

Town Of Lansing Planning Board
Application for Review and Approval of Subdivision

Check One: Subdivision Plat Fee Paid \$ _____ Date _____
 Boundary Change Receipt No. _____

1. Name or Identifying Title Kenneth E + Susan J Gorton

2. Tax Parcel No. 23-1-23.2 Zoning District L1

3. Subdivider: (if owner, so state; if agent or other type of relationship,
state details on separate sheet)

Name & Title Kenneth E + Susan J Gorton

Signature _____ Date _____

Address 204 LANSING STATION Rd LANSING NY 14882

Phone 607-275-7724 Fax _____ E-Mail keg2499@yahoo.com

Other Contact information _____

4. Licensed Land Surveyor:

Name: T. G. Miller P.C

Address 605 West State St Ithaca NY 14850

607) Phone 272-6477 Fax _____ E-Mail www.TGMillerPC.com

Other Contact information _____

5. Engineer:

Name: _____

Address _____

Phone _____ Fax _____ E-Mail _____

Other Contact information _____

6. Easements or other restrictions on property: (Describe generally)

N/A

7. Names of abutting owners and owners directly across adjoining streets, including those
in other towns (Available at Tompkins County Assessor's Office. Attach
additional sheets if necessary)

Refer To Attachment

8. Requested exceptions: The planning Board is hereby requested to authorize the
following exceptions to or waivers of its regulations governing subdivisions
(attach list of exceptions with the reason for each exception set forth):

N/A

*** Note: Application, Fee and required documents must be received in the Code
Enforcement Office 14 days prior to the scheduled Planning Board meeting.**

29 Google : NY EAF web mapper

OR

www.giservices.dec.ny.gov/cafmapper

AGRICULTURAL DATA STATEMENT

Per § 305-a of the New York State Agriculture and Markets Law, any application for a special use permit, site plan approval, use variance, or subdivision approval requiring municipal review and approval that would occur on property within a New York State Certified Agricultural District containing a farm operation or property with boundaries within 500 feet of a farm operation located in an Agricultural District shall include an Agricultural Data Statement.

- A. Name of applicant: Kenneth E + Susan J Gorton
Mailing address: 204 LANSING STATION Rd
LANSING NY 14882
- B. Description of the proposed project: Subdivision of 17.256 Acres "PARCEL B" ON
Survey
- C. Project site address: 204 Lansing Station Rd Town: LANSING
- D. Project site tax map number: 15-1-23.2
- E. The project is located on property:
 within an Agricultural District containing a farm operation, or
 with boundaries within 500 feet of a farm operation located in an Agricultural District.
- F. Number of acres affected by project: 17.256
- G. Is any portion of the project site currently being farmed?
 Yes. If yes, how many acres _____ or square feet _____ ?
 No.
- H. Name and address of any owner of land containing farm operations within the Agricultural District and is located within 500 feet of the boundary of the property upon which the project is proposed.
N/A
- I. Attach a copy of the current tax map showing the site of the proposed project relative to the location of farm operations identified in Item H above.

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**FARM NOTE**  
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Prospective residents should be aware that farm operations may generate dust, odor, smoke, noise, vibration and other conditions that may be objectionable to nearby properties. Local governments shall not unreasonably restrict or regulate farm operations within State Certified Agricultural Districts unless it can be shown that the public health or safety is threatened.

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Kenneth E Gorton  
Name and Title of Person Completing Form

