Environmental Assessment
USVI Department of Health Interim Clinics
St. Croix, St. Thomas, and St. John, U.S. Virgin Islands

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FEMA
U.S. Department of Homeland Security
Federal Emergency Management Agency Region II
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LIST OF ACRONYMS

APE – Area of Potential Effect
CEQ – Council on Environmental Quality
CFR – Code of Federal Regulations
CZMA – Coastal Zone Management Act
CZMP – Coastal Zone Management Plan
DHS – Department of Homeland Security
DOH – U.S. Virgin Islands Department of Health
DPNR – Department of Planning and Natural Resources
DPW – U.S. Virgin Islands Department of Public Works
EA – Environmental Assessment
EIS – Environmental Impact Statement
EO – Executive Order
EPA – U.S. Environmental Protection Agency
ESA – Endangered Species Act
FONSI – Finding of No Significant Impact
IPaC – USFWS “Information for Planning and Conservation” website
MBTA – Migratory Bird Treaty Act
NEPA – National Environmental Policy Act
NHPA – National Historic Preservation Act
NRHP – National Register of Historic Places
NRHP – National Register of Historic Places
NMFS – National Marine Fisheries Service
NOAA – National Oceanic and Atmospheric Administration
NRHP – National Register of Historic Places
sf – square feet
SHPO – State Historic Preservation Officer
SOI – Secretary of the Interior
STJ – St. John
STT – St. Thomas
STX – St. Croix
USACE – U.S. Army Corps of Engineers
USFWS – U.S. Fish and Wildlife Service
USVI or “the territory” – U.S. Virgin Islands
VITEMA – U.S. Virgin Islands Territorial Emergency Management Agency
1.0 INTRODUCTION

In September 2017, Hurricanes Irma and Maria caused significant damages to the U.S. Virgin Islands (USVI or “the territory”). President Donald Trump issued one disaster declaration (DR-4335-VI) for Irma on September 7, and one (DR-4340-VI) for Maria on September 20 encompassing the entire territory. The declarations authorized federal assistance to affected communities and certain non-profit organizations in accordance with the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1974 (42 U.S.S. 5172), as amended. The Declaration also authorized direct federal assistance.

This Environmental Assessment (EA) is prepared in accordance with Section 102 of the National Environmental Policy Act (NEPA) of 1969, as amended; and the Regulations for Implementation of the National Environmental Policy Act (40 Code of Federal Regulations [CFR] Parts 1500 to 1508). The purpose of the EA is to consider the potential environmental impacts of the proposed project and alternatives, including a no action alternative, and to determine whether to prepare an Environmental Impact Statement (EIS) or a Finding of No Significant Impact (FONSI). In accordance with above referenced regulations and FEMA Directive 108-1 and FEMA Instruction 108-1-1, FEMA is required, during decision-making, to fully evaluate and consider the environmental consequences of major federal actions it funds or undertakes.

In recognition of the unprecedented devastation of the 2017 Hurricane Season, FEMA, in consultation with the Department of Homeland Security (DHS), determined that exigent circumstances exist. As a result, FEMA may use streamlined procedures under NEPA to expedite response and recovery assistance to the impacted areas in accordance with Federal Register Notice Docket ID: FEMA-2017-0035, dated 11/22/2017. This EA makes use of those streamlined procedures to facilitate timely decision-making in support of response and recovery efforts.

2.0 PURPOSE AND NEED

The purpose of this action is to support the U.S. Virgin Islands Department of Health (DOH) delivery of health care and social services to the residents of each of the three most populated islands of the territory. The need for this project is to address the deficiencies in the physical environment housing health and social service delivery.

3.0 PROJECT BACKGROUND

Originally constructed to a mid-20th century service model and with construction methods available at the time, the DOH retrofitted hospitals and clinics in the 1980s to include air conditioning. The delivery model of health care and social services for the territory has been impacted over the years by an outdated physical environment and clinic infrastructure, degrading
interior environment due to poor air circulation leading to mold problems, and a history of past
hurricane damages and repairs.

