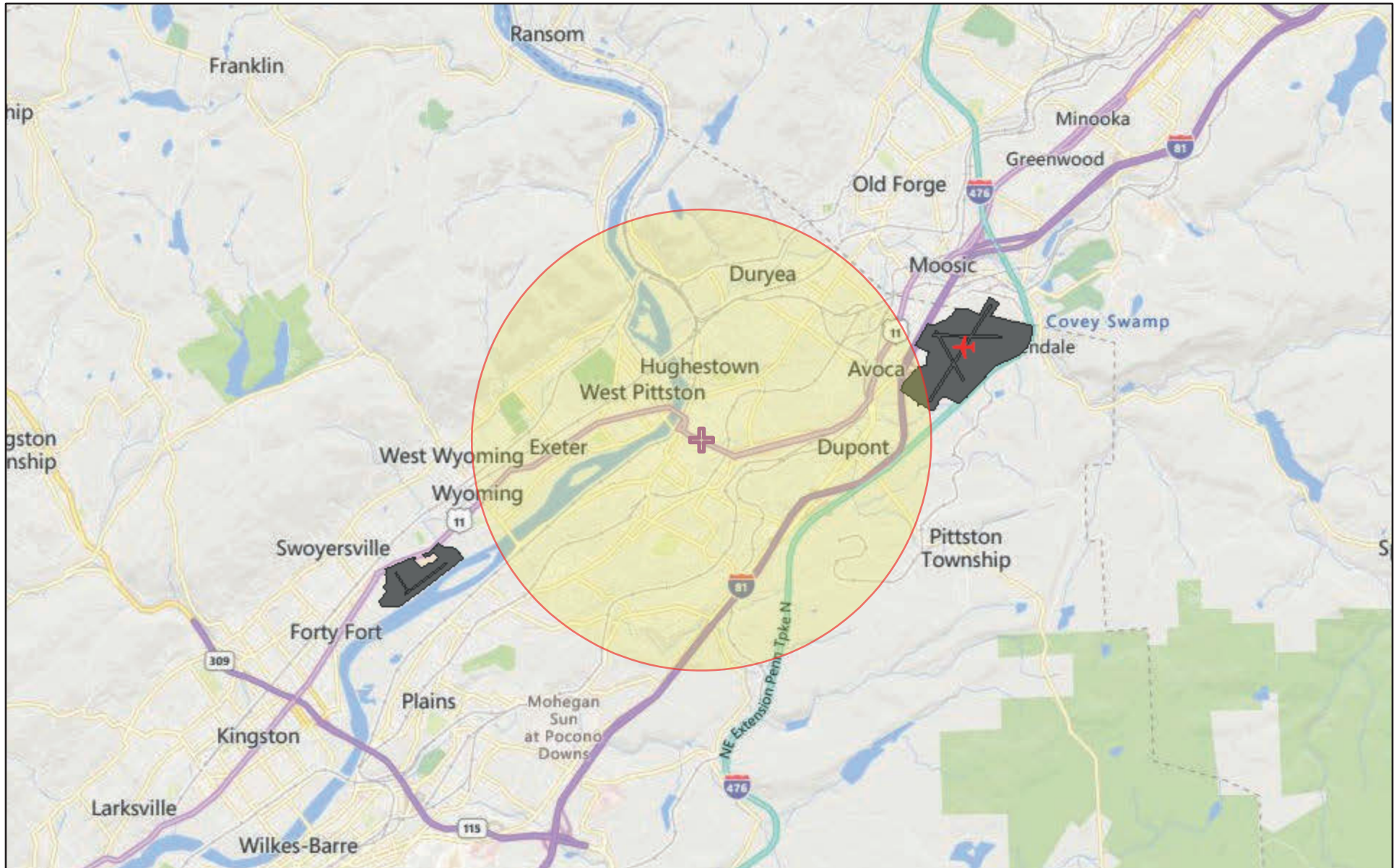


January 26, 2021

-  Project Buffer
-  Airport Points
-  Search Result (point)
-  Airport Polygons

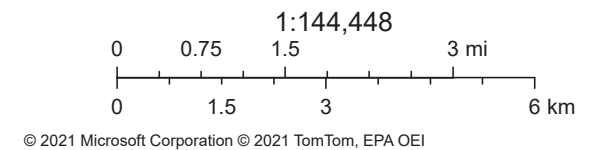


Military Airport



January 26, 2021

-  Project Buffer
-  Airport Points
-  Search Result (point)
-  Airport Polygons



Coastal Barrier Resources

Coastal Barrier Resources (CBRS) The Coastal Barrier Resources Act (CBRA) of 1982 designated relatively undeveloped coastal barriers along the Atlantic and Gulf coasts as part of the John H. Chafee Coastal Barrier Resources System (CBRS) and made these areas ineligible for most new Federal expenditures and financial assistance. The Coastal Barrier Improvement Act (CBIA) of 1990 reauthorized the CBRA and expanded the CBRS to include undeveloped coastal barriers along the Florida Keys, Great Lakes, Puerto Rico, and U.S. Virgin Islands.

The environmental review record should contain **one** of the following:

- A general location map establishing there are no Coastal Barrier Resource System units in the city or county
- A map issued by the FWS or FEMA (or from their website) showing that the proposed project is not located within a designated Coastal Barrier Resource System Unit. The FEMA map panel number must be cited within the Environmental Review Record
- Approval of the project from the FWS, including all prior correspondence

Coastal Barrier Resources (CEST and EA)

General requirements	Legislation	Regulation
HUD financial assistance may not be used for most activities in units of the Coastal Barrier Resources System (CBRS). See 16 USC 3504 for limitations on federal expenditures affecting the CBRS.	Coastal Barrier Resources Act (CBRA) of 1982, as amended by the Coastal Barrier Improvement Act of 1990 (16 USC 3501)	
References		
https://www.hudexchange.info/environmental-review/coastal-barrier-resources		

Projects located in the following states must complete this form.

Alabama	Georgia	Massachusetts	New Jersey	Puerto Rico	Virgin Islands
Connecticut	Louisiana	Michigan	New York	Rhode Island	Virginia
Delaware	Maine	Minnesota	North Carolina	South Carolina	Wisconsin
Florida	Maryland	Mississippi	Ohio	Texas	

1. Is the project located in a CBRS Unit?

☒ No → *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide a map showing that the site is not within a CBRS Unit.*

☐ Yes → *Continue to Question 2.*

Federal assistance for most activities may not be used at this location. You must either choose an alternate site or cancel the project. In very rare cases, federal monies can be spent within CBRS units for certain exempted activities (e.g., a nature trail), after consultation with the Fish and Wildlife Service (FWS) (see [16 USC 3505](#) for exceptions to limitations on expenditures).

2. Indicate your selected course of action.

☐ After consultation with the FWS the project was given approval to continue
→ *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide a map and documentation of a FWS approval.*

☐ Project was not given approval
Project cannot proceed at this location.

Worksheet Summary

Compliance Determination

Provide a clear description of your determination and a synopsis of the information that it was based on, such as:

- Map panel numbers and dates
- Names of all consulted parties and relevant consultation dates
- Names of plans or reports and relevant page numbers

- Any additional requirements specific to your region

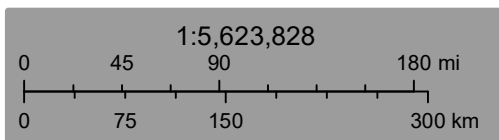
The City of Pittston is not located near a coastal barrier. The closest coastal barrier is over 110 miles away. Project is in compliance. (See attached map)

Are formal compliance steps or mitigation required?

☐ Yes

☒ No

Coastal Barrier



U.S. Fish and Wildlife Service, Coastal Barrier Resources Act Program, Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community
USGS The National Map: Orthoimagery and US Topo. Data refreshed September, 2019.

November 10, 2020

 CBRS Units

This map is for general reference only. The Coastal Barrier Resources System (CBRS) boundaries depicted on this map are representations of the controlling CBRS boundaries, which are shown on the official maps, accessible at <https://www.fws.gov/cbra/maps/index.html>. All CBRS related data should be used in accordance with the layer metadata found on the CBRS Mapper website.

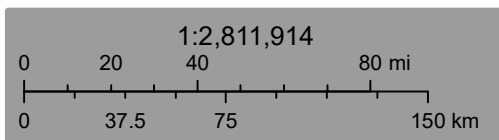
The CBRS Buffer Zone represents the area immediately adjacent to the CBRS boundary where users are advised to contact the Service for an official determination (<http://www.fws.gov/cbra/Determinations.html>) as to whether the property or project site is located "in" or "out" of the CBRS.

CBRS Units normally extend seaward out to the 20- or 30-foot bathymetric contour (depending on the location of the unit). The true seaward extent of the units is not shown in the CBRS mapper.

This page was produced by the CBRS Mapper

Coastal Barrier measure



110.4 miles



U.S. Fish and Wildlife Service, Coastal Barrier Resources Act Program, Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community
Esri, HERE, Garmin, (c) OpenStreetMap contributors

January 26, 2021

CBRS Units

-  Otherwise Protected Area
-  System Unit

This map is for general reference only. The Coastal Barrier Resources System (CBRS) boundaries depicted on this map are representations of the controlling CBRS boundaries, which are shown on the official maps, accessible at <https://www.fws.gov/cbra/maps/index.html>. All CBRS related data should be used in accordance with the layer metadata found on the CBRS Mapper website.

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CBRS Units normally extend seaward out to the 20- or 30-foot bathymetric contour (depending on the location of the unit). The true seaward extent of the units is not shown in the CBRS mapper.

Coastal Zone Management

Coastal Zone Management Act, sections 307(c) & (d)

Coastal Zone Management (CZM). This threshold is triggered if the project is within the area covered by a Federally approved CZM Plan. In order to be approved, a consistency determination permit from CZ Commission or other jurisdictional authority is required.

The environmental review record should contain **one** of the following:

- A general location map establishing the project is located in a state where there are no coastal zones or documentation showing the State is not participating in the CZM program
- If the project is in a state with a coastal zone, a statement or map from the local planning department, state coastal commission, or district as evidence the project is not in the CZMA.
- A determination that the project activities are not subject to state review
- A Federal consistency determination from the state coastal commission, including a description of any necessary mitigation

X This project is in not within a coastal zone.

Coastal Zone Management Act (CEST and EA)

General requirements	Legislation	Regulation
Federal assistance to applicant agencies for activities affecting any coastal use or resource is granted only when such activities are consistent with federally approved State Coastal Zone Management Act Plans.	Coastal Zone Management Act (16 USC 1451-1464), particularly section 307(c) and (d) (16 USC 1456(c) and (d))	15 CFR Part 930
References		
https://www.onecpd.info/environmental-review/coastal-zone-management		

Projects located in the following states must complete this form.

Alabama	Florida	Louisiana	Mississippi	Ohio	Texas
Alaska	Georgia	Maine	New Hampshire	Oregon	Virgin Islands
American Samona	Guam	Maryland	New Jersey	Pennsylvania	Virginia
California	Hawaii	Massachusetts	New York	Puerto Rico	Washington
Connecticut	Illinois	Michigan	North Carolina	Rhode Island	Wisconsin
Delaware	Indiana	Minnesota	Northern Mariana Islands	South Carolina	

1. Is the project located in, or does it affect, a Coastal Zone as defined in your state Coastal Management Plan?

☐ Yes → *Continue to Question 2.*

☒ No → *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide a map showing that the site is not within a Coastal Zone.*

2. Does this project include activities that are subject to state review?

☐ Yes → *Continue to Question 3.*

☐ No → *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide documentation used to make your determination.*

3. Has this project been determined to be consistent with the State Coastal Management Program?

☐ Yes, with mitigation. → *Continue to Question 4.*

☐ Yes, without mitigation. → *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide documentation used to make your determination.*

☐ No, project must be canceled.

Project cannot proceed at this location.

4. Explain in detail the proposed measures that must be implemented to mitigate for the impact or effect, including the timeline for implementation.

→ *Continue to the Worksheet Summary below. Provide documentation of the consultation (including the State Coastal Management Program letter of consistency) and any other documentation used to make your determination.*

Worksheet Summary

Compliance Determination

Provide a clear description of your determination and a synopsis of the information that it was based on, such as:

- Map panel numbers and dates
- Names of all consulted parties and relevant consultation dates
- Names of plans or reports and relevant page numbers
- Any additional requirements specific to your region

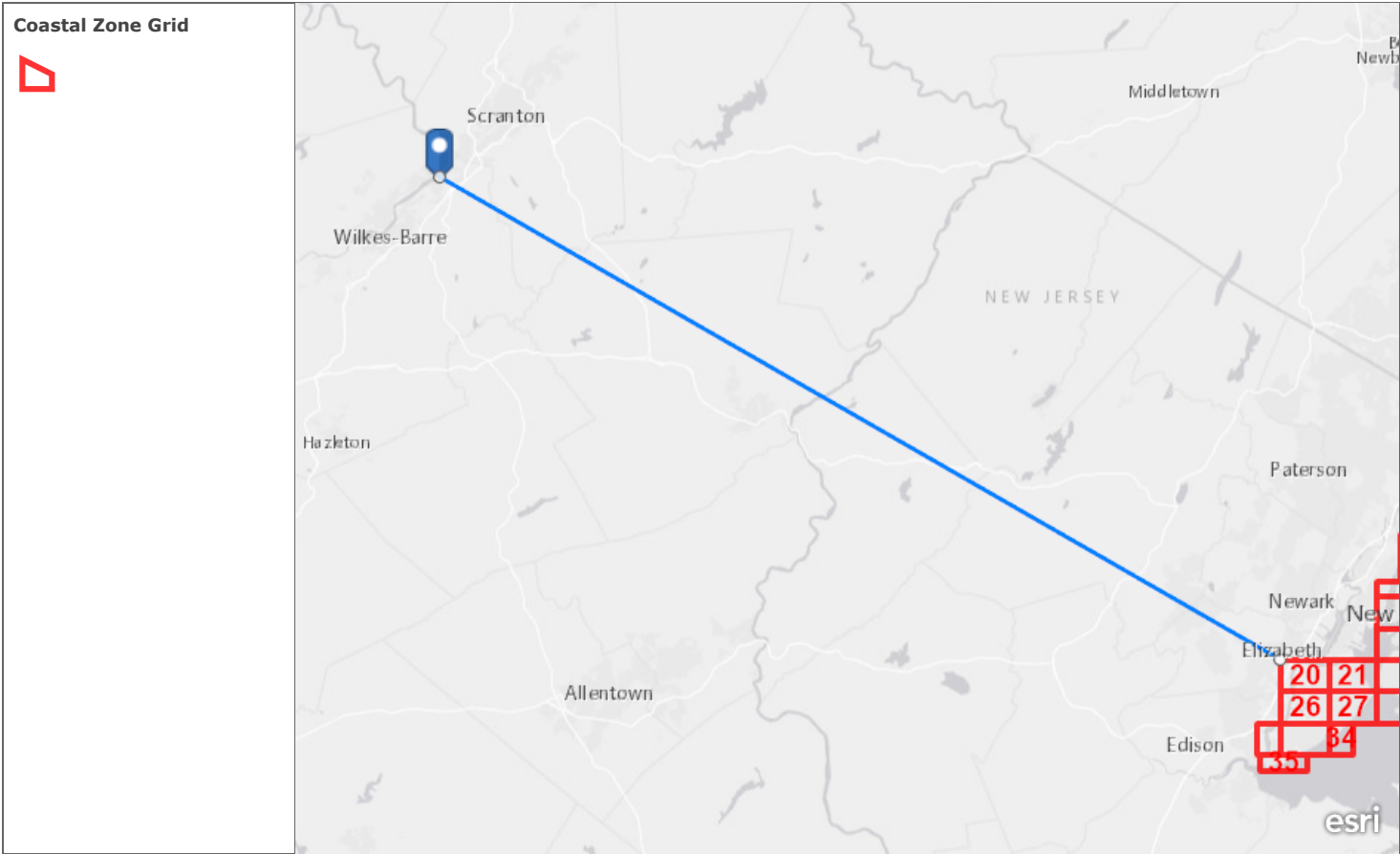
The City of Pittston is not within a Coastal Zone. The project is in compliance. The closest zone is 94 miles away. See attached map.

Are formal compliance steps or mitigation required?

☐ Yes

☒ No

Coastal Zone Boundary Map



Coastal Zone Boundary Map

Esri, HERE, NPS | Esri, HERE, NPS

Endangered Species

Endangered Species Act of 1973, particularly section 7; 50 CFR Part 402

Endangered Species. This threshold is triggered when a project will affect an endangered species of plant or animals, or a critical habitat. This finding is based on a review of available resource identifying such habitat and consultation with the appropriate wildlife agencies via the Pennsylvania Natural Diversity Inventory (PNDI) information system.

Provided is a listing of public service activities, public/community facilities activities, and housing rehabilitation activities if, wherein all work is confined to the existing structures or confined to road rights-of-ways, can be exempted from consultation:

Public Service Activities

- Purchase of radio equipment for vehicles or hand held use
- Rehabilitation of fire-fighting equipment
- Tuition assistance/counseling services
- Purchase of vehicles for handicap/senior transport
- Improvements to structure where public service is occurring

Public/Community/Facilities Improvements

- Renovations, rehab, reconstruction of facilities when improvements are limited to the structure
- Street improvements provided improvements are confined to the road rights-of-way
- Sanitary sewer improvements provided improvements are limited to exiting lines are confined to existing rights-of-way
- Instituform process

Housing Rehabilitation

- Rehabilitation, as long as improvements are confined to the structure

The environmental review record should contain **one** of the following determinations and supporting documentation:

- No Effect, including a determination that the project does not involve any activities that have a potential to affect species or habitats, evidence that there are no federally listed species in the area, or other analysis supporting a No Effect finding
- May Affect, Unlikely to Adverse Affect, including all correspondence with the Fish and Wildlife Service or the National Marine Fisheries Service
- Likely to Adversely Affect, including all correspondence with the Fish and Wildlife Service or the National Marine Fisheries Service



This project does not impact any endangered species.

Endangered Species Act (CEST and EA)

General requirements	ESA Legislation	Regulations
Section 7 of the Endangered Species Act (ESA) mandates that federal agencies ensure that actions that they authorize, fund, or carry out shall not jeopardize the continued existence of federally listed plants and animals or result in the adverse modification or destruction of designated critical habitat. Where their actions may affect resources protected by the ESA, agencies must consult with the Fish and Wildlife Service and/or the National Marine Fisheries Service ("FWS" and "NMFS" or "the Services").	The Endangered Species Act of 1973 (16 U.S.C. 1531 <i>et seq.</i>); particularly section 7 (16 USC 1536).	50 CFR Part 402
References		
https://www.hudexchange.info/environmental-review/endangered-species		

1. Does the project involve any activities that have the potential to affect species or habitats?

☐ No, the project will have No Effect due to the nature of the activities involved in the project.

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide any documents used to make your determination.

☒ No, the project will have No Effect based on a letter of understanding, memorandum of agreement, programmatic agreement, or checklist provided by local HUD office.

Explain your determination:

According to PNDI report 726216, no effect is anticipated on endangered species.

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide any documents used to make your determination.

☐ Yes, the activities involved in the project have the potential to affect species and/or habitats. → Continue to Question 2.

2. Are federally listed species or designated critical habitats present in the action area?

Obtain a list of protected species from the Services. This information is available on the [FWS Website](#) or you may contact your [local FWS](#) and/or [NMFS](#) offices directly.

☐ No, the project will have No Effect due to the absence of federally listed species and designated critical habitat.

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide any documents used to make your determination. Documentation may include letters from the Services, species lists from the Services' websites, surveys or other documents and analysis showing that there are no species in the action area.

☐ Yes, there are federally listed species or designated critical habitats present in the action area. → Continue to Question 3.

3. What effects, if any, will your project have on federally listed species or designated critical habitat?

☐ No Effect: Based on the specifics of both the project and any federally listed species in the action area, you have determined that the project will have absolutely no effect on listed species or critical habitat.

→ *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide any documents used to make your determination. Documentation should include a species list and explanation of your conclusion, and may require maps, photographs, and surveys as appropriate.*

☐ May Affect, Not Likely to Adversely Affect: Any effects that the project may have on federally listed species or critical habitats would be beneficial, discountable, or insignificant.

→ *Continue to Question 4, Informal Consultation.*

☐ Likely to Adversely Affect: The project may have negative effects on one or more listed species or critical habitat.

→ *Continue to Question 5, Formal Consultation.*

4. Informal Consultation is required

Section 7 of ESA (16 USC 1536) mandates consultation to resolve potential impacts to endangered and threatened species and critical habitats. If a HUD-assisted project may affect any federally listed endangered or threatened species or critical habitat, then compliance is required with Section 7. See 50 CFR Part 402 Subpart B Consultation Procedures.

Did the Service(s) concur with the finding that the project is Not Likely to Adversely Affect?

☐ Yes, the Service(s) concurred with the finding.

→ *Based on the response, the review is in compliance with this section. Continue to Question 6 and provide the following:*

- (1) *A biological evaluation or equivalent document*
- (2) *Concurrence(s) from FWS and/or NMFS*
- (3) *Any other documentation of informal consultation*

Exception: If finding was made based on procedures provided by a letter of understanding, memorandum of agreement, programmatic agreement, or checklist provided by local HUD office, provide whatever documentation is mandated by that agreement.

☐ No, the Service(s) did not concur with the finding. → *Continue to Question 5.*

5. Formal consultation is required

Section 7 of ESA (16 USC 1536) mandates consultation to resolve potential impacts to federally listed endangered and threatened species and critical habitats. If a HUD assisted project may affect any endangered or threatened species or critical habitat, then compliance is required with Section 7. See 50 CFR Part 402 Subpart B Consultation Procedures.

→ *Once consultation is complete, the review is in compliance with this section. Continue to Question 6 and provide the following:*

- (1) *A biological assessment, evaluation, or equivalent document*
- (2) *Biological opinion(s) issued by FWS and/or NMFS*
- (3) *Any other documentation of formal consultation*

6. For the project to be brought into compliance with this section, all adverse impacts must be mitigated. Explain in detail the proposed measures that will be implemented to mitigate for the impact or effect, including the timeline for implementation.

☐ Mitigation as follows will be implemented:

☐ No mitigation is necessary.

Explain why mitigation will not be made here:

Worksheet Summary

Compliance Determination

Provide a clear description of your determination and a synopsis of the information that it was based on, such as:

- Map panel numbers and dates
- Names of all consulted parties and relevant consultation dates
- Names of plans or reports and relevant page numbers
- Any additional requirements specific to your region

No effect is anticipated on endangered species. See PNDI Receipt 726216 attached. Project is in compliance.

Are formal compliance steps or mitigation required?

☐ Yes

☒ No

1. PROJECT INFORMATION

Project Name: **Lincoln Heights Roof**

Date of Review: **1/26/2021 05:29:29 PM**

Project Category: **Development, Additions/maintenance to existing development facilities**

Project Area: **1.63 acres**

County(s): **Luzerne**

Township/Municipality(s): **PITTSTON**

ZIP Code:

Quadrangle Name(s): **PITTSTON**

Watersheds HUC 8: **Upper Susquehanna-Lackawanna**

Watersheds HUC 12: **City of Wilkes-Barre-Susquehanna River**

Decimal Degrees: **41.322198, -75.785027**

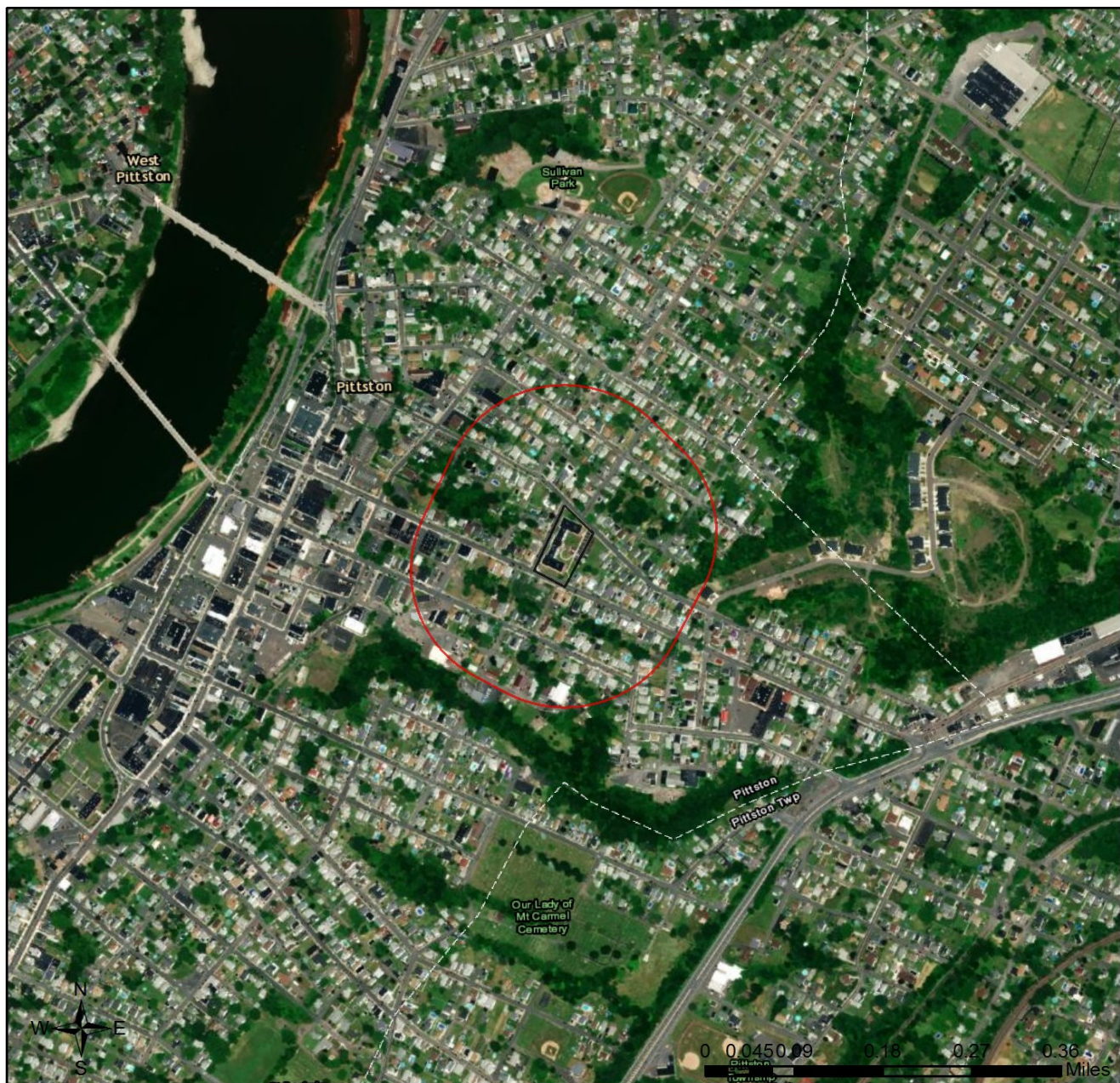
Degrees Minutes Seconds: **41° 19' 19.9118" N, 75° 47' 6.981" W**

2. SEARCH RESULTS

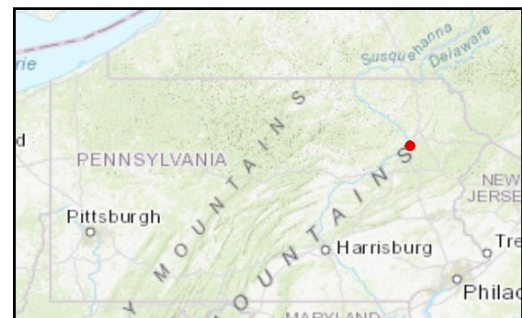
Agency	Results	Response
PA Game Commission	No Known Impact	No Further Review Required
PA Department of Conservation and Natural Resources	No Known Impact	No Further Review Required
PA Fish and Boat Commission	No Known Impact	No Further Review Required
U.S. Fish and Wildlife Service	No Known Impact	No Further Review Required

As summarized above, Pennsylvania Natural Diversity Inventory (PNDI) records indicate no known impacts to threatened and endangered species and/or special concern species and resources within the project area. Therefore, based on the information you provided, no further coordination is required with the jurisdictional agencies. This response does not reflect potential agency concerns regarding impacts to other ecological resources, such as wetlands.

Lincoln Heights Roof

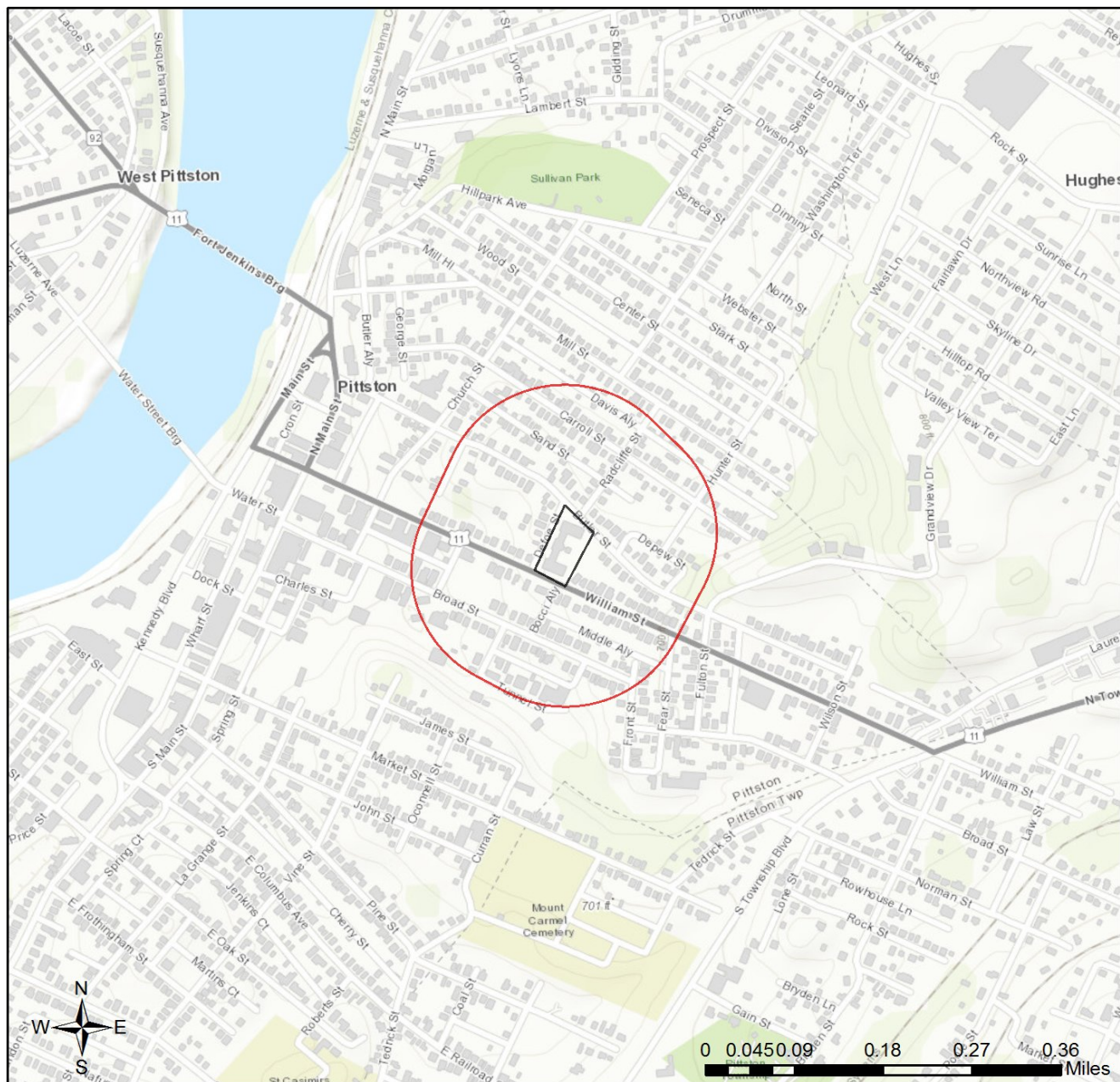


- ☐ Project Boundary
- ☐ Buffered Project Boundary



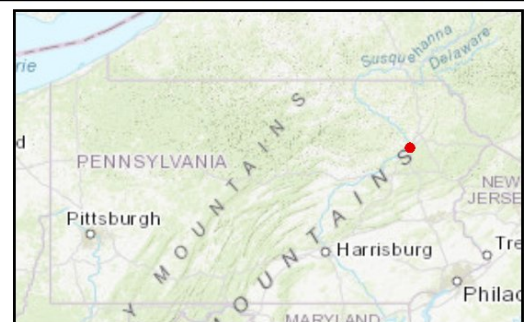
Service Layer Credits: Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China

Lincoln Heights Roof



- Project Boundary
- Buffered Project Boundary

Service Layer Credits: Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), (c) OpenStreetMap contributors, and the GIS User Community



3. AGENCY COMMENTS

Regardless of whether a DEP permit is necessary for this proposed project, any potential impacts to threatened and endangered species and/or special concern species and resources must be resolved with the appropriate jurisdictional agency. In some cases, a permit or authorization from the jurisdictional agency may be needed if adverse impacts to these species and habitats cannot be avoided.

These agency determinations and responses are **valid for two years** (from the date of the review), and are based on the project information that was provided, including the exact project location; the project type, description, and features; and any responses to questions that were generated during this search. If any of the following change: 1) project location, 2) project size or configuration, 3) project type, or 4) responses to the questions that were asked during the online review, the results of this review are not valid, and the review must be searched again via the PNDI Environmental Review Tool and resubmitted to the jurisdictional agencies. The PNDI tool is a primary screening tool, and a desktop review may reveal more or fewer impacts than what is listed on this PNDI receipt. The jurisdictional agencies **strongly advise against** conducting surveys for the species listed on the receipt prior to consultation with the agencies.

PA Game Commission

RESPONSE:

No Impact is anticipated to threatened and endangered species and/or special concern species and resources.

PA Department of Conservation and Natural Resources

RESPONSE:

No Impact is anticipated to threatened and endangered species and/or special concern species and resources.

PA Fish and Boat Commission

RESPONSE:

No Impact is anticipated to threatened and endangered species and/or special concern species and resources.

U.S. Fish and Wildlife Service

RESPONSE:

No impacts to **federally** listed or proposed species are anticipated. Therefore, no further consultation/coordination under the Endangered Species Act (87 Stat. 884, as amended; 16 U.S.C. 1531 et seq. is required. Because no take of federally listed species is anticipated, none is authorized. This response does not reflect potential Fish and Wildlife Service concerns under the Fish and Wildlife Coordination Act or other authorities.

4. DEP INFORMATION

The Pa Department of Environmental Protection (DEP) requires that a signed copy of this receipt, along with any required documentation from jurisdictional agencies concerning resolution of potential impacts, be submitted with applications for permits requiring PNDI review. Two review options are available to permit applicants for handling PNDI coordination in conjunction with DEP's permit review process involving either T&E Species or species of special concern. Under sequential review, the permit applicant performs a PNDI screening and completes all coordination with the appropriate jurisdictional agencies prior to submitting the permit application. The applicant will include with its application, both a PNDI receipt and/or a clearance letter from the jurisdictional agency if the PNDI Receipt shows a Potential Impact to a species or the applicant chooses to obtain letters directly from the jurisdictional agencies. Under concurrent review, DEP, where feasible, will allow technical review of the permit to occur concurrently with the T&E species consultation with the jurisdictional agency. The applicant must still supply a copy of the PNDI Receipt with its permit application. The PNDI Receipt should also be submitted to the appropriate agency according to directions on the PNDI Receipt. The applicant and the jurisdictional agency will work together to resolve the potential impact(s). See the DEP PNDI policy at <https://conservationexplorer.dcnr.pa.gov/content/resources>.

5. ADDITIONAL INFORMATION

The PNDI environmental review website is a preliminary screening tool. There are often delays in updating species status classifications. Because the proposed status represents the best available information regarding the conservation status of the species, state jurisdictional agency staff give the proposed statuses at least the same consideration as the current legal status. If surveys or further information reveal that a threatened and endangered and/or special concern species and resources exist in your project area, contact the appropriate jurisdictional agency/agencies immediately to identify and resolve any impacts.

For a list of species known to occur in the county where your project is located, please see the species lists by county found on the PA Natural Heritage Program (PNHP) home page (www.naturalheritage.state.pa.us). Also note that the PNDI Environmental Review Tool only contains information about species occurrences that have actually been reported to the PNHP.

6. AGENCY CONTACT INFORMATION

PA Department of Conservation and Natural Resources

Bureau of Forestry, Ecological Services Section
400 Market Street, PO Box 8552
Harrisburg, PA 17105-8552
Email: RA-HeritageReview@pa.gov

PA Fish and Boat Commission

Division of Environmental Services
595 E. Rolling Ridge Dr., Bellefonte, PA 16823
Email: RA-FBPACENOTIFY@pa.gov

U.S. Fish and Wildlife Service

Pennsylvania Field Office
Endangered Species Section
110 Radnor Rd; Suite 101
State College, PA 16801
Email: IR1_ESPenn@fws.gov
NO Faxes Please

PA Game Commission

Bureau of Wildlife Habitat Management
Division of Environmental Planning and Habitat Protection
2001 Elmerton Avenue, Harrisburg, PA 17110-9797
Email: RA-PGC_PNDI@pa.gov
NO Faxes Please

7. PROJECT CONTACT INFORMATION

Name: _____
Company/Business Name: _____
Address: _____
City, State, Zip: _____
Phone: (____) _____ Fax: (____) _____
Email: _____

8. CERTIFICATION

I certify that ALL of the project information contained in this receipt (including project location, project size/configuration, project type, answers to questions) is true, accurate and complete. In addition, if the project type, location, size or configuration changes, or if the answers to any questions that were asked during this online review change, I agree to re-do the online environmental review.

applicant/project proponent signature

date

Explosive and Flammable Hazards

Code of Federal Regulations, 24 CFR Part 51 Subpart C

Hazardous Operations Explosive or Flammable in Nature. This threshold is triggered if the project is in the vicinity of hazardous operation involving explosive or flammable fuels or chemicals which exceed the standards and application of HUD manual "Urban Development Siting with Respect to Hazardous Commercial and/or Industrial Facilities."

A thermal/explosive hazard is defined as:

- A storage tank, mobile tank, process vessel or transmission line used to store, process or transport hazardous products.