1/6/2023  
Date

| Tax ID     | Address                | Owners                                      | Notes                  | Additional Notes                                                        |
|------------|------------------------|---------------------------------------------|------------------------|-------------------------------------------------------------------------|
| 15.-1-22.7 | Ludlow Rd              | Sandra & Richard Sharp                      | Vacant Land w/building |                                                                         |
| 15.-1-22.3 | 360 Lansing Station Rd | Don C Brown                                 | 1 Family Residential   |                                                                         |
| 24.-1-1    | 122 Property Matches   |                                             |                        |                                                                         |
| 14.-2-27.3 | 269 Lansing Station Rd | Karen Silverstein Revocable Trust           | Vacant Land w/building | Karen lives in FL.                                                      |
| 14.-2-34   | 271 Lansing Station Rd | Linda Westlake                              | 1 Family Residential   |                                                                         |
| 14.-2-35   | 273 Lansing Station Rd | Robert C Boda & Ina J Boda                  | 1 Family Residential   | c/o Jack & Sue French, KY Address                                       |
| 14.-2-26   | Lansing Station Rd     | Walker, Kris & Janel                        | Vacant Land            | Live in NJ                                                              |
| 14.-2-25.1 | Lansing Station Rd     | Earl N Roe & Rbt Roe & Janet Scalia         | Vacant Land w/building | Live in WV                                                              |
| 14.-2-25.2 | 285 Lansing Station Rd | Robert Davenport, Jr                        | 1 Family Residential   |                                                                         |
| 14.-2-40   | 301 Lansing Station Rd | Arthur Jonathan Shaw                        | 1 Family Residential   |                                                                         |
| 14.-2-23   | Lansing Station Rd     | Ridley, Donald & Marian                     | Vacant Land            |                                                                         |
| 14.-2-22   | 317 Lansing Station Rd | Inter Vivos Trust Lynnette Molesky Scofield | 1 Family Residential   |                                                                         |
| 14.-2-21   | Lansing Station Rd     | Mary H DuFort & Robert RuFort & Lorri Taft  | Vacant Land            | DuFort Family Trust, DuFort's live in CA, Lorri lives in Skaneateles NY |

**Full Environmental Assessment Form  
Part 1 - Project and Setting**

**Instructions for Completing Part 1**

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

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

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

**A. Project and Applicant/Sponsor Information.**

|                                                                                                                                              |           |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------|
| Name of Action or Project:<br>Kenneth E & Susan J Gorton sub division                                                                        |           |                           |
| Project Location (describe, and attach a general location map):<br>204 Lansing Station Rd Lansing Ny 14882                                   |           |                           |
| Brief Description of Proposed Action (include purpose or need):<br>Sub division of 17.256 acres Parcel "B" on survey map Tax map # 23-1-23.2 |           |                           |
| Name of Applicant/Sponsor:<br>Kenneth E & Susan J Gorton                                                                                     |           | Telephone: 607-275-7724   |
|                                                                                                                                              |           | E-Mail: keg2499@yahoo.com |
| Address: 204 Lansing Station RD                                                                                                              |           |                           |
| City/PO: Lansing                                                                                                                             | State: NY | Zip Code: 14882           |
| Project Contact (if not same as sponsor; give name and title/role):                                                                          |           | Telephone:                |
|                                                                                                                                              |           | E-Mail:                   |
| Address:                                                                                                                                     |           |                           |
| City/PO:                                                                                                                                     | State:    | Zip Code:                 |
| Property Owner (if not same as sponsor):                                                                                                     |           | Telephone:                |
|                                                                                                                                              |           | E-Mail:                   |
| Address:                                                                                                                                     |           |                           |
| City/PO:                                                                                                                                     | State:    | Zip Code:                 |

## B. Government Approvals

| B. Government Approvals, Funding, or Sponsorship. ("Funding" includes grants, loans, tax 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 Counsel, Town Board, <input type="checkbox"/> Yes <input type="checkbox"/> No or Village Board of Trustees                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                  |                                        |
| b. City, Town or Village Planning Board or Commission <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                | Town Of Lansing                                  | 01/06/2023                             |
| c. City, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                        |
| d. Other local agencies <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                        |
| e. County agencies <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                                        |
| f. Regional agencies <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                                        |
| g. State agencies <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                                        |
| h. Federal agencies <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                                        |
| i. Coastal Resources. <ul style="list-style-type: none"> <li>i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>iii. Is the project site within a Coastal Erosion Hazard Area? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> |                                                  |                                        |

## 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? <ul style="list-style-type: none"> <li>• <b>If Yes</b>, complete sections C, F and G.</li> <li>• <b>If No</b>, proceed to question C.2 and complete all remaining sections and questions in Part 1</li> </ul> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                        |
| C.2. Adopted land use plans.                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |
| a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located?<br>If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located?                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway; Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?)<br>If Yes, identify the plan(s):<br>_____<br>_____<br>_____                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                        |
| c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan?<br>If Yes, identify the plan(s):<br>_____<br>_____<br>_____                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                        |

**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?

\_\_\_\_\_

\_\_\_\_\_

b. Is the use permitted or allowed by a special or conditional use permit?  Yes  No

c. Is a zoning change requested as part of the proposed action?  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? Lansing

b. What police or other public protection forces serve the project site?  
Tompkins County Sheriff and NYSP

c. Which fire protection and emergency medical services serve the project site?  
Lansing Fire Dept

d. What parks serve the project site?

