

**APPENDIX 6.6 AML CATEGORICAL EXCLUSION DETERMINATION FORM
(REVISED JULY 2019)**

**ABANDONED MINE LANDS
CATEGORICAL EXCLUSION DETERMINATION**

State: _____ PA # _____

Project Name: _____

Project Description: *[Provide a detailed description of the project/proposed action (include what will be done and how)]*

Yes responses require submission of an Environmental Assessment (EA).

I. GENERAL EXCEPTIONS

Does the project type specifically require an EA in 516 DM Chapter 13, as specified in Item I of Appendix 6.5 of OSMRE's NEPA Handbook (2019)? No Yes

II. DEPARTMENT OF THE INTERIOR EXCEPTIONS
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Will the project have any of the following:

A significant adverse effect on public health or safety? No Yes

An adverse effect on any of the following unique geographic characteristics? No Yes

If yes, check the ones that apply.

- Parks (State, Local, or National)
- Wild or Scenic Rivers
- Recreation or Refuge Lands
- Wetlands
- Wilderness Areas
- Floodplains
- Ecologically Significant or Critical Areas
- Sole or Principal Drinking Water
- Prime Farmland
- Aquifers

Highly controversial environmental effects? No Yes

Highly uncertain and potentially significant environmental effects or unique or unknown environmental risks? No Yes

A precedent for future action or a decision in principle about future actions with potentially significant environmental effects?	No []	Yes []
Directly related to other actions with individually insignificant but cumulatively significant environmental effects?	No []	Yes []
Adverse effects on properties listed or eligible for listing on the National Register of Historic Places?	No []	Yes []
Adverse effects on species listed or proposed to be listed on the List of Endangered or Threatened Species, or have adverse effects on designated Critical Habitat for these species?	No []	Yes []
Require compliance with Executive Order 11988 (Floodplain Management), Executive Order 11990 (Wetlands Protection) or The Fish and Wildlife Coordination Act?	No []	Yes []
Threaten to violate a Federal, State, Tribal or local law or requirement imposed for the protection of the environment?	No []	Yes []
Involve unresolved conflicts concerning alternative uses of available resources (NEPA Sec. 102(2)(E))?	No []	Yes []
Have a disproportionate, significant adverse effect on low income or minority populations (EO 12898)?	No []	Yes []
Restrict access to and ceremonial use of Indian sacred sites by Indian religious practitioners or adversely affect the physical integrity of such sacred sites (EO 13007)	No []	Yes []
Contribute to the introduction, continued existence, or spread of noxious Weeds or non-native invasive species known to occur in the area or actions that may promote the introduction, growth, or expansion of the range of such species (Federal Noxious Weed Control Act and EO 13112)?	No []	Yes []

III. RESOURCE IMPACT EXCEPTIONS
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Are there any unresolved issues, or adverse effects requiring specialized mitigation, for any of the following resources? If yes, check the ones that apply.

No [] Yes []

- | | |
|---|---|
| <input type="checkbox"/> Topography
<input type="checkbox"/> Land Use (includes prime farmland)
<input type="checkbox"/> Soils
<input type="checkbox"/> Vegetation (includes wetlands)
<input type="checkbox"/> Hydrology
<input type="checkbox"/> Fish and Wildlife | <input type="checkbox"/> Historic and Cultural
<input type="checkbox"/> Recreation
<input type="checkbox"/> Air Quality
<input type="checkbox"/> Noise
<input type="checkbox"/> Other (includes socioeconomics) |
|---|---|

IV. ATTACH CONSULATION LETTERS AND A LOCATION MAP

V. RESPONSIBLE OFFICIAL CERTIFICATION

Signature: _____ Date: _____

Name and Title: _____

VI. OSMRE DETERMINATION

- This project conforms with the exclusion criteria in 516 DM Chapter 13, and is excluded from further NEPA compliance.
- This project does not conform with the exclusion criteria in 516 DM Chapter 13, and requires an Environmental Assessment. As such, OSMRE will complete an *Evaluation of a Proposed Action* template (see Appendix 4.1 of OSMRE's NEPA Handbook (2019)).

OSMRE Reviewer Signature: _____ Date: _____

Name and Title: _____

Signature: _____ Date: _____

Name and Title: _____