Hurricanes Irma and Maria worsened already vulnerable service infrastructure with additional
damages to the existing clinics. The result of these factors has contributed to a history of patients
seeking care off-island, diminishing resources available through attrition and discouraging
recruitment and retention of health care professionals. Following damages from Irma and Maria,
clinics took on patients seeking care at hospitals lacking capacity to treat them. FEMA, in
partnership with other federal agencies, relocated dialysis patients to Georgia and North Carolina;
so far, these patients have been unable to return home due to lack of available treatment.

4.0 ALTERNATIVES

FEMA is considering the following alternatives based upon engineering constraints,
environmental impacts and available property. Budgetary constraints are considered but were not
the controlling factor. Under the NEPA Streamlining Procedures for Harvey, Irma, Maria and Nate
the Proposed Action and No Action are the only two alternatives required in this analysis unless
another is readily available or provided by an applicant.

4.1 Alternative 1: No Action Alternative

The No Action Alternative would result in no FEMA funding supporting physical infrastructure
to the DOH in providing health or social service delivery to the public. The DOH would continue
to offer services in damaged and outdated facilities via already vulnerable delivery models. The
extant conditions at the clinics would continue to expose health care providers, employees, and
patients to the mold and sub-standard conditions. Virgin Islanders would likely continue to seek
health services off-island, contributing to the loss of services and lack of capital to maintain health
and social services infrastructure on the territory.

4.2 Alternative 2: Proposed Alternative

The Proposed Alternative is for the U.S. Army Corps (USACE) to install modular clinic units
under FEMA mission assignment on St. Thomas (STT), St. John (STJ), and St. Croix (STX) to
provide interim facilities for health and social service delivery to Virgin Islanders. Contractors for
USACE will design and construct these modular units in the Continental U.S. and ship them to the
three islands to sites identified by the DOH. The proposed STJ site and facility conforms to
FEMA’s categorical exclusions under NEPA; depending on final design and siting plan, the STT
may or may not conform to categorical exclusions. The proposed facility for STX exceeds the
parameters of FEMA’s categorical exclusions; all three are included in this EA as the design of
the facilities and sites are preliminary.
The proposed STJ site is at the Myrah Keating Smith Clinic in Susannaberg; the proposed modular structure will be approximately 3,500 square feet (sf). The DOH is tentatively proposing siting the structure on the parking lot to minimize the amount of site preparation; utilities will connect to existing infrastructure on-site. The USACE scope of work for contractor bid contains additional information about design, manufacture, and installation of the facility (Appendix B, Documents 1-3). Based on the scopes of work for the other two sites, FEMA anticipates that if the DOH identifies a need for additional parking for the STJ site, no more than one-half acre will be disturbed.

The proposed STT site is at the Schneider Regional Medical Center in Estate Thomas; the proposed modular structure will be approximately 26,000 sf. based on area needed by program areas across seven adjoining buildings. The DOH proposes locating the facility at the northeast corner of the medical center with parking on the north side of the buildings adjacent to the road. The Department of Public Works (DPW) used the site for debris staging after Irma and Maria; FEMA and USACE require the DPW to complete all debris removal before installation of the clinic buildings. Utilities will connect to existing infrastructure on-site. FEMA anticipates no more than approximately two acres of ground disturbance consisting of light grading, vegetation removal, and construction of structure foundations and parking. The USACE scope of work for contractor bid contains additional information about design, manufacture, and installation of the facility (Appendix B, Documents 1-3).

