STATE ENVIRONMENTAL QUALITY REVIEW
NEGATIVE DECLARATION

Date: April 3, 2017

Lead Agency: Dormitory Authority State of New York
515 Broadway
Albany, New York 12207-2964

Applicant: Richmond University Medical Center
355 Bard Avenue
Staten Island, New York 10310

This notice is issued pursuant to the *State Environmental Quality Review Act ("SEQRA")*, codified at Article 8 of the New York *Environmental Conservation Law ("ECL")*, and its implementing regulations, promulgated at Part 617 of Title 6 of the *New York Codes, Rules and Regulations ("N.Y.C.R.R.")*, which collectively contain the requirements for the New York *State Environmental Quality Review ("SEQR")* process.

DASNY ("Dormitory Authority State of New York"), as lead agency, has determined that the Proposed Action described below will not have a significant adverse effect on the environment and a Draft Environmental Impact Statement will not be prepared.

Title of Action: Richmond University Medical Center
New Emergency Department and
Adult Psychiatric Inpatient Unit Expansion
(New York State Technology and Development Program)
(Capital Restructuring Financing Program)

***SEQR* Status:** Type I Action – 6 *N.Y.C.R.R.* § 617.4(b)(9)

Review Type: Coordinated Review

Proposed Action

Richmond University Medical Center ("RUMC") has requested financing from DASNY ("Dormitory Authority State of New York") as part of the New York State Technology and Development ("TAD") Program for its *New Emergency Department* project, described further below. For the purposes of *State Environmental Quality Review ("SEQR")*, the Proposed Action would involve DASNY's authorization of the expenditure of approximately $1,000,000 of the proceeds of the TAD program bond issuance.

RUMC has requested financing from the New York State Department of Health ("DOH") as part of the Capital Restructuring Financing Program ("CRFP") for its Adult Psychiatric Inpatient Unit Expansion project and a portion of the New Emergency Department project (the urgicare center), described further below.[1] For the purposes of *State Environmental Quality Review ("SEQR")*, the Proposed Action would involve authorization of the expenditure of approximately $8,170,000 of the proceeds of the CRFP program bond issuance. (Note: The CRFP program involves DASNY-issued bond financing.)

Proposed Project

RUMC proposes the following projects, which together constitute the "Proposed Project" for the purposes of this *SEQR* review:

New Emergency Department. The proposed *New Emergency Department* ("ED") would involve the construction of a 71,039-gross square foot (GSF) addition to the southeast of the campus, to be known as the Honorable James P. Molinaro Trauma Center. The building would be located along Castleton Avenue and an internal campus roadway. The 34,475-GSF ED would be located on the first floor and would be comprised of new public spaces, including a new walk-in entrance and waiting areas, an intake area, a sub-acute (super track) treatment area, a main acute ED, imaging spaces and support areas. New engineering systems for the addition would be placed within the 4,297-gsf basement. A 32,267-GSF second floor is being constructed in order to connect the new ED with the existing operating rooms as well as provide a large core/shell area for a future surgical suite replacement project. A minor renovation of office spaces serving the existing MRI suite at the first floor would be required to provide a connection from the new ED to the main Hospital.

Two structures would be demolished to facilitate the new ED, the Annex Building, a vacant two-story frame, circa 1903-06 addition to the adjacent Garner Mansion that served as

[1] A portion of the CRFP funding would also be used for RUMC's *Center for Integrative Behavioral Medicine ("CIBM")* located at 1130 South Avenue, Staten Island. Due to its off-campus location and functional separation from RUMC's main campus, the *CIBM* is the subject of a separate SEQRA review by DASNY.

the Training School for Nurses for St. Vincent's Hospital (RUMC's original name) and most recently contained office space; and, the Fitzpatrick Building, a vacant three-story brick building that served as the boiler plant for the original hospital and most recently contained engineering and office space.

Adult Psychiatric Inpatient Unit Expansion. The proposed Adult Psychiatric Inpatient Unit Expansion would involve the construction of a 5,434-GSF, single story addition to RUMC's main hospital building that would contain ten (10) adult inpatient psychiatric beds. This addition would be a one-story slab-on-grade addition, with a structural steel frame, metal stud and brick veneer exterior wall. The addition would be located directly adjacent to an existing 30-bed adult inpatient psychiatric unit. At the completion of this project, RUMC would have a 40-bed Adult Psychiatric Inpatient Unit at its main campus. RUMC's 25-bed Bailey Seton Inpatient Psychiatric Unit (75 Vanderbilt Avenue, Staten Island) would close.

The area of construction would be limited to an approximate 4.4-acre portion of the site (the "Development Area"). Existing curb cut locations would be maintained, except for a minor widening of the southerly Bard Avenue entrance/exit to enhance accessibility of parking along Castleton Avenue. Utilities (electric, drainage, sanitary, steam and condensate lines) would be removed/abandoned and relocated as necessary to connect to existing on-site systems and facilities.

The Proposed Project would constitute a right-sizing of RUMC's facilities and would better position RUMC to receive patients and to provide emergency medicine services and psychiatric services in a more efficient and effective manner.

Construction of the Proposed Project would last approximately 24 months commencing in April 2017 with an estimated completion date of April 2019.

Other Public Actions

RUMC has requested approximately $13,000,000 of City of New York capital funding from the City of New York for the construction of the New Emergency Department project. The New York City Economic Development Corporation and the New York City Office of the Deputy Mayor for Housing and Economic Development are participating as involved agencies in this SEQR review.

Location of Proposed Project

The self-contained RUMC campus (the "Project Site") is located at 355 Bard Avenue, at the northeast corner of Bard and Castleton Avenues in Staten Island, New York (Richmond

County Tax Block 102, Lots 1 & 261). The 13.875-acre site is bounded to the north by one and two-family residential, the east by Kissel Avenue, one and two-family residential, vacant land, and public facility institutional, the west by Bard Avenue and the south by Castleton Avenue.[2]

The area of construction for the two projects is a non-contiguous 4.4-acre portion of the Project Site, located south of the main hospital building between Bard Avenue and the Garner Mansion (*Adult Psychiatric Inpatient Unit Expansion*) and east of the main hospital building (*New Emergency Department*) (collectively, the "Development Area").

Description of the Institution

Richmond University Medical Center. RUMC, an affiliate of The Mount Sinai Hospital and the Icahn School of Medicine, is a 470-bed healthcare facility and teaching institution serving borough residents as a leader in the areas of acute, medical and surgical care, including emergency care, surgery, minimally invasive laparoscopic and robotic surgery, gastroenterology, cardiology, pediatrics, podiatry, endocrinology, urology, oncology, orthopedics, neonatal intensive care and maternal health. RUMC is a Level 1 Trauma Center and a designated Stroke Center. RUMC maintains a Cardiac Catheterization Lab, Wound Care/Hyperbaric Center and a Sleep Disorder Center on-site at its main campus. RUMC also offers behavioral health services, encompassing both inpatient and outpatient services for children, adolescents and adults, including emergent inpatient and mobile outreach units.

Reasons Supporting This Determination

Overview. DASNY completed this environmental review in accordance with the procedures set forth in the *State Environmental Quality Review Act ("SEQRA")*, codified at Article 8 of the New York *Environmental Conservation Law ("ECL")*, and its implementing regulations, promulgated at Part 617 of Title 6 of the *New York Codes, Rules and Regulations* ("*N.Y.C.R.R.*"), which collectively contain the requirements for the *SEQR* process. The environmental review followed the 2014 *City Environmental Quality Review ("CEQR") Technical Manual*[3] for evaluating the Proposed Project, unless stated otherwise.

The Proposed Project was also reviewed in conformance with the *New York State Historic Preservation Act of 1980 ("SHPA")*, especially the implementing regulations of Section 14.09 of the *Parks, Recreation, and Historic Preservation Law ("PRHPL")*. Additionally, the Proposed

[2] This reference is to Kissell Avenue the mapped city street, not the internal RUMC driveway labeled as Kissell Avenue on some maps.

[3] www.nyc.gov/html/oec/html/ceqr/technical_manual_2014.shtml

Project was reviewed in conformance with the *State Smart Growth Public Infrastructure Policy Act ("SSGPIPA")*.

Representatives of DASNY reviewed the *SEQR Environmental Assessment Form-Part I ("EAF-Part I")* and supporting documentation for the Proposed Project (attached), and made a determination that the Proposed Project was a Type I Action pursuant to 6 *N.Y.C.R.R.* § 617.4(b)(9). On March 3, 2017, DASNY circulated a lead agency request letter and the *EAF-Part I* to the involved agencies and interested parties. There being no objection to DASNY assuming *SEQR* lead agency status, it conducted a coordinated review among the involved agencies.

DASNY representatives visited the Project Site and environs and discussed the Proposed Project's possible environmental effects with representatives of RUMC and the involved agencies. Based on the above, and the additional information set forth below, DASNY as lead agency has analyzed the relevant areas of environmental concern and determined that the Proposed Project would not have a significant adverse effect on the environment and a Draft Environmental Impact Statement ("DEIS") will not be prepared.

General Findings. The proposed Emergency Department expansion would better position RUMC to receive patients and to provide emergency medicine services in a more efficient and effective manner, thereby constituting a "right-sizing" of an antiquated and overcrowded facility.

The existing Emergency Department at RUMC is undersized in relation to the number of visits it currently handles. Built in 1979, RUMC's existing 15,609-square-foot ("SF") Emergency Department is located on the basement level of the main Medical Center building in an aged and outdated space that contains design-related, operational inefficiencies.

The Emergency Department was originally constructed to accommodate 29,268 visits (based on the national industry standard of 2.5 annual Emergency Department visits per square foot). As a comparison, in 2015, RUMC had 63,481 annual Emergency Department visits, representing 5.4 visits per square foot, which is 116% higher (i.e., more than double) than what the Emergency Department was originally constructed to handle. This "overage" in Emergency Department visits has created considerable overcrowding in the Emergency Department at RUMC, causing long wait times for treatment and some patients leaving the Emergency Department before being treated.

Furthermore, the existing Emergency Department at RUMC contains only 34 treatment areas. Given RUMC's experience of 63,481 Emergency Department visits in 2015, this represents 1,867 Emergency Department visits per treatment area. According to national standards, Emergency Departments running at 1,700 visits per treatment area are approaching the capacity triggering point and need to consider expansion. RUMC is beyond the "trigger point" of 57,800 visits (34 existing treatment areas multiplied by 1,700 visits per treatment area per year).

Lastly, using the national standard of 700 SF per position, optimal operation within the space of the existing Emergency Department would only support 23 patient positions, which demonstrates the operational inefficiency and inadequate storage/support space that exists within the existing Emergency Department of RUMC.

The existing Operating Rooms are undersized and do not meet the current standards. The rooms range in size from 290 SF to 450 SF, where today's Operating Rooms are designed between 600 SF to 1,000 SF. The existing floor to floor height is approximately 11 feet, whereas today's standards require approximately 15 to 16 feet.The proposed Adult Psychiatric Inpatient Unit expansion would allow RUMC bring its Comprehensive Psychiatric Emergency Program ("CPEP") to its main campus to treat patients presenting with co-morbidities for medical and behavioral health conditions. With its CPEP, RUMC is the only healthcare facility on Staten Island that operates a psychiatric emergency department.

Currently, the program is located at an off-site facility (Bailey Seton Inpatient Psychiatric Unit located at 75 Vanderbilt Avenue, Staten Island) that houses other RUMC behavioral health services but is not a full service acute care facility. Having a psychiatric emergency room isolated from primary and acute care does not serve the comprehensive health needs of the patient; therefore the Proposed Action would relocate RUMC's 25-bed Bailey Seton Inpatient Psychiatric Unit to the main campus.

Zoning. According to the *Zoning Resolution of the City of New York ("ZR")*, the Project Site is zoned R2 *Single-Family Detached Residence District*, and is located within a Lower Density Growth Management Area as designated by the City of New York. The existing and proposed hospital use constitutes a "Non-Profit Hospital" (*ZR* Use Group 4) which is an allowable use in this zoning district.

The proposed modernization and expansion of the existing hospital facility is allowable under the existing zoning. No rezoning, special permit or other zoning approval would be required to facilitate the Proposed Project. No significant adverse zoning impacts are expected.

Land Use. Existing land use on the Project Site includes multiple buildings that compose a not-for-profit, acute care hospital campus. Additional features on the Project Site include an apartment building for residents, and paved parking and landscaped areas. The Development Area is characterized by trees and grass-covered areas (Adult Psychiatric Inpatient Unit Expansion) and trees, grass-covered areas, existing structures, driveways, sidewalks and parking areas (ED).

The Proposed Project would represent an expansion and relocation of existing uses within the self-contained RUMC campus. There would be no change in general land use patterns within the project study area or on the Project Site, since the Proposed Project would involve

the development of modern hospital facilities that are in keeping with current public facility/institutional land uses on the Project Site. The Proposed Project would not result in any significant changes to land use or policies and regulations that govern land use. The Proposed Project would not result in impacts to land use within the project study area. No significant adverse land use impacts are expected.

Public Policy. The Proposed Project was reviewed for its compliance with the relevant public policy initiatives that guide development within the project study area.

Local Public Policy Initiatives. The Proposed Project would support or otherwise be in compliance with the following, as detailed in the attached *SEQR Supplemental Report*: *Staten Island Community Board 2 Statement of Community District Needs Statement for Fiscal Year 2013; Lower Density Growth Management Area*; and *OneNYC*.

State Public Policy Initiatives. DASNY's Smart Growth Advisory Committee reviewed the Proposed Project under the *State Smart Growth Public Infrastructure Policy Act ("SSGPIPA")* and found that to the extent practicable, it would be generally supportive of the smart growth criteria established by the legislation. The Proposed Project would be consistent with and would be generally supportive of the smart growth criteria established by the legislation, as detailed in the attached *Smart Growth Impact Statement Assessment Form ("SGISAF")*.

Overall, the Proposed Project would be developed in compliance with the relevant state and local public policy initiatives that guide development within the project study area.

The Proposed Project would develop state-of-the-art inpatient facilities for a hospital, and no change in zoning, land use or public policy would be necessary to construct the project.

Socioeconomic Conditions. The Proposed Project would not introduce sufficient additional employees or a residential population that would alter socioeconomic conditions within the project study area. Additionally, the Proposed Project would not involve primary displacement as no population, residences, jobs or businesses would be displaced. The Proposed Project would not result in substantial new development that is markedly different from existing uses, changes in real estate conditions or cause harm to specific industries. As the conditions identified above are unlikely to occur, the Proposed Project does not warrant further study pursuant to *CEQR Technical Manual* guidelines. No significant socioeconomic impacts are anticipated as a result of the Proposed Project.

Community Facilities and Services. The Proposed Project would not introduce any new residential population, or result in the creation of a sizable new neighborhood. The Proposed Project would have a positive impact on the delivery of healthcare services for residents of Staten Island. The Proposed Project would not have any direct or indirect effects on nearby

community facilities; no significant adverse community facilities impacts are expected and, thus, no further analysis is needed.

Police protection services would be provided by the New York City Police Department's ("NYPD's") 120th Police Precinct located at 78 Richmond Terrace, approximately 2 miles northeast of the Project Site. Fire protection services would be provided by Fire Department of the City of New York ("FDNY") Fire Division 8, Fire Battalion 22, Fire Company 156E, approximately 0.7 miles from the Project Site, which would provide a first response in case of fire or emergency.

Open Space. The Proposed Project is located in Staten Island's Community District 1, which is neither a well-served nor an under-served area with regards to open space, according to the *CEQR Technical Manual*. Local parks include Allison Pond Park and Snug Harbor Cultural Center and Botanical Garden located east and northeast of the Project Site. According to the *CEQR Technical Manual*, actions adding more than 200 residents to neither an underserved area nor a well-served may result in adverse impacts to open space resources, requiring a preliminary open space assessment. The Proposed Project would not introduce additional residents that would increase demand or overburden existing open space resources. Therefore, no significant adverse impacts to existing open space resources are anticipated.

Shadows. The Proposed Project was reviewed for its potential shadow impacts. As detailed in the attached *SEQR Supplemental Report*, there are no sun sensitive resources located within the shadow impact analysis area surrounding the proposed ED building expansion area or the proposed Adult Psychiatric building expansion area. As no sun-sensitive resources were identified within the shadow impact analysis area, no significant adverse shadow impacts are anticipated and no further analysis is required.

Cultural Resources. The Proposed Project was reviewed in conformance with the *New York State Historic Preservation Act of 1980 ("SHPA")*, especially the implementing regulations of Section 14.09 of the *Parks, Recreation, and Historic Preservation Law ("PRHPL")*, as well as with the requirements of the Memorandum of Understanding ("MOU"), dated March 18, 1998, between DASNY and the New York State Office of Parks, Recreation, and Historic Preservation ("OPRHP"). The Proposed Project has been submitted to OPRHP and the New York City Landmarks Preservation Commission ("LPC") for review. All correspondence and documents mentioned in this section are included in the *SEQR Supplemental Report*.

Archaeological Resources. OPRHP, in a letter dated February 22, 2017, indicated that it has no archaeological concerns with the proposed work. LPC, in a memo dated March 15, 2017, concluded that the site has no archaeological significance.

Architectural Resources. The new emergency department would involve the demolition of two existing buildings, the Fitzpatrick Building and the Annex Building of the Garner Mansion.

The adult psychiatric unit expansion would not involve the demolition of any building. OPRHP, in a letter dated February 22, 2017, indicated that the Garner Mansion and the Annex Building are eligible for listing on the State and National Registers of Historic Places ("S/NR"). The Fitzpatrick Building is not eligible for listing on the State and National Registers of Historic Places according to OPRHP. LPC, in a memo dated March 15, 2017, indicated that the Annex Building does not appear LPC eligible, and concurred with the OPRHP finding that the Fitzpatrick Building does not appear S/NR or LPC eligible.

OPRHP further indicated that the proposed demolition of the Annex Building would constitute an Adverse Impact on historic resources and requested a study of feasible and prudent alternatives to the proposed demolition. DASNY submitted an *Alternatives Analysis* to OPRHP for review on March 10, 2017. The Alternatives Analysis concludes that there are no feasible or prudent alternatives to the demolition of the Annex Building that would fulfill the purpose and need for the Proposed Project.

OPRHP reviewed the Alternatives Analysis, and by letter dated March 17, 2017, stated that they concur with the findings of the Alternatives Analysis that there are no prudent and feasible alternatives to demolition of the Annex. OPRHP recommended the preparation of a formal *Letter of Resolution ("LOR")* to identify proper mitigation measures to be incorporated into the work. DASNY prepared and submitted an *LOR* to OPRHP on March 21, 2017. The LOR was signed by RUMC, OPRHP, and DASNY on March 29, 2017.

The LOR includes mitigation measures including documentation (photographic, measured drawings, historical narrative); preservation of historic interior spaces at the Garner Mansion; implementation of a construction protection plan to protect the Garner Mansion during demolition of the Annex Building; development of an interpretive display for the public; and continued consultation between RUMC and OPRHP on the design of the new Emergency Department.

Fulfillment of the LOR will mitigate any significant adverse impacts on cultural resources.

Urban Design and Visual Resources. According to the CEQR Technical Manual, a preliminary urban design assessment is appropriate when there is the potential for a pedestrian to observe, from the street level, a physical alteration beyond that allowed by existing zoning. The Proposed Project would comply with existing zoning; therefore, no further analysis is warranted. The Proposed Project would not result in significant adverse impacts to urban design and visual resources.

Natural Resources. The Project Site is fully developed with institutional buildings interspersed with open space, pedestrian walkways, and outdoor seating areas. The 4.4-acre Development Area that would be affected by the Proposed Project consists predominantly of buildings and paved parking areas as well as landscaped areas, which have been previously

cleared and graded. Vegetation on the campus is mostly grass with some shrubs and trees. Selective tree removal within the Development Area may occur; however mature vegetation would be retained and protected as per approved plans.

There are no wetlands or surface water bodies on the Project Site, and the Project Site is not located within a Federal Emergency Management Agency ("FEMA")-designated special flood hazard area. The Project Site is located outside of New York City's coastal zone boundary and is not located over a United States Environmental Protection Agency ("USEPA") designated sole source aquifer.

Stormwater from the site is captured by the existing on-site dry-wells. The Proposed Project is not anticipated to result in an increase in storm water runoff, as the total impervious paved surfaces would remain similar to existing conditions. The Proposed Project is not expected to adversely impact surface and groundwater quality.

There are no critical habitats on the Project Site, or within the project study area. The Project Site is located within an urban setting, and the project site is mostly devoid of any natural habitat, with the exception of landscaped vegetation and planted trees and shrubs. A field reconnaissance, conducted in March 2017, did not indicate the presence of significant ecological communities or state threatened species.

Overall, no significant adverse natural resource impacts are expected as a result of the Proposed Project.

Hazardous Materials. The Proposed Project was evaluated for its potential hazardous materials impacts. A *Phase I Environmental Site Assessment ("ESA")* of the Development Site was performed in March 2017 in accordance with American Society for Testing and Materials ("ASTM") Standard E1527-13, *Standard Practice for Environmental Site Assessments: Phase I Environmental Site Assessment Practice*. The purpose of the Phase I ESA was to identify Recognized Environmental Conditions ("RECs") for the Project Site that may adversely impact construction of the Proposed Project. The *ESA* included a visual inspection; a review of historical land use maps, prior reports and local records; and a review of State and federal regulatory databases relating to use, generation, storage, treatment and/or disposal of hazardous materials. Key findings of the Phase I ESA include:

- Five (5) spill incidents occurred at the Project Site, according to the NYSDEC Spill Incidents database (Spill #s 9306662, 9313562, 9803109, 0013557 and 1202603. According to the spill incident listings, all of the spill cases have been closed because either: the records and data submitted indicated that the necessary cleanup and removal actions have been completed and no further remedial activities are necessary, or the cases were closed for administrative reasons.

- Three (3) storage tanks (two [2] underground and one [1] aboveground were observed on the Project Site. These storage tanks are regarded as an REC.

- A Vapor Encroachment Condition cannot be ruled out as being present on the Project Site due to spill incidents associated with the Project Site and surrounding properties. This condition is regarded as an REC.

- Asbestos-containing materials ("ACM") including floor tiles, pipe wrap, and adhesive was observed during the reconnaissance of the Project Site.

- A closed spill incident is suspected to have been present on the Project Site related to contamination from a 25,000-gallon underground tank located adjacent to the hospital's heating facility. In addition, several closed spill incidents were reported for RUMC and may be in close proximity to the Development Area. This condition is regarded as an historic REC.

- Two (2) underground storage tanks were identified on Sanborn maps dated from 1937 to 1962 to be located northeast of the Fitzpatrick Building. This condition is regarded as an historic REC.

The *Phase I ESA* offered the following recommendations for further analysis at the Project Site:

- Further investigation of the storage tanks should be conducted to confirm that a prior release has not occurred.

- The area of the former underground storage tanks identified in the 1937 to 1962 Sanborn maps should be investigated to confirm the tanks have been removed and that no petroleum product has been released to the environment. Any evidence of a petroleum spill would be reported to NYSDEC and addressed in accordance with applicable requirements.

- A Vapor Encroachment Investigation should be conducted at the Project Site to confirm if a soil vapor condition exists.

- Any remaining asbestos in the buildings scheduled for demolition should be removed in accordance with all appropriate regulations, methods and protocols. If the Garner Mansion is to undergo major renovation or demolition in the future, an Asbestos Survey should be completed in accordance with the New York State Department of Labor *Industrial Code 56* and any existing ACM should be removed in accordance with all appropriate regulations, methods and protocols.

The above investigations would be completed as necessary prior to demolition or as part of demolition activities in accordance with the applicable regulatory requirements. With the implementation of the measures described above, the Proposed Project would not result in any significant adverse impacts related to hazardous materials.

Infrastructure. The Proposed Project was assessed for its potential effects upon water supply, wastewater collection and treatment and storm water management systems.

Water Supply. According to the water and sewer generation rates provided in the 2014 *CEQR Technical Manual*, the Proposed Project would generate a water demand of approximately 12,174 gallons per day ("gpd").

According to the *CEQR Technical Manual*, a preliminary infrastructure assessment is not required if the project does not meet the following thresholds:

- If the project would result in an exceptionally large demand for water (e.g., those that are projected to use more than one million gallons per day, such as power plants, very large cooling systems, or large developments); or,
- Is located in an area that experiences low water pressure (e.g. areas at the end of the water supply distribution system, such as the Rockaway Peninsula or Coney Island).

The Proposed Project would not result in an exceptionally large demand for water and would not be located at the end of the water supply distribution system. As such, water infrastructure impacts are not anticipated and a detailed assessment is not required.

Sanitary Sewage and Storm Water Management. The Proposed Project would generate sanitary sewage at a rate commensurate with domestic water consumption, approximately 12,174 gpd. Sanitary sewage from the Project Site would be conveyed to the Port Richmond Wastewater Pollution Control Plant ("WPCP"), which has a rated capacity of 60 million gallons per day ("mgd").

The Proposed Project would not result in a significant adverse impact to the Port Richmond WPCP due to the relatively minor incremental flow contributed by the Proposed Project. In addition, the city is committed to maintaining sufficient capacity and adequate wastewater treatment throughout its WPCP network. No significant adverse impacts to sanitary sewage treatment would result from the implementation of the Proposed Project.

The stormwater disposal system for the Proposed Project would include drywells for site recharge of stormwater runoff and connection to an existing underground culvert that that traverses the site from Castleton Street to the northerly property line. The storm water system

would meet NYCDEP and New York City Department of Buildings ("NYCDOB") requirements. No significant adverse storm water impacts are anticipated as a result of the Proposed Project.

Solid Waste and Sanitation Services. A solid waste assessment determines whether a project has the potential to cause a substantial increase in solid waste production that may overburden available waste management capacity or otherwise be inconsistent with the city's Solid Waste Management Plan ("SWMP") or with state policy related to the city's integrated solid waste management system. The city's solid waste system includes waste minimization at the point of generation, collection, treatment, recycling, composting, transfer, processing, energy recovery, and disposal.

The additional ten (10) beds proposed in connection with the Adult Psychiatric Inpatient Unit are expected to generate an additional 0.255 tons per week of solid waste. Medical waste generated as a aresult of the Proposed Project would be properly stored in a secure area prior to being picked up and disposed off-site by a licensed medical waste hauler. All regulated medical waste would be removed in accordance with New York State Department of Health ("NYSDOH") guidelines under Article 13, Title XIII of the *Public Health Law* and by the NYSDEC's Division of Solid & Hazardous Materials Bureau of Hazardous Waste Regulation.

In addition, approximately 3,887 tons of solid waste are expected to be generated from demolition activities during construction. All waste would be disposed of off-site by a private hauler. Therefore, the Proposed Project is not expected to generate a substantial amount of solid waste as defined in the CEQR Technical Manual. Therefore, the Proposed Project would not affect the city's capacity to handle solid waste, and no further analysis is required.

Energy. According to the *CEQR Technical Manual*, a detailed assessment of energy impacts is limited to projects that may result in a significant impact in the transmission or generation of energy, or that would involve the development of an energy-intensive facility. The Proposed Project would consume an estimated 19,210,639,600,000 million British Thermal Units ("BTU") annually based on 53,962 additional GFA accounting for 22,666 GSF of existing buildings to be demolished.[4] The Proposed Project would be supplied electricity by Con Edison via grid. During power disruptions, electricity would be supplied by an on-site generator. The energy consumption associated with the Proposed Project is not anticipated to result in a significant impact to the provision of energy services within the project study area, nor is the project considered an energy-intensive facility. Therefore, the Proposed Project would not result in a significant adverse impact with respect to energy supply or demand.

[4] A BTU is the amount of heat energy needed to raise the temperature of one pound of water by one degree Fahrenheit. This is the standard measurement used to state the amount of energy that a fuel has as well as the amount of output of any heat generating device.

Transportation. The Proposed Project was evaluated for its potential effects on the transportation system. The objective of the traffic, parking, transit, and pedestrian analyses was to determine whether the Proposed Project would have a significant impact on street and roadway conditions, parking facilities, public transportation facilities and services, and pedestrian flows.

Typically, under *CEQR*, further quantified analysis would not be warranted for a technical area if the proposed development would result in fewer than:

- 50 peak-hour vehicle trip-ends;
- 200 peak-hour rail or bus transit riders; or
- 200 peak-hour pedestrian trips.

Vehicle Trips. The total number of peak hour vehicle trip-ends generated by the Proposed Project is calculated to range from 18 vehicle trip-ends in the weekday morning peak hour to a maximum of 25 vehicle trip-ends in the weekday evening peak hour. Fewer than 50 peak hour vehicle trip-ends are projected in each peak hour. Therefore, further analysis of the vehicular and parking transportation systems are not warranted.

Transit Trips. The number of peak hour transit (bus) trips generated by the Proposed Project is calculated to range from 3 vehicle trip-ends in the weekday morning peak hour to a maximum of 4 vehicle trip-ends in the weekday midday and evening peak hours. Fewer than 200 peak hour subway or bus transit riders are calculated in any peak hour. Therefore, further analysis of the transit transportation system is not warranted.

Pedestrian Trips. The number of peak hour pedestrians that would be generated by the Proposed Project is the sum of walk trips and transit (bus) peak hour person trips. In addition, as a worst-case scenario, it can conservatively be assumed that the peak hour auto person trips would also result in walk trips if these trips use off-site parking. The number of worst case scenario peak hour pedestrian trips calculated to be generated by the project ranges from 26 in the weekday morning peak hour to 38 in the weekday midday peak hour. The analysis shows that fewer than 200 peak hour pedestrian trips would be generated by the Proposed Project. Therefore, no further analysis of the pedestrian transportation system is warranted.

Conclusion. Based on the transportation assessment conducted for the Proposed Project, in accordance with *CEQR Technical Manual* (March 2014) methodologies. Based on this assessment the Proposed Project is unlikely to have a significant adverse impact on the key technical areas of the transportation system, including the traffic, transit, parking and pedestrian transportation systems.

Air Quality. The Proposed Project was evaluated for its potential mobile source and stationary source air quality impacts.

Mobile Sources. Automobiles and vehicular traffic in general are typically considered mobile sources of air pollutants. The CEQR Technical Manual indicates that when a proposed action would generate fewer than 170 peak hour trip ends, no further detailed air quality analysis is required. As described above in the transportation analysis, 25 vehicle trip-ends are the maximum that would be generated in any peak hour. As the action has been determined not to require screening, the CEQR threshold is not met and no additional analysis of mobile source air quality is required. It can be assumed that the Proposed Project would not result in any significant adverse air quality impacts and no further analysis is warranted.

Stationary Sources. According to the CEQR Technical Manual, actions can result in stationary source air quality impacts when they create new stationary sources of pollutants, such as emission stacks for industrial plants, hospitals, other large institutional uses, or even a building's boiler that affects surrounding uses. Under the Proposed Project, no stationary sources (e.g. boiler stacks, solid waste incinerators, etc.) would be created that would require further assessment of stationary source air pollution.

In addition, since no industrial facilities including manufacturing or similar emission generating uses were identified within the 400 foot radius, no industrial source adverse air quality impacts on the proposed development are expected.

Overall, no significant adverse air quality impacts are expected as a result of the Proposed Project.

Greenhouse Gas Emissions. The 2014 *CEQR Technical Manual* requires a greenhouse gas ("GHG") consistency assessment for large projects under Environmental Impact Statement ("EIS") review that would result in the development of 350,000 square feet or greater, or for projects on a case-by-case basis to determine its consistency with the city's GHG reduction goals.[5] In addition, the 2014 *CEQR Technical Manual* guidance suggests that a GHG emissions assessment may be necessary for projects that involve: (1) power generation (not including emergency backup power, renewable power, or small-scale-cogeneration); or (2) fundamental change to the city's solid waste management system by changing solid waste transport mode, distances or disposal technologies.[6] The Proposed Project does not require the preparation of an EIS and is not expected to result in significant inconsistencies with the city's GHG reduction goals. The Proposed Project would not involve excessive power production or alter the solid waste management system. Therefore, no significant adverse impacts related to GHG emissions are anticipated as a result of the Proposed Project.

---

[5] As part of the city's *OneNYC* and the *New York City Climate Protection Act* (Local Law 22 of 2008), the city has a goal of reducing citywide greenhouse gas emissions by 30 percent below 2005 levels by 2030.

[6] 2014 *CEQR Technical Manual*, p. 18-7.

Noise. The Proposed Project was evaluated for its potential mobile-source and stationary-source noise impacts. The Proposed Project would qualify as a noise-sensitive receptor; however, the Proposed Project would not introduce a new noise-sensitive use to the RUMC campus, since the Proposed Project involves an expansion of buildings and uses already associated with the campus. Exterior building attenuation measures such as double-glazed windows, panels, and curtain walls would be incorporated into the Proposed Project as necessary in order to maintain an acceptable interior noise level. Noise attenuation measures such as silencers or acoustic barriers would also be used as necessary to ensure *New York City Noise Code* compliance.

In addition, according to the transportation analysis, the Proposed Project is not anticipated to significantly alter traffic conditions within the project study area. Therefore, no significant mobile source impacts are anticipated as a result of the Proposed Project. Therefore, the Proposed Project is not expected to result in significant adverse mobile or stationary noise impacts.

Neighborhood Character. Neighborhood character is a term used to describe the various elements that contribute to a community or neighborhood — such as land use, architectural design, visual resources, historic resources, socioeconomics, traffic and noise — from which an area derives its distinct "personality." A neighborhood character assessment considers how a proposed action may affect the context and feeling of a neighborhood by collectively accounting for its effects on the contributing elements. In general, this assessment is warranted for actions with the potential to result in significant adverse impacts in one of the technical areas, or if it may moderately effect several of these areas. The Proposed Project does not have the potential to result in any significant adverse impacts to any of the above-mentioned areas or the potential for any combination of moderate effects in more than one area, therefore no neighborhood character assessment is warranted.

Public Health. Public health involves the activities that society undertakes to protect and improve the health and well-being of the population. Public health may be jeopardized by poor air quality, exposure to hazardous materials, noise, and contaminants in soil and water. As demonstrated in earlier sections, the Proposed Project is not anticipated to result in any significant adverse impacts to air quality, water quality, hazardous materials, or noise. Hence, the Proposed Project would not result in any significant adverse impacts to public health and no further analysis is warranted.

Construction Impacts. The Proposed Project was evaluated for its potential construction-period impacts. The construction duration of the Proposed Project would be short-term, lasting approximately two years in length. The Proposed Project is scheduled to begin in April 2017 with the facility scheduled for completion in April 2019. Typically, short-term construction does not require a detailed analysis according to the suggested 2014 *CEQR Technical Manual* guidance. As described in the attached SEQR Supplemental Report, however, an assessment of potential construction period impacts was conducted for several technical areas including transportation, air quality, and noise. Based on that assessment, no significant adverse construction impacts are expected. In order to minimize potential adverse impacts during construction, the Proposed Project would be planned, designed, scheduled and staged to minimize disruption. Additionally, best management practices would be utilized during construction to minimize the duration and severity of any intermittent effects.

For Further Information:

Contact: Jack D. Homkow
Director
Office of Environmental Affairs

Address: Dormitory Authority State of New York
One Penn Plaza, 52nd Floor
New York, New York 10119-0098

Telephone: (212) 273-5033
Fax: (212) 273-5121

Full Environmental Assessment Form
Part 1 - Project and Setting

Instructions for Completing Part 1

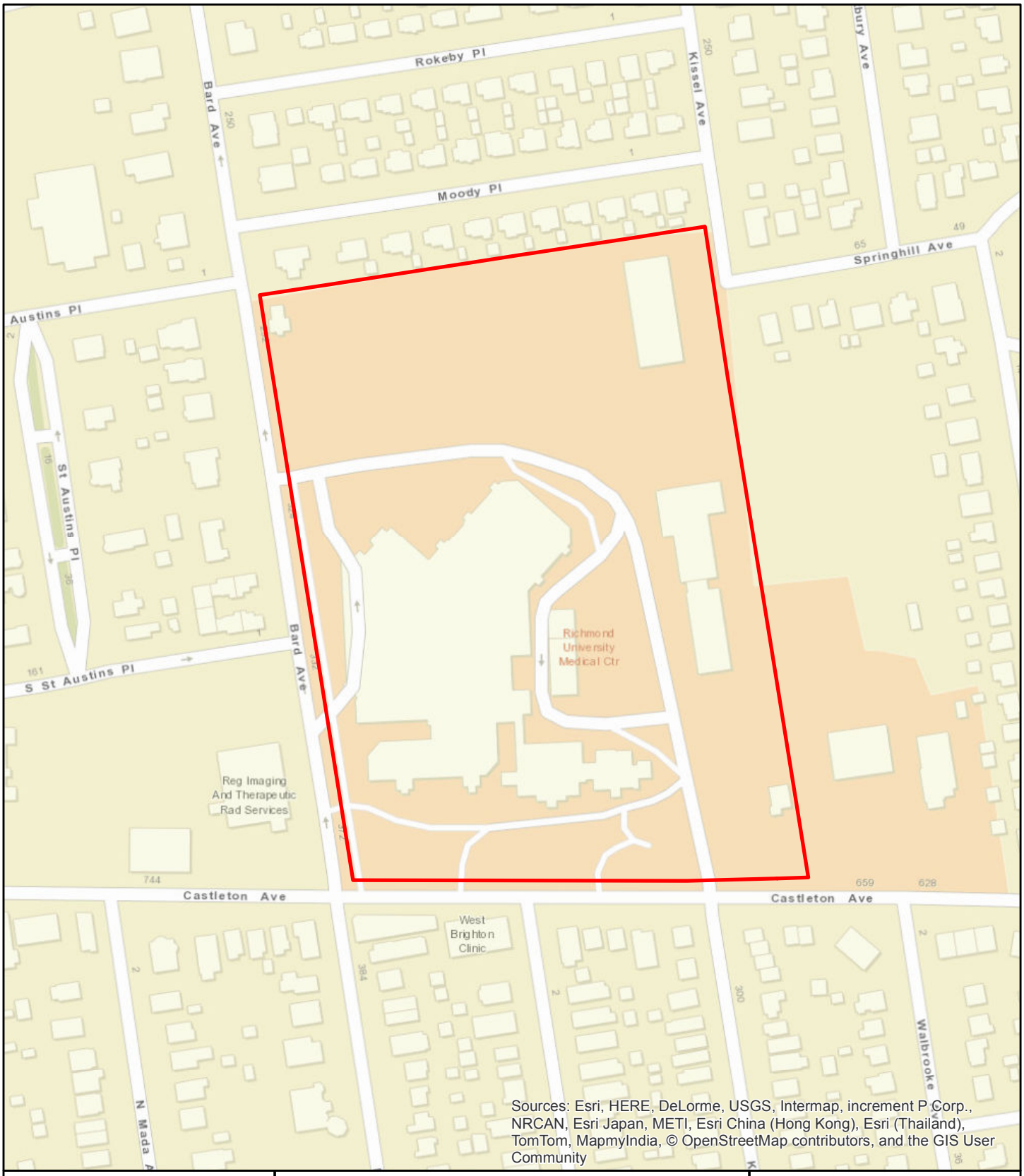
Part 1 is to be completed by the applicant or project sponsor. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification.

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 project sponsor to verify that the information contained in Part 1is accurate and complete.

A. Project and Sponsor Information.

Name of Action or Project: Richmond University Medical Center Emergency Department and Adult Psychiatric Inpatient Unit Relocation and Modernization		
Project Location (describe, and attach a general location map): See Figures 1 & 2 355 Bard Avenue, West New Brighton,Staten Island (northeast corner of Bard and Castleton Avenues), designated as tax parcels: Block 102, Lots 1 & 261		
Brief Description of Proposed Action (include purpose or need): See Attached Project Description		
Name of Applicant/Sponsor: Richmond University Medical Center	Telephone: 718-818-1234 E-Mail:	
Address: 355 Bard Avenue		
City/PO: Staten Island	State: New York	Zip Code: 10310
Project Contact (if not same as sponsor; give name and title/role): Daniel Messina, PhD, FACHE, LNHA, President and CEO	Telephone: E-Mail:	
Address: Same as above		
City/PO:	State:	Zip Code:
Property Owner (if not same as sponsor):	Telephone: E-Mail:	
Address:		
City/PO:	State:	Zip Code:



NELSON, POPE & VOORHIS, LLC
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FIGURE 1
LOCATION MAP

Source: ESRI Web Service

Scale: 1 inch = 200 feet

N

Richmond University Medical Center

Part 1 EAF

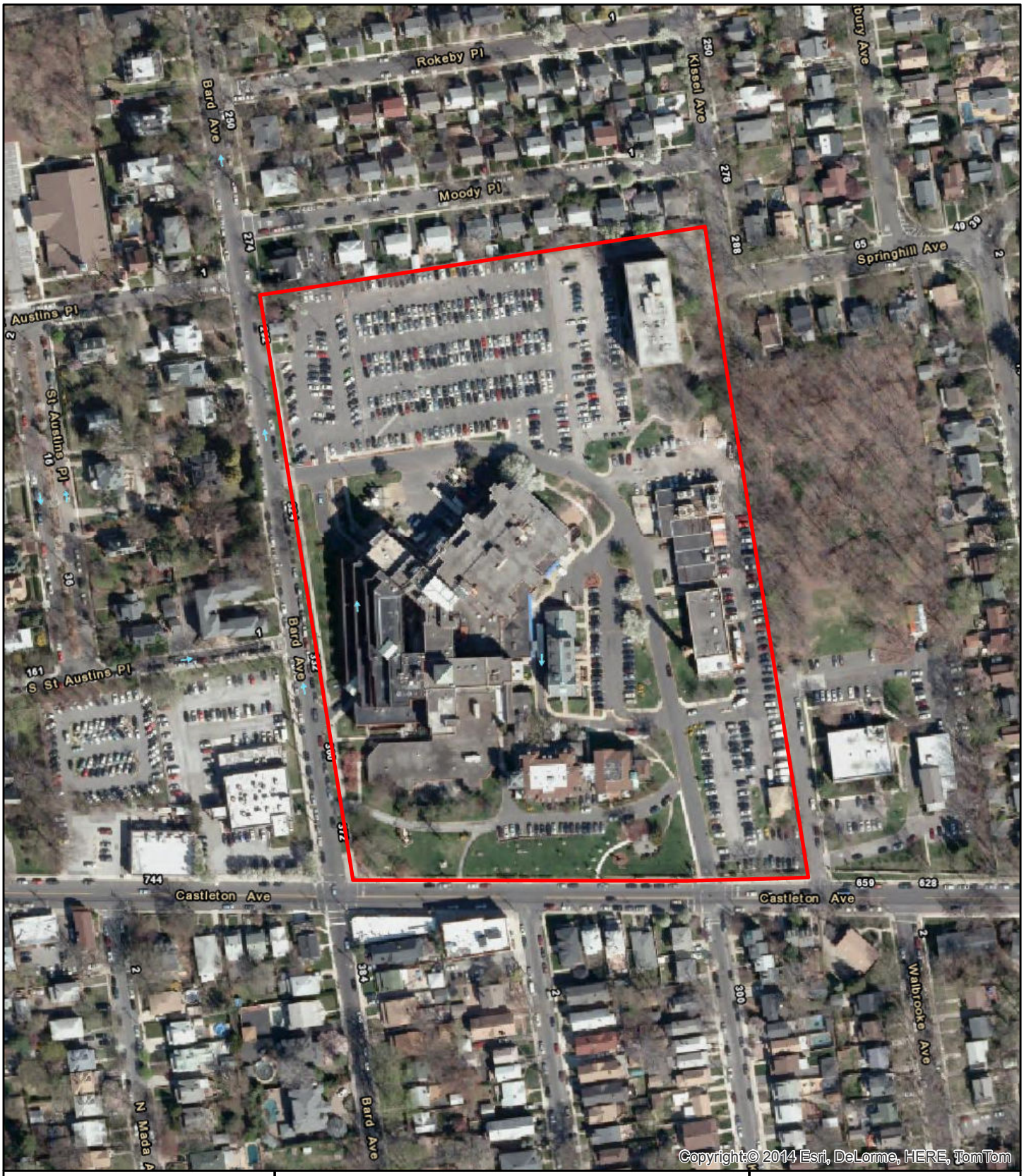

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FIGURE 2
AERIAL MAP

Source: NYS Orthophotography, 2012

Scale: 1 inch = 200 feet

N

Richmond University Medical Center

Part 1 EAF

Richmond University Medical Center
New Emergency Department
Adult Psychiatric Inpatient Unit Expansion

Full Environmental Assessment Form, Part I

Description of Proposed Action and Proposed Project

Introduction. Richmond University Medical Center ("RUMC"), an existing, not-for-profit, 448-bed acute care hospital facility is proposing the relocation and modernization of its existing Emergency Department and the expansion of its Adult Psychiatric Inpatient Unit at its main 13.875-acre campus at 355 Bard Avenue, West New Brighton in Staten Island, Richmond County, New York (the "Project Site"). The self-contained RUMC campus is bounded to the north by multi-family residential, the east by vacant land and multi-family residential, the west by Bard Avenue and the south by Castleton Avenue (refer to **Figure 1. Location Map** and **Figure 2. Aerial Map**). The Project Site is more specifically identified as tax parcels: Block 102, Lots 1 and 261 by the New York City Department of Finance.