The environmental review record should include:

One of the following on aboveground storage tanks:

- A determination that the project does not include development, construction, rehabilitation that will increase residential densities, or conversion
- Evidence that within one mile of the project site there are no current or planned stationary aboveground storage containers of more than 100-gallon capacity containing common liquid industrial fuels or of any capacity containing hazardous liquids or gases that are not common liquid industrial fuels
- A determination along with all supporting documentation that the separation distance of such containers from the project is acceptable
- Documentation of the existing or planned barrier that would serve as sufficient mitigation, including correspondence with a licensed engineer

AND one of the following on hazardous facilities:

- A determination that the project does not include a hazardous facility
- A determination along with all supporting documentation that the hazardous facility is located at an acceptable separation distance from residences and any other facility or area where people may congregate or be present
- Documentation of the existing or planned barrier that would serve as sufficient mitigation, including correspondence with a licensed engineer

Explosive and Flammable Hazards (CEST and EA)

General requirements	Legislation	Regulation
HUD-assisted projects must meet Acceptable Separation Distance (ASD) requirements to protect them from explosive and flammable hazards.	N/A	24 CFR Part 51 Subpart C
Reference		
https://www.hudexchange.info/environmental-review/explosive-and-flammable-facilities		

1. Does the proposed HUD-assisted project include a hazardous facility (a facility that mainly stores, handles or processes flammable or combustible chemicals such as bulk fuel storage facilities and refineries)?

☒ No

→ Continue to Question 2.

☐ Yes

Explain:

→ Continue to Question 5.

2. Does this project include any of the following activities: development, construction, rehabilitation that will increase residential densities, or conversion?

☒ No

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below.

☐ Yes

→ Continue to Question 3.

3. Within 1 mile of the project site, are there any current *or planned* stationary aboveground storage containers:

- Of more than 100 gallon capacity, containing common liquid industrial fuels OR
- Of any capacity, containing hazardous liquids or gases that are not common liquid industrial fuels?

☐ No

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide all documents used to make your determination.

☐ Yes

→ Continue to Question 4.

4. Is the Separation Distance from the project acceptable based on standards in the Regulation?

Please visit [HUD's website](#) for information on calculating Acceptable Separation Distance.

- ☐
- Yes

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide map(s) showing the location of the project site relative to any tanks and your separation distance calculations. If the map identifies more than one tank, please identify the tank you have chosen as the “assessed tank.”

- ☐
- No

→ Provide map(s) showing the location of the project site relative to any tanks and your separation distance calculations. If the map identifies more than one tank, please identify the tank you have chosen as the “assessed tank.”
Continue to Question 6.

5. Is the hazardous facility located at an acceptable separation distance from residences and any other facility or area where people may congregate or be present?

Please visit [HUD's website](#) for information on calculating Acceptable Separation Distance.

- ☐
- Yes

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide map(s) showing the location of the project site relative to residences and any other facility or area where people congregate or are present and your separation distance calculations.

- ☐
- No

→ Provide map(s) showing the location of the project site relative to residences and any other facility or area where people congregate or are present and your separation distance calculations.

Continue to Question 6.

6. For the project to be brought into compliance with this section, all adverse impacts must be mitigated. Explain in detail the exact measures that must be implemented to make the Separation Distance acceptable, including the timeline for implementation. If negative effects cannot be mitigated, cancel the project at this location.

Note that only licensed professional engineers should design and implement blast barriers. If a barrier will be used or the project will be modified to compensate for an

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Worksheet Summary

Compliance Determination

Provide a clear description of your determination and a synopsis of the information that it was based on, such as:

- Map panel numbers and dates
- Names of all consulted parties and relevant consultation dates
- Names of plans or reports and relevant page numbers
- Any additional requirements specific to your region

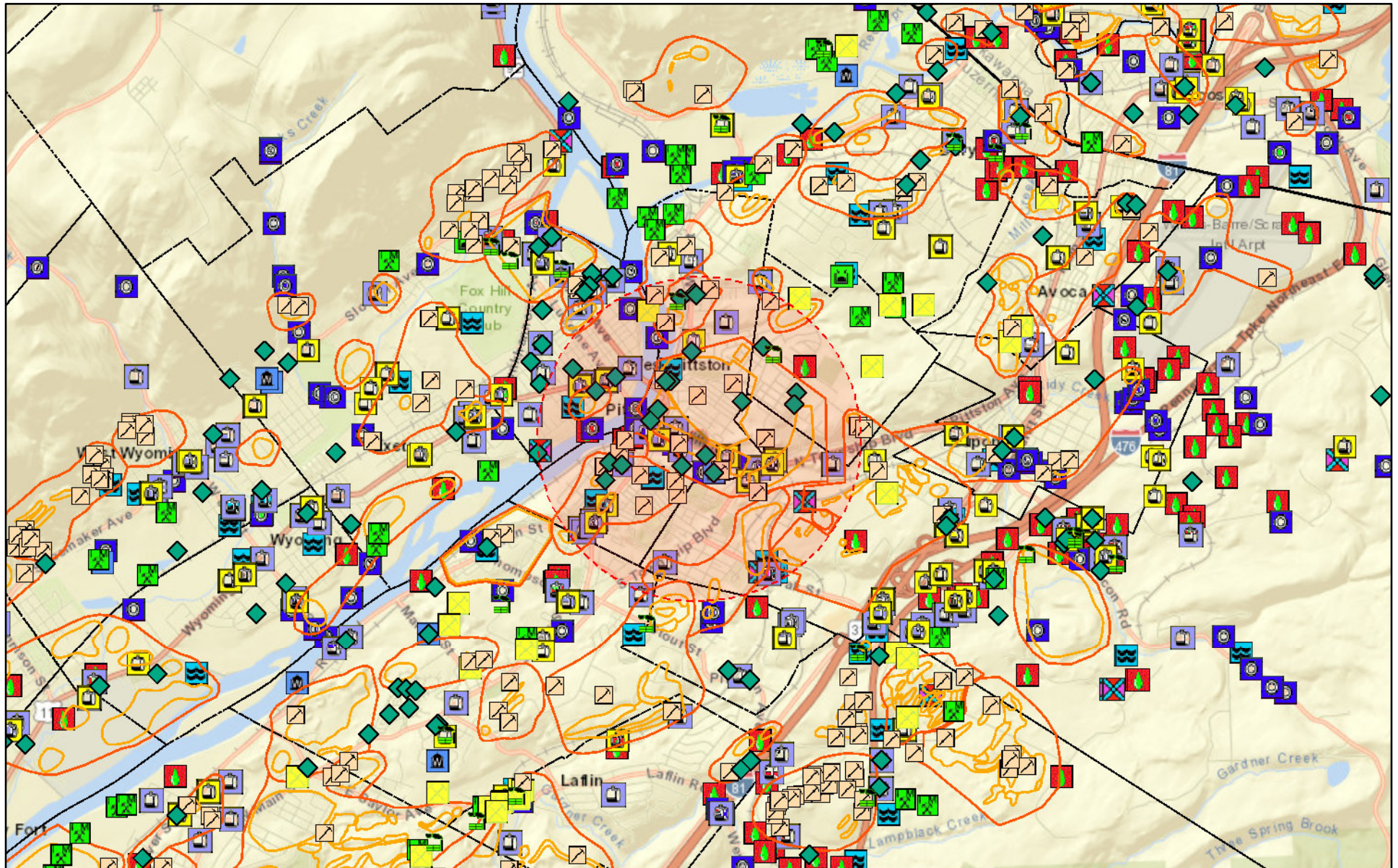
The project does not include development, construction, rehabilitation that will increase residential densities, or conversion. Based on aerial inspection, this project is not located in proximity to explosive or flammable hazards. The project is in compliance.

Are formal compliance steps or mitigation required?

☐ Yes

☒ No

Explosive/Flammable



January 26, 2021

pointLayer



Override 1

pointLayer



Override 1

polygonLayer



Override 1



Air Emission Plant



GP12 Prep Plant Emissions Operation



Beneficial Land Use

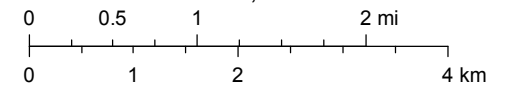


Land Recycling Cleanup Location



Mine Drainage Treatment Land Recycling Project

1:72,224



Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand),

Bureau of Environmental Cleanup and Brownfields Storage Tanks Search Results

1/26/2021 4:32:37 PM

Site ID: **581195**
Other ID: **40-50650**
Name: **JOHNS SVC STA**
Address: **215 WILLIAM ST**
Address2:
City: **PITTSTON**
State: **PA**
Zip: **18640-2519**
County: **Luzerne**
Municipality Name: **Pittston City**
Registration Expiration Date: **04/04/2021**

Client: **165817**
Client Name: **GUY SVIATKO**
Address: **215 WILLIAM ST**
Address2:
City: **PITTSTON**
State: **PA**
Zip: **18640-2519**

[Click Here For Tank Components](#)

<u>SEQ NUMBER</u>	<u>TANK CODE</u>	<u>DATE INSTALLED</u>	<u>CAPACITY</u>	<u>SUB CODE</u>	<u>TANK STATUS</u>	<u>PERMIT TYPE</u>	<u>PERMIT STATUS</u>	<u>DATE LAST INSPECTION</u>	<u>NEXT INSPECTION DUE</u>
674015 - 008	UST	01/22/1997	12,000	GAS	T	OPR	WITHD	12/23/2013	FOI - 12/23/2016
674016 - 009	UST	01/22/1997	8,000	GAS	T	OPR	WITHD	12/23/2013	FOI - 12/23/2016
674017 - 010	UST	01/22/1997	2,000	DIESL	T	OPR	WITHD	12/23/2013	FOI - 12/23/2016

Bureau of Environmental Cleanup and Brownfields Storage Tanks Search Results

1/26/2021 4:32:37 PM

Site ID: **580853**
Other ID: **40-26005**
Name: **PITTSTON CONVENIENCE**
Address: **325 LAUREL ST**
Address2:
City: **PITTSTON**
State: **PA**
Zip: **18640-3537**
County: **Luzerne**
Municipality Name: **Pittston Twp**
Registration Expiration Date: **04/04/2021**

Client: **305170**
Client Name: **PITTSTON CONVENIENCE INC**
Address: **325 LAUREL ST**
Address2:
City: **PITTSTON**
State: **PA**
Zip: **18640-3537**

[Click Here For Tank Components](#)

<u>SEQ NUMBER</u>	<u>TANK CODE</u>	<u>DATE INSTALLED</u>	<u>CAPACITY</u>	<u>SUB CODE</u>	<u>TANK STATUS</u>	<u>PERMIT TYPE</u>	<u>PERMIT STATUS</u>	<u>DATE LAST INSPECTION</u>	<u>NEXT INSPECTION DUE</u>
672519 - 005	UST	01/07/1998	12,000	GAS	C	OPR	APPR	01/03/2020	FOI - 01/03/2023
672520 - 006	UST	01/07/1998	12,000	GAS	C	OPR	APPR	01/03/2020	FOI - 01/03/2023

Bureau of Environmental Cleanup and Brownfields Storage Tanks Search Results

1/26/2021 4:32:33 PM

Site ID: **580628**
Other ID: **40-08226**
Name: **WEST SIDE AUTO**
Address: **401 WYOMING AVE**
Address2:
City: **WEST PITTSTON**
State: **PA**
Zip: **18643-2826**
County: **Luzerne**
Municipality Name: **West Pittston Boro**
Registration Expiration Date: **04/04/2021**

Client: **188553**
Client Name: **RON GITKOS**
Address: **401 WYOMING AVE**
Address2:
City: **WEST PITTSTON**
State: **PA**
Zip: **18643-2826**

[Click Here For Tank Components](#)

<u>SEQ NUMBER</u>	<u>TANK CODE</u>	<u>DATE INSTALLED</u>	<u>CAPACITY</u>	<u>SUB CODE</u>	<u>TANK STATUS</u>	<u>PERMIT TYPE</u>	<u>PERMIT STATUS</u>	<u>DATE LAST INSPECTION</u>	<u>NEXT INSPECTION DUE</u>
671149 - 001	UST	06/01/1986	5,000	GAS	C	OPR	APPR	09/02/2020	FOI - 09/02/2023
671150 - 002	UST	06/01/1986	4,000	DIESL	C	OPR	APPR	09/02/2020	FOI - 09/02/2023
671155 - 007	UST	04/01/1991	6,000	GAS	C	OPR	APPR	09/02/2020	FOI - 09/02/2023
671156 - 008	UST	04/01/1991	6,000	GAS	T	OPR	WITHD	09/02/2020	FOI - 09/02/2023
671157 - 009	UST	07/20/1999	2,000	GAS	T	OPR	WITHD	09/02/2020	FOI - 09/02/2023

Permit Status Codes - Approved (APPR), Suspended (SUSPD), Revoked (REVOK), Denied (DENI), Withheld (WITHH), Withdrawn (WITHD), Withheld Registration To Remove (WRR)

Bureau of Environmental Cleanup and Brownfields Storage Tanks Search Results

1/26/2021 4:32:30 PM

Site ID: **580830**
Other ID: **40-24230**
Name: **ALS QUICK STOP 8**
Address: **308 S MAIN ST & PLANK**
Address2:
City: **PITTSTON**
State: **PA**
Zip: **18640**
County: **Luzerne**
Municipality Name: **Pittston City**
Registration Expiration Date: **04/04/2021**

Client: **333694**
Client Name: **PITTSTON ONE REAL ESTATE LLC**
Address: **702 E SWINICK DR**
Address2:
City: **DUNMORE**
State: **PA**
Zip: **18512-2157**

[Click Here For Tank Components](#)

<u>SEQ NUMBER</u>	<u>TANK CODE</u>	<u>DATE INSTALLED</u>	<u>CAPACITY</u>	<u>SUB CODE</u>	<u>TANK STATUS</u>	<u>PERMIT TYPE</u>	<u>PERMIT STATUS</u>	<u>DATE LAST INSPECTION</u>	<u>NEXT INSPECTION DUE</u>
672384 - 006	UST	07/15/1995	15,000	GAS	C	OPR	APPR	10/07/2020	FOI - 10/07/2023
672385 - 007	UST	07/15/1995	15,000	GAS	C	OPR	APPR	10/07/2020	FOI - 10/07/2023

Permit Status Codes - Approved (APPR), Suspended (SUSPD), Revoked (REVOK), Denied (DENI), Withheld (WITHH), Withdrawn (WITHD), Withheld Registration To Remove (WRR)

Bureau of Environmental Cleanup and Brownfields Storage Tanks Search Results

1/26/2021 4:32:28 PM

Site ID: **581207**
Other ID: **40-50709**
Name: **PITTSTON SVC STA**
Address: **333 LAUREL ST**
Address2:
City: **PITTSTON**
State: **PA**
Zip: **18640-3537**
County: **Luzerne**
Municipality Name: **Pittston City**
Registration Expiration Date: **04/04/2021**

Client: **187722**
Client Name: **GILBRO REALTY INC**
Address: **ROUTE 502 & BIRNEY AVE**
Address2:
City: **MOOSIC**
State: **PA**
Zip: **18507**

[Click Here For Tank Components](#)

<u>SEQ NUMBER</u>	<u>TANK CODE</u>	<u>DATE INSTALLED</u>	<u>CAPACITY</u>	<u>SUB CODE</u>	<u>TANK STATUS</u>	<u>PERMIT TYPE</u>	<u>PERMIT STATUS</u>	<u>DATE LAST INSPECTION</u>	<u>NEXT INSPECTION DUE</u>
674058 - 004	UST	06/01/1986	4,000	DIESL	C	OPR	APPR	06/14/2019	FOI - 06/14/2022
674059 - 005	UST	11/01/1998	12,000	GAS	C	OPR	APPR	06/14/2019	FOI - 06/14/2022
674060 - 006	UST	11/01/1998	6,000	GAS	C	OPR	APPR	06/14/2019	FOI - 06/14/2022

Permit Status Codes - Approved (APPR), Suspended (SUSPD), Revoked (REVOK), Denied (DENI), Withheld (WITHH), Withdrawn (WITHD), Withheld Registration To Remove (WRR)

Bureau of Environmental Cleanup and Brownfields Storage Tanks Search Results

1/26/2021 4:32:26 PM

Site ID: **507018**
Other ID: **40-12563**
Name: **GALLIS SALES & SVC**
Address: **200 S TOWNSHIP BLVD**
Address2:
City: **PITTSTON**
State: **PA**
Zip: **18640-3512**
County: **Luzerne**
Municipality Name: **Pittston Twp**
Registration Expiration Date: **04/04/2021**

Client: **189613**
Client Name: **LOUIS GALLI**
Address: **200 S TOWNSHIP BLVD**
Address2:
City: **PITTSTON**
State: **PA**
Zip: **18640-3512**

[Click Here For Tank Components](#)

<u>SEQ NUMBER</u>	<u>TANK CODE</u>	<u>DATE INSTALLED</u>	<u>CAPACITY</u>	<u>SUB CODE</u>	<u>TANK STATUS</u>	<u>PERMIT TYPE</u>	<u>PERMIT STATUS</u>	<u>DATE LAST INSPECTION</u>	<u>NEXT INSPECTION DUE</u>
671514 - 003	UST	01/13/1998	5,000	GAS	C	OPR	APPR	02/04/2019	FOI - 02/04/2022
671515 - 004	UST	01/13/1998	3,000	GAS	T	OPR	WITHD	02/04/2019	FOI - 02/04/2022
671516 - 005	UST	01/13/1998	2,000	GAS	T	OPR	WITHD	02/04/2019	FOI - 02/04/2022

Permit Status Codes - Approved (APPR), Suspended (SUSPD), Revoked (REVOK), Denied (DENI), Withheld (WITHH), Withdrawn (WITHD), Withheld Registration To Remove (WRR)

Bureau of Environmental Cleanup and Brownfields Storage Tanks Search Results

1/26/2021 4:32:23 PM

Site ID: **580725**
Other ID: **40-14487**
Name: **FRIENDLY FOOD MART**
Address: **301 WYOMING AVE**
Address2:
City: **WEST PITTSTON**
State: **PA**
Zip: **18643-2824**
County: **Luzerne**
Municipality Name: **West Pittston Boro**
Registration Expiration Date: **04/04/2021**

Client: **320047**
Client Name: **SHREE HARI RETAIL INC**
Address: **301 WYOMING AVE**
Address2:
City: **WEST PITTSTON**
State: **PA**
Zip: **18643-2824**

[Click Here For Tank Components](#)

<u>SEQ NUMBER</u>	<u>TANK CODE</u>	<u>DATE INSTALLED</u>	<u>CAPACITY</u>	<u>SUB CODE</u>	<u>TANK STATUS</u>	<u>PERMIT TYPE</u>	<u>PERMIT STATUS</u>	<u>DATE LAST INSPECTION</u>	<u>NEXT INSPECTION DUE</u>
671760 - 004	UST	07/01/1998	10,000	GAS	C	OPR	APPR	08/15/2017	FOI - 08/15/2020
671761 - 005	UST	07/01/1998	4,000	GAS	C	OPR	APPR	08/15/2017	FOI - 08/15/2020

Permit Status Codes - Approved (APPR), Suspended (SUSPD), Revoked (REVOK), Denied (DENI), Withheld (WITHH), Withdrawn (WITHD), Withheld Registration To Remove (WRR)

Bureau of Environmental Cleanup and Brownfields Storage Tanks Search Results

1/26/2021 4:32:21 PM

Site ID: **580947**
Other ID: **40-32540**
Name: **SUNOCO FOOD MART**
Address: **303 N MAIN ST**
Address2:
City: **PITTSTON**
State: **PA**
Zip: **18640-2109**
County: **Luzerne**
Municipality Name: **Pittston City**
Registration Expiration Date: **04/04/2021**

Client: **327381**
Client Name: **ARCHNA PETRO INC**
Address: **303 N MAIN ST**
Address2:
City: **PITTSTON**
State: **PA**
Zip: **18640-2109**

[Click Here For Tank Components](#)

<u>SEQ NUMBER</u>	<u>TANK CODE</u>	<u>DATE INSTALLED</u>	<u>CAPACITY</u>	<u>SUB CODE</u>	<u>TANK STATUS</u>	<u>PERMIT TYPE</u>	<u>PERMIT STATUS</u>	<u>DATE LAST INSPECTION</u>	<u>NEXT INSPECTION DUE</u>
673061 - 001	UST	09/01/1988	10,000	GAS	T	OPR	WITHD	03/02/2017	FOI - 03/02/2020
673062 - 002	UST	09/01/1988	10,000	GAS	T	OPR	WITHD	03/02/2017	FOI - 03/02/2020
673063 - 003	UST	09/01/1988	8,000	GAS	T	OPR	WITHD	03/02/2017	FOI - 03/02/2020

Permit Status Codes - Approved (APPR), Suspended (SUSPD), Revoked (REVOK), Denied (DENI), Withheld (WITHH), Withdrawn (WITHD), Withheld Registration To Remove (WRR)

Bureau of Environmental Cleanup and Brownfields Storage Tanks Search Results

1/26/2021 4:32:20 PM

Site ID: **723267**
Other ID: **40-32764**
Name: **TURKEY HILL 300**
Address: **257 S MAIN ST**
Address2:
City: **PITTSTON**
State: **PA**
Zip: **18640-2314**
County: **Luzerne**
Municipality Name: **Pittston City**
Registration Expiration Date: **04/04/2021**

Client: **343443**
Client Name: **TURKEY HILL MINIT MKT LLC**
Address: **165 FLANDERS RD**
Address2:
City: **WESTBOROUGH**
State: **MA**
Zip: **01581-1032**

[Click Here For Tank Components](#)

<u>SEQ NUMBER</u>	<u>TANK CODE</u>	<u>DATE INSTALLED</u>	<u>CAPACITY</u>	<u>SUB CODE</u>	<u>TANK STATUS</u>	<u>PERMIT TYPE</u>	<u>PERMIT STATUS</u>	<u>DATE LAST INSPECTION</u>	<u>NEXT INSPECTION DUE</u>
995886 - 001	UST	07/03/2009	20,000	GAS	C	OPR	APPR	04/09/2019	FOI - 04/09/2022
995887 - 002	UST	07/03/2009	8,000	GAS	C	OPR	APPR	04/09/2019	FOI - 04/09/2022
995888 - 003	UST	07/03/2009	8,000	DIESL	C	OPR	APPR	04/09/2019	FOI - 04/09/2022

Permit Status Codes - Approved (APPR), Suspended (SUSPD), Revoked (REVOK), Denied (DENI), Withheld (WITHH), Withdrawn (WITHD), Withheld Registration To Remove (WRR)

Bureau of Environmental Cleanup and Brownfields Storage Tanks Search Results

1/26/2021 4:32:19 PM

Site ID: **581088**
Other ID: **40-50217**
Name: **PITTSTON DIAL OFC**
Address: **14 CHARLES ST**
Address2:
City: **PITTSTON**
State: **PA**
Zip: **18640-1831**
County: **Luzerne**
Municipality Name: **Pittston City**
Registration Expiration Date: **04/04/2021**

Client: **87568**
Client Name: **VERIZON PENNSYLVANIA LLC**
Address: **401 S HIGH ST FL 2**
Address2:
City: **WEST CHESTER**
State: **PA**
Zip: **19382-3338**

[Click Here For Tank Components](#)

<u>SEQ NUMBER</u>	<u>TANK CODE</u>	<u>DATE INSTALLED</u>	<u>CAPACITY</u>	<u>SUB CODE</u>	<u>TANK STATUS</u>	<u>PERMIT TYPE</u>	<u>PERMIT STATUS</u>	<u>DATE LAST INSPECTION</u>	<u>NEXT INSPECTION DUE</u>
759100 - 002	UST	10/28/2002	2,500	DIESL	C	OPR	APPR	11/14/2019	FOI - 11/14/2022

Farmland Protection

Farmland Protection Policy Act of 1981, particularly sections 1504(b) and 1541; 7 CFR Part 658

Farmland Protection Policy Act of 1981. This threshold is reached if a project involves the conversion of farmland to non-agricultural use. The environmental review must include a finding either that the proposed HUD assisted project site does not include prime or unique farmland, or other farmland of statewide or local significance as identified by the Natural Resources and Conservation Service (NRCS), Department of Agriculture, or the project site includes prime farmland but is located in an area committed to urban uses. However, if the proposed project site includes farmland, the environmental review must include an evaluation of the land type by the NRCS using form AD 1006. This requirement applies only to assisted new construction activities and the acquisition of undeveloped land: 24 CFR 58.5(h) or 24 CFR 50.4(j).

The environmental review record should contain **one** of the following:

- A determination that the project does not include any activities, including new construction, acquisition of undeveloped land, or conversion, that could potentially convert one land use to another
- Evidence that the exemption applies, including all applicable maps
- Evidence supporting the determination that “Important Farmland,” including prime farmland, unique farmland, or farmland of statewide or local importance regulated under the FPPA does not occur on the project site
- Documentation of all correspondence with NRCS, including the completed AD-1006 and a description of the consideration of alternatives and means to avoid impacts to Important Farmland

Farmlands Protection (CEST and EA)

General requirements	Legislation	Regulation
The Farmland Protection Policy Act (FPPA) discourages federal activities that would convert farmland to nonagricultural purposes.	Farmland Protection Policy Act of 1981 (7 U.S.C. 4201 et seq.)	7 CFR Part 658
Reference		
https://www.hudexchange.info/environmental-review/farmlands-protection		

1. Does your project include any activities, including new construction, acquisition of undeveloped land or conversion, that could convert agricultural land to a non-agricultural use?

☐ Yes → *Continue to Question 2.*

☒ No

Explain how you determined that agricultural land would not be converted:

Project is located in an Urbanized Area and is not suitable for farming or other agricultural use. Project is in compliance. See attached map.

→ *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide any documentation supporting your determination.*

2. Does “important farmland,” including prime farmland, unique farmland, or farmland of statewide or local importance regulated under the Farmland Protection Policy Act, occur on the project site?

You may use the links below to determine important farmland occurs on the project site:

- Utilize USDA Natural Resources Conservation Service’s (NRCS) Web Soil Survey <http://websoilsurvey.nrcs.usda.gov/app/HomePage.htm>
- Check with your city or county’s planning department and ask them to document if the project is on land regulated by the FPPA (zoning important farmland as non-agricultural does not exempt it from FPPA requirements)
- Contact NRCS at the local USDA service center <http://offices.sc.egov.usda.gov/locator/app?agency=nrcs> or your NRCS state soil scientist http://soils.usda.gov/contact/state_offices/ for assistance

☒ No → *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide any documents used to make your determination.*

☐ Yes → *Continue to Question 3.*

3. Consider alternatives to completing the project on important farmland and means of avoiding impacts to important farmland.

- Complete form **AD-1006**, “Farmland Conversion Impact Rating” http://www.nrcs.usda.gov/Internet/FSE_DOCUMENTS/stelprdb1045394.pdf and contact the state soil scientist before sending it to the local NRCS District Conservationist.

(NOTE: for corridor type projects, use instead form **NRCS-CPA-106**, "Farmland Conversion Impact Rating for Corridor Type Projects: http://www.nrcs.usda.gov/Internet/FSE_DOCUMENTS/stelprdb1045395.pdf.)

- Work with NRCS to minimize the impact of the project on the protected farmland. When you have finished with your analysis, return a copy of form AD-1006 (or form NRCS-CPA-106 if applicable) to the USDA-NRCS State Soil Scientist or his/her designee informing them of your determination.

Document your conclusion:

- ☐ Project will proceed with mitigation.

Explain in detail the proposed measures that must be implemented to mitigate for the impact or effect, including the timeline for implementation.

→ *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide form AD-1006 and all other documents used to make your determination.*

- ☐ Project will proceed without mitigation.

Explain why mitigation will not be made here:

→ *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide form AD-1006 and all other documents used to make your determination.*

Worksheet Summary

Compliance Determination

Provide a clear description of your determination and a synopsis of the information that it was based on, such as:

- Map panel numbers and dates
- Names of all consulted parties and relevant consultation dates
- Names of plans or reports and relevant page numbers
- Any additional requirements specific to your region

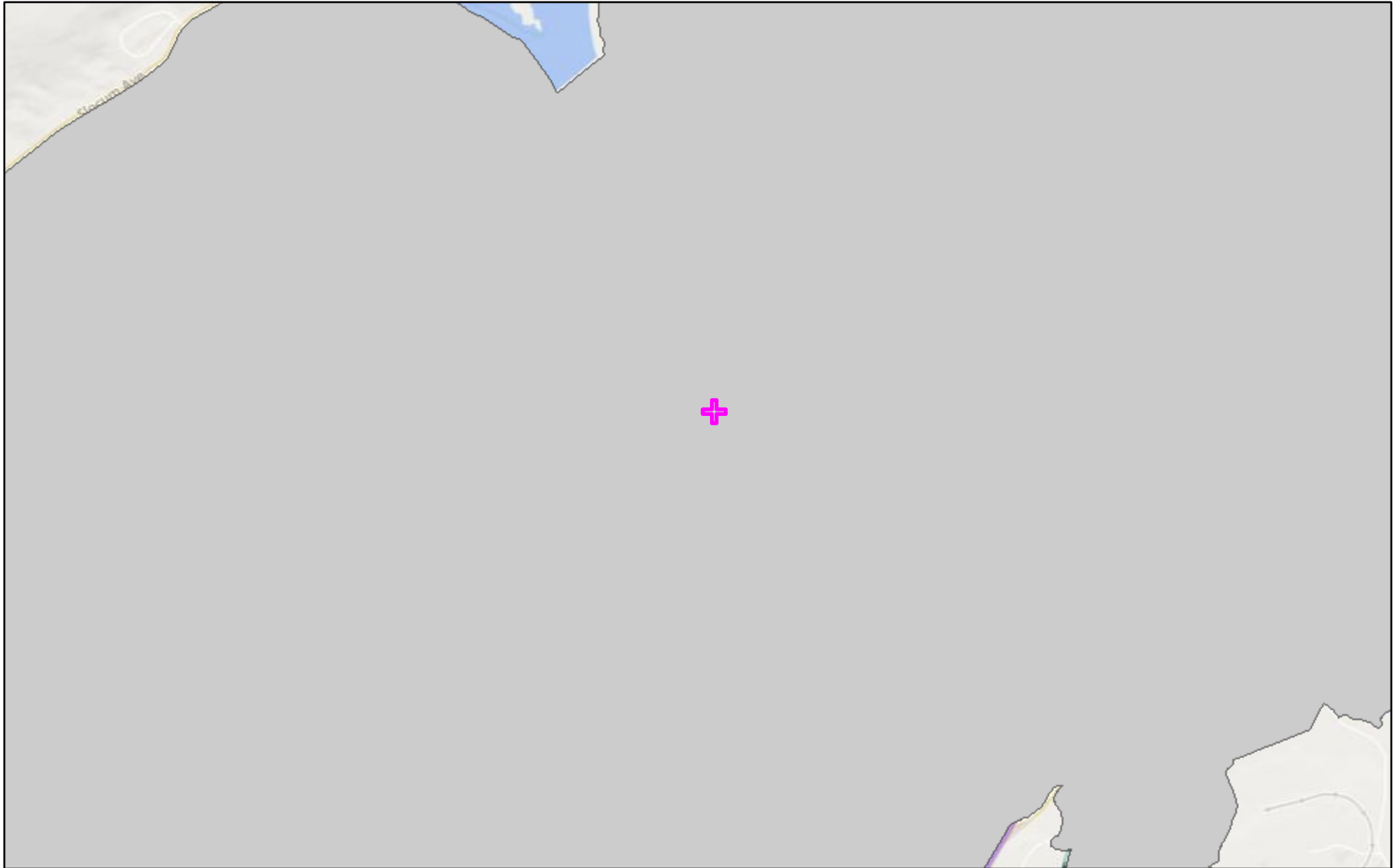
Project is located in an Urbanized Area and is not suitable for farming or other agricultural use. Project is in compliance. See attached map.

Are formal compliance steps or mitigation required?



☐ Yes

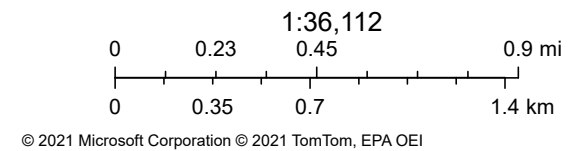
☒ No

Urbanized



January 26, 2021

-  Search Result (point)
-  Urbanized Areas



Flood Insurance

The Flood Disaster Protection Act of 1973 (42 U.S.C. 4012a) requires that projects receiving federal assistance and located in an area identified by the Federal Emergency Management Agency (FEMA) as being within a Special Flood Hazard Areas (SFHA) be covered by flood insurance under the [National Flood Insurance Program \(NFIP\)](#). In order to be able to purchase flood insurance, the community must be participating in the NFIP. If the community is not participating in the NFIP, federal assistance cannot be used in those areas.

Does this project involve mortgage insurance, refinance, acquisition, repairs, rehabilitation, or construction of a structure, mobile home, or insurable personal property?

If so, is the project excepted from flood insurance? There are four exceptions:

1. Formula grants made to states
2. Self-insured state-owned property within states approved by the Federal Insurance Administrator consistent with 44 CFR 75.11
3. Small loans (\$5,000 or less)
4. Assisted leasing that is not used for repairs, improvements, or acquisition

If not, is the structure, part of the structure, or insurable property located in a FEMA-designated Special Flood Hazard Area? Use [FEMA's Map Service Center](#) to make the determination.

If so, the community participating in the National Flood Insurance Program *or* has less than one year passed since FEMA notification of Special Flood Hazards? For loans, loan insurance or guarantees, the amount of flood insurance coverage must at least equal the outstanding principal balance of the loan or the maximum limit of coverage made available under the National Flood Insurance Program, whichever is less. For grants and other non-loan forms of financial assistance, flood insurance coverage must be continued for the life of the building irrespective of the transfer of ownership. The amount of coverage must at least equal the total project cost or the maximum coverage limit of the National Flood Insurance Program, whichever is less. If the community is not participating, or if its participation has been suspended, federal assistance may not be used for projects in the Special Flood Hazard Area.

The environmental review record should contain **one** of the following:

- Documentation supporting the determination that the project does not require flood insurance or is excepted from flood insurance
- A FEMA Flood Insurance Rate Map (FIRM) showing that the project is not located in a Special Flood Hazard Area
- A FEMA Flood Insurance Rate Map (FIRM) showing that the project is located in a Special Flood Hazard Area along with a copy of the flood insurance policy declaration or a paid receipt for the current annual flood insurance premium and a copy of the application for flood insurance in the review

Flood Insurance (CEST and EA)

General requirements	Legislation	Regulation
Certain types of federal financial assistance may not be used in floodplains unless the community participates in National Flood Insurance Program and flood insurance is both obtained and maintained.	Flood Disaster Protection Act of 1973 as amended (42 USC 4001-4128)	24 CFR 50.4(b)(1) and 24 CFR 58.6(a) and (b); 24 CFR 55.1(b).
Reference		
https://www.hudexchange.info/environmental-review/flood-insurance		

1. Does this project involve financial assistance for construction, rehabilitation, or acquisition of a mobile home, building, or insurable personal property?

☒ No. This project does not require flood insurance or is excepted from flood insurance. → *Continue to the Worksheet Summary.*

☐ Yes → *Continue to Question 2.*

2. Provide a FEMA/FIRM map showing the site.

The Federal Emergency Management Agency (FEMA) designates floodplains. The [FEMA Map Service Center](#) provides this information in the form of FEMA Flood Insurance Rate Maps (FIRMs). For projects in areas not mapped by FEMA, use the best available information to determine floodplain information. Include documentation, including a discussion of why this is the best available information for the site. Provide FEMA/FIRM floodplain zone designation, panel number, and date within your documentation.

Is the structure, part of the structure, or insurable property located in a FEMA-designated Special Flood Hazard Area?

☐ No → *Continue to the Worksheet Summary.*

☐ Yes → *Continue to Question 3.*

3. Is the community participating in the National Flood Insurance Program or has less than one year passed since FEMA notification of Special Flood Hazards?

☐ Yes, the community is participating in the National Flood Insurance Program.

For loans, loan insurance or loan guarantees, flood insurance coverage must be continued for the term of the loan. For grants and other non-loan forms of financial assistance, flood insurance coverage must be continued for the life of the building irrespective of the transfer of ownership. The amount of coverage must equal the total project cost or the maximum coverage limit of the National Flood Insurance Program, whichever is less

Provide a copy of the flood insurance policy declaration or a paid receipt for the current annual flood insurance premium and a copy of the application for flood insurance.

→ *Continue to the Worksheet Summary.*

☐ Yes, less than one year has passed since FEMA notification of Special Flood Hazards.

If less than one year has passed since notification of Special Flood Hazards, no flood Insurance is required.

→ *Continue to the Worksheet Summary.*

☐ No. The community is not participating, or its participation has been suspended.

Federal assistance may not be used at this location. Cancel the project at this location.

Worksheet Summary

Compliance Determination

Provide a clear description of your determination and a synopsis of the information that it was based on, such as:

- Map panel numbers and dates
- Names of all consulted parties and relevant consultation dates
- Names of plans or reports and relevant page numbers
- Any additional requirements specific to your region

The project is in compliance. CDBG Small Cities projects are exempt from flood insurance requirements per 24 CFR 58.6(a)(3) and Section 3(a)(3) of the Flood Disaster Protection Act of 1973, as amended. The City of Pittston does participate in the National Flood Insurance Program.

Are formal compliance steps or mitigation required?

