Full Environmental Assessment Form Part 1 - Project and Setting

Instructions for Completing Part 1

Part 1 is to be completed by the applicant or project sponsor. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification.

Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Applicant/Sponsor Information.

Name of Action or Project:		
Project Location (describe, and attach a general location map):		
Brief Description of Proposed Action (include purpose or need):		
Name of Applicant/Sponsor:	Telephone:	
Name of Applicant/Sponsor.	E-Mail:	
	E-IVIAII.	
Address:		
City/PO:	State:	Zip Code:
Project Contact (if not same as sponsor; give name and title/role):	Telephone:	
	E-Mail:	
Address:		
City/PO:	State:	Zip Code:
Property Owner (if not same as sponsor):	Telephone:	
	E-Mail:	
Address:		
City/PO:	State:	Zip Code:

B. Government Approvals

B. Government Approvals, Funding, or Sponsorship.	("Funding"	'includes grants,	loans, tax rel	lief, and any o	ther forms	of financial
assistance.)						

Government I	Entity	If Yes: Identify Agency and Approval(s) Required		ation Date r projected)
a. City Council, Town Boar or Village Board of Trust				
b. City, Town or Village Planning Board or Comm	□ Yes □ No			
c. City, Town or Village Zoning Board of	□ Yes □ No Appeals			
d. Other local agencies	\Box Yes \Box No			
e. County agencies	\Box Yes \Box No			
f. Regional agencies	\Box Yes \Box No			
g. State agencies	\Box Yes \Box No			
h. Federal agencies	\Box Yes \Box No			
i. Coastal Resources.<i>i</i>. Is the project site with	in a Coastal Area, o	or the waterfront area of a Designated Inland Water	way?	□ Yes □ No
<i>ii</i> . Is the project site loca <i>iii</i> . Is the project site with	•	with an approved Local Waterfront Revitalization Hazard Area?	Program?	□ Yes □ No □ Yes □ No

C. Planning and Zoning

C.1. Planning and zoning actions.	
 Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed? If Yes, complete sections C, F and G. If No, proceed to question C.2 and complete all remaining sections and questions in Part 1 	□ Yes □ No
C.2. Adopted land use plans.	
a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located?	□ Yes □ No
If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located?	□ Yes □ No
b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway; Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?)If Yes, identify the plan(s):	□ Yes □ No
c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan?If Yes, identify the plan(s):	□ Yes □ No

C.3. Zoning	
a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. If Yes, what is the zoning classification(s) including any applicable overlay district?	□ Yes □ No
b. Is the use permitted or allowed by a special or conditional use permit?	□ Yes □ No
c. Is a zoning change requested as part of the proposed action?If Yes,<i>i</i>. What is the proposed new zoning for the site?	□ Yes □ No
C.4. Existing community services.	
a. In what school district is the project site located?	
b. What police or other public protection forces serve the project site?	
c. Which fire protection and emergency medical services serve the project site?	
d. What parks serve the project site?	

D. Project Details

D.1. Proposed and Potential Development	
a. What is the general nature of the proposed action (e.g., residential, indecomponents)?	Istrial, commercial, recreational; if mixed, include all
b. a. Total acreage of the site of the proposed action?	acres
b. Total acreage to be physically disturbed?	acres
c. Total acreage (project site and any contiguous properties) owned	
or controlled by the applicant or project sponsor?	acres
c. Is the proposed action an expansion of an existing project or use?	\Box Yes \Box No
<i>i</i> . If Yes, what is the approximate percentage of the proposed expansio	
square feet)? % Units:	
d. Is the proposed action a subdivision, or does it include a subdivision?	\Box Yes \Box No
If Yes,	
<i>i</i> . Purpose or type of subdivision? (e.g., residential, industrial, commerce	ial; if mixed, specify types)
<i>ii.</i> Is a cluster/conservation layout proposed?	\Box Yes \Box No
<i>iii</i> . Number of lots proposed?	
<i>iv.</i> Minimum and maximum proposed lot sizes? Minimum	_ Maximum
e. Will the proposed action be constructed in multiple phases?	\Box Yes \Box No
<i>i</i> . If No, anticipated period of construction:	months
<i>ii</i> . If Yes:	
 Total number of phases anticipated 	
Anticipated commencement date of phase 1 (including demoliti	
 Anticipated completion date of final phase 	monthyear
• Generally describe connections or relationships among phases, i	
determine timing or duration of future phases:	