Proposed Action. RUMC has requested financing from DASNY ("Dormitory Authority State of New York") as part of the New York State Technology and Development ("TAD") Program for its *New Emergency Department* project, described further below. The Proposed Action would involve DASNY's authorization of the expenditure of approximately $1,000,000 of the proceeds of the TAD program bond issuance.

RUMC has requested financing from the New York State Department of Health ("DOH") as part of the Capital Restructuring Financing Program ("CRFP") for its *Adult Psychiatric Inpatient Unit Expansion* project and a portion of the *New Emergency Department* project (the urgicare center), described further below.[1] The Proposed Action would involve authorization of the expenditure of approximately $8,170,000 of the proceeds of the CRFP program bond issuance. (Note: The CRFP program involves DASNY-issued bond financing.)

Proposed Project. RUMC proposes the following projects, which together constitute the "Proposed Project" for the purpose of *State Environmental Quality Review* ("SEQRA").

New Emergency Department. The proposed *New Emergency Department* ("ED") would involve the construction of a 34,175 gross-square-foot (GSF), 2-story building extension with basement in the southeast portion of RUMC's main campus to relocate and modernize the existing ED. The existing 15,000-GSF ED would be re-purposed for other medical services (including a new urgicare center to provide walk-in medical and behavioral health services). Two structures would be demolished to facilitate the new ED, the Annex Building, a vacant two-story frame, circa 1903-06 addition to the adjacent Garner Mansion that served as the Training

[1] A portion of the CRFP funding would also be used for RUMC's *Center for Integrative Behavioral Medicine ("CIBM")* located at 1130 South Avenue, Staten Island. Due to its off-campus location and functional separation from RUMC's main campus, the *CIBM* is the subject of a separate SEQRA review by DASNY.

School for Nurses for St. Vincent's Hospital (RUMC's original name) and most recently contained office space; and, the Fitzgerald Building, a vacant three-story brick building that served as the boiler plant for the original hospital and most recently contained engineering and office space.

Adult Psychiatric Inpatient Unit Expansion. The proposed *Adult Psychiatric Inpatient Unit Expansion* would involve the construction of a 5,434-GSF addition to RUMC's main hospital building that would contain (10) adult inpatient psychiatric beds. The addition would be located directly adjacent to an existing 30-bed adult inpatient psychiatric unit. At the completion of this project, RUMC would have a 40-bed Adult Psychiatric Inpatient Unit at its main campus. RUMC's 25-bed Bailey Seton Inpatient Psychiatric Unit (75 Vanderbilt Avenue, Staten Island) would close.

The area of construction would be limited to an approximate 4.4-acre portion of the site. Existing curb cut locations would be maintained, except for a minor widening of the southerly Bard Avenue entrance/exit to enhance accessibility of parking along Castleton Avenue. Utilities (electric, drainage, sanitary, steam and condensate lines) would be removed/abandoned and relocated as necessary to connect to existing on-site systems and facilities.

The Proposed Project would constitute a right-sizing of RUMC's facilities and would better position RUMC to receive patients and to provide emergency medicine services and psychiatric services in a more efficient and effective manner.

Other Public Actions. RUMC has requested approximately $13,000,000 of City of New York capital funding from the City of New York for the construction of the *New Emergency Department* project. The New York City Economic Development Corporation and the New York City Office of the Deputy Mayor for Housing and Economic Development are participating as involved agencies in this SEQRA review.

B. Government Approvals

B. Government Approvals, Funding, or Sponsorship. ("Funding" includes grants, loans, tax relief, and any other forms of financial assistance.)

Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)
a. City Council, Town Board, or Village Board of Trustees ☐Yes ☑No		
b. City, Town or Village Planning Board or Commission ☐Yes ☑No		
c. City Council, Town or Village Zoning Board of Appeals ☐Yes ☑No		
d. Other local agencies ☑Yes ☐No	NYCDOB: Demo., Bldg., Pavement Permits NYCDEP: Sewer, Storm, Water	Demo approvd 11/21/16; Bldg. filed 12/22/16 Sewer & Storm 8//29/16; Water 3/2017
e. Other local agencies ☑Yes ☐No	NYCDOT: Right of Way; City NY Capital Funding NYFD: Sprinkler, Fire Alarm, Emerg. Generator	8/2017; Fall 2017 Sprinkler & Fire Alarm 12/27/16; EG 3/2017
f. Regional agencies ☑Yes ☐No	NYSDEC: State Pollutant Discharge Elimination System (SPDES) for Construction	3/2017
g. State agencies ☑Yes ☐No	DASNY TAD: Grant Funding NYSDOH: Certificate of Need & CRFP Funding	3/2017
h. Federal agencies ☐Yes ☑No		

i. Coastal Resources.

i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway? ☐Yes ☑No

ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program? □ Yes ☑No

iii. Is the project site within a Coastal Erosion Hazard Area? ☐ 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? ☐Yes ☑No

- **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

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

However, funding for hospitals is specifically ref. in Community Bd. 1 Statement of Community District Needs

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?) ☑Yes ☐No

If Yes, identify the plan(s):

The project site is located in a Lower Density Growth Management Area.
See http://www1.nyc.gov/site/planning/zoning/districts-tools/lower-density-growth-mngmt.page
This text amendment responds to concerns regarding large-scale medical facilities and day care centers that are located in lower-density districts.

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? ☐Yes ☑No

If Yes, identify the plan(s):

C.3. Zoning

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. ☑ Yes ☐ No
If Yes, what is the zoning classification(s) including any applicable overlay district?
R-2, Map #21A Non-Profit Hospital Use Group 4 (Permitted Use Per Section 22-14A).

b. Is the use permitted or allowed by a special or conditional use permit? Not Applicable ☐ Yes ☐ No

c. Is a zoning change requested as part of the proposed action? ☐ Yes ☑ No
If Yes,
i. What is the proposed new zoning for the site? _____

C.4. Existing community services.

a. In what school district is the project site located? New York City School District #31

b. What police or other public protection forces serve the project site?
New York City Police Precinct 120

c. Which fire protection and emergency medical services serve the project site?
Fire Division 8, Fire Battalion 22, Fire Company 156E

d. What parks serve the project site?
Allison Pond Park Nature Area, Snug Harbor Cultural Center Historic House Park

D. Project Details

D.1. Proposed and Potential Development

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? Institutional

b. a. Total acreage of the site of the proposed action? 13.875 acres
b. Total acreage to be physically disturbed? 4.4 acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 13.875 acres

c. Is the proposed action an expansion of an existing project or use? ☑ Yes ☐ No
i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % 3% Units: Gross Floor Area

d. Is the proposed action a subdivision, or does it include a subdivision? ☐ Yes ☑ No
If Yes,
i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)
ii. Is a cluster/conservation layout proposed? ☐ Yes ☐ No
iii. Number of lots proposed? _____
iv. Minimum and maximum proposed lot sizes? Minimum _____ Maximum _____

e. Will proposed action be constructed in multiple phases? ☐ Yes ☑ No
i. If No, anticipated period of construction: 24 months
ii. If Yes:
- Total number of phases anticipated _____
- Anticipated commencement date of phase 1 (including demolition) _____ month _____ year
- Anticipated completion date of final phase _____ month _____year
- Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: _____

f. Does the project include new residential uses? ☐ Yes ☑ No

If Yes, show numbers of units proposed.

	One Family	Two Family	Three Family	Multiple Family (four or more)
Initial Phase				
At completion of all phases				

g. Does the proposed action include new non-residential construction (including expansions)? ☑ Yes ☐ No

If Yes,

i. Total number of structures 2

ii. Dimensions (in feet) of largest proposed structure: 125 height; 100-190 width; and 270 length

iii. Approximate extent of building space to be heated or cooled: 76,176 square feet

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage? ☐ Yes ☑ No

If Yes,

i. Purpose of the impoundment: _____

ii. If a water impoundment, the principal source of the water: ☐ Ground water ☐ Surface water streams ☐ Other specify:

_____

iii. If other than water, identify the type of impounded/contained liquids and their source.

_____

iv. Approximate size of the proposed impoundment. Volume: _____ million gallons; surface area: _____ acres

v. Dimensions of the proposed dam or impounding structure: _____ height; _____ length

vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete):

_____

D.2. Project Operations

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite) ☐ Yes ☑ No

If Yes:

i .What is the purpose of the excavation or dredging? _____

ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?

- Volume (specify tons or cubic yards): 7,000 CY for general site preparation
- Over what duration of time? _____

iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them.

_____

_____

i*v.* Will there be onsite dewatering or processing of excavated materials? ☐ Yes ☑ No

If yes, describe. _____

_____

v. What is the total area to be dredged or excavated? _____acres

vi. What is the maximum area to be worked at any one time? _____ acres

vii. What would be the maximum depth of excavation or dredging? _____ feet

viii. Will the excavation require blasting? ☐ Yes ☑ No

ix. Summarize site reclamation goals and plan: _____

_____

_____

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area? ☐ Yes ☑ No

If Yes:

i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): _____

_____

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

iii. Will proposed action cause or result in disturbance to bottom sediments? ☐ Yes ☐ No
If Yes, describe:

iv. Will proposed action cause or result in the destruction or removal of aquatic vegetation? ☐ Yes ☐ No
If Yes:

- 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:

c. Will the proposed action use, or create a new demand for water? ☑ Yes ☐ No
If Yes:

i. Total anticipated water usage/demand per day: 5,907* gallons/day

ii. Will the proposed action obtain water from an existing public water supply? ☑ Yes ☐ No
If Yes:

*Based upon a net increase of 10 beds (300 gpd/bed) & 17,098 SF of additional GFA (accounting for demolition of 22,666 GSF of existing buildings)

- Name of district or service area: New York City Municipal Water (New York City Department of Environmental Protection)
- 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? ☑ Yes ☐ No

iii. Will line extension within an existing district be necessary to supply the project? ☐ Yes ☑ No
If Yes:

- Describe extensions or capacity expansions proposed to serve this project:
- Source(s) of supply for the district:

iv. Is a new water supply district or service area proposed to be formed to serve the project site? ☐ Yes ☑ No
If, Yes:

- Applicant/sponsor for new district:
- Date application submitted or anticipated:
- Proposed source(s) of supply for new district:

v. 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), maximum pumping capacity: _____ gallons/minute.

d. Will the proposed action generate liquid wastes? ☑ Yes ☐ No
*See note above question D.2.c.i
If Yes:

i. Total anticipated liquid waste generation per day: 5,907* gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each):
Sanitary and condensate wastewater

iii. Will the proposed action use any existing public wastewater treatment facilities? ☑ Yes ☐ No
If Yes:

- Name of wastewater treatment plant to be used: New York City Port Richmond WWTP
- Name of district: Port Richmond
- Does the existing wastewater treatment plant have capacity to serve the project? ☑ Yes ☐ No
- Is the project site in the existing district? ☑ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☑ No

- Do existing sewer lines serve the project site? ☑ Yes ☐ No
- Will line extension within an existing district be necessary to serve the project? ☐ Yes ☑ No

  If Yes:
  - Describe extensions or capacity expansions proposed to serve this project: _____

iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? ☐ Yes ☑ No

If Yes:
- Applicant/sponsor for new district: _____
- Date application submitted or anticipated: _____
- What is the receiving water for the wastewater discharge? _____

v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge, or describe subsurface disposal plans):

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 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? ☑ Yes ☐ No

If Yes:

i. How much impervious surface will the project create in relation to total size of project parcel?

_____ Square feet or 0.87 acres (impervious surface)

_____ Square feet or 13.88 acres (parcel size)

ii. Describe types of new point sources. N/A

iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)?

Stormwater runoff from the project site will be directed to on-site dry-wells

- If to surface waters, identify receiving water bodies or wetlands: Not Applicable
- Will stormwater runoff flow to adjacent properties? ☐ Yes ☑ No

iv. Does proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? ☐ Yes ☑ No

f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations? ☑ Yes ☐ No

If Yes, identify:

i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)

Construction vehicles and other non-permanent equipment.

ii. 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)

Connection to existing steam and condensate lines and placement of a new generator on the south side of an existing 1 story bldg east of the project area.

g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit? ☐ Yes ☑ No

If Yes:

i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year) ☐ Yes ☐ No

ii. 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_2O)
- _____Tons/year (short tons) of Perfluorocarbons (PFCs)
- _____Tons/year (short tons) of Sulfur Hexafluoride (SF_6)
- _____Tons/year (short tons) of Carbon Dioxide equivalent of Hydroflourocarbons (HFCs)
- _____Tons/year (short tons) of Hazardous Air Pollutants (HAPs)

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? ☐Yes ☑No

If Yes:

i. Estimate methane generation in tons/year (metric): _____

ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): _____

i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? ☐Yes ☑No

If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust):

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? ☐Yes ☑No

If Yes:

i. When is the peak traffic expected (Check all that apply): ☐ Morning ☐ Evening ☐Weekend ☐ Randomly between hours of _____ to _____.

ii. For commercial activities only, projected number of semi-trailer truck trips/day: _____

iii. Parking spaces: Existing 459 Proposed 503 Net increase/decrease 44+

iv. Does the proposed action include any shared use parking? ☐Yes ☐No

v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe:

Existing curb cut locations would be maintained, except for a minor widening of the southerly Bard Avenue entrance/exit to enhance accessibility of the Castleton Ave. front yard parking.

vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site? ☑Yes ☐No

vii Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? ☑Yes ☐No

viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? ☑Yes ☐No

k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? ☑Yes ☐No

If Yes:

i. Estimate annual electricity demand during operation of the proposed action: _____

* 19,097,323,200 Thousand MBTU/sf average annual

ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other):

The proposed project will be supplied electricity by Con Edison via grid. During power disruptions electricity would be supplied by an on-site generator.

iii. Will the proposed action require a new, or an upgrade to, an existing substation? ☐Yes ☑No

l. Hours of operation. Answer all items which apply.

24 Hours / 7 days a week Staggered Shifts

i. During Construction:

- Monday - Friday: 7:00 am - 6:00 pm
- Saturday: _____
- Sunday: _____
- Holidays: _____

ii. During Operations:

- Monday - Friday: _____
- Saturday: _____
- Sunday: _____
- Holidays: _____

*City of New York. City Environmental Quality Review (CEQR) Technical Manual. March 2014. Table 15-1, p. 15-3. Institutional energy utilization rates were utilized to calculate energy use for the proposed project.

m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? ☑ Yes ☐ No

If yes:

i. Provide details including sources, time of day and duration:

Temporary noise from construction equipment.

ii. Will proposed action remove existing natural barriers that could act as a noise barrier or screen? ☑ Yes ☐ No

Describe: Selective tree removal within area of proposed improvements may remove some screening. See Grading Plan dated revised 2/16/17. Trees will be retained and protected as per approved plans.

n.. Will the proposed action have outdoor lighting? ☑ Yes ☐ No

If yes:

i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:

Building or ground mounted safety lighting shall directed so as not to shine directly into neighboring properties or right-of-ways.

ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? ☑ Yes ☐ No

Describe: Clearing will remove trees for required improvements. Retained mature vegetation and supplemental landscape screening will mitigate potential visual impacts.

o. Does the proposed action have the potential to produce odors for more than one hour per day? ☐ Yes ☑ No

If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest 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? ☑ Yes ☐ No

If Yes:

i. Product(s) to be stored Fuel oil

ii. Volume(s) 10,000 gal. per unit time On demand (e.g., month, year)

iii. Generally describe proposed storage facilities:

Under ground fuel tank for emergency generator

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. Describe proposed treatment(s):

ii. 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 of solid waste (excluding hazardous materials)? ☑ Yes ☐ No

If Yes:

i. Describe any solid waste(s) to be generated during construction or operation of the facility:

- Construction: 3,887* tons per Total (unit of time)
- Operation : 0.255** tons per week (unit of time)

ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:

- Construction:
- Operation:

iii. Proposed disposal methods/facilities for solid waste generated on-site:

- Construction: Waste to be disposed of by a private hauler.
- Operation: Waste to be disposed of by a private hauler.

*Debris estimated from demolition. Approved Demolition Plans and FEMA Debris Estimating Field Guide. September 2010. **City of New York. City Environmental Quality Review (CEQR) Technical manual. March 2014. Table 14-1, p.14-9, 10 additional beds@51lbs per week = 0.255 tons/week. Regulated medical waste would be handled and disposed of per appropriate regulations.

s. Does the proposed action include construction or modification of a solid waste management facility? ☐ Yes ☑ No

If Yes:

i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): _____

ii. Anticipated rate of disposal/processing:

- _____ Tons/month, if transfer or other non-combustion/thermal treatment, or
- _____ Tons/hour, if combustion or thermal treatment

iii. If landfill, anticipated site life: _____ years

t. Will proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste? ☑ Yes ☐ No

If Yes:

i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: _____

Regulated Medical Waste

Potential generation of asbestos-containing material (ACM) during demolition of existing structures.

ii. Generally describe processes or activities involving hazardous wastes or constituents: _____

Medical or any ACM waste to be handled and disposed of pursuant to established procedures and regulations.

iii. Specify amount to be handled or generated TBD tons/month To Be Determined

iv. 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? ☑ Yes ☐ No

If Yes: provide name and location of facility: _____

To Be Determined

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. 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): Public Facilities & Institutions, Vacant

ii. If mix of uses, generally describe:

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	10.73	11.60	+0.87
• Forested	0		
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)	0		
• Agricultural (includes active orchards, field, greenhouse etc.)	0		
• Surface water features (lakes, ponds, streams, rivers, etc.)	0		
• Wetlands (freshwater or tidal)	0		
• Non-vegetated (bare rock, earth or fill)	0		
• Other Describe: Landscaping	3.15	2.28	+0.87

c. Is the project site presently used by members of the community for public recreation? ☐ Yes ☑ No

i. If Yes: explain: _____

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? ☑ Yes ☐ No

If Yes,

i. Identify Facilities:

Richmond University Medical Center

e. Does the project site contain an existing dam? ☐ Yes ☑ No

If Yes:

i. Dimensions of the dam and impoundment:

- Dam height: _____ feet
- Dam length: _____ feet
- Surface area: _____ acres
- Volume impounded: _____ gallons OR acre-feet

ii. Dam's existing hazard classification: _____

iii. Provide date and summarize results of last inspection:

f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility? ☐ Yes ☑ No

If Yes:

i. Has the facility been formally closed? ☐ Yes ☐ No

- If yes, cite sources/documentation: _____

ii. Describe the location of the project site relative to the boundaries of the solid waste management facility:

iii. Describe any development constraints due to the prior solid waste activities: _____

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? ☐ Yes ☐ No

If Yes:

i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred:

Typical of hospital operations the facility generates and temporarily stores biological, radionuclide and red bag waste managed in accordance with applicable regulation requirements.

h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site? ☑ Yes ☐ No

If Yes:

i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply: ☐ Yes ☐ No

1202603

☑ Yes – Spills Incidents database — Provide DEC ID number(s): 9306662, 9313562, 9803109, 0013557

☐ Yes – Environmental Site Remediation database — Provide DEC ID number(s): _____

☐ Neither database

ii. If site has been subject of RCRA corrective activities, describe control measures:

All spill cases have been closed because either; a) the records and data submitted indicate that the necessary cleanup and removal actions have been completed and no further remedial activities are necessary, or b) the case was closed for administrative reasons.

iii. 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): _____

iv. 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? ☐ Yes ☐ 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 engineering controls: _____
- Will the project affect the institutional or engineering controls in place? ☐ Yes ☐ No
- Explain: _____

E.2. Natural Resources On or Near Project Site

a. What is the average depth to bedrock on the project site? 0-100 feet

b. Are there bedrock outcroppings on the project site? ☐ Yes ☑ No
If Yes, what proportion of the site is comprised of bedrock outcroppings? _____%

c. Predominant soil type(s) present on project site:

Urban land, till substratum	90 %
Greenbelt-Urban land complex	10 %
	%

d. What is the average depth to the water table on the project site? Average: 50-100 feet

e. Drainage status of project site soils:

☑	Well Drained:	10 % of site
☐	Moderately Well Drained:	% of site
☑	Poorly Drained	90 % of site

f. Approximate proportion of proposed action site with slopes:

☑	0-10%:	100 % of site
☐	10-15%:	% of site
☐	15% or greater:	% of site

g. Are there any unique geologic features on the project site? ☐ Yes ☑ No
If Yes, describe: _____

h. Surface water features.

i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)? ☐ Yes ☑ No

ii. Do any wetlands or other waterbodies adjoin the project site? ☐ Yes ☑ No

If Yes to either *i* or *ii*, continue. If No, skip to E.2.i.

iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency? ☐ Yes ☑ No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

- Streams: Name _____ Classification _____
- Lakes or Ponds: Name _____ Classification _____
- Wetlands: Name _____ Approximate Size _____
- Wetland No. (if regulated by DEC) _____

v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies? ☐ Yes ☑ No

If yes, name of impaired water body/bodies and basis for listing as impaired: _____

i. Is the project site in a designated Floodway? ☐ Yes ☑ No

j. Is the project site in the 100 year Floodplain? ☐ Yes ☑ No

k. Is the project site in the 500 year Floodplain? ☐ Yes ☑ No

l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? ☐ Yes ☑ No
If Yes:

i. Name of aquifer: _____

m. Identify the predominant wildlife species that occupy or use the project site:

Urban wildlife such as House Sparrows

Eastern Grey Squirrels Robins

European Starlings Blue Jays

n. Does the project site contain a designated significant natural community? ☐ Yes ☑ No

If Yes:

i. Describe the habitat/community (composition, function, and basis for designation): _____

ii. Source(s) of description or evaluation: _____

iii. Extent of community/habitat:

- Currently: _____ acres
- Following completion of project as proposed: _____ acres
- Gain or loss (indicate + or -): _____ acres

o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species? ☑ Yes ☐ No

p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern? ☐ Yes ☑ No

q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? ☐ Yes ☑ No

If yes, give a brief description of how the proposed action may affect that use: _____

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 Agriculture and Markets Law, Article 25-AA, Section 303 and 304? ☐ Yes ☑ No

If Yes, provide county plus district name/number: _____

b. Are agricultural lands consisting of highly productive soils present? ☐ Yes ☑ No

i. If Yes: acreage(s) on project site? _____

ii. Source(s) of soil rating(s): _____

c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark? ☐ Yes ☑ No

If Yes:

i. Nature of the natural landmark: ☐ Biological Community ☐ Geological Feature

ii. Provide brief description of landmark, including values behind designation and approximate size/extent: _____

d. Is the project site located in or does it adjoin a state listed Critical Environmental Area? ☐ Yes ☑ No

If Yes:

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 which is listed on, or has been nominated by the NYS Board of Historic Preservation for inclusion on, the State or National Register of Historic Places? ☑ Yes ☐ No

If Yes:

i. Nature of historic/archaeological resource: ☐ Archaeological Site ☑ Historic Building or District

ii. Name: Garner Mansion

iii. Brief description of attributes on which listing is based:

Meets Criterion C as a rare, extant example of an unusually large 1859-60 Second Empire style brownstone mansion in NYC.

f. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory? ☑ Yes ☐ No

g. Have additional archaeological or historic site(s) or resources been identified on the project site? ☐ Yes ☑ No

If Yes:

i. Describe possible resource(s): _____

ii. 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? ☐ Yes ☑ No

If Yes:

i. Identify resource: _____

ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____

iii. Distance between project and resource: _____ miles.

i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666? ☐ Yes ☑ No

If Yes:

i. Identify the name of the river and its designation: _____

ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666? ☐ Yes ☐ 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.

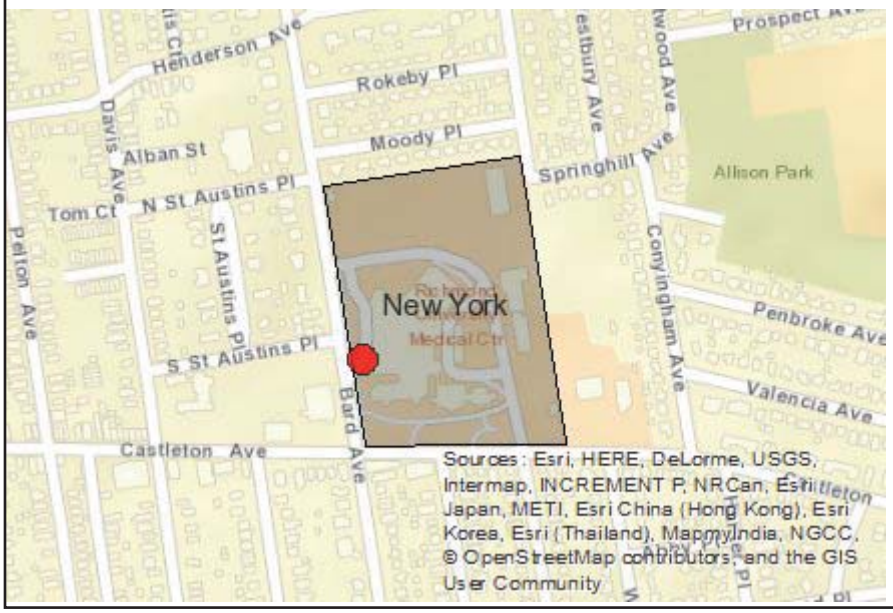
Applicant/Sponsor Name Daniel J Messina, PhD Date 2/23/17

Signature _____, PhD Title President + CEO

PRINT FORM

EAF Mapper Summary Report

Tuesday, February 14, 2017 1:15 PM



Disclaimer: The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.

B.i.i [Coastal or Waterfront Area]	No
B.i.ii [Local Waterfront Revitalization Area]	Yes
C.2.b. [Special Planning District]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h [DEC Spills or Remediation Site - Potential Contamination History]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Listed]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Environmental Site Remediation Database]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.iii [Within 2,000' of DEC Remediation Site]	No
E.2.g [Unique Geologic Features]	No
E.2.h.i [Surface Water Features]	No
E.2.h.ii [Surface Water Features]	No
E.2.h.iii [Surface Water Features]	No
E.2.h.v [Impaired Water Bodies]	No
E.2.i. [Floodway]	No
E.2.j. [100 Year Floodplain]	No
E.2.k. [500 Year Floodplain]	No
E.2.l. [Aquifers]	No
E.2.n. [Natural Communities]	No
E.2.o. [Endangered or Threatened Species]	Yes
E.2.p. [Rare Plants or Animals]	No
E.3.a. [Agricultural District]	No

E.3.c. [National Natural Landmark]	No
E.3.d [Critical Environmental Area]	No
E.3.e. [National Register of Historic Places]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.3.f. [Archeological Sites]	Yes
E.3.i. [Designated River Corridor]	No

Agency Use Only [If applicable]

Project : RUMC New ED/APIU Expansion

Date : April 3, 2017

Full Environmental Assessment Form
Part 2 - Identification of Potential Project Impacts

Part 2 is to be completed by the lead agency. Part 2 is designed to help the lead agency inventory all potential resources that could be affected by a proposed project or action. We recognize that the lead agency's reviewer(s) will not necessarily be environmental professionals. So, the questions are designed to walk a reviewer through the assessment process by providing a series of questions that can be answered using the information found in Part 1. To further assist the lead agency in completing Part 2, the form identifies the most relevant questions in Part 1 that will provide the information needed to answer the Part 2 question. When Part 2 is completed, the lead agency will have identified the relevant environmental areas that may be impacted by the proposed activity.

If the lead agency is a state agency **and** the action is in any Coastal Area, complete the Coastal Assessment Form before proceeding with this assessment.

Tips for completing Part 2:

- Review all of the information provided in Part 1.
- Review any application, maps, supporting materials and the Full EAF Workbook.
- Answer each of the 18 questions in Part 2.
- If you answer "**Yes"** to a numbered question, please complete all the questions that follow in that section.
- If you answer "**No"** to a numbered question, move on to the next numbered question.
- Check appropriate column to indicate the anticipated size of the impact.
- Proposed projects that would exceed a numeric threshold contained in a question should result in the reviewing agency checking the box "Moderate to large impact may occur."
- The reviewer is not expected to be an expert in environmental analysis.
- If you are not sure or undecided about the size of an impact, it may help to review the sub-questions for the general question and consult the workbook.
- When answering a question consider all components of the proposed activity, that is, the "whole action".
- Consider the possibility for long-term and cumulative impacts as well as direct impacts.
- Answer the question in a reasonable manner considering the scale and context of the project.

1. Impact on Land

Proposed action may involve construction on, or physical alteration of, the land surface of the proposed site. (See Part 1. D.1)

☑ NO ☐ YES

If "Yes", answer questions a - j. If "No", move on to Section 2.

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may involve construction on land where depth to water table is less than 3 feet.	E2d	☐	☐
b. The proposed action may involve construction on slopes of 15% or greater.	E2f	☐	☐
c. The proposed action may involve construction on land where bedrock is exposed, or generally within 5 feet of existing ground surface.	E2a	☐	☐
d. The proposed action may involve the excavation and removal of more than 1,000 tons of natural material.	D2a	☐	☐
e. The proposed action may involve construction that continues for more than one year or in multiple phases.	D1e	☐	☐
f. The proposed action may result in increased erosion, whether from physical disturbance or vegetation removal (including from treatment by herbicides).	D2e, D2q	☐	☐
g. The proposed action is, or may be, located within a Coastal Erosion hazard area.	B1i	☐	☐
h. Other impacts: _____ _____		☐	☐

2. Impact on Geological Features

The proposed action may result in the modification or destruction of, or inhibit access to, any unique or unusual land forms on the site (e.g., cliffs, dunes, minerals, fossils, caves). (See Part 1. E.2.g) ☑ NO ☐ YES

If "Yes", answer questions a - c. If "No", move on to Section 3.

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. Identify the specific land form(s) attached: _____ _____	E2g	☐	☐
b. The proposed action may affect or is adjacent to a geological feature listed as a registered National Natural Landmark. Specific feature: _____	E3c	☐	☐
c. Other impacts: _____ _____		☐	☐

3. Impacts on Surface Water

The proposed action may affect one or more wetlands or other surface water bodies (e.g., streams, rivers, ponds or lakes). (See Part 1. D.2, E.2.h) ☑ NO ☐ YES

If "Yes", answer questions a - l. If "No", move on to Section 4.

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may create a new water body.	D2b, D1h	☐	☐
b. The proposed action may result in an increase or decrease of over 10% or more than a 10 acre increase or decrease in the surface area of any body of water.	D2b	☐	☐
c. The proposed action may involve dredging more than 100 cubic yards of material from a wetland or water body.	D2a	☐	☐
d. The proposed action may involve construction within or adjoining a freshwater or tidal wetland, or in the bed or banks of any other water body.	E2h	☐	☐
e. The proposed action may create turbidity in a waterbody, either from upland erosion, runoff or by disturbing bottom sediments.	D2a, D2h	☐	☐
f. The proposed action may include construction of one or more intake(s) for withdrawal of water from surface water.	D2c	☐	☐
g. The proposed action may include construction of one or more outfall(s) for discharge of wastewater to surface water(s).	D2d	☐	☐
h. The proposed action may cause soil erosion, or otherwise create a source of stormwater discharge that may lead to siltation or other degradation of receiving water bodies.	D2e	☐	☐
i. The proposed action may affect the water quality of any water bodies within or downstream of the site of the proposed action.	E2h	☐	☐
j. The proposed action may involve the application of pesticides or herbicides in or around any water body.	D2q, E2h	☐	☐
k. The proposed action may require the construction of new, or expansion of existing, wastewater treatment facilities.	D1a, D2d	☐	☐

l. Other impacts: _____ _____		□	□

4. Impact on groundwater

The proposed action may result in new or additional use of ground water, or may have the potential to introduce contaminants to ground water or an aquifer. (See Part 1. D.2.a, D.2.c, D.2.d, D.2.p, D.2.q, D.2.t) ☑ NO ☐ YES

If "Yes", answer questions a - h. If "No", move on to Section 5.

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may require new water supply wells, or create additional demand on supplies from existing water supply wells.	D2c	□	□
b. Water supply demand from the proposed action may exceed safe and sustainable withdrawal capacity rate of the local supply or aquifer. Cite Source: _____	D2c	□	□
c. The proposed action may allow or result in residential uses in areas without water and sewer services.	D1a, D2c	□	□
d. The proposed action may include or require wastewater discharged to groundwater.	D2d, E2l	□	□
e. The proposed action may result in the construction of water supply wells in locations where groundwater is, or is suspected to be, contaminated.	D2c, E1f, E1g, E1h	□	□
f. The proposed action may require the bulk storage of petroleum or chemical products over ground water or an aquifer.	D2p, E2l	□	□
g. The proposed action may involve the commercial application of pesticides within 100 feet of potable drinking water or irrigation sources.	E2h, D2q, E2l, D2c	□	□
h. Other impacts: _____ _____		□	□

5. Impact on Flooding

The proposed action may result in development on lands subject to flooding. (See Part 1. E.2) ☑ NO ☐ YES

If "Yes", answer questions a - g. If "No", move on to Section 6.

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may result in development in a designated floodway.	E2i	□	□
b. The proposed action may result in development within a 100 year floodplain.	E2j	□	□
c. The proposed action may result in development within a 500 year floodplain.	E2k	□	□
d. The proposed action may result in, or require, modification of existing drainage patterns.	D2b, D2e	□	□
e. The proposed action may change flood water flows that contribute to flooding.	D2b, E2i, E2j, E2k	□	□
f. If there is a dam located on the site of the proposed action, is the dam in need of repair, or upgrade?	E1e	□	□

g. Other impacts: _____ _____		☐	☐

6. Impacts on Air

The proposed action may include a state regulated air emission source. ☑ NO ☐ YES
(See Part 1. D.2.f., D,2,h, D.2.g)
If "Yes", answer questions a - f. If "No", move on to Section 7.

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. If the proposed action requires federal or state air emission permits, the action may also emit one or more greenhouse gases at or above the following levels:			
i. More than 1000 tons/year of carbon dioxide (CO_2)	D2g	☐	☐
ii. More than 3.5 tons/year of nitrous oxide (N_2O)	D2g	☐	☐
iii. More than 1000 tons/year of carbon equivalent of perfluorocarbons (PFCs)	D2g	☐	☐
iv. More than .045 tons/year of sulfur hexafluoride (SF_6)	D2g	☐	☐
v. More than 1000 tons/year of carbon dioxide equivalent of hydrochloroflourocarbons (HFCs) emissions	D2g	☐	☐
vi. 43 tons/year or more of methane	D2h	☐	☐
b. The proposed action may generate 10 tons/year or more of any one designated hazardous air pollutant, or 25 tons/year or more of any combination of such hazardous air pollutants.	D2g	☐	☐
c. The proposed action may require a state air registration, or may produce an emissions rate of total contaminants that may exceed 5 lbs. per hour, or may include a heat source capable of producing more than 10 million BTU's per hour.	D2f, D2g	☐	☐
d. The proposed action may reach 50% of any of the thresholds in "a" through "c", above.	D2g	☐	☐
e. The proposed action may result in the combustion or thermal treatment of more than 1 ton of refuse per hour.	D2s	☐	☐
f. Other impacts: _____ _____		☐	☐

7. Impact on Plants and Animals

The proposed action may result in a loss of flora or fauna. (See Part 1. E.2. m.-q.) ☑ NO ☐ YES
If "Yes", answer questions a - j. If "No", move on to Section 8.

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may cause reduction in population or loss of individuals of any threatened or endangered species, as listed by New York State or the Federal government, that use the site, or are found on, over, or near the site.	E2o	☐	☐
b. The proposed action may result in a reduction or degradation of any habitat used by any rare, threatened or endangered species, as listed by New York State or the federal government.	E2o	☐	☐
c. The proposed action may cause reduction in population, or loss of individuals, of any species of special concern or conservation need, as listed by New York State or the Federal government, that use the site, or are found on, over, or near the site.	E2p	☐	☐
d. The proposed action may result in a reduction or degradation of any habitat used by any species of special concern and conservation need, as listed by New York State or the Federal government.	E2p	☐	☐

e. The proposed action may diminish the capacity of a registered National Natural Landmark to support the biological community it was established to protect.	E3c	□	□
f. The proposed action may result in the removal of, or ground disturbance in, any portion of a designated significant natural community. Source: _____	E2n	□	□
g. The proposed action may substantially interfere with nesting/breeding, foraging, or over-wintering habitat for the predominant species that occupy or use the project site.	E2m	□	□
h. The proposed action requires the conversion of more than 10 acres of forest, grassland or any other regionally or locally important habitat. Habitat type & information source: _____ _____	E1b	□	□
i. Proposed action (commercial, industrial or recreational projects, only) involves use of herbicides or pesticides.	D2q	□	□
j. Other impacts: _____ _____		□	□

8. Impact on Agricultural Resources

The proposed action may impact agricultural resources. (See Part 1. E.3.a. and b.) ☑ NO ☐ YES

If "Yes", answer questions a - h. If "No", move on to Section 9.

	Relevant Part I Question(s)	**No, or small impact may occur**	**Moderate to large impact may occur**
a. The proposed action may impact soil classified within soil group 1 through 4 of the NYS Land Classification System.	E2c, E3b	□	□
b. The proposed action may sever, cross or otherwise limit access to agricultural land (includes cropland, hayfields, pasture, vineyard, orchard, etc).	E1a, Elb	□	□
c. The proposed action may result in the excavation or compaction of the soil profile of active agricultural land.	E3b	□	□
d. The proposed action may irreversibly convert agricultural land to non-agricultural uses, either more than 2.5 acres if located in an Agricultural District, or more than 10 acres if not within an Agricultural District.	E1b, E3a	□	□
e. The proposed action may disrupt or prevent installation of an agricultural land management system.	El a, E1b	□	□
f. The proposed action may result, directly or indirectly, in increased development potential or pressure on farmland.	C2c, C3, D2c, D2d	□	□
g. The proposed project is not consistent with the adopted municipal Farmland Protection Plan.	C2c	□	□
h. Other impacts: _____		□	□

9. Impact on Aesthetic Resources

The land use of the proposed action are obviously different from, or are in sharp contrast to, current land use patterns between the proposed project and a scenic or aesthetic resource. (Part 1. E.1.a, E.1.b, E.3.h.)

☑ NO ☐ YES

If "Yes", answer questions a - g. If "No", go to Section 10.

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. Proposed action may be visible from any officially designated federal, state, or local scenic or aesthetic resource.	E3h	☐	☐
b. The proposed action may result in the obstruction, elimination or significant screening of one or more officially designated scenic views.	E3h, C2b	☐	☐
c. The proposed action may be visible from publicly accessible vantage points: i. Seasonally (e.g., screened by summer foliage, but visible during other seasons) ii. Year round	E3h	 ☐ ☐	 ☐ ☐
d. The situation or activity in which viewers are engaged while viewing the proposed action is: i. Routine travel by residents, including travel to and from work ii. Recreational or tourism based activities	E3h E2q, E1c	 ☐ ☐	 ☐ ☐
e. The proposed action may cause a diminishment of the public enjoyment and appreciation of the designated aesthetic resource.	E3h	☐	☐
f. There are similar projects visible within the following distance of the proposed project: 0-1/2 mile ½ -3 mile 3-5 mile 5+ mile	D1a, E1a, D1f, D1g	☐	☐
g. Other impacts: _____ _____		☐	☐

10. Impact on Historic and Archeological Resources

The proposed action may occur in or adjacent to a historic or archaeological resource. (Part 1. E.3.e, f. and g.)

☐ NO ☑ YES

If "Yes", answer questions a - e. If "No", go to Section 11.