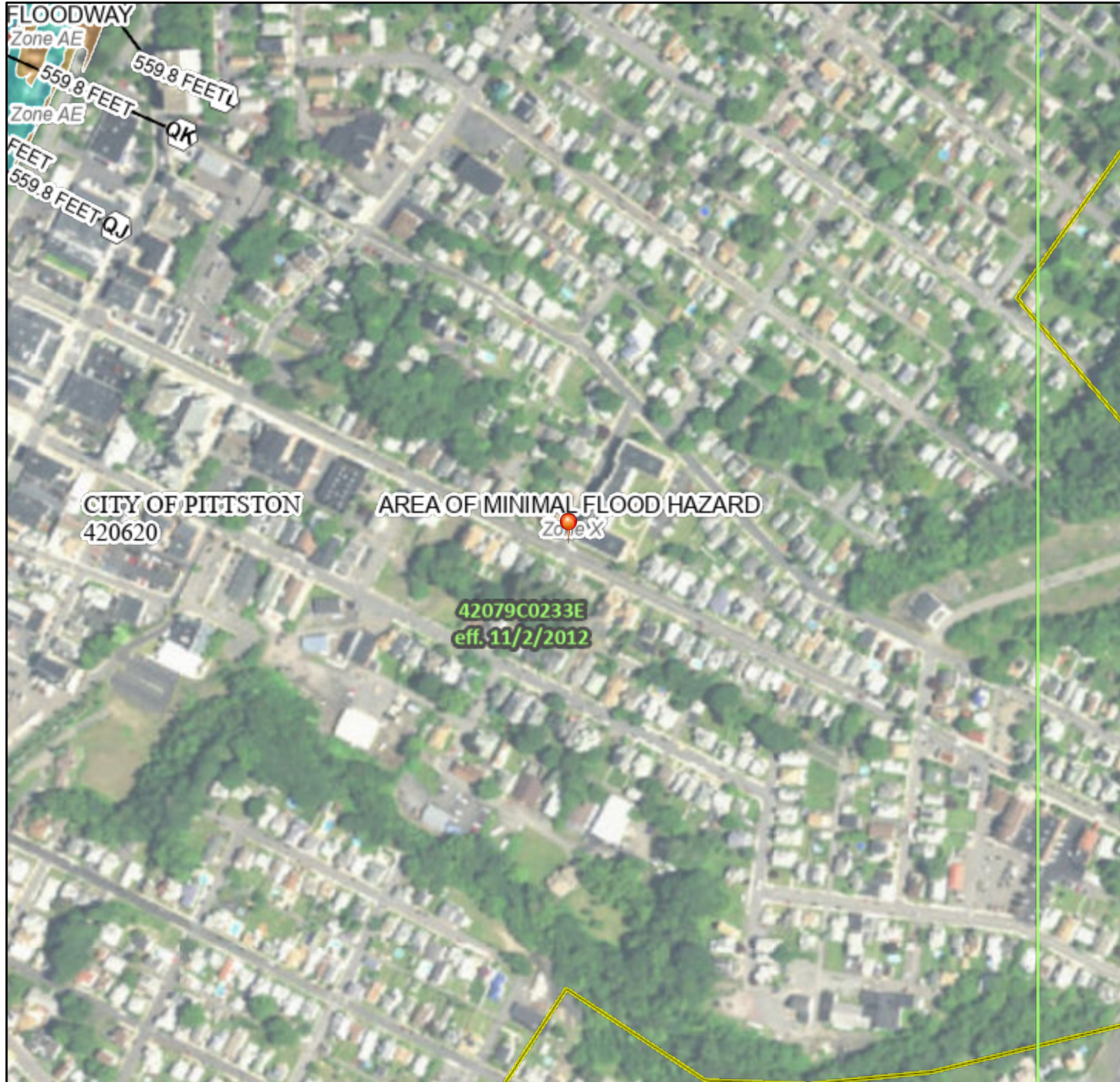
☐ Yes

☒ No

National Flood Hazard Layer FIRMMette



75°47'27"W 41°19'32"N



0 250 500 1,000 1,500 2,000 Feet 1:6,000

Basemap: USGS National Map: Orthoimagery: Data refreshed October, 2020

Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Zone AE, AO, AH, VE, AR
		Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D
OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
GENERAL STRUCTURES		Area of Undetermined Flood Hazard Zone D
		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
		17.5 Cross Sections with 1% Annual Chance Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
MAP PANELS		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature
		Digital Data Available
		No Digital Data Available
		Unmapped



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **1/26/2021 at 3:58 PM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

Floodplain Management

Executive Order 11988, particularly section 2(a); 24 CFR Part 55

Floodplain Management. This threshold is triggered when the project is within or will impact the 100-year floodplain identified by the FEMA Flood hazard Boundary maps. *100-year floodplains* are designated as Zone A1–30, AE, A, AH, AO, AR, or A99. Following the Water Resources Council 8-step procedure, the project may be approved if there is no practicable alternative outside the flood area.

Under 55.12(c), certain projects are exempt from Part 55. The projects are not required to complete the 8-Step Process, and they may be able to proceed despite the presence of a floodway or coastal high hazard area.

Activities listed in 55.12(c) include floodplain restoration, minor amendments to previously approved actions, sites where FEMA has issued a final Letter of Map Revision or final Letter of Map Amendment, actions that are Categorically Excluded Not Subject to 50.4 or 58.5, and sites where the “incidental floodplain exception” applies.

The incidental floodplain exception may exempt a project from Part 55 where only a small portion of the project site contains a floodplain. It is important to note that the *entire* floodplain must be incidental, meaning that this exception does not apply if any buildings or improvements exist within the SFHA. Projects may be exempted under the incidental floodplain exception if:

1. No new or existing buildings or improvements occupy or modify the 100-year floodplain, floodway, coastal high hazard area, or – for critical actions – the 500-year floodplain
2. Provisions are made for site drainage that will not adversely affect any wetland, AND
3. A permanent covenant is placed on the property's continued use to preserve the floodplain.

Section 55.12(a) lists activities that must complete the modified 5-Step Process: these actions are not required to provide public notice or consider alternatives, but must complete the other steps in the 8-Step Process. These include disposition of properties, purchase and refinance of existing multifamily housing or healthcare facilities, and minor improvements to multifamily housing and nonresidential structures.

Section 55.12(b) lists project types that must comply with the basic restrictions in Part 55 (i.e. the prohibitions on projects in floodways and critical actions in coastal high hazard areas) but which are not required to complete the 5- or 8-Step Processes. These include acquisition and refinance of existing single family properties, minor improvements to single family properties, and leasing.

The environmental review record should contain one of the following:

- Documentation supporting the determination that an exception at 55.12(c) applies.
- A FEMA map showing the project is not located in a Special Flood Hazard Area.
- A FEMA map showing the project is located in a Special Flood Hazard Area and an applicable citation to 55.12(b) demonstrating that the 8-Step Process is not required.
- A FEMA map showing the project is located in a Special Flood Hazard Area, documentation that the 5-Step Process was completed, and the applicable citation to 55.12(a).
- A FEMA map showing the project is located in a Special Flood Hazard Area along with documentation of the 8-Step Process and required notices.

Floodplain Management (CEST and EA)

General Requirements	Legislation	Regulation
Executive Order 11988, Floodplain Management, requires Federal activities to avoid impacts to floodplains and to avoid direct and indirect support of floodplain development to the extent practicable.	Executive Order 11988	24 CFR 55
Reference		
https://www.hudexchange.info/environmental-review/floodplain-management		

1. Does **24 CFR 55.12(c)** exempt this project from compliance with HUD's floodplain management regulations in Part 55?

☐ Yes

Provide the applicable citation at 24 CFR 55.12(c) here. If project is exempt under 55.12(c)(7) or (8), provide supporting documentation.

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below.

☒ No → Continue to Question 2.

2. Provide a FEMA/FIRM or ABFE map showing the site.

The Federal Emergency Management Agency (FEMA) designates floodplains. The FEMA Map Service Center provides this information in the form of FEMA Flood Insurance Rate Maps (FIRMs) or Advisory Base Flood Elevations (ABFEs). For projects in areas not mapped by FEMA, use the best available information to determine floodplain information. Include documentation, including a discussion of why this is the best available information for the site.

Does your project occur in a floodplain?

☒ No → Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below.

☐ Yes

Select the applicable floodplain using the FEMA map or the best available information:

☐ Floodway → Continue to Question 3, Floodways

☐ Coastal High Hazard Area (V Zone) → Continue to Question 4, Coastal High Hazard Areas

☐ 500-year floodplain (B Zone or shaded X Zone) → Continue to Question 5, 500-year Floodplains

☐ 100-year floodplain (A Zone) → The 8-Step Process is required. Continue to Question 6, 8-Step Process

3. Floodways

Is this a functionally dependent use?

☐ Yes

The 8-Step Process is required. Work with your HUD FEO to determine a way to satisfactorily continue with this project. Provide a completed 8-Step Process, including the early public notice and the final notice.

→ *Continue to Question 6, 8-Step Process*

☐ No

Federal assistance may not be used at this location *unless a 55.12(c) exception applies*. You must either choose an alternate site or cancel the project at this location.

4. Coastal High Hazard Area

Is this a critical action?

☐ Yes

Critical actions are prohibited in coastal high hazard areas. Federal assistance may not be used at this location. Unless the action is excepted at 24 CFR 55.12(c), you must either choose an alternate site or cancel the project.

☐ No

Does this action include construction that is not a functionally dependent use, existing construction (including improvements), or reconstruction following destruction caused by a disaster?

☐ Yes, there is new construction.

New construction is prohibited in V Zones ((24 CFR 55.1(c)(3)).

☐ No, this action concerns only a functionally dependent use, existing construction(including improvements), or reconstruction following destruction caused by a disaster.

This construction must have met FEMA elevation and construction standards for a coastal high hazard area or other standards applicable at the time of construction.

→ *Continue to Question 6, 8-Step Process*

5. 500-year Floodplain

Is this a critical action?

☐ No → *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below.*

☐ Yes → *Continue to Question 6, 8-Step Process*

6. 8-Step Process.

Does the 8-Step Process apply? Select one of the following options:

☐ 8-Step Process applies.

Provide a completed 8-Step Process, including the early public notice and the final notice.

→ *Continue to Question 7, Mitigation*

☐ 5-Step Process is applicable per 55.12(a)(1-3).

Provide documentation of 5-Step Process.

Select the applicable citation:

- ☐ 55.12(a)(1) HUD actions involving the disposition of HUD-acquired multifamily housing projects or “bulk sales” of HUD-acquired one- to four-family properties in communities that are in the Regular Program of the National Flood Insurance Program (NFIP) and in good standing (i.e., not suspended from program eligibility or placed on probation under 44 CFR 59.24).
- ☐ 55.12(a)(2) HUD's actions under the National Housing Act (12 U.S.C. 1701) for the purchase or refinancing of existing multifamily housing projects, hospitals, nursing homes, assisted living facilities, board and care facilities, and intermediate care facilities, in communities that are in good standing under the NFIP.
- ☐ 55.12(a)(3) HUD's or the recipient's actions under any HUD program involving the repair, rehabilitation, modernization, weatherization, or improvement of existing multifamily housing projects, hospitals, nursing homes, assisted living facilities, board and care facilities, intermediate care facilities, and one- to four-family properties, in communities that are in the Regular Program of the National Flood Insurance Program (NFIP) and are in good standing, provided that the number of units is not increased more than 20 percent, the action does not involve a conversion from nonresidential to residential land use, the action does not meet the thresholds for “substantial improvement” under § 55.2(b)(10), and the footprint of the structure and paved areas is not significantly increased.
- ☐ 55.12(a)(4) HUD's (or the recipient's) actions under any HUD program involving the repair, rehabilitation, modernization, weatherization, or improvement of existing nonresidential buildings and structures, in communities that are in the Regular Program of the NFIP and are in good standing, provided that the action does not meet the thresholds for “substantial improvement” under § 55.2(b)(10) and that the footprint of the structure and paved areas is not significantly increased.

→ Continue to Question 7, Mitigation

- ☐ 8-Step Process is inapplicable per 55.12(b)(1-4).

Select the applicable citation:

- ☐ 55.12(b)(1) HUD's mortgage insurance actions and other financial assistance for the purchasing, mortgaging or refinancing of existing one- to four-family properties in communities that are in the Regular Program of the National Flood Insurance Program (NFIP) and in good standing (i.e., not suspended from program eligibility or placed on probation under 44 CFR 59.24), where the action is not a critical action and the property is not located in a floodway or coastal high hazard area.
- ☐ 55.12(b)(2) Financial assistance for minor repairs or improvements on one- to four-family properties that do not meet the thresholds for “substantial improvement” under § 55.2(b)(10)
- ☐ 55.12(b)(3) HUD actions involving the disposition of individual HUD-acquired, one- to four-family properties.
- ☐ 55.12(b)(4) HUD guarantees under the Loan Guarantee Recovery Fund Program (24 CFR part 573) of loans that refinance existing loans and mortgages, where any new construction or rehabilitation financed by the existing loan or mortgage has been completed prior to the filing of an application under the program, and the refinancing will not allow further construction or rehabilitation, nor result in any physical impacts or changes except for routine maintenance.
- ☐ 55.12(b)(5) The approval of financial assistance to lease an existing structure located within the floodplain, but only if—

- (i) The structure is located outside the floodway or Coastal High Hazard Area, and is in a community that is in the Regular Program of the NFIP and in good standing (i.e., not suspended from program eligibility or placed on probation under 44 CFR 59.24);
- (ii) The project is not a critical action; and
- (iii) The entire structure is or will be fully insured or insured to the maximum under the NFIP for at least the term of the lease.

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below.

7. **Mitigation**

For the project to be brought into compliance with this section, all adverse impacts must be mitigated. Explain in detail the exact measures that must be implemented to mitigate for the impact or effect, including the timeline for implementation.

Which of the following mitigation/minimization measures have been identified for this project in the 8-Step or 5-Step Process? Select all that apply.

- ☐ Permeable surfaces
- ☐ Natural landscape enhancements that maintain or restore natural hydrology
- ☐ Planting or restoring native plant species
- ☐ Bioswales
- ☐ Evapotranspiration
- ☐ Stormwater capture and reuse
- ☐ Green or vegetative roofs with drainage provisions
- ☐ Natural Resources Conservation Service conservation easements or similar easements
- ☐ Floodproofing of structures
- ☐ Elevating structures including freeboarding above the required base flood elevations
- ☐ Other

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below.

Worksheet Summary

Compliance Determination

Provide a clear description of your determination and a synopsis of the information that it was based on, such as:

- Map panel numbers and dates
- Names of all consulted parties and relevant consultation dates
- Names of plans or reports and relevant page numbers

- Any additional requirements specific to your region

The project area is not located in a FEMA-designated floodplain. The project is in compliance. See FIRM map 42079C0233E.

Are formal compliance steps or mitigation required?

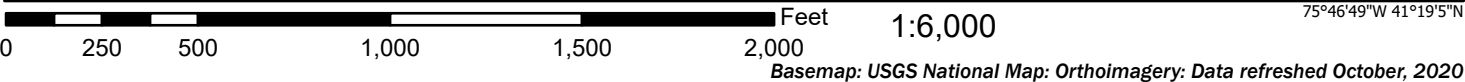
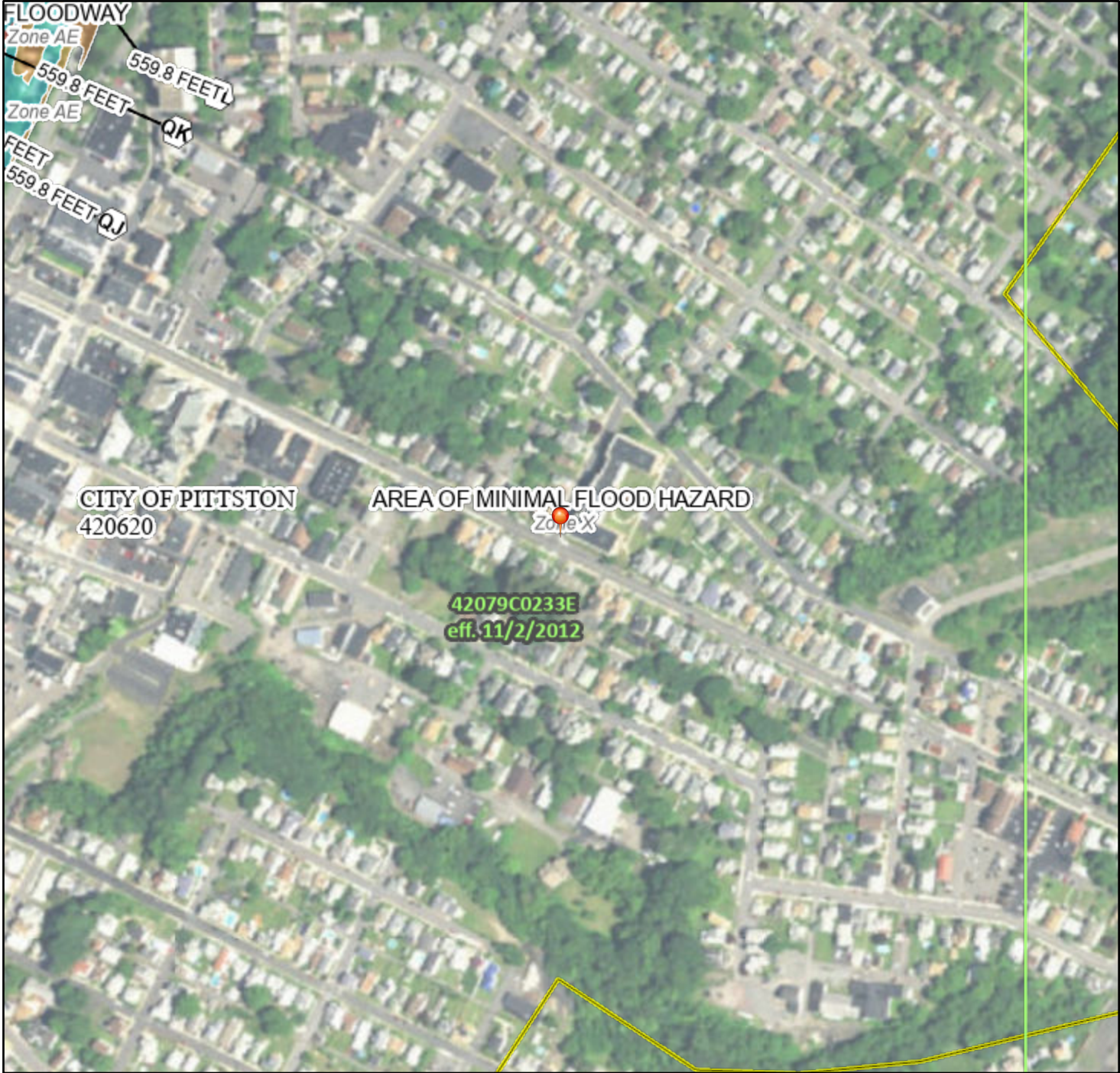
☐ Yes

☒ No

National Flood Hazard Layer FIRMeTte



75°47'27"W 41°19'32"N



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Zone AE, AO, AH, VE, AR
		Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D
OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone D
GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
		17.5 Cross Sections with 1% Annual Chance Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **1/26/2021 at 3:58 PM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

Historic Preservation

National Historic Preservation Act of 1966, particularly sections 106 and 110; 36 CFR Part 800

Historic Properties Includes Archeology. This threshold is triggered when a project's area of potential effects contains:

- A property listed in, or eligible for listing in, the National Register of Historic Places (NR); or,
- A historic district listed in, or eligible for listing in, the National Register of Historic Places

This determination is based on a review of the NR file information, consultation with the SHPO, and checks with other individuals or groups having the requisite expertise.

The environmental review record should contain documentation on **one** of these types of findings:

1. No Historic Properties Affected

- Letter from SHPO (or THPO on tribal lands*) that concurs with HUD's or the Responsible Entity's determination of "no historic properties affected"
- With documentation on 1) the undertaking and the APE (including photographs, maps, and drawings, as necessary), 2) steps taken to identify historic properties, 3) the basis for determining that no historic properties are present or affected, 4) evidence of tribal consultation if required; and 5) copies or summaries of any views provided by consulting parties and the public
- If the SHPO has not responded to a properly documented request for concurrence within 30 days of receipt of the request, document the request and lack of response as part of the record

2. No Adverse Effect

- Letter from SHPO (or THPO on tribal lands*) that concurs with HUD'S or the Responsible Entity's finding of "no adverse effect"
- With documentation on 1) the undertaking and the APE (including photographs, maps, and drawings, as necessary), 2) steps taken to identify historic properties, 3) affected historic properties (including characteristics qualifying them for the NR), 4) the undertaking's effects on historic properties, 5) why the criteria of adverse effect were not applicable (§800.5), 6) evidence of tribal consultation if required, and 7) copies or summaries of any views provided by consulting parties and the public
- If the SHPO has not responded to a properly documented request for concurrence within 30 days of receipt of the request, document the request and lack of response as part of the record

3. Adverse Effect

- Notification of adverse effect sent to Advisory Council on Historic Preservation
- Letter from SHPO (or THPO on tribal lands*) that concurs with a finding of "adverse effect"
- With documentation on 1) the undertaking and the APE (including photographs, maps, and drawings, as necessary), 2) steps taken to identify historic properties, 3) affected historic properties (including characteristics qualifying them for the NR), 4) the undertaking's effects on historic properties, 5) why the criteria of adverse effect are applicable (§ 800.5), 6) evidence of tribal consultation if required, and 7) copies or summaries of any views provided by consulting parties and the public

- A Memorandum of Agreement (MOA) or a Programmatic Agreement (PA) signed by the HUD official or Responsible Entity, SHPO/THPO, the Advisory Council on Historic Preservation if participating, and other signatory and concurring parties
- If resolution is not reached in an MOA or PA, provide correspondence and comments between the Advisory Council on Historic Preservation and HUD Secretary (for Part 50 projects) or Responsible Entity's chief elected local official (for Part 58 projects)

When do you consult with the Tribal Historic Preservation Officer (THPO) in lieu of the SHPO?

If the project occurs on tribal lands, you consult with the THPO in lieu of the SHPO if they have assumed the role of the SHPO on tribal lands. Otherwise, and on non-tribal lands, you consult with the THPO in addition to the SHPO. A party on non-tribal lands that may be affected by a project on tribal lands with a THPO may request that the SHPO participate.

Historic Preservation (CEST and EA)

General requirements	Legislation	Regulation
Regulations under Section 106 of the National Historic Preservation Act (NHPA) require a consultative process to identify historic properties, assess project impacts on them, and avoid, minimize, or mitigate adverse effects	Section 106 of the National Historic Preservation Act (16 U.S.C. 470f)	36 CFR 800 "Protection of Historic Properties"
References		
https://www.hudexchange.info/environmental-review/historic-preservation		

Threshold

Is Section 106 review required for your project?

- ☐ No, because the project consists solely of activities listed as exempt in a Programmatic Agreement (PA). (See the [PA Database](#) to find applicable PAs.)

Either provide the PA itself or a link to it here. Mark the applicable exemptions or include the text here:

→ Continue to the Worksheet Summary.

- ☐ No, because the project consists solely of activities included in a No Potential to Cause Effects memo or other determination [36 CFR 800.3(a)(1)].

Either provide the memo itself or a link to it here. Explain and justify the other determination here:

→ Continue to the Worksheet Summary.

- ☒ Yes, because the project includes activities with potential to cause effects (direct or indirect). → Continue to Step 1.

The Section 106 Process

After determining the need to do a Section 106 review, initiate consultation with regulatory and other interested parties, identify and evaluate historic properties, assess effects of the project on properties listed on or eligible for the National Register of Historic Places, and resolve any adverse effects through project design modifications or mitigation.

Note that consultation continues through all phases of the review.

Step 1: Initiate consultation

Step 2: Identify and evaluate historic properties

Step 3: Assess effects of the project on historic properties

Step 4: Resolve any adverse effects

Step 1 - Initiate Consultation

The following parties are entitled to participate in Section 106 reviews: Advisory Council on Historic Preservation; State Historic Preservation Officers (SHPOs); federally recognized Indian tribes/Tribal Historic Preservation Officers (THPOs); Native Hawaiian Organizations (NHOs); local governments; and project grantees. The general public and individuals and organizations with a demonstrated interest in a project may participate as consulting parties at the discretion of the RE or HUD official. Participation varies with the nature and scope of a project. Refer to HUD's website for guidance on consultation, including the required timeframes for response. Consultation should begin early to enable full consideration of preservation options.

Use the [When To Consult With Tribes checklist](#) within [Notice CPD-12-006: Process for Tribal Consultation](#) to determine if you should invite tribes to consult on a particular project. Use the [Tribal Directory Assessment Tool \(TDAT\)](#) to identify tribes that may have an interest in the area where the project is located. Note that consultants may not initiate consultation with Tribes.

Select all consulting parties below (check all that apply):

- ☒ State Historic Preservation Officer (SHPO)
- ☐ Advisory Council on Historic Preservation
- ☐ Indian Tribes, including Tribal Historic Preservation Officers (THPOs) or Native
- ☐ Hawaiian Organizations (NHOs)

List all tribes that were consulted here and their status of consultation:

The project was not selected for tribal consultation as not land is being disturbed.

- ☐ Other Consulting Parties

List all consulting parties that were consulted here and their status of consultation:

Describe the process of selecting consulting parties and initiating consultation here:

Completed the online consultation process for the PA State Historic Preservation Office.

Provide all correspondence, notices, and notes (including comments and objections received) and continue to Step 2.

Step 2 - Identify and Evaluate Historic Properties

Define the Area of Potential Effect (APE), either by entering the address(es) or providing a map depicting the APE. Attach an additional page if necessary.

5 Defoe St, Pittston, PA 18640

Gather information about known historic properties in the APE. Historic buildings, districts and archeological sites may have been identified in local, state, and national surveys and registers, local historic districts, municipal plans, town and county histories, and local history websites. If not already listed on the National Register of Historic Places, identified properties are then evaluated to see if they are eligible for the National Register.

Refer to HUD's website for guidance on identifying and evaluating historic properties.

In the space below, list historic properties identified and evaluated in the APE.

Every historic property that may be affected by the project should be listed. For each historic property or district, include the National Register status, whether the SHPO has concurred with the finding, and whether information on the site is sensitive. Attach an additional page if necessary.

Lincoln School; 5 Defoe St, Pittston, PA 18640, SHPO concurred there would be no adverse effect on the building.

Provide the documentation (survey forms, Register nominations, concurrence(s) and/or objection(s), notes, and photos) that justify your National Register Status determination.

Was a survey of historic buildings and/or archeological sites done as part of the project?

If the APE contains previously unsurveyed buildings or structures over 50 years old, or there is a likely presence of previously unsurveyed archeological sites, a survey may be necessary. For Archeological surveys, refer to HP Fact Sheet #6, [Guidance on Archeological Investigations in HUD Projects](#).

☐ Yes → *Provide survey(s) and report(s) and continue to Step 3.*

Additional notes:

☐ No → *Continue to Step 3.*

Step 3 - Assess Effects of the Project on Historic Properties

Only properties that are listed on or eligible for the National Register of Historic Places receive further consideration under Section 106. Assess the effect(s) of the project by applying the Criteria of Adverse Effect. ([36 CFR 800.5](#)) Consider direct and indirect effects as applicable as per HUD guidance.

Choose one of the findings below - No Historic Properties Affected, No Adverse Effect, or Adverse Effect; and seek concurrence from consulting parties.

☐ No Historic Properties Affected

Document reason for finding:

☐ No historic properties present. → *Provide concurrence(s) or objection(s) and continue to the Worksheet Summary.*

☐ Historic properties present, but project will have no effect upon them. → *Provide concurrence(s) or objection(s) and continue to the Worksheet Summary.*

If consulting parties concur or fail to respond to user's request for concurrence, project is in compliance with this section. No further review is required. If consulting parties object, refer to ([36 CFR 800.4\(d\)\(1\)](#)) and consult further to try to resolve objection(s).

☒ No Adverse Effect

Document reason for finding:

Property is the Lincoln School. SHPO notes in their opinion and based on files and the information provided, there are no archaeological resources present.

Does the No Adverse Effect finding contain conditions?

☐ Yes

Check all that apply: (check all that apply)

- ☐ Avoidance
- ☐ Modification of project
- ☐ Other

Describe conditions here:

→ Monitor satisfactory implementation of conditions. Provide concurrence(s) or objection(s) and continue to the Worksheet Summary.

- ☐ No → Provide concurrence(s) or objection(s) and continue to the Worksheet Summary.

If consulting parties concur or fail to respond to user's request for concurrence, project is in compliance with this section. No further review is required. If consulting parties object, refer to ([36 CFR 800.5\(c\)\(2\)](#)) and consult further to try to resolve objection(s).

- ☐ Adverse Effect

Document reason for finding:

Copy and paste applicable Criteria into text box with summary and justification.

Criteria of Adverse Effect: [36 CFR 800.5](#)]

Notify the Advisory Council on Historic Preservation of the Adverse Effect and provide the documentation outlined in [36 CFR 800.11\(e\)](#). The Council has 15 days to decide whether to enter the consultation (Not required for projects covered by a Programmatic Agreement).

→ Continue to Step 4.

Step 4 - Resolve Adverse Effects

Work with consulting parties to try to avoid, minimize or mitigate adverse effects. Refer to HUD guidance and [36 CFR 800.6 and 800.7](#).

Were the Adverse Effects resolved?

- ☐ Yes

Describe the resolution of Adverse Effects, including consultation efforts and participation by the Advisory Council on Historic Preservation:

For the project to be brought into compliance with this section, all adverse impacts must be mitigated. Explain in detail the exact measures that must be implemented to mitigate for the impact or effect, including the timeline for implementation.

→ *Provide signed Memorandum of Agreement (MOA) or Standard Mitigation Measures Agreement (SMMA). Continue to the Worksheet Summary.*

☐ No

The project must be cancelled unless the “Head of Agency” approves it. Either provide approval from the “Head of Agency” or cancel the project at this location.

Describe the failure to resolve Adverse Effects, including consultation efforts and participation by the Advisory Council on Historic Preservation and “Head of the Agency”:

Explain in detail the exact conditions or measures that must be implemented to mitigate for the impact or effect, including the timeline for implementation.

→ *Provide correspondence, comments, documentation of decision, and “Head of Agency” approval. Continue to the Worksheet Summary.*

Worksheet Summary

Compliance Determination

Provide a clear description of your determination and a synopsis of the information that it was based on, such as:

- Map panel numbers and dates
- Names of all consulted parties and relevant consultation dates
- Names of plans or reports and relevant page numbers
- Any additional requirements specific to your region

Consultation with the PA SHPO found the project will have no archaeological concerns. The project is in compliance. See attached letter from March 5, 2021.

Are formal compliance steps or mitigation required?

☐ Yes

☒ No



PA-SHARE System Generated Environmental Review SHPO Response Summary

This response was prepared by the PA-SHARE system and includes the PA SHPO Environmental Review (ER) staff review response and comments. If a SHPO response letter is referenced, you will need to view the letter in PA-SHARE, found under Attachments on the Response screen.

If you have questions about why you are receiving this email, please visit the PA-SHARE help page at <https://share.phmc.pa.gov/pasharehelp>.

Date of SHPO Response: March 5, 2021

Primary Contact Information:

**Joseph Chacke
City of Pittston
35 Broad Street
Pittston PA 18640**

RE: ER Project # 2021PR02377, Lincoln Heights Roof Replacement, Department of Housing and Urban Development

Above Ground Resources

For questions concerning above ground resources, please Jenna Solomon at jensolomon@pa.gov.

Archaeological Resources

No Archaeological Concerns - Environmental Review - No Historic Properties - Archaeological

Thank you for submitting information concerning the above-referenced project. In our opinion and based on our files and the information provided, there are no archaeological resources present. Should the scope and/or nature of the project change, you will need to notify the PA SHPO at pashare@pa.gov and provide the revised designs for review and comment.

For questions concerning archaeological resources, please Sara-Ladd Clark at

saralclark@pa.gov.



PROJECT REVIEW FORM

Request to Initiate SHPO Consultation on State and Federal Undertakings

SHPO USE ONLY

Reviewers: _____/_____

DATE RECEIVED:

DATE DUE:

ER NUMBER:

HRSF: ☐

REV: 07/2020

SECTION A: PROJECT NAME & LOCATIONIs this a new submittal? ☒ YES ☐ NO OR ☐ This is additional information for ER Number:

Project Name Lincoln Heights Roof

County Luzerne

Municipality City of Pittston

Project Address 5 Defoe St

City/State/ Zip Pittston

PA

18640

SECTION B: CONTACT INFORMATION & MAILING ADDRESS

Name Joseph Chacke

Phone (570) 654-4601

Company City of Pittston

Fax

Street/PO Box 35 Broad Street

Email jchacke@pittstonrda.com

City/State/Zip Pittston

PA

18640

Email cc: jessical@mandl.net

SECTION C: PROJECT DESCRIPTIONThis project is located on:
(check all that apply)☐

Federal property

☐

State property

☒

Municipal property

☐

Private property

List all federal and state agencies and programs providing funds, permits, licenses.

Agency Type

Agency/Program/Permit Name

Project/Permit/Tracking Number (if applicable)

Federal

HUD/CCBG

Proposed Work – Attach project description, scope of work, site plans, and/or drawings

Project includes (check all that apply):

☐

Construction

☐

Demolition

☒

Rehabilitation

☐

Disposition

Total acres of project area:

Total acres of earth disturbance:

0

Are there any buildings or structures within the project area?

☒

Yes

☐

No

Approximate age of buildings: 100+

Does this project involve properties listed in or eligible for the National Register of Historic Places, or locally designated? Inventory here: <https://gis.penndot.gov/crgis>

Yes

☒

No

☐

Unsure

☐

Name Lincoln School

Key Number 124009

**Please email this form
and pdf attachments to:
RA-PH-PASHPO-ER@pa.gov**

Please be sure to save the Project Review Form so that it remains a digital document and retains its function as a fillable pdf. Do not print the form and scan as a pdf.

Attachments – Please include the following information with this form☒**Map** – 7.5' USGS quad, streetmap, or parcel map showing the project's Area of Potential Effect☒**Description/Scope of Work** – Narrative description of the project, including any ground disturbance and previous land use, and any potential to impact historic resources☐**Site Plans/Drawings** – Indicate location and age of buildings, any proposed improvements, and past and present land use☒**Photographs** – Digital photographs of all buildings and structures keyed to a site plan. If demolition or exterior changes are proposed to buildings more than 50 years old, please also include Abbreviated HRSF**SHPO RESPONSE (SHPO USE ONLY)**☐There are **NO HISTORIC PROPERTIES** in the Area of Potential Effect☐**SHPO REQUESTS ADDITIONAL INFORMATION** (see attached)☐The project will have **NO EFFECT** on historic properties☐The project will have **NO ADVERSE EFFECTS** on historic properties: _____ Key# _____

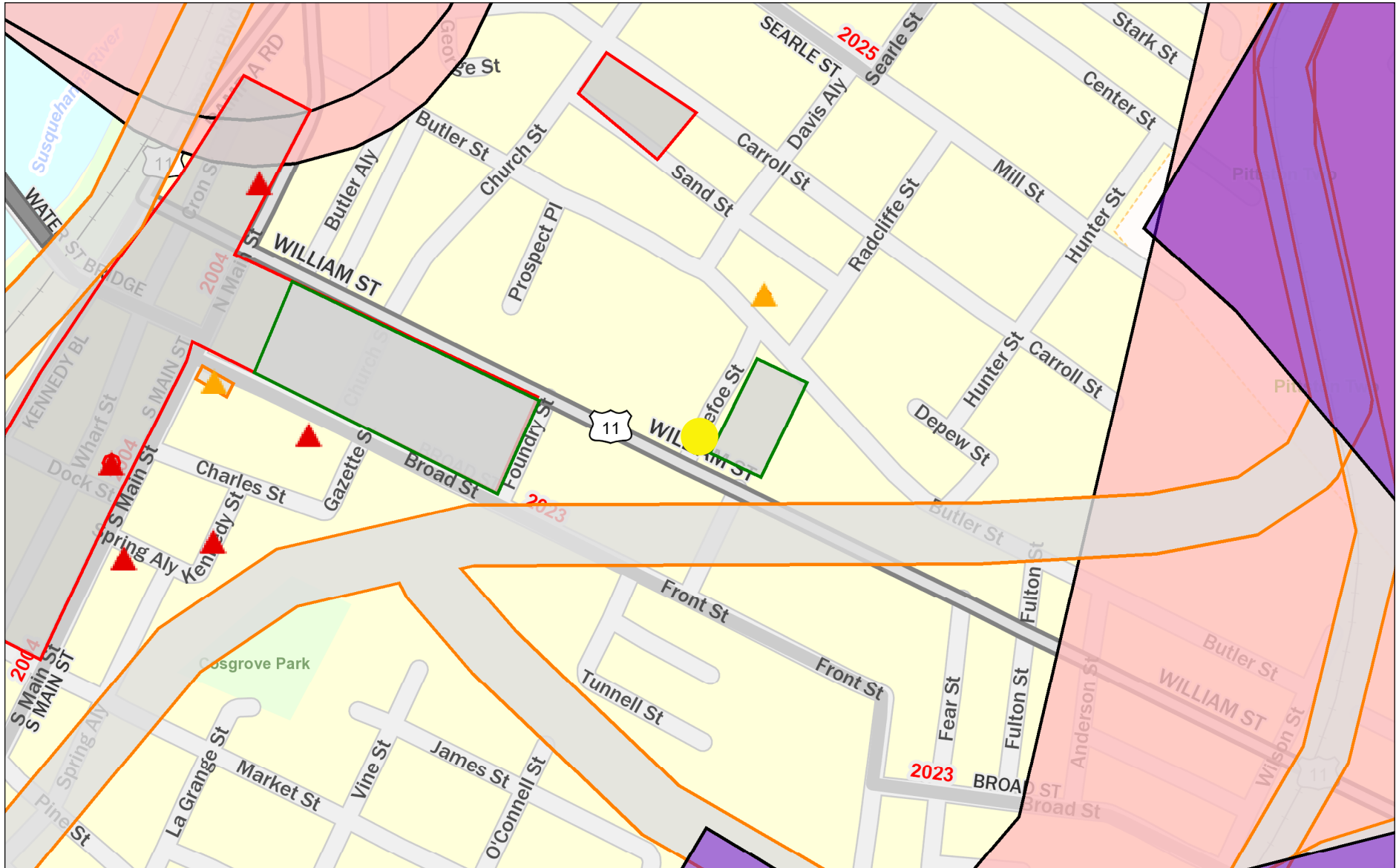
DIVISION CHIEF, ENVIRONMENTAL REVIEW:

DATE: _____

SHPO REVIEWER: _____

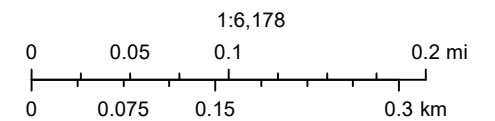


CRGIS Public Map--Lincoln Heights



January 25, 2021

- | | | | | | |
|----------------|---------------------|---------------|---------------|-------------------|---------------|
| Surveyed Areas | Undetermined | NHL - poly | Eligible | Ineligible - poly | Lat/Lon Point |
| Bridge - point | Undetermined - poly | Listed | Eligible-poly | Aggregate | |
| Bridge - poly | NHL | Listed - poly | Ineligible | HDA | |



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Historic Resource Information

Identification

Key #: 124009
Property Name: Lincoln School
Resource Type: Building
Approximate # of Resources: 1
ER #: 2003-0871-079

Location

Luzerne County: Pittston City
USGS Quadrangle: Pittston

Status

NR Status: SHPO: Eligible
Owner: Local Public
Condition: Unreported

Historic Information

Year Built: 1914
Alterations/ Additions: 1975

Physical Description

No Data Present

Historic Function

Function	Sub Function	Particular Use
Education	School	

Current Function

Function	Sub Function	Particular Use
Vacant/Not in use		

Inventory Items

No Data Present

Ancillary Features

No Data Present

Associated Resources

No Data Present

Administrative Actions

04/16/2003: Date Record Updated
04/08/2003: SHPO: Eligible
04/07/2003: SHPO Staff Meeting
02/21/2003: Info Request
02/20/2003: SHPO Staff Meeting
02/06/2003: Date Record Added
02/03/2003: HRSF/Nom. Req. Received

National Register Information

Historic Resource Information

No Data Present

Attachments

▼

Attachment	Name
Form	H124009_113644_D.pdf

Comments

No Data Present

Outbuildings

No Data Present

Observations

No Data Present

Lincoln Heights Roof

City of Pittston

The City of Pittston will contract work to be completed on the Lincoln Heights Senior Housing complex. The project will include the demolition and removal of the current roofing materials, removal of existing surface mounted metal counterflashing, removal of existing wall flashings and accessories and broom cleaning of the wood deck surfaces. Two layers of new 2.6 inch non-tapered polyiso insulation will be mechanically fastened on the roof deck, along with new EPDM flashing at penetrations, curbs, pipes and scupper will be provided in addition to installing new roof drain inserts, new .060 inch EPDM roof membrane will be fully adhered over new insulation board. The contractor will also fabricate and install new regletted aluminum counter over the termination at rising perimeter wall surfaces, reuse metal coping cap at rear addition wall elevation. The new roof would have a 20-year roof system warranty.