The proposed STX site is at the Charles Harwood Memorial Hospital in Christiansted; the proposed modular structure will also be approximately 26,000 sf based on the area needed by program areas across the buildings. The DOH proposes locating the facility on the northeast corner of the hospital parcel with temporary parking across the street on an adjacent parcel; DOH submitted this temporary parking as a FEMA Public Assistance project. Multiple public housing structures that occupied the site were demolished by the Department of Housing between 2015 and 2016. FEMA is considering funding demolition of an approximately 6,000 sf utilitarian metal building on the northwest side of the hospital on the same parcel. Utilities will connect to existing infrastructure on-site. FEMA anticipates no more than approximately five acres of ground disturbance consisting primarily of light grading and vegetation removal, plus the construction of structure foundations and parking. The DPW conducted vegetative clearing in mid-January of the proposed clinic area; as of the writing of this EA, the proposed parking area is still overgrown and fenced off. The USACE scope of work for contractor bid contains additional information about design, manufacture, and installation of the facility (Appendix B, Documents 1-3).

The approximate square footage does not account for covered walkways, interior hallways, or utility space. FEMA anticipates that any new parking associated with these interim clinics will use common construction practices for gravel parking. The expected lifespan of use of these facilities is three to five years, and the Territory has stated that DOH will remove the clinics at that time; no
written plan exists for the final disposition of the structures at this time. The Territory intends to restore the sites to the pre-project condition within five years, including removal of any utilities, parking, and revegetating the site.

4.3 Impact Evaluation

The Council on Environmental Quality (CEQ) notes: “Effects includes ecological (such as the effects on natural resources and on the components, structures, and functioning of affected ecosystems), aesthetic, historic, cultural, economic, social, or health, whether direct, indirect, or cumulative. Effects may also include those resulting from actions which may have both beneficial and detrimental effects, even if on balance the agency believes that the effect will be beneficial” (40 CFR 1508.8). Consistent with NEPA streamlining guidance, FEMA used the scoping checklist (see Appendix A), limiting further discussion in this EA to only those impacts exceeding negligible effects.

5.0 AFFECTED ENVIRONMENT AND POTENTIAL IMPACTS

This section discusses the potential impacts of the No Action Alternative and the Proposed Action on environmental resources. The potential cumulative environmental impacts are also discussed (see Section 5.4 Cumulative Impacts).

5.1 Coastal Resources

The Coastal Zone Management Act (CZMA), requires states/territories with shorelines in coastal zones to have a Coastal Zone Management Plan (CZMP) to manage coastal development. Projects falling within designated coastal zones must be evaluated to ensure they are consistent with the CZMP. Projects receiving federal assistance must follow the procedures outlined in 15 CFR 930.90 – 930.101 and Section 307 of the CZMA, 16 U.S.C. 1451 et seq. for federal coastal zone consistency determinations. The U.S. Virgin Islands identified and promulgated substantive policies in order to guide development and resource management within the territory’s coastal area. The Virgin Islands Coastal Zone Management Act empowers the Division of Coastal Zone Management (housed under the Department of Planning and Natural Resources [DPNR]) to administer and enforce the provisions of the Coastal Zone Management Act, including management of permits, other regulated activities, or land disturbance to properties within the coastal erosion hazard areas.

5.1.1 Existing Conditions

The Virgin Islands Coastal Zone Management Act defines the coastal zone for the territory as “all land and water areas of the Territory of the United States Virgin Islands extending to the outer limits of the territorial sea”. FEMA submitted a letter requesting Federal Consistency
Determination to DPNR, Division of Coastal Zone Management (see Appendix C, Correspondence 2).

5.1.2 Potential Impacts and Proposed Mitigation

Alternative 1: No Action Alternative

The “No Action Alternative” would have no impacts on the coastal zone of the USVI, as no FEMA resources would be provided to install medical clinics on STX, STT, and STJ.

Alternative 2: Proposed Alternative

FEMA anticipates that DPNR will find this activity consistent with the USVI Coastal Zone Management Plan. FEMA will await response from DPNR before making a determination to issue an anticipated FONSI in order to incorporate any conditions or recommendations into the project.

5.2 Biological Resources: Vegetation and Wildlife

5.2.1 Existing Conditions

Vegetation

The proposed sites on STT and STJ both include little to no vegetation, beyond some grassy areas. Specifically, the STT site is on an open area used as a debris site immediately following Hurricanes Irma and Maria, and the STJ site is on an existing paved parking lot surrounded by lawns and driveways.