\_\_\_\_\_

\_\_\_\_\_

**D. Project Details****D.1. Proposed and Potential Development**

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

b. a. Total acreage of the site of the proposed action? \_\_\_\_\_ 17.23 acres

b. Total acreage to be physically disturbed? \_\_\_\_\_ acres

c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? \_\_\_\_\_ 17.23 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)? % \_\_\_\_\_ Units: \_\_\_\_\_

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)  
residential

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 the proposed action be constructed in multiple phases?  Yes  No

i. If No, anticipated period of construction: \_\_\_\_\_ 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? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br>If Yes, show numbers of units proposed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                   |                     |                                       |                                       |               |  |  |  |  |                             |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|---------------------|---------------------------------------|---------------------------------------|---------------|--|--|--|--|-----------------------------|--|--|--|--|
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 20%; text-align: center; border-bottom: 1px solid black;"><u>One Family</u></th> <th style="width: 20%; text-align: center; border-bottom: 1px solid black;"><u>Two Family</u></th> <th style="width: 20%; text-align: center; border-bottom: 1px solid black;"><u>Three Family</u></th> <th style="width: 25%; text-align: center; border-bottom: 1px solid black;"><u>Multiple Family (four or more)</u></th> </tr> </thead> <tbody> <tr> <td>Initial Phase</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>At completion of all phases</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table> |                   | <u>One Family</u> | <u>Two Family</u>   | <u>Three Family</u>                   | <u>Multiple Family (four or more)</u> | Initial Phase |  |  |  |  | At completion of all phases |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>One Family</u> | <u>Two Family</u> | <u>Three Family</u> | <u>Multiple Family (four or more)</u> |                                       |               |  |  |  |  |                             |  |  |  |  |
| Initial Phase                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                   |                     |                                       |                                       |               |  |  |  |  |                             |  |  |  |  |
| At completion of all phases                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                   |                     |                                       |                                       |               |  |  |  |  |                             |  |  |  |  |
| g. Does the proposed action include new non-residential construction (including expansions)? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br>If Yes,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |                     |                                       |                                       |               |  |  |  |  |                             |  |  |  |  |
| <i>i.</i> Total number of structures _____<br><i>ii.</i> Dimensions (in feet) of largest proposed structure: _____ height; _____ width; and _____ length<br><i>iii.</i> Approximate extent of building space to be heated or cooled: _____ 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? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br>If Yes,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                   |                     |                                       |                                       |               |  |  |  |  |                             |  |  |  |  |
| <i>i.</i> Purpose of the impoundment: _____<br><i>ii.</i> If a water impoundment, the principal source of the water: <input type="checkbox"/> Ground water <input type="checkbox"/> Surface water streams <input type="checkbox"/> Other specify: _____<br><i>iii.</i> If other than water, identify the type of impounded/contained liquids and their source. _____<br><i>iv.</i> Approximate size of the proposed impoundment. Volume: _____ million gallons; surface area: _____ acres<br><i>v.</i> Dimensions of the proposed dam or impounding structure: _____ height; _____ length<br><i>vi.</i> Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): _____                                                                                                                                                                                                                                                                                                                                              |                   |                   |                     |                                       |                                       |               |  |  |  |  |                             |  |  |  |  |
| <b>D.2. Project Operations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |                     |                                       |                                       |               |  |  |  |  |                             |  |  |  |  |
| a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br>(Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite)<br>If Yes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                   |                     |                                       |                                       |               |  |  |  |  |                             |  |  |  |  |
| <i>i.</i> What is the purpose of the excavation or dredging? _____<br><i>ii.</i> How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?<br><ul style="list-style-type: none"> <li>• Volume (specify tons or cubic yards): _____</li> <li>• Over what duration of time? _____</li> </ul> <i>iii.</i> Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them. _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                   |                     |                                       |                                       |               |  |  |  |  |                             |  |  |  |  |
| <i>iv.</i> Will there be onsite dewatering or processing of excavated materials? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br>If yes, describe. _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                   |                     |                                       |                                       |               |  |  |  |  |                             |  |  |  |  |
| <i>v.</i> What is the total area to be dredged or excavated? _____ acres<br><i>vi.</i> What is the maximum area to be worked at any one time? _____ acres<br><i>vii.</i> What would be the maximum depth of excavation or dredging? _____ feet<br><i>viii.</i> Will the excavation require blasting? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br><i>ix.</i> Summarize site reclamation goals and plan: _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                   |                     |                                       |                                       |               |  |  |  |  |                             |  |  |  |  |
| 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? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br>If Yes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                   |                     |                                       |                                       |               |  |  |  |  |                             |  |  |  |  |
| <i>i.</i> Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                   |                     |                                       |                                       |               |  |  |  |  |                             |  |  |  |  |

