

DORMITORY AUTHORITY OF THE STATE OF NEW YORK

STATE ENVIRONMENTAL QUALITY REVIEW ENVIRONMENTAL ASSESSMENT FORM PART I — PROJECT INFORMATION

(Prepared by Project Sponsor)

NOTICE: This document is designed to assist the Dormitory Authority in determining whether the action proposed may have a significant effect on the environment. Please complete the entire form, including Parts A through E, and submit documents required. Answers to these questions will be considered as part of the application for approval and may be subject to further verification and public review.

It is expected that completion of the EAF—Part I will be dependent on information currently available and will not involve new studies, research or investigation. If information requiring such additional work is unavailable, so indicate and specify each instance. For further information regarding the Dormitory Authority's State Environmental Quality Review (SEQR) procedures, in general, or for assistance with the Environmental Assessment Form—Part I, you may contact a member of the Dormitory Authority's SEQR and Historic Preservation Unit. **(Note: A separate EAF—Part I must be completed for each separate site or building.)**

Name of Action		
Location of Action (Include Street Address, Municipality and County)		
Name of Applicant/Sponsor (and contact person)		Business Telephone
Address		
City/PO	State	Zip Code
Name of Owner (if different)		Business Telephone
Address		
City/PO	State	Zip Code
Description of Action		

(Revised 12/00)

Please Complete Each Question—Indicate N/A if Not Applicable

BACKGROUND INFORMATION

1. The predominant facility type (use) existing on the site is _____. The number of separate buildings existing on the site is _____. The total square footage of existing structures is _____. The total number of structures to be demolished is _____. The total square footage of buildings to be demolished is _____.

2. The total number and stories of new additions will be _____ and _____, respectively. The use of the newly constructed additions is _____. The total square footage of new additions is _____.

3. The total number and stories of separate new buildings will be _____ and _____, respectively. The use of each newly constructed building is _____. The total square footage of each new building is _____.

4. The uses of buildings or areas proposed for renovations are _____. The total square footage of renovations is _____. The date(s) of construction of the building(s) to be renovated are _____.

5. The number of separate project sites is _____. The size of each site in acres is _____. The site is in the Village Town or City of _____ which has a population of _____. The total size of the project site will increase by _____ acres or decrease by _____ acres as a result of the proposed project.

6. The total construction cost for the proposed project is _____. The total number of dwelling units or beds will change from _____ to _____ upon project completion.

7. List the project architect's name, company, address, and telephone number: _____

8. List the general contractor's or construction manager's name, company, address, and telephone number: _____

9. List the environmental consultant's name, company, address, and telephone number: _____

10. Identify the specific Dormitory Authority program and funding amount for which this application has been made: _____

A. SITE DESCRIPTION

1. Attach a project location map (e.g., appropriate portion U.S. Geological Survey quadrangle map or equivalent) indicating existing property boundaries and dimensions, topography, roads, and major structures.

2. Present land use(s) of project sponsor's site:
- a. Urban Suburban Rural
 - b. Residential Institutional Commercial Industrial Agricultural
 Forest Parkland Manufacturing Other: Specify _____
 - c. Specific uses now on project site are (e.g., hospital with separate parking garage) _____

 - d. Site has been used as above since _____ (year)

3. Past land use(s) of project sponsor's site (if known): _____

4. Indicate below how the project sponsor's site will change as a result of the action proposed.

APPROXIMATE ACREAGE	CURRENTLY	AFTER COMPLETION
Meadow or Brushland (Non-agricultural)	_____ acres	_____ acres
Forested	_____ acres	_____ acres
Agricultural (includes orchards, cropland, pasture, etc.)	_____ acres	_____ acres
Wetland (Freshwater or Tidal as per Articles 24, 25, or ECL)	_____ acres	_____ acres
Water Surface Area	_____ acres	_____ acres
Unvegetated (rock, earth or fill)	_____ acres	_____ acres
Roads, and other paved surfaces	_____ acres	_____ acres
Buildings (ground floor coverage)	_____ acres	_____ acres
Other (indicate type) _____	_____ acres	_____ acres
Totals	_____ acres	_____ acres

5. Attach a neighborhood map showing major land uses within a one-mile radius of the project site. The map should identify roads, transportation facilities, institutions (including military bases), residential areas (and their character), parks and recreational facilities, major commercial areas, industrial/manufacturing facilities (including factories, energy production plants, public or private landfills, incinerators, gas stations, waste treatment facilities).

a. The uses of the properties directly adjoining and across the street from the proposed project site are: _____

6. Is project substantially contiguous to, or contain, a building, site, or district, listed on the State or the National Registers of Historic Places? Yes No. If yes, describe the condition that applies: _____

