

**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: RIVERSIDE APARTMENT COMPLEX		
Project Location (describe, and attach a general location map): 21-27 SOUTH RIVERSIDE AVENUE, CROTON-ON-HUDSON		
Brief Description of Proposed Action (include purpose or need): THE APPLICANT WISHES TO CONSTRUCT A 39 UNIT APARTMENT COMPLEX LOCATED AT 21-27 SOUTH RIVERSIDE AVENUE. THE DEVELOPMENT ACTION CONTAINS AN EXISTING PARCEL CONTAINING A 2 STORY OFFICE BUILDING AND PARKING LOT IDENTIFIED BY MAP 78.80, BLOCK 5, LOTS 43, 59, 60 AND A VACANT PARCEL IDENTIFIED BY MAP 78.80, BLOCK 5, LOT 42, TOTALING 52,496 S.F. OR 1.20 ACRES. THE APPLICANT IS PROPOSING A 3 STORY RESIDENTIAL BUILDING WITH SUBSURFACE PARKING GARAGE CONTAINING 60 PARKING SPACES. ACCESS IS PROVIDED VIA A GARAGE ENTRANCE ONTO SOUTH RIVERSIDE AVE. WATER AND SEWER WILL BE PROVIDED VIA MUNICIPAL CONNECTION TO EXISTING UTILITIES. THE TOTAL SITE DISTURBANCE IS 1.08 AC. STORMWATER INCREASES DUE TO SITE DEVELOPMENT WILL BE MITIGATED ONSITE AND DETAILED IN A SWPPP WITH DEVELOPMENT SITE SEDIMENT AND EROSION CONTRAL PLAN WITH CONSTRUCTION SEQUENCING. THE SITE IS ZONED C-1R(B) AND CONFORMS WITH ALLOWABLE USE.		
Name of Applicant/Sponsor: RALPH ROSSI & PHIL SPAGNOLI		Telephone: 914-459-1416
		E-Mail: RALPH@RMADEVELOPMENT.COM
Address: 3 CLEVELAND DRIVE		
City/PO: CROTON-ON-HUDSON	State: NY	Zip Code: 10520
Project Contact (if not same as sponsor; give name and title/role): 078.08-005-042 OWNER - GIOVANBATISTTA APOLLONIA		Telephone:
		E-Mail:
Address: 16 CAMPWOODS ROAD		
City/PO: OSSINING	State: NY	Zip Code: 10562
Property Owner (if not same as sponsor): 078.08-43, 59, 60 - MAROON REALTY INC		Telephone:
		E-Mail:
Address: 237 NORTH HIGHLAND AVE., P.O. BOX 1437		
City/PO: OSSINING	State: NY	Zip Code: 10562

## 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No or Village Board of Trustees	VILLAGE BOARD - SPECIAL PERMIT FOR APARTMENT BUILDING	09-01-2020
b. City, Town or Village Planning Board or Commission <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	VILLAGE PLANNING BOARD, SITE PLAN APPROVAL, CONSOLIDATION SUBDIVISION	PENDING
c. City, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
d. Other local agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	VILLAGE WATER/SEWER	PENDING
e. County agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WCHD-SANITARY SEWER RELOCATION, BACKFLOW PREVENTION DEVICE	PENDING
f. Regional agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
g. State agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NYS DOT-ENTRANCE, NYS DEC-STORMWATER	PENDING
h. Federal agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
i. Coastal Resources.		
i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
iii. Is the project site within a Coastal Erosion Hazard Area?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## C. Planning and Zoning

<b>C.1. Planning and zoning actions.</b>	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<ul style="list-style-type: none"> <li>If Yes, complete sections C, F and G.</li> <li>If No, proceed to question C.2 and complete all remaining sections and questions in Part 1</li> </ul>	
<b>C.2. Adopted land use plans.</b>	
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located?	<input checked="" type="checkbox"/> Yes <input 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?)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, identify the plan(s):	
<hr/> <hr/> <hr/>	
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, identify the plan(s):	
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### 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?  
C-1R(B) RIVERSIDE TRANSITION

