

ILLINOIS DEPARTMENT OF NATURAL RESOURCES

One Natural Resources Way, Springfield 62701-1787

Request for Combined Review Endangered Species Consultation Process & Interagency Wetlands Policy Act

Please complete the following information and send to IDNR/Division of Resource Review and Coordination at the above address with a map delineating the project boundaries (USGS 7.5" topographic map preferred).

(IDNR USE Only)

(IDCEO USE Only)

Date Submitted: _____ IDNR Projcode: _____ IDCEO
Due Date: _____ CDAP #: _____

Applicant Project #: _____ Proposed Start Date: _____
Is this a resubmittal? ___ Yes ___ No (If yes, IDNR Projcode _____ and Date Submitted _____)

Applicant Name: _____ Contact Person: _____
Address: _____ Telephone Number: _____
_____ Fax Number: _____

Email Address: _____
State Agency Requiring Review: _____ Agency Contact Person: _____

Is State or State pass-through funding involved? ___ Yes ___ No

Location Information

Project Title: _____ County(ies): _____
City/Town: _____ Township _____ Range _____ Section(s) _____

Is a USCOE 404 Permit Required? ___ Yes ___ No ___ Unknown
Has a wetland delineation been performed? ___ Yes ___ No ___ Unknown (If yes, please enclose w/ submittal)

Brief Project Description _____

(For IDNR Use Only)

- Consultation Process (threatened or endangered species and natural areas) is terminated.
 - Consultation Process is not terminated. Additional information required, or protective restrictions and/or agreements exist for this project (See attached).**
- Project is in compliance with the Interagency Wetlands Policy Act (IWPA).
 - Project is not in compliance with the IWPA. Additional information, a Compensation Plan and/or monitoring provisions are required (See attached).**

IDNR Comment: _____

Program Manager _____ Date _____

- Please note:
1. The endangered species review is valid for two years and the wetland review for three years from the above signed date.
 2. The applicant must secure any other permits or approvals required by Federal, State or local laws.
 3. The presence or absence of wetlands documented through field verification takes precedence over information contained in the NWI maps; if a wetland is identified, additional coordination is required for compliance with the IWPA.

IDNR Projcode: _____

(For IDNR Use only)

REVIEWS PERFORMED
Endangered and Threatened Species/ INAI Sites/ Nature Preserves

Are threatened and endangered species, INAI sites or Nature Preserves known to occur within the vicinity of the project boundaries? _____ Yes _____ No

If yes, list the site(s) and/or species present or attach a list from the database.

EO Codes: _____

_____ No adverse impacts are deemed likely

Comments: _____

_____ No final determination can be made regarding impacts until a more specific location can be provided; if the project is funded and proceeds, further information will be required.

_____ Adverse impacts are deemed likely; additional information is required & consultation is not terminated.

Program Manager Date

Wetlands

_____ Wetlands are not present on the NWI maps within 250 feet of the project boundaries.

_____ Wetlands are present within 250 feet of the project boundaries and will require further review.

Program Review:

_____ The activity is exempt or no adverse impacts will occur; no further information is required.

_____ The activity is covered by a defined programmatic action; the applicant agrees to follow all programmatic action requirements defined in the appropriate Agency Action Plan.

_____ No final determination can be made regarding impacts until a more specific location can be provided; if the project is funded and proceeds, further information will be required.

_____ The project may not proceed without a field assessment, wetland delineation, and/or a compensation plan is prepared.

Wetland Review Conducted by Date

Initial Review by Date

State Agency Endangered Species & Interagency Wetlands Policy Act Review Report

Before completing this form, check the criteria provided by DCEO to determine if your project qualifies as an exemption. If your project does qualify as an exemption, you do not need to submit the project for review. If your project does require a review by the Department of Natural Resources (DNR), the following information should be completed before submitting this form for review. The form is double sided but the front side is the only side you will be required to fill out.

Date Submitted: date filling out form for submittal, it may be better to complete the form and enter the date it will go into the mail.

Applicant Project #: If the applicant refers to this project under a number code, please indicate what that number would be. This is to provide consistent record keeping of projects which come for review. If you do not have a number currently assigned to this project, leave it blank.

Proposed Start Date: Enter the date this project is scheduled to begin.

Is this a resubmittal? If the project was previously reviewed by DNR, answer **Yes** and enter the **DNR Projcode** that was assigned to the project by DNR. This number is found in the upper right hand corner of Agency Actions Reports, or should be included in any sign-off letter you received from our Department. **Enter the date** of that review as well. If you cannot find a number, leave it blank. If not previously reviewed, enter No.

Applicant Name: enter grant applicant name, (town, agency, organization, individual).

Contact Person: Provide the full name of the individual who could best answer questions on the proposed project.

Address: Provide the complete mailing address for us to send response. This is not DCEO's address.

Telephone Number: Provide the telephone number, with area code, of the contact person.

Fax Number and E-mail: If applicable, complete the information for project contact person.

State Agency Requiring Review: If this is for a DCEO grant, enter DCEO

Agency Contact Person: Enter the person from DCEO you are contacting for the grant.

Location Information

Project Title: Give complete name of project.

County(ies): List the County the project actions are to take place.

City/Town: Name the city or town the project actions are to take place.

Township, Range, Section: Provide this location information in the format T22N, R2W, Sec 18. This information can be found on USGS topographic maps. If you are not familiar with how to identify the specific legal location for the project site, contact your town/city assessor's office for clarification.

USGS Quad or NWI Map Names: Provide the name of the quadrangle map, used to gathered the **T, R, S** from above. A town planning office, assessors office, or county courthouse may have USGS topographical maps or National Wetland Inventory (NWI) maps to access for this information.

Is a USCOE 404 Permit Required? If you know, answer appropriately. Yes, No, Unknown.

Has a wetland delineation been performed? Yes or No, If yes please enclose with this review submittal.

Brief Project Description: In the space provided, describe what activity is being proposed. If there is no land disturbing activity you may want to see if your project qualifies as an exemption. See DCEO application package for more information regarding the exemptions.

The remaining sections of the form will be completed by the Department of Natural Resources, Division of Natural Resource Review and Coordination.