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may occur wholly or partially within, or substantially contiguous to, any buildings, archaeological site or district which is listed on or has been nominated by the NYS Board of Historic Preservation for inclusion on the State or National Register of Historic Places.	E3e	☑	☐
b. The proposed action may occur wholly or partially within, or substantially contiguous to, an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory.	E3f	☑	☐
c. The proposed action may occur wholly or partially within, or substantially contiguous to, an archaeological site not included on the NY SHPO inventory. Source: _____	E3g	☑	☐

d. Other impacts: Project would involve demolition of the Annex Building; RUMC, OPRHP and DASNY have signed an LOR mitigating any adverse impacts		☑	☐
e. If any of the above (a-d) are answered "Moderate to large impact may occur", continue with the following questions to help support conclusions in Part 3:			
i. The proposed action may result in the destruction or alteration of all or part of the site or property.	E3e, E3g, E3f	☐	☐
ii. The proposed action may result in the alteration of the property's setting or integrity.	E3e, E3f, E3g, E1a, E1b	☐	☐
iii. The proposed action may result in the introduction of visual elements which are out of character with the site or property, or may alter its setting.	E3e, E3f, E3g, E3h, C2, C3	☐	☐

11. Impact on Open Space and Recreation

The proposed action may result in a loss of recreational opportunities or a reduction of an open space resource as designated in any adopted municipal open space plan.
(See Part 1. C.2.c, E.1.c., E.2.q.)
If "Yes", answer questions a - e. If "No", go to Section 12.

☑ NO ☐ YES

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may result in an impairment of natural functions, or "ecosystem services", provided by an undeveloped area, including but not limited to stormwater storage, nutrient cycling, wildlife habitat.	D2e, E1b E2h, E2m, E2o, E2n, E2p	□	□
b. The proposed action may result in the loss of a current or future recreational resource.	C2a, E1c, C2c, E2q	□	□
c. The proposed action may eliminate open space or recreational resource in an area with few such resources.	C2a, C2c E1c, E2q	□	□
d. The proposed action may result in loss of an area now used informally by the community as an open space resource.	C2c, E1c	□	□
e. Other impacts: _____ _____		□	□

12. Impact on Critical Environmental Areas

The proposed action may be located within or adjacent to a critical environmental area (CEA). (See Part 1. E.3.d)
If "Yes", answer questions a - c. If "No", go to Section 13.

☑ NO ☐ YES

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may result in a reduction in the quantity of the resource or characteristic which was the basis for designation of the CEA.	E3d	□	□
b. The proposed action may result in a reduction in the quality of the resource or characteristic which was the basis for designation of the CEA.	E3d	□	□
c. Other impacts: _____ _____		□	□

13. Impact on Transportation

The proposed action may result in a change to existing transportation systems. ☑ NO ☐ YES
(See Part 1. D.2.j)
If "Yes", answer questions a - f. If "No", go to Section 14.

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. Projected traffic increase may exceed capacity of existing road network.	D2j	☐	☐
b. The proposed action may result in the construction of paved parking area for 500 or more vehicles.	D2j	☐	☐
c. The proposed action will degrade existing transit access.	D2j	☐	☐
d. The proposed action will degrade existing pedestrian or bicycle accommodations.	D2j	☐	☐
e. The proposed action may alter the present pattern of movement of people or goods.	D2j	☐	☐
f. Other impacts: _____ _____		☐	☐

14. Impact on Energy

The proposed action may cause an increase in the use of any form of energy. ☑ NO ☐ YES
(See Part 1. D.2.k)
If "Yes", answer questions a - e. If "No", go to Section 15.

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action will require a new, or an upgrade to an existing, substation.	D2k	☐	☐
b. The proposed action will require the creation or extension of an energy transmission or supply system to serve more than 50 single or two-family residences or to serve a commercial or industrial use.	D1f, D1q, D2k	☐	☐
c. The proposed action may utilize more than 2,500 MWhrs per year of electricity.	D2k	☐	☐
d. The proposed action may involve heating and/or cooling of more than 100,000 square feet of building area when completed.	D1g	☐	☐
e. Other Impacts: _____ _____			

15. Impact on Noise, Odor, and Light

The proposed action may result in an increase in noise, odors, or outdoor lighting. ☑ NO ☐ YES
(See Part 1. D.2.m., n., and o.)
If "Yes", answer questions a - f. If "No", go to Section 16.

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may produce sound above noise levels established by local regulation.	D2m	☐	☐
b. The proposed action may result in blasting within 1,500 feet of any residence, hospital, school, licensed day care center, or nursing home.	D2m, E1d	☐	☐
c. The proposed action may result in routine odors for more than one hour per day.	D2o	☐	☐

d. The proposed action may result in light shining onto adjoining properties.	D2n	☐	☐
e. The proposed action may result in lighting creating sky-glow brighter than existing area conditions.	D2n, E1a	☐	☐
f. Other impacts: _____ _____		☐	☐

16. Impact on Human Health

The proposed action may have an impact on human health from exposure to new or existing sources of contaminants. (See Part 1.D.2.q., E.1. d. f. g. and h.) ☑ NO ☐ YES

If "Yes", answer questions a - m. If "No", go to Section 17.

	Relevant Part I Question(s)	No,or small impact may cccur	Moderate to large impact may occur
a. The proposed action is located within 1500 feet of a school, hospital, licensed day care center, group home, nursing home or retirement community.	E1d	☐	☐
b. The site of the proposed action is currently undergoing remediation.	E1g, E1h	☐	☐
c. There is a completed emergency spill remediation, or a completed environmental site remediation on, or adjacent to, the site of the proposed action.	E1g, E1h	☐	☐
d. The site of the action is subject to an institutional control limiting the use of the property (e.g., easement or deed restriction).	E1g, E1h	☐	☐
e. The proposed action may affect institutional control measures that were put in place to ensure that the site remains protective of the environment and human health.	E1g, E1h	☐	☐
f. The proposed action has adequate control measures in place to ensure that future generation, treatment and/or disposal of hazardous wastes will be protective of the environment and human health.	D2t	☐	☐
g. The proposed action involves construction or modification of a solid waste management facility.	D2q, E1f	☐	☐
h. The proposed action may result in the unearthing of solid or hazardous waste.	D2q, E1f	☐	☐
i. The proposed action may result in an increase in the rate of disposal, or processing, of solid waste.	D2r, D2s	☐	☐
j. The proposed action may result in excavation or other disturbance within 2000 feet of a site used for the disposal of solid or hazardous waste.	E1f, E1g E1h	☐	☐
k. The proposed action may result in the migration of explosive gases from a landfill site to adjacent off site structures.	E1f, E1g	☐	☐
l. The proposed action may result in the release of contaminated leachate from the project site.	D2s, E1f, D2r	☐	☐
m. Other impacts: _____ _____			

17. Consistency with Community Plans

The proposed action is not consistent with adopted land use plans. ☑ NO ☐ YES

(See Part 1. C.1, C.2. and C.3.)

If "Yes", answer questions a - h. If "No", go to Section 18.

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action's land use components may be different from, or in sharp contrast to, current surrounding land use pattern(s).	C2, C3, D1a E1a, E1b	☐	☐
b. The proposed action will cause the permanent population of the city, town or village in which the project is located to grow by more than 5%.	C2	☐	☐
c. The proposed action is inconsistent with local land use plans or zoning regulations.	C2, C2, C3	☐	☐
d. The proposed action is inconsistent with any County plans, or other regional land use plans.	C2, C2	☐	☐
e. The proposed action may cause a change in the density of development that is not supported by existing infrastructure or is distant from existing infrastructure.	C3, D1c, D1d, D1f, D1d, Elb	☐	☐
f. The proposed action is located in an area characterized by low density development that will require new or expanded public infrastructure.	C4, D2c, D2d D2j	☐	☐
g. The proposed action may induce secondary development impacts (e.g., residential or commercial development not included in the proposed action)	C2a	☐	☐
h. Other: _____ _____		☐	☐

18. Consistency with Community Character

The proposed project is inconsistent with the existing community character. ☑ NO ☐ YES

(See Part 1. C.2, C.3, D.2, E.3)

If "Yes", answer questions a - g. If "No", proceed to Part 3.

	Relevant Part I Question(s)	No, or small impact may occur	Moderate to large impact may occur
a. The proposed action may replace or eliminate existing facilities, structures, or areas of historic importance to the community.	E3e, E3f, E3g	☐	☐
b. The proposed action may create a demand for additional community services (e.g. schools, police and fire)	C4	☐	☐
c. The proposed action may displace affordable or low-income housing in an area where there is a shortage of such housing.	C2, C3, D1f D1g, E1a	☐	☐
d. The proposed action may interfere with the use or enjoyment of officially recognized or designated public resources.	C2, E3	☐	☐
e. The proposed action is inconsistent with the predominant architectural scale and character.	C2, C3	☐	☐
f. Proposed action is inconsistent with the character of the existing natural landscape.	C2, C3 E1a, E1b E2g, E2h	☐	☐
g. Other impacts: _____ _____		☐	☐

PRINT FULL FORM

Agency Use Only [IfApplicable]

Project : RUMC New ED/APIU Expansion

Date : April 3, 2017

Full Environmental Assessment Form
Part 3 - Evaluation of the Magnitude and Importance of Project Impacts
and
Determination of Significance

Part 3 provides the reasons in support of the determination of significance. The lead agency must complete Part 3 for every question in Part 2 where the impact has been identified as potentially moderate to large or where there is a need to explain why a particular element of the proposed action will not, or may, result in a significant adverse environmental impact.

Based on the analysis in Part 3, the lead agency must decide whether to require an environmental impact statement to further assess the proposed action or whether available information is sufficient for the lead agency to conclude that the proposed action will not have a significant adverse environmental impact. By completing the certification on the next page, the lead agency can complete its determination of significance.

Reasons Supporting This Determination:

To complete this section:

- Identify the impact based on the Part 2 responses and describe its magnitude. Magnitude considers factors such as severity, size or extent of an impact.
- Assess the importance of the impact. Importance relates to the geographic scope, duration, probability of the impact occurring, number of people affected by the impact and any additional environmental consequences if the impact were to occur.
- The assessment should take into consideration any design element or project changes.
- Repeat this process for each Part 2 question where the impact has been identified as potentially moderate to large or where there is a need to explain why a particular element of the proposed action will not, or may, result in a significant adverse environmental impact.
- Provide the reason(s) why the impact may, or will not, result in a significant adverse environmental impact
- For Conditional Negative Declarations identify the specific condition(s) imposed that will modify the proposed action so that no significant adverse environmental impacts will result.
- Attach additional sheets, as needed.

The new emergency department would involve the demolition of the Annex Building, eligible for listing on the State and National Registers of Historic Places ("S/NR"). The New York State Office of Parks, Recreation, and Historic Preservation ("OPRHP") determined the proposed demolition of the Annex Building would constitute an Adverse Impact on historic resources and requested a study of feasible and prudent alternatives to the proposed demolition. DASNY submitted an Alternatives Analysis to OPRHP for review on March 10, 2017, concluding that there are no feasible or prudent alternatives to the demolition of the Annex Building that would fulfill the purpose and need for the Proposed Project.

OPRHP reviewed the Alternatives Analysis, and by letter dated March 17, 2017, stated that they concur with the findings of the Alternatives Analysis that there are no prudent and feasible alternatives to demolition of the Annex. OPRHP recommended the preparation of a formal Letter of Resolution ("LOR") to identify proper mitigation measures to be incorporated into the work. DASNY prepared and submitted an LOR to OPRHP on March 21, 2017. The LOR was signed by RUMC, OPRHP, and DASNY on March 29, 2017.

The LOR includes mitigation measures including documentation (photographic, measured drawings, historical narrative); preservation of historic interior spaces at the Garner Mansion; implementation of a construction protection plan to protect the Garner Mansion during demolition of the Annex Building; development of an interpretive display for the public; and continued consultation between RUMC and OPRHP on the design of the new Emergency Department.

Fulfillment of the LOR will mitigate any significant adverse impacts on cultural resources.

Determination of Significance - Type 1 and Unlisted Actions

SEQR Status: ☑ Type 1 ☐ Unlisted

Identify portions of EAF completed for this Project: ☑ Part 1 ☑ Part 2 ☑ Part 3

Upon review of the information recorded on this EAF, as noted, plus this additional support information

and considering both the magnitude and importance of each identified potential impact, it is the conclusion of the DASNY ("Dormitory Authority State of New York") as lead agency that:

☑ A. This project will result in no significant adverse impacts on the environment, and, therefore, an environmental impact statement need not be prepared. Accordingly, this negative declaration is issued.

☐ B. Although this project could have a significant adverse impact on the environment, that impact will be avoided or substantially mitigated because of the following conditions which will be required by the lead agency:

There will, therefore, be no significant adverse impacts from the project as conditioned, and, therefore, this conditioned negative declaration is issued. A conditioned negative declaration may be used only for UNLISTED actions (see 6 NYCRR 617.d).

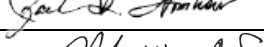
☐ C. This Project may result in one or more significant adverse impacts on the environment, and an environmental impact statement must be prepared to further assess the impact(s) and possible mitigation and to explore alternatives to avoid or reduce those impacts. Accordingly, this positive declaration is issued.

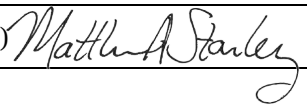
Name of Action: Richmond University Medical Center New Emergency Department and Adult Psychiatric Inpatient Unit Expansion Project

Name of Lead Agency: DASNY ("Dormitory Authority State of New York")

Name of Responsible Officer in Lead Agency: Jack D. Homkow

Title of Responsible Officer: Director, Office of Environmental Affairs

Signature of Responsible Officer in Lead Agency:  Date: April 3, 2017

Signature of Preparer (if different from Responsible Officer)  Date: April 3, 2017

For Further Information:

Contact Person: Matthew A. Stanley, AICP

Address: DASNY, One Penn Plaza, 52nd Floor, New York, New York 10119

Telephone Number: 212-273-5097

E-mail: mstanley@dasny.org

For Type 1 Actions and Conditioned Negative Declarations, a copy of this Notice is sent to:

Chief Executive Officer of the political subdivision in which the action will be principally located (e.g., Town / City / Village of)
Other involved agencies (if any)
Applicant (if any)
Environmental Notice Bulletin: http://www.dec.ny.gov/enb/enb.html

PRINT FULL FORM

STATE ENVIRONMENTAL QUALITY REVIEW
SUPPLEMENTAL REPORT

for the

Richmond University Medical Center
New Emergency Department
and
Adult Psychiatric Inpatient Unit

Staten Island, Richmond County, New York

Prepared on behalf of:
Richmond Medical Center d.b.a. Richmond University Medical Center
355 Bard Avenue
Staten Island, New York 10310

Prepared for Lead Agency:	Dormitory Authority - State of New York 515 Broadway Albany, New York 12207-2964
Lead Agency Contact:	Mr. Matthew Stanley, AICP Senior Environmental Manager Office of Environmental Affairs Dormitory Authority - State of New York One Penn Plaza, 52nd Floor New York, New York 10119-0098 Telephone (212) 273-5097
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Richmond University Medical Center
New Emergency Department
and
Adult Psychiatric Inpatient Unit

Bard & Castleton Avenues,
Staten Island, New York

SEQR Supplemental Report

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FIGURES
(Immediately following text)

APPENDICES

ATTACHMENT

1.0 PROPOSED ACTION AND PROPOSED PROJECT

Introduction. This document is a Supplement to the *Full Environmental Assessment Form, Part I ("FEAF")* for the Richmond University Medical Center's ("RUMC") proposed emergency department and adult psychiatric inpatient unit relocation and modernization.

RUMC, an existing, not-for-profit, 448-bed acute care hospital facility is proposing the relocation and modernization of its existing Emergency Department and the expansion of its Adult Psychiatric Inpatient Unit at its main 13.875-acre campus at 355 Bard Avenue, West New Brighton in Staten Island, Richmond County, New York (the "Project Site") (see detailed description below).

Proposed Action. RUMC has requested financing from DASNY ("Dormitory Authority State of New York") as part of the New York State Technology and Development ("TAD") Program for its *New Emergency Department* project, described further below. The Proposed Action would involve DASNY's authorization of the expenditure of approximately $1,000,000 of the proceeds of the TAD program bond issuance. RUMC has requested financing from the New York State Department of Health ("DOH") as part of the Capital Restructuring Financing Program ("CRFP") for its *Adult Psychiatric Inpatient Unit Expansion* project and a portion of the *New Emergency Department* project (the urgicare center), described further below.[1] The Proposed Action would involve authorization of the expenditure of approximately $8,170,000 of the proceeds of the CRFP program bond issuance. (Note: The CRFP program involves DASNY-issued bond financing.)

Proposed Project. RUMC proposes the following projects, which together constitute the "Proposed Project" for the purpose of *State Environmental Quality Review* ("SEQRA").

New Emergency Department. The proposed *New Emergency Department* ("ED") would involve the construction of a 71,039-gross square foot (GSF) addition to the southeast of the campus, to be known as the Honorable James P. Molinaro Trauma Center. The building would be located along Castleton Avenue and an internal campus roadway. The 34,475-GSF ED would be located on the first floor and would be comprised of new public spaces, including a new walk-in entrance and waiting areas, an intake area, a sub-acute (super track) treatment area, a main acute ED, imaging spaces and support areas (see **Appendix A**, *Study of Reasonable Alternatives*, which provides a more detailed description of the proposed functional program for the ED expansion). New engineering systems for the addition would be placed within the 4,297-gsf basement. A 32,267-GSF second floor is being constructed in order to connect the new ED with the

[1] A portion of the CRFP funding would also be used for RUMC's *Center for Integrative Behavioral Medicine ("CIBM")* located at 1130 South Avenue, Staten Island. Due to its off-campus location and functional separation from RUMC's main campus, the *CIBM* is the subject of a separate SEQRA review by DASNY.

existing operating rooms as well as provide a large core/shell area for a future surgical suite replacement project that would be submitted in a future submission. A minor renovation of office spaces serving the existing MRI suite at the first floor would be required to provide a connection from the new ED to the main Hospital.

The central principle of the new organization is to achieve faster throughput by implementing a dual-track ED, splitting patient volume between acute treatment spaces and the super track ED. The super track ED would provide expedited patient care to lower acuity patients who enter the ED.

Two structures would be demolished to facilitate the new ED, the Annex Building, a vacant two-story frame, circa 1903-06 addition to the adjacent Garner Mansion that served as the Training School for Nurses for St. Vincent's Hospital (RUMC's original name) and most recently contained office space; and, the Fitzpatrick Building, a vacant three-story brick building that served as the boiler plant for the original hospital and most recently contained engineering and office space.

Adult Psychiatric Inpatient Unit Expansion. The proposed *Adult Psychiatric Inpatient Unit Expansion* would involve the construction of a 5,434-GSF, single story addition to RUMC's main hospital building that would contain (10) adult inpatient psychiatric beds. This addition would be a one-(1)-story slab on grade addition, with a structural steel frame, metal stud and brick veneer exterior wall. The addition would be located directly adjacent to an existing 30-bed adult inpatient psychiatric unit. At the completion of this project, RUMC would have a 40-bed Adult Psychiatric Inpatient Unit at its main campus. RUMC's 25-bed Bailey Seton Inpatient Psychiatric Unit (75 Vanderbilt Avenue, Staten Island) would close.

The area of construction would be limited to an approximate 4-acre portion of the site (the "Development Area", refer to **Figure 2. Tax Map and Figure 3. Aerial Map**). Existing curb cut locations would be maintained, except for a minor widening of the southerly Bard Avenue entrance/exit to enhance accessibility of parking along Castleton Avenue. Utilities (electric, drainage, sanitary, steam and condensate lines) would be removed/abandoned and relocated as necessary to connect to existing on-site systems and facilities.

The Proposed Project would constitute a right-sizing of RUMC's facilities and would better position RUMC to receive patients and to provide emergency medicine services and psychiatric services in a more efficient and effective manner.

***Other Public Actions**:* RUMC has requested approximately $13,000,000 of City of New York capital funding from the City of New York for the construction of the *New Emergency Department* project. The New York City Economic Development Corporation and the New York City Office of the Deputy Mayor for Housing and Economic Development are participating as involved agencies in this SEQRA review.

Construction of the Proposed Project would last approximately 24 months commencing in April 2017 with an estimated completion date of April 2019.

DASNY completed this environmental review in accordance with the procedures set forth in the *State Environmental Quality Review Act ("SEQRA")*, codified at Article 8 of the New York *Environmental Conservation Law*, and its implementing regulations, promulgated at Part 617 of Title 6 of the *New York Code, Rules and Regulations ("N.Y.C.R.R.")*, which collectively contain the requirements for the *State Environmental Quality Review ("SEQR")* process. The environmental review followed *SEQR* and the *City Environmental Quality Review ("CEQR") Technical Manual* ("2014")[2] generally was used as a guide with respect to environmental analysis methodologies and impact criteria for evaluating the Proposed Project, unless stated otherwise.

1.1 Project Location, Existing Conditions & Zoning

The self-contained RUMC campus (the "Project Site") is located at 355 Bard Avenue, at the northeast corner of Bard and Castleton Avenues in Staten Island, New York. The 13.875-acre site is bounded to the north by one and two-family residential, the east by Kissel Avenue, one and two-family residential, vacant land, and public facility institutional, the west by Bard Avenue and the south by Castleton Avenue (refer to **Figure 1. Location Map** and **Figure 3. Aerial Photograph**). [3] The Project Site is more specifically identified as tax parcels: Block 102, Lots 1 & 261 by the New York City Department of Finance (see **Figure 2. Tax Map**).

The Project Site is owned by Richmond Medical Center doing business as Richmond University Medical Center. The lot contains multiple buildings as shown on the inset Diagram A below consisting of the Residence Building, Spellman, SLB, Main, Cardinal Cooke, Seton, Fitzpatrick, Garner, Annex, Central Utility Plant and the EMS cottage.

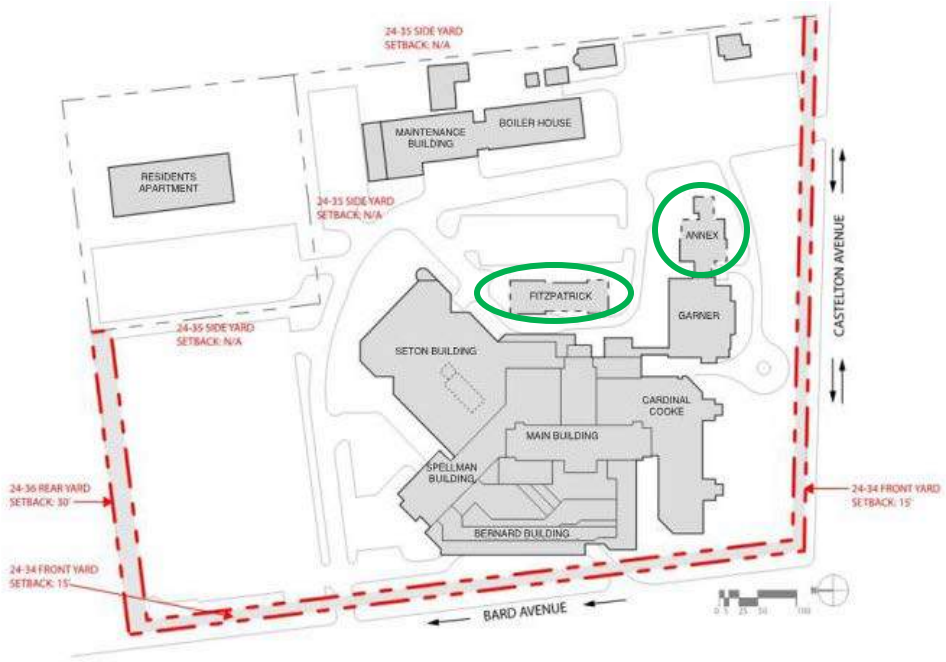
The area of construction disturbance for the two projects is a non-contiguous approximately 4-acre portion of the Project Site, located south of the main hospital building between Bard Avenue and the Garner Mansion (*Adult Psychiatric Inpatient Unit Expansion*) and east of the main hospital building (*New Emergency Department*) (collectively, the "Development Area"). The Development Area is indicated on **Figures 1** through **10**.

[2] The City of New *City Environmental Quality Review Technical Manual*. March 2014

[3] This reference is to Kissell Avenue the mapped city street, not the internal RUMC driveway labeled as Kissell Avenue on some maps.

Two of the buildings located in the Development Area, Fitzpatrick and Annex, would be demolished in order to accommodate the required program.[4]

Diagram A: Existing Hospital Layout



The Project site is currently zoned R2 *Single-Family Detached Residence District* and is located within a Lower Density Growth Management Area as designated by the City of New York (see **Section 2.1.1**). Institutional and residential are the predominant uses in the area. The proposed development would conform to the R2 zoning requirements.

1.2 Purpose and Need

The expansion would better position RUMC to receive patients and to provide emergency medicine services in a more efficient and effective manner, thereby constituting a "right-sizing" of an antiquated and overcrowded facility.

The existing Emergency Department at RUMC is undersized in relation to the number of visits it currently handles. RUMC's existing Emergency Department is a

[4] OPRHP, in its letter dated February 22, 2017, indicated that the Fitzpatrick Building is not eligible for the National Register of Historic Places and that OPRHP has no concerns with its proposed demolition. Discussion of the Fitzpatrick Building is included in this alternatives analysis given that the building was part of RUMC's planning and programming for the New Emergency Department project.

15,609-square-foot ("SF") space that includes 2,136 SF for imaging, 1,766 SF for staff offices and 11,707 SF of clinical Emergency Department space. It is located on the basement level of the main Medical Center building. Built in 1979, the Emergency Department is located in an aged and outdated space that contains design-related, operational inefficiencies. The Emergency Department was originally constructed to accommodate 29,268 visits (based on the national industry standard of 2.5 annual Emergency Department visits per square foot). As a comparison, in 2015, RUMC had 63,481 annual Emergency Department visits, representing 5.4 visits per square foot, which is 116% higher (i.e., more than double) than what the Emergency Department was originally constructed to handle. This "overage" in Emergency Department visits has created considerable overcrowding in the Emergency Department at RUMC, causing long wait times for treatment and some patients leaving the Emergency Department before being treated.

Furthermore, the existing Emergency Department at RUMC contains only 34 treatment areas. Given RUMC's experience of 63,481 Emergency Department visits in 2015, this represents 1,867 Emergency Department visits per treatment area. According to the Advisory Board Company in its *Confronting the Emergency Department Crisis* report, Emergency Departments running at 1,700 visits per treatment area are approaching the capacity triggering point and need to consider expansion.[5] RUMC is beyond the "trigger point" of 57,800 visits (34 existing treatment areas multiplied by 1,700 visits per treatment area per year). It must be noted that, despite this significant volume and the existing facility design constraints, the Emergency Department staff at RUMC has maintained a high level of patient care quality.

Lastly, using the national standard of 700 SF per position, optimal operation within the space of the existing Emergency Department would only support 23 patient positions, which demonstrates the operational inefficiency and inadequate storage/support space that exists within the existing Emergency Department of RUMC.

The existing Operating Rooms are undersized and do not meet the current standards. The rooms range in size from 290 SF to 450 SF, where today's Operating Rooms are designed between 600 SF to 1,000 SF. The existing floor to floor height is approximately 11 feet, whereas today's standards require approximately 15 to 16 feet.

Additionally, the Proposed Project includes an addition to the RUMC main hospital building to expand the Adult Psychiatric Inpatient Unit and facilitate the relocation of ten (10) adult inpatient psychiatric beds. RUMC is the only healthcare facility on Staten Island that operates a psychiatric emergency department, its Comprehensive Psychiatric Emergency Program ("CPEP"). The program is currently located at an off-site facility

[5] *Confronting the Emergency Department Crisis*. The Advisory Board Company, Washington, D.C., 2008. The Advisory Board Company is a best practices firm that uses a combination of research, technology, and consulting to improve the performance of health care organizations around the world.

(Bailey Seton Inpatient Psychiatric Unit located at 75 Vanderbilt Avenue, Staten Island, see **Figure 1. Location Map**) that houses other RUMC behavioral health services but is not a full service acute care facility. The Proposed Project includes an expansion of the Adult Psychiatric Inpatient Unit at RUMC's main campus in order to bring its CPEP to its main campus to treat patients presenting with co-morbidities for medical and behavioral health conditions. Having a psychiatric emergency room isolated from primary and acute care does not serve the comprehensive health needs of the patient; therefore the Proposed Action would relocate RUMC's 25-bed Bailey Seton Inpatient Psychiatric Unit to the main campus.

2.0 ENVIRONMENTAL REVIEW

2.1 Land Use, Zoning and Public Policy

The Proposed Project was evaluated for its potential effects on land use, zoning and public policy.

Land Use

Figure 4 Land Use Map illustrates the existing land use patterns within a study area extending approximately 400 feet around the Project Site. The study area can be characterized as a single and multi-family residential area with some mixed use, commercial, public facility institutional, open space and outdoor recreational, and vacant lots located intermittently throughout. The commercial, institutional and mixed-use facilities are located along Castleton Avenue and Forest Avenue, south of the Project Site. The immediately surrounding neighborhood consists of single and multi-family residential uses, with some commercial/mixed-use facilities and public facility institutional. St. Mary's Episcopal Church is located west of the Project Site, across Bard Avenue. In addition, Allison Pond Park is located east of the Project Site, and Snug Harbor Cultural Center and Botanical Garden are located northeast of the Project Site. Buildings in the immediate vicinity of the subject site range in height from one to seven stories.

Beyond a 400- foot radius, land uses include residential, commercial (retail/offices), and institutional, as well as some industrial and green areas scattered throughout.

Existing land use on the Project Site includes multiple buildings that compose a not-for-profit, acute care hospital campus. Additional features on the Project Site include an apartment building for residents, and paved parking and landscaped areas.

The Development Area is characterized by trees and grass-covered areas (*Adult Psychiatric Inpatient Unit Expansion*) and trees, grass-covered areas, existing structures, driveways, sidewalks and parking areas (*ED*). Two of the buildings located on the

Development Area, Fitzpatrick and Annex, would be demolished in order to accommodate the required program.

The Proposed Project would represent an expansion and relocation of existing uses within the self-contained RUMC campus. There would be no change in general land use patterns within the project study area or on the Project Site, since the Proposed Project would involve the development of modern hospital facilities that are in keeping with current public facility/institutional land uses on the Project Site. The Proposed Project would not result in any significant changes to land use or policies and regulations that govern land use. The Proposed Project would not result in impacts to land use within the project study area. No significant adverse land use impacts are expected.

Appendix B presents photographs illustrating land uses on the Project Site.

Zoning

The *Zoning Resolution of the City of New York ("ZR")* dictates the use, density and bulk of development within New York City. Additionally, the *ZR* provides required and permitted accessory parking regulations. A Zoning Table illustrating the Proposed Project's conformance to applicable sections of the *ZR* is included in both the Site Plans (**Attachment 1**).

Figure 5 Zoning Map illustrates the zoning on the Project Site and within the vicinity of the property. The Project Site (Block 102, Lots 1 & 262) is zoned R2 Single-Family Detached Residence District, and is located within a Lower Density Growth Management Area as designated by the City of New York. The existing and proposed hospital use constitutes a "Non-Profit Hospital" (ZR Use Group 4) which is an allowable use in this zoning district.

Residential is the predominant zoning district in the vicinity of the Project Site, with commercial overlay districts along Castleton Avenue and Forest Avenue, south of the Project Site. In addition, parks are located east and northeast of the Project Site. The existing zoning within the surrounding area, therefore, provides for a residential character with commercial/community facility uses running along Castleton and Forest Avenues.

This application does not involve a zoning action. The proposed modernization and expansion of the existing hospital facility is allowable under the existing zoning. No rezoning, special permit or other zoning approval would be required to facilitate the Proposed Project. No significant adverse zoning impacts are expected.

Public Policy

The Proposed Project would not conflict with the relevant public policy initiatives that guide development both within the project study area and throughout the borough.

Staten Island Community Board 1. Each fiscal year, Community Boards throughout the City of New York issue statements of community district needs. These statements, which describe each Community Boards' respective needs, provide a context for development and an assessment of budget priorities. Statements of community district needs are also considered by city agencies in the preparation of their departmental budget estimates. The need for additional medical facilities on the North Shore of Staten Island is a specifically referenced health initiative in Staten Island Community Board 1's ("CB 1") *Statement of Community District Needs Fiscal Year 2013*. CB 1's *Fiscal Year 2013 Budget Request* includes a request for funding of an expanded emergency room for RUMC. The Proposed Project involves the modernization and relocation of an existing Emergency Department, and an expansion of an Adult Psychiatric Unit. An additional ten (10) beds would be added as part of the Adult Psychiatric Unit expansion; however, RUMC's 25-bed Bailey Seton Inpatient Psychiatric Unit (75 Vanderbilt Avenue, Staten Island) would close (refer to **Figure 1. Location Map**). Therefore the Proposed Project would advance the stated objectives of CB 1.

Lower Density Growth Management Area. The Project Site is located within a Lower Density Growth Management Area ("LDGMA") as designated by the City of New York following the recommendations of the *Staten Island Growth Management Task Force*. Within LDGMAs, special zoning controls are in place to match future development to the capacity of supporting services and infrastructure in parts of the city experiencing rapid growth. The Proposed Project would not involve a residential component or an increased inpatient population that would contribute to residential overdevelopment, therefore it would not conflict with the objectives of the LDGMA.

Sustainability/OneNYC. In 2015, New York City updated the City's long-term sustainability plan that applies to the City's land use, open space, brownfields, energy use and infrastructure, transportation systems, water quality and infrastructure, and air quality, as well as makes the City more resilient to projected climate change impacts. Originally adopted in 2007, and updated in 2011 and 2015 (under Local Law 84 (2013)), a long-term plan considering population projections, housing, air quality, coastal protections, and other sustainability and resiliency factors is required every four years. The plan is divided into four visions for a stronger, more equitable, more sustainable, and more resilient New York City. A sustainability assessment is typically required for large public projects. The Proposed Project does not qualify as such a project; however, the Proposed Project would be keeping with the sustainability goals of the City's OneNYC and New York State's *State Smart Growth Public Infrastructure Policy Act ("SSGPIPA")*.

OneNYC elements that are most relevant to the Proposed Project include the goals of utilizing energy efficient buildings and reducing air pollutants. The energy efficient goals of *OneNYC* would be furthered by using energy efficient fixtures and building systems within the Proposed Project and the air quality goals would be furthered by using clean burning fuels in the heating systems of the Proposed Project. By replacing old inefficient buildings on the campus, the Proposed Project would help to provide a safer and cleaner environment for area residents.

State Smart Growth Public Infrastructure Policy Act ("SSGPIPA"). Since the Proposed Action would include DASNY bond financing, a *Smart Growth Impact Statement Assessment Form ("SGISAF")* for the Proposed Project was prepared pursuant to the SSGPIPA procedures (see *SGISAF*, attached as **Appendix C**). DASNY's Smart Growth Advisory Committee reviewed the *SGISAF* and attested that the Proposed Project, to the extent practicable, would meet the smart growth criteria established by the legislation. The compatibility of the Proposed Project with the ten criteria of the *SSGPIPA*, article 6 of the *ECL*, is detailed in the *SGISAF*. As indicated on the *SGISAF*, the Proposed Project would be generally supportive of the *SSGPIPA* and no further *SSGPIPA* analysis is required.

Leadership in Energy and Environmental Design (LEED). DASNY promotes and supports sustainable design approaches and construction practices in its projects. DASNY's internal processes facilitate integrated design and recognition of sustainable opportunities in every project, regardless of size or complexity, using all tools available. The proposed project is designed in accordance with the U.S. Green Building Council's (USGBC) Leadership in Energy and Environmental Design (LEED) building standards. LEED is a green building certification program that recognizes best-in-class building strategies and practices. To receive LEED certification, building projects satisfy prerequisites and earn points to achieve different levels of certification. The Proposed Project would be designed to meet LEED standards, but RUMC does not indent to formally seek certification of the building expansions.

Overall, the Proposed Project would be developed in compliance with the relevant state and local public policy initiatives that guide development within the project study area. The construction and operation of the Proposed Project would be compatible with surrounding land uses as well as permitted uses, and would be complementary to the developed character of the existing RUMC campus. Based on the discussion of the existing uses and the mix of uses currently existing and allowable under zoning, it is the finding of this analysis that the proposed action would be in compliance with zoning. Under the Proposed Project, no changes to current land use or zoning on the Project Site would occur. The Proposed Project would constitute a right-sizing of RUMC's facilities and would better position RUMC to receive patients and to provide emergency medicine services and psychiatric services in a more efficient and effective manner. The Proposed Project would not result in any significant direct or indirect adverse impact on land use, zoning, or public policy within the area.

2.2 Socioeconomic Conditions

The Proposed Project was evaluated for its potential effects on socioeconomic conditions.

The Project Site is located within Community District 1 in the Borough of Staten Island, which had a total population of approximately 175,756 as listed in the 2010 U.S. Census. According to the *CEQR Technical Manual*, a socioeconomic assessment would be warranted if an action may be reasonably expected to create substantial socioeconomic changes that would not be expected to occur without the action. Circumstances generally requiring a socioeconomic assessment include those that would (a) directly displace residential populations; (b) directly displace substantial numbers of businesses and employees or displace a business or institution that is unusually important; (c) result in substantial new development that is markedly different than existing uses, development, or activities within the neighborhood; and (d) create a retail concentration that may draw substantial sales from existing businesses in the Study Area or affect conditions within a specific industry.[6]

The Proposed Project would not introduce sufficient additional employees or a residential population that would alter socioeconomic conditions within the project study area. Additionally, the Proposed Project would not involve primary displacement as no population, residences, jobs or businesses would be displaced. The Proposed Project would not result in substantial new development that is significantly different from existing uses, changes in real estate conditions or cause harm to specific industries. As the conditions identified above are unlikely to occur, the Proposed Project does not warrant further study pursuant to *CEQR Technical Manual* guidelines. No significant socioeconomic impacts are anticipated as a result of the Proposed Project.

2.3 Community Facilities and Services

The Proposed Project was evaluated for its potential community facilities and services impacts.

This section discusses the Proposed Project's potential effect upon community facilities and the provision of community services within the project study area. Community facilities and services consist of public and privately-funded services such as fire and police protection, schools and day-care centers, hospitals, and health care facilities. These important resources promote the health, safety, and general welfare of the communities within which they are located. The Project Site falls within Staten Island Community District 1. **Figure 7 Community Facilities** shows the location of RUMC and other community facilities in the project area.

[6] *2014 CEQR Technical Manual*, pp. 5-2 – 5-3.

According to the *CEQR Technical Manual*, direct impacts to community facilities occur when a Proposed Project physically alters a community resource through displacement or physical change. Indirect effects occur when a Proposed Project generates an increase in population that would place additional demand on community services and affect the delivery of such services.[7]

The Proposed Project would significantly improve the delivery of emergency medical care on Staten Island by facilitating the expansion of RUMC's facilities within the existing RUMC campus. The Proposed Project would involve the construction of a building expansion on the southeast portion of the RUMC campus to relocate and modernize the existing Emergency Department, and an addition to the RUMC main hospital building to expand the Adult Psychiatric Inpatient Unit and facilitate the relocation of ten (10) adult inpatient psychiatric beds (see discussion below). Two currently vacant buildings associated with the current RUMC campus would be demolished under the Proposed Project; however, the construction associated with the Proposed Project is not expected to impact current operations at the existing hospital campus. The Proposed Project would provide modern facilities that will be compliant with current building and fire code standards. Upon completion of the project, the RUMC campus would be modernized, expanded, and better equipped to serve the needs of the community; it would also meet current national standards for the delivery of emergency medical care (see **Section 1.2**).

RUMC is the only healthcare facility on Staten Island that operates a psychiatric emergency department, its Comprehensive Psychiatric Emergency Program ("CPEP"). The program is currently located at an off-site facility (Bailey Seton Inpatient Psychiatric Unit located at 75 Vanderbilt Avenue, Staten Island) that houses other RUMC behavioral health services but is not a full service acute care facility. The Proposed Project includes an expansion of the Adult Psychiatric Inpatient Unit at RUMC's main campus in order to bring its CPEP to its main campus to treat patients presenting with co-morbidities for medical and behavioral health conditions. Having a psychiatric emergency room isolated from primary and acute care does not serve the comprehensive health needs of the patient; therefore the Proposed Action would relocate RUMC's 25-bed Bailey Seton Inpatient Psychiatric Unit (75 Vanderbilt Avenue, Staten Island) to the main campus and close the Bailey Seton Inpatient Psychiatric Unit.

Police protection services would be provided by the New York City Police Department's ("NYPD's") 120th Police Precinct located at 78 Richmond Terrace, approximately 2 miles northeast of the Project Site. Fire protection services would be provided by Fire Department of the City of New York ("FDNY") Fire Division 8, Fire Battalion 22, Fire Company 156E, approximately 0.7 miles from the Project Site, which would provide a first response in case of fire or emergency.

[7] 2014 CEQR Technical Manual, pp. 6-2 – 6-3.

The Proposed Project would update and modernize an existing community facility; it is not anticipated to result in a significant direct or indirect impact to a library branch, schools, police, or fire or health services. The Proposed Project would not result in an increase in any permanent residents or result in a significant change in the number of current hospital employees. Therefore, the Proposed Project is not expected to affect the ability of the local police and fire departments to provide protection services, or impact local schools or day care centers. No significant adverse community facility impacts are expected.

2.4 Open Space

The Proposed Project was evaluated for its potential open space impacts.

Open space is defined as publicly or privately owned land that is publicly accessible and has been designated for leisure, play, or sport, or land set aside for the protection and/or enhancement of the natural environment. The Proposed Project would not result in any direct adverse impact on open space, as it would not cause physical loss, change of use, public access limitation, or shadows that would diminish the usefulness of open space (see **Section 2.5** below).

The Proposed Project is located in Staten Island's Community District 1, which is neither a well-served nor an under-served area with regards to open space, according to the *CEQR Technical Manual*. Local parks include Allison Pond Park and Snug Harbor Cultural Center and Botanical Garden located east and northeast of the Project Site. According to the *CEQR Technical Manual*, actions adding more than 200 residents to neither an underserved area nor a well-served may result in adverse impacts to open space resources, requiring a preliminary open space assessment.[8] The Proposed Project would not introduce additional residents that would increase demand or overburden existing open space resources. Therefore, no significant adverse impacts to existing open space resources are anticipated.

2.5 Shadows

The Proposed Project was evaluated for its potential shadow impacts.

The *CEQR Technical Manual* defines a shadow as the circumstance in which a building or other built structure blocks the sun from the land. Shadows can have impacts on publicly accessible open spaces or natural features by adversely affecting their use and/or important landscaping and vegetation. In general, increases in shadow coverage

[8] 2014 *CEQR Technical Manual*. p. 7-1

makes parks feel darker and colder, affecting the experience of park patrons. Shadows can also have impacts on historic resources whose features are sunlight sensitive by obscuring the features or details which make the resources significant. Shadows occurring within an hour and a half of sunrise or sunset generally are not considered significant under *CEQR*.