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 the proposed action cause or result in disturbance to bottom sediments?

Yes  No

If Yes, describe: \_\_\_\_\_

iv. Will the 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: \_\_\_\_\_ gallons/day

ii. Will the proposed action obtain water from an existing public water supply?

Yes  No

If Yes:

- Name of district or service area: \_\_\_\_\_
- Does the existing public water supply have capacity to serve the proposal?  Yes  No
- Is the project site in the existing district?  Yes  No
- Is expansion of the district needed?  Yes  No
- Do existing lines serve the project site?  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), what is the maximum pumping capacity: \_\_\_\_\_ gallons/minute.

d. Will the proposed action generate liquid wastes?

Yes  No

If Yes:

i. Total anticipated liquid waste generation per day: \_\_\_\_\_ gallons/day

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

iii. Will the proposed action use any existing public wastewater treatment facilities?

Yes  No

If Yes:

- Name of wastewater treatment plant to be used: \_\_\_\_\_
- Name of district: \_\_\_\_\_
- Does the existing wastewater treatment plant have capacity to serve the project?  Yes  No
- Is the project site in the existing district?  Yes  No
- Is expansion of the district needed?  Yes  No



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Do existing sewer lines serve the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Will a line extension within an existing district be necessary to serve the project? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p>If Yes:</p> <ul style="list-style-type: none"> <li>Describe extensions or capacity expansions proposed to serve this project: _____</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p>iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <ul style="list-style-type: none"> <li>Applicant/sponsor for new district: _____</li> <li>Date application submitted or anticipated: _____</li> <li>What is the receiving water for the wastewater discharge? _____</li> </ul> <p>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):</p> <p>_____</p> <p>_____</p> <p>vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____</p> <p>_____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. How much impervious surface will the project create in relation to total size of project parcel?</p> <p>_____ Square feet or _____ acres (impervious surface)</p> <p>_____ Square feet or _____ acres (parcel size)</p> <p>ii. Describe types of new point sources. _____</p> <p>_____</p> <p>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)?</p> <p>_____</p> <p>_____</p> <ul style="list-style-type: none"> <li>If to surface waters, identify receiving water bodies or wetlands: _____</li> <li>_____</li> <li>Will stormwater runoff flow to adjacent properties? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p>iv. Does the proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, identify:</p> <p>i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)</p> <p>_____</p> <p>ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers)</p> <p>_____</p> <p>iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation)</p> <p>_____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>ii. In addition to emissions as calculated in the application, the project will generate:</p> <ul style="list-style-type: none"> <li>_____ Tons/year (short tons) of Carbon Dioxide (CO<sub>2</sub>)</li> <li>_____ Tons/year (short tons) of Nitrous Oxide (N<sub>2</sub>O)</li> <li>_____ Tons/year (short tons) of Perfluorocarbons (PFCs)</li> <li>_____ Tons/year (short tons) of Sulfur Hexafluoride (SF<sub>6</sub>)</li> <li>_____ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs)</li> <li>_____ Tons/year (short tons) of Hazardous Air Pollutants (HAPs)</li> </ul>                                                                                                                                                                                                                                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                          |                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Estimate methane generation in tons/year (metric): _____</p> <p>ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                          |                                                                                                                                                                                         |
| <p>i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                          |                                                                                                                                                                                         |
| <p>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? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. When is the peak traffic expected (Check all that apply): <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend<br/> <input type="checkbox"/> Randomly between hours of _____ to _____.</p> <p>ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks): _____</p> <p>iii. Parking spaces: Existing _____ Proposed _____ Net increase/decrease _____</p> <p>iv. Does the proposed action include any shared use parking? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: _____</p> <p>vi. Are public/private transportation service(s) or facilities available within 1/2 mile of the proposed site? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> |                                                                                                                                                                                          |                                                                                                                                                                                         |
| <p>k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Estimate annual electricity demand during operation of the proposed action: _____</p> <p>ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): _____</p> <p>iii. Will the proposed action require a new, or an upgrade, to an existing substation? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |                                                                                                                                                                                         |
| <p>l. Hours of operation. Answer all items which apply.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>i. During Construction:</p> <ul style="list-style-type: none"> <li>• Monday - Friday: _____</li> <li>• Saturday: _____</li> <li>• Sunday: _____</li> <li>• Holidays: _____</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <p>ii. During Operations:</p> <ul style="list-style-type: none"> <li>• Monday - Friday: _____</li> <li>• Saturday: _____</li> <li>• Sunday: _____</li> <li>• Holidays: _____</li> </ul> </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>i. During Construction:</p> <ul style="list-style-type: none"> <li>• Monday - Friday: _____</li> <li>• Saturday: _____</li> <li>• Sunday: _____</li> <li>• Holidays: _____</li> </ul> | <p>ii. During Operations:</p> <ul style="list-style-type: none"> <li>• Monday - Friday: _____</li> <li>• Saturday: _____</li> <li>• Sunday: _____</li> <li>• Holidays: _____</li> </ul> |
| <p>i. During Construction:</p> <ul style="list-style-type: none"> <li>• Monday - Friday: _____</li> <li>• Saturday: _____</li> <li>• Sunday: _____</li> <li>• Holidays: _____</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>ii. During Operations:</p> <ul style="list-style-type: none"> <li>• Monday - Friday: _____</li> <li>• Saturday: _____</li> <li>• Sunday: _____</li> <li>• Holidays: _____</li> </ul>  |                                                                                                                                                                                         |

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:  
 \_\_\_\_\_  
 \_\_\_\_\_

ii. Will the proposed action remove existing natural barriers that could act as a noise barrier or screen?  Yes  No  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_

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:  
 \_\_\_\_\_  
 \_\_\_\_\_

ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen?  Yes  No  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_

o. Does the proposed action have the potential to produce odors for more than one hour per day?  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 \_\_\_\_\_  
 ii. Volume(s) \_\_\_\_\_ per unit time \_\_\_\_\_ (e.g., month, year)  
 iii. Generally, describe the proposed storage facilities: \_\_\_\_\_  
 \_\_\_\_\_

q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation?  Yes  No  
 If Yes:  
 i. 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: \_\_\_\_\_ tons per \_\_\_\_\_ (unit of time)  
 • Operation: \_\_\_\_\_ tons per \_\_\_\_\_ (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: \_\_\_\_\_  
 \_\_\_\_\_  
 • Operation: \_\_\_\_\_  
 \_\_\_\_\_

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 the 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: \_\_\_\_\_