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

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? CROTON-HARMON UNION FREE SCHOOL DISTRICT

b. What police or other public protection forces serve the project site?  
CROTON-ON HUDSON

c. Which fire protection and emergency medical services serve the project site?  
CROTON-ON-HUDSON FIRE DEPARTMENT, CROTON EMS

d. What parks serve the project site?  
CROTON LANDING PARK, CROTON POINT PARK (COUNTY PARK), SENASQUA PARK, OTHER VILLAGE PARKS

### 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? 1.20 acres  
b. Total acreage to be physically disturbed? 1.08 acres  
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 1.20 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)  
CONSOLIDATION SUBDIVISION (COMBINING 4 TAX LOTS INTO ONE PARCEL) FOR RESIDENTIAL USE

ii. Is a cluster/conservation layout proposed? ☐ Yes ☒ No

iii. Number of lots proposed? 1

iv. Minimum and maximum proposed lot sizes? Minimum 1.2 AC Maximum 1.2 AC

e. Will the proposed action be constructed in multiple phases? ☐ Yes ☒ No

i. If No, anticipated period of construction: 16 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?

If Yes, show numbers of units proposed.

☒ Yes ☐ No

	<u>One Family</u>	<u>Two Family</u>	<u>Three Family</u>	<u>Multiple Family (four or more)</u>
Initial Phase				39
At completion of all phases				39

g. Does the proposed action include new non-residential construction (including expansions)?

☐ Yes ☒ No

If Yes,

- i. Total number of structures \_\_\_\_\_
- ii. Dimensions (in feet) of largest proposed structure: \_\_\_\_\_ height; \_\_\_\_\_ width; and \_\_\_\_\_ length
- iii. 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?

☐ Yes ☒ No

If Yes,

- i. Purpose of the impoundment: \_\_\_\_\_
- ii. If a water impoundment, the principal source of the water: ☐ Ground water ☐ Surface water streams ☐ Other specify: \_\_\_\_\_
- iii. If other than water, identify the type of impounded/contained liquids and their source. \_\_\_\_\_
- iv. Approximate size of the proposed impoundment. Volume: \_\_\_\_\_ million gallons; surface area: \_\_\_\_\_ acres
- v. Dimensions of the proposed dam or impounding structure: \_\_\_\_\_ height; \_\_\_\_\_ length
- vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): \_\_\_\_\_

## D.2. Project Operations

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite)

☒ Yes ☐ No

If Yes:

- i. What is the purpose of the excavation or dredging? FOUNDATION, SITE GRADING
- ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?
- Volume (specify tons or cubic yards): 19,200 CUBIC YARDS
  - Over what duration of time? 6 MONTHS
- iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them.  
SOIL BORINGS INDICATE SANDY LOAM WITH NO INDICATION OF WATER PRESENT

iv. Will there be onsite dewatering or processing of excavated materials?

☐ Yes ☒ No

If yes, describe. \_\_\_\_\_

- v. What is the total area to be dredged or excavated? \_\_\_\_\_ 0.7 acres
- vi. What is the maximum area to be worked at any one time? \_\_\_\_\_ 0.7 acres
- vii. What would be the maximum depth of excavation or dredging? \_\_\_\_\_ 45 +/- feet

☐ Yes ☒ No

ix. Summarize site reclamation goals and plan: \_\_\_\_\_

APARTMENT BUILDING CONSTRUCTION AND LANDSCAPING

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area?

☐ Yes ☒ No

If Yes:

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

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

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

If Yes, describe:

☐ Yes ☐ No

iv. Will the proposed action cause or result in the destruction or removal of aquatic vegetation?

If Yes:

☐ Yes ☐ No

- acres of aquatic vegetation proposed to be removed: \_\_\_\_\_
- expected acreage of aquatic vegetation remaining after project completion: \_\_\_\_\_
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): \_\_\_\_\_
- proposed method of plant removal: \_\_\_\_\_
- if chemical/herbicide treatment will be used, specify product(s): \_\_\_\_\_

v. Describe any proposed reclamation/mitigation following disturbance: \_\_\_\_\_

c. Will the proposed action use, or create a new demand for water?