The methodology utilized to determine potential impacts from increased shadows was taken from the *CEQR Technical Manual*, Chapter 8. The manual recommends a three-step process in order to determine the impact of shadows on a sun sensitive resource from a potential structure.

Step 1 involves determining potential sun-sensitive resources that may be affected by a proposed structure. A sun-sensitive resource is defined as follows:

"*… those resources that depend on sunlight or for which direct sunlight is necessary to maintain the resource's usability or architectural integrity."*[9]

Sunlight sensitive resources include public open space, architectural resources that depend on direct sunlight for enjoyment (e.g., buildings with stained glass windows, buildings or properties with historic landscapes), natural resources (e.g., wetlands, surface water bodies) and Greenstreets (planted areas within the unused portions of roadbeds that are part of the Greenstreets program).

In order to determine the overall potential impact area, a radius was created surrounding the project boundary. This radius was determined using referenced methodologies that define the height: shadow relationship as 4.3 times the height of a given structure to determine the potential area of impact. In this case, the maximum height of each of the proposed building additions was multiplied by the 4.3 ratio, which represents the potential maximum distance from a structure that a shadow may have an impact. As demonstrated by **Figure 6 Shadow Analysis Map**, there are no sun sensitive resources located within the 231-foot radius surrounding the proposed ED building expansion area or within the 60-foot radius surrounding the proposed Adult Psychiatric building expansion area. As no sun-sensitive resources were identified within the shadow impact analysis area, no significant adverse shadow impacts are anticipated and no further analysis is required.

2.6 Historic and Cultural Resources

The Proposed Project was evaluated for its historic and cultural resources impacts.

[9] 2014 *CEQR Technical Manual*. p. 8-1

Introduction. Under Article 8 of the *Environmental Conservation Law ("ECL")* and *6 New York Code, Rules and Regulations ("NYCRR")* Part 617, the implementing regulations for *SEQRA*, DASNY, as *SEQRA* lead agency, must determine whether the actions they directly undertake, fund or approve may have a significant adverse impact on the environment, including the effects of such activities on resources of archaeological or historic significance. In addition, projects undertaken, financed or otherwise approved by DASNY are subject to the provisions of the *State Historic Preservation Act of 1980* ("SHPA"), especially the implementing regulations of Section 14.90 of the *Parks, Recreation and Historic Preservation Law* ("*PRHPL*") as well as with the requirements of the Memorandum of Understanding ("MOU"), dated March 18, 1998, between the Dormitory Authority and the New York State Office of Parks, Recreation, and Historic Preservation ("OPRHP"). Review under *SHPA* is required when a project may or will cause any change, beneficial or otherwise, in the quality of a property listed in or eligible for listing in the State or National Registers of Historic Places ("S/NRHP")

The new emergency department would involve the demolition of two existing buildings in the south-central portion of the project site: the Fitzpatrick Building and the Annex Building of the Garner Mansion. The adult psychiatric unit expansion would not involve the demolition of any building.

Agency Review. DASNY submitted the Proposed Project to the New York City Landmarks Preservation Commission ("LPC") for review and comment. In its correspondence dated March 15, 2017, the LPC requested a coordinated review with SHPO as the Garner Mansion remains LPC eligible; however, LPC indicated that the Garner Mansion Annex does not appear LPC eligible. LPC also indicated that they have no archaeological concerns with the Proposed Project (see **Appendix D**).

DASNY also submitted the Proposed Project to OPRHP for evaluation of any potential effects that the project would have on cultural resources. OPRHP determined that the Project Site is not of archaeological significance. OPRHP determined that the Annex Building of the Garner Mansion is eligible for listing in the State and National Registers of Historic Places; the Fitzpatrick Building is not eligible for listing. OPRHP reviewed the Proposed Project and provided a response letter dated February 22, 2017 (see **Appendix D**) which states the following:

> *"Based upon our review, we have no archaeological concerns with the proposed work and no concerns with the proposed demolition of the Fitzpatrick Building. However, Section 14.09 of the State Historic Preservation Act is clear that demolition of an historic building is deemed an Adverse Impact. This is a finding that triggers an exploration of prudent and feasible alternatives that might avoid or reduce the project impacts. As a matter of policy and practice, this exploration must occur before mitigation measures can be developed and before demolition can occur. If no prudent and feasible alternatives are identified in the analysis, we*

would enter into a formal agreement document, which would identify proper mitigation measures to be incorporated into the work.

At this point, we request a formal exploration of alternatives. This analysis should include an evaluation of the existing Annex building to determine if it can be incorporated into the new project or if some other approach can be used to minimize harm to the historic building."

Alternatives Analysis. In accordance with OPRHP's request, RUMC's architect prepared a *Study of Reasonable Alternatives to the Demolition of the Annex Building* (the "*Alternatives Analysis*") (see **Appendix A**) and submitted it to OPRHP for review on March 10, 2017.

As described in the *Alternatives Analysis*, after reviewing all information regarding the proposed undertaking, including on-site inspections, it is DASNY's position that this study provides OPRHP with the factual basis and documentation needed to determine that there are no feasible or prudent alternatives to the demolition of the Annex Building that would fulfill the purpose and need for the Proposed Project, i.e., providing state-of-the-art emergency care to patients, based on national standards; upgrading RUMC's physical plant; improving the functionality of the RUMC hospital campus; and improving the overall services RUMC provides to the community.

It is the opinion of DASNY that alternatives to demolition of the Annex Building as the site of the proposed Emergency Department have been considered and documented by RUMC; however, physical, safety, and programmatic restraints render these alternatives to be imprudent and infeasible.

For the reasons stated above, pursuant to Article 14.00 of *PRHPL* and Title 9 of the *N.Y.C.R.R.* Part 428.10, DASNY, as the undertaking agency, has concluded that there are no feasible and prudent alternatives which would avoid or satisfactorily mitigate adverse impacts and that it is nevertheless in the public interest to proceed with the undertaking known as the *New Emergency Department Project*. It is DASNY's opinion that the Proposed Project serves a necessary public interest — health care, in general, and emergency health care, in particular.

OPRHP reviewed the *Alternatives Analysis*, and by letter dated March 17, 2017, stated that they concur with the findings of the *Alternatives Analysis* that there are no prudent and feasible alternatives to demolition of the Annex. OPRHP recommended the preparation of a formal *Letter of Resolution ("LOR")* to identify proper mitigation measures to be incorporated into the work (see **Appendix D**).

Letter of Resolution. Accordingly, a *LOR* supporting the use of the Annex Building site as the site of the proposed Emergency Department was prepared and submitted to

OPRHP. The *LOR* includes mitigation consisting of the following (see LOR, **Appendix D**):

1. Prior to the commencement of the construction of the Proposed Project, RUMC will undertake the preparation of documentation of the Annex Building including photographic documentation, historic plans, and an accompanying historical narrative, as described in OPRHP's guidelines for *Recordation of Historic Structures* (attached). Two copies of the documentation will be provided to OPRHP (one for their files and one to be forwarded to the New York State Archives) and one copy will be retained by RUMC.

2. RUMC will endeavor to preserve intact historic interior spaces at the main Garner Mansion according to the *Secretary of the Interior's Standards for the Treatment of Historic Properties*. RUMC will provide OPRHP with photographs of the Garner Mansion to assist OPRHP in inventorying important historic interior spaces in the mansion. Restoration of the spaces would not be required, however, RUMC would consult with OPRHP on any proposed work to the mansion so as to not damage/remove the extant architectural features and finishes.

3. Prior to the commencement of construction of the Proposed Project, in consultation with OPRHP, RUMC will develop and implement a *Construction Protection Plan ("CPP")* for the Garner Mansion. The CPP will be prepared in coordination with a licensed professional engineer and would follow the guidelines set forth in Section 523 of the *CEQR Technical Manual,* including conforming to LPC's *New York City Landmarks Preservation Commission Guidelines for Construction Adjacent to a Historic Landmark* and *Protection Programs for Landmark Buildings.* The CPPs will also comply with the procedures set forth in the New York City Department of Buildings *Technical Policy and Procedure Notice* (TPPN) #10/88.

4. RUMC will provide a physical historical interpretive display for the public, to be installed somewhere in the new addition, that would include a brief written history and photograph of the Annex Building and/or digital interpretive "exhibits" for a mobile app.

5. RUMC will continue consultation with OPRHP in order to allow OPRHP to review and provide comments on the proposed ED building's design to evaluate its potential physical and visual impacts to the Garner Mansion.

The *LOR* was executed by RUMC, OPRHP and DASNY on March 29, 2017. Fulfillment of the LOR will mitigate any significant adverse impacts on cultural resources.

2.7 Urban Design and Visual Resources

According to the *CEQR Technical Manual*, a preliminary urban design assessment is appropriate when there is the potential for a pedestrian to observe, from the street level, a physical alteration beyond that allowed by existing zoning. The Proposed Project would comply with existing zoning; therefore, no further analysis is warranted. The Proposed Project would not result in significant adverse impacts to urban design and visual resources.

2.8 Natural Resources

The Proposed Project was evaluated for its potential natural resources impacts.

The Project Site is fully developed with institutional buildings interspersed with open space, pedestrian walkways, and outdoor seating areas. The 4.4-acre Development Area that would be affected by the Proposed Project consists predominantly of buildings and paved parking areas as well as landscaped areas, which have been previously cleared and graded. Vegetation on the campus is mostly grass with some shrubs and trees. Selective tree removal within the Development Area may occur; however mature vegetation would be retained and protected as per approved plans.

Review of the New York State Department of Environmental Conservation ("NYSDEC") freshwater and tidal wetlands map and the United States Fish and Wildlife Service ("USFWS") National Wetland Inventory ("NWI") map shows there are no wetlands or surface water bodies on the Project Site (see **Figures 8 and 9** respectively), and the Project Site is not located within a Federal Emergency Management Agency ("FEMA")-designated special flood hazard area (see **Figure 10**). The Project Site is located outside of New York City's coastal zone boundary and is not located over a United States Environmental Protection Agency ("USEPA") designated sole source aquifer.

Stormwater from the site is captured by the existing on-site dry-wells. The Proposed Project is not anticipated to result in an increase in storm water runoff, as the total impervious paved surfaces would remain similar to existing conditions. The Proposed Project is not expected to adversely impact surface and groundwater quality.

USFWS and the NYSDEC Natural Heritage Program were contacted for information concerning rare, threatened, and endangered terrestrial or aquatic species in the vicinity of the Project Site. The USFWS identified two threatened or endangered species as either known to occur or likely to occur near the Project Site: Piping Plover (*Charadrius melodus*) and Roseate Tern (*Sterna dougallii dougallii*) (see **Appendix E**). The NYSDEC Natural Heritage Program had no records of rare or state-listed animals or plants, or significant natural communities at the project site or in its immediate vicinity (see **Appendix E**).

According to the USFWS, there are no critical habitats on the Project Site, or within the project study area. The Project Site is located within an urban setting, and the project site is mostly devoid of any natural habitat, with the exception of landscaped vegetation and planted trees and shrubs. A field reconnaissance, conducted in March 2017, confirmed that habitat for Piping Plover or Roseate Tern was not present and did not indicate the presence of significant ecological communities or state threatened species.

Overall, no significant adverse natural resource impacts are expected as a result of the Proposed Project.

2.9 Hazardous Materials

The Proposed Project was evaluated for its potential hazardous materials impacts.

CEQR guidelines indicate that an assessment of hazardous material impacts should examine the potential for a proposed action to increase exposure of people or the environment to any substance that poses a threat to human health. Substances of concern include heavy metals, volatile and semi-volatile organic compounds, methane, polychlorinated biphenyls ("PCBs"), pesticides and hazardous wastes.

The proposed action involves the modernization and expansion of an existing medical campus, which presently generates, handles or manages regulated medical waste. In addition, there is a potential for the generation of asbestos-containing material ("ACM") during proposed demolition of the existing structures. ACM removal would be conducted in accordance with all local applicable regulations, and all waste material would be disposed of off-site at a licensed facility.

Five (5) spill incidents occurred at the Project Site, according to the NYSDEC Spill Incidents database (Spill #s 9306662, 9313562, 9803109, 0013557 and 1202603. According to the spill incident listings, all of the spill cases have been closed because either: the records and data submitted indicated that the necessary cleanup and removal actions have been completed and no further remedial activities are necessary, or the cases were closed for administrative reasons.

NP&V completed a *Phase I Environmental Site Assessment ("Phase I ESA")* on the Project Site on March 13, 2017. The *Phase I ESA* identified the following two (2) recognized environmental conditions ("RECs") in connection with the Project Site:

- Three (3) storage tanks (two [2] underground and one [1] aboveground were observed on the Project Site.

- A Vapor Encroachment Condition cannot be ruled out as being present on the Project Site due to spill incidents associated with the Project Site and surrounding properties.

The *Phase I ESA* indicated ACM including floor tiles, pipe wrap, and adhesive was observed during the reconnaissance of the Project Site.

In addition, the following two (2) historic RECs were identified on the Project Site:

- A closed spill incident is suspected to have been present on the Project Site related to contamination from a 25,000-gallon underground tank located adjacent to the hospital's heating facility. In addition, several closed spill incidents were reported for RUMC and may be in close proximity to the Development Area.
- Two (2) underground storage tanks were identified on Sanborn maps dated from 1937 to 1962 to be located northeast of the Fitzpatrick Building.

NP&V offered the following recommendations for further analysis at the Project Site, based on the findings of the *Phase I ESA*:

- Further investigation of the storage tanks should be conducted to confirm that a prior release has not occurred.
- The area of the former underground storage tanks identified in the 1937 to 1962 Sanborn maps should be investigated to confirm the tanks have been removed and that no petroleum product has been released to the environment. Any evidence of a petroleum spill would be reported to NYSDEC and addressed in accordance with applicable requirements.
- A Vapor Encroachment Investigation should be conducted at the Project Site to confirm if a soil vapor condition exists.
- Any remaining asbestos in the buildings scheduled for demolition should be removed in accordance with all appropriate regulations, methods and protocols. If the Garner Mansion is to undergo major renovation or demolition in the future, an Asbestos Survey should be completed in accordance with the New York State Department of Labor *Industrial Code 56* and any existing ACM should be removed in accordance with all appropriate regulations, methods and protocols.

The above investigations would be completed as necessary prior to demolition or as part of demolition activities in accordance with the applicable regulatory requirements. With the implementation of the measures described above, the Proposed Project would not result in any significant adverse impacts related to hazardous materials.

2.10 Water and Sewer Infrastructure

According to the water and sewer generation rates provided in the *CEQR Technical Manual*, the Proposed Project would generate a water demand of

approximately 12,174 additional gallons per day ("gpd") at the RUMC campus (based on 300 gpd for 10 additional beds and 0.17 gallons per day for air conditioning of 53,962 additional GFA accounting for 22,666 GSF of existing buildings to be demolished). According to the *CEQR Technical Manual*, a detailed water supply impact analysis is not required if the project would not result in an exceptionally large demand for water (e.g., those that are projected to use more than one million gallons per day). The Proposed Project would not result in an exceptionally large demand for water and would not be located at the end of the water supply distribution system. Therefore, water infrastructure impacts are not anticipated and a detailed assessment is not required.

New York City's sewage system, under the jurisdiction of the New York City Department of Environmental Protection's ("NYCDEP") Bureau of Clean Water, provides storm and sanitary sewage facilities and service to the city. This system consists of a grid of sewers beneath the streets, connecting to the New York City's network of 14 Water Pollution Control Plants ("WPCP"), operated by the NYCDEP's Bureau of Wastewater Treatment. Most of this system is a "combined" sewer system in that it carries both sanitary sewage from buildings and storm water collected from buildings, catch basins and storm drains. Certain areas of the city, including portions of Staten Island, are served by separate systems for sanitary sewage and storm water. Sanitary sewage from the Project Site is conveyed to the Port Richmond WPCP, which has a rated capacity of 60 million gallons per day (mgd). Storm water that is not contained by existing pervious surfaces on the Project Site currently discharges into the city's combined sewer system.

The stormwater disposal system for the Proposed Project includes drywells for site recharge of stormwater runoff and connection to an existing underground culvert that that traverses the site from Castleton Street to the northerly property line. The storm water system would meet NYCDEP and New York City Department of Buildings ("NYCDOB") requirements. . The Proposed Project would generate approximately 12,174 gpd of sanitary waste and condensate wastewater, and would not result in a significant adverse impact to the Port Richmond WPCP due to the relatively minor incremental flow contributed by the Proposed Project. Overall, the Proposed Project would not result in significant adverse impacts to water and sewer infrastructure.

2.11 Solid Waste and Sanitation Services

A solid waste assessment determines whether a project has the potential to cause a substantial increase in solid waste production that may overburden available waste management capacity or otherwise be inconsistent with the city's *Solid Waste Management Plan ("SWMP")* or with state policy related to the city's integrated solid waste management system. The city's solid waste system includes waste minimization at the point of generation, collection, treatment, recycling, composting, transfer, processing, energy recovery, and disposal. The additional ten (10) beds proposed in connection with the Adult Psychiatric Inpatient Unit are expected to generate an additional

0.255 tons per week of solid waste. Medical waste generated as a result of the Proposed Project would be properly stored in a secure area prior to being picked up and disposed off-site by a licensed medical waste hauler. All regulated medical waste would be removed in accordance with New York State Department of Health ("NYSDOH") guidelines under Article 13, Title XIII of the *Public Health Law* and by the NYSDEC's Division of Solid & Hazardous Materials Bureau of Hazardous Waste Regulation. In addition, approximately 3,887 tons of solid waste are expected to be generated from demolition activities during construction. All waste would be disposed of off-site by a private hauler. Therefore, the Proposed Project is not expected to generate a substantial amount of solid waste as defined in the *CEQR Technical Manual*. Therefore, the Proposed Project would not affect the city's capacity to handle solid waste, and no further analysis is required.

2.12 Energy

According to the *CEQR Technical Manual*, a detailed assessment of energy impacts is limited to projects that may result in a significant impact in the transmission or generation of energy, or that would involve the development of an energy-intensive facility. The Proposed Project would consume an estimated 19,210,639,600,000 million British Thermal Units ("BTU") annually based on 53,962 additional GFA accounting for 22,666 GSF of existing buildings to be demolished. The Proposed Project would be supplied electricity by Con Edison via grid. During power disruptions, electricity would be supplied by an on-site generator. The energy consumption associated with the Proposed Project is not anticipated to result in a significant impact to the provision of energy services within the project study area, nor is the project considered an energy-intensive facility. Therefore, the Proposed Project would not result in a significant adverse impact with respect to energy supply or demand.

2.13 Transportation

This section describes the potential for significant traffic, parking, transit and pedestrian impacts associated with the Proposed Project. The Project Site is located in the West New Brighton neighborhood of Staten Island with easy access to major roads. The S46 bus route is located immediately southwest of the Project Site at the intersection of Bard and Castleton Avenues with connections to the Staten Island Railway and Manhattan.

Traffic & Pedestrian Impacts

According to the *CEQR Technical Manual* (Table 16-1: Minimum Development Densities Potentially Requiring Traffic Analysis), projects in Zone 5 (all areas not located within 0.5 mile of a subway station) involving greater than 15,000 SF of community facility

uses require analysis for transit and pedestrian impacts. Because the Proposed Project involves an expansion of a community facility in Zone 5 greater than the thresholds provided in Table 16-1, further analysis is warranted.

A *Draft Travel Demand Factors Analysis* was completed by Atlantic Traffic and Design ("ATDE") on March 15, 2017 (**Appendix F**), per the transportation analysis methodologies presented in Chapter 16 of the *CEQR Technical Manual*. The findings of this analysis are discussed below.

The existing ED is currently undersized in comparison to the number of visits it handles. It was built to accommodate 29,268 annual visits, while in 2015, for example, it served 63,481 ED visits. The proposed relocation and upgrade would therefore first and foremost better serve patients and visitors by reducing overcrowding and wait times. In addition, RUMC estimates that as a result of the project the medical center may serve an increase by up to 20,000 visits per year, and projects that the ED project would result in an increase from approximately 2,002 employees to approximately 2,053 employees (a 2.5 percent increase).

The proposed Adult Psychiatric Inpatient Unit Expansion (the "Expansion"), from 30 to 40 beds, represents a 2.2 percent increase in the total number of existing beds (448) at the Bard Avenue campus. The Expansion is planned in conjunction with the closure of the existing 25-bed Inpatient Psychiatric Program at RUMC's Bayley Seton Campus, located at 75 Vanderbilt Avenue in the Stapleton section of Staten Island. The 10-bed Expansion is projected to relocate 19 employees and 560 annual patient visits to the Bard Avenue site.

The balance of the project, including the 4,297 square feet of basement and 32,267 square foot second floor, would replace and/or upgrade existing facilities to better accommodate current demand. There would be no increase in patients or employees associated with these components.

According to the *CEQR Technical Manual* there are certain development densities below which a transportation analysis is not required. These are presented in Table 16-1 of the manual. The project falls within *CEQR* Traffic Zone 5, as it is in Staten Island but does not lie within one half mile of a subway station. In Zone 5, developments of less than 15,000 square feet of community facility do not warrant further analysis. The Proposed Project is projected to result in an additional 76,473 GSF of community facility space, and therefore further analysis is required.

Level 1 Assessment

A Level 1 Assessment is prepared to determine numbers of peak hour project-generated trips by mode of travel. The *CEQR Technical Manual* indicates that when the development density thresholds shown on Table 16-1 are exceeded, a preliminary trip

generation assessment (Level 1 Assessment) is warranted. Upon completion of the Level 1 Assessment, further technical analysis is typically not needed if the preliminary trip generation assessment shows that the proposed development would result in fewer than:

- 50 peak hour vehicle trip-ends
- 200 peak hour subway/rail or bus transit riders, or
- 200 peak hour pedestrian trips

In addition, when a Level 1 Assessment shows that further analysis of the vehicular transportation system is not necessary, further analysis of the parking system is generally not necessary.

The primary source of trip generation calculation factors for the Level 1 Assessment was the *Rockaway Courthouse Medical Center EAS* (CEQR No. 14DME014Q). A number of other *CEQR* studies for medical center type uses were also reviewed. The typical approach to the calculation of trips for this kind of land use, which is the method used in the *Rockaway Courthouse Medical Center EAS,* is to separately calculate patient/visitor trips and employee trips. The following trip factors assumptions were made, based on the sources noted. The assumptions and trip generation calculations are also summarized in the Tables below (see **Appendix F**).

Patient/Visitor Trip Assumptions

- The project would result in up to 20,560 additional patient visits per year, or an average of 56 additional patient visits per day. (Source: ATDE assumption based on RUMC projection)
- In addition it is assumed that each patient would have an average of one visitor. (Source: *Rockaway Courthouse Medical Center EAS*; CEQR No. 14DME014Q)
- Patients and visitors each generate 2 person trips per day. (Source: *Rockaway Courthouse Medical Center EAS*; CEQR No. 14DME014Q)
- Temporal Distribution of patient and visitor trips: 3.9 percent AM peak hour; 12.6 percent midday peak hour; 9.6 percent PM peak hour. (Source: *Rockaway Courthouse Medical Center EAS*; CEQR No. 14DME014Q)
- Modal split of patient and visitor trips: 70 percent auto; 10 percent taxi or ambulance; 10 percent bus; 10 percent walk. (Source: *Rockaway Courthouse Medical Center EAS*; CEQR No. 14DME014Q)
- Auto/Taxi vehicle occupancy of patient and visitor trips: 2.0. (Source: *Rockaway Courthouse Medical Center EAS*; CEQR No. 14DME014Q)

Employee Trip Assumptions

- The addition of 70 full time employees equates to an average of 50 additional 8-hour employee shifts per day. (Source: ATDE assumption based on RUMC projection)

- Each employee generates an average of 3 person trips per day, assuming that half of employees leave and return during their shift for a meal or errand. (Source: *Rockaway Courthouse Medical Center EAS*; CEQR No. 14DME014Q)
- Temporal Distribution of employee trips: 12.1 percent AM peak hour; 8.1 percent midday peak hour; 12.2 percent PM peak hour. (Source: *Rockaway Courthouse Medical Center EAS*; CEQR No. 14DME014Q)
- Modal split of employee trips: 83.5 percent auto; 0 percent taxi or ambulance; 9 percent bus; 7.5 percent walk. (Source: U.S. Census Bureau, *American Community Survey 2006-2010* Five-year Estimates – reverse journey to work data)
- Auto vehicle occupancy of employee trips: 2.0. (Source: US Census Bureau, *American Community Survey 2006-2010* Five-year Estimates – reverse journey to work data)
- Taxi vehicle occupancy of employee trips: 2.0. (Source: *Rockaway Courthouse Medical Center EAS*; CEQR No. 14DME014Q)

Truck Trip Assumption

- It is assumed that the Proposed Project would not result in additional truck deliveries to the site.
- It is expected that the current number of deliveries would continue to serve the site, and that some of those deliveries would be incrementally larger.

Vehicle Trips. As shown in the Tables below the total number of peak hour vehicle trip-ends generated by the Proposed Project is calculated to range from 18 vehicle trip-ends in the weekday morning peak hour to a maximum of 25 vehicle trip-ends in the weekday evening peak hour. Fewer than 50 peak hour vehicle trip-ends are projected in each peak hour. Therefore, further analysis of the vehicular transportation system is not warranted.

Because the Proposed Project does not exceed the Level 1 vehicular trip-end threshold it is also assumed that further analysis of the parking transportation system is not warranted.

Transit Trips. The number of peak hour transit (bus) trips generated by the Proposed Project is calculated to range from 3 vehicle trip-ends in the weekday morning peak hour to a maximum of 4 vehicle trip-ends in the weekday midday and evening peak hours. Fewer than 200 peak hour subway or bus transit riders are calculated in any peak hour. Therefore, further analysis of the transit transportation system is not warranted.

Pedestrian Trips. The number of peak hour pedestrians that would be generated by the Proposed Project is the sum of walk trips and transit (bus) peak hour person trips. In addition, as a worst-case scenario, it can conservatively be assumed that the peak hour auto person trips would also result in walk trips if these trips use off-site parking. The number of worst case scenario peak hour pedestrian trips calculated to be generated

by the project ranges from 26 in the weekday morning peak hour to 38 in the weekday midday peak hour. The analysis shows that fewer than 200 peak hour pedestrian trips would be generated by the Proposed Project. Therefore, no further analysis of the pedestrian transportation system is warranted.

Table 1: Travel Demand Calculations

(see Appendix F)

Peak Hour Person Trips						
Component	Peak Hour	Project Program per RUMC	Persons Daily (2)	Daily Trips (3) Per Person	Peak Hour Distribution (3)	Peak Hour Person Trips
Patients and Visitors (1)	AM	20,560 Patients Annually	112	2.0	3.9%	9
	MD		112	2.0	12.6%	28
	PM		112	2.0	9.6%	22
Employees	AM	70 Full Time Employees	50	3.0	12.1%	18
	MD		50	3.0	8.1%	12
	PM		50	3.0	12.2%	18

Peak Hour Person Trips by Mode						
Component	Peak Hour	Peak Hour Person Trips	Auto	Taxi/ Ambulance	Transit (Bus)	Walk
Patients and Visitors	Modal Split (3)		70.0%	10.0%	10.0%	10.0%
	AM	9	6	1	1	1
	MD	28	20	2	3	3
	PM	22	15	3	2	2
Employees	Modal Split (4)		83.5%	0.0%	9.0%	7.5%
	AM	18	15	0	2	1
	MD	12	10	0	1	1
	PM	18	15	0	2	1

Peak Hour Vehicular Trips							
Component	Peak Hour	Auto Person Trips	Taxi/ Ambulance Person Trips	Auto Vehicle Occupancy (3), (4)	Taxi/ Ambulance Occupancy (3)	Taxi/ Ambulance Trip Factor (5)	Total Vehicle Trip-Ends
Patients and Visitors	AM	6	1	2.00	2.00	2	4
	MD	20	2	2.00	2.00	2	12
	PM	15	3	2.00	2.00	2	11
Employees	AM	15	0	1.05	1.35	2	14
	MD	10	0	1.05	1.35	2	10
	PM	15	0	1.05	1.35	2	14

Peak Hour Travel Demand				
Transportation System		Vehicle	Transit	Pedestrians (6)
Total	AM	18	3	26
	MD	22	4	38
	PM	25	4	37

1. Assumes an average of one Visitor/Patient per Rockaway Courthouse Medical Center EAS (CEQR No. 14DME014Q)
2. ATDE assumption based on RUMC projections
3. Rockaway Courthouse Medical Center EAS (CEQR No. 14DME014Q), modified for no subway trips
4. U.S. Census Bureau, American Community Survey 2006-2010 Five-year Estimates

5. Assumes no overlapping trips (each Taxi or Ambulance trip = 1 vehicle IN and one vehicle OUT)
6. Sum of Transit, Walk and Auto person trips

Conclusion

A Level 1 Transportation Assessment was conducted for the Proposed Project in accordance with *CEQR Technical Manual* (March 2014) methodologies. Based on the Level 1 Assessment the Proposed Project is unlikely to have a significant adverse impact on the key technical areas of the transportation system, including the traffic, transit, parking and pedestrian transportation systems.

2.14 Air Quality

The Proposed Project was evaluated for its potential mobile source and stationary source air quality impacts.

Mobile Sources

Automobiles and vehicular traffic in general are typically considered mobile sources of air pollutants. The *CEQR Technical Manual* indicates that when a proposed action would generate fewer than 170 peak hour trip ends, no further detailed air quality analysis is required. As described above in the transportation analysis, 25 vehicle trip-ends are the maximum that would be generated in any peak hour. As the action has been determined not to require screening, the *CEQR* threshold is not met and no additional analysis of mobile source air quality is required. It can be assumed that the Proposed Project would not result in any significant adverse air quality impacts and no further analysis is warranted.

Stationary Sources

According to the *CEQR Technical Manual*, actions can result in stationary source air quality impacts when they create new stationary sources of pollutants, such as emission stacks for industrial plants, hospitals, other large institutional uses, or even a building's boiler that affects surrounding uses. Under the Proposed Project, no stationary sources (e.g. boiler stacks, solid waste incinerators, etc.) would be created that would require further assessment of stationary source air pollution that would impact air quality.

Pursuant to Section 220 of the *CEQR Technical Manual*, a stationary source screening analysis may be performed for single building projects to determine if the proposed building's heat and hot water system require further impact analysis. The Proposed Project would include two building expansions that would connect to and utilize the RUMC's existing heating system. Therefore no new boiler stack is proposed and no significant increase in stationary source air quality impacts is anticipated.

Industrial Source Screening:

Based on observations of the surrounding area, there are no industrial use properties identified within a 400-foot radius of the Project Site. Therefore, an inventory of industrial uses in the vicinity of the Project Site was not required. Land use within the 400 foot radius of the Proposed Project can be generally described as follows:

- Single and multi-family residences surrounding the Project Site.
- Commercial facilities south of the Project Site, along Castleton Avenue
- A church, St. Mary's Episcopal Church, west of the Project Site, across Bard Avenue.
- Large parks/outdoor recreation areas east and northeast of the Project Site (Allison Pond Park and Snug Harbor Cultural Center and Botanical Garden.

Since no industrial facilities including manufacturing or similar emission generating uses were identified within the 400 foot radius, no industrial source adverse air quality impacts on the proposed development are expected.

Overall, no significant adverse air quality impacts are expected as a result of the Proposed Project.

2.15 Greenhouse Gas Emissions

The *CEQR Technical Manual* guidance suggests that a Greenhouse Gas ("GHG") emissions assessment may be necessary for projects that involve: (1) power generation (not including emergency backup power, renewable power, or small-scale cogeneration); or (2) fundamental change to the city's solid waste management system by changing solid waste transport mode, distances or disposal technologies. Typically, a GHG consistency assessment is also conducted for large projects under Environmental Impact Statement ("EIS") review that would result in the development of 350,000 SF or greater. In addition, Local Law 84 (2013) codified *OneNYC's* goal of reducing GHG emissions by 30 percent by 2025. The Proposed Project does not require the preparation of an EIS and is unlikely to result in significant inconsistencies with the city's GHG reduction goal. As the Proposed Project is not unusually large and would not involve excessive power production or alter the solid waste management system as such a detailed GHG emissions assessment is not required under *CEQR* guidance.

2.16 Noise

The Proposed Project was evaluated for its potential noise impacts.

The goal of *CEQR* with respect to noise is to determine a Proposed Project's potential effects on sensitive noise receptors and/or the effects of ambient levels on new sensitive uses introduced by a Proposed Project. The Proposed Project would qualify as a noise-sensitive receptor; however, the Proposed Project would not introduce a new noise-sensitive use to the RUMC campus, since the Proposed Project involves an expansion of buildings and uses already associated with the campus. Exterior building attenuation measures such as double-glazed windows, panels, and curtain walls would be incorporated into the Proposed Project as necessary in order to maintain an acceptable interior noise level. Noise attenuation measures such as silencers or acoustic barriers would also be used as necessary to ensure *New York City Noise Code* compliance.

In addition, according to the transportation analysis, the Proposed Project is not anticipated to significantly alter traffic conditions within the project study area. Therefore, no significant mobile source impacts are anticipated as a result of the Proposed Project. Therefore, the Proposed Project is not expected to result in significant adverse mobile or stationary noise impacts.

2.17 Public Health

According to the *CEQR Technical Manual*, Public Health is the organized effort of society to protect and improve the health and well-being of the population through monitoring; assessment and surveillance; health promotion; disease prevention; injury; disorder; disability; and reducing inequalities in health status. Topics such as poor air quality, human exposure to hazardous materials, noise, and contaminants in soil and water and public health should be considered in conjunction with any public health assessment. However, as determined in previous sections of this report, no significant unmitigated adverse impacts were found in the air quality, water quality, hazardous materials, or noise *CEQR* analysis areas. Recognized environmental conditions identified in connection with the subject properties would be addressed during site redevelopment activities including clearing and excavating the property. Therefore, no public health analysis is warranted and the Proposed Project would not result in a significant effect on public health.

2.18 Neighborhood Character

Neighborhood character is a term used to describe the various elements that contribute to a community or neighborhood — such as land use, architectural design, visual resources, historic resources, socioeconomics, traffic and noise —from which an area derives its distinct "personality." A neighborhood character assessment considers how a proposed action may affect the context and feeling of a neighborhood by collectively accounting for its effects on the contributing elements. In general, this

assessment is warranted for actions with the potential to result in significant adverse impacts in one of the technical areas, or if it may moderately affect several of these areas. The Proposed Project does not have the potential to result in any significant adverse impacts to any of the above-mentioned areas or the potential for any combination of moderate effects in more than one area, therefore no neighborhood character assessment is warranted.

2.19 Construction Impacts

The Proposed Project was evaluated for its potential construction-period impacts.

The construction duration of the Proposed Project would be short-term, lasting approximately two years in length. The Proposed Project is scheduled to begin in April 2017 with the facility scheduled for completion in April 2019. Typically, short-term construction does not require a detailed analysis according to the suggested 2014 *CEQR Technical Manual* guidance. However, an assessment of potential construction period impacts was conducted for several technical areas including transportation, air quality, and noise. In order to minimize potential adverse impacts during construction, the Proposed Project would be planned, designed, scheduled and staged to minimize disruption. Additionally, best management practices would be utilized during construction to minimize the duration and severity of any intermittent effects.

Schedule, Access, and Staging. The Proposed Project is scheduled for a 24-month period of construction, which would occur within the contained Development Area situated within the southern portion of the self-enclosed campus. The demolition of the Fitzpatrick Building and the Annex Building is anticipated to require approximately 2-3 months, and would be done within the footprints of the existing buildings with a perimeter provided for machinery access. An 8 feet to 10 feet tall solid plywall fence would be erected around the demolition areas to protect the area from the on-going hospital operations. Staging of demolition debris would be temporarily placed in a 30-cubic-yard ("CY") storage container to be located at the driveway entrance of the Annex off Kissle Avenue and would be trucked off-site as the container fills. Foundation preparation and installation would follow demolition activities (3 to 4 months), followed by the erection of the building structure/shell, utility connections, and interior and exterior finishing. Heavy construction activities during the most intensive construction period (such as foundation installation and erection of structural steel) would be 12 to 18 months in length, which is classified as short-term under *CEQR*.

Pre-construction site preparation would include removal of existing paving and sub-base; clearing and grading; and utility disconnections and installations. The installation of construction fencing around the entire perimeter of the Development Area (4.4 acres) would occur prior to active construction activities. No disruption to the Project Site or its surrounding area would occur during these activities.

The staging area for materials and equipment would be self-contained within the Development Area. Access to the site for construction vehicles, construction material deliveries, and workers would be provided by a designated construction entrance. It would be provided in the eastern portion of the Development Area and include a stabilized stone construction entrance to prevent sediment from being tracked off site. A temporary sediment basin is proposed in the northern portion of the Proposed Disturbance Area to control stormwater runoff during construction activities.

Transportation. Typically, a construction-period transportation analysis is predicated upon the duration, intensity, complexity, and/or location of construction activity. According to the *CEQR Technical Manual*, a preliminary construction-period transportation analysis is required under the following circumstances.

- If the project's construction would be located in a Central Business District ("CBD") or along an arterial or major thoroughfare;
- If the project's construction activities, regardless of its location either in a CBD or along an arterial or major thoroughfare, would require closing, narrowing, or otherwise impeding moving lanes, roadways, key pedestrian facilities (e.g., sidewalks, crosswalks, corners/ corner reservoirs), parking lanes and/or parking spaces in on-site or nearby parking lots and garages, bicycle routes and facilities, bus lanes or routes, or access points to transit;
- If the project would involve construction on multiple development sites in the same geographic area, such that there is the potential for several construction timelines to overlap, and last for more than two years overall.

The Proposed Project would not exceed the *CEQR* thresholds for a construction-period transportation analysis, as construction activities would not occur in a CBD or along an arterial. Additionally, the Proposed Project would not result in any closures, narrowings, or impediments of lanes or pedestrian elements or involve construction on multiple development sites in the geographic area. As such, a detailed construction-period transportation analysis is not warranted and no further analysis is required.

Construction activity, including the movement and repositioning of oversized machinery and/or materials, is not anticipated to result in street closures as all construction activities are expected to occur on the Development Area which is located within an enclosed campus. It is also anticipated that the majority of construction workers would be travelling to and from the Project Site outside of commuter hours.

Air Quality. Construction-related air quality impacts would be temporary and limited to the construction period. Air quality is affected by particulate matter produced by construction activities such as the removal of asphalt, the movement of loose earth, and vehicular movement within the Development Area or over unimproved surfaces.

Additional construction activities including site preparation and delivery of materials can also release dust particles into the atmosphere.

Particulate matter is generated from fugitive dust and exhaust emissions and is temporarily emitted due to the increase of fugitive dust. The application of various control measures during construction activities would be employed in an effort to minimize the generation of construction dust. These include:

- Limiting unnecessary idling times on diesel powered engines;
- Spraying of construction area with water during periods of high wind or high levels of construction activity; and
- Covering haul trucks that carry loose materials.

Construction equipment would also create gaseous emissions such as hydrocarbon and nitrogen oxide emissions as well as particulate matter from diesel engines. However, the fact that dust and gases would be released into the air would be inconsequential because the intermittent usage of this equipment makes their effect on air quality negligible. Consequently, the extent to which these pollutants are released would not have an effect on the surrounding area and would not endanger public health.

Noise. Intermittent increases in noise during construction would result from the operation of construction equipment and from construction vehicles traveling in and out of the Project Site. Construction noise is regulated by the New York State *Energy Conservation Construction Code* and by the USEPA noise emission standards for construction equipment. These requirements mandate that certain classifications of construction equipment and motor vehicles meet specified noise emissions standards; that except under exceptional circumstances, construction activities be limited to weekdays between the hours of 7:00 a.m. and 6:00 p.m.; and that construction material be handled and transported in such a manner as to not create unnecessary noise. No blasting activities are anticipated. In addition, New York City regulations require that noise control measures specified in the contract documents be followed to ensure compliance. The Proposed Project would comply with the *New York City Noise Code*, USEPA regulations and New York City's *Rules for Citywide Construction and Noise Mitigation*. To minimize noise levels, temporary abatement measures could be considered, such as portable or temporary noise barriers and equipment shields or enclosures. These measures could reduce sound levels by 5.0 to 10.0 dBA.

Other general construction measures as identified in the *Rules for Citywide Construction Noise Mitigation* that involve placing controls on the operation of construction equipment are as follows:

- All construction equipment must be equipped with appropriate manufacturer's noise reduction device that is free of rust, holes, and exhaust leaks;
- Operating devices using lower engine speeds to maximum extent possible;

- Use of quieter back-up alarms, when deemed safe and applicable;
- Prohibiting vehicle engine idling on construction site; and
- Ensuring machinery housing doors are kept closed.

Local, state, and federal laws and regulations governing hazardous waste, particularly the *Resource Conservation and Recovery Act* ("*RCRA*") and the *New Applicable to Generators of Hazardous Waste*, would be followed during construction.

In order to reduce the overall impact during construction, the Proposed Project would be planned, designed, scheduled and staged to minimize disruption to the adjacent open space and the environment. Although some interference is unavoidable, the duration and severity of these effects would be minimized by the continued implementation of strong controls and effective scheduling of construction. Construction-period effects would be temporary and would not result in any significant impacts to the campus operations or land use, public policy, socioeconomic conditions, and urban design and visual resources within the project study area.