The materials proposed to be used are:

- Non-tapered polyiso insulation
- EPDM flashing
- .060" EPDM roof membrane
- Regletted aluminum counter over termination bar
- Reusing metal coping cap at rear addition wall elevation

Exterior Window Header Repairs Budget (Alternate)

- Remove brick soldier coursing from atop window heads, inspect and remove rusting surfaces, apply one coat of primer, apply two top coat, install new drip edge flashing, install flexible membrane flashing and terminate into backup masonry, install new brick masonry to match existing as close as possible.

\$150,000.00 Exterior Masonry Repairs

\$ 3,000.00 Permits (if required)

\$ 15,300.00 Profit & Overhead

\$168,300.00 Total budget cost for Exterior Masonry Window Header Repairs.

Re-Roofing Repairs Budget

- Provide all equipment, labor and materials.
- Demolish and remove existing roofing materials, down to existing wood roof deck.
- Remove existing surface mounted metal counter-flashing.
- Remove existing wall flashings and accessories.
- Broom clean wood roof deck surfaces.
- Mechanically fasten two layers of 2.6" non-tapered polyiso insulation into the roof deck.
- Provide new EPDM flashing at penetrations, curbs, pipes, scupper, etc.
- Provide and install new roof drain inserts.
- Install new .060" EPDM roof membrane fully adhered over new insulation board.
- Fabricate and install new regletted aluminum counter over termination bar at rising perimeter wall surfaces.
- Re-use metal coping cap at rear addition wall elevation.
- Provide a new 20 Year Roof System Warranty upon completion.

\$292,900.00 Replace Roof

\$ 5,858.00 Permits (if required)

\$ 29,875.00 Profit & Overhead

\$328,633.00 Total budget cost for Re-Roof Repairs.



PA007964

Order of photographs:

- 1-6 photos of the roof.
7. View of building from Butler Street.
8. Front of building from Defoe Street (center)
9. Rear of building
10. Front of building on Defoe Street (corner)
11. Left front of building on Defoe Street
12. Left rear of building
13. Right front of building on Defoe Street
14. Right rear of building
15. View from William Street



02/13/2020



02/13/2020



02/13/2020



02/13/2020



02/13/2020



02/13/2020





HIGH SCHOOL



LINCOLN ELEMENTARY
SCHOOL
PITTSBURGH AREA SCHOOL DISTRICT











LINCOLN ELEMENTARY
SCHOOL
PITTSBURGH AREA SCHOOL DISTRICT
FOUNDED BY THE PTO 1988

STOP



Noise Abatement and Control

Noise Control Act of 1972, as amended by the Quiet Communities Act of 1978;
24 CFR Part 51 Subpart B

Noise Abatement and Control.

HUD's noise standards may be found in 24 CFR Part 51, Subpart B. Noise is only applicable to New Construction and Rehabilitation of Residential Structures. For proposed new construction in high noise areas, the project must incorporate noise mitigation features. Consideration of noise applies to the acquisition of undeveloped land and existing development as well.

This threshold is reached if the project involves noise sensitive uses and the ambient noise level at the project site is above 65dB. This finding is based on the HUD Noise Assessment Guidelines (NAG) or other acoustical data. Grantees will be required to determine the noise level of each unit if the answer to any of the following is "yes":

- Is the property within 1,000 feet of major highway or roadway?
- Is the property within 3,000 feet of a railroad?
- Is the property within 15 miles of an airfield?

Noise Zone	Day-night average sound level (in decibels)	Special approvals and requirements
Acceptable	Not exceeding 65 dB	None
Normally Unacceptable	Above 65 dB but not exceeding 75 dB	<ul style="list-style-type: none">• Environmental assessment and attenuation required for new construction• Attenuation strongly encouraged for major rehabilitation <p>Note: An environmental impact statement is required if the project site is largely undeveloped or will encourage incompatible development.</p>
Unacceptable	Above 75 dB	<ul style="list-style-type: none">• Environmental impact statement required/Waiver may be applied for• Attenuation required for new construction with approval by the Assistant Secretary of CPD or Certifying Officer

Noise (CEST Level Reviews)

General requirements	Legislation	Regulation
HUD's noise regulations protect residential properties from excessive noise exposure. HUD encourages mitigation as appropriate.	Noise Control Act of 1972 General Services Administration Federal Management Circular 75-2: "Compatible Land Uses at Federal Airfields"	Title 24 CFR 51 Subpart B
References		
https://www.hudexchange.info/programs/environmental-review/noise-abatement-and-control		

1. What activities does your project involve? Check all that apply:

- ☐ New construction for residential use

NOTE: HUD assistance to new construction projects is generally prohibited if they are located in an Unacceptable zone, and HUD discourages assistance for new construction projects in Normally Unacceptable zones. See 24 CFR 51.101(a)(3) for further details.

→ *Continue to Question 4.*

- ☒ Rehabilitation of an existing residential property

NOTE: For modernization projects in all noise zones, HUD encourages mitigation to reduce levels to acceptable compliance standards. See 24 CFR 51 Subpart B for further details.

→ *Continue to Question 2.*

- ☐ A research demonstration project which does not result in new construction or reconstruction, interstate, land sales registration, or any timely emergency assistance under disaster assistance provisions or appropriations which are provided to save lives, protect property, protect public health and safety, remove debris and wreckage, or assistance that has the effect of restoring facilities substantially as they existed prior to the disaster

→ *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below.*

- ☐ None of the above

→ *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below.*

2. Do you have standardized noise attenuation measures that apply to all modernization and/or minor rehabilitation projects, such as the use of double glazed windows or extra insulation?

☐ Yes

Indicate the type of measures that will apply (check all that apply):

- ☐ Improved building envelope components (better windows and doors, strengthened sheathing, insulation, sealed gaps, etc.)
- ☐ Redesigned building envelope (more durable or substantial materials, increased air gap, resilient channels, staggered wall studs, etc.)
- ☐ Other

Explain:

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below and provide any supporting documentation.

☒ No

→ Continue to Question 3.

3. Complete the Preliminary Screening to identify potential noise generators in the vicinity (1000' from a major road, 3000' from a railroad, or 15 miles from an airport). Describe findings of the Preliminary Screening:

Combined DNL for Road and Rail sources is 48. This is considered acceptable and there are no mitigation measures needed.

→ Continue to Question 6.

4. Complete the Preliminary Screening to identify potential noise generators in the vicinity (1000' from a major road, 3000' from a railroad, or 15 miles from an airport). Indicate the findings of the Preliminary Screening below:

☐ There are no noise generators found within the threshold distances above.

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide a map showing the location of the project relative to any noise generators.

☒ Noise generators were found within the threshold distances.

→ Continue to Question 5.

5. Complete the Noise Assessment Guidelines to quantify the noise exposure. Indicate the findings of the Noise Assessment below:

☒ Acceptable: (65 decibels or less; the ceiling may be shifted to 70 decibels in circumstances described in §24 CFR 51.105(a))

Indicate noise level here:

48

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide noise analysis, including noise level and data used to complete the analysis.

☐ Normally Unacceptable: (Above 65 decibels but not exceeding 75 decibels; the floor may be shifted to 70 decibels in circumstances described in 24 CFR 51.105(a))

Indicate noise level here:

Is the project in a largely undeveloped area¹?

☐ No

→Your project requires completion of an Environmental Assessment (EA) pursuant to 51.104(b)(1)(i). Elevate this review to an EA-level review.

Provide noise analysis, including noise level and data used to complete the analysis.

Continue to Question 6.

☐ Yes

→Your project requires completion of an Environmental Impact Statement (EIS) pursuant to 51.104(b)(1)(i). Elevate this review to an EIS-level review.

Provide noise analysis, including noise level and data used to complete the analysis.

Continue to Question 6.

¹ A largely undeveloped area means the area within 2 miles of the project site is less than 50 percent developed with urban uses and does not have water and sewer capacity to serve the project.

☐ Unacceptable: (Above 75 decibels)

Indicate noise level here:

Your project requires completion of an Environmental Impact Statement (EIS) pursuant to 51.104(b)(1)(i). You may either complete an EIS or provide a waiver signed by the appropriate authority. Indicate your choice:

☐ Convert to an EIS

→ Provide noise analysis, including noise level and data used to complete the analysis.

Continue to Question 6.

☐ Provide waiver

→ Provide an Environmental Impact Statement waiver from the Certifying Officer or the Assistant Secretary for Community Planning and Development per 24 CFR 51.104(b)(2) and noise analysis, including noise level and data used to complete the analysis.

Continue to Question 6.

- 6. HUD strongly encourages mitigation be used to eliminate adverse noise impacts. Explain in detail the exact measures that must be implemented to mitigate for the impact or effect, including the timeline for implementation. This information will be automatically included in the Mitigation summary for the environmental review.**

☐ Mitigation as follows will be implemented:

→ Provide drawings, specifications, and other materials as needed to describe the project's noise mitigation measures.

Continue to the Worksheet Summary.

☐ No mitigation is necessary.

Explain why mitigation will not be made here:

→ *Continue to the Worksheet Summary.*

Worksheet Summary

Compliance Determination

Provide a clear description of your determination and a synopsis of the information that it was based on, such as:

- Map panel numbers and dates
- Names of all consulted parties and relevant consultation dates
- Names of plans or reports and relevant page numbers
- Any additional requirements specific to your region

Combined DNL for Road and Rail sources is 48. This is considered acceptable and there are no mitigation measures needed.

Are formal compliance steps or mitigation required?

☐ Yes

☒ No

[Home \(/\)](#) > [Programs \(/programs/\)](#) > [Environmental Review \(/programs/environmental-review/\)](#) > DNL Calculator

DNL Calculator

The Day/Night Noise Level Calculator is an electronic assessment tool that calculates the Day/Night Noise Level (DNL) from roadway and railway traffic. For more information on using the DNL calculator, view the [Day/Night Noise Level Calculator Electronic Assessment Tool Overview \(/programs/environmental-review/daynight-noise-level-electronic-assessment-tool/\)](#).

Guidelines

- To display the Road and/or Rail DNL calculator(s), click on the "Add Road Source" and/or "Add Rail Source" button(s) below.
- All Road and Rail input values must be positive non-decimal numbers.
- All Road and/or Rail DNL value(s) must be calculated separately before calculating the Site DNL.
- All checkboxes that apply must be checked for vehicles and trains in the tables' headers.
- **Note #1:** Tooltips, containing field specific information, have been added in this tool and may be accessed by hovering over all the respective data fields (site identification, roadway and railway assessment, DNL calculation results, roadway and railway input variables) with the mouse.
- **Note #2:** DNL Calculator assumes roadway data is always entered.

DNL Calculator

Site ID	Lincoln Heights
Record Date	02/04/2021
User's Name	Jessica Lurz

Road # 1 Name:	William Street
----------------	----------------

Road #1

Vehicle Type	Cars <input checked="" type="checkbox"/>	Medium Trucks <input type="checkbox"/>	Heavy Trucks <input checked="" type="checkbox"/>
Effective Distance	<input type="text" value="42"/>	<input type="text"/>	<input type="text" value="42"/>
Distance to Stop Sign	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average Speed	<input type="text" value="20"/>	<input type="text"/>	<input type="text" value="20"/>
Average Daily Trips (ADT)	<input type="text" value="33"/>	<input type="text"/>	<input type="text" value="1"/>
Night Fraction of ADT	<input type="text" value="15"/>	<input type="text"/>	<input type="text" value="15"/>
Road Gradient (%)	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>
Vehicle DNL	<input type="text" value="35"/>	<input type="text" value="0"/>	<input type="text" value="45"/>
<div>Calculate Road #1 DNL</div>	<input type="text" value="46"/>	<div>Reset</div>	

Road # 2 Name:

Road #2

Vehicle Type	Cars <input checked="" type="checkbox"/>	Medium Trucks <input checked="" type="checkbox"/>	Heavy Trucks <input type="checkbox"/>
Effective Distance	<input type="text" value="300"/>	<input type="text" value="300"/>	<input type="text"/>
Distance to Stop Sign	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average Speed	<input type="text" value="25"/>	<input type="text" value="25"/>	<input type="text"/>
Average Daily Trips (ADT)	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text"/>
Night Fraction of ADT	<input type="text" value="15"/>	<input type="text" value="15"/>	<input type="text"/>
Road Gradient (%)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle DNL	<input type="text" value="12"/>	<input type="text" value="19"/>	<input type="text" value="0"/>
<div>Calculate Road #2 DNL</div>	<input type="text" value="20"/>	<div>Reset</div>	

Railroad #1 Track Identifier:**361426R****Rail # 1****Train Type****Electric** ☒**Diesel** ☐

Effective Distance

1452

Average Train Speed

30

Engines per Train

1

Railway cars per Train

8

Average Train Operations (ATO)

3

Night Fraction of ATO

3

Railway whistles or horns?

Yes: ☐ No: ☒Yes: ☐ No: ☐

Bolted Tracks?

Yes: ☐ No: ☒Yes: ☐ No: ☐**Train DNL**

22

0

Calculate Rail #1 DNL

22

Reset

Railroad #2 Track Identifier:**249680P****Rail # 2****Train Type****Electric** ☐**Diesel** ☒

Effective Distance

1247

Average Train Speed

30

Engines per Train

2

Railway cars per Train		50
Average Train Operations (ATO)		5
Night Fraction of ATO		5
Railway whistles or horns?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
Bolted Tracks?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
Train DNL	0	43
Calculate Rail #2 DNL	43	Reset

Railroad #3 Track Identifier:**361428E****Rail # 3**

Train Type	Electric <input type="checkbox"/>	Diesel <input checked="" type="checkbox"/>
Effective Distance		1550
Average Train Speed		40
Engines per Train		2
Railway cars per Train		50
Average Train Operations (ATO)		2
Night Fraction of ATO		2
Railway whistles or horns?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
Bolted Tracks?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
Train DNL	0	35
Calculate Rail #3 DNL	35	Reset

Calculate Rail #3 DNL	55	Reset
Add Road Source	Add Rail Source	
Airport Noise Level		
Loud Impulse Sounds?	<input type="radio"/> Yes <input type="radio"/> No	
Combined DNL for all Road and Rail sources	48	
Combined DNL including Airport	N/A	
Site DNL with Loud Impulse Sound		
Calculate	Reset	

Mitigation Options

If your site DNL is in Excess of 65 decibels, your options are:

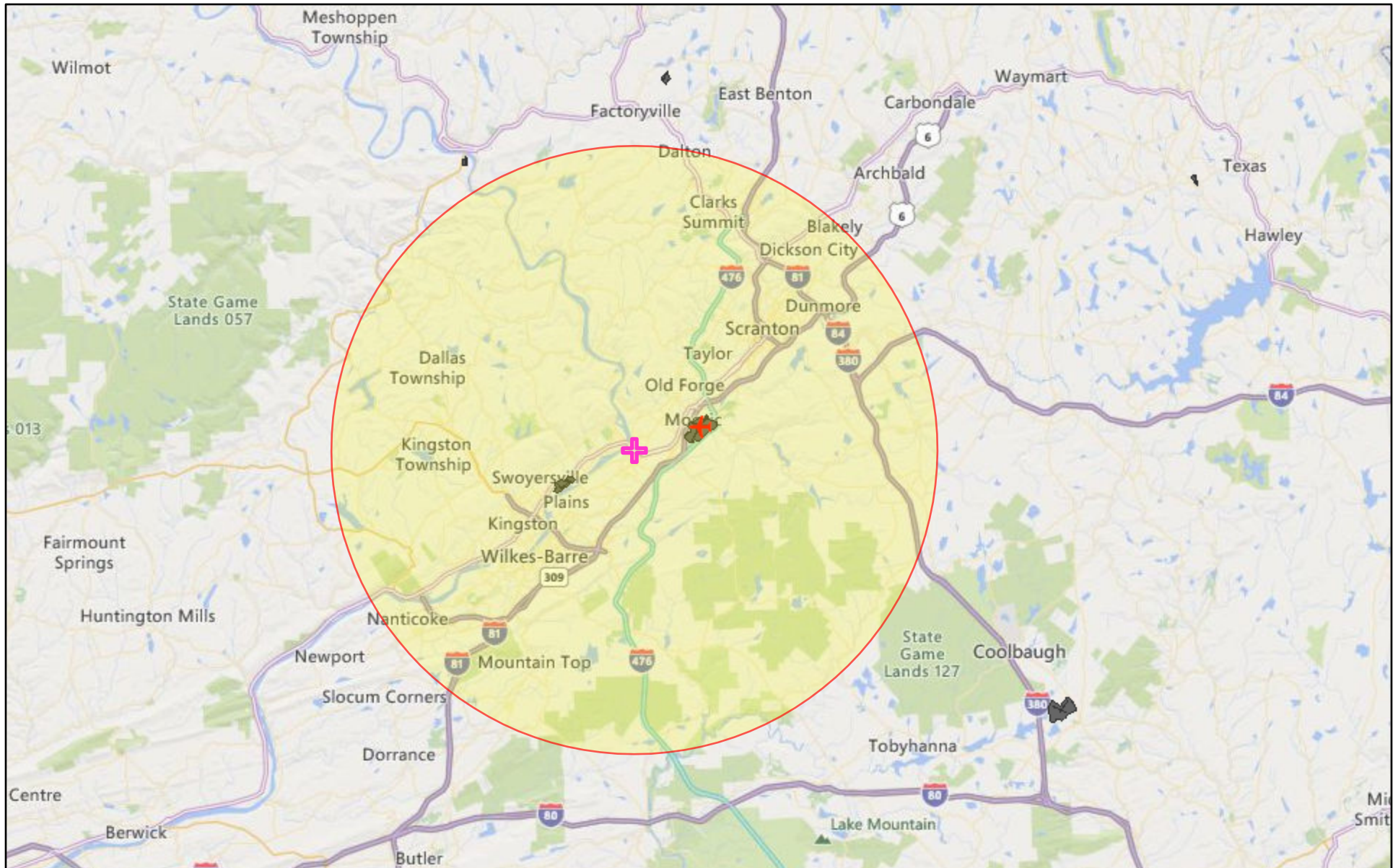
- **No Action Alternative:** Cancel the project at this location
- **Other Reasonable Alternatives:** Choose an alternate site
- **Mitigation**
 - **Contact your Field or Regional Environmental Officer** (</programs/environmental-review/hud-environmental-staff-contacts/>)
 - Increase mitigation in the building walls (only effective if no outdoor, noise sensitive areas)
 - Reconfigure the site plan to increase the distance between the noise source and noise-sensitive uses
 - Incorporate natural or man-made barriers. See *The Noise Guidebook* (</resource/313/hud-noise-guidebook/>)
 - Construct noise barrier. See the **Barrier Performance Module** (</programs/environmental-review/bpm-calculator/>)

Tools and Guidance





Day/Night Noise Level Assessment Tool User Guide (/resource/3822/day-night-noise-level-assessment-tool-user-guide/)

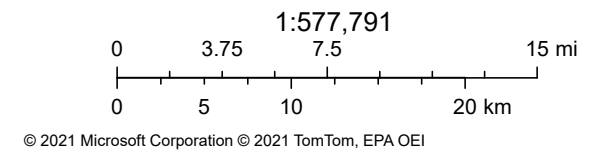
Day/Night Noise Level Assessment Tool Flowcharts (/resource/3823/day-night-noise-level-assessment-tool-flowcharts/)

Airport Noise



February 4, 2021

-  Project Buffer
-  Airport Points
-  Search Result (point)
-  Airport Polygons



Airport Noise Worksheet

Use this worksheet to identify information needed to evaluate a site's exposure to aircraft noise.

Name and Location of Project:

Date:

Name of Airport:

Person completing worksheet:

1. Determine if the proposed site/project is within 15 miles of a civil or military airport.

- ☐ No. Attach a map identifying the location of the proposed project site and the location of any airports. This worksheet is not required.
- ☐ Yes. Attach a map identifying the location of the proposed project site and the location of any airports. Continue

2. Determine the number of operations at the airport by:

- Going to: <http://www.gcr1.com/5010web/>
- Type in the name of the city press search
- Find your airport.
- Open the report under "Print 5010"
- Complete section 3 below by using the information found in the report (see arrow #1 in the example below)

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION		AIRPORT MASTER RECORD		PRINT DATE: 10/30/2012 AFD EFF 09/20/2012 Form Approved OMB 2120-0015	
> 1 ASSOC CITY: KENAI		4 STATE: AK		LOC ID: ENA	
> 2 AIRPORT NAME: KENAI MUNI		6 REGION/ADO: AAL/NONE		5 COUNTY: KENAI-COOK INLET AK	
3 CBD TO AIRPORT (NM): 00 N				7 SECT AERO CHT: ANCHORAGE	
FAA SITE NR: 50410.*A					
GENERAL		SERVICES		BASED AIRCRAFT	
10 OWNERSHIP: PU		70 FUEL: 100LL A		90 SINGLE ENG: 54	
11 OWNER: CITY OF KENAI		71 AIRFRAME RPRS: MINOR		91 MULTI ENG: 7	
12 ADDRESS: 210 FIDALGO ST		72 PWR PLANT RPRS: MINOR		92 JET: 0	
KENAI, AK 99611		73 BOTTLE OXYGEN: NONE		TOTAL: 61	
13 PHONE NR: 907-283-7951		74 BULK OXYGEN: NONE		93 HELICOPTERS: 0	
14 MANAGER: MARY BONDURANT		75 TSNT STORAGE: TIE		94 GLIDERS: 0	
15 ADDRESS: 305 N WILLOW SUITE 200		76 OTHER SERVICES: CARGO, CHTR, INSTR, RNTL		95 MILITARY: 0	
KENAI, AK 99611				96 ULTRA-LIGHT: 0	
16 PHONE NR: 907-283-7951					
> 17 ATTENDANCE SCHEDULE:		FACILITIES		OPERATIONS	
ALL MON-FRI 0800-1700		80 ARPT BCN: CG		100 AIR CARRIER: 1,045	
		81 ARPT LGT SKED: SEE RMK		102 AIR TAXI: 23,263	
		82 UNICOM: YES L		103 G A LOCAL: 6,326	
		83 WIND INDICATOR: YES L		104 G A ITNRNT: 6,429	
		84 SEGMENTED CIRCLE: YES		105 MILITARY: 3,115	
		85 CONTROL TWR: YES		TOTAL: 40,178	
		86 FSS: KENAI		OPERATIONS FOR 12 MONTHS ENDING 12/01/2011	
		87 FSS ON ARPT: YES			
		88 FSS PHONE NR: 800-478-3576			
18 AIRPORT USE: PUBLIC					
19 ARPT LAT: 60-34-23.9044N ESTIMATED					
20 ARPT LONG: 151-14-41.2000W					
21 ARPT ELEV: 99.0 SURVEYED					
22 ACREAGE: 1200					
23 RIGHT TRAFFIC: 01L, 19W					
> 24 NON-COMM LANDING: NO					

3. Determine if the annual number of operations for air carriers #100, air taxis #102, military #105, and general aviation #103 plus #104 exceeds thresholds.

Annual air carrier operations _____.	Is this 9000 or more	Yes ___ No ___
Annual air taxi operations _____.	Is this 18,000 or more	Yes___No___
Annual military operations _____.	Is this 18,000 or more	Yes___No___
Annual general aviation operations_____.	Is this 72000 or more	Yes___No___

1. If you answer “No” on each of the questions above, it is assumed that the noise attributed to the airplanes will not extend beyond the boundaries of the airport. Maintain the documentation in your Environmental Review Record. You are finished with the evaluation of airport noise for this airport. If you have marked any question in #3 with “Yes,” continue to 5.
2. Contact the airport manager, (see arrow #2 above) and ask them if the airport has noise contour maps. Are contour maps available?
 - ☐ Yes. Locate your project on the noise contour map. If there are no roads or railroads that are being considered for noise, utilize the information from the contour map to determine if the site is acceptable. If roads or railroads are being considered input the information obtained from the airport noise contours, along with the road and railroad information in the HUD [Noise Assessment Guidelines](#) (NAG) or the online tool at <https://www.hudexchange.info/environmental-review/dnl-calculator>.
 - ☐ No. Construct the approximate DNL contours by using the guidance on page 52 and 53 of the [NAG](#). You will need to obtain the following information from the airport: 1). The number of nighttime jet operations (10pm to 7 am) 2). The number of daytime jet operations (7 am to 10 pm) 3). The flight paths of the major runways. 4). Any available information about expected changes in airport traffic (e.g. will the number of operations increase or decrease in the next 10 to 15 years).

Contact your HUD Representative if you need assistance

> 1 ASSOC CITY:

WILKES-

4 STATE: PA

LOC ID: AVP

FAA SITE NR: 21781.*A

> 2 AIRPORT NAME:

WILKES-BARRE/SCRANTON INTL

5 COUNTY: LUZERNE PA

3 CBD TO AIRPORT (NM): 05 SW

6 REGION/ADO: AEA/HAR

7 SECT AERO CHT: NEW YORK

GENERAL		SERVICES		BASED AIRCRAFT	
10 OWNERSHIP:	PUBLIC	> 70 FUEL:	100LL A	90 SINGLE ENG:	28
> 11 OWNER:	LUZERNE AND LACKAWANNA CO			91 MULTI ENG:	6
> 12 ADDRESS:	100 TERMINAL DRIVE	> 71 AIRFRAME RPRS:	MAJOR	92 JET:	4
	AVOCA, PA 18641	> 72 PWR PLANT RPRS:	MINOR	93 HELICOPTERS:	2
> 13 PHONE NR:	(570) 602-2040	> 73 BOTTLE OXYGEN:	LOW	TOTAL:	40
> 14 MANAGER:	CARL R. BEARDSLEY, JR.	> 74 BULK OXYGEN:	LOW		
> 15 ADDRESS:	100 TERMINAL DRIVE	75 TSNT STORAGE:	HGR, TIE	94 GLIDERS:	0
	AVOCA, PA 18641	76 OTHER SERVICES:		95 MILITARY:	0
> 16 PHONE NR:	570-602-2000	AFRT, AVNCS, CARGO, CHTR, INSTR, RNTL		96 ULTRA-LIGHT:	0
> 17 ATTENDANCE SCHEDULE:					
ALL	ALL	ALL			
18 AIRPORT USE:	PUBLIC	> 80 ARPT BCN:	CG	100 AIR CARRIER:	3,782
19 ARPT LAT:	41-20-18.5000N ESTIMATED	> 81 ARPT LGT SKED :		102 AIR TAXI:	13,006
20 ARPT LONG:	075-43-24.2000W	BCN LGT SKED :	SS-SR	103 G A LOCAL:	18,474
21 ARPT ELEV:	961.7 SURVEYED	> 82 UNICOM:	122.950	104 G A ITNRNT:	12,389
22 ACREAGE:	910	> 83 WIND INDICATOR:	YES-L	105 MILITARY:	462
> 23 RIGHT TRAFFIC:	22, 10, 28	84 SEGMENTED CIRCLE:	NONE	TOTAL:	48,113
> 24 NON-COMM LANDING:	YES	85 CONTROL TWR:	YES		
		86 FSS:	WILLIAMSPORT	OPERATIONS FOR	
25 NPIAS/FED AGREEMENTS:	NGYH3	87 FSS ON ARPT:	NO	12 MONTHS	11/30/2019
> 26 FAR 139 INDEX:	I B S 05/1973	88 FSS PHONE NR:		ENDING:	
		89 TOLL FREE NR:	1-800-WX-BRIEF		
RUNWAY DATA					
> 30 RUNWAY INDENT:		04/22	10/28		
> 31 LENGTH:		7,502	4,300		
> 32 WIDTH:		150	150		
> 33 SURF TYPE-COND:		ASPH-G	ASPH-G		
> 34 SURF TREATMENT:		GRVD	GRVD		
35 GROSS WT: S		133.0	58.0		
36 (IN THSDS) D		173.0	80.0		
37	2D	300.0	125.0		
38	2D/2D2				
> 39 PCN:		45 /F/A/X/T			
LIGHTING/APCH AIDS					
> 40 EDGE INTENSITY:		HIGH	MED		
> 42 RWY MARK TYPE-COND:		PIR - G / PIR - G	NPI - G / NPI - G	- / -	- / -
> 43 VGSI:		P4R / V4L	P2L /	/	/
44 THR CROSSING HGT		58 / 54	43 /	/	/
45 VISUAL GLIDE ANGLE:		3.00 / 3.00	3.00 /	/	/
> 46 CNTRLN-TDZ:		- / -	- / -	- / -	- / -
> 47 RVR-RVV:		TR - N / TR -	- / -	- / -	- / -
> 48 REIL:		/ Y	Y / Y	/	/
> 49 APCH LIGHTS:		MALSR /	/	/	/
OBSTRUCTION DATA					
50 FAR 77 CATEGORY		PIR / PIR	B(V) / B(V)	/	/
> 51 DISPLACED THR:		/	/	/	/
> 52 CTLG OBSTN:		/ TOWER	/ TREES	/	/
> 53 OBSTN MARKED/LGTD:		/ LM	/	/	/
> 54 HGT ABOVE RWY END:		/ 155	/ 55	/	/
> 55 DIST FROM RWY END:		/ 6,529	/ 619	/	/
> 56 CNTRLN OFFSET:		/ 686R	/ 275L	/	/
57 OBSTN CLNC SLOPE:		50:1 / 41:1	20:1 / 7:1	/	/
58 CLOSE-IN OBSTN:		N / N	N / N	/	/
DECLARED DISTANCES					
> 60 TAKE OFF RUN AVBL (TORA):		7,501 / 7,501	4,300 / 4,300	/	/
> 61 TAKE OFF DIST AVBL (TODA):		7,501 / 7,501	4,300 / 4,300	/	/
> 62 ACLT STOP DIST AVBL (ASDA):		7,501 / 7,501	4,300 / 4,300	/	/
> 63 LNDG DIST AVBL (LDA):		7,501 / 7,501	4,300 / 4,300	/	/

(>) ARPT MGR PLEASE ADVISE FSS IN ITEM 86 WHEN CHANGES OCCUR TO ITEMS PRECEDED BY >

> 110 REMARKS

A 026 INDEX "C" ARFF EQUIPMENT AVAILABLE UPON REQUEST CALL 570-602-2040.

A 030 RWY 04/22 PRECIPITOUS DROP-OFF EACH RY END.

A 110-002 DEER & BIRDS ON & INVOF ARPT.

A 110-005 RY 28 UNLGTD HIGH TERRAIN TREES: 1155 FT MSL .91 MI EAST AER 28; 1463 FT MSL 1.49 MI EAST-SOUTHEAST AER 28; 1667 FT MSL 2.25 MI EAST AER 28; 1920 FT MSL 2.84 MI EAST AER 28.

A 110-006 UNLGTD TOWER 1130 FT MSL (20 FT AGL) 1.3 MI EAST AER 28; UNLGTD TOWER 1463 FT MSL (20 FT AGL) 1.7 MI EAST AER 28; UNLGTD TOWER 1652 FT MSL (20 FT AGL) 2.4 MI EAST AER 28.

A 110-007 FOR FBO SERVICE 0000-0500 LOCAL M-F AND 2100-0000 LOCAL SAT-SUN CALL (570) 457-4485.

111 INSPECTOR: (F)

112 LAST INSP: 01/14/2020

113 LAST INFO REQ:

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inventory Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (including pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Header, Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, Part I, and the Submission Information section. For changes to existing data, complete the Header, Part I Items 1-3, and the Submission Information section, in addition to the updated data fields. Note: For private crossings only, Part I Item 20 and Part III Item 2.K. are required unless otherwise noted. An asterisk * denotes an optional field.

A. Revision Date (MM/DD/YYYY) 09 / 13 / 2020	B. Reporting Agency <input type="checkbox"/> Railroad <input type="checkbox"/> Transit <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	C. Reason for Update (Select only one) <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 265874L
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Part I: Location and Classification Information

1. Primary Operating Railroad LUZERNE & SUSQUEHANNA RAILWAY [LSX]		2. State PENNSYLVANIA		3. County LUZERNE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near HUGHESTOWN		5. Street/Road Name & Block Number Center Street (Street/Road Name) * (Block Number)		6. Highway Type & No. SR 2030	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None ATLANTIC		10. Railroad Subdivision or District <input type="checkbox"/> None LEHIGH		11. Branch or Line Name <input type="checkbox"/> None WYOMING BR	
12. RR Milepost 0004.50 (prefix) (nnnn.nnn) (suffix)					
13. Line Segment * 4.50		14. Nearest RR Timetable Station * AVOCA		15. Parent RR (if applicable) <input type="checkbox"/> N/A	
16. Crossing Owner (if applicable) <input type="checkbox"/> N/A					
17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.		19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	
20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. Type of Train <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter <input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 41.3304784		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -75.7711091	
29. Lat/Long Source <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated					
30.A. Railroad Use *			31.A. State Use * SUSPENDED		
30.B. Railroad Use *			31.B. State Use *		
30.C. Railroad Use *			31.C. State Use *		
30.D. Railroad Use *			31.D. State Use *		
32.A. Narrative (Railroad Use) * PUC: A-00118690 OLD L.R. 40111			32.B. Narrative (State Use) * PUC: A-00118690 OLD L.R. 40111		
33. Emergency Notification Telephone No. (posted) 800-272-0911		34. Railroad Contact (Telephone No.) 215-209-2000		35. State Contact (Telephone No.) 717-772-3079	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 0	1.B. Total Night Thru Trains (6 PM to 6 AM) 0	1.C. Total Switching Trains 1	1.D. Total Transit Trains	1.E. Check if Less Than One Movement Per Day <input type="checkbox"/> How many trains per week?
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 5 3.B. Typical Speed Range Over Crossing (mph) From 1 to 5		
4. Type and Count of Tracks Main 1 Siding Yard Transit Industry				
5. Train Detection (Main Track only) <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> Motion Detection <input type="checkbox"/> AFO <input type="checkbox"/> PTC <input type="checkbox"/> DC <input type="checkbox"/> Other <input checked="" type="checkbox"/> None				
6. Is Track Signaled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7.A. Event Recorder <input type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 09/13/2020		PAGE 2		D. Crossing Inventory Number (7 char.) 265874L	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 2		2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input checked="" type="checkbox"/> None <input type="checkbox"/> W10-1 <input type="checkbox"/> W10-3 <input type="checkbox"/> W10-11 <input type="checkbox"/> W10-2 <input type="checkbox"/> W10-4 <input type="checkbox"/> W10-12	
2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count _____) <input type="checkbox"/> No		2.F. Pavement Markings <input type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input type="checkbox"/> RR Xing Symbols <input checked="" type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input checked="" type="checkbox"/> None	
2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No		2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2.J. Other MUTCD Signs Specify Type _____ Count 0 Specify Type _____ Count 0 Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No		2.L. LED Enhanced Signs (List types)	
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 0 Pedestrian _____		3.B. Gate Configuration <input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates		3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED	
3.D. Mast Mounted Flashing Lights (count of masts) 0 <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included		3.E. Total Count of Flashing Light Pairs 0			
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) ____/____/____ <input type="checkbox"/> Not Required		3.G. Wayside Horn <input type="checkbox"/> Yes Installed on (MM/YYYY) ____/____/____ <input type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3.I. Bells (count) 0		3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None			
3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____					
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs		4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	
5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____		6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None			
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes 2 <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input checked="" type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) _____		7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Part V: Public Highway Information					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input type="checkbox"/> (08) Non-Federal AID		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input checked="" type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Highway Speed Limit 35 _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory		5. Linear Referencing System (LRS Route ID) *			
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year 2019 AADT 5315		8. Estimated Percent Trucks 2 _____ %		9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day 0	
10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No					
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by _____ Organization _____ Phone _____ Date _____ Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inventory Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (including pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Header, Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, Part I, and the Submission Information section. For changes to existing data, complete the Header, Part I Items 1-3, and the Submission Information section, in addition to the updated data fields. Note: For private crossings only, Part I Item 20 and Part III Item 2.K. are required unless otherwise noted. An asterisk * denotes an optional field.