	et include new resid				\Box Yes \Box No
If Yes, show num	bers of units propo				
	One Family	<u>Two Family</u>	Three Family	Multiple Family (four or more)	
Initial Phase					
At completion					
of all phases					
g Doos the prop	and action include	now non residentie	al construction (inclu	ding expansions)?	□ Yes □ No
If Yes,	seu action menude	new non-residentia	a construction (mete	unig expansions):	
/	of structures				
ii. Dimensions (in feet) of largest p	roposed structure:	height;	width; andlength	
iii. Approximate	extent of building	space to be heated	or cooled:	square feet	
h. Does the prope	sed action include	construction or oth	er activities that will	result in the impoundment of any	□ Yes □ No
				agoon or other storage?	105 110
If Yes,		II J,	I , , , , , , , , , , , , , , , , , , ,	6	
<i>i</i> . Purpose of the	impoundment:				
ii. If a water imp	oundment, the prin	cipal source of the	water:	□ Ground water □ Surface water stream	ms \Box Other specify:
<i>iii</i> . If other than w	vater, identify the t	ype of impounded/	contained liquids and	l their source.	
iv Approximate	size of the propose	d impoundment	Volume	million gallons; surface area:	acres
v. Dimensions o	f the proposed dam	or impounding str	ucture:	height; length	
				ructure (e.g., earth fill, rock, wood, cond	crete):
D.2. Project Op					
				uring construction, operations, or both?	\Box Yes \Box No
		ation, grading or in	stallation of utilities	or foundations where all excavated	
materials will r	emain onsite)				
If Yes:	6.1				
<i>i</i> . What is the pu	irpose of the excav	ation or dredging?			
				b be removed from the site?	
		?		ged, and plans to use, manage or dispose	a of them
<i>III.</i> Describe natu	re and characteristi	es of materials to b	e excavated of dredg	ged, and plans to use, manage of dispose	e of them.
iv. Will there be	onsite dewatering	or processing of ex	cavated materials?		\Box Yes \Box No
If yes, descri	be				
<i>v</i> . What is the to	tal area to be dredg	ged or excavated?		acres	
		•		acres	
			or dredging?	feet	
	vation require blas				\Box Yes \Box No
<i>ix.</i> Summarize sit	e reclamation goals	s and plan:			
b. Would the prop	posed action cause	or result in alteration	on of, increase or de	crease in size of, or encroachment	\Box Yes \Box No
			ch or adjacent area?		
If Yes:			-		
				vater index number, wetland map numb	
description):					

<i>ii</i> . Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in squ	
<i>iii.</i> Will the proposed action cause or result in disturbance to bottom sediments?	Yes □ No
If Yes, describe:	
<i>iv.</i> Will the proposed action cause or result in the destruction or removal of aquatic vegetation? If Yes:	\Box Yes \Box No
 acres of aquatic vegetation proposed to be removed: expected acreage of aquatic vegetation remaining after project completion: 	
 purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): 	
proposed method of plant removal:	
if chemical/herbicide treatment will be used, specify product(s):	
v. Describe any proposed reclamation/mitigation following disturbance:	
Will the managed action was an exact a new demand for writer?	
. Will the proposed action use, or create a new demand for water? f Yes:	\Box Yes \Box No
<i>i</i> . Total anticipated water usage/demand per day: gallons/day	
<i>ii.</i> Will the proposed action obtain water from an existing public water supply?	\Box Yes \Box No
f Yes:	
Name of district or service area:	
• Does the existing public water supply have capacity to serve the proposal?	□ Yes □ No
• Is the project site in the existing district?	🗆 Yes 🗆 No
• Is expansion of the district needed?	🗆 Yes 🗆 No
• Do existing lines serve the project site?	\Box Yes \Box No
ii. Will line extension within an existing district be necessary to supply the project?	\Box Yes \Box No
f Yes:	
Describe extensions or capacity expansions proposed to serve this project:	
Source(s) of supply for the district:	
<i>iv.</i> Is a new water supply district or service area proposed to be formed to serve the project site? f, Yes:	□ Yes □ No
Applicant/sponsor for new district:	
Date application submitted or anticipated:	
Proposed source(s) of supply for new district:	
<i>v</i> . If a public water supply will not be used, describe plans to provide water supply for the project:	
vi. If water supply will be from wells (public or private), what is the maximum pumping capacity:	gallons/minute.
. Will the proposed action generate liquid wastes?	□ Yes □ No
f Yes:	
<i>i</i> . Total anticipated liquid waste generation per day: gallons/day	
ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe al	l components and
approximate volumes or proportions of each):	
<i>ii.</i> Will the proposed action use any existing public wastewater treatment facilities?	□ Yes □ No
If Yes:	
Name of wastewater treatment plant to be used:	
Name of district:	
• Does the existing wastewater treatment plant have capacity to serve the project?	□ Yes □ No
• Is the project site in the existing district?	\Box Yes \Box No
• Is expansion of the district needed?	\Box Yes \Box No