FIGURES

FIGURE 1
LOCATION MAP

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Source: ESRI wms; NYC parcel data
Scale: 1 inch = 1,500 feet

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Richmond University Medical Center

Supplemental Report

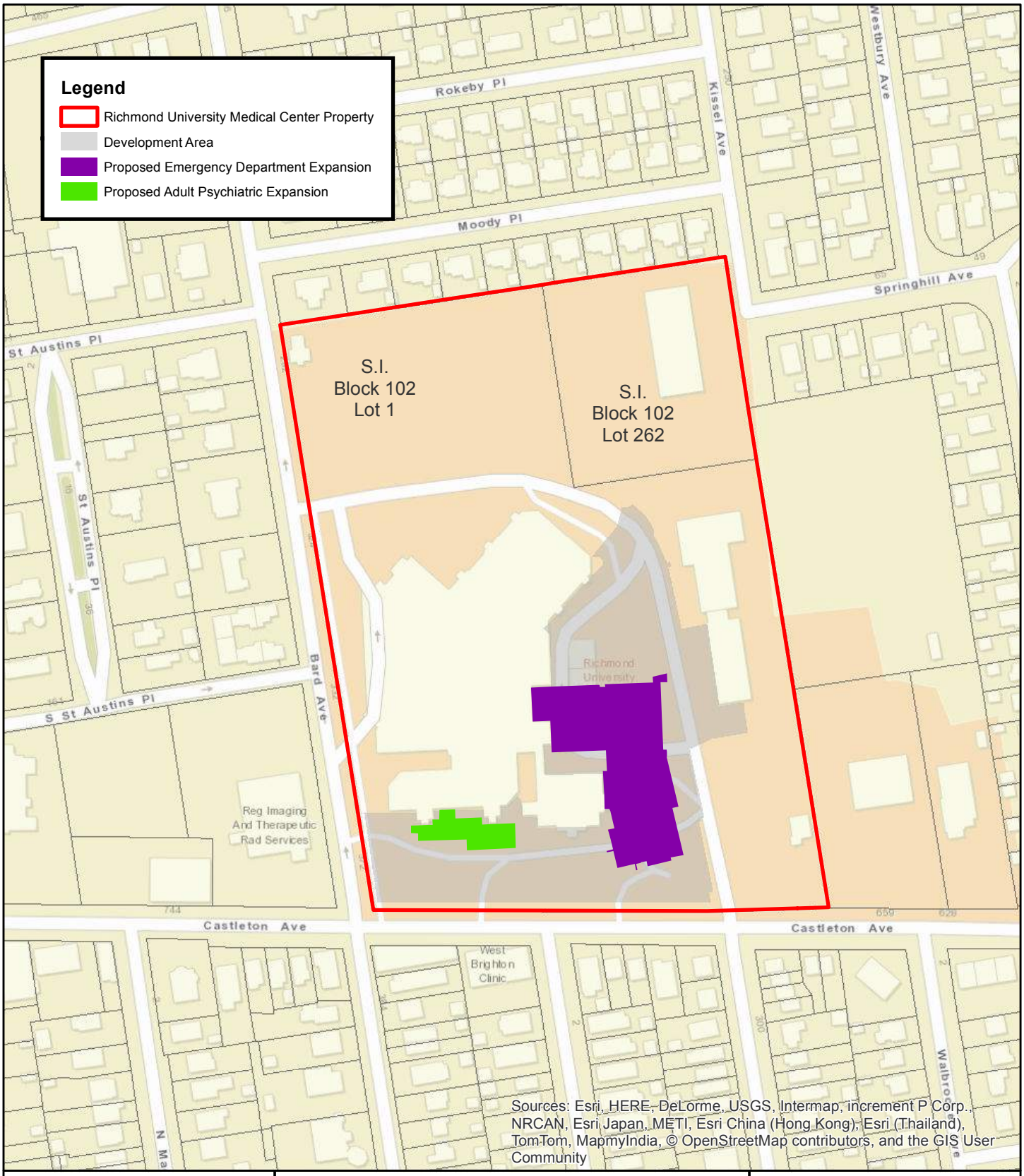

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FIGURE 2
TAX MAP

Source: ESRI wms; NYC parcel data
Scale: 1 inch = 200 feet

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FIGURE 3
AERIAL MAP

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Source: NYS Orthophotography, 2012

Scale: 1 inch = 200 feet

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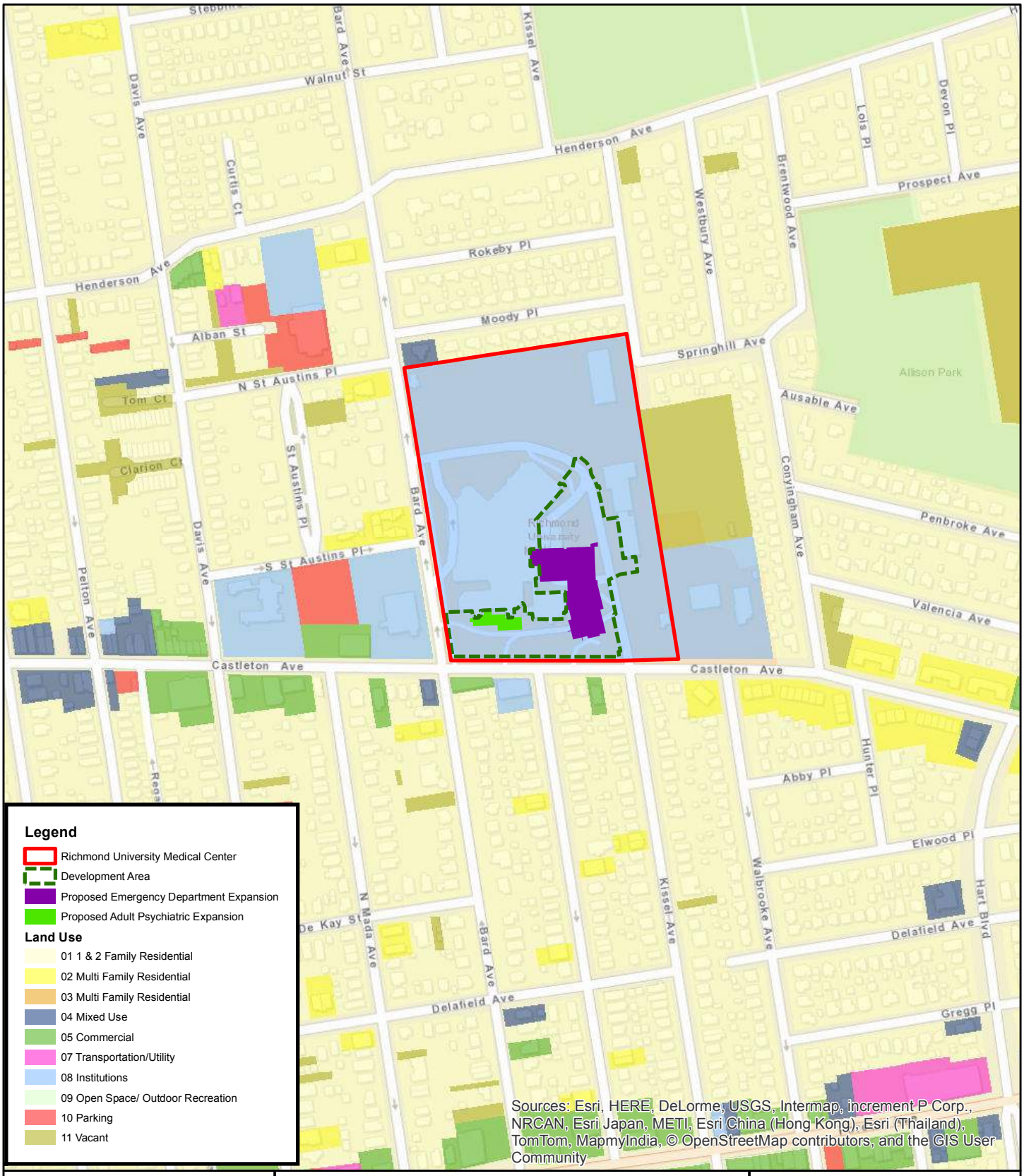

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FIGURE 4
LAND USE MAP

Source: ESRI wms; NYC parcel data

Scale: 1 inch = 400 feet

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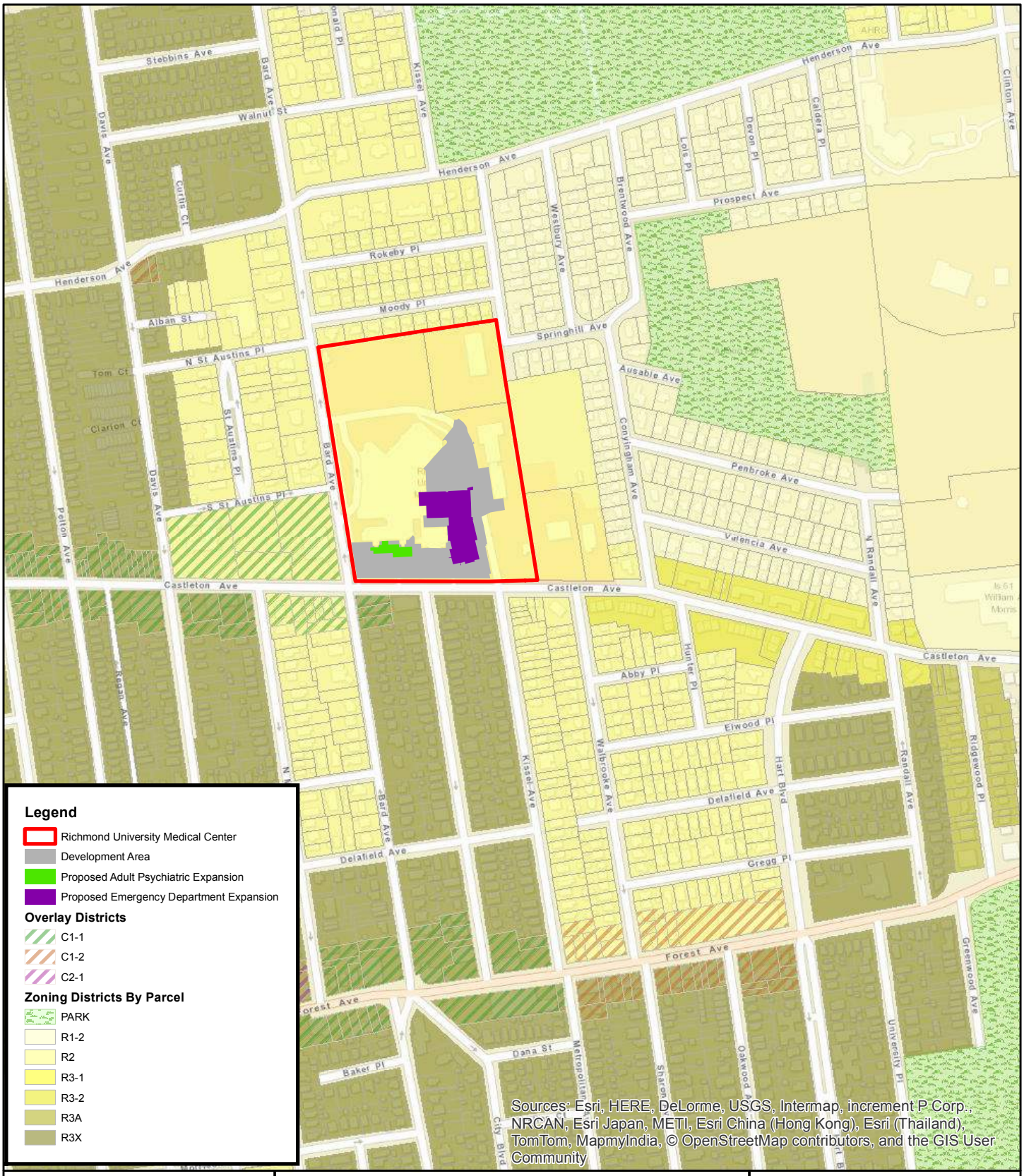

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FIGURE 5
ZONING MAP

Source: ESRI wms; NYC parcel data

Scale: 1 inch = 500 feet

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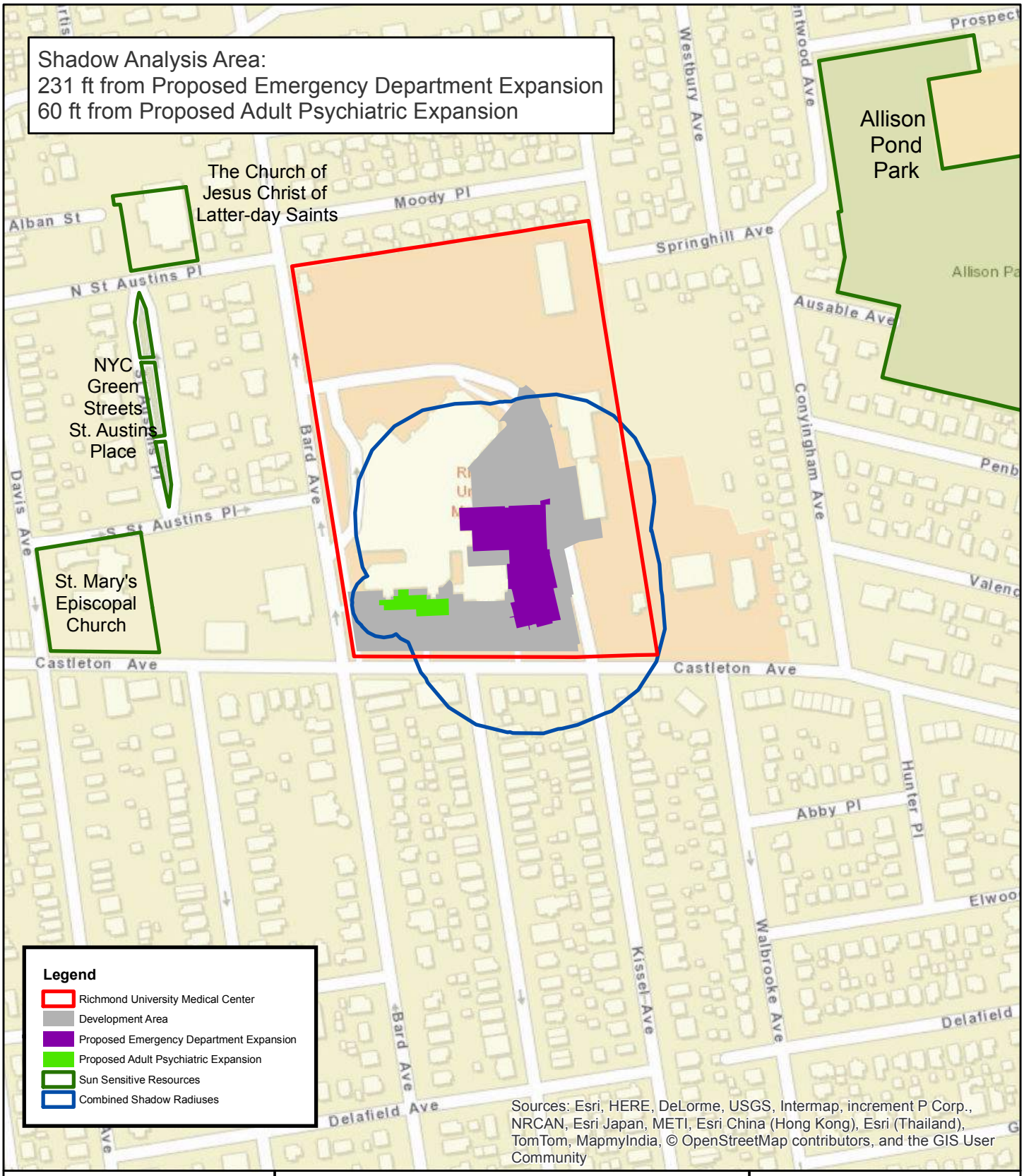

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FIGURE 6
SHADOW ANALYSIS MAP

Source: ESRI wms; NYC parcel data

Scale: 1 inch = 300 feet

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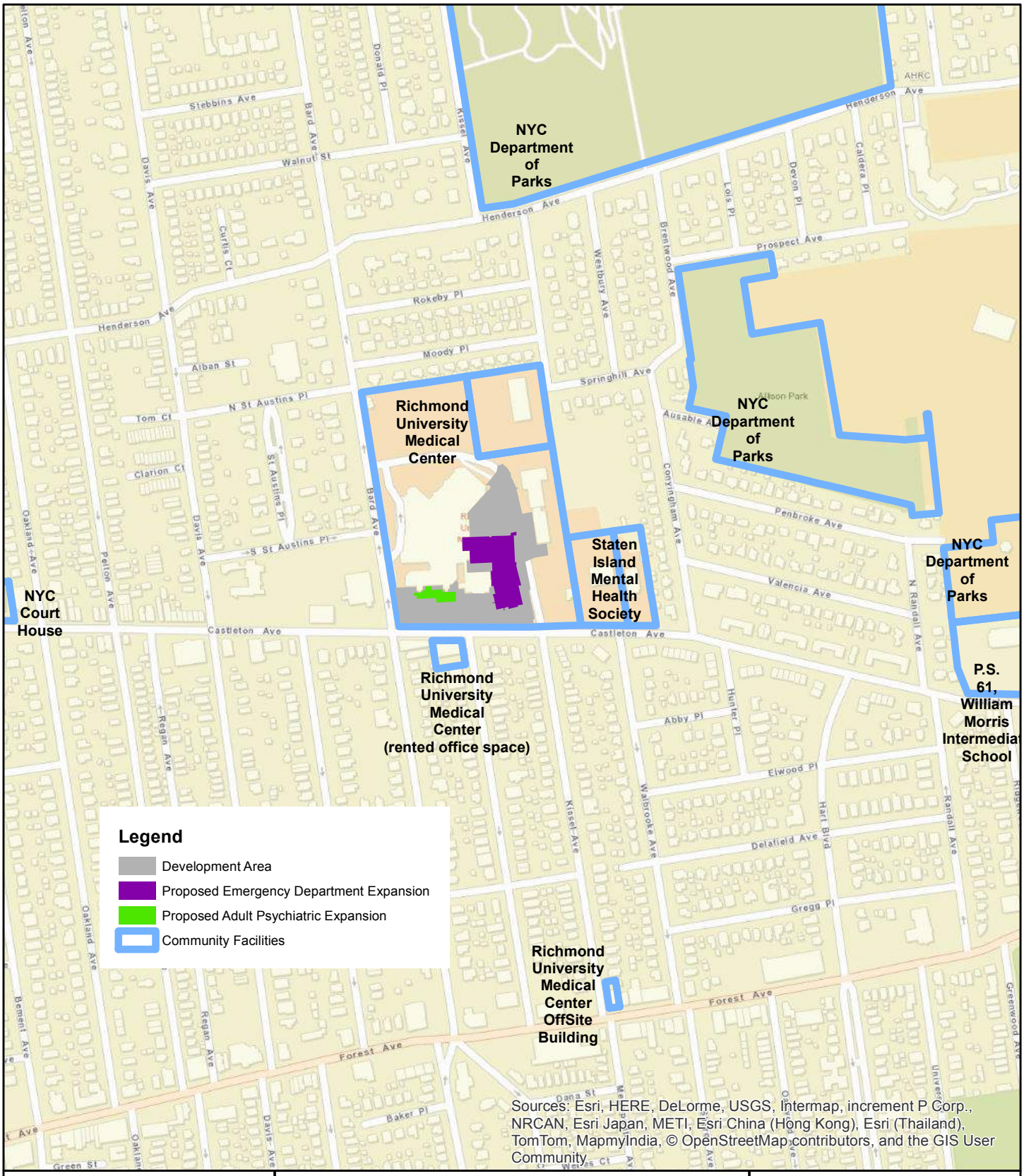

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FIGURE 7
COMMUNITY FACILITY MAP

Source: ESRI wms; NYC parcel data

Scale: 1 inch = 500 feet

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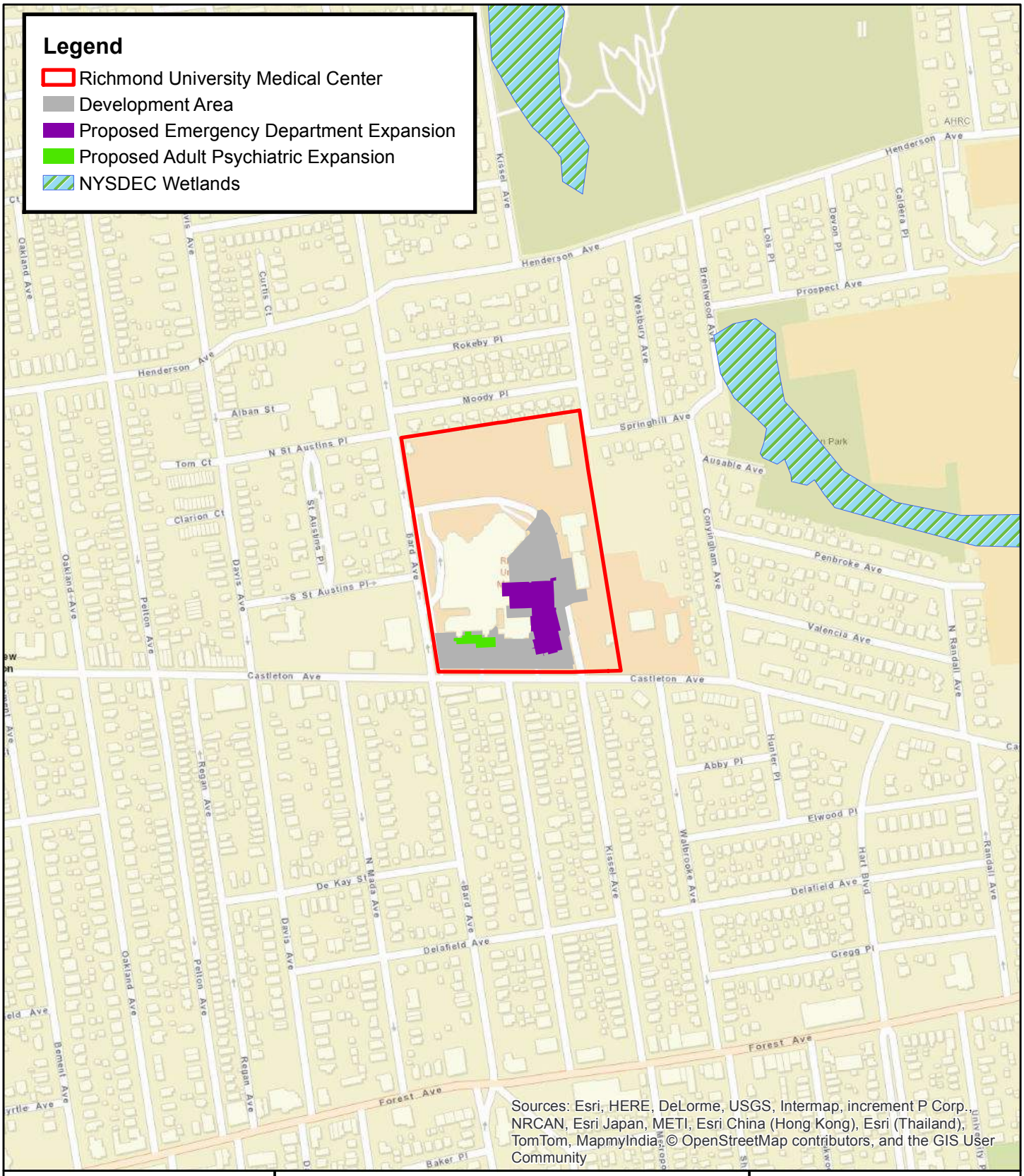

Sources: Esri, HERE, DeLorme, USGS, Intermap, increment P Corp., NRCAN, Esri Japan, METI, Esri China (Hong Kong), Esri (Thailand), TomTom, MapmyIndia, © OpenStreetMap contributors, and the GIS User Community

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FIGURE 8
NYSDEC WETLANDS MAP

Source: ESRI wms; NYC parcel data; NYSDEC Freshwater Wetlands layers
Scale: 1 inch = 500 feet

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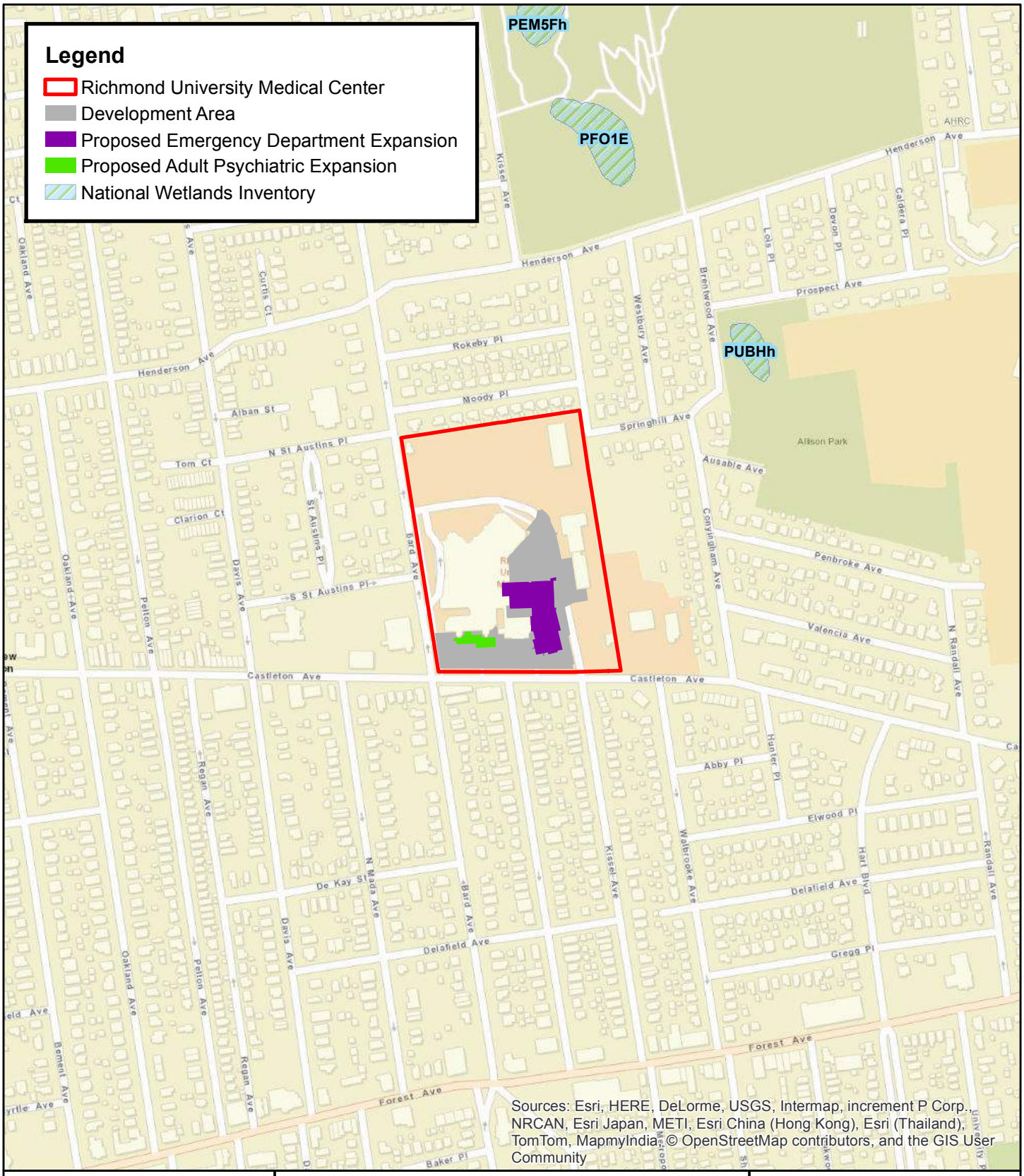

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FIGURE 9
NATIONAL WETLANDS INVENTORY MAP

Source: ESRI wms; NYC parcel data; US Fish & Wildlife, NWI layers
Scale: 1 inch = 500 feet

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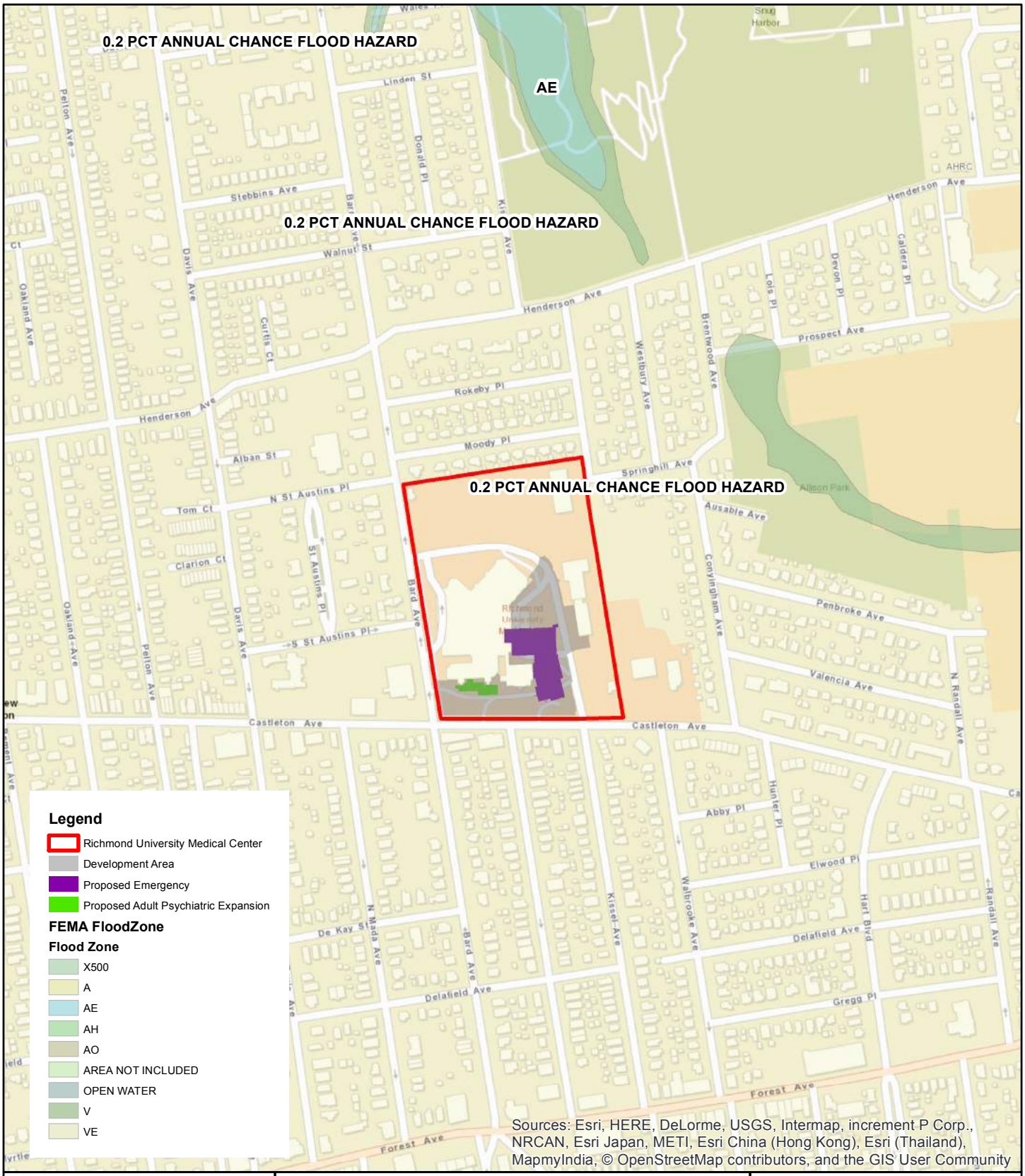

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FIGURE 10
FEMA FLOOD MAP

Source: ESRI Web Mapping Serice, FEMA
Scale: 1 inch = 500 feet

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FIGURE 11
SEWER DISTRICT MAP

Source: ESRI wms; NYC data; NYSDEC data
Scale: 1 inch = 3,000 feet

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Supplemental Report

APPENDIX

APPENDIX A

STUDY OF REASONABLE ALTERNATIVES TO THE DEMOLITION OF THE ANNEX BUILDING

Richmond University Medical Center
New Emergency Department Project
DASNY

STUDY OF REASONABLE ALTERNATIVES

to the

Demolition of the Annex Building

(OPRHP Project №. 17PR01141)

March 7, 2017

Introduction

This study is issued in response to a comment letter from the New York State Office of Parks, Recreation and Historic Preservation ("OPRHP"), dated February 22, 2017 (See Exhibit A). The following information addresses possible alternatives to the demolition of the existing Annex Building, proposed as part of the Richmond University Medical Center's ("RUMC") New Emergency Department project on RUMC's campus in West New Brighton, Staten Island, New York City. The New Emergency Department project includes a large core/shell area on the second floor for a future surgical suite replacement project. The hospital occupies the buildings that were formerly St. Vincent's Medical Center, which closed in 2006.

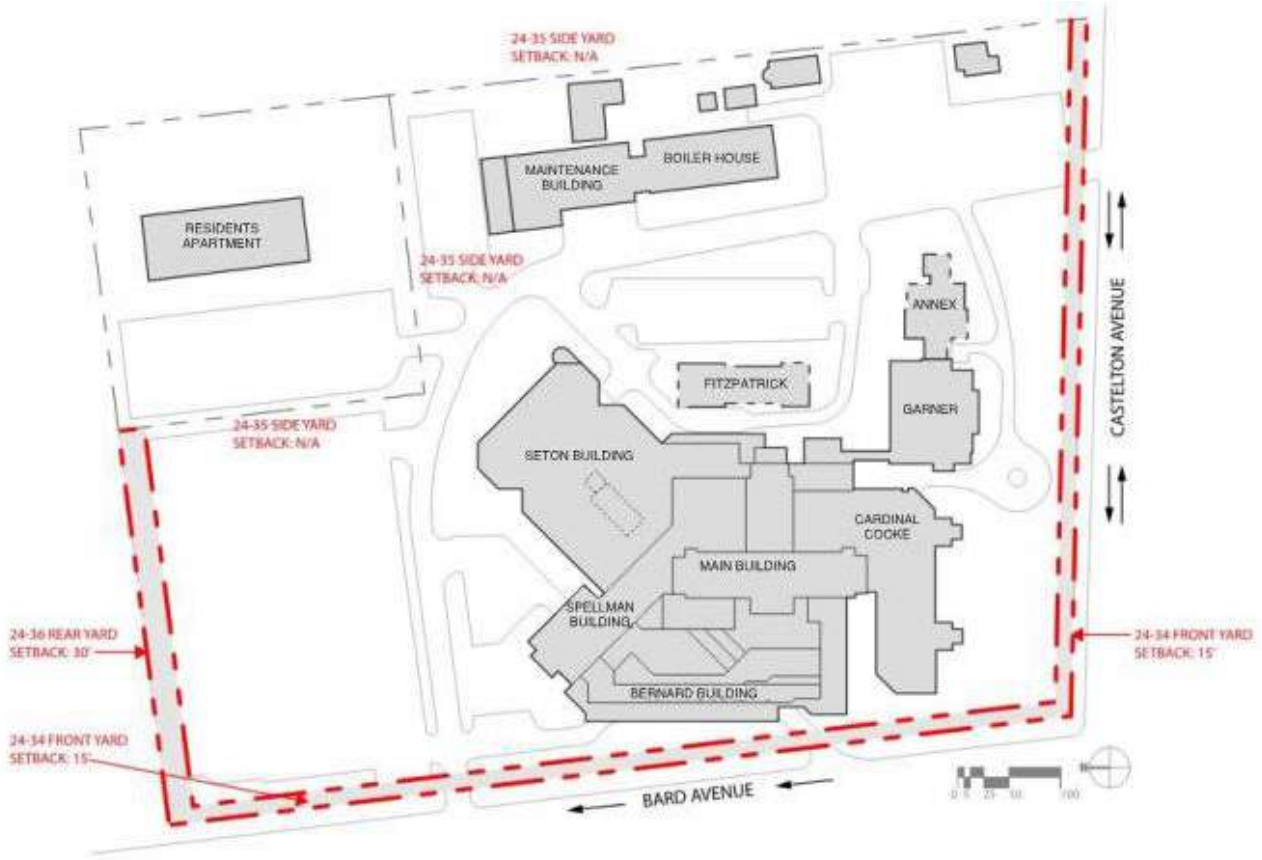
RUMC has requested financing from DASNY ("Dormitory Authority State of New York") as part of the New York State Technology and Development ("TAD") Program for its New Emergency Department project, which would include the demolition of the Annex Building. For the purposes of the *State Historic Preservation Act ("SHPA")*, the Proposed Undertaking would consist of DASNY's authorization of the expenditure of TAD program bond proceeds for the proposed New Emergency Department project.

Project Site

The Project Site is approximately 608,250 square feet (13.876 acres) and includes multiple buildings totaling approximately 601,926 gross square feet ("gsf") on property located at RUMC campus at 355 Bard Avenue in West New Brighton, Staten Island, New York City. (Richmond County Tax Block 102, Lot 1 and Lot 262).

The project site is owned by Richmond Medical Center d.b.a. Richmond University Medical Center. The lot contains multiple buildings as shown on the site plan below consisting of the Residence Building, Spellman, SLB, Main, Cardinal Cooke, Seton,

Fitzpatrick, Garner, Annex, Central Utility Plant and the EMS cottage. In order to accommodate the required program, two of these buildings (Fitzpatrick and Annex) are proposed to be demolished as part of this project.[1] Lot 1 and Lot 262 are bounded by Bard Avenue to the west, Castleton Avenue to the south and Kissel Avenue to the east.[2] The Project Site is located in a R2 zoning district according to the *Zoning Resolution of the City of New York* (zoning map №. 21a).



[1] OPRHP, in its letter dated February 22, 2017, indicated that the Fitzpatrick Building is not eligible for the National Register of Historic Places and that OPRHP has no concerns with its proposed demolition. Discussion of the Fitzpatrick Building is included in this alternatives analysis given that the building was part of RUMC's planning and programming for the New Emergency Department project.

[2] This reference is to Kissell Avenue the mapped city street, not the internal RUMC driveway labeled as Kissell Avenue on some maps.

Need for the Replacement of the Emergency Department and Surgical Platform:

The existing Emergency Department ("ED") at RUMC is undersized in relation to the number of visits it currently handles. RUMC's existing ED is a 15,609-gross-square-foot ("gsf") space that includes 2,136 square feet for imaging, 1,766 square feet for staff offices and 11,707 square feet of clinical ED space. It is located on the basement level of the main Medical Center building. Built in 1979, the existing ED is located in an aged and outdated space that contains design-related, operational inefficiencies. The ED was originally constructed to accommodate 29,268 visits (based on the national industry standard of 2.5 annual Emergency Department visits per square foot). As a comparison, in 2015, RUMC had 63,481 ED visits, representing 5.4 visits per square foot, which is 116% higher (i.e., more than double) than what the ED was originally constructed to handle. This "overage" in visits has created considerable overcrowding in the ED at RUMC, causing long wait times for treatment and some patients leaving the ED before being treated.

Furthermore, the existing ED at RUMC contains only 34 treatment areas. Given RUMC's experience of 63,481 ED visits in 2015, this represents 1,867 ED visits per treatment area. According to the Advisory Board Company in its *Confronting the Emergency Department Crisis* 2008 report, emergency departments running at 1,700 visits per treatment area are approaching the capacity triggering point and need to consider expansion.[3] RUMC is beyond the "trigger point" of 57,800 visits (34 existing treatment areas multiplied by 1,700 visits per treatment area per year). It must be noted that, despite this significant volume and the existing facility design constraints, the ED staff at RUMC has maintained a high level of patient care quality.

Lastly, using the national standard of 700 square feet per position, optimal operation within the space of the existing ED would only support 23 patient positions, which demonstrates the operational inefficiency and inadequate storage/support space that exists within RUMC's existing ED.

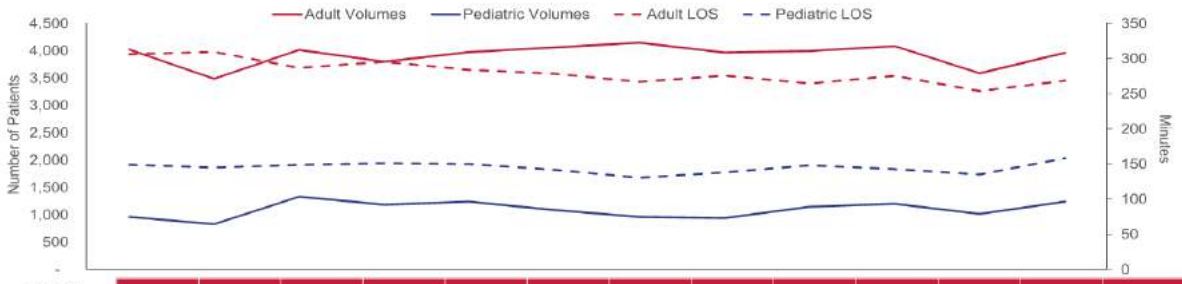
The existing Operating Rooms are undersized and do not meet the current standards. The rooms range in size from 290 square feet to 450 square feet, where today's Operating Rooms are designed between 600 square feet to 1,000 square feet. The existing floor to floor height is approximately 11 feet, whereas today's standards require approximately 15' to 16'.

[3] *Confronting the Emergency Department Crisis*. The Advisory Board Company, Washington, D.C., 2008. The Advisory Board Company is a best practices firm that uses a combination of research, technology, and consulting to improve the performance of health care organizations around the world.