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

iii. Specify amount to be handled or generated \_\_\_\_\_ tons/month

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: \_\_\_\_\_

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): \_\_\_\_\_

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>c. Is the project site presently used by members of the community for public recreation?<br/> <i>i.</i> If Yes: explain: _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                       |
| <p>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?<br/>         If Yes,<br/> <i>i.</i> Identify Facilities: _____<br/>         _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                       |
| <p>e. Does the project site contain an existing dam?<br/>         If Yes:<br/> <i>i.</i> Dimensions of the dam and impoundment:<br/>             • Dam height: _____ feet<br/>             • Dam length: _____ feet<br/>             • Surface area: _____ acres<br/>             • Volume impounded: _____ gallons OR acre-feet<br/> <i>ii.</i> Dam's existing hazard classification: _____<br/> <i>iii.</i> Provide date and summarize results of last inspection: _____<br/>         _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                       |
| <p>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?<br/>         If Yes:<br/> <i>i.</i> Has the facility been formally closed?<br/>             • If yes, cite sources/documentation: _____<br/> <i>ii.</i> Describe the location of the project site relative to the boundaries of the solid waste management facility: _____<br/>         _____<br/> <i>iii.</i> Describe any development constraints due to the prior solid waste activities: _____<br/>         _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                       |
| <p>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?<br/>         If Yes:<br/> <i>i.</i> Describe waste(s) handled and waste management activities, including approximate time when activities occurred: _____<br/>         _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                       |
| <p>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?<br/>         If Yes:<br/> <i>i.</i> Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply:<br/> <input type="checkbox"/> Yes – Spills Incidents database      Provide DEC ID number(s): _____<br/> <input type="checkbox"/> Yes – Environmental Site Remediation database      Provide DEC ID number(s): _____<br/> <input type="checkbox"/> Neither database<br/> <i>ii.</i> If site has been subject of RCRA corrective activities, describe control measures: _____<br/>         _____<br/> <i>iii.</i> Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database?<br/>         If yes, provide DEC ID number(s): _____<br/> <i>iv.</i> If yes to (i), (ii) or (iii) above, describe current status of site(s): _____<br/>         _____<br/>         _____</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------|------------|--------------------------------------------------------------|-------------------|------------|------------------------------------------|-----------------|------------|------------------------|-------------------------------------|-------|--|
| v. Is the project site subject to an institutional control limiting property uses? <ul style="list-style-type: none"> <li>• If yes, DEC site ID number: _____</li> <li>• Describe the type of institutional control (e.g., deed restriction or easement): _____</li> <li>• Describe any use limitations: _____</li> <li>• Describe any engineering controls: _____</li> <li>• Will the project affect the institutional or engineering controls in place? _____</li> <li>• Explain: _____</li> </ul>                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| <b>E.2. Natural Resources On or Near Project Site</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| a. What is the average depth to bedrock on the project site? _____ 100 feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| b. Are there bedrock outcroppings on the project site? _____<br>If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| c. Predominant soil type(s) present on project site: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">clay</td> <td style="width: 20%; text-align: center;">100 %</td> <td style="width: 20%;"></td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td></td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                        | clay                                                                | 100 %                  |            | _____                                                        | %                 |            | _____                                    | %               |            |                        |                                     |       |  |
| clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 100 %                                                               |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | %                                                                   |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | %                                                                   |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| d. What is the average depth to the water table on the project site? Average: _____ 300 feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| e. Drainage status of project site soils: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"><input type="checkbox"/> Well Drained:</td> <td style="width: 20%; text-align: center;">_____ % of site</td> <td style="width: 40%;"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Moderately Well Drained:</td> <td style="text-align: center;">100 % of site</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Poorly Drained:</td> <td style="text-align: center;">_____ % of site</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Well Drained:                              | _____ % of site        |            | <input checked="" type="checkbox"/> Moderately Well Drained: | 100 % of site     |            | <input type="checkbox"/> Poorly Drained: | _____ % of site |            |                        |                                     |       |  |