• Do existing sewer lines serve the project site?	\Box Yes \Box No
• Will a line extension within an existing district be necessary to serve the project?	\Box Yes \Box No
If Yes:	
Describe extensions or capacity expansions proposed to serve this project:	
Will a new most successful (annual) tracture of district he formed to some the main of site?	
<i>iv.</i> Will a new wastewater (sewage) treatment district be formed to serve the project site? If Yes:	\Box Yes \Box No
Applicant/sponsor for new district:	
Date application submitted or anticipated:	
 What is the receiving water for the wastewater discharge?	
<i>v</i> . If public facilities will not be used, describe plans to provide wastewater treatment for the project, including speci	fying proposed
receiving water (name and classification if surface discharge or describe subsurface disposal plans):	J 81 1
vi. Describe any plans or designs to capture, recycle or reuse liquid waste:	
e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point	\Box Yes \Box No
sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point	
source (i.e. sheet flow) during construction or post construction?	
If Yes:	
<i>i</i> . How much impervious surface will the project create in relation to total size of project parcel?	
Square feet or acres (impervious surface)	
Square feet or acres (parcel size)	
<i>ii.</i> Describe types of new point sources.	
<i>iii.</i> Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent pr	operties
groundwater, on-site surface water or off-site surface waters)?	speries,
groundwater, on site surface water of on site surface waters).	
If to surface waters, identify receiving water bodies or wetlands:	
• Will stormwater runoff flow to adjacent properties?	\Box Yes \Box No
<i>iv.</i> Does the proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater?	\Box Yes \Box No
f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel	\Box Yes \Box No
combustion, waste incineration, or other processes or operations?	
If Yes, identify:	
<i>i</i> . Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)	
<i>ii.</i> Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers)	
iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation)	
g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit,	\Box Yes \Box No
or Federal Clean Air Act Title IV or Title V Permit?	
If Yes:	
<i>i</i> . Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet	\Box Yes \Box No
ambient air quality standards for all or some parts of the year)	
<i>ii.</i> In addition to emissions as calculated in the application, the project will generate:	
•Tons/year (short tons) of Carbon Dioxide (CO ₂)	
•Tons/year (short tons) of Nitrous Oxide (N ₂ O)	
•Tons/year (short tons) of Perfluorocarbons (PFCs)	
 Tons/year (short tons) of Perfluorocarbons (PFCs) Tons/year (short tons) of Sulfur Hexafluoride (SF₆) 	
•Tons/year (short tons) of Perfluorocarbons (PFCs)	

