# Type I Non-Ground Disturbing Categorical Exclusion Action Classification Form

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| --- | --- |
| STIP Project No. |  |
| WBS Element |  |
| Federal Project No. |  |

A. Project Description: (Include project scope and location, including Municipality and County. Refer to the attached project location map and photos.)

B. Description of Need and Purpose:

C. Categorical Exclusion Action Classification: Type I

D. Proposed Improvements – Delete Action Classifications that do not apply.

1. Activities which do not involve or lead directly to construction (program activities), such as planning and research activities; grants for training; engineering to define the elements of a proposed action or alternatives so that social, economic, and environmental effects can be assessed; and Federal-aid system revisions which establish classes of highways on the Federal-aid highway system.

4. Activities included in the State's "highway safety plan" under 23 USC 402.

5. Transfer of Federal lands pursuant to 23 U.S.C. 107(d) and/or 23 U.S.C. 317 when the land transfer is in support of an action that is not otherwise subject to FHWA review under NEPA

10. Acquisition of scenic easements.

11. Determination of payback under 23 CFR Part 480 for property previously acquired with Federal-aid participation.

13. Ridesharing activities.

14. Bus and rail car rehabilitation.

15. Alterations to facilities or vehicles in order to make them accessible for elderly and handicapped persons.

16. Program administration, technical assistance activities, and operating assistance to transit authorities to continue existing service or increase service to meet routine changes in demand.

17. The purchase of vehicles by the applicant where the use of these vehicles can be accommodated by existing facilities or by new facilities which themselves are within a CE.

19. Purchase and installation of operating or maintenance equipment to be located within the transit facility and with no significant impacts off the site.

20. Promulgation of rules, regulations, and directives (Not applicable to NCDOT).

29. Purchase, construction, replacement, or rehabilitation of ferry vessels (including improvements to ferry vessel safety, navigation, and security systems) that would not require a change in the function of the ferry terminals and can be accommodated by existing facilities or by new facilities which themselves are within a CE.

E. Special Project Information: (Provide a description of relevant project information, which may include: vicinity map, costs, alternative analysis (if any), traffic control and staging, and resource agency/public involvement).

F. Project Impact Criteria Checklists:

|  |  |  |  |
| --- | --- | --- | --- |
| Type I - Non-Ground Disturbing Action | | Yes | No |
| If the proposed improvement (described above in Sections C & D) is a Non-Ground Disturbing Type I Action for 1, 4, 5, 10, 11, 13, 14, 15, 16, 17, 19, 20, &/or 29 then answer questions 1, 2, & 3. If question 3 is marked “yes,” FHWA approval is required. | | | |
| 1 | Is the project not consistent with the State Transportation Improvement Program? |  |  |
| 2 | Is the project located within a Historic District? If yes, FHWA coordination is required to determine the effects of the project on the district. FHWA signature (Section I of this Form) on the CE may not be required (see Question 3). |  |  |
| 3 | Does the project include adverse effects that cannot be resolved with a Memorandum of Agreement under Section 106 of the National Historic Preservation Act or have an adverse effect on a National Historic Landmark? |  |  |

G. Additional Documentation as Required from Section F

H. Project Commitments

**County  
Project Name  
Federal Project No.  
WBS No.  
TIP No.**

I. Categorical Exclusion Approval

|  |  |
| --- | --- |
| STIP Project No. |  |
| WBS Element |  |
| Federal Project No. |  |

**Prepared By:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Date <Name, Title>

<Organization>

|  |
| --- |
|  |

**Prepared For:**

<Organization>

**Reviewed By:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Date <Name, Title>

<Organization>

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|  | **Approved** | If the answer to question 3 in Section F is “no,” NCDOT approves this Categorical Exclusion. |
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|  | **Certified** | If the answer to question 3 in Section F is “yes,” NCDOT certifies this Categorical Exclusion. |

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|  |  |  |

Date <Name, Title>

North Carolina Department of Transportation

FHWA Approved: For Projects Certified by NCDOT (above), FHWA signature required.

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Date John F. Sullivan, III, PE, Division Administrator

Federal Highway Administration