| <input type="checkbox"/> Well Drained:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ % of site                                                     |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| <input checked="" type="checkbox"/> Moderately Well Drained:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 100 % of site                                                       |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| <input type="checkbox"/> Poorly Drained:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____ % of site                                                     |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| f. Approximate proportion of proposed action site with slopes: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"><input type="checkbox"/> 0-10%:</td> <td style="width: 20%; text-align: center;">_____ % of site</td> <td style="width: 40%;"></td> </tr> <tr> <td><input checked="" type="checkbox"/> 10-15%:</td> <td style="text-align: center;">80 % of site</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 15% or greater:</td> <td style="text-align: center;">_____ % of site</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> 0-10%:                                     | _____ % of site        |            | <input checked="" type="checkbox"/> 10-15%:                  | 80 % of site      |            | <input type="checkbox"/> 15% or greater: | _____ % of site |            |                        |                                     |       |  |
| <input type="checkbox"/> 0-10%:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____ % of site                                                     |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| <input checked="" type="checkbox"/> 10-15%:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 80 % of site                                                        |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| <input type="checkbox"/> 15% or greater:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____ % of site                                                     |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| g. Are there any unique geologic features on the project site?<br>If Yes, describe: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| h. Surface water features. <ul style="list-style-type: none"> <li>i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></li> <li>ii. Do any wetlands or other waterbodies adjoin the project site? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span></li> </ul> If Yes to either <i>i</i> or <i>ii</i> , continue. If No, skip to E.2.i. <ul style="list-style-type: none"> <li>iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span></li> </ul> |                                                                     |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| iv. For each identified regulated wetland and waterbody on the project site, provide the following information: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">• Streams:</td> <td style="width: 45%;">Name _____</td> <td style="width: 40%;">Classification _____</td> </tr> <tr> <td>• Lakes or Ponds:</td> <td>Name _____</td> <td>Classification _____</td> </tr> <tr> <td>• Wetlands:</td> <td>Name _____</td> <td>Approximate Size _____</td> </tr> <tr> <td>• Wetland No. (if regulated by DEC)</td> <td colspan="2">_____</td> </tr> </table>                                                                                                                                                                                                                                                                         |                                                                     | • Streams:             | Name _____ | Classification _____                                         | • Lakes or Ponds: | Name _____ | Classification _____                     | • Wetlands:     | Name _____ | Approximate Size _____ | • Wetland No. (if regulated by DEC) | _____ |  |
| • 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?<br>If yes, name of impaired water body/bodies and basis for listing as impaired: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| i. Is the project site in a designated Floodway?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| j. Is the project site in the 100-year Floodplain?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| k. Is the project site in the 500-year Floodplain?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |
| l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer?<br>If Yes: <ul style="list-style-type: none"> <li>i. Name of aquifer: _____</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |            |                                                              |                   |            |                                          |                 |            |                        |                                     |       |  |