 h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? If Yes: <i>i</i>. Estimate methane generation in tons/year (metric): 	□ Yes □ No
 <i>ii.</i> Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generative, flaring): 	enerate heat or
 Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): 	□ Yes □ No
 j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services? If Yes: <i>i</i>. When is the peak traffic expected (Check all that apply): □ Morning □ Evening □ Weekend □ Randomly between hours of to <i>ii</i>. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks) 	□ Yes □ No
iii. Parking spaces: Existing Proposed Net increase/decrease	
 <i>iv.</i> Does the proposed action include any shared use parking? <i>v.</i> If the proposed action includes any modification of existing roads, creation of new roads or change in existing 	Yes No
 <i>vi.</i> Are public/private transportation service(s) or facilities available within ½ mile of the proposed site? <i>vii</i> Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? <i>viii.</i> Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? 	□ Yes □ No □ Yes □ No □ Yes □ No
 k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? If Yes: <i>i</i>. Estimate annual electricity demand during operation of the proposed action: <i>ii</i>. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/demand.) 	
other): <i>iii.</i> Will the proposed action require a new, or an upgrade, to an existing substation?	□ Yes □ No
1. Hours of operation. Answer all items which apply. ii. During Operations: iii. During Construction: iii. During Operations: iii. During Operations: iii. During Operations: Sunday: iii. During Operations	

m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both?	\Box Yes \Box No
If yes:	
<i>i</i> . Provide details including sources, time of day and duration:	
<i>ii.</i> Will the proposed action remove existing natural barriers that could act as a noise barrier or screen? Describe:	\Box Yes \Box No
n. Will the proposed action have outdoor lighting?	□ Yes □ No
If yes: <i>i</i> . Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:	
. Describe source(s), rocation(s), neight of fixture(s), ancedomann, and proximity to nearest occupied structures.	
<i>ii.</i> Will proposed action remove existing natural barriers that could act as a light barrier or screen?	□ Yes □ No
Describe:	
o. Does the proposed action have the potential to produce odors for more than one hour per day? If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest	\Box Yes \Box No
occupied structures:	
p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products 185 gallons in above ground storage or any amount in underground storage?	\Box Yes \Box No
If Yes:	
<i>i</i> . Product(s) to be stored	
<i>iii.</i> Generally, describe the proposed storage facilities:	
q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation?	□ Yes □ No
If Yes:	
<i>i</i> . Describe proposed treatment(s):	
<i>ii.</i> Will the proposed action use Integrated Pest Management Practices?	□ Yes □ No
r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal	\Box Yes \Box No
of solid waste (excluding hazardous materials)? If Yes:	
<i>i</i> . Describe any solid waste(s) to be generated during construction or operation of the facility:	
Construction: tons per (unit of time)	
• Operation : tons per (unit of time)	
 <i>ii.</i> Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waster Construction:	:
• Operation:	
iii. Proposed disposal methods/facilities for solid waste generated on-site:	
Construction:	
• Operation:	

s. Does the proposed action include construction or modification of a solid waste management facility?
If Yes:
<i>i</i> . Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities):
<i>ii.</i> Anticipated rate of disposal/processing:
• Tons/month, if transfer or other non-combustion/thermal treatment, or
• Tons/hour, if combustion or thermal treatment
<i>iii.</i> If landfill, anticipated site life: years
t. Will the proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous 🗆 Yes 🗆 No
waste?
If Yes:
<i>i</i> . Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility:
<i>ii</i> . Generally describe processes or activities involving hazardous wastes or constituents:
<i>iii</i> . Specify amount to be handled or generated tons/month
<i>iv.</i> Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents:
v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? \Box Yes \Box No
If Yes: provide name and location of facility:
If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility:
E. Site and Setting of Proposed Action

E.1. Land uses on and surrounding the project site				
a. Existing land uses. <i>i</i> . Check all uses that occur on, adjoining and near the project site. □ Urban □ Industrial □ Commercial □ Residential (suburban) □ Rural (non-farm) □ Forest □ Agriculture □ Aquatic □ Other (specify):				
b. Land uses and covertypes on the project site.				
Land use or Covertype	Current Acreage	Acreage After Project Completion	Change (Acres +/-)	
• Roads, buildings, and other paved or impervious surfaces				
• Forested				
• Meadows, grasslands or brushlands (non- agricultural, including abandoned agricultural)				
• Agricultural (includes active orchards, field, greenhouse etc.)				
• Surface water features (lakes, ponds, streams, rivers, etc.)				
• Wetlands (freshwater or tidal)				
• Non-vegetated (bare rock, earth or fill)				
Other Describe:				