The proposed site on STX includes trees and other vegetation over the majority of the three-acre area. Housing occupied much of the site until those structures were demolished between 2015 and 2016. Moreover, it is in a largely urbanized area in Christiansted.

Wildlife – Endangered Species Act

The Endangered Species Act (ESA) of 1973 provides a program for the conservation of threatened and endangered plants and animals and the habitats in which they are found. The lead Federal agencies for implementing ESA are the United States Fish and Wildlife Service (USFWS) and the U.S. National Oceanic and Atmospheric Administration (NOAA) National Marine Fisheries Service (NMFS). The law requires Federal agencies to ensure actions they authorize, fund, or carry out are not likely to jeopardize the continued existence of any listed species or result in the destruction or adverse modification of designated critical habitat of such species. The law also prohibits any action that causes a “taking” of any listed species of endangered fish or wildlife.
FEMA searched the project locations on the USFWS “Information for Planning and Consultation” (IPaC) website showed the potential for the presence of the following Endangered Species Act-listed threatened or endangered species or related critical habitat:

**STX:** Roseate Tern, Hawksbill Sea Turtle, Leatherback Sea Turtle, St. Croix Ground Lizard, Virgin Islands Tree Boa, Agave eggersiana, Catesbaea melanocarpa, and Vahl’s Boxwood.

None of the listed species and/or designated critical habitat will be found in the project area. The St. Croix Ground Lizard is presumed extinct on St. Croix. The Virgin Islands Tree Boa only has documented populations on St. Thomas. The Roseate Tern, and Hawksbill and Leatherback Sea Turtles are not found in forested areas (section 9 References).

**STT:** Roseate Tern, Hawksbill Sea Turtle, Leatherback Sea Turtle, Virgin Islands Tree Boa, St. Thomas Prickly-ash.

**STJ:** Roseate Tern, Hawksbill Sea Turtle, Leatherback Sea Turtle, Virgin Islands Tree Boa, Calyptranthes thomasiana, St. Thomas Prickly-ash.

**Invasive Species – Executive Order (EO) 13112**

The EO 13112, Invasive Species, requires federal agencies, to the extent practicable, to prevent the introduction of invasive species and provide for their control and to minimize the economic, ecological, and human health impacts that invasive species cause. Invasive species prefer disturbed habitats and generally possess high dispersal abilities, enabling them to out-compete native species.

**Migratory Birds**

The Migratory Bird Treaty Act (MBTA) of 1918 provides a program for the conservation of migratory birds that fly through lands of the United States. The lead Federal agency for implementing the MBTA is the United States Fish and Wildlife Service (USFWS). The law requires Federal agencies to ensure that actions they authorize, fund, or carry out are not likely to jeopardize the continued existence of any migratory birds or result in the destruction or adverse modification of designated critical habitat of such species. The law makes it illegal for anyone to “take,” possess, import, export, transport, sell, purchase, barter, or offer for sale, purchase, or barter, any migratory bird, or their parts, feathers, nests, or eggs. “Take” is defined as “to pursue, hunt, shoot, wound, kill, trap, capture, or collect, or any attempt to carry out these activities.”

FEMA searched the project locations on the USFWS IPaC website showed “no migratory birds of conservation concern expected to occur” at any location.
5.2.2 Potential Impacts and Proposed Mitigation

Alternative 1: No Action

The “No Action Alternative” would have no impacts on biological resources, as no FEMA resources would be provided to install medical clinics on STX, STT, and STJ.

Alternative 2: Proposed Alternative

Vegetation

The proposed sites on STT and STJ would have temporary effects on grassed areas due to trenching to run utility lines into the new facilities. The proposed facilities on both islands are to be temporary, with restoration of the respective sites after takedown to pre-disaster condition.

The proposed site on STX would include clearing trees and other vegetation of approximately five acres, including trenching to run utility lines into the new facility. The proposed facility on STX is to be temporary, with restoration of the site after takedown to pre-disaster condition. FEMA recommends that restoration include planting of native vegetation, to the extent practicable, to prevent establishment of invasive species.