A. Revision Date (MM/DD/YYYY) 08 / 06 / 2019	B. Reporting Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	C. Reason for Update (Select only one) <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 361428E
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Part I: Location and Classification Information

1. Primary Operating Railroad READING BLUE MOUNTAIN & NORTHERN RAILROAD C		2. State PENNSYLVANIA		3. County LUZERNE	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near PITTSTON		5. Street/Road Name & Block Number BROADWALL STS (Street/Road Name) * (Block Number)		6. Highway Type & No. T 509	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR CP, NS		
9. Railroad Division or Region <input type="checkbox"/> None LEHIGH		10. Railroad Subdivision or District <input checked="" type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN LINE	
12. RR Milepost 0174.03 (prefix) (nnnn.nnn) (suffix)		13. Line Segment * 140501		14. Nearest RR Timetable Station * DUPONT	
15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A		17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.		19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over		20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. Type of Train <input checked="" type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter <input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0		23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard	
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 41.3162900		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -75.7735500	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		30.A. Railroad Use *		31.A. State Use *	
30.B. Railroad Use *		31.B. State Use * RBMN		30.C. Railroad Use *	
31.C. State Use *		30.D. Railroad Use *		31.D. State Use *	
32.A. Narrative (Railroad Use) *		32.B. Narrative (State Use) *			
33. Emergency Notification Telephone No. (posted) 844-864-2161		34. Railroad Contact (Telephone No.) 610-562-2100		35. State Contact (Telephone No.) 717-772-3079	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 2	1.B. Total Night Thru Trains (6 PM to 6 AM) 2	1.C. Total Switching Trains 0	1.D. Total Transit Trains 0	1.E. Check if Less Than One Movement Per Day How many trains per week? <input type="checkbox"/>
2. Year of Train Count Data (YYYY) 2019		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 40 3.B. Typical Speed Range Over Crossing (mph) From 10 to 40		
4. Type and Count of Tracks Main 2 Siding 0 Yard 0 Transit 0 Industry 0				
5. Train Detection (Main Track only) <input type="checkbox"/> Constant Warning Time <input checked="" type="checkbox"/> Motion Detection <input type="checkbox"/> AFO <input type="checkbox"/> PTC <input type="checkbox"/> DC <input type="checkbox"/> Other <input type="checkbox"/> None				
6. Is Track Signaled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.A. Event Recorder <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 08/06/2019		PAGE 2		D. Crossing Inventory Number (7 char.) 361428E	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 0		2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count) 0	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None <input checked="" type="checkbox"/> W10-1 2 <input type="checkbox"/> W10-3 _____ <input type="checkbox"/> W10-11 _____ <input type="checkbox"/> W10-2 _____ <input type="checkbox"/> W10-4 _____ <input type="checkbox"/> W10-12 _____	
2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count _____) <input checked="" type="checkbox"/> No		2.F. Pavement Markings <input type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input type="checkbox"/> RR Xing Symbols <input checked="" type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input checked="" type="checkbox"/> None	
2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2.I. ENS Sign (I-13) Displayed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2.J. Other MUTCD Signs Specify Type R15-2P Count 2 Specify Type R15-1 Count 3 Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No		2.L. LED Enhanced Signs (List types)	
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 2 Pedestrian 0		3.B. Gate Configuration <input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates <input type="checkbox"/> 4 Quad		3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 1 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED	
3.D. Mast Mounted Flashing Lights (count of masts) 2 <input type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input checked="" type="checkbox"/> Side Lights Included		3.E. Total Count of Flashing Light Pairs 9			
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) _____/_____/_____ <input checked="" type="checkbox"/> Not Required		3.G. Wayside Horn <input type="checkbox"/> Yes Installed on (MM/YYYY) ____/____/_____ <input checked="" type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3.I. Bells (count) 1		3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input checked="" type="checkbox"/> None			
3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____		4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4.B. Hwy Traffic Signal Interconnection <input checked="" type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs		4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance		5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____	
6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input checked="" type="checkbox"/> None		7. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input checked="" type="checkbox"/> None			
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes 2		2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/_____ <input type="checkbox"/> 1 Timber <input checked="" type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____			
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) 75		7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input checked="" type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Part V: Public Highway Information					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input checked="" type="checkbox"/> (08) Non-Federal AID		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input checked="" type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input checked="" type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Highway Speed Limit 25 _____ MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory		5. Linear Referencing System (LRS Route ID) *			
6. LRS Milepost *		7. Annual Average Daily Traffic (AADT) Year 2009 AADT 000513			
8. Estimated Percent Trucks 04 _____ %		9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day _____		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No	
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inventory Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (including pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Header, Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, Part I, and the Submission Information section. For changes to existing data, complete the Header, Part I Items 1-3, and the Submission Information section, in addition to the updated data fields. Note: For private crossings only, Part I Item 20 and Part III Item 2.K. are required unless otherwise noted. An asterisk * denotes an optional field.

A. Revision Date (MM/DD/YYYY) 06 / 23 / 2010	B. Reporting Agency <input type="checkbox"/> Railroad <input type="checkbox"/> Transit <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	C. Reason for Update (Select only one) <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 265884S
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Part I: Location and Classification Information

1. Primary Operating Railroad LUZERNE & SUSQUEHANNA RAILWAY [LSX]		2. State PENNSYLVANIA		3. County LUZERNE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near PITTSTON		5. Street/Road Name & Block Number WILLIAM ST. (Street/Road Name) * (Block Number)		6. Highway Type & No. LR 5	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None ATLANTIC		10. Railroad Subdivision or District <input type="checkbox"/> None LEHIGH		11. Branch or Line Name <input type="checkbox"/> None WYOMING BR	
12. RR Milepost 0003.46 (prefix) (nnnn.nnn) (suffix)		13. Line Segment * 3.46			
14. Nearest RR Timetable Station * AVOCA		15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A	
17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.		19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	
20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. Type of Train <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 41.3176990		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -75.7748030	
29. Lat/Long Source <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated		30.A. Railroad Use *			
30.B. Railroad Use *		30.C. Railroad Use *			
30.D. Railroad Use *		30.E. Railroad Use *			
31.A. State Use *			31.B. State Use * LSX		
31.C. State Use *			31.D. State Use *		
31.E. State Use *			31.F. State Use *		
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-272-0911		34. Railroad Contact (Telephone No.) 215-209-2000		35. State Contact (Telephone No.) 717-772-3079	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 0	1.B. Total Night Thru Trains (6 PM to 6 AM) 0	1.C. Total Switching Trains 1	1.D. Total Transit Trains	1.E. Check if Less Than One Movement Per Day How many trains per week? <input type="checkbox"/>
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 5 3.B. Typical Speed Range Over Crossing (mph) From 1 to 5		
4. Type and Count of Tracks Main 1 Siding Yard Transit Industry				
5. Train Detection (Main Track only) <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> Motion Detection <input type="checkbox"/> AFO <input type="checkbox"/> PTC <input type="checkbox"/> DC <input type="checkbox"/> Other <input checked="" type="checkbox"/> None				
6. Is Track Signaled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7.A. Event Recorder <input type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 06/23/2010		PAGE 2		D. Crossing Inventory Number (7 char.) 265884S	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 0		2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input checked="" type="checkbox"/> None <input type="checkbox"/> W10-1 <input type="checkbox"/> W10-3 <input type="checkbox"/> W10-11 <input type="checkbox"/> W10-2 <input type="checkbox"/> W10-4 <input type="checkbox"/> W10-12	
2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count _____) <input checked="" type="checkbox"/> No		2.F. Pavement Markings <input type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None	
				2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No	
				2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.J. Other MUTCD Signs Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	
				2.L. LED Enhanced Signs (List types)	
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 0 Pedestrian _____	3.B. Gate Configuration <input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 2 <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs 0
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) _____/_____/_____ <input type="checkbox"/> Not Required		3.G. Wayside Horn <input type="checkbox"/> Yes Installed on (MM/YYYY) ____/____/_____ <input type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.I. Bells (count) 0
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____	6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes 2 <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/_____ <input type="checkbox"/> 1 Timber <input checked="" type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Approximate Distance (feet) _____		7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Part V: Public Highway Information					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input checked="" type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input type="checkbox"/> (08) Non-Federal AID		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input checked="" type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input checked="" type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit 25 _____ MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
				5. Linear Referencing System (LRS Route ID) *	
				6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year 2009 AADT 000513		8. Estimated Percent Trucks 05 _____ %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day 0		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inventory Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (including pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Header, Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, Part I, and the Submission Information section. For changes to existing data, complete the Header, Part I Items 1-3, and the Submission Information section, in addition to the updated data fields. Note: For private crossings only, Part I Item 20 and Part III Item 2.K. are required unless otherwise noted. An asterisk * denotes an optional field.

A. Revision Date (MM/DD/YYYY) 10 / 30 / 2019	B. Reporting Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	C. Reason for Update (Select only one) <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 249680P
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Part I: Location and Classification Information

1. Primary Operating Railroad Norfolk Southern Railway Company [NS]		2. State PENNSYLVANIA		3. County LUZERNE	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near PITTSTON		5. Street/Road Name & Block Number NORMAN STREET (Street/Road Name) * (Block Number)		6. Highway Type & No. TR 590	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None HARRISBURG		10. Railroad Subdivision or District <input type="checkbox"/> None D&H SOUTH		11. Branch or Line Name <input type="checkbox"/> None SUNBURY LINE	
12. RR Milepost HA 0681.120 (prefix) (nnnn.nnn) (suffix)					
13. Line Segment * 20313		14. Nearest RR Timetable Station * YATESVILLE		15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A	
16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A					
17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.		19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	
20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. Type of Train <input checked="" type="checkbox"/> Freight <input type="checkbox"/> Transit <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Commuter <input type="checkbox"/> Tourist/Other		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 41.3164658		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -75.7767405	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated					
30.A. Railroad Use *			31.A. State Use *		
30.B. Railroad Use *			31.B. State Use * DH		
30.C. Railroad Use *			31.C. State Use *		
30.D. Railroad Use *			31.D. State Use *		
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-946-4744		34. Railroad Contact (Telephone No.) 800-946-4744		35. State Contact (Telephone No.) 717-772-3079	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 5	1.B. Total Night Thru Trains (6 PM to 6 AM) 5	1.C. Total Switching Trains 0	1.D. Total Transit Trains 0	1.E. Check if Less Than One Movement Per Day <input type="checkbox"/> How many trains per week?
2. Year of Train Count Data (YYYY) 2017		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 30 3.B. Typical Speed Range Over Crossing (mph) From 20 to 30		
4. Type and Count of Tracks Main 1 Siding 0 Yard 0 Transit 0 Industry 0				
5. Train Detection (Main Track only) <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> Motion Detection <input type="checkbox"/> AFO <input type="checkbox"/> PTC <input checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input type="checkbox"/> None				
6. Is Track Signaled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7.A. Event Recorder <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 10/30/2019		PAGE 2		D. Crossing Inventory Number (7 char.) 249680P	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 0		2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input checked="" type="checkbox"/> None <input type="checkbox"/> W10-1 <input type="checkbox"/> W10-3 <input type="checkbox"/> W10-11 <input type="checkbox"/> W10-2 <input type="checkbox"/> W10-4 <input type="checkbox"/> W10-12	
2.E. Low Ground Clearance Sign (W10-5) <input checked="" type="checkbox"/> Yes (count _____) <input type="checkbox"/> No		2.F. Pavement Markings <input type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input type="checkbox"/> RR Xing Symbols <input checked="" type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input checked="" type="checkbox"/> None	
2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No		2.I. ENS Sign (I-13) Displayed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____	
2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No		2.L. LED Enhanced Signs (List types)			
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway <u>2</u> Pedestrian <u>0</u>		3.B. Gate Configuration <input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates <input type="checkbox"/> 4 Quad		3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>0</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED	
3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included		3.E. Total Count of Flashing Light Pairs 4		3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) ____/____/____ <input type="checkbox"/> Not Required	
3.G. Wayside Horn <input type="checkbox"/> Yes Installed on (MM/YYYY) ____/____/____ <input checked="" type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.I. Bells (count) 1	
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input checked="" type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count <u>0</u> Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No		4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs		4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	
5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Storage Distance * <u>0</u> Stop Line Distance * <u>0</u>		6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None			
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic Number of Lanes <u>2</u> <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3. Does Track Run Down a Street? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input checked="" type="checkbox"/> 10 Other (specify) _____			
6. Intersecting Roadway within 500 feet? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Approximate Distance (feet) _____		7. Smallest Crossing Angle <input checked="" type="checkbox"/> 0° – 29° <input type="checkbox"/> 30° – 59° <input type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Part V: Public Highway Information					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input checked="" type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input checked="" type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input checked="" type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Highway Speed Limit <u>25</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory		5. Linear Referencing System (LRS Route ID) *			
6. LRS Milepost *		7. Annual Average Daily Traffic (AADT) Year <u>2009</u> AADT <u>000324</u>			
8. Estimated Percent Trucks <u>05</u> %		9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day _____		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No	
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inventory Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (including pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Header, Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, Part I, and the Submission Information section. For changes to existing data, complete the Header, Part I Items 1-3, and the Submission Information section, in addition to the updated data fields. Note: For private crossings only, Part I Item 20 and Part III Item 2.K. are required unless otherwise noted. An asterisk * denotes an optional field.

A. Revision Date (MM/DD/YYYY) 09 / 23 / 2010	B. Reporting Agency <input type="checkbox"/> Railroad <input type="checkbox"/> Transit <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	C. Reason for Update (Select only one) <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 361426R
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Part I: Location and Classification Information

1. Primary Operating Railroad READING BLUE MOUNTAIN & NORTHERN RAILROAD C		2. State PENNSYLVANIA		3. County LUZERNE	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near PITTSTON		5. Street/Road Name & Block Number MARKET STREET (Street/Road Name) * (Block Number)		6. Highway Type & No. T 616	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR CP, NS		
9. Railroad Division or Region <input type="checkbox"/> None LEHIGH		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN LINE	
12. RR Milepost 0173.89 (prefix) (nnnn.nnn) (suffix)		13. Line Segment * 140501		14. Nearest RR Timetable Station * AVOCA	
15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.		19. Crossing Position <input type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input checked="" type="checkbox"/> RR Over		20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Type of Train <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter <input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0		23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard	
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number		25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established			
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 41.3146110		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -75.7767610	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		30.A. Railroad Use *		31.A. State Use *	
30.B. Railroad Use *		31.B. State Use * RBMN		30.C. Railroad Use *	
31.C. State Use *		30.D. Railroad Use *		31.D. State Use *	
32.A. Narrative (Railroad Use) *		32.B. Narrative (State Use) *			
33. Emergency Notification Telephone No. (posted) 610-562-4784		34. Railroad Contact (Telephone No.) 610-562-2100		35. State Contact (Telephone No.) 717-772-3079	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 3	1.B. Total Night Thru Trains (6 PM to 6 AM) 3	1.C. Total Switching Trains 0	1.D. Total Transit Trains	1.E. Check if Less Than One Movement Per Day <input type="checkbox"/> How many trains per week? _____
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 30 3.B. Typical Speed Range Over Crossing (mph) From 20 to 30		
4. Type and Count of Tracks Main 2 Siding Yard Transit Industry				
5. Train Detection (Main Track only) <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> Motion Detection <input type="checkbox"/> AFO <input type="checkbox"/> PTC <input type="checkbox"/> DC <input type="checkbox"/> Other <input type="checkbox"/> None				
6. Is Track Signaled? <input type="checkbox"/> Yes <input type="checkbox"/> No		7.A. Event Recorder <input type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 09/23/2010		PAGE 2		D. Crossing Inventory Number (7 char.) 361426R	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 0		2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input checked="" type="checkbox"/> None <input type="checkbox"/> W10-1 <input type="checkbox"/> W10-3 <input type="checkbox"/> W10-11 <input type="checkbox"/> W10-2 <input type="checkbox"/> W10-4 <input type="checkbox"/> W10-12	
2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count _____) <input type="checkbox"/> No		2.F. Pavement Markings <input type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None	
2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No		2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2.J. Other MUTCD Signs Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No		2.L. LED Enhanced Signs (List types)	
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 0 Pedestrian _____		3.B. Gate Configuration <input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates		3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED	
3.D. Mast Mounted Flashing Lights (count of masts) 0 <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included		3.E. Total Count of Flashing Light Pairs 0			
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) _____/_____/_____ <input type="checkbox"/> Not Required		3.G. Wayside Horn <input type="checkbox"/> Yes Installed on (MM/YYYY) ____/____/_____ <input type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3.I. Bells (count) 0		3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None			
3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____					
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No		4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs		4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	
5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____		6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None			
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes _____ <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input type="checkbox"/> No					
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/_____ <input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) _____		7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
Part V: Public Highway Information					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory		5. Linear Referencing System (LRS Route ID) *			
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year 1986 AADT _____		8. Estimated Percent Trucks _____ %		9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day 0	
10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No					
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by _____ Organization _____ Phone _____ Date _____ Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inventory Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (including pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Header, Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, Part I, and the Submission Information section. For changes to existing data, complete the Header, Part I Items 1-3, and the Submission Information section, in addition to the updated data fields. Note: For private crossings only, Part I Item 20 and Part III Item 2.K. are required unless otherwise noted. An asterisk * denotes an optional field.

A. Revision Date (MM/DD/YYYY) 06 / 23 / 2010	B. Reporting Agency <input type="checkbox"/> Railroad <input type="checkbox"/> Transit <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	C. Reason for Update (Select only one) <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 265886F
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Part I: Location and Classification Information

1. Primary Operating Railroad LUZERNE & SUSQUEHANNA RAILWAY [LSX]		2. State PENNSYLVANIA		3. County LUZERNE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near PITTSTON		5. Street/Road Name & Block Number MARKET (Street/Road Name) * (Block Number)		6. Highway Type & No. T 586	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None ATLANTIC		10. Railroad Subdivision or District <input type="checkbox"/> None LEHIGH		11. Branch or Line Name <input type="checkbox"/> None WYOMING BR	
12. RR Milepost 0003.35 (prefix) (nnnn.nnn) (suffix)					
13. Line Segment * 3.35		14. Nearest RR Timetable Station * AVOCA		15. Parent RR (if applicable) <input type="checkbox"/> N/A	
16. Crossing Owner (if applicable) <input type="checkbox"/> N/A					
17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.		19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	
20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. Type of Train <input type="checkbox"/> Freight <input type="checkbox"/> Transit <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Commuter <input type="checkbox"/> Tourist/Other		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 41.3148000		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -75.7767030	
29. Lat/Long Source <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated					
30.A. Railroad Use *			31.A. State Use *		
30.B. Railroad Use *			31.B. State Use * LSX		
30.C. Railroad Use *			31.C. State Use *		
30.D. Railroad Use *			31.D. State Use *		
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-272-0911		34. Railroad Contact (Telephone No.) 215-209-2000		35. State Contact (Telephone No.) 717-772-3079	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 0	1.B. Total Night Thru Trains (6 PM to 6 AM) 0	1.C. Total Switching Trains 1	1.D. Total Transit Trains	1.E. Check if Less Than One Movement Per Day <input type="checkbox"/> How many trains per week?
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 5 3.B. Typical Speed Range Over Crossing (mph) From 1 to 5		
4. Type and Count of Tracks Main 1 Siding Yard Transit Industry				
5. Train Detection (Main Track only) <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> Motion Detection <input type="checkbox"/> AFO <input type="checkbox"/> PTC <input type="checkbox"/> DC <input type="checkbox"/> Other <input checked="" type="checkbox"/> None				
6. Is Track Signaled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7.A. Event Recorder <input type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 06/23/2010		PAGE 2		D. Crossing Inventory Number (7 char.) 265886F						
Part III: Highway or Pathway Traffic Control Device Information										
1. Are there Signs or Signals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing <table border="1"><tr><td>2.A. Crossbuck Assemblies (count) 2</td><td>2.B. STOP Signs (R1-1) (count) 0</td><td>2.C. YIELD Signs (R1-2) (count)</td><td colspan="2">2.D. Advance Warning Signs (Check all that apply; include count) <input checked="" type="checkbox"/> None <input type="checkbox"/> W10-1 _____ <input type="checkbox"/> W10-3 _____ <input type="checkbox"/> W10-11 _____ <input type="checkbox"/> W10-2 _____ <input type="checkbox"/> W10-4 _____ <input type="checkbox"/> W10-12 _____</td></tr></table>				2.A. Crossbuck Assemblies (count) 2	2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input checked="" type="checkbox"/> None <input type="checkbox"/> W10-1 _____ <input type="checkbox"/> W10-3 _____ <input type="checkbox"/> W10-11 _____ <input type="checkbox"/> W10-2 _____ <input type="checkbox"/> W10-4 _____ <input type="checkbox"/> W10-12 _____	
2.A. Crossbuck Assemblies (count) 2	2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input checked="" type="checkbox"/> None <input type="checkbox"/> W10-1 _____ <input type="checkbox"/> W10-3 _____ <input type="checkbox"/> W10-11 _____ <input type="checkbox"/> W10-2 _____ <input type="checkbox"/> W10-4 _____ <input type="checkbox"/> W10-12 _____							
2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count _____) <input checked="" type="checkbox"/> No		2.F. Pavement Markings <input type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input type="checkbox"/> RR Xing Symbols <input checked="" type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None						
		2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No		2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input type="checkbox"/> No						
2.J. Other MUTCD Signs Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No						
2.L. LED Enhanced Signs (List types)										
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)										
3.A. Gate Arms (count) Roadway 0 Pedestrian _____		3.B. Gate Configuration <input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates		3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED						
				3.D. Mast Mounted Flashing Lights (count of masts) 0 <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included						
				3.E. Total Count of Flashing Light Pairs 0						
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) _____/_____ <input type="checkbox"/> Not Required		3.G. Wayside Horn <input type="checkbox"/> Yes Installed on (MM/YYYY) ____/_____ <input type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
				3.I. Bells (count) 0						
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____						
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs		4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance						
				5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____						
				6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes – Vehicle Presence Detection <input type="checkbox"/> None						
Part IV: Physical Characteristics										
1. Traffic Lanes Crossing Railroad Number of Lanes 2		<input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
				3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
				4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/_____ <input type="checkbox"/> 1 Timber <input checked="" type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____										
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) 75		7. Smallest Crossing Angle <input type="checkbox"/> 0° – 29° <input type="checkbox"/> 30° – 59° <input checked="" type="checkbox"/> 60° – 90°		8. Is Commercial Power Available? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Part V: Public Highway Information										
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input checked="" type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input checked="" type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input checked="" type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
				4. Highway Speed Limit 25 MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory						
				5. Linear Referencing System (LRS Route ID) *						
				6. LRS Milepost *						
7. Annual Average Daily Traffic (AADT) Year 2009 AADT 000513		8. Estimated Percent Trucks 04 %		9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day 0						
				10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No						
Submission Information - This information is used for administrative purposes and is not available on the public website.										
Submitted by _____ Organization _____ Phone _____ Date _____										
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.										

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inventory Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (including pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Header, Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, Part I, and the Submission Information section. For changes to existing data, complete the Header, Part I Items 1-3, and the Submission Information section, in addition to the updated data fields. Note: For private crossings only, Part I Item 20 and Part III Item 2.K. are required unless otherwise noted. An asterisk * denotes an optional field.

A. Revision Date (MM/DD/YYYY) 06 / 23 / 2010	B. Reporting Agency <input type="checkbox"/> Railroad <input type="checkbox"/> Transit <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	C. Reason for Update (Select only one) <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 265890V
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Part I: Location and Classification Information

1. Primary Operating Railroad LUZERNE & SUSQUEHANNA RAILWAY [LSX]		2. State PENNSYLVANIA		3. County LUZERNE	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near PITTSTON		5. Street/Road Name & Block Number SOUTH MAIN ST (Street/Road Name) * (Block Number)		6. Highway Type & No. LR40038	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None ATLANTIC		10. Railroad Subdivision or District <input type="checkbox"/> None LEHIGH		11. Branch or Line Name <input type="checkbox"/> None WYOMING BR	
12. RR Milepost 0002.30 (prefix) (nnnn.nnn) (suffix)					
13. Line Segment * 2.30		14. Nearest RR Timetable Station * AVOCA		15. Parent RR (if applicable) <input type="checkbox"/> N/A	
16. Crossing Owner (if applicable) <input type="checkbox"/> N/A					
17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.		19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	
20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. Type of Train <input type="checkbox"/> Freight <input type="checkbox"/> Transit <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Commuter <input type="checkbox"/> Tourist/Other		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 41.3233570		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -75.7796550	
29. Lat/Long Source <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated					
30.A. Railroad Use *			31.A. State Use *		
30.B. Railroad Use *			31.B. State Use * LSX		
30.C. Railroad Use *			31.C. State Use *		
30.D. Railroad Use *			31.D. State Use *		
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-272-0911		34. Railroad Contact (Telephone No.) 215-209-2000		35. State Contact (Telephone No.) 717-772-3079	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 0	1.B. Total Night Thru Trains (6 PM to 6 AM) 0	1.C. Total Switching Trains 1	1.D. Total Transit Trains	1.E. Check if Less Than One Movement Per Day <input type="checkbox"/> How many trains per week?
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 5 3.B. Typical Speed Range Over Crossing (mph) From 1 to 5		
4. Type and Count of Tracks Main 1 Siding Yard Transit Industry				
5. Train Detection (Main Track only) <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> Motion Detection <input type="checkbox"/> AFO <input type="checkbox"/> PTC <input type="checkbox"/> DC <input type="checkbox"/> Other <input checked="" type="checkbox"/> None				
6. Is Track Signaled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7.A. Event Recorder <input type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 06/23/2010		PAGE 2		D. Crossing Inventory Number (7 char.) 265890V	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 0		2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input checked="" type="checkbox"/> None <input type="checkbox"/> W10-1 <input type="checkbox"/> W10-3 <input type="checkbox"/> W10-11 <input type="checkbox"/> W10-2 <input type="checkbox"/> W10-4 <input type="checkbox"/> W10-12	
2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count _____) <input checked="" type="checkbox"/> No		2.F. Pavement Markings <input type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input type="checkbox"/> RR Xing Symbols <input checked="" type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None	
2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No		2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____	
2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No		2.L. LED Enhanced Signs (List types)			
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 0 Pedestrian _____		3.B. Gate Configuration <input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates <input type="checkbox"/> 4 Quad		3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED	
3.D. Mast Mounted Flashing Lights (count of masts) 2 <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included		3.E. Total Count of Flashing Light Pairs 0		3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) _____/_____/_____ <input type="checkbox"/> Not Required	
3.G. Wayside Horn <input type="checkbox"/> Yes Installed on (MM/YYYY) ____/____/_____ <input type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.I. Bells (count) 0	
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs		4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	
5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____		6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None			
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes 2 <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/_____ <input type="checkbox"/> 1 Timber <input checked="" type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____			
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) 75		7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Part V: Public Highway Information					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input checked="" type="checkbox"/> (03) Federal AID, Not NHS <input type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input checked="" type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input checked="" type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Highway Speed Limit 35 _____ MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory		5. Linear Referencing System (LRS Route ID) *			
6. LRS Milepost *		7. Annual Average Daily Traffic (AADT) Year 2009 AADT 000324			
8. Estimated Percent Trucks 30 _____ %		9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day 0		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No	
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by _____ Organization _____ Phone _____ Date _____ Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inventory Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (including pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Header, Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, Part I, and the Submission Information section. For changes to existing data, complete the Header, Part I Items 1-3, and the Submission Information section, in addition to the updated data fields. Note: For private crossings only, Part I Item 20 and Part III Item 2.K. are required unless otherwise noted. An asterisk * denotes an optional field.

A. Revision Date (MM/DD/YYYY) 09 / 13 / 2020	B. Reporting Agency <input type="checkbox"/> Railroad <input type="checkbox"/> Transit <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	C. Reason for Update (Select only one) <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 265882D
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Part I: Location and Classification Information

1. Primary Operating Railroad LUZERNE & SUSQUEHANNA RAILWAY [LSX]		2. State PENNSYLVANIA		3. County LUZERNE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near HUGHESTOWN		5. Street/Road Name & Block Number ROCK ST (Street/Road Name) * (Block Number)		6. Highway Type & No. LR40109	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None ATLANTIC		10. Railroad Subdivision or District <input type="checkbox"/> None LEHIGH		11. Branch or Line Name <input type="checkbox"/> None WYOMING BR	
12. RR Milepost 0004.08 (prefix) (nnnn.nnn) (suffix)					
13. Line Segment * 4.08		14. Nearest RR Timetable Station * AVOCA		15. Parent RR (if applicable) <input type="checkbox"/> N/A	
16. Crossing Owner (if applicable) <input type="checkbox"/> N/A					
17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.		19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	
20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. Type of Train <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter <input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 41.3223300		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -75.7800200	
				29. Lat/Long Source <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated	
30.A. Railroad Use *			31.A. State Use *		
30.B. Railroad Use *			31.B. State Use * LSX		
30.C. Railroad Use *			31.C. State Use *		
30.D. Railroad Use *			31.D. State Use *		
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-272-0911		34. Railroad Contact (Telephone No.) 215-209-2000		35. State Contact (Telephone No.) 717-772-3079	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 0	1.B. Total Night Thru Trains (6 PM to 6 AM) 0	1.C. Total Switching Trains 1	1.D. Total Transit Trains	1.E. Check if Less Than One Movement Per Day <input type="checkbox"/> How many trains per week?
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 5 3.B. Typical Speed Range Over Crossing (mph) From 1 to 5		
4. Type and Count of Tracks Main 1 Siding 1 Yard Transit Industry				
5. Train Detection (Main Track only) <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> Motion Detection <input type="checkbox"/> AFO <input type="checkbox"/> PTC <input type="checkbox"/> DC <input type="checkbox"/> Other <input checked="" type="checkbox"/> None				
6. Is Track Signaled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7.A. Event Recorder <input type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 09/13/2020		PAGE 2		D. Crossing Inventory Number (7 char.) 265882D	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 2		2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None <input type="checkbox"/> W10-1 <input type="checkbox"/> W10-3 <input type="checkbox"/> W10-11 <input type="checkbox"/> W10-2 <input type="checkbox"/> W10-4 <input type="checkbox"/> W10-12	
2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count _____) <input type="checkbox"/> No		2.F. Pavement Markings <input type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input type="checkbox"/> RR Xing Symbols <input checked="" type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input checked="" type="checkbox"/> None	
2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No		2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2.J. Other MUTCD Signs Specify Type _____ Count 0 Specify Type _____ Count 0 Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No		2.L. LED Enhanced Signs (List types)	
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 0 Pedestrian _____		3.B. Gate Configuration <input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates <input type="checkbox"/> 4 Quad		3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED	
3.D. Mast Mounted Flashing Lights (count of masts) 0 <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included		3.E. Total Count of Flashing Light Pairs 0			
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) _____/_____/_____ <input type="checkbox"/> Not Required		3.G. Wayside Horn <input type="checkbox"/> Yes Installed on (MM/YYYY) ____/____/_____ <input type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3.I. Bells (count) 0		3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None			
3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____					
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs		4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	
5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____		6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None			
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes 2 <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/_____ <input type="checkbox"/> 1 Timber <input checked="" type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) 0		7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Part V: Public Highway Information					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input type="checkbox"/> (08) Non-Federal AID		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input checked="" type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Highway Speed Limit 25 _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory		5. Linear Referencing System (LRS Route ID) *			
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year 2019 AADT 1225		8. Estimated Percent Trucks 2 _____ %		9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day 0	
10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No					
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by _____ Organization _____ Phone _____ Date _____ Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

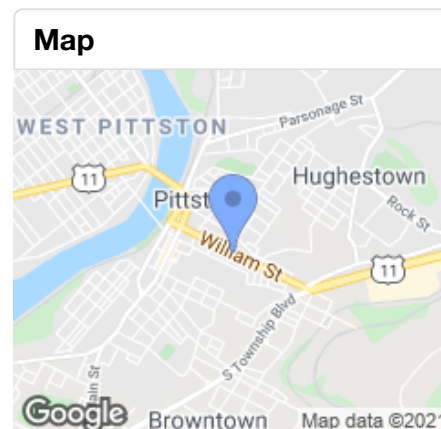


TMS Site 3160: Traffic Monitoring Report

Location Description: 100 FEET NORTH OF FORD STREET

Details	
Type of Count	MACHINE CLASS
Type of Site	Portable
Schedule	1 TIME/YR
Duration	24 HRS
Frequency Cycle	03
Cycle Year	01

Location	
County	LUZERNE (40)
Route	0011
Segment	0740
Offset	1490
Latitude	41.32164
Longitude	-75.78516








Traffic Data				
Date	Volume	Truck Volume	Truck %	Volume Graph
Sep 19, 2018	12,391	636	5.1	
Aug 04, 2015	11,485	602	5.2	
Jun 19, 2012	12,237			
July 13, 2011	12,849			
Sep 29, 2009	11,161			
Oct 16, 2008	12,603			
Jun 06, 2006	12,711			
Aug 31, 2004	2,277	216	9.5	
Jun 03, 2003	13,441			
May 17, 2001	12,861			
Apr 25, 2000	13,567			
May 07, 1998	12,306			
Sep 19, 1995	12,299			



TMS Site 18489: Traffic Monitoring Report

Location Description: On Broad St between Main St and Church St.

Details		Location		Map
Type of Count	VOLUME	County	LUZERNE (40)	
Type of Site	Portable	Route	2023	
Schedule	1 TIME/YR	Segment	0021	
Duration	24 HRS	Offset	0324	
Frequency Cycle	05	Latitude	41.32251	
Cycle Year	03	Longitude	-75.79019	

Traffic Data				
Date	Volume	Truck Volume	Truck %	Volume Graph
Nov 02, 2016	741	17	2.3	
Oct 18, 2011	1,395			
Nov 15, 2006	4,073			
Nov 15, 2001	3,656			

Site Contamination and Toxic Substances

Code of Federal Regulations, 24 CFR Part 50.3(i) & 58.5(i)(2)

Toxic Chemicals and Radioactive Materials. The location of toxic sites may be found in the U.S. EPA's list of sites declared toxic under CERCLA and RCRA. For other possible polluted sites, site inspections and building and use permit records as well as Sanborn Co. maps show previous land uses which could have left toxic residues.

For non-FHA-insured programs, the environmental review record should contain **one** of the following:

- Evidence the site is not contaminated (for multifamily housing projects this includes on site and off site contamination and previous uses of the site); a Phase I Environmental Site Assessment is strongly encouraged for multifamily and non-residential projects
- Evidence supporting a determination the hazard will not affect health and safety of the occupants or conflict with the intended use of the site, including any mitigation measures used
- Documentation the site has been cleaned up according to EPA or state standards for residential properties, which requires a letter of "No Further Action" (NFA) required from the appropriate state department/agency, or a RAO letter from the LSRP

Contamination and Toxic Substances (Multifamily and Non-Residential Properties)

General requirements	Legislation	Regulations
It is HUD policy that all properties that are being proposed for use in HUD programs be free of hazardous materials, contamination, toxic chemicals and gases, and radioactive substances, where a hazard could affect the health and safety of the occupants or conflict with the intended utilization of the property.		24 CFR 58.5(i)(2) 24 CFR 50.3(i)
Reference		
https://www.hudexchange.info/programs/environmental-review/site-contamination		

1. How was site contamination evaluated?² Select all that apply.

- ☐ ASTM Phase I ESA
- ☐ ASTM Phase II ESA
- ☐ Remediation or clean-up plan
- ☐ ASTM Vapor Encroachment Screening
- ☒ None of the above

→ Provide documentation and reports and include an explanation of how site contamination was evaluated in the Worksheet Summary.

Continue to Question 2.

2. Were any on-site or nearby toxic, hazardous, or radioactive substances found that could affect the health and safety of project occupants or conflict with the intended use of the property? (Were any recognized environmental conditions or RECs identified in a Phase I ESA and confirmed in a Phase II ESA?)

- ☒ No

Explain:

There were 6 RCRA and 1 Superfund sites located near the project. All sites have been in compliance and have no violations reported. The Butler Mine Tunnel (BMT) Superfund Site (Site) is in Luzerne County, Pennsylvania. The EPA Comprehensive Five-Year Review Guidance (OSWER Guidance No. 9355.7-03B-P) defines "unlimited use and unrestricted exposure" (UU/UE) as follows: "UU/UE means that the selected remedy will place no restrictions on the potential use of land or other natural resources. The selected remedy is complete. EPA remedial response is complete at the Butler Mine Tunnel Site. See attached reports.

² HUD regulations at 24 CFR § 58.5(i)(2)(ii) require that the environmental review for multifamily housing with five or more dwelling units or non-residential property include the evaluation of previous uses of the site or other evidence of contamination on or near the site. For acquisition and new construction of multifamily and nonresidential properties HUD strongly advises the review include an ASTM Phase I Environmental Site Assessment (ESA) to meet real estate transaction standards of due diligence and to help ensure compliance with HUD's toxic policy at 24 CFR §58.5(i) and 24 CFR §50.3(i). Also note that some HUD programs require an ASTM Phase I ESA.

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below.

☐ Yes.

→ Describe the findings, including any recognized environmental conditions (RECs), in Worksheet Summary below. Continue to Question 3.

3. Mitigation

Document the mitigation needed according to the requirements of the appropriate federal, state, tribal, or local oversight agency. If the adverse environmental effects cannot be mitigated, then HUD assistance may not be used for the project at this site.

Can adverse environmental impacts be mitigated?

☐ Adverse environmental impacts cannot feasibly be mitigated

→ Project cannot proceed at this location.

☐ Yes, adverse environmental impacts can be eliminated through mitigation.

→ Provide all mitigation requirements³ and documents. Continue to Question 4.

4. Describe how compliance was achieved. Include any of the following that apply: State Voluntary Clean-up Program, a No Further Action letter, use of engineering controls⁴, or use of institutional controls⁵.

If a remediation plan or clean-up program was necessary, which standard does it follow?

☐ Complete removal

→ Continue to the Worksheet Summary.

³ Mitigation requirements include all clean-up actions required by applicable federal, state, tribal, or local law. Additionally, provide, as applicable, the long-term operations and maintenance plan, Remedial Action Work Plan, and other equivalent documents.

⁴ Engineering controls are any physical mechanism used to contain or stabilize contamination or ensure the effectiveness of a remedial action. Engineering controls may include, without limitation, caps, covers, dikes, trenches, leachate collection systems, signs, fences, physical access controls, ground water monitoring systems and ground water containment systems including, without limitation, slurry walls and ground water pumping systems.

⁵ Institutional controls are mechanisms used to limit human activities at or near a contaminated site, or to ensure the effectiveness of the remedial action over time, when contaminants remain at a site at levels above the applicable remediation standard which would allow for unrestricted use of the property. Institutional controls may include structure, land, and natural resource use restrictions, well restriction areas, classification exception areas, deed notices, and declarations of environmental restrictions.