d. Are there my facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed □ Yes □ No day care centers, or group homes) within 1500 feet of the project site? If Yes, i. Identify Facilities:	c. Is the project site presently used by members of the community for public recreation?<i>i.</i> If Yes: explain:	\Box Yes \Box No
If Yes: <i>i</i> . Dimensions of the dam and impoundment: • Dam height: • Dam height: • Dam height: • Dam height: • Sufface area: • Sufface area: • Volume impounded: • gallons OR acre-fect <i>ii</i> . Dam's existing hazard classification: <i>iii</i> . Provide date and summarize results of last inspection: • Volume impounded: • Volume impounded: • Volume impounded: • Sufface area: • Volume impounded: • gallons OR acre-fect <i>iii</i> . Drovide date and summarize results of last inspection: • Volume impounded: • Volume impounded: • Yes □ No • If Yes: <i>i</i> . Has the project site ever been used as a municipal, commercial or industrial solid waste management facility? If Yes: <i>i</i> . Has the facility been formally closed? • If yes, cite sources/documentation: <i>iii</i> . Describe the location of the project site relative to the boundaries of the solid waste management facility: <i>iii</i> . Describe any development constraints due to the prior solid waste activities: • If yes: <i>i</i> . Ave bazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin • Yes □ No • Provide database or been conducted at or adjacent to the proposed site? If Yes: <i>i</i> . Describe waste(s) handled and waste management activities, including approximate time when activities occurred: • <i>i</i> . Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site • Yes □ No • Remediain database? • Provide DEC ID number(s): • No • No • No • Remediain database? • Provide DEC ID number(s): • No • No • If yes to (i), (ii) or (iii) above, describe current status of site(s): • Wes □ No • If yes to (i), (ii) or (iii) above, describe current status of site(s): • Wes □ No • No •	 d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site? If Yes, 	□ Yes □ No
If Yes: <i>i</i> . Dimensions of the dam and impoundment: • Dam height: • Dam height: • Dam height: • Dam height: • Sufface area: • Sufface area: • Volume impounded: • gallons OR acre-fect <i>ii</i> . Dam's existing hazard classification: <i>iii</i> . Provide date and summarize results of last inspection: • Volume impounded: • Volume impounded: • Volume impounded: • Sufface area: • Volume impounded: • gallons OR acre-fect <i>iii</i> . Drovide date and summarize results of last inspection: • Volume impounded: • Volume impounded: • Yes □ No • If Yes: <i>i</i> . Has the project site ever been used as a municipal, commercial or industrial solid waste management facility? If Yes: <i>i</i> . Has the facility been formally closed? • If yes, cite sources/documentation: <i>iii</i> . Describe the location of the project site relative to the boundaries of the solid waste management facility: <i>iii</i> . Describe any development constraints due to the prior solid waste activities: • If yes: <i>i</i> . Ave bazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin • Yes □ No • Provide database or been conducted at or adjacent to the proposed site? If Yes: <i>i</i> . Describe waste(s) handled and waste management activities, including approximate time when activities occurred: • <i>i</i> . Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site • Yes □ No • Remediain database? • Provide DEC ID number(s): • No • No • No • Remediain database? • Provide DEC ID number(s): • No • No • If yes to (i), (ii) or (iii) above, describe current status of site(s): • Wes □ No • If yes to (i), (ii) or (iii) above, describe current status of site(s): • Wes □ No • No •		
Dam height: Dam height: Dam length: Dam lengt	If Yes:	□ Yes □ No
Volume impounded:	 Dam height: feet Dam length: feet 	
or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility? If Yes: □ No • If yes, cite sources/documentation:	Volume impounded: gallons OR acre-feet ii. Dam's existing hazard classification:	
or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility? If Yes: □ No • If yes, cite sources/documentation:		
<i>i</i> . Has the facility been formally closed? □ Yes □ No • If yes, cite sources/documentation:	or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility	
<i>ii.</i> Describe the location of the project site relative to the boundaries of the solid waste management facility: <i>iii.</i> Describe any development constraints due to the prior solid waste activities:	<i>i</i> . Has the facility been formally closed?	\Box Yes \Box No
g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste? I Yes I No If Yes: i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: If Yes: i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: If Yes: i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: If Yes: i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: If Yes: i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: If Yes: i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: If Yes: i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: If Yes I No if Yes: If Yes: If Yes: If Yes I No ii. If site has been subject of RCRA corrective activities, describe control measures: If Yes I No If Yes I No if yes, provide DEC ID number(s): If Yes I No If Yes I NO If Yes I NO iii. Is the project within 2000 feet of any site in the NYSDEC	• If yes, cite sources/documentation:	
property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste? If Yes: <i>i</i> . Describe waste(s) handled and waste management activities, including approximate time when activities occurred: 	<i>iii</i> . Describe any development constraints due to the prior solid waste activities:	
remedial actions been conducted at or adjacent to the proposed site? If Yes: <i>i</i> . Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site □ Yes □ No Remediation database? Check all that apply: □ Yes – Spills Incidents database Provide DEC ID number(s): □ Yes – Environmental Site Remediation database Provide DEC ID number(s): □ Neither database <i>ii</i> . If site has been subject of RCRA corrective activities, describe control measures: <i>iii</i> . Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? □ Yes □ No If yes, provide DEC ID number(s): <i>iv</i> . If yes to (i), (ii) or (iii) above, describe current status of site(s):	property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste? If Yes:	
remedial actions been conducted at or adjacent to the proposed site? If Yes: <i>i</i> . Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site □ Yes □ No Remediation database? Check all that apply: □ Yes – Spills Incidents database Provide DEC ID number(s): □ Yes – Environmental Site Remediation database Provide DEC ID number(s): □ Neither database <i>ii</i> . If site has been subject of RCRA corrective activities, describe control measures: <i>iii</i> . Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? □ Yes □ No If yes, provide DEC ID number(s): <i>iv</i> . If yes to (i), (ii) or (iii) above, describe current status of site(s):		
 <i>i</i>. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site □ Yes □ No Remediation database? Check all that apply: □ Yes - Spills Incidents database □ Yes - Environmental Site Remediation database □ Provide DEC ID number(s): □ Neither database <i>ii</i>. If site has been subject of RCRA corrective activities, describe control measures: <i>iii</i>. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? □ Yes □ No If yes, provide DEC ID number(s): <i>iv</i>. If yes to (i), (ii) or (iii) above, describe current status of site(s): 	remedial actions been conducted at or adjacent to the proposed site?	□ Yes □ No
□ Yes – Spills Incidents database Provide DEC ID number(s):	i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site	\Box Yes \Box No
<i>iii.</i> Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? □ Yes □ No If yes, provide DEC ID number(s):	 □ Yes – Spills Incidents database □ Yes – Environmental Site Remediation database Provide DEC ID number(s): Provide DEC ID number(s): 	
If yes, provide DEC ID number(s): <i>iv.</i> If yes to (i), (ii) or (iii) above, describe current status of site(s):	<i>ii.</i> If site has been subject of RCRA corrective activities, describe control measures:	
·		□ Yes □ No
	<i>iv.</i> If yes to (i), (ii) or (iii) above, describe current status of site(s):	