|                                                                                                                                                                                                                                      |  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|
| m. Identify the predominant wildlife species that occupy or use the project site:                                                                                                                                                    |  | _____                                                               |
| Deer                                                                                                                                                                                                                                 |  | _____                                                               |
| Rabbit                                                                                                                                                                                                                               |  | _____                                                               |
| n. Does the project site contain a designated significant natural community?                                                                                                                                                         |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes:                                                                                                                                                                                                                              |  |                                                                     |
| i. Species and listing (endangered or threatened): _____                                                                                                                                                                             |  |                                                                     |
| Lake Sturgeon                                                                                                                                                                                                                        |  |                                                                     |
| 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?                                                                                                   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If Yes:                                                                                                                                                                                                                              |  |                                                                     |
| i. Species and listing: _____                                                                                                                                                                                                        |  |                                                                     |
| q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing?                                                                                                                             |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, give a brief description of how the proposed action may affect that use: _____                                                                                                                                               |  |                                                                     |
| Hunting                                                                                                                                                                                                                              |  |                                                                     |
| <b>E.3. Designated Public Resources On or Near Project Site</b>                                                                                                                                                                      |  |                                                                     |
| 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?                                                   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If Yes, provide county plus district name/number: _____                                                                                                                                                                              |  |                                                                     |
| b. Are agricultural lands consisting of highly productive soils present?                                                                                                                                                             |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?                                                                                                       |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If Yes:                                                                                                                                                                                                                              |  |                                                                     |
| i. Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> 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?                                                                                                                                      |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |
| If Yes:                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |
| i. Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input type="checkbox"/> Historic Building or District                                                                                                                                                                                                                               |                                                                                |
| ii. Name: _____                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |
| iii. Brief description of attributes on which listing is based: _____                                                                                                                                                                                                                                                                                                            |                                                                                |
| f. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?                                                                                                                                                              | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Have additional archaeological or historic site(s) or resources been identified on the project site?                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |
| If Yes:                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |
| i. Describe possible resource(s): _____                                                                                                                                                                                                                                                                                                                                          |                                                                                |
| ii. Basis for identification: _____                                                                                                                                                                                                                                                                                                                                              |                                                                                |
| h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource?                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> 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