7. Is project substantially contiguous to, or contain a site listed on the Register of National Natural Landmarks? Yes No. If yes, describe the condition that applies: _____

8. What is predominant soil type(s) on the project site? _____
- a. Soil drainage: Well drained (_____ % of site); Moderately well drained (_____ % of site); Poorly drained (_____ % of site).
- b. Has the project site been significantly filled? Yes No. If yes, what are the nature and origins of the fill materials? _____
- c. If any agricultural land is involved, how many acres of soil are classified within soil group 1 through 4 of the NYS Land Classification System? _____ acres. (See NYCRR 370).
9. Are there bedrock outcroppings on project site? Yes No
- a. What is depth to bedrock? _____ (in feet).
10. Approximate percentage of proposed site with slopes: 0-10% _____%; 10-15% _____%; 15% or greater _____%
11. What is the depth of the water table? _____ (in feet)
Source of information: _____
12. Is site located over a primary, principal, or sole source aquifer (as designated by the U.S. Environmental Protection Agency)? Yes No. Identify: _____

13. Do hunting, fishing, or shell fishing opportunities currently exist in the project area? Yes No
14. Does project site contain any species of plant or animal life that is identified as threatened or endangered? Yes No. According to: _____
_____ Identify each species: _____
15. Is there any visible evidence of possible groundwater or soil contamination on the proposed or any adjacent sites (e.g., stressed vegetation, stained soil, discolored surface water, foul odors, leaking containers)? Yes No. If yes, describe: _____
16. Are there any aboveground or underground tanks for storage of fuel or liquid waste products currently on the site? Yes No. If yes, describe storage capacity and product stored for each tank and attach the NYSDEC Bulk Storage Registration Certificate (if applicable) in accordance with 6 NYCRR Part 612: _____

17. Are any new aboveground and/or underground storage tanks proposed? Yes No. If yes, describe storage capacity and products to be stored for each new tank: _____

18. Are there any unique or unusual land forms on the project site (i.e., cliffs, dunes, other geological formations) Yes No. If yes, describe: _____

19. Is the project site currently used by the community or neighborhood as an open space or recreation area? Yes No. If yes, describe: _____

20. Does the project site include scenic views known to be important to the community? Yes No. If yes, describe view and identify character of view or vista: _____

21. Streams within or contiguous to project area: _____
a. Name of stream and name of river to which it is tributary:
- _____
22. Are any lakes, ponds, wetland areas within or contiguous to project area? Yes No.
a. Name _____ b. Size (in acres) _____
23. Is site served by existing public utilities? Yes No.
a. Which will be used to service this project? Electricity Gas Water Steam
Storm sewer Sanitary sewer Other (Describe) _____
b. Attach name, address and telephone numbers for each utility company or authority to service
proposed project.
c. Will public or private improvements be required to allow connections? Yes No.
24. Will any utilities necessary to support the project be provided exclusively on-site; or will any
public utilities be supported by on-site facilities (e.g., sanitary sewage treatment facility,
stormwater retention basin, cogeneration plant, etc.)? Yes No.
25. Is the site located in an agricultural district certified pursuant to Agriculture and Markets Law,
Article 25-AA Sections 303 and 304? Yes No. If yes, describe: _____
-
26. Is the site located in or substantially contiguous to a Critical Environmental Area designated
pursuant to Article 8 of the ECL and 6 NYCRR 617? (Contact regional NYSDEC office to verify).
 Yes No. If yes, describe: _____

27. Has the project site or any sites within a 1/2-mile radius of the project site ever been used for storage
or disposal of solid or hazardous waste? (Contact regional NYSDEC office to verify). Yes
No. If yes, identify: _____

28. Is the site located in a coastal area as defined in 19 NYCRR Part 600 (Waterfront Revitalization and
Coastal Resources Policies and Procedures)? Yes No. If yes, identify: _____

B. PROJECT DESCRIPTION

1. **Attach a site plan of proposed new site development and/or renovation which indicates proposed new site boundaries, topography, structures, buildings to be altered, dimensions and heights, new roads and parking, power or incineration structures, storm drainage structures, utilities, etc.**
2. Total contiguous acreage owned or controlled by project sponsor: _____ acres.
3. Project acreage to be developed: _____ acres initially; _____ acres ultimately.