Adult Urgent/Emergent LOS Varied Considerably Despite Stable Monthly Volumes in FY14

Richmond University Medical Center Emergency Department
Volumes Analysis, Urgent / Emergent Patients
January 2014 – December 2014

	FY14 Monthly Average	FY 14 Monthly ALOS
Adult	3,924	280 min (4 hours, 40 min)
Pediatric	1,096	145 min (2 hours, 25 min)

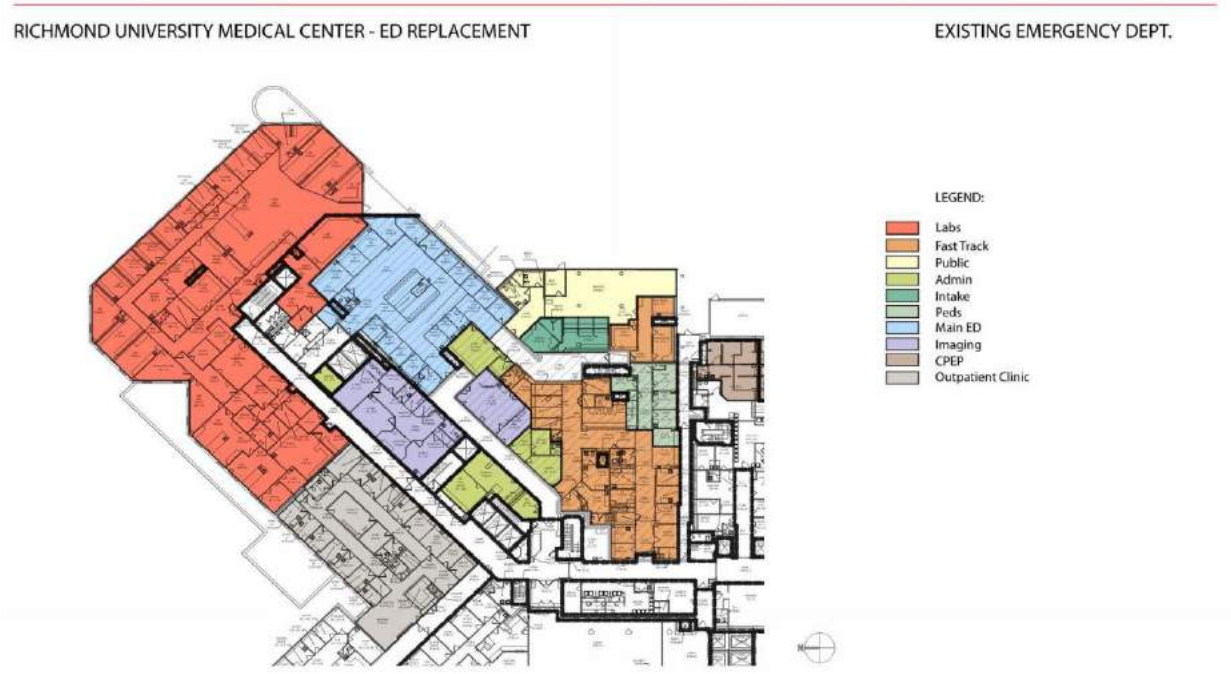


Urgent / Emergent	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	2014 Total
Adult Visits	4,022	3,487	4,012	3,800	3,973	4,058	4,145	3,965	3,993	4,083	3,587	3,961	47,086
Pediatric Visits	963	831	1,331	1,185	1,240	1,089	963	942	1,148	1,203	1,018	1,241	13,154
Total Visits	4,985	4,318	5,343	4,985	5,213	5,147	5,108	4,907	5,141	5,286	4,605	5,202	60,240

Key Room Forecast: Summary

Richmond University Medical Center Emergency Department
Key Room Projections
2014

	FY 2014	FY 2024		2024 Space NEED	
Adult Emergent	Station Need	Projected Station Need	10-Yr Change from Current	DGSF Per Room	DGSF Total
	25	25	0		
Adult Urgent	Station Need	Projected Station Need	10-Yr Change from Current		
	7	7	0		
Pediatric	Station Need	Projected Station Need	10-Yr Change from Current		
Pediatric Urgent / Emergent Stations	7	7	0	650 - 900	28,600 – 39,600
Total Urgent Emergent Stations	39	39	0		
Trauma / Specialty	Station Need	Projected Station Need	10-Yr Change from Current		
Trauma Stations	2	2	0		
SANE Rooms	2	2	0		
Observation	Bed Need	Projected Bed Need	10-Yr Change from Current	DSGF Per Room	DGSF Total
Adult Beds	10	12	2	400 - 800	4,800 – 9,600
Modality	Unit Need	Projected Unit Need	10-Yr Change from Current	DSGF Per Room	DGSF Total
CT	1	1	0	2,200	2,200
General Radiology (excludes portable volumes)	2	2	0	1,350	2,700
Ultrasound	1	1	0	875	875



Existing Program Inventory

RUMC's existing ED is 15,609 gsf in size (including 1,766 square feet of administrative space and 2,136 square feet of space for ED Imaging) and is located on the basement floor of the main hospital building. The existing ED contains 34 treatment positions and is designated as a Regional (Level 1) Trauma Center. The existing ED was constructed in 1979, and it has become spatially, functionally, technologically and operationally obsolete to support the current patient volume of over 63,000 patients. The ED includes one (1) trauma position. This is unacceptable given that RUMC treats the largest percentage of penetrating traumas in New York City. The patient positions also include four (4) dedicated pediatric positions and two (2) isolation rooms. In addition, the existing program includes an imaging department comprised of one (1) CT scan room, two (2) radiography rooms, and one (1) ultrasound room, two (2) nurse stations, a waiting and registration area, and staff, patient, and clinical support spaces.

The intent of the project is for the existing ED to remain open until construction of the replacement ED building is complete and the New York State Department of Health ("NYSDOH") has granted the approval to occupy the space. Upon completion of the new building, the existing ED would be decanted. The future use of the decanted ED space has not yet been finalized as of this date. To accommodate the new ED building, two (2) existing structures, the Annex Building and the Fitzpatrick Building, would need to be demolished. Existing administrative offices, facilities offices and other support spaces that occupy these buildings would be decanted within the main hospital and the Central Utility Plant. Appropriate Notices would be filed with NYSDOH at an appropriate time in

the future if necessary.

Program Inventory at Project Completion

The goal of the new ED is to fill an immediate need for additional treatment spaces and to provide better services to patients and community by accommodating current standards of care and providing an appropriate number of treatment spaces and accompanying support spaces. The new ED would increase the amount of treatment positions from 34 to 47 in order to support the current volume. A phasing strategy may be required to align with project budgeting. The new design would increase trauma treatment positions from one (1) to three (3), and would add an additional triage room and have a dedicated imaging department.

Existing Building Inventory

RUMC would construct a new building addition to house a relocated and expanded ED through this project. RUMC's existing ED is 15,609 gsf in size (including 1,766 square feet of Administrative space and 2,136 square feet of space for ED Imaging) and is located on the basement floor of the main hospital building. To accommodate the new ED building, two (2) existing structures, the Annex building and the Fitzpatrick building, would need to be demolished.

Building Inventory at Project Completion

The project would consist of a **71,039-gsf** addition to the southeast of the campus, the Honorable James P. Molinaro Trauma Center. The building would be located along Castleton Avenue and an internal campus roadway. The **34,475**-gsf ED would be located on the first floor and would be comprised of new public spaces, including a new walk-in entrance and waiting areas, an intake area, a sub-acute (super track) treatment area, a main acute ED, imaging spaces and support areas. Please see functional program for details below. New engineering systems for the addition would be placed within the **4,297**-gsf basement. A **32,267-gsf** second floor is being constructed to connect the new ED with the existing operating rooms as well as provide a large core/shell area for a future surgical suite replacement project that would be submitted in a future CON submission. A minor renovation of office spaces serving the existing MRI suite at the first floor would be required to provide a connection from the new ED to the main Hospital.

Purpose and Need for the New Emergency Department

As noted above, the existing ED at RUMC is undersized in relation to the number of visits it currently handles. RUMC's existing ED is a 15,609-gsf space that includes 2,136 square feet for imaging, 1,766 square feet for staff offices and 11,707 square feet of clinical ED space. It is located on the basement level of the main Medical Center

building. Built in 1979, the ED is located in an aged and outdated space that contains design-related, operational inefficiencies. The ED was originally constructed to accommodate 29,268 visits (based on the national industry standard of 2.5 annual ED visits per square foot). As a comparison, in 2015, RUMC had 63,481 annual ED visits, representing 5.4 visits per square foot, which is 116% higher (i.e., more than double) than what the ED was originally constructed to handle. This "overage" in ED visits has created considerable overcrowding in the ED at RUMC, causing long wait times for treatment and some patients leaving the ED before being treated.

Furthermore, the existing ED at RUMC contains only 34 treatment areas. Given RUMC's experience of 63,481 ED visits in 2015, this represents 1,867 ED visits per treatment area. According to the Advisory Board Company in its "Confronting the Emergency Department Crisis" report, emergency departments running at 1,700 visits per treatment area are approaching the capacity triggering point and need to consider expansion. RUMC is beyond the "trigger point" of 57,800 visits (34 existing treatment areas multiplied by 1,700 visits per treatment area per year). It must be noted that, despite this significant volume and the existing facility design constraints, the ED staff at RUMC has maintained a high level of patient care quality.

Lastly, using the national standard of 700 square feet per position, optimal operation within the space of the existing ED would only support 23 patient positions, which demonstrates the operational inefficiency and inadequate storage/support space that exists within the existing ED of the Medical Center.

PROJECT DESCRIPTION

Describe Program Areas/Renovation Area Description

The project would consist of a **71,039-gsf** addition to the southeast of the campus, the Honorable James P. Molinaro Trauma Center. The building would be located along Castleton Avenue and an internal campus roadway. The **34,475**-gsf ED would be located on the first floor and would be comprised of new public spaces, including a new walk-in entrance and waiting areas, an intake area, a sub-acute (super track) treatment area, a main acute ED, imaging spaces and support areas. [Please see enclosed functional program for details.] New engineering systems for the addition would be placed within the **4,297**-**gsf** basement. A **32,267-gsf** second floor is being constructed in order to connect the new ED with the existing operating rooms as well as provide a large core/shell area for a future surgical suite replacement project that would be submitted in a future CON submission. A minor renovation of office spaces serving the existing MRI suite at the first floor would be required to provide a connection from the new ED to the main Hospital.

The central principle of the new organization is to achieve faster throughput by implementing a dual-track ED, splitting patient volume between acute treatment spaces and the super track ED. The super track ED would provide expedited patient care to lower acuity patients who enter the ED.

The new model of patient care in the ED has been developed based on best practices as described in medical literature and endorsed by the Agency for Healthcare Research and Quality of the U.S. Department of Health and Human Services. This program was first published in 2006 and has been replicated in many institutions throughout the country with successful improvement in patient flow, patient safety, and colleague and patient satisfaction.

Triage would continue to follow the Emergency Severity Index (ESI), a nationally endorsed screening algorithm that combines acuity with resource utilization in order to sort patients rapidly. Ambulance patients would be pre-triaged by the medical command physician or registered nurse prior to arrival. An ambulance triage area would also be provided adjacent to the ambulance entrance. High-acuity patients (ESI Levels 1 or 2) would be transported directly to the critical care areas in the main ED. All other patients would be evaluated by the assessment nurse, located in the lobby of the walk-in entrance.

For ambulatory patients and moderate/low acuity ambulance patients, the patient would be immediately seen by the assessment nurse who would provide a rapid clinical assessment in order to accurately determine the ESI. ESI Levels 1 and 2 patients would

be immediately transported to the acute care area in the main ED. ESI Levels 4 and 5 patients would be escorted to Super Track. ESI Level 3 patients would be transported either to Super Track or to the main ED, based on clinical assessment. The Super Track is the core of the new work flow.

In the Super track area, patients would be rapidly assessed using a clinical team approach. The team would assess the patient together (doctor and nurse) and orders would be implemented immediately. With a focus on rapid turnaround, the initial procedures would be completed by the nurse, and the tech would transport the patient to the appropriate waiting area. There would be horizontal results waiting areas and vertical results waiting areas. All would be monitored by a nurse, emergency department tech and provider. The vertical results waiting space would be utilized for patients who can safely wait for their results in an upright fashion. Recliner chairs would be utilized to ensure patient comfort, and patient privacy would be maintained through partial height privacy partitions. Horizontal patients awaiting results would do so in treatment rooms or open results waiting bays. The net effect of this work flow is to keep patients comfortable and safe while utilizing the right physical space for their condition.

An observation unit would also be created adjacent to the ED, located in between the main ED and the existing Hospital. Currently, the majority of ED patients are discharged, but admitted patients spent nearly three (3) times the amount of times in the ED than discharged patients. About 93% of admitted patients were boarded, and these patients waited on average for more than four (4) hours for an inpatient bed. The intent of the observation unit is to serve patients with less than 48-hour stays; however, as space permits, this area is a more appropriate location for boarding patients awaiting an inpatient bed. There would be 12 observation beds in this unit.

A treatment space is also being provided for SANE (sexual assault nurse examination) patients. This treatment space has a dedicated entrance, and a connected interview room and bathroom, keeping the patient segregated in a separate and private area to reduce further trauma to the patient.

Upon completion of this project, the total ED capacity would increase from 34 patient positions to 47 positions, sized to the current Health Care Facilities guidelines, to better serve patients, staff, and the community.

Program:

Functional Program Breakdown:

FUNCTIONAL PROGRAM

PROGRAM REQUIREMENTS		
FUNCTION	**QUANT.**	**NOTES**
FUNCTIONAL PROGRAM - BASEMENT		
MEP		
ED Normal Power Service Room	1	
ED Emergency Power Service Room	1	
IT/Data Room	1	
Mechanical Room	1	
FUNCTIONAL PROGRAM - FIRST FL		
PUBLIC AREAS		
Vestibule, Walk-In	1	
Recept./Control/Assessment Station	1	3 positions
Waiting Area, General	1	20 chairs
Security Station, with Wheelchair Storage	1	1 position
Waiting Area, Family	1	7 chairs
Vending/Drinking Fountains/Phone	1	
Toilet Room, Waiting	2	
Wheelchair Storage	1	
INTAKE		
Triage Room	2	2 Patient Positions
Intake Station/ Discharge Area	1	3 Positions
EKG/Stretcher Area	1	
Discharge Waiting Area	1	4 chairs
ARMS Office	1	
Registration Supervisor	1	
MAIN ED (HORIZONTAL PATIENTS)		
Trauma Room	1	3 Patient Positions
General Treatment Room	14	14 Patient Positions
Bariatric Treatment Room	1	2 Patient Positions, typically
SANE Treatment Room	1	1 Patient Position
SANE Toilet and Shower	1	
OBGYN Treatment Room	1	1 Patient Position
OBGYN Toilet	1	
Isolation Treatment Room	2	2 Patient Positions
Isolation Ante Room	1	
Patient Toilet and Shower (Iso)	2	
Secure Holding	1	

Patient Toilet	3	
MAIN ED CLINICAL SUPPORT		
Nurse Station	4	18 Staff Positions Total
Clean Supply	1	
Soiled Utility	1	
Medication Room	1	
Alcove	4	
Equipment Storage	1	
Decontamination Shower	1	
Delousing Shower	1	
Nourishment Alcove	1	
Environmental Service Room	1	
Pneumatic Tube Station	1	
Ambulance Triage Alcove	1	3 Stretchers
Ambulance Vestibule	1	
EMS Lounge/ EMS Toilet	1	
Security Office	1	
Bereavement Room	1	

SUPERTRACK ED (VERTICAL PATIENTS)		
General Treatment Room	8	8 Patient Positions
General Treatment Bay	9	9 Patient Positions
Isolation Treatment Room	1	1 Patient Position
Isolation Ante Room	1	
Patient Toilet and Shower (Iso)	1	
Patient Toilet	2	
Results Waiting Chair	6	
Results Waiting Bay	6	6 Patient Positions
SUPERTRACK ED CLINICAL SUPPORT		
Nurse Station	3	13 positions total
Clean Supply	1	
Soiled Utility	1	
Medication Room	1	
Alcove	6	
Nourishment Alcove	1	
Equipment Storage	1	
Environmental Service Room	1	
Pneumatic Tube Station	1	

OBSERVATION		
General Treatment Room	11	11 Patient Positions
Isolation Treatment Room	1	1 Patient Position
Patient Toilet and Shower (Iso)	1	
Patient Toilet and Shower	3	
OBSERVATION CLINICAL SUPPORT		
Nurse Station	2	8 positions total
Clean Supply	1	
Soiled Utility	1	
Medication Room	1	
Equipment Storage	2	
Alcove	4	
Nourishment Alcove	1	
Environmental Service Room	1	
Pneumatic Tube Station	1	
IMAGING		
Radiography Room w/ Control Station	2	
CT Scan Room	1	
CT Scan Control Room	1	
Ultrasound Room	1	
Sub waiting	2	6 Chairs
Patient Toilet	1	
ED ADMINISTRATION		
Residents Workroom	1	
Staff Lounge and Lockers	1	48 Half lockers
Staff Toilet	4	
Admin/Secretary Area	1	
Conference Room	1	
Office	3	
MEP		
Electrical Service Room	2	
IT/Physio Monitoring Room	2	
STAFF SUPPORT AREAS		
Storage/ Shell Space	1	

SUM OF TREATMENT POSITIONS	
MAIN ED	
Trauma Room Positions	3
General Treatment Room	14
Bariatric Treatment Room	2
SANE Treatment Room	1
OB/GYN Treatment Room	1
Isolation Treatment Room	2
SUPERTRACK	
General Treatment Room	8
General Treatment Bay	9
Results Wtg. Treatment Bay	6
Iso. Treatment Room	1
TOTAL TREATMENT POSITIONS	**47**
INTAKE	
Triage Room	2
OBSERVATION	
General Treatment Room	11
Iso. Treatment Room	1
TOTAL POSITIONS	**61**

The First Floor construction totals 34,475 gsf of space, including the ED and support spaces.

First Floor Program:

- Public Areas **2,013** SF
- Intake **1,638** SF
- Main Emergency Department **9,698** SF
- Fast Track Emergency Department (Fast Track) **7,198** SF
- Observation **4,636** SF
- Imaging **2,313** SF
- Administrative/Staff Support Areas **1,570** SF

• Vertical Circulation	**931** SF	
• MEP	**372** SF	
Total	**30,369** SF	X 1.135 (building net to gross factor)
TOTAL BGSF	**34,475** SF	

The Basement Floor construction totals 4,297 gsf of space, including engineering service spaces, as well as vertical and horizontal circulation.

Basement Program:

• MEP	**3,441** SF	
• Vertical Circulation	**665** SF	
Total	**4,106** SF	X 1.05 (building net to gross factor)
TOTAL BGSF	**4,297** SF	

The Second Floor construction totals 32,267 gsf of space, including clinical support spaces and circulation.

Second Floor Program:

• Public Areas	**1,537** SF	
• Support Services/ Shell Space	**28,313** SF	
• Vertical Circulation	**931** SF	
Total	**30,781** SF	X 1.05 (building net to gross factor)
TOTAL BGSF	**32,267** SF	

Analysis of Alternatives

No-Action Alternative

Under the No-Action Alternative, the Proposed Undertaking would not be taken, i.e., DASNY would not authorize the expenditure of TAD bond proceeds on behalf of RUMC, and the proposed ED project would not be constructed.

Under this alternative, the proposed ED project would not be built. The Annex Building would not be demolished. Patients, doctors, staff and visitors would remain in an existing, functionally obsolete, ED that contains design-related, operational inefficiencies. Patient visits would continue to exceed the design and program capacity of the existing ED. In addition, the proposed core/shell area on the second floor intended for a future surgical suite replacement project would not be constructed.

The No-Action Alternative would not satisfy RUMC's goals of providing state-of-the-art emergency care to its patients, based on national standards; upgrading its physical plant; improving the functionality of the hospital campus; and improving the overall services it provides to the community. As such, this alternative was dropped from further consideration by RUMC.

Site Option Alternatives

The Design Team carefully analyzed the RUMC campus to determine the most appropriate location for the new ED, based on the purpose and need for the project as described earlier. Among the most important considerations was the need to minimize the impact to the current hospital operations. Four site options were considered based on the required footprint as follows:

Site Option A: Under Option A, the new ED addition would be located adjacent to the existing ED. This option would require the removal of the Fitzpatrick and Annex Buildings.

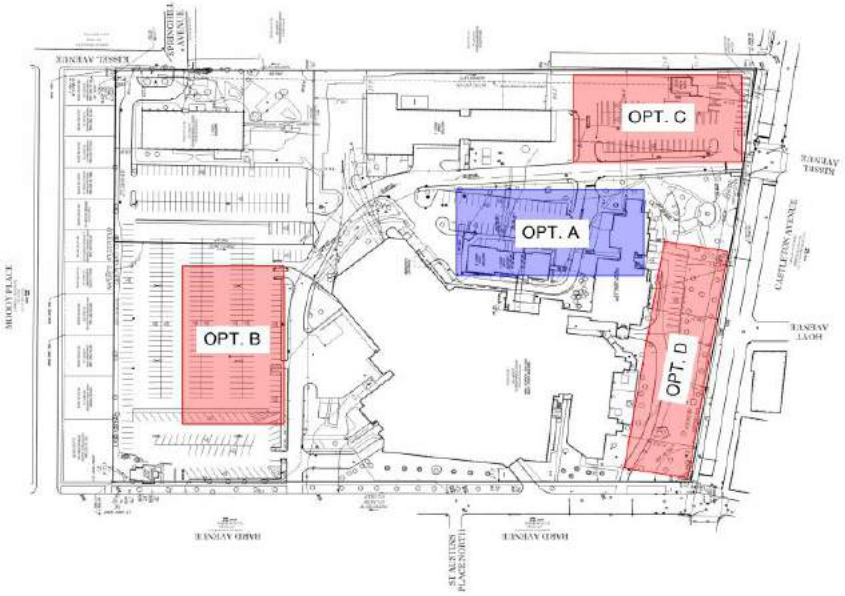
Site Option B: Option B would involve the construction of a freestanding structure at the north end of the site, currently occupied by surface parking. This would require the removal of a majority of required parking. In addition, there would be no physical connection to the existing hospital, which would result in lack of ability to transfer patients from the ED to the existing surgical suite efficiently. This location would also interfere with the existing loading dock traffic.

Site Option C: Option C would involve the construction of a freestanding structure at the south east corner of the site, currently occupied by surface parking and the

Emergency Medical Service ("EMS") cottage. This would require the removal of a surface parking lot and the EMS cottage. In addition, there would be no physical connection to the existing hospital, which would result in lack of ability to transfer patients from the ED to the existing surgical suite efficiently. This option would trigger the need for zoning variances based on the structure being located in the required front yard; in addition, this option would present difficulties in providing proper access for emergency vehicles servicing the new ED.

Site Option D: Option D would locate the new ED along Castleton Avenue. This option would impact the existing Garner Mansion by blocking existing views of the structure from Castleton Avenue. In addition, there would be no physical connection to the existing hospital. This option would trigger the need for zoning variances based on the structure located in the required front yard, in addition this option would present difficulties in providing proper access for emergency vehicles servicing the new ED.

Site Option Summary: Based on the review of the four options and siting considerations, Option "A" was selected based on the ability to have a direct connection to the existing hospital, which is critical to the function of this program. In addition, this option could be constructed as of right without the requirement for zoning variances. In addition, this option would provide access for emergency vehicles servicing the new ED.



Building Options

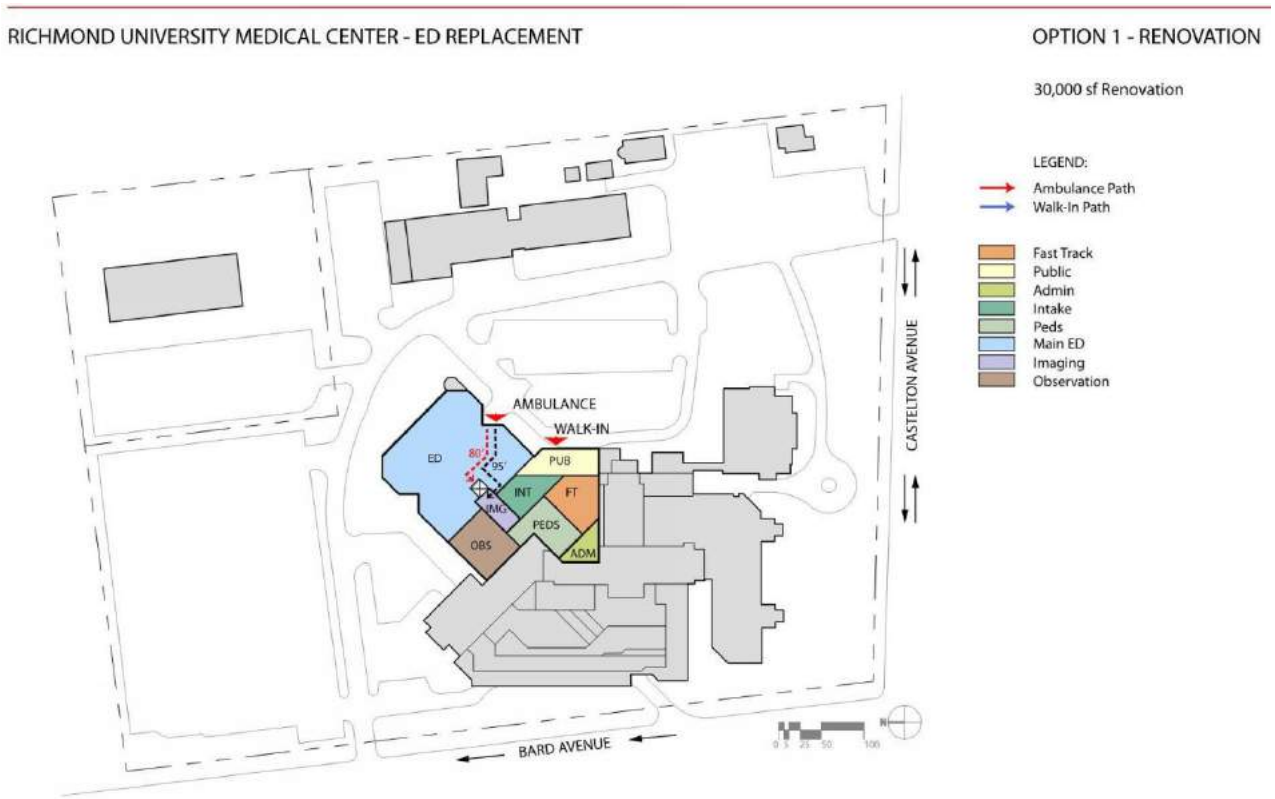
Based on the thorough analysis of the siting options and selection of Option "A", several building options/design configurations were reviewed to determine how best to efficiently implement the proposed program. There were numerous criteria which were considered as part of the preparation of the design concepts, which included the following:

- The ED is critical to the hospital and must remain fully functional 24 hours a day, 7 days a week, 365 days a year. The proposed design solution must allow the clinical team the ability to receive and treat patients of all acuities at all times and not be impeded by construction. Clear access for ambulances must be unobstructed at all times.
- The current ED is undersized and needs immediate improvements and additional treatment positions to service the current market share. The proposed option needs to be able to complete this project as quickly as possible in order to minimize the impact to clinical delivery and provide lifesaving services to the community.
- RUMC is a not for profit organization and must consider the financial impacts incurred by such a major construction project. The proposed solution must consider cost as a major component of the overall success of the project.

The following building options were considered by RUMC:

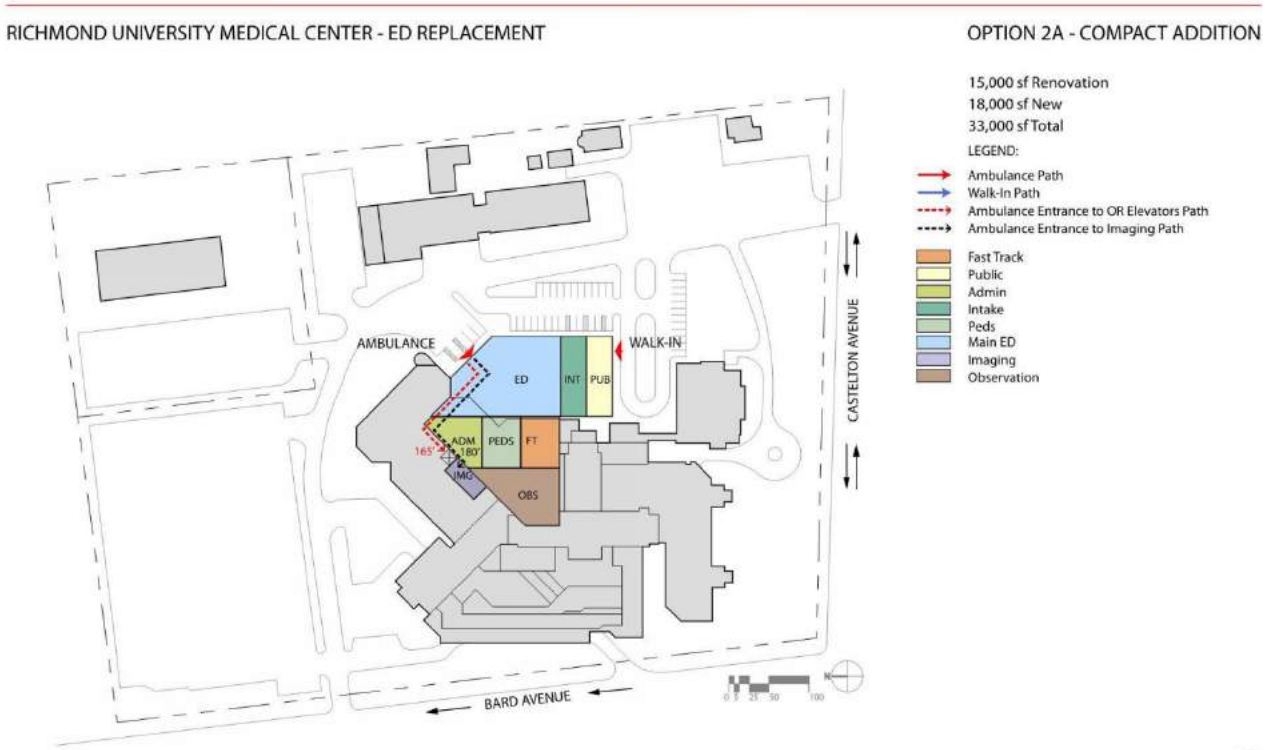
Building Option 1 - Renovation: This option would involve the renovation of the existing ED. This option would require the relocation of the existing lab space and would not provide sufficient program area, nor would it provide RUMC with the ability to construct the additional second floor program for the Surgical Platform. In addition, this option would require the renovation of the ED to be completed in multiple phases in order to maintain a fully functional facility at all times. This option would add 16-18 months to the project schedule and an additional $10 to $12 million above the most cost effective solution. Pros and cons are shown in the table below.

Pros:	**Cons:**
• Main ED/Fast Track/Peds are adjacent to Intake • Existing Imaging adjacent to Main ED/Peds • Direct access to ORs elevator • Minimal site work required • Patient populations segmented	• No new brand image • Existing building structure - planning & MEP challenges • Phasing/duration challenges with potential negative image of hospital for duration of construction • Must decant existing Lab and outpatient Clinic, increasing cost and disruption of program • Potential greater distance to Lab • Minimal separation between Ambulatory & Walk-In Entry • Current ED space cannot be used for future inpatient psych ward • Main ED not adjacent to Fast Track/Peds to allow for quick transfers for changes in acuity and requires additional staff



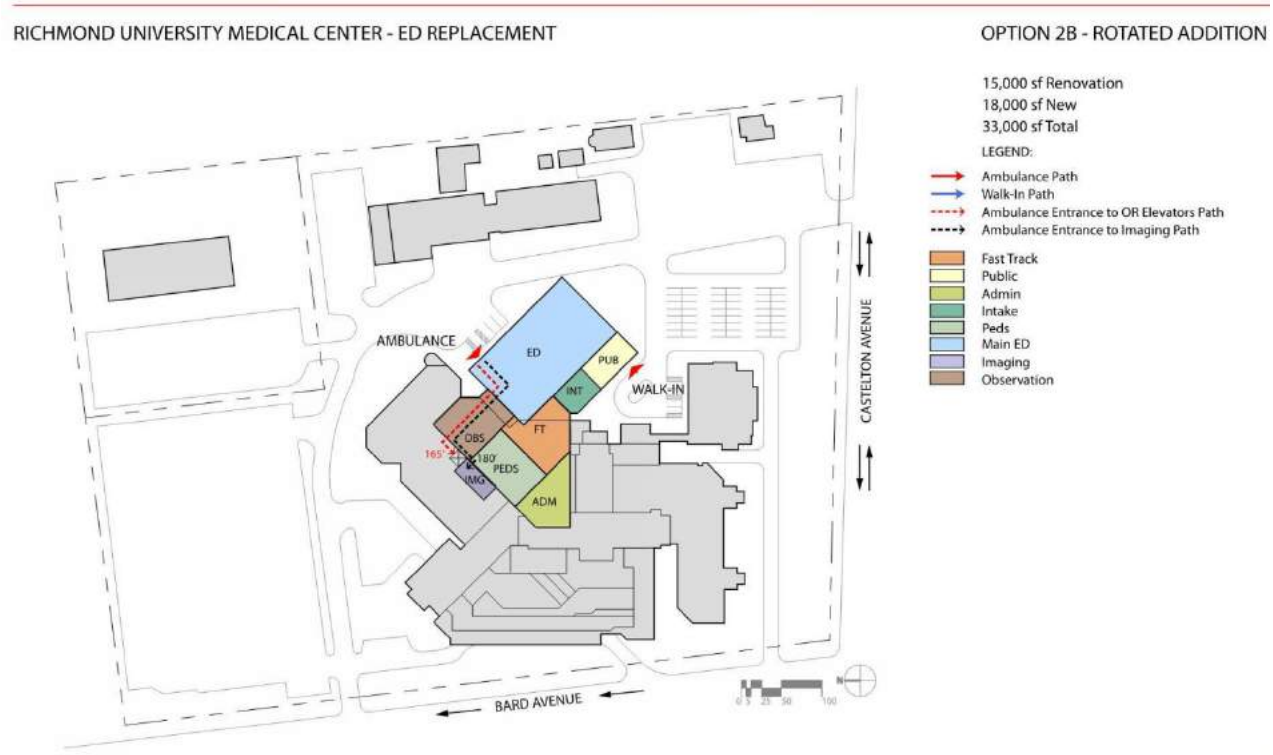
Building Option 2A – Compact Addition: This option would construct a new addition in front of the existing ED. Similar to Option 1, this would require the project to be completed in multiple phases in order to maintain a fully functional facility at all times. This option would not provide the ability to construct the additional second floor program for the Surgical Platform. In addition, in order to provide access to walk ins and parking at the south end of this addition, the Annex Building would need to be demolished. This option would add 12-16 months to the project schedule and an additional $6 to $8 million above the most cost effective solution. Pros and cons are shown in the table below.

Pros:	**Cons:**
• Efficient new building footprint for Main ED. • Direct Access to OR Elevator • Complete Separation of Ambulance and Walk In Entry. • Proximity to existing Lab • Main / ED Fast Track adjacency allows for efficient surge and quick transfers for changes in acuity.	• Existing building structure - planning & MEP challenges • Phasing/duration challenges with potential negative image of hospital for duration of construction • Current ED space cannot be used for future inpatient psych ward • Main ED not adjacent to existing Imaging • FT/Peds not adjacent to Intake



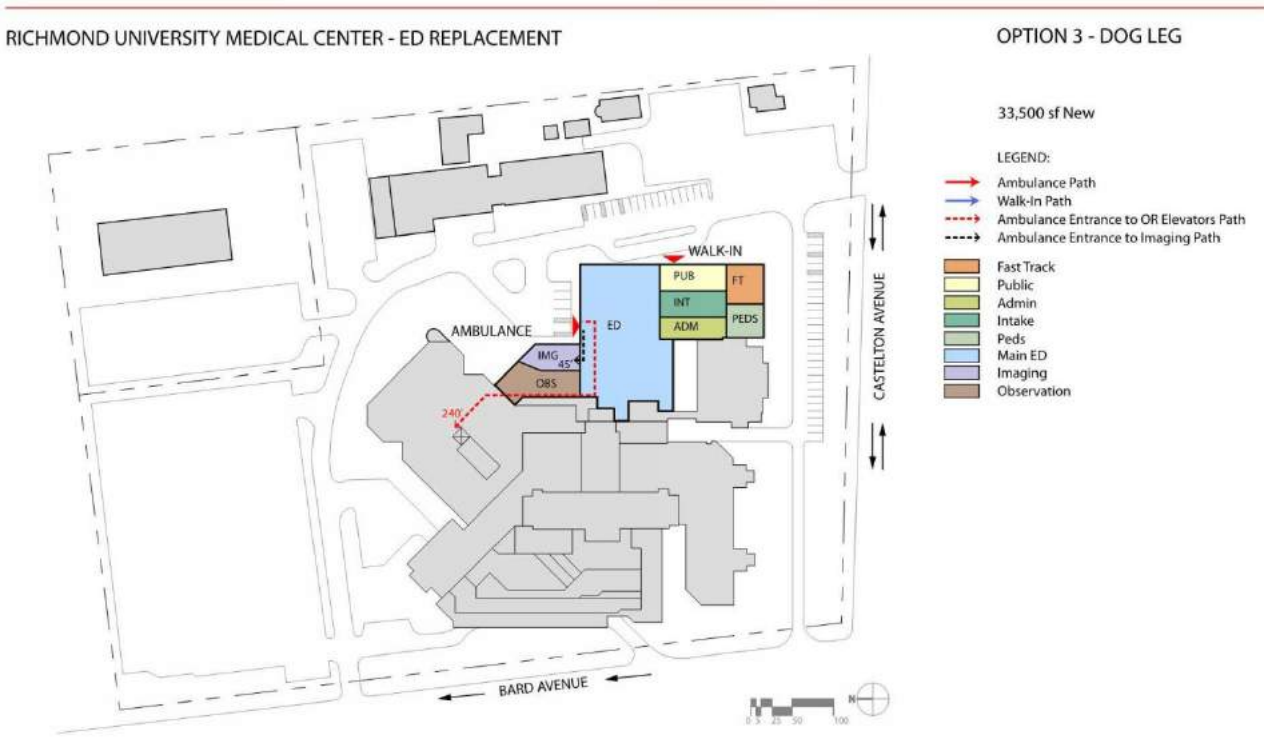
Building Option 2B – Rotated Addition: This option is almost identical to Option 2A and would construct a new addition in front of the existing ED. This would require the project to be completed in multiple phases in order to maintain a fully functional facility at all times. This option would not provide the ability to construct the additional second floor program for the Surgical Platform. In addition, to provide access to walk-ins and parking at the south end of this addition, the Annex Building would need to be demolished. This option would add 12-16 months to the project schedule and an additional $6 to $8 million above the most cost effective solution. Pros and cons are shown in the table below.

Pros:	**Cons:**
• New Brand Image • Efficient new building footprint for Main ED. • Direct Access to OR Elevator • Complete Separation of Ambulance and Walk In Entry. • Proximity to existing Lab • Future expansion potential • Main / ED Fast Track adjacency allows for efficient surge and quick transfers for changes in acuity.	• Existing building structure - planning & MEP challenges • Phasing/duration challenges with potential negative image of hospital for duration of construction • Current ED space cannot be used for future inpatient psych ward • Main ED not adjacent to Peds to allow for efficient surge and quick transfers for changes in acuity • Peds is not adjacent to Intake • Main ED not adjacent to existing Imaging



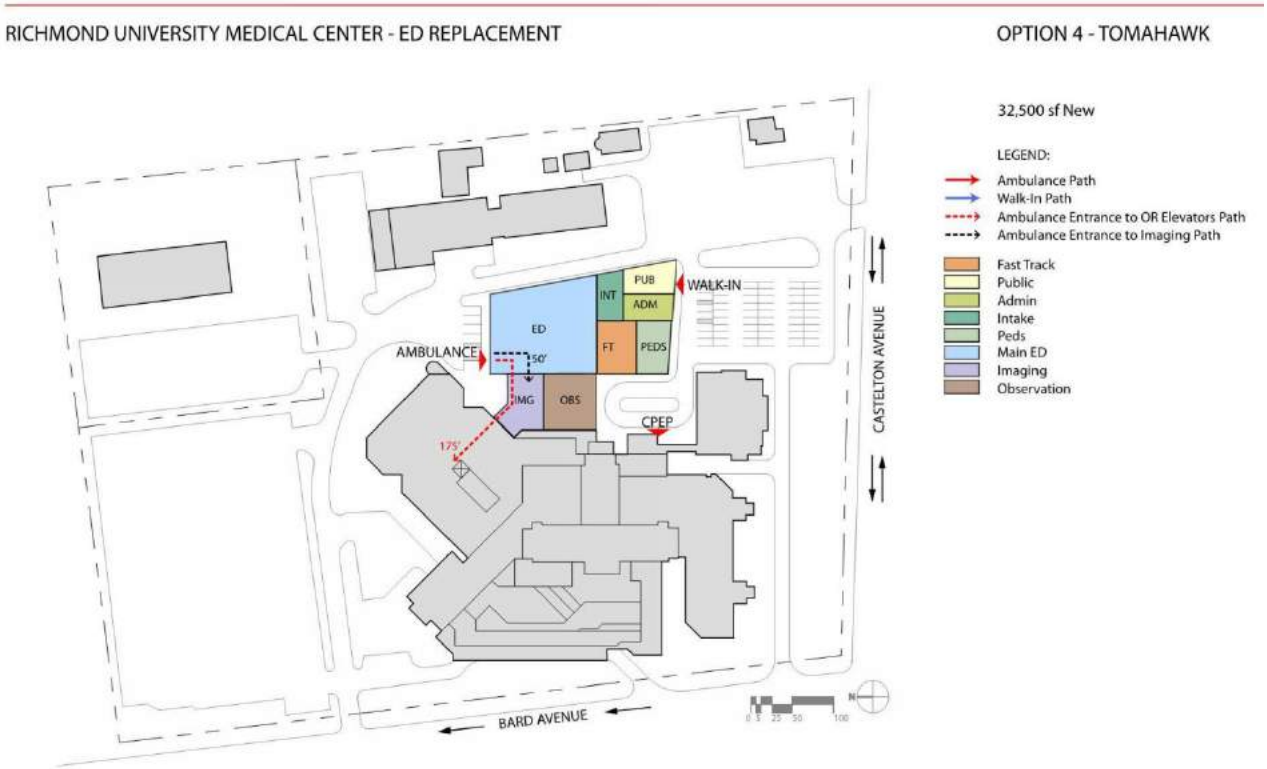
Building Option 3 – Dog Leg: This option is the preferred option and would allow the construction of the new ED to be completed with minimal impact on the operations of the existing ED as well as allowing for the full program area to be built for the Surgical Platform. This option could be constructed in the shortest time period and would provide a new "front door" image for the hospital. This would require the demolition of the Annex building in order to implement this design. This option cost is approximately $53.5 million. Pros and cons are shown in the table below.