v. Is the project site subject to an institutional control limiting property uses?	\Box Yes \Box No
If yes, DEC site ID number:	
 Describe the type of institutional control (e.g., deed restriction or easement): Describe any use limitations: 	
Describe any use minitations: Describe any engineering controls:	
• Will the project affect the institutional or engineering controls in place?	\Box Yes \Box No
• Explain:	
E.2. Natural Resources On or Near Project Site	
a. What is the average depth to bedrock on the project site? feet	
b. Are there bedrock outcroppings on the project site?	\Box Yes \Box No
If Yes, what proportion of the site is comprised of bedrock outcroppings?%	
c. Predominant soil type(s) present on project site:	%
	%
	%
d. What is the average depth to the water table on the project site? Average: feet	
e. Drainage status of project site soils: Well Drained: % of site	
□ Moderately Well Drained:% of site	
Poorly Drained % of site	
f. Approximate proportion of proposed action site with slopes: \Box 0-10%:% of sit	
f. Approximate proportion of proposed action site with slopes: □ 0-10%: % of sit □ 10-15%: % of sit □ 15% or greater: % of sit	
g. Are there any unique geologic features on the project site?	□ Yes □ No
If Yes, describe:	
·	
h. Surface water features.	
<i>i</i> . Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers,	\Box Yes \Box No
ponds or lakes)?	
<i>ii.</i> Do any wetlands or other waterbodies adjoin the project site?	\Box Yes \Box No
If Yes to either <i>i</i> or <i>ii</i> , continue. If No, skip to E.2.i.	
<i>iii.</i> Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency?	\Box Yes \Box No
<i>iv.</i> For each identified regulated wetland and waterbody on the project site, provide the following inform	ation:
Streams: Name Classification	
Lakes or Ponds: Name Classification	
Wetlands: Name Approximate Wetland No. (if regulated by DEC)	Size
<i>v</i> . Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaire	d □ Yes □ No
waterbodies?	
If yes, name of impaired water body/bodies and basis for listing as impaired:	
i. Is the project site in a designated Floodway?	\Box Yes \Box No
j. Is the project site in the 100-year Floodplain?	\Box Yes \Box No
k. Is the project site in the 500-year Floodplain?	\Box Yes \Box No
1. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer?	\Box Yes \Box No
If Yes: <i>i</i> . Name of aquifer:	
. Hune of aquitor	