Wildlife

Each of the proposed sites would become largely uninhabitable to wildlife during the period of operation, except to those animals that thrive in disturbed and degraded areas. FEMA expects no impact to migratory birds or to threatened or endangered species due to the absence of suitable habitat and past uses of the land.

5.3 Cultural Resources

As a Federal agency, FEMA must consider the potential effects of its funded actions upon cultural resources prior to engaging in any undertaking. FEMA evaluates potential effects in accordance with Section 106 of the National Historic Preservation Act (NHPA), as amended, and implemented by 36 CFR Part 800. The NHPA of 1966 defines a historic property as “any prehistoric or historic district, site, building, structure, or object included in, or eligible for inclusion on the National Register.” The eligibility criteria for listing a property on the National Register of Historic Places (NRHP) are defined in 36 CFR. Part 60. FEMA evaluates the Area of Potential Effects (APE) pursuant to 36 CFR 800.4(a)(1), defined as the geographic area(s) within which the undertaking may directly or indirectly affect cultural resources.

5.3.1 Existing Conditions

Secretary of the Interior (SOI) – qualified FEMA architectural historians conducted research on the three existing facilities; The Myrah Keating Smith Clinic on STJ (constructed 1982) and the Roy Lester Schneider Regional Medical Center Clinic on STT (constructed 1983) do not meet the criterion for listing on the National Register of Historic Places.
The Territory constructed the Charles Harwood Memorial Hospital on STX in 1953 and made subsequent additions between 1970 and 1983. The northeast corner of the property and the adjacent parcel contained a public housing complex built between 1970 and 1983. The Territory demolished the housing complex between April 2015 and July 2016, including below ground utilities as part of that demolition. FEMA architectural historians determined that the Charles Harwood Memorial Hospital is not eligible for listing on the National Register of Historic Sites. The Richmond Prison Detention and Workhouse site is located about 100 feet north-northwest of the proposed site. It is a ruin listed on the National Register for Criterion A and Criterion C. The ruin as viewed from the site is almost completely overgrown with vegetation and only partially visible. FEMA evaluated the three sites for potential archaeological resources. There are no documented historic sites within the areas of potential effect. The STT site is near Estate Thomas and Charlotte Amalie High School historic archaeological sites and the STJ site is near two historic archaeological sites and one prehistoric archaeological site.

Due to the close proximity of the Richmond Prison site and the presence of other documented historic and pre-historic sites within .25 miles of the APE FEMA anticipates elevated sensitivity for archaeological resources.

5.3.2 Potential Impacts and Proposed Mitigation

Alternative 1: No Action

Under the “No Action Alternative” there would be no impacts as FEMA would not expend resources to support the DOH with interim clinics.

Alternative 2: Proposed Alternative

FEMA, in consultation with the State Historic Preservation Officer (SHPO) anticipates receiving concurrence on a determination of “no historic properties affected” for the STJ and STT sites. The potential impact of the undertaking at these sites would be negligible.

FEMA in consultation with the SHPO anticipates receiving concurrence on a NHPA determination of “no historic properties affected” at the STX site provided ground disturbance is limited to 12 inches below current grade. Given this ground disturbance requirement, FEMA believes the potential impact of the undertaking would be negligible. To assure this impact, FEMA is requiring that any ground disturbing activities exceeding the 12-inch limitation must be conducted under the supervision of an SOI qualified archeologist. In addition, the construction contractors must follow the Unexpected Discoveries, Previously Unidentified Properties, or Unexpected Effects clause from the July 14, 2016 Programmatic Agreement between FEMA, SHPO, and U.S. Virgin Island Territorial Emergency Management Agency (VITEMA) (Appendix D).