Pros:	**Cons:**
• New brand image • Efficient new building footprint • Future expansion • Complete separation of Ambulance and Walk-in Entry • Existing ED space could be used for inpatient Psych unit • No impact on the current ED operations • Additional courtyard created for CPEP • Patient populations segmented • Main ED/Fast Track/Peds are adjacent to Intake • Imaging adjacent to Main ED	• Distance to existing Lab • New Imaging component. Imaging not adjacent to Fast Track and Peds. • Main ED not adjacent to Fast Track/Peds to allow for quick transfers for changes in acuity and requires additional staff • CPEP entry impacted



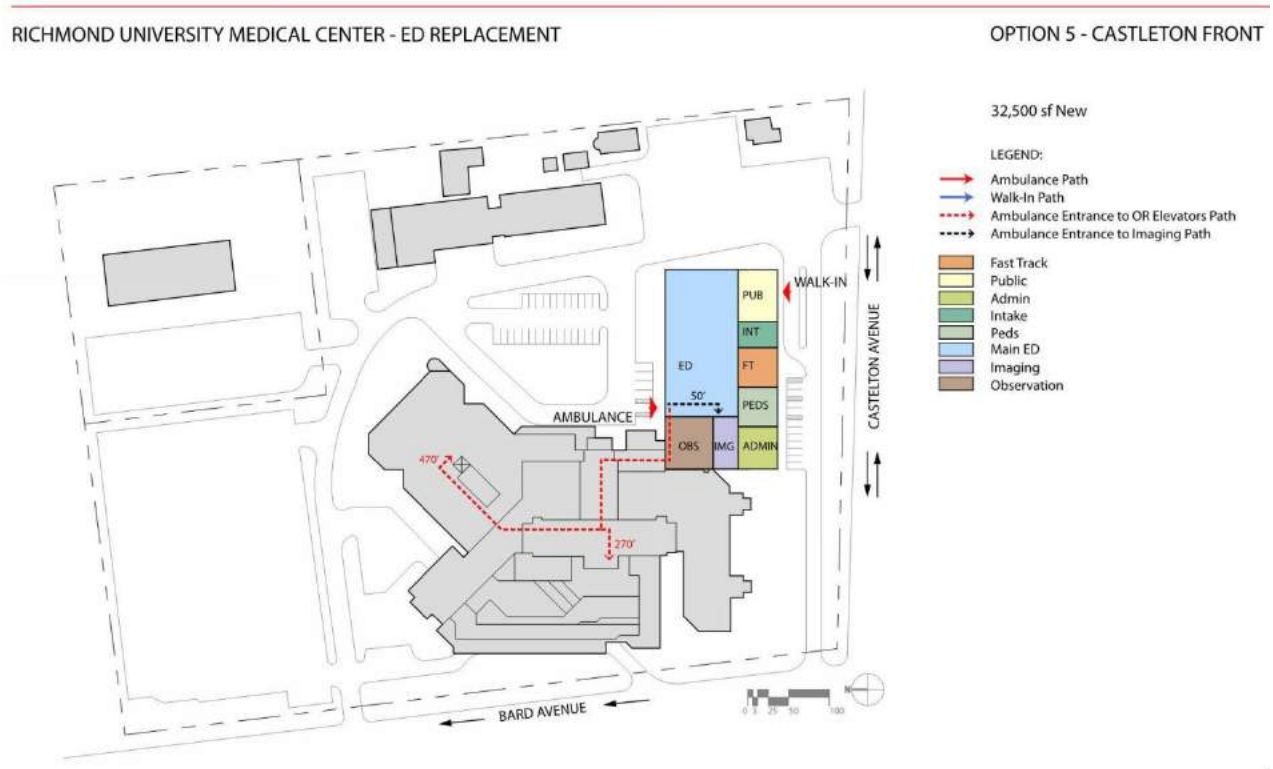
Building Option 4 – Tomahawk: This option is similar to Option 3 and would allow the construction of the new ED to be completed with the minimal impact on the operations of the existing ED as well as allowing for the full program area to be constructed for the Surgical Platform. The demolition of the Annex building would be required to implement this design and to provide for parking and walk-in access to the ED. This option does have site grading issues. The cost for this option would be similar to Option 3, but after further review this option would not provide the full area required for the proposed program. Pros and cons are shown in the table below.

Pros:	**Cons:**
• New brand image • Efficiency in new building footprint • Future expansion • Complete separation of Ambulance and Walk-in Entry • Existing ED space could be used for inpatient Psych unit • No impact on the current ED operations • Improved site circulation for ambulances, walk-in and CPEP • Main ED/Fast Track/Peds adjacency allows for efficient surge and quick transfers for changes in acuity • Imaging adjacent to Main ED Imaging adjacent to Main ED	• Distance to existing Lab • New Imaging component. Imaging not adjacent to Fast Track and Peds. • Peds not adjacent to Intake



Building Option 5 – Castleton Front: This option would require the demolition of both the Annex building and Garner Mansion in order to implement the design. RUMC felt strongly that the Garner Mansion, while not a designated New York City Landmark structure, was part of the character of the campus and did not want to develop any options which would require its demolition. Therefore, this option was eliminated from consideration in an effort to retain the Garner Mansion on the property. Pros and cons are shown in the table below.

Pros:	**Cons:**
• New brand image on Castleton Avenue • Efficiency in new building footprint • Maximum SF for future expansion • Complete separation of Ambulance and Walk-in Entry • Existing ED space could be used for inpatient Psych unit • No impact on the current ED operations • Main ED/Fast Track/Peds adjacency allows for efficient surge and quick transfers for changes in acuity • Imaging adjacent to Main ED/Peds	• Demolition of Annex building in total • Distance to existing Lab • Distance to ORs Elevator • New Imaging component • Grading issues • Peds not adjacent to Intake



Renovation of Annex Building Alternative

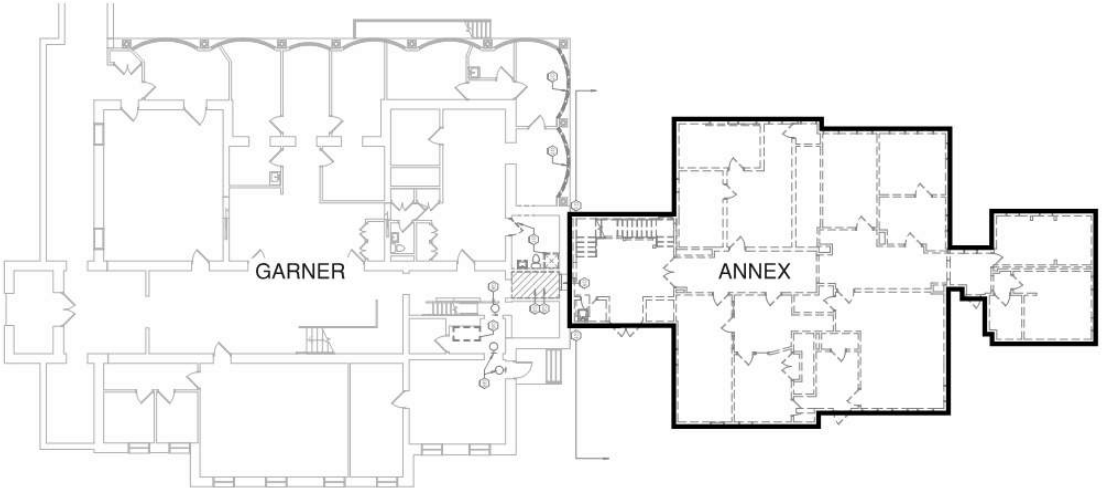
Under this alternative, the existing Annex Building would be renovated and incorporated into the project program.

The existing structure is approximately 8,000 square feet consisting of masonry and timber framing construction. The building lacks fire safety features, e.g., sprinklers or fire alarms. There is only one open stair within the structure and it does not provide minimum required egress capacity. The facility contains Asbestos Containing Materials ("ACM") and is not *Americans with Disabilities Act ("ADA")* accessible.

The floor to floor heights are sufficient for the administrative spaces formerly housed there, however, they are insufficient for the ED and Surgical Platform programs. If the building were to be incorporated as part of the new project, a fire separation wall would be required between this building and any addition, which would impact the ability for a layout that would best deliver the clinical services required.

Among the design considerations of the proposed ED is that it would be located at the same elevation as the first floor of the existing main hospital. The Annex building floor levels do not align with the main hospital and if the Annex were integrated as part of the new addition, ramping within the ED would be required. If ramping were integrated into the layout, the closest level to the First Floor of the addition would be the Basement level of the Annex Building, which formerly contained back of house-type spaces that would not translate into treatment space. The existing Annex Building does not have the mechanical, electrical and plumbing ("MEP") infrastructure required for the proposed program and an extensive effort would be needed to update the existing building.

Based on these findings, it is not feasible to restore the existing Annex Building to meet the programmatic requirements of the new facility.



Alternative Development Sites

Pursuant to the consultation process stipulated in Section 14.09 of the New York State Parks, Recreation and Historic Preservation Law, the potential to use an alternative development site (i.e., not on the RUMC campus) was considered.

RUMC currently operates a 470-bed hospital on its existing campus. Potential alternative sites would need to provide space for not only the ED project but an entire hospital. Constructing an entirely new hospital would create monumental operational, legal, financial, and political issues if proposed at this time. RUMC does not currently lease or own any other viable parcels of land on Staten Island that could be utilized and developed for such a project.

In addition, a full study of alternative sites by RUMC and DASNY at this time would be costly and cause significant delay in meeting the purpose and need for the proposed New ED project. The RUMC campus is suitable to meet the established purpose and need of the project, hence the search for an alternate development site was dropped from further consideration by RUMC.

CONCLUSION

The goal of the new Emergency Department is to fill an immediate need for additional treatment spaces and to provide better services to patients and community by accommodating current standards of care and providing an appropriate number of treatment spaces and accompanying support spaces.

Based on careful and thorough review of the numerous options and project guardrails for the new Emergency Department and Surgical Platform, Site Option A and Building Option 3 were selected. The Project Team weighed the pros and cons of each option and based on schedule, costs and best clinical practice and delivery for patient safety, this would provide the best solution for this site. The demolition of the Annex and Fitzpatrick structures are essential for the success of this project.

DASNY Section 14.09 Determination

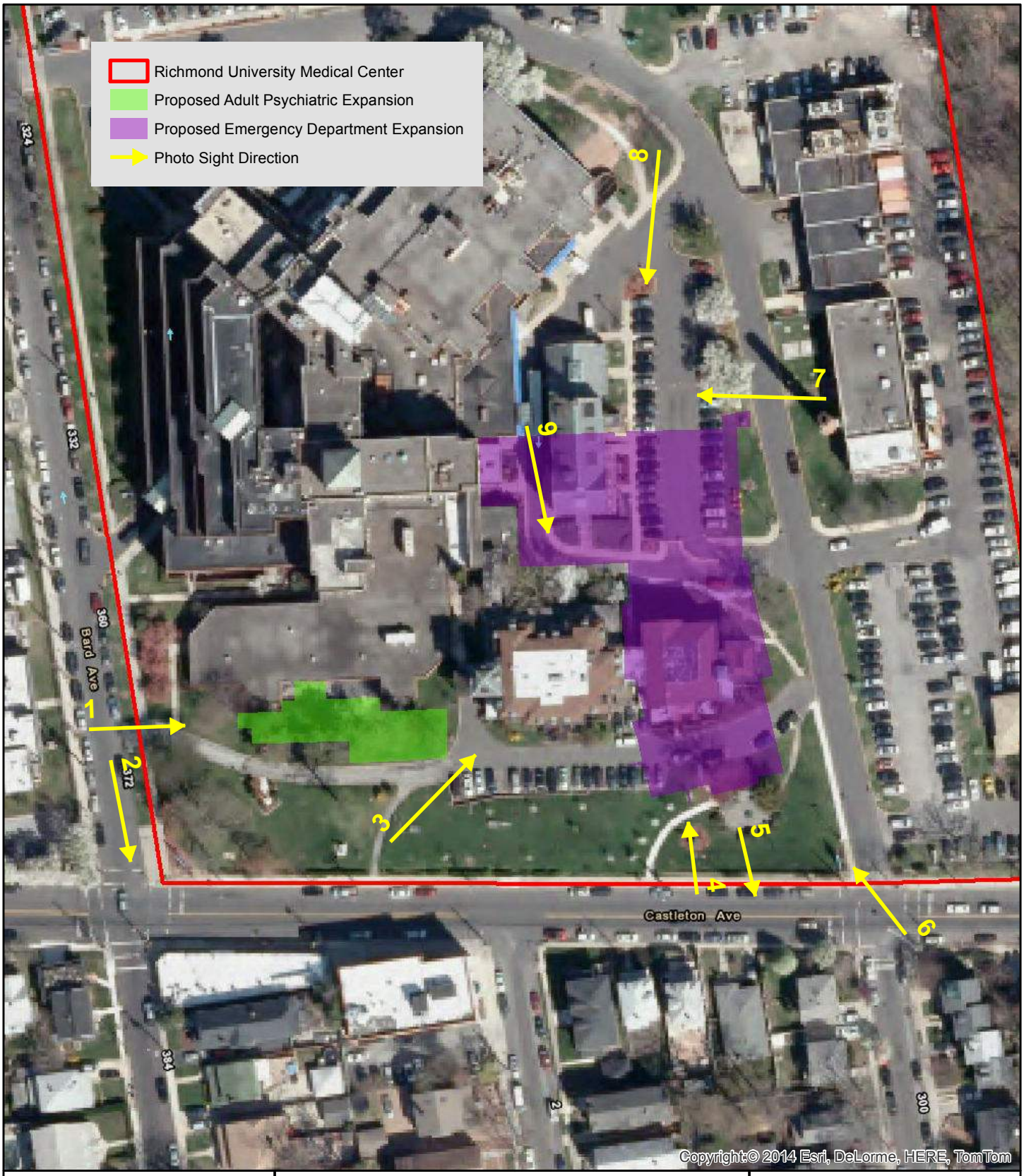
After reviewing all information regarding the proposed undertaking, including on-site inspections, it is DASNY's position that this study provides OPRHP with the factual basis and documentation needed to determine that there are no feasible or prudent alternatives to the demolition of the Annex Building that would fulfill the purpose and need for the Proposed Project, i.e., providing state-of-the-art emergency care to patients, based on national standards; upgrading RUMC's physical plant; improving the functionality of the RUMC hospital campus; and improving the overall services RUMC provides to the community.

It is the opinion of DASNY that alternatives to demolition of the Annex Building as the site of the proposed Emergency Department have been considered and documented by RUMC; however, physical, safety, and programmatic restraints render these alternatives to be imprudent and infeasible.

For the reasons stated above, pursuant to Article 14.00 of PRHPL and Title 9 of the New York Codes, Rules and Regulations ("N.Y.C.R.R.") Part 428.10, DASNY, as the undertaking agency, has concluded that there are no feasible and prudent alternatives which would avoid or satisfactorily mitigate adverse impacts and that it is nevertheless in the public interest to proceed with the undertaking known as the New Emergency Department Project. It is DASNY's opinion that the Proposed Project serves a necessary public interest — health care, in general, and emergency health care, in particular. Accordingly, to conclude the consultation process, DASNY looks forward to the development of a Letter of Resolution ("LOR") supporting the use of the Annex Building site as the site of the proposed Emergency Department, thus allowing the much-needed New Emergency Department Project to proceed. As mitigation for the demolition of the Annex Building, DASNY is proposing that RUMC and DASNY undertake mitigation consisting of the Historic American Buildings Survey ("HABS") documentation standard for significant structures for the Annex Building.

APPENDIX B

SITE PHOTOGRAPHS
LAND-USES ON THE SUBJECT SITE



NELSON, POPE & VOORHIS, LLC
ENVIRONMENTAL • PLANNING • CONSULTING

PHOTO LOCATION KEY MAP

Source: NYS Orthophotography, 2012

Scale: 1 inch = 100 feet

N

Richmond University Medical Center

Supplemental Report

1. Existing driveway entrance from Bard Avenue.

2. Bard Avenue looking south towards commercial strip

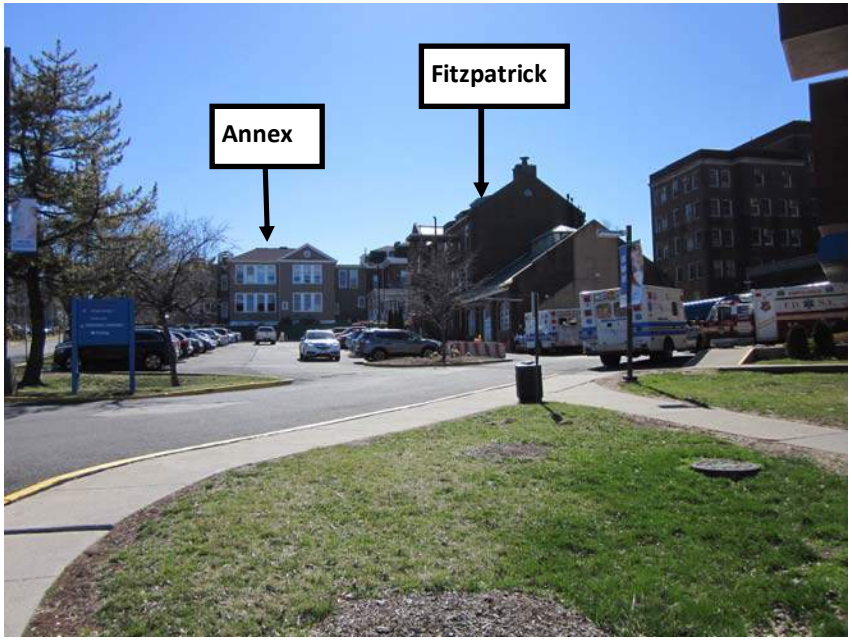
3. Garner mansion

4. Looking north across Castleton Ave. toward project area

5. Looking south across Castleton Avenue from Annex building

6. Looking toward project area from s/w/c of Castleton & Kissel Avenue

7. East side of Fitzpatrick building



8. Fitzpatrick building and Annex

9. North side of Garner Mansion and Annex

APPENDIX C

STATE SMART GROWTH IMPACT STATEMENT ASSESSMENT FORM

SMART GROWTH IMPACT STATEMENT ASSESSMENT FORM

Date: **March 23, 2017**

Project Name: **Richmond University Medical Center**
New Emergency Department and
Adult Psychiatric Inpatient Unit Expansion Project
New York State Technology and Development Program (TAD)

Project Number: **TAD 8006/8100**

Completed by: **Matthew A. Stanley, AICP**
Senior Environmental Manager

This Smart Growth Impact Statement Assessment Form ("SGISAF") is a tool to assist you and Dormitory Authority State of New York ("DASNY") Smart Growth Advisory Committee in deliberations to determine whether a project is consistent with the State of New York *State Smart Growth Public Infrastructure Policy Act ("SSGPIPA"),* article 6 of the New York State *Environmental Conservation Law ("ECL")*. Not all questions/answers may be relevant to all projects.

Description of Proposed Action and Proposed Project:

Richmond University Medical Center ("RUMC") has requested financing from DASNY ("Dormitory Authority State of New York") as part of the Technology and Development ("TAD") Program for its New Emergency Department project, as well as financing from the New York State Department of Health ("DOH") as part of the Capital Restructuring Financing Program ("CRFP") for its Adult Psychiatric Inpatient Unit Expansion project and a portion of the New Emergency Department project. The two projects are referred to collectively as the "Proposed Project."

The Proposed Project would consist of the construction of a 34,175-gross-square-foot ("gsf"), 2-story new emergency department ("ED") and a 5,434-gsf addition to RUMC's main hospital building that would contain (10) adult inpatient psychiatric beds. The Proposed Project is located at 355 Bard Avenue, West New Brighton, Staten Island, Richmond County, New York.

Smart Growth Impact Assessment: Have any other entities issued a Smart Growth Impact Statement ("SGIS") with regard to this project? (If so, attach same).

☐ Yes ☒ No

1. Does the project advance or otherwise involve the use of, maintain, or improve existing infrastructure? Check one and describe:

   ☒ Yes ☐ No ☐ Not Relevant

   The Proposed Project would be located on the existing RUMC campus in the city of New York and would both improve and take advantage of existing infrastructure. Therefore the Proposed Project would be consistent with this criterion.

2. Is the project located wholly or partially in a **municipal center**,* characterized by any of the following: Check all that apply and explain briefly:

   ☒ A city or a village
   ☐ Within the interior of the boundaries of a generally-recognized college, university, hospital, or nursing home campus
   ☐ Area of concentrated and mixed land use that serves as a center for various activities including, but not limited to: **see below**
   ☐ Central business districts (such as the commercial and often geographic heart of a city, "downtown", "city center")
   ☐ Main streets (such as the primary retail street of a village, town, or small city. It is usually a focal point for shops and retailers in the central business district, and is most often used in reference to retailing and socializing)
   ☐ Downtown areas (such as a city's core (or center) or central business district, usually in a geographical, commercial, and community sense).
   ☐ Brownfield Opportunity Areas (http://nyswaterfronts.com/BOA_projects.asp)
   ☐ Downtown areas of Local Waterfront Revitalization Program areas (http://nyswaterfronts.com/maps_regions.asp)
   ☐ Locations of transit-oriented development (such as projects serving areas that have access to mass or public transit for residents)
   ☐ Environmental Justice Areas (http://www.dec.ny.gov/public/899.html)
   ☐ Hardship areas

   * DASNY interprets the term "municipal centers" to include existing, developed institutional campuses such as universities, colleges and hospitals.

   The Proposed Project would be located on the existing RUMC campus in the city of New York.

3. Is the project located adjacent to municipal centers (please see characteristics in question 2, above) with clearly-defined borders, in an area designated for concentrated development in the future by a municipal or regional comprehensive plan that exhibits strong land use, transportation, infrastructure and economic connections to an existing municipal center? Check one and describe:

   ☐ Yes ☐ No ☒ Not Relevant

   This is not relevant because the project is consistent with criterion 2 above.

4. Is the project located in an area designated by a municipal or comprehensive plan, and appropriately zoned, as a future municipal center? Check one and describe:

☐ Yes ☐ No ☒ Not Relevant

This is not relevant because the project is consistent with criterion 2 above.

5. Is the project located wholly or partially in a developed area or an area designated for concentrated infill development in accordance with a municipally-approved comprehensive land use plan, a local waterfront revitalization plan, brownfield opportunity area plan or other development plan? Check one and describe:

☐ Yes ☐ No ☒ Not Relevant

This is not relevant because the project is consistent with criterion 2 above.

6. Does the project preserve and enhance the state's resources, including agricultural lands, forests, surface and groundwater, air quality, recreation and open space, scenic areas, and/or significant historic and archeological resources? Check one and describe:

☒ Yes ☐ No ☐ Not Relevant

The Project Site does not contain agricultural lands, forests, surface and groundwater, recreational facilities and open space, scenic areas, or archeological resources. The Proposed Project would preserve the Garner Mansion, which is eligible for listing in the National Register of Historic Places. DASNY is consulting with the NYS Office of Parks, Recreation and Historic Preservation ("OPRHP") concerning the potential effects of the demolition of the Annex Building. The Proposed Project's effects on air quality are being evaluated as part of DASNY's *State Environmental Quality Review (SEQR)* of the project.

7. Does the project foster mixed land uses and compact development, downtown revitalization, brownfield redevelopment, the enhancement of beauty in public spaces, the diversity and affordability of housing in proximity to places of employment, recreation and commercial development and/or the integration of all income and age groups? Check one and describe:

☒ Yes ☐ No ☐ Not Relevant

The Proposed Project would improve RUMC's ability to provide emergency and psychiatric medical services to residents and workers on Staten Island, thereby strengthening the borough as a community of mixed land uses and compact development. Therefore the Proposed Project would be consistent with this criterion.

8. Does the project provide mobility through transportation choices, including improved public transportation and reduced automobile dependency? Check one and describe:

☒ Yes ☐ No ☐ Not Relevant

The project site is accessible by public transportation. In addition, RUMC offers on-campus housing to employees. Therefore the Proposed Project would be consistent with this criterion.

9. Does the project demonstrate coordination among state, regional, and local planning and governmental officials? (Demonstration may include *State Environmental Quality Review ["SEQR"]* coordination with involved and interested agencies, district formation, agreements between involved parties, letters of support, State Pollutant Discharge Elimination System ["SPDES"] permit issuance/revision notices, etc.). Check one and describe:

☒ Yes ☐ No ☐ Not Relevant

DASNY is conducting a coordinated environmental review of the Proposed Project, therefore it would be consistent with this criterion.

10. Does the project involve community-based planning and collaboration? Check one and describe:

☒ Yes ☐ No ☐ Not Relevant

The Proposed Project is supported by the local community. Staten Island Community Board 1 has specifically noted the need for additional medical facilities on the North Shore of Staten Island in its *Statement of Community District Needs Fiscal Year 2013*. Therefore the Proposed Project would be consistent with this criterion.

11. Is the project consistent with local building and land use codes? Check one and describe:

☒ Yes ☐ No ☐ Not Relevant

The Proposed Project would meet all appropriate codes, therefore, it would be consistent with this criterion.

12. Does the project promote sustainability by strengthening existing and creating new communities which reduce greenhouse gas emissions and do not compromise the needs of future generations?

☒ Yes ☐ No ☐ Not Relevant

The Proposed Project would promote sustainability by being located in a developed urban setting that is undergoing revitalization and is accessible by public transportation, therefore the Proposed Project would be consistent with this criterion.

13. During the development of the project, was there broad-based public involvement? (Documentation may include *SEQR* coordination with involved and interested agencies, SPDES permit issuance/revision notice, approval of Bond Resolution, formation of district, evidence of public hearings, *Environmental Notice Bulletin ["ENB"]* or other published notices, letters of support, etc.). Check one and describe:

☒ Yes ☐ No ☐ Not Relevant

DASNY is conducting a coordinated environmental review of the Proposed Project. RUMC has met with Community Board 1 about the project and has had several meetings with the Randall Manor Civic Association about the project. Therefore the Proposed Project would be consistent with this criterion.

14. Does the Recipient have an ongoing governance structure to sustain the implementation of community planning? Check one and describe:

☒ Yes ☐ No ☐ Not Relevant

As a community hospital, RUMC engages in planning activities to improve the services it delivers to Staten Island residents, workers and visitors, therefore the Proposed Project would be consistent with this criterion.

DASNY has reviewed the available information regarding this project and finds:

☒ The project was developed in general consistency with the relevant Smart Growth Criteria.

☐ The project was not developed in general consistency with the relevant Smart Growth Criteria.

☐ It was impracticable to develop this project in a manner consistent with the relevant Smart Growth Criteria for the following reasons:

ATTESTATION

I, President of DASNY/designee of the President of DASNY, hereby attest that the Proposed Project, to the extent practicable, meets the relevant criteria set forth above and that to the extent that it is not practical to meet any relevant criterion, for the reasons given above.

Signature

Jack D. Homkow, Director, Office of Environmental Affairs
Print Name and Title

March 23, 2017
Date

APPENDIX D

HISTORIC RESOURCES CORRESPONDENCE

Landmarks Preservation Commission Correspondence
NYS Office of Parks, Recreation and Historic Preservation Correspondence

NEW YORK STATE OF OPPORTUNITY. | Parks, Recreation, and Historic Preservation

ANDREW M. CUOMO
Governor

ROSE HARVEY
Commissioner

February 22, 2017

Mr. Matthew Stanley
Senior Environmental Manager
Dormitory Authority - State of New York
Office of Environmental Affairs
One Penn Plaza - 52nd Floor
New York, NY 10119

Re: DASNY
Richmond University Medical Center New Emergency Department
355 Bard Avenue, Staten Island, NY
17PR01141
TAD 8006 / TAD 8100

Dear Mr. Stanley:

Thank you for requesting the comments of the Division for Historic Preservation of the Office of Parks, Recreation and Historic Preservation (OPRHP). We have reviewed the submitted materials in accordance with the New York State Historic Preservation Act of 1980 (section 14.09 of the New York Parks, Recreation and Historic Preservation Law). These comments are those of the Division for Historic Preservation and relate only to Historic/Cultural resources. They do not include potential environmental impacts to New York State Parkland that may be involved in or near your project. Such impacts must be considered as part of the environmental review of the project pursuant to the State Environmental Quality Review Act (New York Environmental Conservation Law Article 8) and its implementing regulations (6NYCRR Part 617).

We note that the Garner Mansion and Annex are eligible for listing in the State and National Registers of Historic Places. Please see attached, the Resource Evaluation for the Garner Mansion. The Fitzgerald Building is not eligible for listing in the S/NR. We have reviewed the project description, photographs, site plans, and renderings submitted to our office on February 21st, 2017. We understand that the project proposed to demolish the Fitzgerald Building and the Annex in order to construct a new Emergency Department facility adjacent to and behind the Garner Mansion. Based upon our review, we have no archaeological concerns with the proposed work and no concerns with the proposed demolition of the Fitzgerald Building. However, Section 14.09 of the State Historic Preservation Act is clear that demolition of an historic building is deemed an Adverse Impact. This is a finding that triggers an exploration of prudent and feasible alternatives that might avoid or reduce the project impacts. As a matter of policy and practice, this exploration must occur before mitigation measures can be developed and before demolition can occur. If no prudent and feasible alternatives are identified in the analysis, we would enter into a formal agreement document, which would identify proper mitigation measures to be incorporated into the work.

At this point, we request a formal exploration of alternatives. This analysis should include an evaluation of the existing Annex building to determine if it can be incorporated into the new project or if some other approach can be used to minimize harm to the historic building.

If the project remains an Adverse Impact, we would begin the discussion of mitigation. Mitigation might include the implementation of a Construction Protection Plan for the Garner Mansion, appropriate repairs to the Garner Mansion, salvage and reuse of historic Annex materials, full recordation of the historic structure to be demolished (in the form of measured drawings and high-resolution digital photographs), and continued consultation with our office as the design for new construction is developed.

We would appreciate if the requested information could be provided via our Cultural Resource Information System (CRIS) at www.nysparks.com/shpo/online-tools/ Once on the CRIS site, you can log in as a guest and choose "submit" at the very top menu. Next choose "submit new information for an existing project". You will need this project number and your e-mail address. If you have any questions, I can be reached at (518) 268-2182.

Sincerely,

Olivia Brazee
Historic Preservation Technical Specialist
olivia.brazee@parks.ny.gov

via e-mail only

NEW YORK STATE OF OPPORTUNITY. Parks, Recreation, and Historic Preservation

Resource Evaluation

Date: 02/21/2017

Staff: Kathy Howe

USN Number: 08501.000510

Name: Garner Mansion (aka Villa Bldg) with Annex Building add'n (Training School for Nurses)

Location: 355 Bard Avenue, Staten Island NY 10310

Resource Status:

1. **Determination:** Eligible
2. **Contributing:**

Criteria for Inclusion in the National Register:

A. [X] Associated with events that have made a significant contribution to the broad patterns in our history.

B. [ ] Associated with the lives of persons significant in our past.

C. [X] Embodies the distinctive characteristics of a type, period or method of construction; or represents the work of a master; or posses high artistic values; or represents a significant and distinguishable entity whose components may lack individual distinction.

D. [ ] Have yielded, or may be likely to yield information important in prehistory or history.

Summary Statement:

The William T. and Mary Marcellite Garner Mansion meets Criterion C as a rare, extant example of an unusually large 1859-60 Second Empire style brownstone mansion in New York City. It is also significant under Criterion A in the areas of health/medicine as the original home of St. Vincent's Hospital on Staten Island, the second general-use hospital to be established on the island. The Colonial Revival Style two-story frame addition at the rear of the house dating from c. 1903-06 was constructed for the hospital's Training School for Nurses. The period of significance spans from 1859 to 1906. (See also Garner Mansion Gatehouse at 08501.000511.)

Faced in chiseled brownstone, the house achieves distinction through its monumental scale, massive stone construction, and austere but well-crafted details. The two-story-plus-attic building features a square four-story tower on the west facade facing Bard Avenue. Its notable features include the porte cochere with paired Tuscan columns that opens onto a recessed porch at the base of the tower. Denticulated and bracketed cornices are employed for the mansard roofs of the main house and the tower. The roofs still retain their arched dormers, although they have been simplified.

The house is one of the few freestanding pre-Civil War era mansions still surviving in New York City. It was probably built in 1859-60 by Charles Corey Taber, a prominent cotton broker and real estate developer. In 1870 it was purchased by William T. Garner, the immensely wealthy owner of Harmony Mills, one of the largest textile mills in the country. A vice-commodore of the New York Yacht Club, Garner owned the largest yacht in the world. In the 1880s the house became St. Austin's Episcopal School for Boys, later St. Austin's Military Academy. In 1903 it was acquired by the Sisters of Charity, who had established St. Vincent's Hospital in Greenwich Village. Originally envisioned as a convalescent hospital for tuberculosis patients, it became a general hospital that treated and employed generations of Staten Island's families. The Colonial Revival Style two-story frame addition (the Annex) at the rear of the house was added ca. 1903-06. It was originally clad in wood shingles. While it retains the original windows with diamond-pane sash, the Annex is now clad in vinyl siding. The interior retains the original Colonial Revival staircase but the plaster walls and ceilings have been stripped down to the studs.

The W. T. Garner House is now part of Richmond University Medical Center.

Sources: LPC Statement of Significance.
http://hdc.org/hdc-lpc/proposed-de-calendar-items/hbnd-garner-mansion-staten-island

NEW YORK STATE OF OPPORTUNITY. | Parks, Recreation, and Historic Preservation

ANDREW M. CUOMO
Governor

ROSE HARVEY
Commissioner

March 17, 2017

Mr. Matthew Stanley
Senior Environmental Manager
Dormitory Authority - State of New York
Office of Environmental Affairs
One Penn Plaza - 52nd Floor
New York, NY 10119

Re: DASNY
Richmond University Medical Center New Emergency Department
355 Bard Avenue, Staten Island, NY
17PR01141
TAD 8006 / TAD 8100

Dear Mr. Stanley:

Thank you for continuing to consult with the Division for Historic Preservation of the Office of Parks, Recreation and Historic Preservation (OPRHP). We have reviewed the submitted materials in accordance with the New York State Historic Preservation Act of 1980 (section 14.09 of the New York Parks, Recreation and Historic Preservation Law). These comments are those of the Division for Historic Preservation and relate only to Historic/Cultural resources.

We have reviewed the Alternatives Analysis report dated March 7th, 2017 that was provided to our office on March 10th, 2017. Based upon our review, we concur with the findings of the Alternatives Analysis that there are no prudent and feasible alternatives to demolition of the Annex.

At this time, we suggest drafting a formal Letter of Resolution (LOR) which would identify proper mitigation measures to be incorporated into the work. Mitigation measures could include documentation; preservation of important historic interior spaces at the main Garner Mansion; historical interpretation for the public; and possible continued consultation with our office as the new building is designed. If you have any questions, I can be reached at (518) 268-2182.

Sincerely,

Olivia Brazee
Historic Preservation Technical Specialist
olivia.brazee@parks.ny.gov

via e-mail only

Letter of Resolution
Richmond University Medical Center
New Emergency Department/Adult Psychiatric Inpatient Unit Expansion
(TAD 8006 / TAD 8100)
(OPRHP Project No. 17PR01141)

LETTER OF RESOLUTION
AMONG
THE NEW YORK STATE OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION,
DASNY,
AND
RICHMOND UNIVERSITY MEDICAL CENTER

WHEREAS, Richmond University Medical Center ("RUMC")" seeks to undertake the New Emergency Department/Adult Psychiatric Inpatient Unit Expansion (the "Proposed Project") on its existing campus located at 355 Bard Avenue, West New Brighton, Borough of Staten Island, Richmond County, New York; and

WHEREAS, RUMC proposes the demolition of the Annex Building, a circa 1903-06 two-story frame addition to the circa 1859-60 Garner Mansion, in order to facilitate the construction of the New Emergency Department as described in the *Study of Reasonable Alternatives to the Demolition of the Annex Building*, dated March 7, 2017; and

WHEREAS, RUMC has requested financing from DASNY ("Dormitory Authority State of New York") as part of the New York State Technology and Development ("TAD") Program for the New Emergency Department project, and financing from the New York State Department of Health ("DOH") as part of the Capital Restructuring Financing Program ("CRFP") for its Adult Psychiatric Inpatient Unit Expansion project and a portion of the New Emergency Department project, and the CRFP program is administered by DASNY and involves DASNY-issued bond financing; and

WHEREAS, the New York State Office of Parks, Recreation and Historic Preservation ("OPRHP") has determined the Annex Building and Garner Mansion to be eligible for listing in the National Register of Historic Places; and

WHEREAS, RUMC consulted with DASNY and with OPRHP with respect to the Proposed Project under Section 14.09 of the New York State *Parks, Recreation, and Historic Preservation Law* to assess the impact of this Undertaking on historic resources; and

WHEREAS, DASNY, RUMC, and OPRHP agree that the Proposed Project would result in an Adverse Impact to the Annex Building and that all prudent and feasible alternatives have been fully explored to avoid such Adverse Impact, and

WHEREAS, the purpose of this Letter of Resolution ("LOR") is to ensure that appropriate mitigation measures are undertaken in conjunction with the Proposed Project; and

NOW, THEREFORE, in accordance with Section 14.09 of the New York State *Parks, Recreation, and Historic Preservation Law*, DASNY, RUMC and OPRHP agree that the Proposed Project may proceed subject to the Stipulations set forth below:

STIPULATIONS

1. Prior to the commencement of the construction of the Proposed Project, RUMC will undertake the preparation of documentation of the Annex Building including photographic documentation, historic plans, and an accompanying historical narrative, as described in OPRHP's guidelines for *Recordation of Historic Structures* (attached). Two copies of the documentation will be provided to OPRHP (one for their files and one to be forwarded to the New York State Archives) and one copy will be retained by RUMC.

2. RUMC will endeavor to preserve intact historic interior spaces at the main Garner Mansion according to the *Secretary of the Interior's Standards for the Treatment of Historic Properties.* RUMC will provide OPRHP with photographs of the Garner Mansion to assist OPRHP in inventorying important historic interior spaces in the mansion. Restoration of the spaces would not be required, however, RUMC would consult with OPRHP on any proposed work to the mansion so as to not damage/remove the extant architectural features and finishes.

3. Prior to the commencement of construction of the Proposed Project, in consultation with OPRHP, RUMC will develop and implement a *Construction Protection Plan ("CPP")* for the Garner Mansion. The CPP will be prepared in coordination with a licensed professional engineer and would follow the guidelines set forth in Section 523 of the *CEQR Technical Manual,* including conforming to LPC's *New York City Landmarks Preservation Commission Guidelines for Construction Adjacent to a Historic Landmark* and *Protection Programs for Landmark Buildings.* The CPPs will also comply with the procedures set forth in the New York City Department of Buildings *Technical Policy and Procedure Notice* (TPPN) #10/88.

4. RUMC will provide a physical historical interpretive display for the public, to be installed somewhere in the new addition, that would include a brief written history and photograph of the Annex Building and/or digital interpretive "exhibits" for a mobile app.

5. RUMC will continue consultation with OPRHP in order to allow OPRHP to review and provide comments on the proposed ED building's design to evaluate its potential physical and visual impacts to the Garner Mansion.

Any amendment to this LOR must be agreed upon in writing by all parties to this agreement. This LOR shall not be effective unless and until DASNY, the lead agency for the Proposed Project under the State Environmental Quality Review Act ("SEQRA"), makes its findings under SEQRA consistent with the determinations described above.

Execution of this LOR and implementation of its Stipulation evidences that RUMC and DASNY have offered OPRHP the opportunity to comment on this undertaking and considered its impacts pursuant to Section 14.09 of the New York State Parks, Recreation and Historic Preservation Law of 1980.

NEW YORK STATE OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION

BY: _____ DATE: 3/21/17

NAME: Michael F. Lynch, P.E. AIA
TITLE: Director, Division for Historic Preservation

DASNY

BY: _____ DATE: 3/29/17

NAME: Jack D. Homkow
TITLE: Director, Office of Environmental Affairs

RICHMOND UNIVERSITY MEDICAL CENTER

BY: _____ DATE: 3/24/17

NAME: Daniel J. Messina, Ph.D., FACHE, LNHA
TITLE: President & Chief Executive Officer

Landmarks Preservation Commission

Meenakshi Srinivasan
Chair

Sarah Carroll
Executive Director
SCarroll@lpc.nyc.gov

1 Centre Street
9th Floor North
New York, NY 10007

212 669 7902 tel
212 669 7797 fax

February 29, 2016

RICHARD MURPHY, PRESIDENT & CEO
RICHMOND UNIVERSITY MEDICAL CENTER
355 BARD AVE
STATEN ISLAND, NY 10310-1664

Re: *William T. and Mary Marcellite s Mansion 355 Bard Avenue*
[Block: 00102; Lot: 0001; Borough: Staten Island]

Dear Mr. Murphy:

During the February 23, 2016 Public Meeting regarding the Backlog Initiative, the Landmarks Preservation Commission voted, for reasons set forth in the Commission's presentation and discussion on February 23rd, to take no action on your property and to remove the property and its associated tax map block and lot from the Commission's calendar. This vote was without prejudice to the Commission to reconsider and re-calendar in the future.

Please let Community Outreach Program Manager Michael Owen know if you have any questions on the Commission's decision. You can contact Michael by email at mowen@lpc.nyc.gov or by phone at (212) 669-7889. Thank you.

Sincerely,

Sarah Carroll

Landmarks Preservation Commission

1 Centre Street
9th Floor North
New York, NY 10007

Voice (212)-669-7700
Fax (212)-669-7960
http://nyc.gov/landmarks

ENVIRONMENTAL REVIEW

Project number: DORMITORY AUTHORITY OF NYS / SEQRA.R
Project: RICHMOND UNIVERSITY MEDICAL CENTER NEW EMERGENCY D
Address: 355 BARD AVENUE, **BBL:** 5001020001
Date Received: 3/9/2017

[ ] No architectural significance

[X**] No archaeological significance**

[ ] Designated New York City Landmark or Within Designated Historic District

[ ] Listed on National Register of Historic Places

[X**] Appears to be eligible for National Register Listing and New York City Landmark Designation**

[ ] May be archaeologically significant; requesting additional materials

Comments:

LPC requests a coordinated review with SHPO for this undertaking.

The Garner Mansion was removed from the LPC calendar via no-action, without prejudice, not based on merit. It remains LPC eligible. The Garner Mansion Annex does not appear LPC eligible. LPC concurs with the SHPO finding that the Fitzpatrick Building does not appear S/NR or LPC eligible.

Cc: SHPO 17PR01141

Gina Santucci 3/15/2017

SIGNATURE DATE
Gina Santucci, Environmental Review Coordinator

File Name: 32225_FSO_DNP_03152017.doc

APPENDIX E
ECOLOGICAL CORRESPONDENCE

United States Department of the Interior

FISH AND WILDLIFE SERVICE
Long Island Ecological Services Field Office
340 SMITH ROAD
SHIRLEY, NY 11967
PHONE: (631)286-0485 FAX: (631)286-4003

Consultation Code: 05E1LI00-2017-SLI-0313 February 27, 2017
Event Code: 05E1LI00-2017-E-00605
Project Name: Richmond University Medical Center New Emergency Department

Subject: List of threatened and endangered species that may occur in your proposed project location, and/or may be affected by your proposed project

To Whom It May Concern:

The enclosed species list identifies threatened, endangered, proposed and candidate species, as well as proposed and final designated critical habitat, that may occur within the boundary of your proposed project and/or may be affected by your proposed project. The species list fulfills the requirements of the U.S. Fish and Wildlife Service (Service) under section 7(c) of the Endangered Species Act (Act) of 1973, as amended (16 U.S.C. 1531 *et seq.*).