☐ Risk-based corrective action (RBCA)

→ *Continue to the Worksheet Summary.*

Worksheet Summary

Compliance Determination

Provide a clear description of your determination and a synopsis of the information that it was based on, such as:

- Map panel numbers and dates
- Names of all consulted parties and relevant consultation dates
- Names of plans or reports and relevant page numbers
- Any additional requirements specific to your region

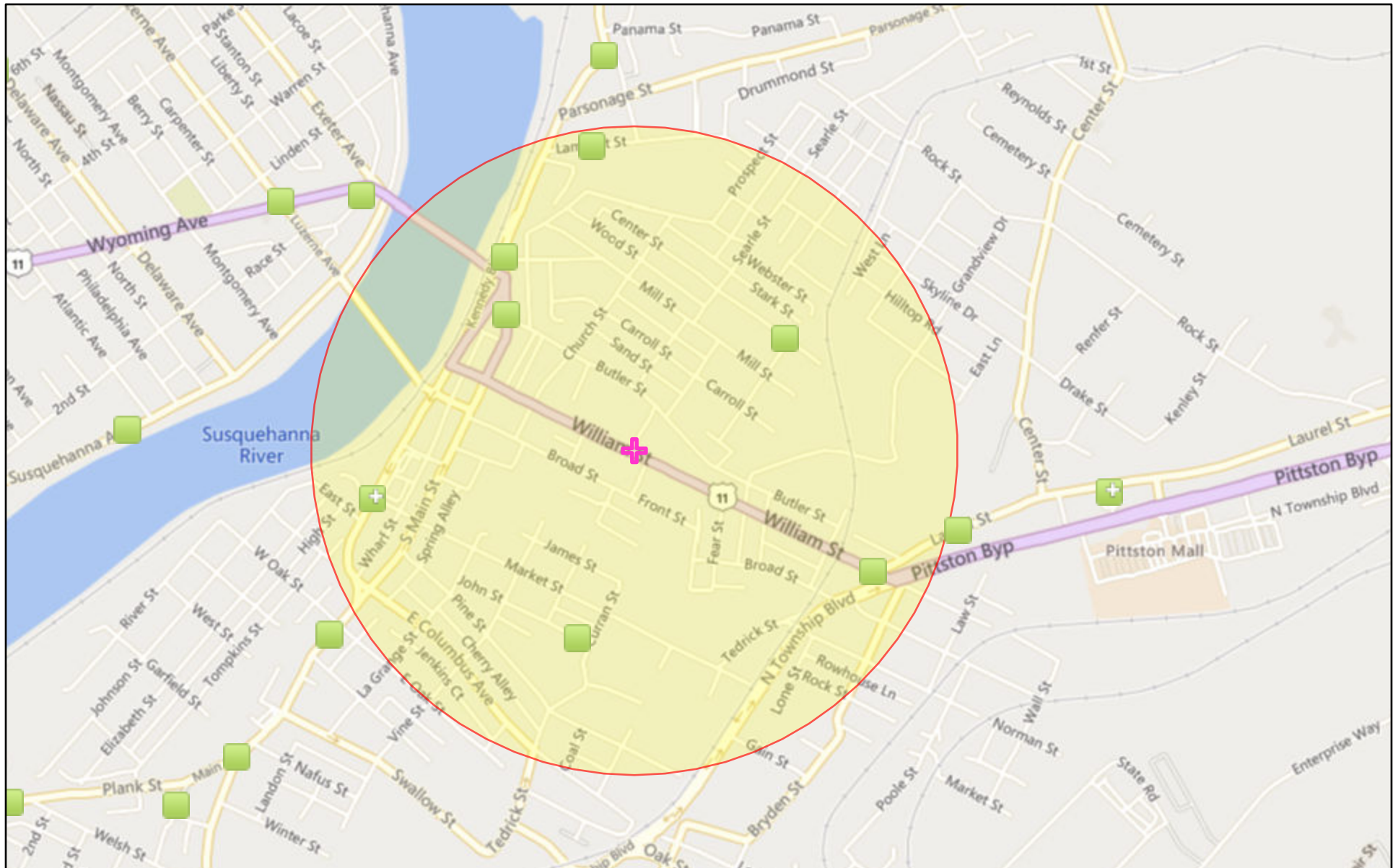
There were 6 RCRA and 1 Superfund sites located near the project. All sites have been in compliance and have no violations reported. The Butler Mine Tunnel (BMT) Superfund Site (Site) is in Luzerne County, Pennsylvania. The EPA Comprehensive Five-Year Review Guidance (OSWER Guidance No. 9355.7-03B-P) defines "unlimited use and unrestricted exposure" (UU/UE) as follows: "UU/UE means that the selected remedy will place no restrictions on the potential use of land or other natural resources. The selected remedy is complete. EPA remedial response is complete at the Butler Mine Tunnel Site. See attached reports.

Are formal compliance steps or mitigation required?





☐ Yes

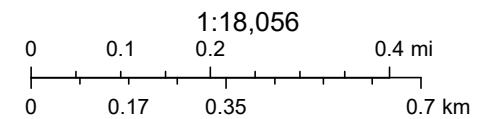
☒ No

RCRA_ACRES



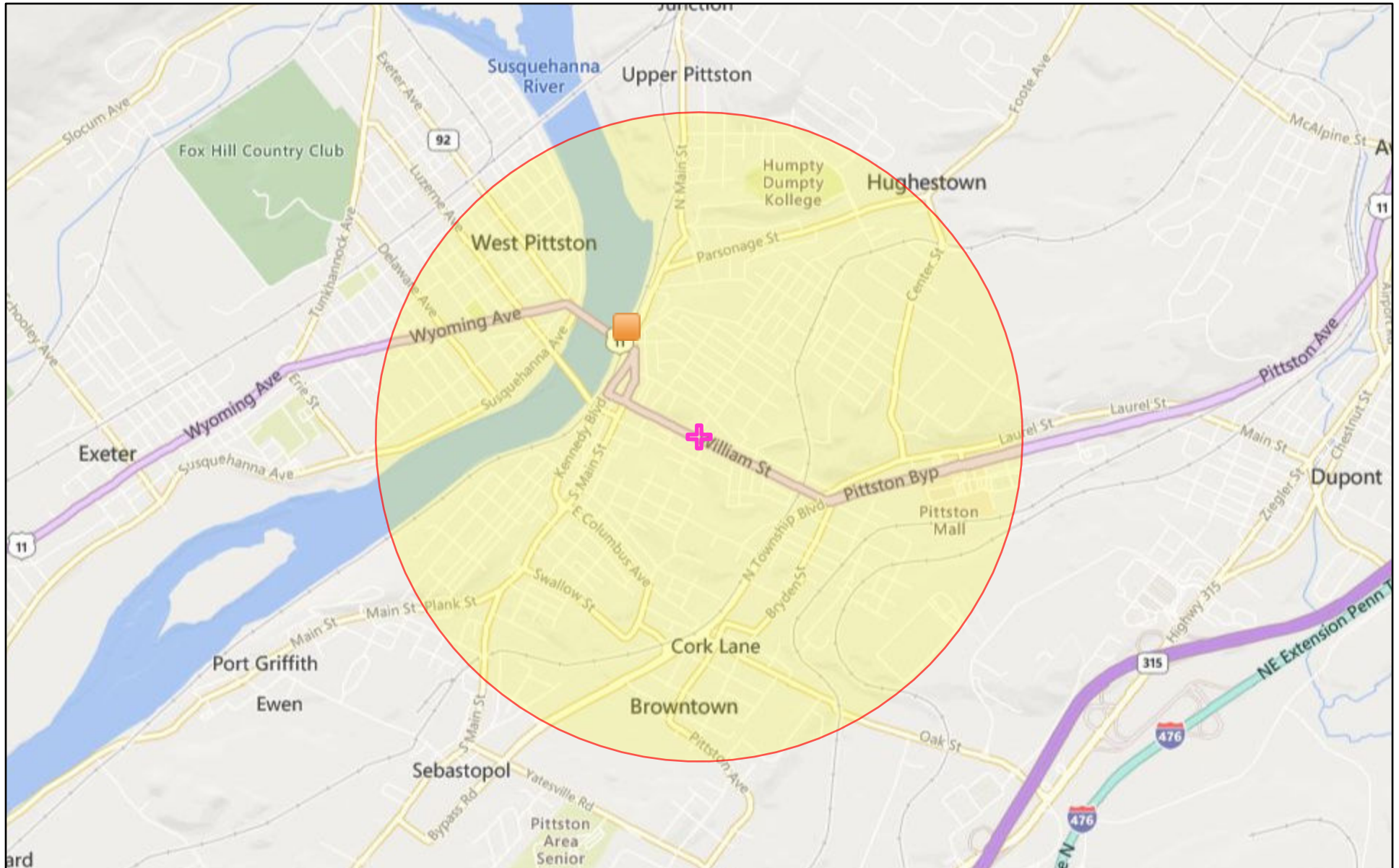
March 22, 2021

-  Hazardous Waste (RCRAInfo)
-  Project Buffer
-  Hazardous Waste (RCRAInfo)
-  Search Result (point)






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Superfund



March 22, 2021

-  Superfund (NPL)
-  Search Result (point)
-  Project Buffer

1:36,112
0 0.23 0.45 0.9 mi
0 0.35 0.7 1.4 km
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Detailed Facility Report

Facility Summary

BUTLER MINE TUNNEL

SUSQUEHANNA RIVER, PITTSTON, PA 18640

FRS (Facility Registry Service) ID: 110009322580

EPA Region: 03

Latitude: 41.3268

Longitude: -75.7899

Locational Data Source: SEMS

Industry: No description found

Indian Country: N

Enforcement and Compliance Summary

Statute
No data records returned

Regulatory Information

Clean Air Act (CAA): No Information

Clean Water Act (CWA): No Information

Resource Conservation and Recovery Act (RCRA): No Information

Safe Drinking Water Act (SDWA): No Information

Other Regulatory Reports

Air Emissions Inventory (EIS): No Information

Greenhouse Gas Emissions (eGGRT): No Information

Toxic Releases (TRI): No Information

Compliance and Emissions Data Reporting Interface (CEDRI): No Information

Known Data Problems

Facility/System Characteristics

Facility/System Characteristics

System	Statute	Identifier	Universe	Status	Areas	Permit Expiration Date	Indian Country	Latitude	Longitude
FRS		110009322580					N	41.3268	-75.7899
ICIS		44735					N		
SEMS	CERCLA	PAD980508451		CURRENTLY ON THE FINAL NPL			N		

Facility Address

System	Statute	Identifier	Facility Name	Facility Address
FRS		110009322580	BUTLER MINE TUNNEL	SUSQUEHANNA RIVER, PITTSTON, PA 18640
ICIS		44735	BUTLER MINE TUNNEL	SUSQUEHANNA RIVER, PITTSTON, PA 18640
SEMS	CERCLA	PAD980508451	BUTLER MINE TUNNEL	SUSQUEHANNA RIVER, PITTSTON TOWNSHIP, PA 18640

Facility SIC (Standard Industrial Classification) Codes

System	Identifier	SIC Code	SIC Description
No data records returned			

Facility NAICS (North American Industry Classification System) Codes

System	Identifier	NAICS Code	NAICS Description
No data records returned			

Facility Tribe Information

Reservation Name	Tribe Name	EPA Tribal ID	Distance to Tribe (miles)
No data records returned			

Enforcement and Compliance

Compliance Monitoring History (5 years)

Statute	Source ID	System	Activity Type	Compliance Monitoring Type	Lead Agency	Date	Finding (if applicable)
No data records returned							

Entries in italics are not counted in EPA compliance monitoring strategies or annual results.

Compliance Summary Data

Statute	Source ID	Current SNC (Significant Noncompliance)/HPV (High Priority Violation)	Current As Of	Qtrs with NC (Noncompliance) (of 12)	Data Last Refreshed
No data records returned					

Three-Year Compliance History by Quarter

No compliance records found.									
------------------------------	--	--	--	--	--	--	--	--	--

Informal Enforcement Actions (5 Years)

Statute	System	Source ID	Type of Action	Lead Agency	Date
No data records returned					

Entries in italics are not counted as "informal enforcement actions" in EPA policies pertaining to enforcement response tools.

Formal Enforcement Actions (5 Years)

Statute	System	Law/Section	Source ID	Action Type	Case No.	Lead Agency	Case Name	Issued/Filed Date	Settlements/Actions	Settlement/Action Date	Federal Penalty Assessed	State/Local Penalty Assessed	SEP Cost	Comp Action Cost
No data records returned														

Environmental Conditions

Watershed(s)

12-Digit WBD (Watershed Boundary Dataset) HUC (RAD (Reach Address Database))	WBD (Watershed Boundary Dataset) Subwatershed Name (RAD (Reach Address Database))	State Water Body Name (ICIS (Integrated Compliance Information System))	Beach Closures Within Last Year	Beach Closures Within Last Two Years	Pollutants Potentially Related to Impairment	Watershed with ESA (Endangered Species Act)-listed Aquatic Species?
No data records returned						

Assessed Waters From Latest State Submission (ATTAINS)

State	Report Cycle	Assessment Unit ID	Assessment Unit Name	Water Condition	Cause Groups Impaired	Drinking Water Use	Aquatic Life	Fish Consumption Use	Recreation Use	Other Use
No data records returned										

Air Quality Nonattainment Areas

Pollutant	Within Nonattainment Status Area?	Nonattainment Status Applicable Standard(s)	Within Maintenance Status Area?	Maintenance Status Applicable Standard(s)
Ozone	Yes	1-Hour Ozone (1979)	No	
Lead	No		No	
Particulate Matter	No		No	
Carbon Monoxide	No		No	
Sulfur Dioxide	No		No	

Pollutants

Toxics Release Inventory History of Reported Chemicals Released in Pounds per Year at Site

TRI Facility ID	Year	Total Air Emissions	Surface Water Discharges	Off-Site Transfers to POTWs (Publicly Owned Treatment Works)	Underground Injections	Releases to Land	Total On-site Releases	Total Off-site Transfers
No data records returned								

Toxics Release Inventory Total Releases and Transfers in Pounds by Chemical and Year

Chemical Name
No data records returned

Demographic Profile

EJSCREEN EJ Indexes

Eleven primary environmental justice (EJ) indexes of EJSCREEN, EPA's screening tool for EJ concerns. EPA uses these indexes to identify geographic areas that may warrant further consideration or analysis for potential EJ concerns. The index values below are for the Census block group in which the facility is located. Note that use of these indexes does not designate an area as an "EJ community" or "EJ facility." EJSCREEN provides screening level indicators, not a determination of the existence or absence of EJ concerns. For more information, see the [EJSCREEN home page](#).

Census Block Group EJ Indexes (percentile)	
Particulate Matter (PM 2.5)	53.5
Ozone NATA Diesel PM	53.7
NATA Air Toxics Cancer Risk	54
NATA Respiratory Hazard Index (HI)	54.2
Traffic Proximity	38
Lead Paint Indicator	29.5
Superfund Proximity	8
Risk Management Plan (RMP) Proximity	29.9
Hazardous Waste Proximity	33.9
Wastewater Discharge Proximity	11

Number of EJ Indexes Above 80th Percentile
0

[View EJSSCREEN Report](#)

Demographic Profile of Surrounding Area (3 Miles)

This section provides demographic information regarding the community surrounding the facility. ECHO compliance data alone are not sufficient to determine whether violations at a particular facility had negative impacts on public health or the environment. Statistics are based upon the 2010 U.S. Census and 2006-2010 American Community Survey 5-Year Summary and are accurate to the extent that the facility latitude and longitude listed below are correct. EPA’s spatial processing methodology considers the overlap between the selected radii and the census blocks (for U.S. Census demographics) and census block groups (for ACS demographics) in determining the demographics surrounding the facility. For more detail about this methodology, see the [DFR Data Dictionary](#).

General Statistics	
Total Persons	42,083
Population Density	1,555/sq.mi.
Percent Minority	4%
Households in Area	18,472
Housing Units in Area	20,134
Households on Public Assistance	389
Persons Below Poverty Level	11,877

Geography	
Radius of Selected Area	3 mi.
Center Latitude	41.3268
Center Longitude	-75.7899
Land Area	96%
Water Area	4%

Income Breakdown - Households (%)	
Less than \$15,000	2,502 (13.85%)
\$15,000 - \$25,000	2,408 (13.33%)
\$25,000 - \$50,000	5,299 (29.33%)
\$50,000 - \$75,000	3,439 (19.03%)
Greater than \$75,000	4,419 (24.46%)

Age Breakdown - Persons (%)	
Children 5 years and younger	2,033 (5%)
Minors 17 years and younger	8,037 (19%)
Adults 18 years and older	34,047 (81%)
Seniors 65 years and older	8,627 (21%)

Race Breakdown - Persons (%)	
White	40,868 (97%)
African-American	382 (1%)
Hispanic-Origin	663 (2%)
Asian/Pacific Islander	263 (1%)
American Indian	50 (0%)
Other/Multiracial	521 (1%)

Education Level (Persons 25 & older) - Persons (%)	
Less than 9th Grade	992 (3.23%)
9th through 12th Grade	2,640 (8.59%)
High School Diploma	11,761 (38.25%)
Some College/2-year	8,518 (27.7%)
B.S./B.A. (Bachelor of Science/Bachelor of Arts) or More	6,835 (22.23%)

Detailed Facility Report

Facility Summary

R & M COLLISION SVC

316 WILLIAM ST, PITTSTON TOWNSHIP, PA

18640

FRS (Facility Registry Service) ID: 110001077922

EPA Region: 03

Latitude: 41.31919

Longitude: -75.77849

Locational Data Source: FRS

Industry: No description found

Indian Country: N

Enforcement and Compliance Summary

Statute	RCRA
Insp (5 Years)	--
Date of Last Inspection	--
Current Compliance Status	No Violation Identified
Qtrs with NC (of 12)	0
Qtrs with Significant Violation	0
Informal Enforcement Actions (5 years)	--
Formal Enforcement Actions (5 years)	--
Penalties from Formal Enforcement Actions (5 years)	--
EPA Cases (5 years)	--
Penalties from EPA Cases (5 years)	--

Regulatory Information

Clean Air Act (CAA): No Information

Clean Water Act (CWA): No Information

Resource Conservation and Recovery Act (RCRA): Active (PAD135903193)

Safe Drinking Water Act (SDWA): No Information

Other Regulatory Reports

Air Emissions Inventory (EIS): No Information
Greenhouse Gas Emissions (eGGRT): No Information
Toxic Releases (TRI): No Information
Compliance and Emissions Data Reporting Interface (CEDRI): No Information

Known Data Problems

Facility/System Characteristics

Facility/System Characteristics

System	Statute	Identifier	Universe	Status	Areas	Permit Expiration Date	Indian Country	Latitude	Longitude
FRS		110001077922					N	41.31919	-75.77849
RCRAInfo	RCRA	PAD135903193	SQG	Active (H)			N	41.319157	-75.778213

Facility Address

System	Statute	Identifier	Facility Name	Facility Address
FRS		110001077922	R & M COLLISION SVC	316 WILLIAM ST, PITTSTON TOWNSHIP, PA 18640
RCRAInfo	RCRA	PAD135903193	R & M COLLISION SERVICE	316 WILLIAM ST, PITTSTON, PA 18640

Facility SIC (Standard Industrial Classification) Codes

System	Identifier	SIC Code	SIC Description
No data records returned			

Facility NAICS (North American Industry Classification System) Codes

System	Identifier	NAICS Code	NAICS Description
No data records returned			

Facility Tribe Information

Reservation Name	Tribe Name	EPA Tribal ID	Distance to Tribe (miles)
No data records returned			

Enforcement and Compliance

Compliance Monitoring History (5 years)

Statute	Source ID	System	Activity Type	Compliance Monitoring Type	Lead Agency	Date	Finding (if applicable)
No data records returned							

Entries in italics are not counted in EPA compliance monitoring strategies or annual results.

Compliance Summary Data

Statute	Source ID	Current SNC (Significant Noncompliance)/HPV (High Priority Violation)	Current As Of	Qtrs with NC (Noncompliance) (of 12)	Data Last Refreshed
RCRA	PAD135903193	No	01/23/2021	0	01/22/2021

Three-Year Compliance History by Quarter

Statute	Program/Pollutant/Violation Type	QTR 1	QTR 2	QTR 3	QTR 4	QTR 5	QTR 6	QTR 7	QTR 8	QTR 9	QTR 10	QTR 11	QTR 12+
RCRA (Source ID: PAD135903193)		04/01-06/30/18	07/01-09/30/18	10/01-12/31/18	01/01-03/31/19	04/01-06/30/19	07/01-09/30/19	10/01-12/31/19	01/01-03/31/20	04/01-06/30/20	07/01-09/30/20	10/01-12/31/20	01/01-03/31/21
	Facility-Level Status	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified

Informal Enforcement Actions (5 Years)

Statute	System	Source ID	Type of Action	Lead Agency	Date
No data records returned					

Entries in italics are not counted as "informal enforcement actions" in EPA policies pertaining to enforcement response tools.

Formal Enforcement Actions (5 Years)

Statute	System	Law/Section	Source ID	Action Type	Case No.	Lead Agency	Case Name	Issued/Filed Date	Settlements/Actions	Settlement/Action Date	Federal Penalty Assessed	State/Local Penalty Assessed	SEP Cost	Comp Action Cost
No data records returned														

Environmental Conditions

Watershed(s)

12-Digit WBD (Watershed Boundary Dataset) HUC (RAD (Reach Address Database))	WBD (Watershed Boundary Dataset) Subwatershed Name (RAD (Reach Address Database))	State Water Body Name (ICIS (Integrated Compliance Information System))	Beach Closures Within Last Year	Beach Closures Within Last Two Years	Pollutants Potentially Related to Impairment	Watershed with ESA (Endangered Species Act)-listed Aquatic Species?
No data records returned						

Assessed Waters From Latest State Submission (ATTAINS)

State	Report Cycle	Assessment Unit ID	Assessment Unit Name	Water Condition	Cause Groups Impaired	Drinking Water Use	Aquatic Life	Fish Consumption Use	Recreation Use	Other Use
No data records returned										

Air Quality Nonattainment Areas

Pollutant	Within Nonattainment Status Area?	Nonattainment Status Applicable Standard(s)	Within Maintenance Status Area?	Maintenance Status Applicable Standard(s)
Ozone	Yes	1-Hour Ozone (1979)	No	
Lead	No		No	
Particulate Matter	No		No	
Carbon Monoxide	No		No	
Sulfur Dioxide	No		No	

Pollutants

Toxics Release Inventory History of Reported Chemicals Released in Pounds per Year at Site

TRI Facility ID	Year	Total Air Emissions	Surface Water Discharges	Off-Site Transfers to POTWs (Publicly Owned Treatment Works)	Underground Injections	Releases to Land	Total On-site Releases	Total Off-site Transfers
No data records returned								

Toxics Release Inventory Total Releases and Transfers in Pounds by Chemical and Year

Chemical Name
No data records returned

Demographic Profile

EJSCREEN EJ Indexes

Eleven primary environmental justice (EJ) indexes of EJSCREEN, EPA's screening tool for EJ concerns. EPA uses these indexes to identify geographic areas that may warrant further consideration or analysis for potential EJ concerns. The index values below are for the Census block group in which the facility is located. Note that use of these indexes does not designate an area as an "EJ community" or "EJ facility." EJSCREEN provides screening level indicators, not a determination of the existence or absence of EJ concerns. For more information, see the [EJSCREEN home page](#).

Census Block Group EJ Indexes (percentile)	
Particulate Matter (PM 2.5)	28.3
Ozone NATA Diesel PM	29.7
NATA Air Toxics Cancer Risk	31
NATA Respiratory Hazard Index (HI)	31.9
Traffic Proximity	26.3
Lead Paint Indicator	2.3
Superfund Proximity	.3
Risk Management Plan (RMP) Proximity	8.3
Hazardous Waste Proximity	12.8
Wastewater Discharge Proximity	7.7

Number of EJ Indexes Above 80th Percentile
0

[View EJSCREEN Report](#)

Demographic Profile of Surrounding Area (3 Miles)

This section provides demographic information regarding the community surrounding the facility. ECHO compliance data alone are not sufficient to determine whether violations at a particular facility had negative impacts on public health or the environment. Statistics are based upon the 2010 U.S. Census and 2006-2010 American Community Survey 5-Year Summary and are accurate to the extent that the facility latitude and longitude listed below are correct. EPA's spatial processing methodology considers the overlap between the selected radii and the census blocks (for U.S. Census demographics) and census block groups (for ACS demographics) in determining the demographics surrounding the facility. For more detail about this methodology, see the [DFR Data Dictionary](#).

General Statistics	
Total Persons	40,364
Population Density	1,482/sq.mi.
Percent Minority	4%
Households in Area	17,668
Housing Units in Area	19,254
Households on Public Assistance	384
Persons Below Poverty Level	11,444

Geography	
Radius of Selected Area	3 mi.
Center Latitude	41.31919
Center Longitude	-75.77849
Land Area	97%
Water Area	3%

Income Breakdown - Households (%)	
Less than \$15,000	2,397 (13.85%)
\$15,000 - \$25,000	2,276 (13.15%)
\$25,000 - \$50,000	5,067 (29.28%)
\$50,000 - \$75,000	3,336 (19.28%)

Age Breakdown - Persons (%)	
Children 5 years and younger	1,952 (5%)
Minors 17 years and younger	7,735 (19%)
Adults 18 years and older	32,629 (81%)
Seniors 65 years and older	8,276 (21%)

Race Breakdown - Persons (%)	
White	39,158 (97%)
African-American	401 (1%)
Hispanic-Origin	657 (2%)
Asian/Pacific Islander	255 (1%)
American Indian	43 (0%)
Other/Multiracial	506 (1%)

Education Level (Persons 25 & older) - Persons (%)	
Less than 9th Grade	941 (3.19%)
9th through 12th Grade	2,572 (8.71%)
High School Diploma	11,379 (38.53%)
Some College/2-year	8,097 (27.42%)
B.S./B.A. (Bachelor of Science/Bachelor of Arts) or More	6,542 (22.15%)

Income Breakdown - Households (%)	
Greater than \$75,000	4,230 (24.44%)

Detailed Facility Report

Facility Summary

PRIDE HEALTH CARE INC
130 JOHN ST, PITTSTON, PA 18640

FRS (Facility Registry Service) ID: 110001053902
EPA Region: 03
Latitude: 41.3177
Longitude: -75.78727
Locational Data Source: FRS
Industry: No description found
Indian Country: N

Enforcement and Compliance Summary

Statute	RCRA
Insp (5 Years)	--
Date of Last Inspection	--
Current Compliance Status	No Violation Identified
Qtrs with NC (of 12)	0
Qtrs with Significant Violation	0
Informal Enforcement Actions (5 years)	--
Formal Enforcement Actions (5 years)	--
Penalties from Formal Enforcement Actions (5 years)	--
EPA Cases (5 years)	--
Penalties from EPA Cases (5 years)	--

Regulatory Information

Clean Air Act (CAA): No Information
Clean Water Act (CWA): No Information
Resource Conservation and Recovery Act (RCRA): Inactive (PAD041477449)
Safe Drinking Water Act (SDWA): No Information

Other Regulatory Reports

Air Emissions Inventory (EIS): No Information
Greenhouse Gas Emissions (eGGRT): No Information
Toxic Releases (TRI): No Information
Compliance and Emissions Data Reporting Interface (CEDRI): No Information

Known Data Problems

Facility/System Characteristics

Facility/System Characteristics

System	Statute	Identifier	Universe	Status	Areas	Permit Expiration Date	Indian Country	Latitude	Longitude
FRS		110001053902					N	41.3177	-75.78727
RCRAInfo	RCRA	PAD041477449	Other	Inactive ()			N	41.317711	-75.78709

Facility Address

System	Statute	Identifier	Facility Name	Facility Address
FRS		110001053902	PRIDE HEALTH CARE INC	130 JOHN ST, PITTSTON, PA 18640
RCRAInfo	RCRA	PAD041477449	PRIDE HEALTH CARE INC	130 JOHN ST, PITTSTON, PA 18640-2454

Facility SIC (Standard Industrial Classification) Codes

System	Identifier	SIC Code	SIC Description
No data records returned			

Facility NAICS (North American Industry Classification System) Codes

System	Identifier	NAICS Code	NAICS Description
No data records returned			

Facility Tribe Information

Reservation Name	Tribe Name	EPA Tribal ID	Distance to Tribe (miles)
No data records returned			

Enforcement and Compliance

Compliance Monitoring History (5 years)

Statute	Source ID	System	Activity Type	Compliance Monitoring Type	Lead Agency	Date	Finding (if applicable)
No data records returned							

Entries in italics are not counted in EPA compliance monitoring strategies or annual results.

Compliance Summary Data

Statute	Source ID	Current SNC (Significant Noncompliance)/HPV (High Priority Violation)	Current As Of	Qtrs with NC (Noncompliance) (of 12)	Data Last Refreshed
RCRA	PAD041477449	No	01/23/2021	0	01/22/2021

Three-Year Compliance History by Quarter

Statute	Program/Pollutant/Violation Type	QTR 1	QTR 2	QTR 3	QTR 4	QTR 5	QTR 6	QTR 7	QTR 8	QTR 9	QTR 10	QTR 11	QTR 12+
RCRA (Source ID: PAD041477449)		04/01-06/30/18	07/01-09/30/18	10/01-12/31/18	01/01-03/31/19	04/01-06/30/19	07/01-09/30/19	10/01-12/31/19	01/01-03/31/20	04/01-06/30/20	07/01-09/30/20	10/01-12/31/20	01/01-03/31/21
	Facility-Level Status	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified

Informal Enforcement Actions (5 Years)

Statute	System	Source ID	Type of Action	Lead Agency	Date
No data records returned					

Entries in italics are not counted as "informal enforcement actions" in EPA policies pertaining to enforcement response tools.

Formal Enforcement Actions (5 Years)

Statute	System	Law/Section	Source ID	Action Type	Case No.	Lead Agency	Case Name	Issued/Filed Date	Settlements/Actions	Settlement/Action Date	Federal Penalty Assessed	State/Local Penalty Assessed	SEP Cost	Comp Action Cost
No data records returned														

Environmental Conditions

Watershed(s)

12-Digit WBD (Watershed Boundary Dataset) HUC (RAD (Reach Address Database))	WBD (Watershed Boundary Dataset) Subwatershed Name (RAD (Reach Address Database))	State Water Body Name (ICIS (Integrated Compliance Information System))	Beach Closures Within Last Year	Beach Closures Within Last Two Years	Pollutants Potentially Related to Impairment	Watershed with ESA (Endangered Species Act)-listed Aquatic Species?
No data records returned						

Assessed Waters From Latest State Submission (ATTAINS)

State	Report Cycle	Assessment Unit ID	Assessment Unit Name	Water Condition	Cause Groups Impaired	Drinking Water Use	Aquatic Life	Fish Consumption Use	Recreation Use	Other Use
No data records returned										

Air Quality Nonattainment Areas

Pollutant	Within Nonattainment Status Area?	Nonattainment Status Applicable Standard(s)	Within Maintenance Status Area?	Maintenance Status Applicable Standard(s)
Ozone	Yes	1-Hour Ozone (1979)	No	
Lead	No		No	
Particulate Matter	No		No	
Carbon Monoxide	No		No	
Sulfur Dioxide	No		No	

Pollutants

Toxics Release Inventory History of Reported Chemicals Released in Pounds per Year at Site

TRI Facility ID	Year	Total Air Emissions	Surface Water Discharges	Off-Site Transfers to POTWs (Publicly Owned Treatment Works)	Underground Injections	Releases to Land	Total On-site Releases	Total Off-site Transfers
No data records returned								

Toxics Release Inventory Total Releases and Transfers in Pounds by Chemical and Year

Chemical Name
No data records returned

Demographic Profile

EJSCREEN EJ Indexes

Eleven primary environmental justice (EJ) indexes of EJSCREEN, EPA's screening tool for EJ concerns. EPA uses these indexes to identify geographic areas that may warrant further consideration or analysis for potential EJ concerns. The index values below are for the Census block group in which the facility is located. Note that use of these indexes does not designate an area as an "EJ community" or "EJ facility." EJSCREEN provides screening level indicators, not a determination of the existence or absence of EJ concerns. For more information, see the [EJSCREEN home page](#).

Census Block Group EJ Indexes (percentile)	
Particulate Matter (PM 2.5)	51.8
Ozone NATA Diesel PM	52.1
NATA Air Toxics Cancer Risk	52.7
NATA Respiratory Hazard Index (HI)	53.1
Traffic Proximity	25.7
Lead Paint Indicator	22.1
Superfund Proximity	7.2
Risk Management Plan (RMP) Proximity	30.2
Hazardous Waste Proximity	25.8
Wastewater Discharge Proximity	11.4

Number of EJ Indexes Above 80th Percentile
0

[View EJSCREEN Report](#)

Demographic Profile of Surrounding Area (3 Miles)

This section provides demographic information regarding the community surrounding the facility. ECHO compliance data alone are not sufficient to determine whether violations at a particular facility had negative impacts on public health or the environment. Statistics are based upon the 2010 U.S. Census and 2006-2010 American Community Survey 5-Year Summary and are accurate to the extent that the facility latitude and longitude listed below are correct. EPA's spatial processing methodology considers the overlap between the selected radii and the census blocks (for U.S. Census demographics) and census block groups (for ACS demographics) in determining the demographics surrounding the facility. For more detail about this methodology, see the [DFR Data Dictionary](#).

General Statistics	
Total Persons	41,613
Population Density	1,530/sq.mi.
Percent Minority	4%
Households in Area	18,266
Housing Units in Area	19,877
Households on Public Assistance	386
Persons Below Poverty Level	11,757

Geography	
Radius of Selected Area	3 mi.
Center Latitude	41.31783
Center Longitude	-75.78713
Land Area	97%
Water Area	3%

Income Breakdown - Households (%)	
Less than \$15,000	2,477 (13.83%)
\$15,000 - \$25,000	2,400 (13.4%)
\$25,000 - \$50,000	5,231 (29.2%)
\$50,000 - \$75,000	3,394 (18.95%)

Age Breakdown - Persons (%)	
Children 5 years and younger	1,980 (5%)
Minors 17 years and younger	7,943 (19%)
Adults 18 years and older	33,670 (81%)
Seniors 65 years and older	8,577 (21%)

Race Breakdown - Persons (%)	
White	40,373 (97%)
African-American	402 (1%)
Hispanic-Origin	650 (2%)
Asian/Pacific Islander	269 (1%)
American Indian	49 (0%)
Other/Multiracial	521 (1%)

Education Level (Persons 25 & older) - Persons (%)	
Less than 9th Grade	990 (3.25%)
9th through 12th Grade	2,616 (8.58%)
High School Diploma	11,607 (38.07%)
Some College/2-year	8,407 (27.58%)
B.S./B.A. (Bachelor of Science/Bachelor of Arts) or More	6,867 (22.52%)

Income Breakdown - Households (%)	
Greater than \$75,000	4,413 (24.63%)

Detailed Facility Report

Facility Summary

RITE AID 1371

102 N MAIN ST, PITTSTON, PA 18640

FRS (Facility Registry Service) ID: 110020691777

EPA Region: 03

Latitude: 41.324929

Longitude: -75.789393

Locational Data Source: FRS

Industry:

Indian Country: N

Enforcement and Compliance Summary

Statute	RCRA
Insp (5 Years)	--
Date of Last Inspection	--
Current Compliance Status	No Violation Identified
Qtrs with NC (of 12)	0
Qtrs with Significant Violation	0
Informal Enforcement Actions (5 years)	--
Formal Enforcement Actions (5 years)	--
Penalties from Formal Enforcement Actions (5 years)	--
EPA Cases (5 years)	--
Penalties from EPA Cases (5 years)	--

Regulatory Information

Clean Air Act (CAA): No Information

Clean Water Act (CWA): No Information

Resource Conservation and Recovery Act (RCRA): Active (PAR000537142)

Safe Drinking Water Act (SDWA): No Information

Other Regulatory Reports

Air Emissions Inventory (EIS): No Information
Greenhouse Gas Emissions (eGGRT): No Information
Toxic Releases (TRI): No Information
Compliance and Emissions Data Reporting Interface (CEDRI): No Information

Known Data Problems

Facility/System Characteristics

Facility/System Characteristics

System	Statute	Identifier	Universe	Status	Areas	Permit Expiration Date	Indian Country	Latitude	Longitude
FRS		110020691777					N	41.324929	-75.789393
RCRAInfo	RCRA	PAR000537142	VSQG	Active (H)			N		

Facility Address

System	Statute	Identifier	Facility Name	Facility Address
FRS		110020691777	RITE AID 1371	102 N MAIN ST, PITTSTON, PA 18640
RCRAInfo	RCRA	PAR000537142	RITE AID 1371	102 N MAIN ST, PITTSTON, PA 18640-2000

Facility SIC (Standard Industrial Classification) Codes

System	Identifier	SIC Code	SIC Description
No data records returned			

Facility NAICS (North American Industry Classification System) Codes

System	Identifier	NAICS Code	NAICS Description
RCRAInfo	PAR000537142	44611	Pharmacies and Drug Stores

Facility Tribe Information

Reservation Name	Tribe Name	EPA Tribal ID	Distance to Tribe (miles)
No data records returned			

Enforcement and Compliance

Compliance Monitoring History (5 years)

Statute	Source ID	System	Activity Type	Compliance Monitoring Type	Lead Agency	Date	Finding (if applicable)
No data records returned							

Entries in italics are not counted in EPA compliance monitoring strategies or annual results.

Compliance Summary Data

Statute	Source ID	Current SNC (Significant Noncompliance)/HPV (High Priority Violation)	Current As Of	Qtrs with NC (Noncompliance) (of 12)	Data Last Refreshed
RCRA	PAR000537142	No	01/23/2021	0	01/22/2021

Three-Year Compliance History by Quarter

Statute	Program/Pollutant/Violation Type	QTR 1	QTR 2	QTR 3	QTR 4	QTR 5	QTR 6	QTR 7	QTR 8	QTR 9	QTR 10	QTR 11	QTR 12+
RCRA (Source ID: PAR000537142)		04/01-06/30/18	07/01-09/30/18	10/01-12/31/18	01/01-03/31/19	04/01-06/30/19	07/01-09/30/19	10/01-12/31/19	01/01-03/31/20	04/01-06/30/20	07/01-09/30/20	10/01-12/31/20	01/01-03/31/21
	Facility-Level Status	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified

Informal Enforcement Actions (5 Years)

Statute	System	Source ID	Type of Action	Lead Agency	Date
No data records returned					

Entries in italics are not counted as "informal enforcement actions" in EPA policies pertaining to enforcement response tools.

Formal Enforcement Actions (5 Years)

Statute	System	Law/Section	Source ID	Action Type	Case No.	Lead Agency	Case Name	Issued/Filed Date	Settlements/Actions	Settlement/Action Date	Federal Penalty Assessed	State/Local Penalty Assessed	SEP Cost	Comp Action Cost
No data records returned														

Environmental Conditions

Watershed(s)

12-Digit WBD (Watershed Boundary Dataset) HUC (RAD (Reach Address Database))	WBD (Watershed Boundary Dataset) Subwatershed Name (RAD (Reach Address Database))	State Water Body Name (ICIS (Integrated Compliance Information System))	Beach Closures Within Last Year	Beach Closures Within Last Two Years	Pollutants Potentially Related to Impairment	Watershed with ESA (Endangered Species Act)-listed Aquatic Species?
No data records returned						

Assessed Waters From Latest State Submission (ATTAINS)

State	Report Cycle	Assessment Unit ID	Assessment Unit Name	Water Condition	Cause Groups Impaired	Drinking Water Use	Aquatic Life	Fish Consumption Use	Recreation Use	Other Use
No data records returned										

Air Quality Nonattainment Areas

Pollutant	Within Nonattainment Status Area?	Nonattainment Status Applicable Standard(s)	Within Maintenance Status Area?	Maintenance Status Applicable Standard(s)
Ozone	Yes	1-Hour Ozone (1979)	No	
Lead	No		No	
Particulate Matter	No		No	
Carbon Monoxide	No		No	
Sulfur Dioxide	No		No	

Pollutants

Toxics Release Inventory History of Reported Chemicals Released in Pounds per Year at Site

TRI Facility ID	Year	Total Air Emissions	Surface Water Discharges	Off-Site Transfers to POTWs (Publicly Owned Treatment Works)	Underground Injections	Releases to Land	Total On-site Releases	Total Off-site Transfers
No data records returned								

Toxics Release Inventory Total Releases and Transfers in Pounds by Chemical and Year

Chemical Name
No data records returned

Demographic Profile

EJSCREEN EJ Indexes

Eleven primary environmental justice (EJ) indexes of EJSCREEN, EPA's screening tool for EJ concerns. EPA uses these indexes to identify geographic areas that may warrant further consideration or analysis for potential EJ concerns. The index values below are for the Census block group in which the facility is located. Note that use of these indexes does not designate an area as an "EJ community" or "EJ facility." EJSCREEN provides screening level indicators, not a determination of the existence or absence of EJ concerns. For more information, see the [EJSCREEN home page](#).

