

**Pre-Construction Notification Form for SCDOT GP SAC 2015-1280, SAC 2015-1281, SAC 2015-1282,  
SAC 2015-1283 SAC 2015-1284, SAC 2015-1285, and SAC 2015-1286**

**Project Name** \_\_\_\_\_ **SAC #** \_\_\_\_\_  
**County:** \_\_\_\_\_

**The following must be completed with each RGP Request. There should be a box checked for each numbered item with all blanks filled in with appropriate information. If a blank is not applicable, state NA. The PCN will not be considered complete unless an answer is provided for every numbered item and the appropriate information listed for each item is enclosed.**

1.  What is the purpose of the project? \_\_\_\_\_  
\_\_\_\_\_
  
2.  Completed Joint Federal and State Application Form (enclosed). If additional space is needed, additional sheets may be attached, referencing specific sections of the Joint Application, as appropriate. # 41 is not required for RGP Applications.
  
3. Wetland Determination. (See Page 1 of the RGP "Type of Project").  
 For Improvement Projects, the PCN packet must contain a copy of the Wetland Determination Letter and copy of the referenced JD map, drawing, or plat.  
SAC \_\_\_\_\_ dated \_\_\_\_\_ is enclosed.  
  
 For Maintenance Projects, the PCN packet must contain a (1) Signed Jurisdictional Determination Request form (Approximate-Preliminary), to include information consistent with Charleston District's requirements for delineations and jurisdictional determination submittals (see <http://www.sac.usace.army.mil/missions/regulatory.aspx> ).
  
4.  Federal Highway Administration has completed a NEPA document entitled \_\_\_\_\_ and dated \_\_\_\_\_.  
A copy of the NEPA document is included in PCN packet.  
  
 Federal Highway Administration has not completed a NEPA document because  there is no federal funding associated with this project, or  it is incomplete at the time of DA submittal.
  
5.  Proposed Plans (enclosed). A location map, plan view, and cross sectional diagram should be provided. For bridge replacement projects, a bridge profile is needed.
  
6.  Impacts. Total Impacts to Wetlands are \_\_\_\_\_ acre(s) and/or \_\_\_\_\_ linear feet of waters of the US. This includes \_\_\_\_\_ acre(s) of impacts to tidally-influenced waters/ wetlands.
  
7.  Provide a detailed discussion of how impacts were avoided and minimized from the initial phase of the project plans to the project plan that is currently being proposed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Historic Properties. See Section II (2).

Note: Attach additional sheets, if needed.

There are no Section 106 Properties that will be affected by the proposed project (no potential to cause effects).

There are Section 106 Properties in the area but they will not be impacted by the proposed project. Provide copies of all correspondence with SHPO. Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Threatened and Endangered Species. See Section II (3).

There will be no effect on any federally threatened or endangered species or critical habitat. A Biological Assessment is included.

The proposed project is not likely to adversely affect (list appropriate federally threatened or endangered species) \_\_\_\_\_

\_\_\_\_\_

The Biological Assessment and copies of all correspondence with USFWS and/or NMFS is included.

10.  There will be no impacts to EFH.

The project will impact \_\_\_\_\_ acres of EFH. The EFH Assessment and copies of all correspondence with NMFS is enclosed. Any NMFS Conservation Recommendations must be clearly addressed and incorporated into the project in order for the PCN to be considered complete.

11. Floodplain Management Statement: Provide a statement that the proposed project complies with any applicable Federal Emergency Management Agency (FEMA) Flood Insurance Program regulations, and/or any State, County, or local regulations and whether the proposed project may cause increases in the base flood elevations to adjacent properties. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12.  In order to compensate for the impacts to WOTUS, the following is proposed as compensatory mitigation. Compensatory Mitigation Worksheets are enclosed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prepared By: \_\_\_\_\_  
Consultant or SCDOT Representative Name (Printed) and Signature

Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_  
SCDOT Representative Name (Printed) and Signature

Date: \_\_\_\_\_

Note: Attach additional sheets, if needed.