New information based on updated surveys, changes in the abundance and distribution of species, changed habitat conditions, or other factors could change this list. Please feel free to contact us if you need more current information or assistance regarding the potential impacts to federally proposed, listed, and candidate species and federally designated and proposed critical habitat. Please note that under 50 CFR 402.12(e) of the regulations implementing section 7 of the Act, the accuracy of this species list should be verified after 90 days. This verification can be completed formally or informally as desired. The Service recommends that verification be completed by visiting the ECOS-IPaC website at regular intervals during project planning and implementation for updates to species lists and information. An updated list may be requested through the ECOS-IPaC system by completing the same process used to receive the enclosed list.

The purpose of the Act is to provide a means whereby threatened and endangered species and the ecosystems upon which they depend may be conserved. Under sections 7(a)(1) and 7(a)(2) of the Act and its implementing regulations (50 CFR 402 *et seq.*), Federal agencies are required to utilize their authorities to carry out programs for the conservation of threatened and endangered species and to determine whether projects may affect threatened and endangered species and/or designated critical habitat.

A Biological Assessment is required for construction projects (or other undertakings having

similar physical impacts) that are major Federal actions significantly affecting the quality of the human environment as defined in the National Environmental Policy Act (42 U.S.C. 4332(2)(c)). For projects other than major construction activities, the Service suggests that a biological evaluation similar to a Biological Assessment be prepared to determine whether the project may affect listed or proposed species and/or designated or proposed critical habitat. Recommended contents of a Biological Assessment are described at 50 CFR 402.12.

If a Federal agency determines, based on the Biological Assessment or biological evaluation, that listed species and/or designated critical habitat may be affected by the proposed project, the agency is required to consult with the Service pursuant to 50 CFR 402. In addition, the Service recommends that candidate species, proposed species and proposed critical habitat be addressed within the consultation. More information on the regulations and procedures for section 7 consultation, including the role of permit or license applicants, can be found in the "Endangered Species Consultation Handbook" at:

http://www.fws.gov/endangered/esa-library/pdf/TOC-GLOS.PDF

Please be aware that bald and golden eagles are protected under the Bald and Golden Eagle Protection Act (16 U.S.C. 668 *et seq.*), and projects affecting these species may require development of an eagle conservation plan (http://www.fws.gov/windenergy/eagle_guidance.html). Additionally, wind energy projects should follow the wind energy guidelines (http://www.fws.gov/windenergy/) for minimizing impacts to migratory birds and bats.

Guidance for minimizing impacts to migratory birds for projects including communications towers (e.g., cellular, digital television, radio, and emergency broadcast) can be found at: http://www.fws.gov/migratorybirds/CurrentBirdIssues/Hazards/towers/towers.htm; http://www.towerkill.com; and http://www.fws.gov/migratorybirds/CurrentBirdIssues/Hazards/towers/comtow.html.

We appreciate your concern for threatened and endangered species. The Service encourages Federal agencies to include conservation of threatened and endangered species into their project planning to further the purposes of the Act. Please include the Consultation Tracking Number in the header of this letter with any request for consultation or correspondence about your project that you submit to our office.

Attachment

Official Species List

Provided by:

Long Island Ecological Services Field Office
340 SMITH ROAD
SHIRLEY, NY 11967
(631) 286-0485

Consultation Code: 05E1LI00-2017-SLI-0313
Event Code: 05E1LI00-2017-E-00605

Project Type: DEVELOPMENT

Project Name: Richmond University Medical Center New Emergency Department
Project Description: The proposed project is located at 355 Bard Avenue Staten Island, NY 10310. The proposed project would consist of the construction of a 34,175 gross-square-foot (GSF), 2 story extension with basement in order to relocate and modernize the existing emergency department (ED) in the southeast portion of RUMC's 13.875 acre main campus. The proposed improvements will be limited to an approximate 4.4 acre portion of the site.

Please Note: The FWS office may have modified the Project Name and/or Project Description, so it may be different from what was submitted in your previous request. If the Consultation Code matches, the FWS considers this to be the same project. Contact the office in the 'Provided by' section of your previous Official Species list if you have any questions or concerns.

Project Location Map:

Project Coordinates: MULTIPOLYGON (((-74.10419348498598 40.63477428281393, -74.10644718162482 40.63476480868972, -74.10694720154635 40.63713326138921, -74.10458188060294 40.637412055144445, -74.10402807181075 40.634778111701166, -74.10419348498598 40.63477428281393)))

Project Counties: Richmond, NY

Endangered Species Act Species List

There are a total of 2 threatened or endangered species on your species list. Species on this list should be considered in an effects analysis for your project and could include species that exist in another geographic area. For example, certain fish may appear on the species list because a project could affect downstream species. Critical habitats listed under the **Has Critical Habitat** column may or may not lie within your project area. See the **Critical habitats within your project area** section further below for critical habitat that lies within your project. Please contact the designated FWS office if you have questions.

Birds	Status	Has Critical Habitat	Condition(s)
Piping Plover *(Charadrius melodus)* Population: except Great Lakes watershed	Threatened	Final designated	
Roseate tern *(Sterna dougallii dougallii)* Population: northeast U.S. nesting pop.	Endangered		

Critical habitats that lie within your project area

There are no critical habitats within your project area.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Fish and Wildlife, New York Natural Heritage Program
625 Broadway, Fifth Floor, Albany, NY 12233-4757
P: (518) 402-8935 | F: (518) 402-8925
www.dec.ny.gov

March 22, 2017

Hannah Emouna
Nelson, Pope & Voorhis, LLC
572 Walt Whitman Road
Melville, NY 11747

Re: Expansion of Richmond University Medical Center Emergency Department, northeast corner of Bard Ave and Castleton Ave, West New Brighton, Staten Island
County: Richmond Town/City: City Of New York

Dear Ms. Emouna:

In response to your recent request, we have reviewed the New York Natural Heritage Program database with respect to the above project.

We have no records of rare or state-listed animals or plants, or significant natural communities at the project site or in its immediate vicinity.

The absence of data does not necessarily mean that rare or state-listed species, significant natural communities, or other significant habitats do not exist on or adjacent to the proposed site. Rather, our files currently do not contain information that indicates their presence. For most sites, comprehensive field surveys have not been conducted. We cannot provide a definitive statement on the presence or absence of all rare or state-listed species or significant natural communities. Depending on the nature of the project and the conditions at the project site, further information from on-site surveys or other resources may be required to fully assess impacts on biological resources.

This response applies only to known occurrences of rare or state-listed animals and plants, significant natural communities, and other significant habitats maintained in the Natural Heritage database. Your project may require additional review or permits; for information regarding other permits that may be required under state law for regulated areas or activities (e.g., regulated wetlands), please contact the NYS DEC Region 2 Office, Division of Environmental Permits, as listed at www.dec.ny.gov/about/39381.html.

Sincerely,

Andrea Chaloux

Andrea Chaloux
Environmental Review Specialist
New York Natural Heritage Program

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APPENDIX F

TRANSPORTATION ANALYSIS

ATLANTIC TRAFFIC+DESIGN

2929 Expressway Drive North, Suite 120
Hauppauge, New York 11749
631-738-1919
atde@atlantictraffic.com

RICHMOND UNIVERSITY MEDICAL CENTER
DRAFT TRAVEL DEMAND FACTORS ANALYSIS
ATDE Project No. AJ17036

TRANSPORTATION

This Section has been prepared to assess the potential effect of the proposed project on the key technical areas of the transportation system: traffic, parking, transit and pedestrians. The assessment has been conducted per the transportation analysis methodologies presented in Chapter 16 of the *City Environmental Quality Review (CEQR) Technical Manual*, March 2014.

Proposed Project

The Richmond University Medical Center (RUMC) will relocate, modernize and upgrade the existing 15,609 square foot Emergency Department (ED) at their Bard Avenue Campus to 34,475 square feet. The project also includes 4,297 square feet of basement mechanical space, and a 32,267 gross square foot second floor is being constructed to connect the new ED with the existing operating rooms as well as to provide a large core/shell area for a future surgical suite replacement. The total addition, consisting of 71,039 square feet, would be a 11.8 percent increase of the existing 601,926 square foot Bard Avenue campus. Under a separate initiative RUMC will expand the existing Adult Psychiatric Inpatient Unit at Bard Avenue by 5,434 square feet (an increase from 30 beds to 40 beds).

The existing ED is currently undersized in comparison to the number of visits it handles. It was built to accommodate 29,268 annual visits, while in 2015, for example, it served 63,481 ED visits. The proposed relocation and Upgrade would therefore first and foremost better serve patients and visitors by reducing overcrowding and wait times. In addition, RUMC estimates that as a result of the project the medical center may serve an increase by up to 20,000 visits per year, and projects that the project would result in an increase from approximately 2,002 employees to approximately 2,053 employees (a 2.5% increase).

The proposed Adult Psychiatric Inpatient Unit Upgrade, from 30 to 40 beds, represents a 2.2% increase in the total number of existing beds (448) at the Bard Avenue campus. The Upgrade is planned in conjunction with the closure of the existing 25-bed Inpatient Psychiatric Program at RUMC's Bayley Seton Campus, located at 75 Vanderbilt Avenue in the Stapleton section of Staten Island. The 10-bed Upgrade is projected to relocate 19 employees and 560 annual patient visits to the Bard Avenue site.

The balance of the project, including the 4,297 square feet of basement and 32,267 square foot second floor, will replace and/or upgrade existing facilities to better accommodate current demand. There is no increase in patients or employees associated with these components.

According to the *CEQR Technical Manual* there are certain development densities below which transportation analysis is not required. These are presented in Table 16-1 of the manual. The project falls within CEQR Traffic Zone 5, as it is in Staten Island but does not lie within one half mile of a subway station. In Zone 5 developments of less than 15,000 square feet of community facility do not warrant further analysis. The proposed project is projected to result in an additional 76,473 square feet of community facility space, and therefore further analysis is required.

Level 1 Assessment

A Level 1 Assessment is prepared to determine numbers of peak hour project-generated trips by mode of travel. The *CEQR Technical Manual* indicates that when the development density thresholds shown on Table 16-1 are

exceeded a preliminary trip generation assessment (Level 1 Assessment). Upon completion of the Level 1 Assessment further technical analysis is typically not needed if the preliminary trip generation assessment shows that the proposed development would result in fewer than:

- 50 peak hour vehicle trip-ends
- 200 peak hour subway/rail or bus transit riders, or
- 200 peak hour pedestrian trips

In addition, when a Level 1 Assessment shows that further analysis of the vehicular transportation system is not necessary, further analysis of the parking system is generally not necessary.

The primary source of trip generation calculation factors for the Level 1 Assessment was the *Rockaway Courthouse Medical Center EAS* (CEQR No. 14DME014Q). A number of other CEQR studies for medical center type uses were also reviewed. The typical approach to calculation of trips for this kind of use, which is the method used in the *Rockaway Courthouse Medical Center EAS,* is to separately calculate patient/visitor trips and employee trips. The following trip factors assumptions were made, based on the sources noted. The assumptions and trip generation calculations are also summarized in the attached **Tables**.

Patient/Visitor Trip Assumptions

- The project will result in up to 20,560 additional patient visits per year, or an average of 56 additional patient visits per day. (Source: ATDE assumption based on RUMC projection)
- In addition it is assumed that each patient will have an average of one visitor. (Source: Rockaway Courthouse Medical Center EAS; CEQR No. 14DME014Q)
- Patients and visitors each generate 2 person trips per day. (Source: Rockaway Courthouse Medical Center EAS; CEQR No. 14DME014Q)
- Temporal Distribution of patient and visitor trips: 3.9% AM peak hour; 12.6% midday peak hour; 9.6% PM peak hour. (Source: Rockaway Courthouse Medical Center EAS; CEQR No. 14DME014Q)
- Modal split of patient and visitor trips: 70% auto; 10% taxi or ambulance; 10% bus; 10% walk. (Source: Rockaway Courthouse Medical Center EAS; CEQR No. 14DME014Q)
- Auto/Taxi vehicle occupancy of patient and visitor trips: 2.0. (Source: Rockaway Courthouse Medical Center EAS; CEQR No. 14DME014Q)

Employee Trip Assumptions

- The addition of 70 full time employees equates to an average of 50 additional 8-hour employee shifts per day. (Source: ATDE assumption based on RUMC projection)
- Each employee generates an average of 3 person trips per day, assuming that half of employees leave and return during their shift for a meal or errand. (Source: Rockaway Courthouse Medical Center EAS; CEQR No. 14DME014Q)
- Temporal Distribution of employee trips: 12.1% AM peak hour; 8.1% midday peak hour; 12.2% PM peak hour. (Source: Rockaway Courthouse Medical Center EAS; CEQR No. 14DME014Q)
- Modal split of employee trips: 83.5% auto; 0% taxi or ambulance; 9% bus; 7.5% walk. (Source: US Census Bureau, American Community Survey 2006-2010 Five-year Estimates – reverse journey to work data)
- Auto vehicle occupancy of employee trips: 2.0. (Source: US Census Bureau, American Community Survey 2006-2010 Five-year Estimates – reverse journey to work data)
- Taxi vehicle occupancy of employee trips: 2.0. (Source: Rockaway Courthouse Medical Center EAS; CEQR No. 14DME014Q)

Truck Trip Assumption

- It is assumed that the proposed project would not result in additional truck deliveries to the site.
- It is expected that the current number of deliveries would continue to serve the site, and that some of those deliveries would be incrementally larger.

As shown in the attached **Tables** the total number of peak hour vehicle trip-ends generated by the proposed project is calculated to range from 18 vehicle trip-ends in the weekday morning peak hour to a maximum of 25 vehicle trip-ends in the weekday evening peak hour. Fewer than 50 peak hour vehicle trip-ends are projected in each peak hour. Therefore further analysis of the vehicular transportation system is not warranted.

Because the proposed project does not exceed the Level 1 vehicular trip-end threshold it is also assumed that further analysis of the parking transportation system is not warranted.

The number of peak hour transit (bus) trips generated by the proposed project is calculated to range from 3 vehicle trip-ends in the weekday morning peak hour to a maximum of 4 vehicle trip-ends in the weekday midday and evening peak hours. Fewer than 200 peak hour subway or bus transit riders are calculated in any peak hour. Therefore further analysis of the transit transportation system is not warranted.

The number of peak hour pedestrians that would be generated by the proposed project is the sum of walk trips and transit (bus) peak hour person trips. In addition, as a worst case scenario, it can conservatively be assumed that the peak hour auto person trips will also result in walk trips if these trips use off-site parking. The number of worst case scenario peak hour pedestrian trips calculated to be generated by the project ranges from 26 in the weekday morning peak hour to 38 in the weekday midday peak hour. The analysis shows that fewer than 200 peak hour pedestrian trips would be generated by the proposed project. Therefore no further analysis of the pedestrian transportation system is warranted.

Conclusion

A Level 1 Transportation Assessment was conducted for the project in accordance with *CEQR Technical Manual,* March 2014, methodologies. Based on the Level 1 Assessment the proposed project is unlikely to have a significant adverse impact on the key technical areas of the transportation system, including the traffic, transit, parking and pedestrian transportation systems.

X:\2017\AJ17036\Correspondence\Letters-Memos\Travel Demand Factors 3-15-2017.docx\\

ATLANTIC TRAFFIC+DESIGN

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631-738-1919
atde@atlantictraffic.com

RICHMOND UNIVERSITY MEDICAL CENTER EXPANSION
TRAVEL DEMAND CALCULATIONS

Peak Hour Person Trips						
Component	**Peak Hour**	**Project Program per RUMC**	**Persons Daily (2)**	**Daily Trips (3) Per Person**	**Peak Hour Distribution (3)**	**Peak Hour Person Trips**
Patients and Visitors (1)	AM	20,560 Patients Annually	112	2.0	3.9%	9
	MD		112	2.0	12.6%	28
	PM		112	2.0	9.6%	22
Employees	AM	70 Full Time Employees	50	3.0	12.1%	18
	MD		50	3.0	8.1%	12
	PM		50	3.0	12.2%	18

Peak Hour Person Trips by Mode						
Component	**Peak Hour**	**Peak Hour Person Trips**	**Auto**	**Taxi/ Ambulance**	**Transit (Bus)**	**Walk**
Patients and Visitors	**Modal Split (3)**		70.0%	10.0%	10.0%	10.0%
	AM	9	6	1	1	1
	MD	28	20	2	3	3
	PM	22	15	3	2	2
Employees	**Modal Split (4)**		83.5%	0.0%	9.0%	7.5%
	AM	18	15	0	2	1
	MD	12	10	0	1	1
	PM	18	15	0	2	1

Peak Hour Vehicular Trips							
Component	**Peak Hour**	**Auto Person Trips**	**Taxi/ Ambulance Person Trips**	**Auto Vehicle Occupancy (3), (4)**	**Taxi/ Ambulance Occupancy (3)**	**Taxi/ Ambulance Trip Factor (5)**	**Total Vehicle Trip-Ends**
Patients and Visitors	AM	6	1	2.00	2.00	2	4
	MD	20	2	2.00	2.00	2	12
	PM	15	3	2.00	2.00	2	11
Employees	AM	15	0	1.05	1.35	2	14
	MD	10	0	1.05	1.35	2	10
	PM	15	0	1.05	1.35	2	14

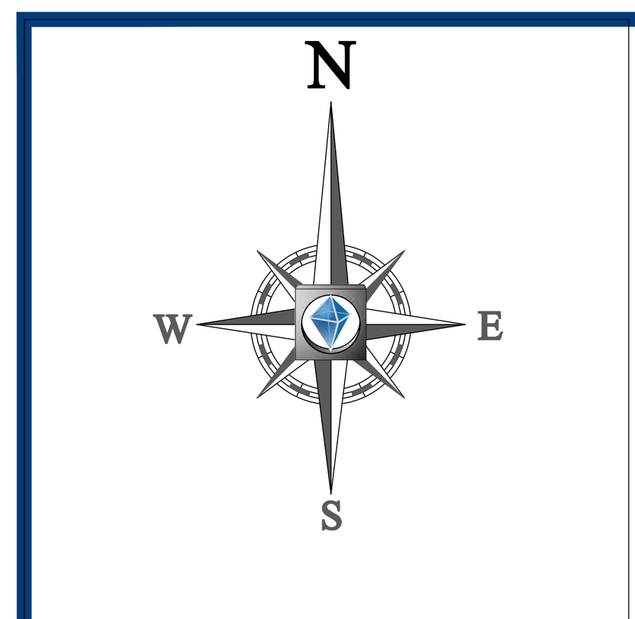
Peak Hour Travel Demand				
Transportation System		**Vehicle**	**Transit**	**Pedestrians (6)**
Total	AM	18	3	26
	MD	22	4	38
	PM	25	4	37

(1) Assumes an average of one Visitor/Patient per Rockaway Courthouse Medical Center EAS (CEQR No. 14DME014Q)
(2) ATDE assumption based on RUMC projections
(3) Rockaway Courthouse Medical Center EAS (CEQR No. 14DME014Q), modified for no subway trips
(4) U.S. Census Bureau, American Community Survey 2006-2010 Five-year Estimates
(5) Assumes no overlapping trips (each Taxi or Ambulance trip = 1 vehicle IN and one vehicle OUT)
(6) Sum of Transit, Walk and Auto person trips

X:\2017\AJ17036\Research Documents\Trip Generation\TDF Calcs.xlsx

ATTACHMENT 1:

OVERALL SITE PLANS



SITE LOCATION MAP
N.T.S.
Google Image
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SITE PLAN NOTES

1. THE GENERAL NOTES ON THE COVER SHEET SHALL BE PART OF THIS ENTIRE DOCUMENT PACKAGE AND ARE PART OF THE CONTRACT DOCUMENTS. THE GENERAL NOTES ON THE COVER SHEET ARE REFERENCED HEREIN AND ARE TO BE REFERRED TO BY THE CONTRACTOR. THE CONTRACTOR IS TO FAMILIARIZE HIMSELF AND ACKNOWLEDGES HIS FAMILIARITY WITH ALL THE GENERAL NOTES AS WELL AS ANY AND ALL DRAWING SHEET SPECIFIC NOTES BELOW.
2. SIGNS TO BE FILED UNDER SEPARATE APPLICATIONS.
3. LIGHTING FIXTURES SHALL BE "LOW CUTOFF" TYPE (MAX. PROJECTION = 75°) AND SHALL BE SHIELDED SO AS NOT TO SHINE ONTO NEIGHBORING PROPERTIES.
4. LOCATION OF EXISTING AND PROPOSED SERVICES SHOWN ARE APPROXIMATE AND MUST BE CONFIRMED INDEPENDENTLY BY THE CONTRACTOR WITH THE UTILITY COMPANIES PRIOR TO COMMENCEMENT OF CONSTRUCTION. IF DISCREPANCIES EXIST, NOTIFY THE ENGINEER IMMEDIATELY IN WRITING.
5. STORMWATER RUNOFF WITHIN PROPERTY TO BE COLLECTED ON-SITE WITH NO OVERLAND RUNOFF ONTO RIGHT-OF-WAY OR ADJACENT PROPERTIES.
6. UNSUITABLE MATERIAL, CONSTRUCTION DEBRIS, EXCESS SOILS, ETC. SHALL BE PROPERLY REMOVED & DISPOSED OF OFF-SITE IN ACCORDANCE WITH ALL APPLICABLE CODES, ORDINANCES & LAWS.
7. THE CONTRACTOR IS RESPONSIBLE TO TAKE EROSION CONTROL MEASURES NECESSARY IN ACCORDANCE WITH NYS GUIDELINES FOR URBAN EROSION & SEDIMENT CONTROL TO PREVENT SEDIMENT AND/OR LOOSE DEBRIS FROM WASHING ONTO ADJACENT PROPERTIES.
8. DIRECTIONAL SIGNAGE TO COMPLY WITH THE LATEST NYS MUTCD STANDARDS.
9. ALL SIDEWALKS, CURBS, AND PAVEMENT DAMAGED BY CONSTRUCTION ACTIVITIES SHALL BE REPAIRED OR REPLACED, WHETHER SPECIFIED ON THIS PLAN OR NOT.
10. ALL ON-SITE CURBING TO BE CONCRETE UNLESS NOTED OTHERWISE.
11. RELOCATION AND/OR REMOVAL OF EXISTING UTILITY POLES, TRAFFIC SIGNS, ETC., SHALL BE COORDINATED BY THE CONTRACTOR. THE CONTRACTOR IS RESPONSIBLE FOR FIELD-VERIFYING THEIR PRESENCE.
12. EXCAVATION SHALL BE PROPERLY BACKFILLED WITH CLEAN MATERIALS. CONTRACTOR SHALL REFER TO GEOTECHNICAL ENGINEER REPORTS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR COMPACTION TESTING AND SHALL SUBMIT SUCH REPORTS AND RESULTS TO THE ENGINEER OF RECORD AND OWNER.
13. WORK WITHIN THE R.O.W. OF CASTLETON AVENUE AND BARD AVENUE SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE REQUIREMENTS OF NYC DEPARTMENT OF TRANSPORTATION STANDARDS. CONTRACTOR SHALL REFER TO BUILDERS PAVEMENT PLANS (BPP) FOR ALL IMPROVEMENTS IN THE RIGHT-OF-WAY.
14. OWNER/ OPERATOR SHALL FILE THE NOI FOR NPDES PERMITS AT APPROPRIATE TIMEFRAMES BASED UPON THE DESIRED START OF CONSTRUCTION. LAND DISTURBING ACTIVITIES SHALL NOT COMMENCE UNTIL APPROVAL TO DO SO HAS BEEN RECEIVED BY GOVERNING AUTHORITIES (INCLUDING STORMWATER POLLUTION PREVENTION PLAN, PER NYSDEC REQUIREMENTS). THE CONTRACTOR SHALL STRICTLY ADHERE TO THE APPROVED SWPPP PLAN DURING CONSTRUCTION OPERATIONS (IF PROVIDED).

ZONING TABLE

ZONE: R2, MAP #21A
USE: NON-PROFIT HOSPITAL, USE GROUP 4 (PERMITTED USE PER §22-14A.)
NON-PROFIT HOSPITAL STAFF DWELLINGS, USE GROUP 3 (PERMITTED USE PER §22-13A.)

BULK REQUIREMENTS

ITEM	CODE	PERMITTED	PROPOSED
MIN. LOT AREA	N/A	N/A	604,404 SF (13.875 AC)
MIN. FRONT YARD	§ 24-31 / § 23-45(a)	15'	41.1' (PROP.)
MIN. SIDE YARD	§ 24-35(a)	10% OF AGGREGATE WIDTH OF STREET WALLS = 33.5'	198.1' (PROP.)
MIN. REAR YARD	§ 24-36 / § 24-361(b)	30' (8' WHERE COINCIDENT TO SIDE YARD OF ADJACENT LOT BEYOND 100' OF STREET LINE)	EXIST. TO REMAIN
MIN. SIDE SETBACK	§ 24-551 / § 23-661	WHEN BLDG. HEIGHT EXCEEDS 35' (30' FOR RESIDENTIAL), THE SIDE YARD SETBACK SHALL BE A MIN. OF 1/2 THE BLDG. HEIGHT	EXIST. TO REMAIN
MIN. REAR SETBACK WHEN BLDG. HEIGHT EXCEEDS 125'	§ 24-552	20' FROM REAR YARD LINE	EXIST. TO REMAIN
MAX. BUILDING HEIGHT	§ 24-521	25' AT FRONT YARD LINE; 1:1 SKY EXPOSURE PLANE	TBD
MAX. FAR	§ 24-111(a) / § 23-141(a)	0.50	TBD
MAX. LOT COVERAGE	§ 24-11	60%	27.87%
MIN. OPEN SPACE RATIO	§ 24-163 / § 23-141(a)	150.0	TBD

PARKING REQUIREMENTS

ITEM	CODE	PERMITTED	PROPOSED
MIN. STALL SIZE	§ 25-62	8.5' X 18'	9' X 18' (MIN.)
MIN. AISLE WIDTH	§ 25-62 / § 36-58	22'	22' (MIN.)
LOADING REQUIREMENTS	§ 25-72	TBD	TBD
MIN. LOADING SIZE	§ 25-74	33' X 12' X 12'H	TBD
MIN. PARKING BUFFER TO ADJOINING LOT	§ 25-66(b)	4'	3.6' (EXIST.)
MIN. DISTANCE BETWEEN CURB CUT & INTERSECTION	§ 25-63	50'	50'
MIN. DISTANCE FROM CURB CUT TO ADJACENT CURB CUT	§ 25-634	18'	130.7'
MIN. ENCLOSED BICYCLE PARKING	§ 25-811	1 / 2 DWELLING UNITS; 1 / 10,000 SF OF FLOOR AREA	TBD
MIN. UNENCLOSED BICYCLE PARKING	§ 25-812	1 / 10 STALLS UP TO 200 STALLS; 1 / 100 STALLS THEREAFTER	TBD
MIN. NUMBER OF STALLS	§ 25-212	246	503
MAX. NUMBER OF STALLS	N/A*	545*	503

HOSPITAL: 1 STALL / 5 BEDS
RESIDENTIAL: 1.5 STALLS / DWELLING UNIT
PARKING REQUIRED = (510 BEDS / 5) + (96 DWELLING UNITS X 1.5) = 246 STALLS
PARKING PROVIDED = 503 STALLS (459 EXIST. & 44 PROP.)

* MAXIMUM NUMBER OF PARKING STALLS ON-SITE IS 545 STALLS PER CERTIFICATE OF OCCUPANCY DATED 3/5/82.

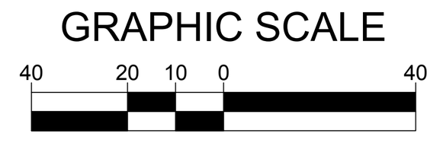
ITEMS UNDER SEPARATE APPLICATION

- PROPOSED SIGNAGE
- PROPOSED CURB CUTS
- BUILDERS PAVEMENT PLANS
- BUILDING DEMOLITION
- NYCDEP BACKFLOW PREVENTION DEVICES
- NYCDEP SITE CONNECTION PROPOSAL

ITEMS UNDER CONTROLLED INSPECTION (RESP. PARTY)

- SUBGRADE INSPECTION.......BC 1704.7.1 (TO BE RETAINED/COORDINATED/PROVIDED BY G.C.)
- SOILS - INVESTIGATIONS (BORINGS/TEST PITS).......BC 1704.7.4 (TO BE RETAINED/COORDINATED/PROVIDED BY G.C.)
- CONCRETE - CAST-IN-PLACE.......BC 1704.4 (TO BE RETAINED/COORDINATED/PROVIDED BY G.C.)
- PRIVATE ON SITE STORM DRAINAGE DISPOSAL & DETENTION FACILITIES.......BC 1704.20 (TO BE RETAINED/COORDINATED/PROVIDED BY G.C.)

GRAPHIC SCALE



THIS PLAN TO BE UTILIZED FOR ZONING PURPOSES ONLY

NYC DOB APPROVALS

BOHLER ENGINEERING

SITE CIVIL AND CONSULTING ENGINEERING
LAND SURVEYING · PROGRAM MANAGEMENT · LANDSCAPE ARCHITECTURE
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PHILADELPHIA, PA · LEHIGH VALLEY, PA · SOUTHEASTERN, PA · REHOBOTH BEACH, DE · BALTIMORE, MD · SOUTHERN MARYLAND
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REV	DATE	COMMENT	DRAWN BY / CHECKED BY
1	11/4/16	NYCDEP COMMENTS	GT / KS
2	11/18/16	REV. LAYOUT	MD / CM
3	12/20/16	REV. BLDG. FOOTPRINT	MD / CM
4	2/1/17	REV. UTILITY LOCATIONS	MD / CM
5	2/16/17	ISSUED FOR GMP	MD / CM

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PROJECT No.:	N15019
DRAWN BY:	CB
CHECKED BY:	CM
DATE:	5/13/15
SCALE:	AS SHOWN
CAD I.D.:	N15019-SPP-5B

PROJECT:
SITE DEVELOPMENT PLANS
FOR
RICHMOND UNIVERSITY MEDICAL CENTER

LOCATION OF SITE
355 BARD AVENUE
RICHMOND COUNTY
STATEN ISLAND, NY 10310
BLOCK: 102, LOTS 1 & 262

BOHLER ENGINEERING
2929 EXPRESSWAY DRIVE NORTH
HAUPPAUGE, NY 11749
Phone: (631) 738-1200
Fax: (631) 285-6464
www.BohlerEngineering.com

PROJECT
REPLACEMENT EMERGENCY DEPARTMENT
355 BARD AVENUE
RICHMOND COUNTY
STATEN ISLAND, NY 10310
BLOCK: 102, LOTS 1 & 262

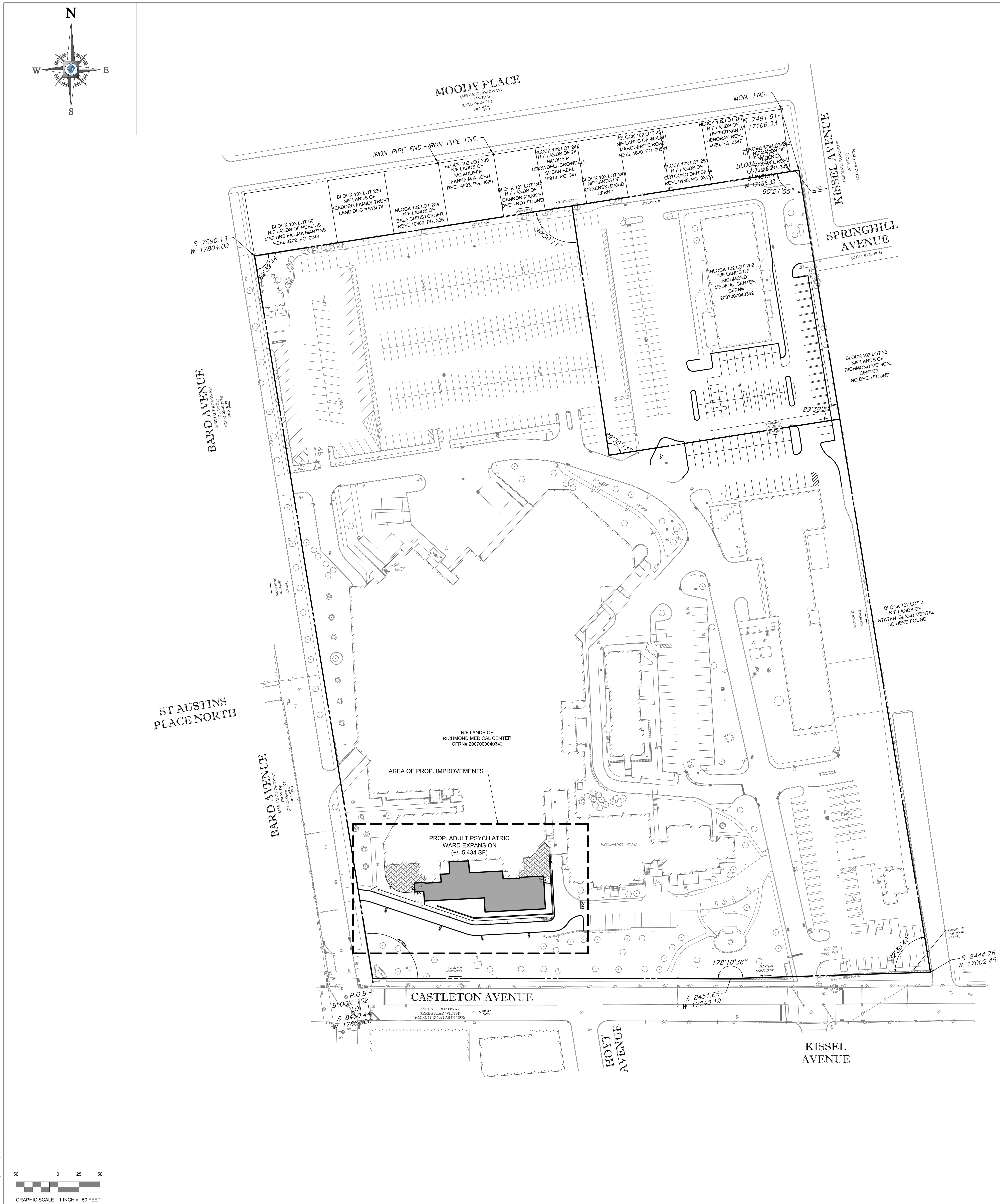
OVERALL SITE PLAN

SEAL & SIGNATURE

JOSEPH A. DEAL
PROFESSIONAL ENGINEER
NEW YORK LICENSE No. 087122
NEW JERSEY LICENSE No. 24GE04919900
CONNECTICUT LICENSE No. 27585
PENNSYLVANIA LICENSE No. PE077709

DATE: 5/13/15
PROJECT No: N15019
DRAWING BY: CB
CHK BY: CM
DWG No:
C-002.00
CAD FILE No: N15019-SPP-5b.dwg

STICKER LOCATION



SITE LOCATION MAP

N.T.S.

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ZONING TABLE

ZONE: R2, MAP #21A
USE: NON-PROFIT HOSPITAL, USE GROUP 4 (PERMITTED USE PER §22-14A.)
NON-PROFIT HOSPITAL STAFF DWELLINGS, USE GROUP 3 (PERMITTED USE PER §22-13A.)

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MIN. SIDE SETBACK	§ 24-551 / § 23-661	WHEN BLDG. HEIGHT EXCEEDS 35' (30' FOR RESIDENTIAL), THE SIDE YARD SETBACK SHALL BE A MIN. OF 1/2 THE BLDG. HEIGHT	EXIST. TO REMAIN
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MAX. FAR	§ 24-111(a) / § 23-141(a)	0.50	TBD
MAX. LOT COVERAGE	§ 24-11	60%	TBD
MIN. OPEN SPACE RATIO	§ 24-163 / § 23-141(a)	150.0	TBD

ITEMS UNDER SPECIAL/PROGRESS INSPECTIONS

CONCRETE - CAST IN PLACE	BC 1704.4 (TO BE RETAINED/COORDINATED/PROVIDED BY G.C.)
CONCRETE DESIGN MIX	BC 1905.3 / 1913.5 (TO BE RETAINED/COORDINATED/PROVIDED BY G.C.)
CONCRETE SAMPLING AND TESTING	BC 1905.6 / 1913.10(TO BE RETAINED/COORDINATED/PROVIDED BY G.C.)
SUBGRADE INSPECTION	BC 1704.7.1 (TO BE RETAINED/COORDINATED/PROVIDED BY G.C.)
SITE STORM DRAINAGE DISPOSAL & DETENTION SYSTEM INSTALLATION	BC 1704.21.2 (TO BE RETAINED/COORDINATED/PROVIDED BY G.C.)

Stantec Consulting Services Inc.
135 Engineers Road, Suite 200
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Tel. 631.424.8600
www.stantec.com

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TDM ENGINEERING
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200 Old Country Road, Suite 670
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Phone: (516) 484-1020
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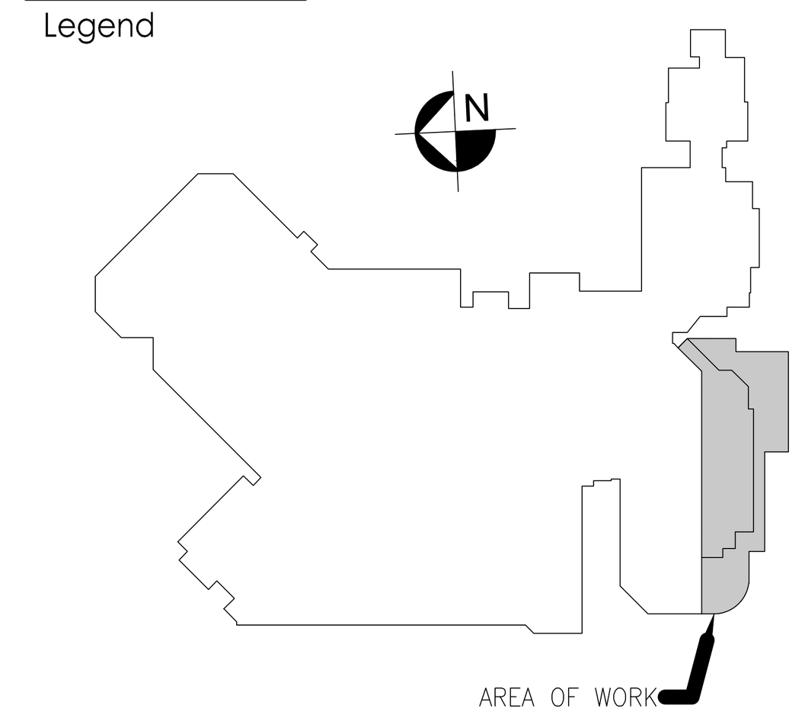
Legend



Notes

Revision	By	Appd.	YY.MM.DD

Issued	By	Appd.	YY.MM.DD
CM / GMP REVIEW	ZH	EC	16.12.23
CM/GMP	ZH	EC	16.10.14
CON Set	ZH	EC	16.10.14

File Name: N150191-SPP-0a.dwg

Dwn. Chkd. Dsgn. YY.MM.DD

JOSEPH A. DEAL
PROFESSIONAL ENGINEER
NEW YORK LICENSE No. 087122
NEW JERSEY LICENSE No. 24GE04919900
CONNECTICUT LICENSE No. 27585
PENNSYLVANIA LICENSE No. PE077709

Client/Project

REPLACEMENT PSYCHIATRIC WARD
355 BARD AVENUE
RICHMOND COUNTY
STATEN ISLAND, NY 10310
BLOCK 102, LOT 1

Title

Project No.	Scale
N150191	AS SHOWN

Drawing No.	Sheet	Revision
OVERALL SITE PLAN	C-002.00	

DISTRIBUTION LIST OF INVOLVED AGENCIES AND INTERESTED PARTIES
for the
RICHMOND UNIVERSITY MEDICAL CENTER
NEW EMERGENCY DEPARTMENT PROJECT
ADULT PSYCHIATRIC INPATIENT UNIT EXPANSION

A Copy of this Notice Sent to:

The Honorable Bill de Blasio
Mayor
City of New York
City Hall
New York, New York 10007

The Honorable James S. Oddo
Staten Island Borough President
Borough Hall
10 Richmond Terrace
Staten Island, New York 10301

The Honorable Deborah Rose
New York City Council, District 49
130 Stuyvesant Place, Room 602
Staten Island, New York 10301

The Honorable Matthew Titone
New York State Assembly, District 61
853 Forest Avenue
Staten Island, New York 10310

The Honorable Andrew J. Lanza
New York State Senate, District 24
3845 Richmond Avenue, Suite 2A
Staten Island, New York 10312

Ms. Alicia Glen
Deputy Mayor for Housing
and Economic Development
City of New York
253 Broadway, 14th Floor
New York, New York 10007

Mr. Daniel Messina, Ph.D, FACHE, LNHA
President & Chief Executive Officer
Richmond University Medical Center
355 Bard Avenue
Staten Island, New York 10310

Ms. Hilary Semel
Director
Mayor's Office of Environmental Coordination
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New York, New York 10007

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Director, Land Use, Planning & Infrastructure
Staten Island Borough President's Office
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Staten Island, New York 10301

Mr. Len Garcia-Duran
Director
Staten Island Planning Office
New York City Department of City Planning
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Vice President, Planning
NYC Economic Development Corporation
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New York, New York 10038

Ms. Sandy Chung
Senior Project Manager
NYC Economic Development Corporation
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New York, New York 10038

Ms. Gina Santucci
Director of Environmental Review
New York City Landmarks Preservation
Commission
Municipal Building
One Centre Street, Room 9N
New York, New York 10007

A Copy of this Notice Sent to:

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Director
Grants Management Bureau
New York State Department of Health
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Albany, New York 12237

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Senior Environmental Manager
Office of Environmental Affairs
DASNY
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New York, New York 10119-0098

Mr. Steven Zahn
Regional Director, Region 2
New York State Department of
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Long Island City, New York 11101-5401

Mr. John Bonafide
Director
Technical Preservation Bureau
New York State Office of Parks,
Recreation and Historic Preservation
Peebles Island, P. O. Box 189
Waterford, New York 12188-0189

Mr. Nicholas Siclari
Chair
Staten Island Community Board 1
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Mr. Jack D. Homkow
Director
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