Census Block Group EJ Indexes (percentile)	
Particulate Matter (PM 2.5)	38.7
Ozone NATA Diesel PM	39.8
NATA Air Toxics Cancer Risk	41.6
NATA Respiratory Hazard Index (HI)	43.4
Traffic Proximity	14.5
Lead Paint Indicator	11.8
Superfund Proximity	2.3
Risk Management Plan (RMP) Proximity	19.1
Hazardous Waste Proximity	15.1
Wastewater Discharge Proximity	7.1

Number of EJ Indexes Above 80th Percentile
0

[View EJSCREEN Report](#)

Demographic Profile of Surrounding Area (3 Miles)

This section provides demographic information regarding the community surrounding the facility. ECHO compliance data alone are not sufficient to determine whether violations at a particular facility had negative impacts on public health or the environment. Statistics are based upon the 2010 U.S. Census and 2006-2010 American Community Survey 5-Year Summary and are accurate to the extent that the facility latitude and longitude listed below are correct. EPA's spatial processing methodology considers the overlap between the selected radii and the census blocks (for U.S. Census demographics) and census block groups (for ACS demographics) in determining the demographics surrounding the facility. For more detail about this methodology, see the [DFR Data Dictionary](#).

General Statistics	
Total Persons	42,066
Population Density	1,554/sq.mi.
Percent Minority	4%
Households in Area	18,456
Housing Units in Area	20,110
Households on Public Assistance	389
Persons Below Poverty Level	11,872

Geography	
Radius of Selected Area	3 mi.
Center Latitude	41.324929
Center Longitude	-75.789393
Land Area	96%
Water Area	4%

Income Breakdown - Households (%)	
Less than \$15,000	2,501 (13.84%)
\$15,000 - \$25,000	2,412 (13.35%)
\$25,000 - \$50,000	5,297 (29.32%)
\$50,000 - \$75,000	3,431 (18.99%)

Age Breakdown - Persons (%)	
Children 5 years and younger	2,024 (5%)
Minors 17 years and younger	8,038 (19%)
Adults 18 years and older	34,028 (81%)
Seniors 65 years and older	8,653 (21%)

Race Breakdown - Persons (%)	
White	40,846 (97%)
African-American	384 (1%)
Hispanic-Origin	661 (2%)
Asian/Pacific Islander	264 (1%)
American Indian	50 (0%)
Other/Multiracial	522 (1%)

Education Level (Persons 25 & older) - Persons (%)	
Less than 9th Grade	992 (3.23%)
9th through 12th Grade	2,640 (8.58%)
High School Diploma	11,743 (38.18%)
Some College/2-year	8,518 (27.7%)
B.S./B.A. (Bachelor of Science/Bachelor of Arts) or More	6,861 (22.31%)

Income Breakdown - Households (%)	
Greater than \$75,000	4,426 (24.5%)

Detailed Facility Report

Facility Summary

ZORGO PRINTING

131 N MAIN ST, PITTSTON, PA 18640

FRS (Facility Registry Service) ID: 110001023838

EPA Region: 03

Latitude: 41.32622

Longitude: -75.78944

Locational Data Source: FRS

Industry:

Indian Country: N

Enforcement and Compliance Summary

Statute	RCRA
Insp (5 Years)	--
Date of Last Inspection	07/03/2007
Current Compliance Status	No Violation Identified
Qtrs with NC (of 12)	0
Qtrs with Significant Violation	0
Informal Enforcement Actions (5 years)	--
Formal Enforcement Actions (5 years)	--
Penalties from Formal Enforcement Actions (5 years)	--
EPA Cases (5 years)	--
Penalties from EPA Cases (5 years)	--

Regulatory Information

Clean Air Act (CAA): No Information

Clean Water Act (CWA): No Information

Resource Conservation and Recovery Act (RCRA): Active (PAD987283991)

Safe Drinking Water Act (SDWA): No Information

Other Regulatory Reports

Air Emissions Inventory (EIS): No Information
Greenhouse Gas Emissions (eGGRT): No Information
Toxic Releases (TRI): No Information
Compliance and Emissions Data Reporting Interface (CEDRI): No Information

Known Data Problems

Facility/System Characteristics

Facility/System Characteristics

System	Statute	Identifier	Universe	Status	Areas	Permit Expiration Date	Indian Country	Latitude	Longitude
FRS		110001023838					N	41.32622	-75.78944
RCRAInfo	RCRA	PAD987283991	SQG	Active (H)			N	41.326168	-75.789166

Facility Address

System	Statute	Identifier	Facility Name	Facility Address
FRS		110001023838	ZORGO PRINTING	131 N MAIN ST, PITTSTON, PA 18640
RCRAInfo	RCRA	PAD987283991	ZORGO PRINTING	131 N MAIN ST, PITTSTON, PA 18640

Facility SIC (Standard Industrial Classification) Codes

System	Identifier	SIC Code	SIC Description
No data records returned			

Facility NAICS (North American Industry Classification System) Codes

System	Identifier	NAICS Code	NAICS Description
RCRAInfo	PAD987283991	32311	Printing
RCRAInfo	PAD987283991	323121	Tradebinding And Related Work

Facility Tribe Information

Reservation Name	Tribe Name	EPA Tribal ID	Distance to Tribe (miles)
No data records returned			

Enforcement and Compliance

Compliance Monitoring History (5 years)

Statute	Source ID	System	Activity Type	Compliance Monitoring Type	Lead Agency	Date	Finding (if applicable)
No data records returned							

Entries in italics are not counted in EPA compliance monitoring strategies or annual results.

Compliance Summary Data

Statute	Source ID	Current SNC (Significant Noncompliance)/HPV (High Priority Violation)	Current As Of	Qtrs with NC (Noncompliance) (of 12)	Data Last Refreshed
RCRA	PAD987283991	No	01/23/2021	0	01/22/2021

Three-Year Compliance History by Quarter

Statute	Program/Pollutant/Violation Type	QTR 1	QTR 2	QTR 3	QTR 4	QTR 5	QTR 6	QTR 7	QTR 8	QTR 9	QTR 10	QTR 11	QTR 12+
	RCRA (Source ID: PAD987283991)	04/01-06/30/18	07/01-09/30/18	10/01-12/31/18	01/01-03/31/19	04/01-06/30/19	07/01-09/30/19	10/01-12/31/19	01/01-03/31/20	04/01-06/30/20	07/01-09/30/20	10/01-12/31/20	01/01-03/31/21
	Facility-Level Status	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified

Informal Enforcement Actions (5 Years)

Statute	System	Source ID	Type of Action	Lead Agency	Date
No data records returned					

Entries in italics are not counted as "informal enforcement actions" in EPA policies pertaining to enforcement response tools.

Formal Enforcement Actions (5 Years)

Statute	System	Law/Section	Source ID	Action Type	Case No.	Lead Agency	Case Name	Issued/Filed Date	Settlements/Actions	Settlement/Action Date	Federal Penalty Assessed	State/Local Penalty Assessed	SEP Cost	Comp Action Cost
No data records returned														

Environmental Conditions

Watershed(s)

12-Digit WBD (Watershed Boundary Dataset) HUC (RAD (Reach Address Database))	WBD (Watershed Boundary Dataset) Subwatershed Name (RAD (Reach Address Database))	State Water Body Name (ICIS (Integrated Compliance Information System))	Beach Closures Within Last Year	Beach Closures Within Last Two Years	Pollutants Potentially Related to Impairment	Watershed with ESA (Endangered Species Act)-listed Aquatic Species?
No data records returned						

Assessed Waters From Latest State Submission (ATTAINS)

State	Report Cycle	Assessment Unit ID	Assessment Unit Name	Water Condition	Cause Groups Impaired	Drinking Water Use	Aquatic Life	Fish Consumption Use	Recreation Use	Other Use
No data records returned										

Air Quality Nonattainment Areas

Pollutant	Within Nonattainment Status Area?	Nonattainment Status Applicable Standard(s)	Within Maintenance Status Area?	Maintenance Status Applicable Standard(s)
Ozone	Yes	1-Hour Ozone (1979)	No	
Lead	No		No	
Particulate Matter	No		No	
Carbon Monoxide	No		No	
Sulfur Dioxide	No		No	

Pollutants

Toxics Release Inventory History of Reported Chemicals Released in Pounds per Year at Site

TRI Facility ID	Year	Total Air Emissions	Surface Water Discharges	Off-Site Transfers to POTWs (Publicly Owned Treatment Works)	Underground Injections	Releases to Land	Total On-site Releases	Total Off-site Transfers
No data records returned								

Toxics Release Inventory Total Releases and Transfers in Pounds by Chemical and Year

Chemical Name

Demographic Profile

EJSCREEN EJ Indexes

Eleven primary environmental justice (EJ) indexes of EJSCREEN, EPA's screening tool for EJ concerns. EPA uses these indexes to identify geographic areas that may warrant further consideration or analysis for potential EJ concerns. The index values below are for the Census block group in which the facility is located. Note that use of these indexes does not designate an area as an "EJ community" or "EJ facility." EJSCREEN provides screening level indicators, not a determination of the existence or absence of EJ concerns. For more information, see the [EJSCREEN home page](#).

Census Block Group EJ Indexes (percentile)	
Particulate Matter (PM 2.5)	60.5
Ozone NATA Diesel PM	60.4
NATA Air Toxics Cancer Risk	60
NATA Respiratory Hazard Index (HI)	59.9
Traffic Proximity	66.3
Lead Paint Indicator	71.3
Superfund Proximity	90.7
Risk Management Plan (RMP) Proximity	65.3
Hazardous Waste Proximity	65.4
Wastewater Discharge Proximity	89

Number of EJ Indexes Above 80th Percentile
2

[View EJSCREEN Report](#)

Demographic Profile of Surrounding Area (3 Miles)

This section provides demographic information regarding the community surrounding the facility. ECHO compliance data alone are not sufficient to determine whether violations at a particular facility had negative impacts on public health or the environment. Statistics are based upon the 2010 U.S. Census and 2006-2010 American Community Survey 5-Year Summary and are accurate to the extent that the facility latitude and longitude listed below are correct. EPA's spatial processing methodology considers the overlap between the selected radii and the census blocks (for U.S. Census demographics) and census block groups (for ACS demographics) in determining the demographics surrounding the facility. For more detail about this methodology, see the [DFR Data Dictionary](#).

General Statistics	
Total Persons	42,035
Population Density	1,556/sq.mi.
Percent Minority	4%
Households in Area	18,450
Housing Units in Area	20,107
Households on Public Assistance	389
Persons Below Poverty Level	11,865

Geography	
Radius of Selected Area	3 mi.
Center Latitude	41.32635
Center Longitude	-75.78923
Land Area	96%
Water Area	4%

Income Breakdown - Households (%)

Age Breakdown - Persons (%)	
Children 5 years and younger	2,031 (5%)
Minors 17 years and younger	8,030 (19%)
Adults 18 years and older	34,005 (81%)
Seniors 65 years and older	8,609 (20%)

Race Breakdown - Persons (%)	
White	40,818 (97%)
African-American	382 (1%)
Hispanic-Origin	663 (2%)
Asian/Pacific Islander	263 (1%)
American Indian	50 (0%)
Other/Multiracial	522 (1%)

Education Level (Persons 25 & older) - Persons (%)	
Less than 9th Grade	994 (3.24%)
9th through 12th Grade	2,635 (8.58%)

Income Breakdown - Households (%)	
Less than \$15,000	2,499 (13.85%)
\$15,000 - \$25,000	2,403 (13.32%)
\$25,000 - \$50,000	5,293 (29.34%)
\$50,000 - \$75,000	3,436 (19.05%)
Greater than \$75,000	4,410 (24.44%)

Education Level (Persons 25 & older) - Persons (%)	
High School Diploma	11,747 (38.26%)
Some College/2-year	8,502 (27.69%)
B.S./B.A. (Bachelor of Science/Bachelor of Arts) or More	6,828 (22.24%)

Detailed Facility Report

Facility Summary

D & A AUTO

25 LAMBERT, PITTSTON, PA 18640

FRS (Facility Registry Service) ID: 110004868064

EPA Region: 03

Latitude: 41.32869

Longitude: -75.78685

Locational Data Source: FRS

Industry:

Indian Country: N

Enforcement and Compliance Summary

Statute	CAA
Insp (5 Years)	--
Date of Last Inspection	--
Current Compliance Status	No Violation Identified
Qtrs with NC (of 12)	0
Qtrs with Significant Violation	0
Informal Enforcement Actions (5 years)	--
Formal Enforcement Actions (5 years)	--
Penalties from Formal Enforcement Actions (5 years)	--
EPA Cases (5 years)	--
Penalties from EPA Cases (5 years)	--
Statute	RCRA
Insp (5 Years)	--
Date of Last Inspection	--
Current Compliance Status	No Violation Identified
Qtrs with NC (of 12)	0
Qtrs with Significant Violation	0
Informal Enforcement Actions (5 years)	--
Formal Enforcement Actions (5 years)	--
Penalties from Formal Enforcement Actions (5 years)	--
EPA Cases (5 years)	--
Penalties from EPA Cases (5 years)	--

Regulatory Information

Clean Air Act (CAA): Operating Minor (PA0000004207944079)
Clean Water Act (CWA): No Information
Resource Conservation and Recovery Act (RCRA): Active (PAD987387453)
Safe Drinking Water Act (SDWA): No Information

Other Regulatory Reports

Air Emissions Inventory (EIS): No Information
Greenhouse Gas Emissions (eGGRT): No Information
Toxic Releases (TRI): No Information
Compliance and Emissions Data Reporting Interface (CEDRI): No Information

Known Data Problems

Facility/System Characteristics

Facility/System Characteristics

System	Statute	Identifier	Universe	Status	Areas	Permit Expiration Date	Indian Country	Latitude	Longitude
FRS		110004868064					N	41.32869	-75.78685
ICIS-Air	CAA	PA0000004207944079	Minor Emissions	Operating	CAACFC		N	41.32873	-75.7864
RCRAInfo	RCRA	PAD987387453	SQG	Active (H)			N	41.328609	-75.786763

Facility Address

System	Statute	Identifier	Facility Name	Facility Address
FRS		110004868064	D & A AUTO	25 LAMBERT, PITTSTON, PA 18640
ICIS-Air	CAA	PA0000004207944079	D & A AUTO	25 LAMBERT ST., PITTSTON, PA 18640
RCRAInfo	RCRA	PAD987387453	D&A AUTO SERVICE	25 LAMBERT, PITTSTON, PA 18640

Facility SIC (Standard Industrial Classification) Codes

System	Identifier	SIC Code	SIC Description
ICIS-Air	PA0000004207944079	5013	Motor Vehicle Supplies And New Parts

Facility NAICS (North American Industry Classification System) Codes

System	Identifier	NAICS Code	NAICS Description
ICIS-Air	PA0000004207944079	423110	Automobile and Other Motor Vehicle Merchant Wholesalers

Facility Tribe Information

Reservation Name	Tribe Name	EPA Tribal ID	Distance to Tribe (miles)
No data records returned			

Enforcement and Compliance

Compliance Monitoring History (5 years)

Statute	Source ID	System	Activity Type	Compliance Monitoring Type	Lead Agency	Date	Finding (if applicable)
No data records returned							

Entries in italics are not counted in EPA compliance monitoring strategies or annual results.

Compliance Summary Data

Statute	Source ID	Current SNC (Significant Noncompliance)/HPV (High Priority Violation)	Current As Of	Qtrs with NC (Noncompliance) (of 12)	Data Last Refreshed
CAA	PA0000004207944079	No	01/23/2021	0	01/22/2021
RCRA	PAD987387453	No	01/23/2021	0	01/22/2021

Three-Year Compliance History by Quarter

Statute	Program/Pollutant/Violation Type				QTR 1	QTR 2	QTR 3	QTR 4	QTR 5	QTR 6	QTR 7	QTR 8	QTR 9	QTR 10	QTR 11	QTR 12+
CAA (Source ID: PA0000004207944079)					04/01-06/30/18	07/01-09/30/18	10/01-12/31/18	01/01-03/31/19	04/01-06/30/19	07/01-09/30/19	10/01-12/31/19	01/01-03/31/20	04/01-06/30/20	07/01-09/30/20	10/01-12/31/20	01/01-03/31/21
	Facility-Level Status				No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified
	HPV History															
	Violation Type	Agency	Programs	Pollutants												

Statute	Program/Pollutant/Violation Type	QTR 1	QTR 2	QTR 3	QTR 4	QTR 5	QTR 6	QTR 7	QTR 8	QTR 9	QTR 10	QTR 11	QTR 12+
RCRA (Source ID: PAD987387453)		04/01-06/30/18	07/01-09/30/18	10/01-12/31/18	01/01-03/31/19	04/01-06/30/19	07/01-09/30/19	10/01-12/31/19	01/01-03/31/20	04/01-06/30/20	07/01-09/30/20	10/01-12/31/20	01/01-03/31/21
	Facility-Level Status	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified

Informal Enforcement Actions (5 Years)

Statute	System	Source ID	Type of Action	Lead Agency	Date
No data records returned					

Entries in italics are not counted as "informal enforcement actions" in EPA policies pertaining to enforcement response tools.

Formal Enforcement Actions (5 Years)

Statute	System	Law/Section	Source ID	Action Type	Case No.	Lead Agency	Case Name	Issued/Filed Date	Settlements/Actions	Settlement/Action Date	Federal Penalty Assessed	State/Local Penalty Assessed	SEP Cost	Comp Action Cost
No data records returned														

Environmental Conditions

Watershed(s)

12-Digit WBD (Watershed Boundary Dataset) HUC (RAD (Reach Address Database))	WBD (Watershed Boundary Dataset) Subwatershed Name (RAD (Reach Address Database))	State Water Body Name (ICIS (Integrated Compliance Information System))	Beach Closures Within Last Year	Beach Closures Within Last Two Years	Pollutants Potentially Related to Impairment	Watershed with ESA (Endangered Species Act)-listed Aquatic Species?
No data records returned						

Assessed Waters From Latest State Submission (ATTAINS)

State	Report Cycle	Assessment Unit ID	Assessment Unit Name	Water Condition	Cause Groups Impaired	Drinking Water Use	Aquatic Life	Fish Consumption Use	Recreation Use	Other Use
No data records returned										

Air Quality Nonattainment Areas

Pollutant	Within Nonattainment Status Area?	Nonattainment Status Applicable Standard(s)	Within Maintenance Status Area?	Maintenance Status Applicable Standard(s)
Ozone	Yes	1-Hour Ozone (1979)	No	
Lead	No		No	
Particulate Matter	No		No	

Pollutant	Within Nonattainment Status Area?	Nonattainment Status Applicable Standard(s)	Within Maintenance Status Area?	Maintenance Status Applicable Standard(s)
Carbon Monoxide	No		No	
Sulfur Dioxide	No		No	

Pollutants

Toxics Release Inventory History of Reported Chemicals Released in Pounds per Year at Site

TRI Facility ID	Year	Total Air Emissions	Surface Water Discharges	Off-Site Transfers to POTWs (Publicly Owned Treatment Works)	Underground Injections	Releases to Land	Total On-site Releases	Total Off-site Transfers
No data records returned								

Toxics Release Inventory Total Releases and Transfers in Pounds by Chemical and Year

Chemical Name
No data records returned

Demographic Profile

EJSCREEN EJ Indexes

Eleven primary environmental justice (EJ) indexes of EJSCREEN, EPA's screening tool for EJ concerns. EPA uses these indexes to identify geographic areas that may warrant further consideration or analysis for potential EJ concerns. The index values below are for the Census block group in which the facility is located. Note that use of these indexes does not designate an area as an "EJ community" or "EJ facility." EJSCREEN provides screening level indicators, not a determination of the existence or absence of EJ concerns. For more information, see the [EJSCREEN home page](#).

Census Block Group EJ Indexes (percentile)	
Particulate Matter (PM 2.5)	60.5
Ozone NATA Diesel PM	60.4
NATA Air Toxics Cancer Risk	60
NATA Respiratory Hazard Index (HI)	59.9
Traffic Proximity	66.3
Lead Paint Indicator	71.3
Superfund Proximity	90.7
Risk Management Plan (RMP) Proximity	65.3
Hazardous Waste Proximity	65.4
Wastewater Discharge Proximity	89

Number of EJ Indexes Above 80th Percentile
2

[View EJSCREEN Report](#)

Demographic Profile of Surrounding Area (3 Miles)

This section provides demographic information regarding the community surrounding the facility. ECHO compliance data alone are not sufficient to determine whether violations at a particular facility had negative impacts on public health or the environment. Statistics are based upon the 2010 U.S. Census and 2006-2010 American Community Survey 5-Year Summary and are accurate to the extent that the facility latitude and longitude listed below are correct. EPA's spatial processing methodology considers the overlap between the selected radii and the census blocks (for U.S. Census demographics) and census block groups (for ACS demographics) in determining the demographics surrounding the facility. For more detail about this methodology, see the [DFR Data Dictionary](#).

General Statistics	
Total Persons	41,837
Population Density	1,541/sq.mi.
Percent Minority	4%
Households in Area	18,331
Housing Units in Area	19,974
Households on Public Assistance	387
Persons Below Poverty Level	11,764

Geography	
Radius of Selected Area	3 mi.
Center Latitude	41.32869
Center Longitude	-75.78685
Land Area	96%
Water Area	4%

Income Breakdown - Households (%)	
Less than \$15,000	2,473 (13.8%)
\$15,000 - \$25,000	2,356 (13.15%)
\$25,000 - \$50,000	5,251 (29.31%)
\$50,000 - \$75,000	3,447 (19.24%)
Greater than \$75,000	4,390 (24.5%)

Age Breakdown - Persons (%)	
Children 5 years and younger	2,031 (5%)
Minors 17 years and younger	8,008 (19%)
Adults 18 years and older	33,829 (81%)
Seniors 65 years and older	8,407 (20%)

Race Breakdown - Persons (%)	
White	40,612 (97%)
African-American	395 (1%)
Hispanic-Origin	669 (2%)
Asian/Pacific Islander	263 (1%)
American Indian	45 (0%)
Other/Multiracial	522 (1%)

Education Level (Persons 25 & older) - Persons (%)	
Less than 9th Grade	992 (3.26%)
9th through 12th Grade	2,596 (8.52%)
High School Diploma	11,744 (38.54%)
Some College/2-year	8,391 (27.54%)
B.S./B.A. (Bachelor of Science/Bachelor of Arts) or More	6,747 (22.14%)

Detailed Facility Report

Facility Summary

ATWELL, CHARLES DBA PORKYS GARAGE
179 CENTER ST, PITTSTON, PA 18640

FRS (Facility Registry Service) ID: 110004849923
EPA Region: 03
Latitude: 41.324396
Longitude: -75.781111
Locational Data Source: FRS
Industry: No description found
Indian Country: N

Enforcement and Compliance Summary

Statute	RCRA
Insp (5 Years)	--
Date of Last Inspection	--
Current Compliance Status	No Violation Identified
Qtrs with NC (of 12)	0
Qtrs with Significant Violation	0
Informal Enforcement Actions (5 years)	--
Formal Enforcement Actions (5 years)	--
Penalties from Formal Enforcement Actions (5 years)	--
EPA Cases (5 years)	--
Penalties from EPA Cases (5 years)	--

Regulatory Information

Clean Air Act (CAA): No Information
Clean Water Act (CWA): No Information
Resource Conservation and Recovery Act (RCRA): Active (PAD980553200)
Safe Drinking Water Act (SDWA): No Information

Other Regulatory Reports

Air Emissions Inventory (EIS): No Information
Greenhouse Gas Emissions (eGGRT): No Information
Toxic Releases (TRI): No Information
Compliance and Emissions Data Reporting Interface (CEDRI): No Information

Known Data Problems

Facility/System Characteristics

Facility/System Characteristics

System	Statute	Identifier	Universe	Status	Areas	Permit Expiration Date	Indian Country	Latitude	Longitude
FRS		110004849923					N	41.324396	-75.781111
RCRAInfo	RCRA	PAD980553200	Transporter	Active (H)			N	41.322039	-75.773537

Facility Address

System	Statute	Identifier	Facility Name	Facility Address
FRS		110004849923	ATWELL, CHARLES DBA PORKYS GARAGE	179 CENTER ST, PITTSSTON, PA 18640
RCRAInfo	RCRA	PAD980553200	ATWELL, CHARLES DBA PORKYS GARAGE	179 CENTER ST, PITTSSTON, PA 18640

Facility SIC (Standard Industrial Classification) Codes

System	Identifier	SIC Code	SIC Description
No data records returned			

Facility NAICS (North American Industry Classification System) Codes

System	Identifier	NAICS Code	NAICS Description
No data records returned			

Facility Tribe Information

Reservation Name	Tribe Name	EPA Tribal ID	Distance to Tribe (miles)
No data records returned			

Enforcement and Compliance

Compliance Monitoring History (5 years)

Statute	Source ID	System	Activity Type	Compliance Monitoring Type	Lead Agency	Date	Finding (if applicable)
No data records returned							

Entries in italics are not counted in EPA compliance monitoring strategies or annual results.

Compliance Summary Data

Statute	Source ID	Current SNC (Significant Noncompliance)/HPV (High Priority Violation)	Current As Of	Qtrs with NC (Noncompliance) (of 12)	Data Last Refreshed
RCRA	PAD980553200	No	01/23/2021	0	01/22/2021

Three-Year Compliance History by Quarter

Statute	Program/Pollutant/Violation Type	QTR 1	QTR 2	QTR 3	QTR 4	QTR 5	QTR 6	QTR 7	QTR 8	QTR 9	QTR 10	QTR 11	QTR 12+
RCRA (Source ID: PAD980553200)		04/01-06/30/18	07/01-09/30/18	10/01-12/31/18	01/01-03/31/19	04/01-06/30/19	07/01-09/30/19	10/01-12/31/19	01/01-03/31/20	04/01-06/30/20	07/01-09/30/20	10/01-12/31/20	01/01-03/31/21
	Facility-Level Status	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified	No Violation Identified

Informal Enforcement Actions (5 Years)

Statute	System	Source ID	Type of Action	Lead Agency	Date
No data records returned					

Entries in italics are not counted as "informal enforcement actions" in EPA policies pertaining to enforcement response tools.

Formal Enforcement Actions (5 Years)

Statute	System	Law/Section	Source ID	Action Type	Case No.	Lead Agency	Case Name	Issued/Filed Date	Settlements/Actions	Settlement/Action Date	Federal Penalty Assessed	State/Local Penalty Assessed	SEP Cost	Comp Action Cost
No data records returned														

Environmental Conditions

Watershed(s)

12-Digit WBD (Watershed Boundary Dataset) HUC (RAD (Reach Address Database))	WBD (Watershed Boundary Dataset) Subwatershed Name (RAD (Reach Address Database))	State Water Body Name (ICIS (Integrated Compliance Information System))	Beach Closures Within Last Year	Beach Closures Within Last Two Years	Pollutants Potentially Related to Impairment	Watershed with ESA (Endangered Species Act)-listed Aquatic Species?
No data records returned						

Assessed Waters From Latest State Submission (ATTAINS)

State	Report Cycle	Assessment Unit ID	Assessment Unit Name	Water Condition	Cause Groups Impaired	Drinking Water Use	Aquatic Life	Fish Consumption Use	Recreation Use	Other Use
No data records returned										

Air Quality Nonattainment Areas

Pollutant	Within Nonattainment Status Area?	Nonattainment Status Applicable Standard(s)	Within Maintenance Status Area?	Maintenance Status Applicable Standard(s)
Ozone	Yes	1-Hour Ozone (1979)	No	
Lead	No		No	
Particulate Matter	No		No	
Carbon Monoxide	No		No	
Sulfur Dioxide	No		No	

Pollutants

Toxics Release Inventory History of Reported Chemicals Released in Pounds per Year at Site

TRI Facility ID	Year	Total Air Emissions	Surface Water Discharges	Off-Site Transfers to POTWs (Publicly Owned Treatment Works)	Underground Injections	Releases to Land	Total On-site Releases	Total Off-site Transfers
No data records returned								

Toxics Release Inventory Total Releases and Transfers in Pounds by Chemical and Year

Chemical Name
No data records returned

Demographic Profile

EJSCREEN EJ Indexes

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Census Block Group EJ Indexes (percentile)	
Particulate Matter (PM 2.5)	28.3
Ozone NATA Diesel PM	29.7
NATA Air Toxics Cancer Risk	31
NATA Respiratory Hazard Index (HI)	31.9
Traffic Proximity	26.3
Lead Paint Indicator	2.3
Superfund Proximity	.3
Risk Management Plan (RMP) Proximity	8.3
Hazardous Waste Proximity	12.8
Wastewater Discharge Proximity	7.7

Number of EJ Indexes Above 80th Percentile
0

[View EJSCREEN Report](#)

Demographic Profile of Surrounding Area (3 Miles)

This section provides demographic information regarding the community surrounding the facility. ECHO compliance data alone are not sufficient to determine whether violations at a particular facility had negative impacts on public health or the environment. Statistics are based upon the 2010 U.S. Census and 2006-2010 American Community Survey 5-Year Summary and are accurate to the extent that the facility latitude and longitude listed below are correct. EPA's spatial processing methodology considers the overlap between the selected radii and the census blocks (for U.S. Census demographics) and census block groups (for ACS demographics) in determining the demographics surrounding the facility. For more detail about this methodology, see the [DFR Data Dictionary](#).

General Statistics	
Total Persons	41,132
Population Density	1,514/sq.mi.
Percent Minority	4%
Households in Area	17,976
Housing Units in Area	19,591
Households on Public Assistance	384
Persons Below Poverty Level	11,613

Geography	
Radius of Selected Area	3 mi.
Center Latitude	41.324396
Center Longitude	-75.781111
Land Area	97%
Water Area	3%

Income Breakdown - Households (%)	
Less than \$15,000	2,428 (13.78%)
\$15,000 - \$25,000	2,302 (13.06%)
\$25,000 - \$50,000	5,161 (29.29%)
\$50,000 - \$75,000	3,408 (19.34%)

Age Breakdown - Persons (%)	
Children 5 years and younger	1,998 (5%)
Minors 17 years and younger	7,897 (19%)
Adults 18 years and older	33,235 (81%)
Seniors 65 years and older	8,291 (20%)

Race Breakdown - Persons (%)	
White	39,904 (97%)
African-American	409 (1%)
Hispanic-Origin	670 (2%)
Asian/Pacific Islander	259 (1%)
American Indian	44 (0%)
Other/Multiracial	516 (1%)

Education Level (Persons 25 & older) - Persons (%)	
Less than 9th Grade	963 (3.21%)
9th through 12th Grade	2,583 (8.61%)
High School Diploma	11,620 (38.72%)
Some College/2-year	8,228 (27.42%)
B.S./B.A. (Bachelor of Science/Bachelor of Arts) or More	6,618 (22.05%)

Income Breakdown - Households (%)	
Greater than \$75,000	4,321 (24.52%)



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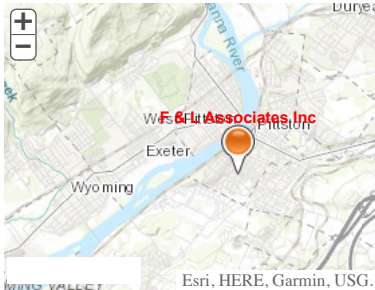
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<div><div>F & L ASSOC</div><div>Handler ID: PAD987322401</div><div>350 KENNEDY BLVD</div><div>PITTSTON, PA 18640-1704</div><div>County Name: LUZERNE</div><div>Latitude: 41.32082</div><div>Longitude: -75.79337</div><div>Hazardous Waste Generator:</div><div>Owner Name:</div></div>	<div><p><i>*You can navigate within the map with your mouse.</i></p></div>
---	---

No BIENNIAL REPORT data is available for the facility listed above.		
JOHN M ARENDT SR	350 KENNEDY BLVD MARKDATA PLZ	PITTSTON

HANDLER / FACILITY CLASSIFICATION

Unspecified Universe for the facility listed above.

<u>HANDLER TYPE</u>	<u>LAND DISPOSAL</u>	<u>INCINERATOR</u>	<u>BOILER AND OR INDUSTRIAL FURNACE</u>	<u>STORAGE</u>	<u>TREATMENT</u>

<u>HANDLER TYPE</u>
Not in a universe

No PROCESS INFORMATION is available for the facility listed above.

No NAICS Codes are available for the facility listed above.

No Waste Codes are available for the facility listed above.

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CVS PHARMACY 2729
Handler ID: PADEP0016673
351 KENNEDY BLVD
PITTSTON, PA 18640

County Name: LUZERNE

Latitude: 41.32082
Longitude: -75.79337

Hazardous Waste Generator:

Owner Name: PENNSYLVANIA CVS
PHARMACY LLC



**You can navigate within the map with your*

BIENNIAL REPORT SUMMARY

REPORT YEAR	GENERATION (Tons)	MANAGEMENT (Tons)	WASTE RECEIVED (Tons)	WASTE SHIPPED (Tons)	INCINERATION (Tons)	DISPOSAL (Tons)
2011	3.5			3.5		

LIST OF FACILITY CONTACTS

NAME	STREET	CITY	STATE	ZIP CODE	PHONE	TYPE
WENDY L BRANT	ONE CVS DR 23062-A	WOONSOCKET	RI	02895	401-765-1500	Public
WENDY BRANT	ONE CVS DR 23062-A	WOONSOCKET	RI	02895	401-765-1500	Permit

HANDLER / FACILITY CLASSIFICATION

Unspecified Universe for the facility listed above.

HANDLER TYPE	LAND DISPOSAL	INCINERATOR	BOILER AND OR INDUSTRIAL FURNACE	STORAGE
--------------	---------------	-------------	----------------------------------	---------

HANDLER TYPE
Not in a universe

No PROCESS INFORMATION is available for the facility listed above.

LIST OF NAICS CODES AND DESCRIPTIONS

NAICS CODE	NAICS DESCRIPTION
44611	PHARMACIES AND DRUG STORES

LIST OF WASTE CODES AND DESCRIPTIONS

WASTE CODE	WASTE DESCRIPTION
D001	IGNITABLE WASTE
D002	CORROSIVE WASTE
D007	CHROMIUM
D009	MERCURY
D010	SELENIUM
D011	SILVER
D016	2,4-D (2,4-DICHLOROPHENOXYACETIC ACID)
D024	M-CRESOL
D026	CRESOL

D027	1,4-DICHLOROBENZENE
D035	METHYL ETHYL KETONE
P001	2H-1-BENZOPYRAN-2-ONE, 4-HYDROXY-3-(3-OXO-1-PHENYLBUTYL)-, & SALTS, WHEN PRESENT IN CONCENTRATIONS GREATER THAN 0.3% (OR) WARFARIN, & SALTS, WHEN PRESENT IN CONCENTRATIONS GREATER THAN 0.3%
P046	ALPHA,ALPHA-DIMETHYLPHENETHYLAMINE (OR) BENZENEETHANAMINE, ALPHA,ALPHA-DIMETHYL-
P075	NICOTINE, & SALTS (OR) PYRIDINE, 3-(1-METHYL-2-PYRROLIDINYL)-,(S)-, & SALTS
P081	1,2,3-PROPANETRIOL, TRINITRATE (R) (OR) NITROGLYCERINE (R)
U024	DICHLOROMETHOXY ETHANE (OR) ETHANE, 1,1'-[METHYLENEBIS(OXY)]BIS[2-CHLOROETHYL]-
U035	BENZENEBUTANOIC ACID, 4-[BIS(2-CHLOROETHYL)AMINO]- (OR) CHLORAMBUCIL
U058	2H-1,3,2-OXAZAPHOSPHORIN-2-AMINE, N,N-BIS(2-CHLOROETHYL)TETRAHYDRO-, 1,3,2-OXAZAPHOSPHORIN-2-AMINE, N,N-BIS(2-CHLOROETHYL)TETRAHYDRO-, CYCLOPHOSPHAMIDE
U122	FORMALDEHYDE
U129	CYCLOHEXANE, 1,2,3,4,5,6-HEXACHLORO-, (1ALPHA, 2ALPHA, 3BETA, 4ALPHA, 5ALPHA, 6BETA)-, (OR) LINDANE
U132	HEXACHLOROPHENE (OR) PHENOL, 2,2'-METHYLENEBIS[3,4,6-TRICHLORO-4-HYDROXY-2-METHYLBENZENE]-
U154	METHANOL (I) (OR) METHYL ALCOHOL (I)
U158	4,4'-METHYLENEBIS(2-CHLOROANILINE) (OR) BENZENAMINE, 4,4'-METHYLENEBIS(2-CHLOROANILINE)-
U159	2-BUTANONE (I,T) (OR) METHYL ETHYL KETONE (MEK) (I,T)
U205	SELENIUM SULFIDE (OR) SELENIUM SULFIDE SES2 (R,T)

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Total Number of Facilities Retrieved: 1

Insert ENVIRONMAPPER cover page and any sites indicated in the vicinity of the project

Sole Source Aquifer

Safe Drinking Water Act of 1974, as amended, particularly section 1424(e); 40 CFR Part 149

Sole Source Aquifers and Safe Drinking Water. This threshold is met when a project will occur in an area designated by EPA as a sole source aquifer.

The environmental review record should contain **one** of the following:

- Documentation, including a map, showing that the project site is not on a sole source aquifer
- A determination that the project consists solely of acquisition, leasing, or rehabilitation of existing buildings
- Documentation showing that a memorandum of understanding (MOU) or agreement with the EPA excludes your project from further review
- Documentation that EPA has reviewed and commented on the proposed action within an SSA and a description of any mitigation measures, if necessary

X This project is in not within a sole source aquifer.

Sole Source Aquifers (CEST and EA)

General requirements	Legislation	Regulation
The Safe Drinking Water Act of 1974 protects drinking water systems which are the sole or principal drinking water source for an area and which, if contaminated, would create a significant hazard to public health.	Safe Drinking Water Act of 1974 (42 U.S.C. 201, 300f et seq., and 21 U.S.C. 349)	40 CFR Part 149
Reference		
https://www.hudexchange.info/environmental-review/sole-source-aquifers		

1. Is the project located on a sole source aquifer (SSA)⁶?

☒ No → *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide documentation used to make your determination, such as a map of your project (or jurisdiction, if appropriate) in relation to the nearest SSA and its source area.*

☐ Yes → *Continue to Question 2.*

2. Does your project consist solely of acquisition, leasing, or rehabilitation of an existing building(s)?

☐ Yes → *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below.*

☐ No → *Continue to Question 3.*

3. Does your region have a memorandum of understanding (MOU) or other working agreement with EPA for HUD projects impacting a sole source aquifer?