m. Identify the predominant wildlife species that occupy or use the project s	ite:	
in. Identify the predominant whome species that occupy of use the project s		
n. Does the project site contain a designated significant natural community?		\Box Yes \Box No
If Yes:		
<i>i</i> . Describe the habitat/community (composition, function, and basis for described basis)	signation):	
<i>ii</i> . Source(s) of description or evaluation:		
<i>iii</i> . Extent of community/habitat:		
• Currently:		
Following completion of project as proposed:		
• Gain or loss (indicate + or -):	acres	
o. Does project site contain any species of plant or animal that is listed by the endangered or threatened, or does it contain any areas identified as habitat		□ Yes □ No ies?
If Yes:		
<i>i</i> . Species and listing (endangered or threatened):		
p. Does the project site contain any species of plant or animal that is listed b	y NYS as rare, or as a species of	\Box Yes \Box No
special concern?		
If Yes:		
<i>i</i> . Species and listing:		
q. Is the project site or adjoining area currently used for hunting, trapping, fis		\Box Yes \Box No
If yes, give a brief description of how the proposed action may affect that use	e:	
E.3. Designated Public Resources On or Near Project Site		
a. Is the project site, or any portion of it, located in a designated agricultural	district certified pursuant to	\Box Yes \Box No
Agriculture and Markets Law, Article 25-AA, Section 303 and 304?		
If Yes, provide county plus district name/number:		
b. Are agricultural lands consisting of highly productive soils present?		□ Yes □ No
<i>i.</i> If Yes: acreage(s) on project site?		
<i>ii.</i> Source(s) of soil rating(s):		
c. Does the project site contain all or part of, or is it substantially contiguous	s to, a registered National	\Box Yes \Box No
Natural Landmark?		
If Yes:		
<i>i</i> . Nature of the natural landmark: Biological Community		
ii. Provide brief description of landmark, including values behind designation		
<u> </u>		
d. Is the project site located in or does it adjoin a state listed Critical Environ	mental Area?	\Box Yes \Box No
If Yes:		
<i>i.</i> CEA name:		
ii. Basis for designation:		
iii. Designating agency and date:		

e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district \Box Yes \Box No which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?			
If Yes:			
<i>i</i> . Nature of historic/archaeological resource: □ Archaeological Site □ Historic Building or District <i>ii</i> . Name:			
<i>iii</i> . Brief description of attributes on which listing is based:			
f. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for	□ Yes □ No		
archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?			
g. Have additional archaeological or historic site(s) or resources been identified on the project site? If Yes:	\Box Yes \Box No		
<i>i</i> . Describe possible resource(s):			
<i>ii.</i> Basis for identification:			
h. Is the project site within fives miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource?	\Box Yes \Box No		
If Yes:			
<i>i</i> . Identify resource:			
<i>ii.</i> Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or	scenic hyway		
	seeme by way,		
etc.): miles.			
i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666?	\Box Yes \Box No		
If Yes:			
<i>i</i> . Identify the name of the river and its designation:			
ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666?	\Box Yes \Box No		

F. Additional Information

Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

G. Verification

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name _____ Date_____

Signature_____ Title_____