5.4 Cumulative Impacts

In accordance with NEPA, this EA considers the overall cumulative impact of the Proposed Alternative and other actions that are related in terms of time or proximity. According to the Council of Environmental Quality (CEQ) regulations, cumulative impacts represent the “impact
on the environment which results from the incremental impacts of the action when added to other past, present, and reasonably foreseeable future actions, regardless of what federal agency (federal or non-federal) or person undertakes such other actions. Cumulative impacts can result from individually minor but collectively significant actions taking place over a period of time” (40 CFR 1508.7).

Cumulative impacts are those impacts “… which result from the incremental impact of the action when added to other past, present and reasonably foreseeable future actions…” (40 CFR 1508.7)

The statutory basis for considering cumulative impacts of federal actions is the NEPA of 1969, 42 U.S.C. 4321 et seq. In the context of evaluating the scope of a proposed action, direct, indirect and cumulative impacts must be considered.

In addition to NEPA, other statutes require federal agencies to consider cumulative impacts. These include the Clean Water Act section 404 (b) (1) guidelines; the regulations implementing the conformity provisions of the Clean Air Act; the regulations implementing Section 106 of the NHPA; and the regulations implementing section 7 of the ESA.

This proposed project is meant to provide for immediate medical capacity needs in the USVI due to the damages to medical facilities in Hurricanes Irma and Maria. The medical clinics on each island have an expected operating period of 3-5 years because that is the predicted timespan to devise and implement permanent solutions to meet the needs of DOH and the public. The permanent solutions may involve construction that would have the potential for both environmental impacts and societal effects that may be wide-ranging and, at this time, unpredictable. Should the Territory submit permanent solutions to FEMA for funding, FEMA will conduct subsequent NEPA reviews according to FEMA Directive 108-1 and FEMA Instruction 108-1-1.

**6.0 PERMITS AND PROJECT CONDITIONS**

The construction contractors are responsible for obtaining all applicable Federal, State, and local permits and other authorizations for project implementation prior to construction and adherence to all permit conditions. Any substantive change to the approved scope of work will require re-evaluations by FEMA for compliance with NEPA and other laws and EOs. The construction contractors must also adhere to the following conditions during project implementations and consider the below conservation recommendations. Failure to comply with grant conditions may jeopardize Federal funds:

1. Restore project sites to pre-disaster condition upon closure of temporary medical clinics
2. All construction and clearing, light grading, and ground disturbing activities would be limited to 12” (twelve inch) depth below pre-construction surface grade.
3. Any activities that exceed the 12” (twelve inch) depth restriction require the direction and monitoring presence of an SOI qualified Archaeologist.

4. The construction contractors will apply for and comply with any conditions of applicable Construction General Permit under the Territorial Pollution Discharge Elimination System.

5. The construction contractors must follow the Unexpected Discoveries, Previously Unidentified Properties, or Unexpected Effects clause from the July 14, 2016 Programmatic Agreement between FEMA, SHPO, and VITEMA (Appendix D).

7.0 AGENCY COORDINATION AND PUBLIC INVOLVEMENT

FEMA will make this EA available for agency and public review and comment for a period of five days, available at https://www.fema.gov/environmental-documents-public-notices-region-ii.

FEMA announced the availability of the EA through social media as well as on FEMA’s Disaster webpage https://www.fema.gov/disaster/4340. FEMA also sent the EA to the following partners:

VITEMA
U.S. Virgin Islands Department of Health

U.S. Environmental Protection Agency (EPA)

Health and Social Services Recovery Support Function

USACE Emergency Support Function

This EA reflects the evaluation and assessment of the federal government, the decision maker for the federal action; however, FEMA will take into consideration any substantive comments received during the public review period to inform the final decision regarding grant approval and project implementation. FEMA invites the public to submit written comments by emailing femar2comment.fema.dhs.gov.

If FEMA receives no substantive comments from the public and/or agency reviewers, FEMA will adopt the EA will be adopted as final with the issuance of a FONSI. If FEMA receives substantive comments, FEMA will evaluate and address comments and either revise the EA or address comments in the FONSI documentation.
8.0 LIST OF PREPARERS

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USACE 4335/4340 Joint Field Office, Christiansted, VI 00820

9.0 REFERENCES

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