4. Project acreage to remain undeveloped: _____ acres.
5. Project will occupy _____ linear feet of frontage along a public thoroughfare. Name of thoroughfare: _____
6. Will the proposed action result in the generation of traffic significantly above present levels?
 Yes No. Maximum numbers of trips generated by proposed action in A.M. and P.M. peak hours, respectively: _____
7. If yes, is the existing road network adequate to handle the additional traffic? Yes No.
8. Will the proposed project result in a demand for additional parking? Yes No.
9. The number of off-street parking spaces existing: _____; proposed: _____
10. The number of loading (service and delivery) berths existing is _____; proposed -
11. Will the project require any state or local permits for curb cuts or traffic signalization? Yes No. If yes, describe: _____

12. Has a traffic or parking study been done? Yes No. (If yes, submit a copy with this SEQOR application.)
13. If residential, number and type of housing units:
- | | One-Family | Two-Family | Multiple-Family |
|----------|------------|------------|-----------------|
| Existing | _____ | _____ | _____ |
| Proposed | _____ | _____ | _____ |
- If hospital, health-related, or nursing facility, the number of beds existing _____; proposed -
14. Dimension (in feet) of largest proposed structure _____ height; _____ width _____ length
15. How much natural material (i.e., rock, earth, etc.) will be removed from the site? _____ tons/cubic yards. How much fill will be imported onto the site? _____ tons/cubic yards. Origin _____
16. Will disturbed areas be reclaimed? Yes No N/A.
- a. If yes, for what intended purpose is the site being reclaimed? _____
- b. Will topsoil be stockpiled for reclamation? Yes No.
- c. Will upper subsoil be stockpiled for reclamation? Yes No.
17. How many acres of vegetation (trees, shrubs, ground cover) will be removed from site? _____ acres.
18. Will any mature forest (over 100 years old) or other locally-important vegetation be removed by this project? Yes No. Identify: _____
19. The anticipated period of construction (including demolition): _____ months. Starting date _____; completion date _____

20. If multi-phased:
- a. Total number of phases anticipated _____
 - b. Anticipated date of commencement Phase I: _____ month _____ year
 - c. Approximate completion date of final phase: _____ month _____ year
 - d. Is Phase I functionally necessary to subsequent phases? Yes No.
 - e. What work will be completed in each phase? _____

21. Will blasting occur during construction? Yes No.
22. Number of jobs generated: during construction _____; after project is complete _____.
23. Number of jobs eliminated by this project: _____.
24. Will project require relocation of any people, businesses, or facilities? Yes No.
If yes, explain: _____
25. What types and amounts of liquid waste will be discharged as a result of the operation of the proposed project? Sanitary sewage; _____ gpd; Industrial waste; _____ gpd.
- a. For each type that will not go into a permitted municipal system, indicate whether effluent will be discharged into surface or groundwaters. If surface, name water body into which it will be discharged: Sanitary Sewage _____ Industrial Waste _____
 - b. Indicate status of any discharge permits required for liquid waste disposal or attach permits: _____
26. Will the surface area of an existing water body increase or decrease as a result of the proposed? Yes No. If yes, explain: _____
27. Is project or any portion of project located in a 100-year floodplain? Yes No.
Is project or any portion of project located in a coastal high hazard area? Yes No.
28. What are the components of the proposed stormwater disposal system and their locations:
-

- a. What are the design criteria used? _____
 - b. Who administers stormwater management requirements in your locality? _____

29. Will the project generate solid waste? Yes No.
- a. If yes, what is the amount generated per month? _____ tons.
 - b. Identify the name and location of the solid waste facility to be used: _____

 - c. Will any wastes **not** go into a sewage disposal system or into a sanitary landfill? Yes No.
If yes, explain: _____
 - d. Will the project generate any solid waste due to demolition of existing structures? Yes No.
If yes, what is the approximate amount to be taken off-site? _____
30. Will the project involve disposal of solid waste? Yes No.
- a. If yes, what is the anticipated rate of disposal? _____ tons/month.
 - b. If yes, what is the anticipated site life? _____ years.

31. Will the project generate any hazardous, toxic or infectious waste either during construction or operation of facility? Yes No.
- a. If yes, what types (e.g., PCBs, asbestos, radiological, medical, infectious, etc.)? _____
- b. If yes, what is the anticipated rate of disposal? _____ tons/month.
- c. Is the applicant operating an on-site incinerator? Yes No.
- d. For applicants utilizing an off-site incineration facility, identify final disposal location:
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32. Will project use herbicides or pesticides? Yes No. If yes, identify: _____
-
33. Will project routinely produce odors (more than one hour per day)? Yes No.
34. Will project contain any new stationary sources of air emissions (e.g., boiler, laboratory vents, etc.)?
 Yes No. If yes, describe: _____
35. Will project produce operating noise exceeding the local ambient noise levels? Yes No.
36. Will project result in an increase in energy use? Yes No. If yes, indicate type(s) and percentage (%) increase over existing use in the applicable service area:
-
37. If water supply is from wells, indicate pumping capacity _____ gallons/minute.
38. Total anticipated water usage per day: _____ gallons/day.
39. Does the project sponsor have knowledge of any environmental liens or government notifications relating to past or current violations of environmental laws with respect to the proposed project site or any facility on it? Yes No. If yes, explain: _____