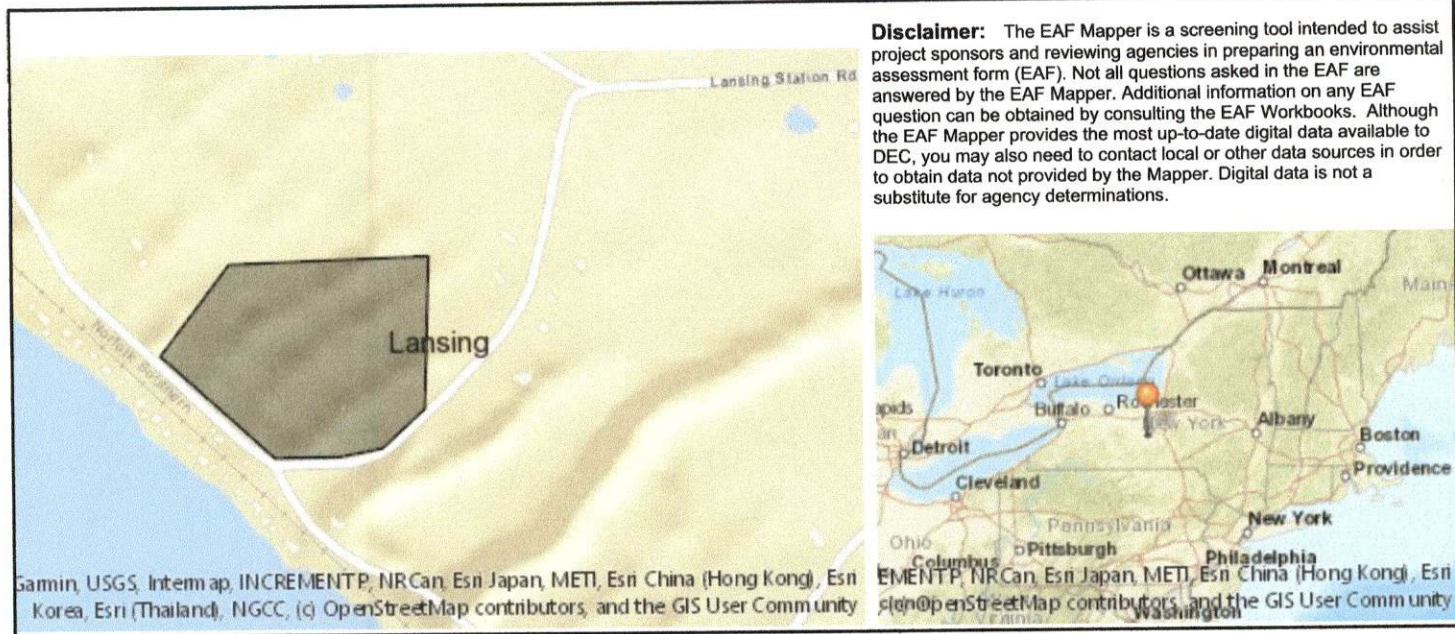
I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name Kenneth E Gorton Date 01/02/2023

Signature Kenneth E Gorton Title Owner

**PRINT FORM**





|                                                                                    |                                                                                                                                   |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| B.i.i [Coastal or Waterfront Area]                                                 | No                                                                                                                                |
| B.i.ii [Local Waterfront Revitalization Area]                                      | No                                                                                                                                |
| 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]                                                  | Yes                                                                                                                               |
| E.2.h.iii [Surface Water Features]                                                 | Yes - Digital mapping information on local and federal wetlands and waterbodies is known to be incomplete. Refer to EAF Workbook. |
| E.2.h.v [Impaired Water Bodies]                                                    | No                                                                                                                                |
| E.2.i. [Floodway]                                                                  | Digital mapping data are not available or are incomplete. Refer to EAF Workbook.                                                  |
| E.2.j. [100 Year Floodplain]                                                       | Digital mapping data are not available or are incomplete. Refer to EAF Workbook.                                                  |
| E.2.k. [500 Year Floodplain]                                                       | Digital mapping data are not available or are incomplete. Refer to EAF Workbook.                                                  |
| E.2.l. [Aquifers]                                                                  | No                                                                                                                                |
| E.2.n. [Natural Communities]                                                       | No                                                                                                                                |
| E.2.o. [Endangered or Threatened Species]                                          | Yes                                                                                                                               |

|                                                                                |                                                                                  |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| E.2.o. [Endangered or Threatened Species - Name]                               | Lake Sturgeon                                                                    |
| 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 or State Register of Historic Places or State Eligible Sites] | 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                                                                               |