Contact your Field or Regional Environmental Officer or visit the HUD webpage at the link above to determine if an MOU or agreement exists in your area.

☐ Yes → *Provide the MOU or agreement as part of your supporting documentation. Continue to Question 4.*

☐ No → *Continue to Question 5.*

4. Does your MOU or working agreement exclude your project from further review?

☐ Yes → *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide documentation used to make your determination and document where your project fits within the MOU or agreement.*

⁶ A sole source aquifer is defined as an aquifer that supplies at least 50 percent of the drinking water consumed in the area overlying the aquifer. This includes streamflow source areas, which are upstream areas of losing streams that flow into the recharge area.

☐ No → *Continue to Question 5.*

5. Will the proposed project contaminate the aquifer and create a significant hazard to public health?

Consult with your Regional EPA Office. Your consultation request should include detailed information about your proposed project and its relationship to the aquifer and associated streamflow source area. EPA will also want to know about water, storm water and waste water at the proposed project. Follow your MOU or working agreement or contact your Regional EPA office for specific information you may need to provide. EPA may request additional information if impacts to the aquifer are questionable after this information is submitted for review.

☐ No → *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide your correspondence with the EPA and all documents used to make your determination.*

☐ Yes → *Work with EPA to develop mitigation measures. If mitigation measures are approved, attach correspondence with EPA and include the mitigation measures in your environmental review documents and project contracts. If EPA determines that the project continues to pose a significant risk to the aquifer, federal financial assistance must be denied. Continue to Question 6.*

6. In order to continue with the project, any threat must be mitigated, and all mitigation must be approved by the EPA. Explain in detail the proposed measures that can be implemented to mitigate for the impact or effect, including the timeline for implementation.

→ *Continue to the Worksheet Summary below. Provide documentation of the consultation (including the Managing Agency's concurrence) and any other documentation used to make your determination.*

Worksheet Summary

Compliance Determination

Provide a clear description of your determination and a synopsis of the information that it was based on, such as:

- Map panel numbers and dates
- Names of all consulted parties and relevant consultation dates
- Names of plans or reports and relevant page numbers
- Any additional requirements specific to your region

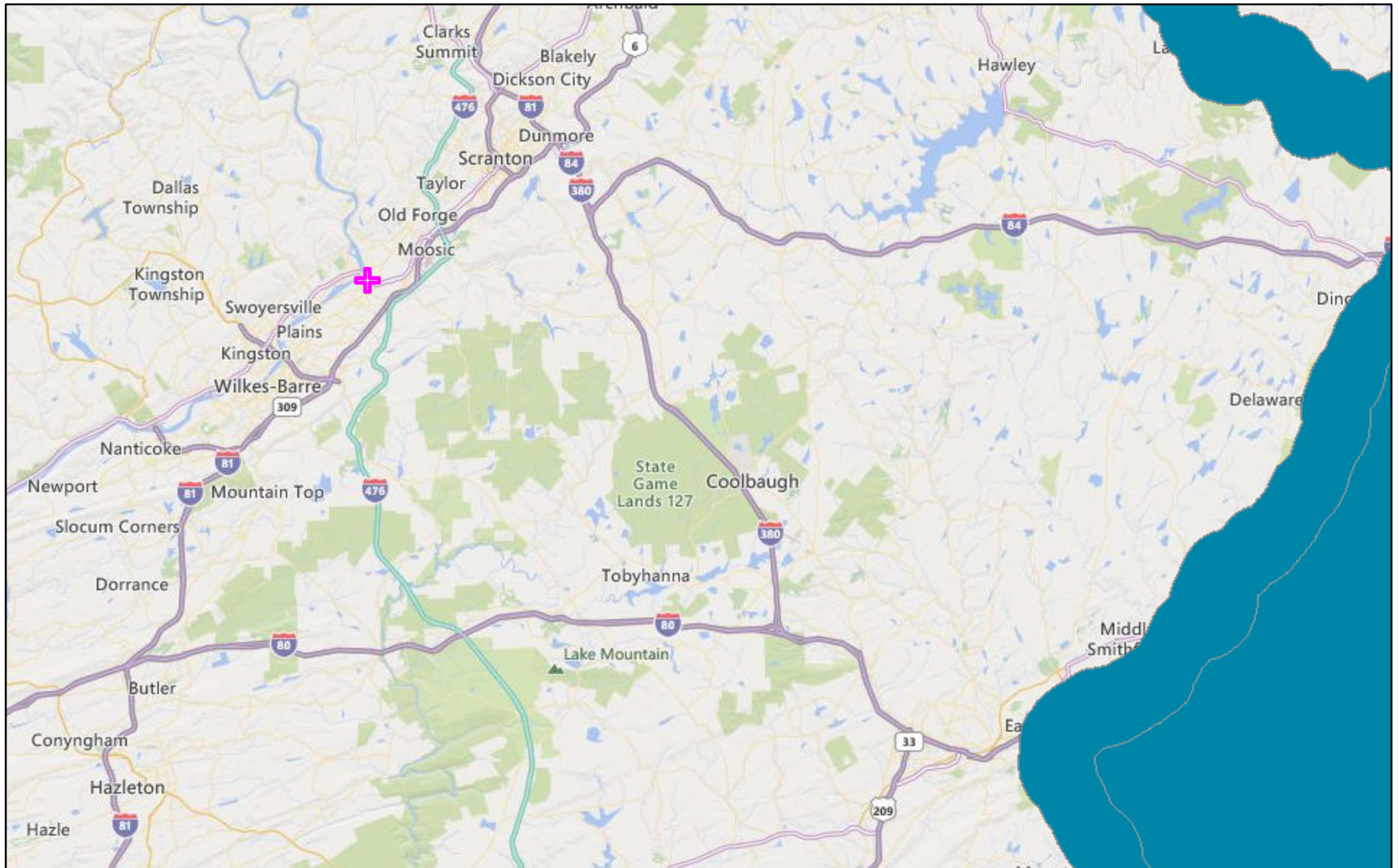
The project is not near a sole source aquifer. The nearest is over 52 miles away. See attached map

Are formal compliance steps or mitigation required?



☐ Yes

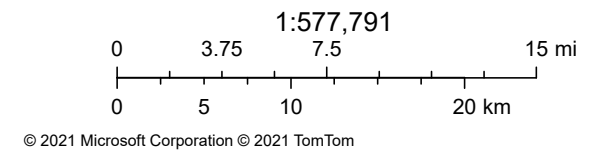
☒ No

Sole Source



January 26, 2021

-  Search Result (point)
-  Sole Source Aquifers



Wetlands Protection

Executive Order 11990, particularly sections 2 and 5

Wetlands Protection. This threshold is triggered when the project is within, or will affect, a wetland. This finding is based on review of the General Plan or other document, or by field observation. Following the Water Resources Council 8-step procedure, the project may be approved if there is no practicable alternative outside the wetland area.

Does this project involve new construction as defined in Executive Order 11990, expansion of a building's footprint, or ground disturbance? The term "new construction" shall include draining, dredging, channelizing, filling, diking, impounding, and related activities and any structures or facilities begun or authorized after the effective date of the Order.

If so, will the new construction or other ground disturbance impact an on- or off-site wetland? The term "wetlands" means those areas that are inundated by surface or ground water with a frequency sufficient to support, and under normal circumstances does or would support, a prevalence of vegetative or aquatic life that requires saturated or seasonally saturated soil conditions for growth and reproduction. Wetlands generally include swamps, marshes, bogs, and similar areas such as sloughs, potholes, wet meadows, river overflows, mud flats, and natural ponds.

If so, an 8-Step Process must be completed to determine that there are no practicable alternatives to wetlands development.

The environmental review record should contain **one** of the following:

- Documentation supporting the determination that an exception at 55.12(a)(3), 55.12(a)(4), 55.12(c)(3), 55.12(c)(7), or 55.12(c)(10) applies.
- Documentation supporting the determination that the project does not involve new construction (as defined in Executive Order 11990), expansion of a building's footprint, or ground disturbance.
- A map or other relevant documentation supporting the determination that the project does not impact an on- or off-site wetland.
- A completed 8-Step Process, including a map and the early and final public notices.



This project is in a developed area and will not impact wetlands.

Wetlands (CEST and EA)

General requirements	Legislation	Regulation
Executive Order 11990 discourages that direct or indirect support of new construction impacting wetlands wherever there is a practicable alternative. The Fish and Wildlife Service's National Wetlands Inventory can be used as a primary screening tool, but observed or known wetlands not indicated on NWI maps must also be processed. Off-site impacts that result in draining, impounding, or destroying wetlands must also be processed.	Executive Order 11990	24 CFR 55.20 can be used for general guidance regarding the 8 Step Process.
References		
https://www.hudexchange.info/environmental-review/wetlands-protection		

1. Does this project involve new construction as defined in Executive Order 11990, expansion of a building's footprint, or ground disturbance?

The term "new construction" shall include draining, dredging, channelizing, filling, diking, impounding, and related activities and any structures or facilities begun or authorized after the effective date of the Order.

☒ No → *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below.*

☐ Yes → *Continue to Question 2.*

2. Will the new construction or other ground disturbance impact an on- or off-site wetland?

The term "wetlands" means those areas that are inundated by surface or ground water with a frequency sufficient to support, and under normal circumstances does or would support, a prevalence of vegetative or aquatic life that requires saturated or seasonally saturated soil conditions for growth and reproduction. Wetlands generally include swamps, marshes, bogs, and similar areas such as sloughs, potholes, wet meadows, river overflows, mud flats, and natural ponds. Wetlands under E.O. 11990 include isolated and non-jurisdictional wetlands.

☐ No, a wetland will not be impacted in terms of E.O. 11990's definition of new construction.

→ *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide a map or any other relevant documentation to explain your determination.*

☐ Yes, there is a wetland that be impacted in terms of E.O. 11990's definition of new construction.

→ You must determine that there are no practicable alternatives to wetlands development by completing the 8-Step Process.

Provide a completed 8-Step Process as well as all documents used to make your determination, including a map. Be sure to include the early public notice and the final notice with your documentation.

Continue to Question 3.

3. For the project to be brought into compliance with this section, all adverse impacts must be mitigated. Explain in detail the exact measures that must be implemented to mitigate for the impact or effect, including the timeline for implementation.

Which of the following mitigation actions have been or will be taken? Select all that apply:

- ☐ Permeable surfaces
- ☐ Natural landscape enhancements that maintain or restore natural hydrology through infiltration
- ☐ Native plant species
- ☐ Bioswales
- ☐ Evapotranspiration
- ☐ Stormwater capture and reuse
- ☐ Green or vegetative roofs with drainage provisions
- ☐ Natural Resources Conservation Service conservation easements
- ☐ Compensatory mitigation

Worksheet Summary

Compliance Determination

Provide a clear description of your determination and a synopsis of the information that it was based on, such as:

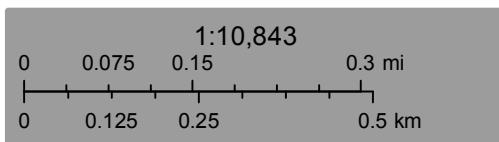
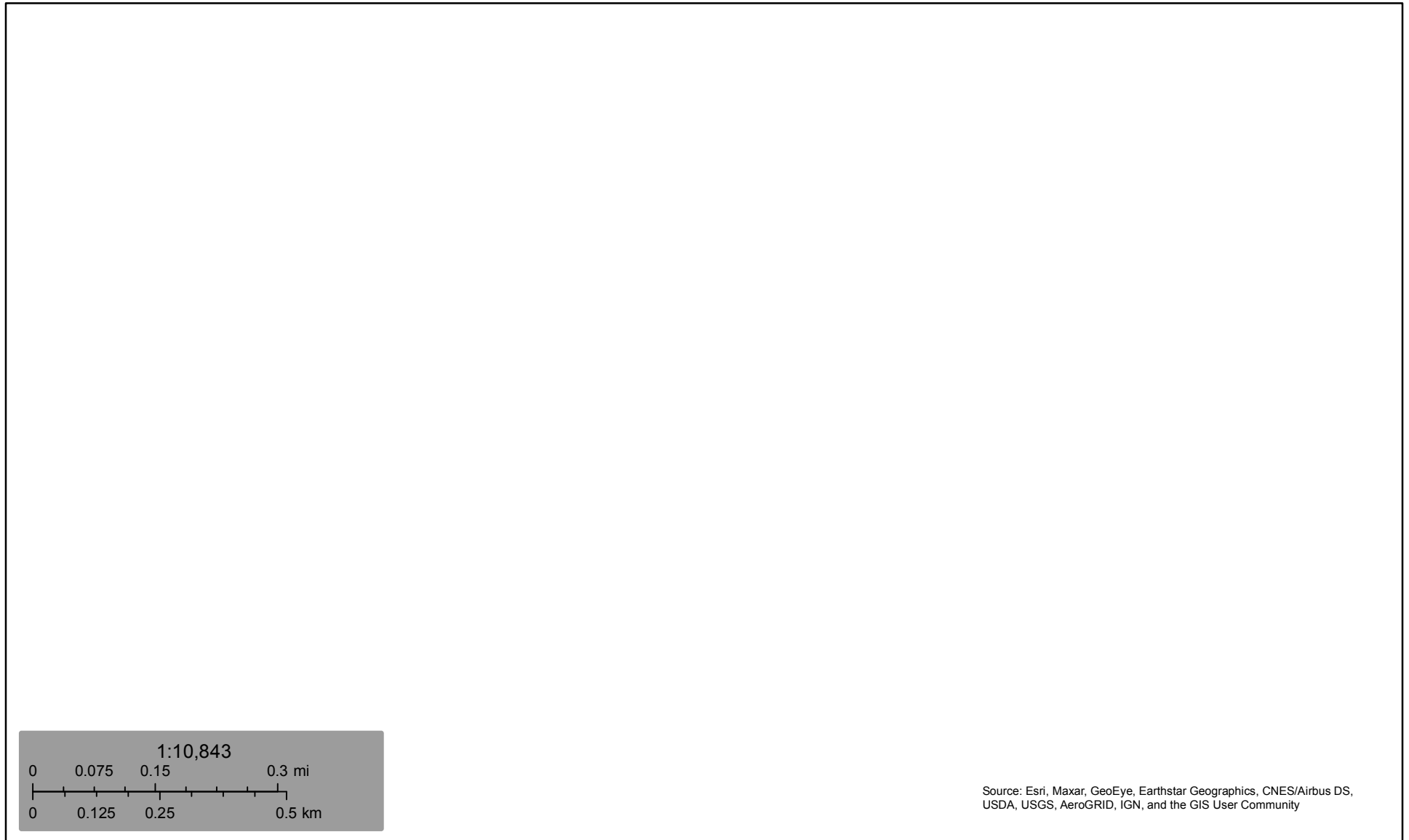
- Map panel numbers and dates
- Names of all consulted parties and relevant consultation dates
- Names of plans or reports and relevant page numbers
- Any additional requirements specific to your region

The project does not involve new construction as defined in Executive Order 11990, expansion of a building's footprint, or ground disturbance and is in compliance.

Are formal compliance steps or mitigation required?

- ☐ Yes
- ☒ No









Wetlands



Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

January 26, 2021

Wetlands

- | | | |
|--|---|--|
|  Estuarine and Marine Deepwater |  Freshwater Emergent Wetland |  Lake |
|  Estuarine and Marine Wetland |  Freshwater Forested/Shrub Wetland |  Other |
| |  Freshwater Pond |  Riverine |

This map is for general reference only. The US Fish and Wildlife Service is not responsible for the accuracy or currentness of the base data shown on this map. All wetlands related data should be used in accordance with the layer metadata found on the Wetlands Mapper web site.

Wild and Scenic Rivers

Wild and Scenic Rivers Act of 1968, particularly section 7(b) and (c)

Wild and Scenic Rivers. This threshold is reached when a project will have an effect on a river which is a component of the National Wild and Scenic Rivers system or is under consideration for inclusion in the system. This finding is based on geographical information provided by the National Wild and Scenic Rivers System.

Activities which could impact on the listed waterways requiring consultation are as follows:

1. Any new development in the area of a listed waterway.
2. Any water or sewer projects, especially if there is stream encroachment.
3. Recreation improvements in the area of a listed waterway

The environmental review record should contain **one** of the following:

- Evidence the proposed action is not within proximity to a designated Wild, Scenic, or Recreational River
- Documentation that contact was made with the Federal (or state) agency that has administrative responsibility for management of the river and that the proposed action will not affect river designation or is not inconsistent with the management and land use plan for the designated river area



This project will have no impact on any wild and scenic rivers.

Wild and Scenic Rivers (CEST and EA)

General requirements	Legislation	Regulation
The Wild and Scenic Rivers Act provides federal protection for certain free-flowing, wild, scenic and recreational rivers designated as components or potential components of the National Wild and Scenic Rivers System (NWSRS) from the effects of construction or development.	The Wild and Scenic Rivers Act (16 U.S.C. 1271-1287), particularly section 7(b) and (c) (16 U.S.C. 1278(b) and (c))	36 CFR Part 297
References		
https://www.hudexchange.info/environmental-review/wild-and-scenic-rivers		

1. Is your project within proximity of a NWSRS river as defined below?

Wild & Scenic Rivers: These rivers or river segments have been designated by Congress or by states (with the concurrence of the Secretary of the Interior) as wild, scenic, or recreational

Study Rivers: These rivers or river segments are being studied as a potential component of the Wild & Scenic River system.

Nationwide Rivers Inventory (NRI): The National Park Service has compiled and maintains the NRI, a register of river segments that potentially qualify as national wild, scenic, or recreational river areas

☒ No

→ Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide documentation used to make your determination, such as a map identifying the project site and its surrounding area or a list of rivers in your region in the Screen Summary at the conclusion of this screen.

☐ Yes, the project is in proximity of a Nationwide Rivers Inventory (NRI) River.

→ Continue to Question 2.

2. Could the project do *any* of the following?

- Have a direct and adverse effect within Wild and Scenic River Boundaries,
- Invade the area or unreasonably diminish the river outside Wild and Scenic River Boundaries, or
- Have an adverse effect on the natural, cultural, and/or recreational values of a NRI segment.

Consultation with the appropriate federal/state/local/tribal Managing Agency(s) is required, pursuant to Section 7 of the Act, to determine if the proposed project may have an adverse effect on a Wild & Scenic River or a Study River and, if so, to determine the appropriate avoidance or mitigation measures.

Note: Concurrence may be assumed if the Managing Agency does not respond within 30 days; however, you are still obligated to avoid or mitigate adverse effects on the rivers identified in the NWSRS

☐ No, the Managing Agency has concurred that the proposed project will not alter, directly, or indirectly, any of the characteristics that qualifies or potentially qualifies the river for inclusion in the NWSRS.

→ *Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below. Provide documentation of the consultation (including the Managing Agency's concurrence) and any other documentation used to make your determination.*

☐ Yes, the Managing Agency was consulted and the proposed project may alter, directly, or indirectly, any of the characteristics that qualifies or potentially qualifies the river for inclusion in the NWSRS.

→ *Continue to Question 3.*

- 3. For the project to be brought into compliance with this section, all adverse impacts must be mitigated. Explain in detail the proposed measures that must be implemented to mitigate for the impact or effect, including the timeline for implementation.**

--

→ *Continue to the Worksheet Summary below. Provide documentation of the consultation (including the Managing Agency's concurrence) and any other documentation used to make your determination.*

Worksheet Summary

Compliance Determination

Provide a clear description of your determination and a synopsis of the information that it was based on, such as:

- Map panel numbers and dates
- Names of all consulted parties and relevant consultation dates
- Names of plans or reports and relevant page numbers
- Any additional requirements specific to your region

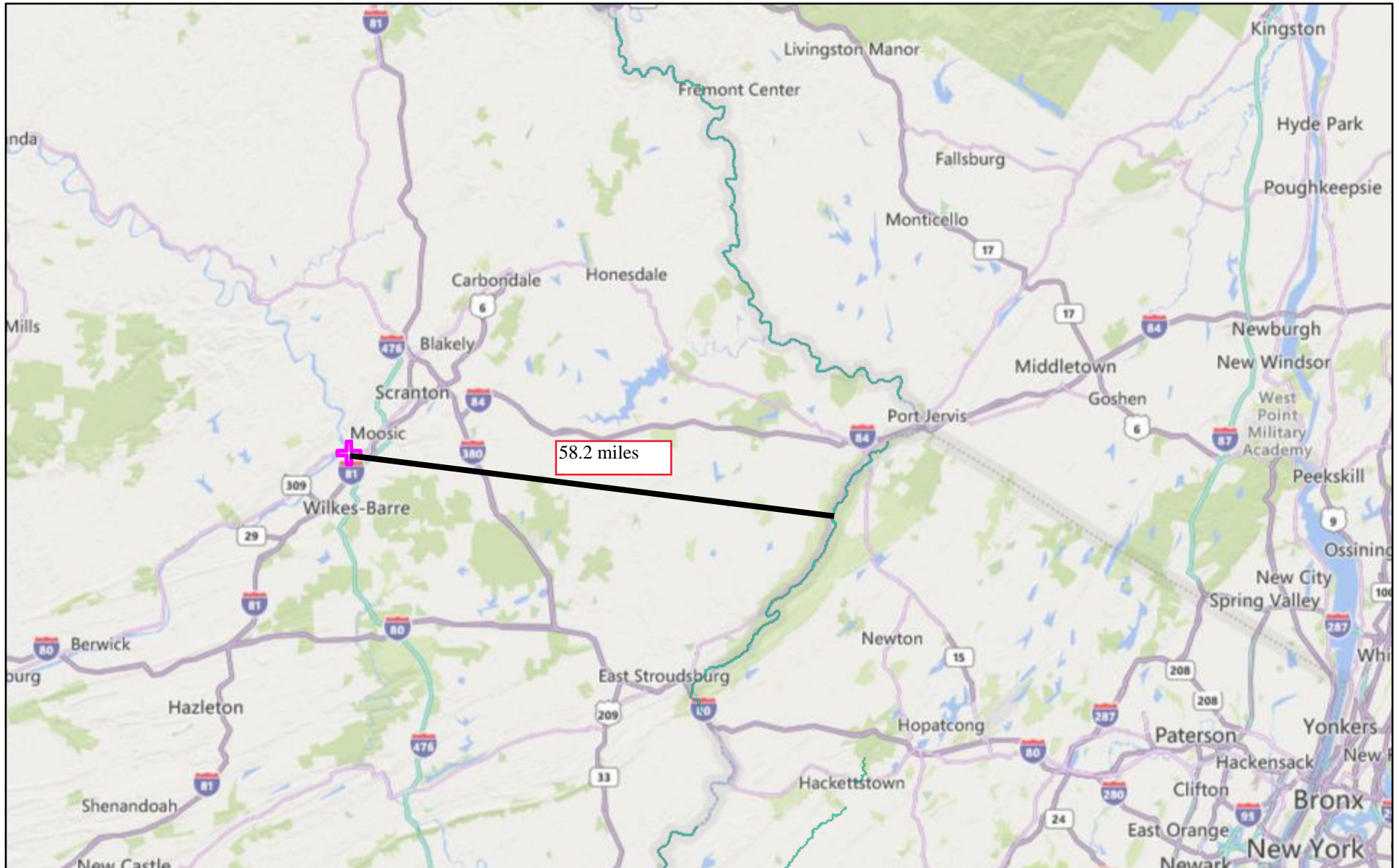
The closest Wild and Scenic River to the site is over 58 miles away. The project is in compliance. See attached map.

Are formal compliance steps or mitigation required?



☐ Yes

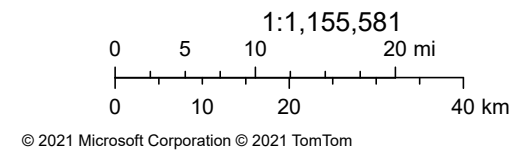
☒ No

Wild Scenic River



January 26, 2021

-  Search Result (point)
-  Wild and Scenic Rivers



Environmental Justice

Executive Order 12898

Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations.

This threshold applies in low-income or minority neighborhoods where the grantee proposes the acquisition of housing, the acquisition of land for development, and/or new construction. Environmental justice issues may include, but are not limited to, new, continued, or historically disproportionate potential for high and adverse human health and environmental effects on minority or low-income populations.

The project is likely to raise environmental justice issues and has the potential for new or continued disproportionately high and adverse human health and environmental effects on minority or low-income populations.

The environmental review record should contain **one** of the following:

- Evidence that the site or surrounding neighborhood does not suffer from adverse environmental conditions and evidence that the proposed action will not create an adverse and disproportionate environmental impact or aggravate an existing impact. (Describe how the proposed action will not have a disproportionate adverse impact on minority or low-income populations.)
- Evidence that the project is not in an environmental justice community of concern (demographics, income, etc.) or evidence that the project does not disproportionately affect a low-income or minority population
- If there are adverse effects on low-income or minority populations, documentation that that the affected community residents have been meaningfully informed and involved in a participatory planning process to address (remove, minimize, or mitigate) the adverse effect from the project and the resulting changes



The surrounding area does not suffer from adverse environmental conditions and the proposed action will not create an adverse disproportionate impact.

Environmental Justice (CEST and EA)

General requirements	Legislation	Regulation
Determine if the project creates adverse environmental impacts upon a low-income or minority community. If it does, engage the community in meaningful participation about mitigating the impacts or move the project.	Executive Order 12898	
References		
https://www.hudexchange.info/environmental-review/environmental-justice		

HUD strongly encourages starting the Environmental Justice analysis only after all other laws and authorities, including Environmental Assessment factors if necessary, have been completed.

1. Were any adverse environmental impacts identified in any other compliance review portion of this project's total environmental review?

☐ Yes → Continue to Question 2.

☒ No → Based on the response, the review is in compliance with this section. Continue to the Worksheet Summary below.

2. Were these adverse environmental impacts disproportionately high for low-income and/or minority communities?

☐ Yes

Explain:

→ Continue to Question 3. Provide any supporting documentation.

☐ No

Explain:

→ Continue to the Worksheet Summary and provide any supporting documentation.

3. All adverse impacts should be mitigated. Explain in detail the proposed measures that must be implemented to mitigate for the impact or effect, including the timeline for implementation.

☐ Mitigation as follows will be implemented:

→ *Continue to Question 4.*

☐ No mitigation is necessary.

Explain why mitigation will not be made here:

→ *Continue to Question 4.*

4. Describe how the affected low-income or minority community was engaged or meaningfully involved in the decision on what mitigation actions, if any, will be taken.

→ *Continue to the Worksheet Summary and provide any supporting documentation.*

Worksheet Summary

Compliance Determination

Provide a clear description of your determination and a synopsis of the information that it was based on, such as:

- Map panel numbers and dates
- Names of all consulted parties and relevant consultation dates
- Names of plans or reports and relevant page numbers
- Any additional requirements specific to your region

Project activity and location does not have any adverse impacts, including adverse impacts on minority or low-income populations.

Are formal compliance steps or mitigation required?

☐ Yes

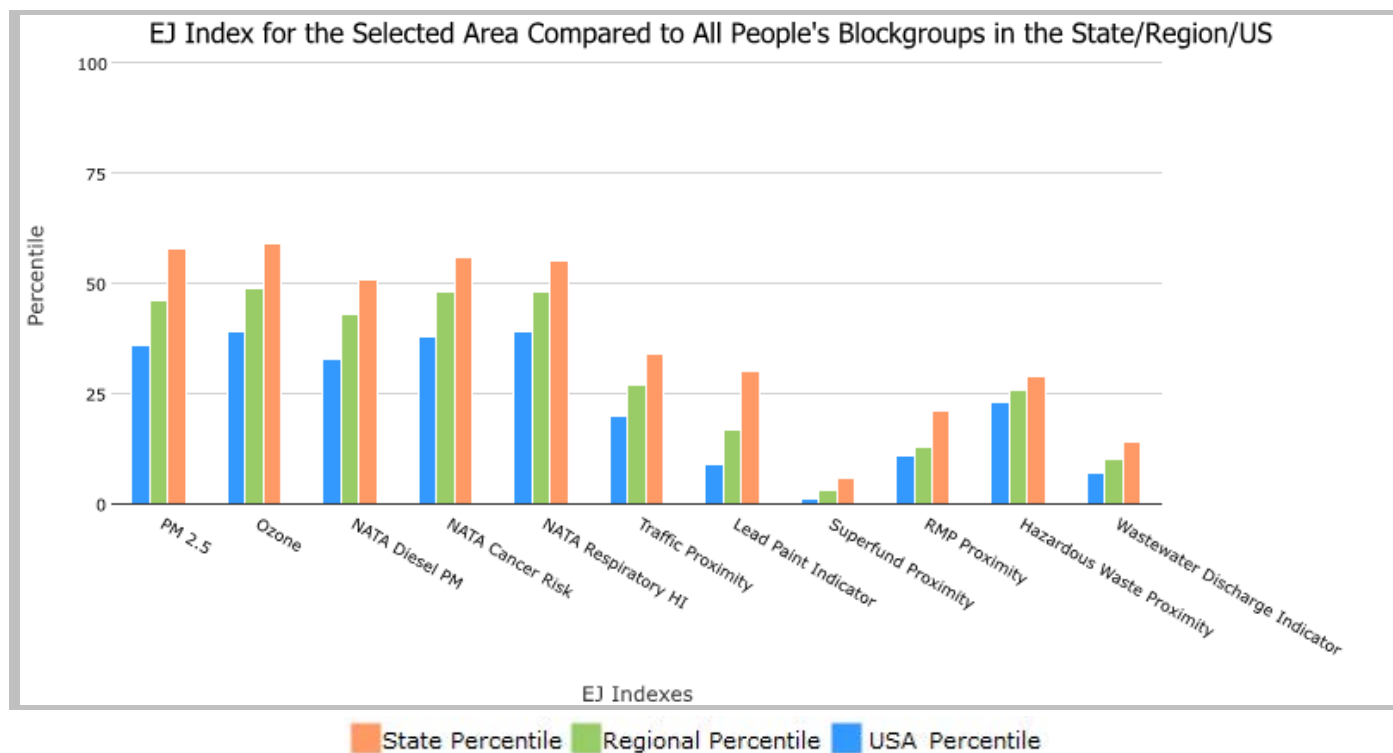
☒ No

1 mile Ring Centered at 41.321888,-75.785580, PENNSYLVANIA, EPA Region 3

Approximate Population: 12,297

Input Area (sq. miles): 3.14

Selected Variables	State Percentile	EPA Region Percentile	USA Percentile
EJ Indexes			
EJ Index for PM2.5	58	46	36
EJ Index for Ozone	59	49	39
EJ Index for NATA* Diesel PM	51	43	33
EJ Index for NATA* Air Toxics Cancer Risk	56	48	38
EJ Index for NATA* Respiratory Hazard Index	55	48	39
EJ Index for Traffic Proximity and Volume	34	27	20
EJ Index for Lead Paint Indicator	30	17	9
EJ Index for Superfund Proximity	6	3	1
EJ Index for RMP Proximity	21	13	11
EJ Index for Hazardous Waste Proximity	29	26	23
EJ Index for Wastewater Discharge Indicator	14	10	7

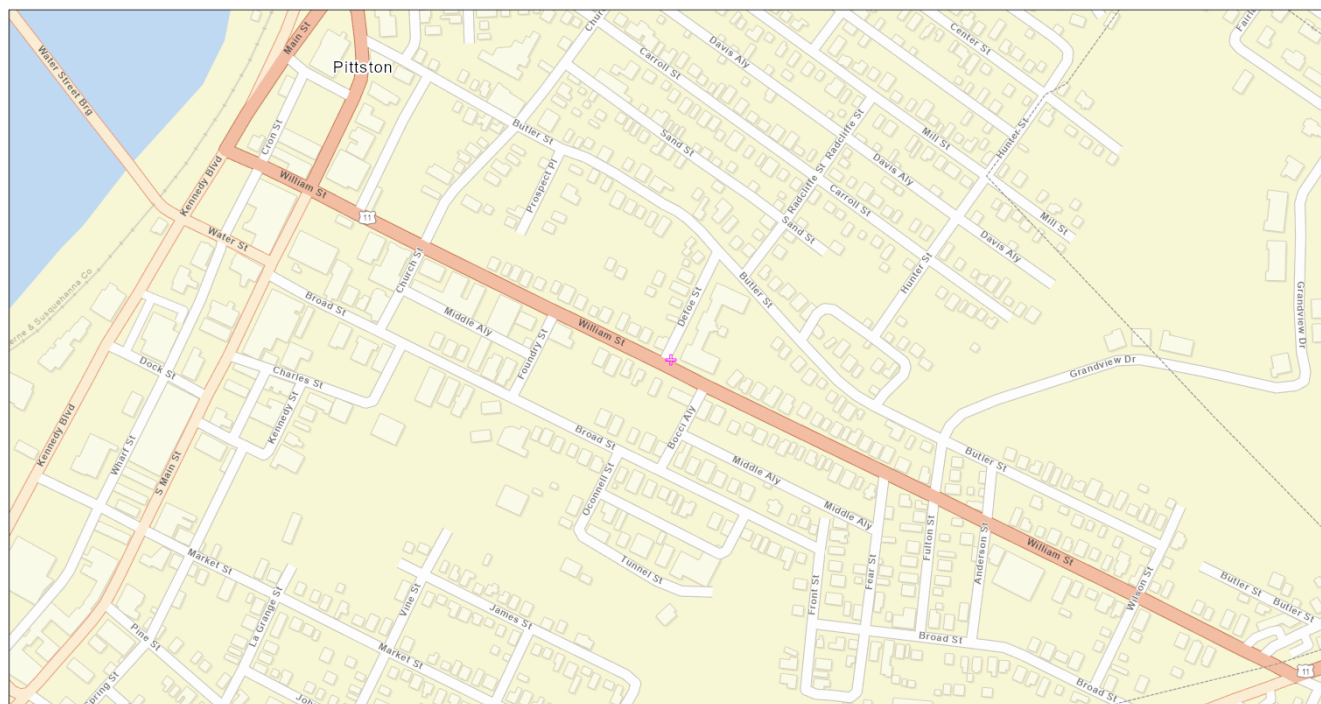


This report shows the values for environmental and demographic indicators and EJSCREEN indexes. It shows environmental and demographic raw data (e.g., the estimated concentration of ozone in the air), and also shows what percentile each raw data value represents. These percentiles provide perspective on how the selected block group or buffer area compares to the entire state, EPA region, or nation. For example, if a given location is at the 95th percentile nationwide, this means that only 5 percent of the US population has a higher block group value than the average person in the location being analyzed. The years for which the data are available, and the methods used, vary across these indicators. Important caveats and uncertainties apply to this screening-level information, so it is essential to understand the limitations on appropriate interpretations and applications of these indicators. Please see EJSCREEN documentation for discussion of these issues before using reports.

1 mile Ring Centered at 41.321888,-75.785580, PENNSYLVANIA, EPA Region 3

Approximate Population: 12,297

Input Area (sq. miles): 3.14



January 26, 2021

✚ Search Result (point)



Eri Community Maps Contributors, BuildingFootprintUSA, Eri, HERE, Garmin, SafeGraph, INCREMENT P, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA

Sites reporting to EPA

Superfund NPL

1

Hazardous Waste Treatment, Storage, and Disposal Facilities (TSDF)

0

EJSCREEN Report (Version 2020)

1 mile Ring Centered at 41.321888,-75.785580, PENNSYLVANIA, EPA Region 3

Approximate Population: 12,297

Input Area (sq. miles): 3.14

Selected Variables	Value	State Avg.	%ile in State	EPA Region Avg.	%ile in EPA Region	USA Avg.	%ile in USA
Environmental Indicators							
Particulate Matter (PM 2.5 in $\mu\text{g}/\text{m}^3$)	8.39	9.32	13	8.63	39	8.55	43
Ozone (ppb)	38.7	43.2	4	43.2	2	42.9	22
NATA* Diesel PM ($\mu\text{g}/\text{m}^3$)	0.342	0.445	37	0.477	<50th	0.478	<50th
NATA* Cancer Risk (lifetime risk per million)	27	32	29	31	<50th	32	<50th
NATA* Respiratory Hazard Index	0.33	0.37	34	0.4	<50th	0.44	<50th
Traffic Proximity and Volume (daily traffic count/distance to road)	350	570	58	650	58	750	60
Lead Paint Indicator (% Pre-1960 Housing)	0.73	0.48	75	0.36	84	0.28	89
Superfund Proximity (site count/km distance)	1.2	0.19	98	0.15	98	0.13	98
RMP Proximity (facility count/km distance)	0.97	0.8	72	0.62	80	0.74	75
Hazardous Waste Proximity (facility count/km distance)	1.2	1.6	59	2	55	5	54
Wastewater Discharge Indicator (toxicity-weighted concentration/m distance)	0.061	77	81	34	87	9.4	87
Demographic Indicators							
Demographic Index	22%	26%	58	30%	45	36%	34
People of Color Population	8%	23%	39	33%	25	39%	17
Low Income Population	36%	29%	70	27%	71	33%	61
Linguistically Isolated Population	0%	2%	57	3%	55	4%	45
Population With Less Than High School Education	11%	10%	65	10%	62	13%	56
Population Under 5 years of age	5%	6%	55	6%	51	6%	47
Population over 64 years of age	17%	17%	53	16%	60	15%	66

* The National-Scale Air Toxics Assessment (NATA) is EPA's ongoing, comprehensive evaluation of air toxics in the United States. EPA developed the NATA to prioritize air toxics, emission sources, and locations of interest for further study. It is important to remember that NATA provides broad estimates of health risks over geographic areas of the country, not definitive risks to specific individuals or locations. More information on the NATA analysis can be found at: <https://www.epa.gov/national-air-toxics-assessment>.

For additional information, see: www.epa.gov/environmentaljustice

EJSCREEN is a screening tool for pre-decisional use only. It can help identify areas that may warrant additional consideration, analysis, or outreach. It does not provide a basis for decision-making, but it may help identify potential areas of EJ concern. Users should keep in mind that screening tools are subject to substantial uncertainty in their demographic and environmental data, particularly when looking at small geographic areas. Important caveats and uncertainties apply to this screening-level information, so it is essential to understand the limitations on appropriate interpretations and applications of these indicators. Please see EJSCREEN documentation for discussion of these issues before using reports. This screening tool does not provide data on every environmental impact and demographic factor that may be relevant to a particular location. EJSCREEN outputs should be supplemented with additional information and local knowledge before taking any action to address potential EJ concerns.