40. Does project involve any local, state or federal funding other than the Dormitory Authority?
 Yes No. If yes, explain sources and amounts: _____

41. Approvals/Permits Required. (Attach Copies of Approvals/Permits Received or Applications submitted. Please be sure to include environmental permits for: underground and aboveground storage tanks, waste haulers, wetlands, stream disturbance, SPDES, etc.):

	Permit/Approval Type	Submittal/Approval Dates	Specific Approval Agency
City, Town, Village Board	_____	_____	_____
City, Town, Village Planning Board	_____	_____	_____
City, Town Zoning Board	_____	_____	_____
City, County Health Department.	_____	_____	_____
Other Local Agencies	_____	_____	_____
Regional Agencies	_____	_____	_____

State Agencies

Authorization of the
Issuance/Expenditure
of Tax-Exempt Bonds

Dormitory Authority
of the State of
New York

Federal Agencies

IMPORTANT: For each agency approval needed or received, attach a list of the full agency name, address, telephone number and contact person.

C. ZONING AND PLANNING INFORMATION

1. Please attach a local zoning map showing zoning districts in the project area and environs and a copy of the zoning regulations (or applicable portion) pertaining to the proposed project site.
2. Does proposed action involve a planning or zoning decision? Yes No. If yes, indicate specific decision required: zoning amendment; zoning variance; special use permit; subdivision; site plan; new/revision of master plan; resource management plan; other (identify): _____
3. What is the present zoning classification(s) of the site? _____
Indicate block and lot numbers: _____
4. What is the maximum potential development of the site if developed as permitted by the present zoning? Units and/or floor area: _____
5. What is the proposed zoning of the site? _____
6. What is the maximum potential development of the site if developed as permitted by the proposed zoning? Units and/or floor area: _____
7. Is the proposed action consistent with the recommended uses in adopted local land use plans?
 Yes No.
8. If zoning variance is required, specify reason: height, density, bulk, setback, parking, or other.
9. What are the predominant land use(s) and zoning classifications within a ¼-mile radius of proposed action? _____
10. Is the proposed action compatible with adjoining, surrounding land uses within a ¼-mile radius?
 Yes No.
11. If the proposed action requires the subdivision of land, how many lots are proposed? _____
What are the lot sizes proposed? _____
12. Will proposed action require any authorization(s) for the formation or extension of sewer or water districts? Yes No. Identify district: _____
13. Will the proposed action create an increased demand for any community provided services (recreation, education, police, fire protection)? Yes No. If yes, which services: _____

a. If yes, is existing capacity sufficient to handle projected demand? Yes No.
b. If capacity insufficient, explain how increased demand will be met: _____

14. Do you know of any public controversy related to potential adverse environmental impacts associated with your proposal? Yes No. If yes, describe:

Identify any groups or organizations opposed to project based on potential adverse environmental impacts grounds: _____

D. INFORMATIONAL DETAILS

Attach any additional information as needed to clarify your project. If there are or may be any adverse impacts associated with your proposal, please discuss such impacts and the measures which you propose to mitigate or avoid them.

a. If an environmental determination has been made previously in conjunction with an approval by another government agency, submit for review all materials related to that determination: the written determination (i.e., Negative Declaration, Conditional Negative Declaration, or Positive Declaration), any Draft or Final Environmental Impact Statement, Findings Statement, environmental audit report, or permit application(s).

b. Attach appropriate portion of applicable Federal Emergency Management Agency (FEMA) "Flood Insurance Rate Map (FIRM)" with the project boundaries located on that map.

c. Attach any cultural resources impact determination made so far by, or evidence of prior consultation with, the New York State Office of Parks, Recreation & Historic Preservation (OPRHP). If a project review impact determination letter has been previously issued by the OPRHP include a copy of that letter with this EAF. **(A project review impact determination letter is required for all projects wholly or partially funded or undertaken by the Dormitory Authority in accordance with the State Historic Preservation Act of 1980.)**

E. VERIFICATION

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

Applicant/Project Sponsor Name _____

Authorized Representative's Name _____

Representative's Title _____

Signature of Applicant or Authorized Representative _____

Date _____

If the action is in the Coastal Area, the Dormitory Authority will complete a Coastal Assessment Form before proceeding with its assessment of the project.