If Yes:

☒ Yes ☐ No

i. Total anticipated water usage/demand per day: \_\_\_\_\_ 5,850 gallons/day

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

If Yes:

☒ Yes ☐ No

- Name of district or service area: VILLAGE OF CROTON-ON-HUDSON WATER SYSTEM
- 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?

If Yes:

☐ Yes ☒ No

- 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?

If Yes:

☐ Yes ☒ No

- 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: \_\_\_\_\_

N/A

vi. If water supply will be from wells (public or private), what is the maximum pumping capacity: \_\_\_\_\_ 1500 gallons/minute.

d. Will the proposed action generate liquid wastes?

If Yes:

☒ Yes ☐ No

i. Total anticipated liquid waste generation per day: \_\_\_\_\_ 6,600 gallons/day

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

SANITARY

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

If Yes:

☒ Yes ☐ No

- Name of wastewater treatment plant to be used: CROTON-ON HUDSON
- Name of district: VILLAGE OF CROTON-ON-HUDSON SEWER SYSTEM AND OSSINIG COUNTY SANITARY SEWER 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?</li> <li>• Will a line extension within an existing district be necessary to serve the project?</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes: <ul style="list-style-type: none"> <li>• Describe extensions or capacity expansions proposed to serve this project: _____</li> </ul>	
iv. Will a new wastewater (sewage) treatment district be formed to serve the project site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes: <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>	
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): <u>N/A</u>	
vi. Describe any plans or designs to capture, recycle or reuse liquid waste: <u>NONE</u>	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: <ul style="list-style-type: none"> <li>i. How much impervious surface will the project create in relation to total size of project parcel?                  _____ Square feet or <u>0.54</u> acres (impervious surface)                  _____ Square feet or <u>1.20</u> acres (parcel size)</li> <li>ii. Describe types of new point sources. <u>PAVEMENT, ROOF</u></li> </ul>	
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)? <u>ON-SITE STORMWATER MANAGEMENT FACILITY/STRUCTURES, NYSDOT AND VILLAGE STORMWATER SYSTEM, HUDSON RIVER</u>	
<ul style="list-style-type: none"> <li>• If to surface waters, identify receiving water bodies or wetlands: <u>HUDSON RIVER</u></li> <li>• Will stormwater runoff flow to adjacent properties? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul>	
iv. Does the proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, identify: <ul style="list-style-type: none"> <li>i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)</li> <li>ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers)</li> <li>iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation)</li> </ul>	
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
If Yes: <ul style="list-style-type: none"> <li>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 type="checkbox"/> No</li> <li>ii. In addition to emissions as calculated in the application, the project will generate:             <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> </li> </ul>	

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

If Yes:

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

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

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

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

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j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services? ☐ Yes ☒ No

If Yes:

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

ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks): \_\_\_\_\_  
N/A

iii. Parking spaces: Existing 23+/- Proposed 60 Net increase/decrease +37

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

v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe:  
EXISTING ACCESS ENTRANCE OFF OF STATE HIGHWAY WILL BE RELOCATED TO NEW LOCATION

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

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

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

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

If Yes:

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

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

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

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

i. During Construction:

- Monday - Friday: 8AM - 5PM
- Saturday: 8AM - 5PM
- Sunday: N/A
- Holidays: N/A

ii. During Operations:

- Monday - Friday: 24 HRS/DAY
- Saturday: 24 HRS/DAY
- Sunday: 24 HRS/DAY
- Holidays: 24 HRS/DAY

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:  
8 AM - 5 PM MONDAY-SATURDAY, DRIVING SHEET PILES

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:  
SEE LIGHTING PLAN

ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? ☒ Yes ☐ No  
 Describe: THE AREA WHERE THE NATURAL BARRIER IS REMOVED WILL BE REPLANTED AS PART OF THE LANDSCAPING PLAN.

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):  
N/A

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): EXISTING OFFICE BUILDING AND PARKING LOT, NYSDOT HIGHWAY

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	0.30	0.54 AC	+0.24
• Forested	0	0	0
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)	0.7	0.44	-0.26
• Agricultural (includes active orchards, field, greenhouse etc.)	0	0	0
• Surface water features (lakes, ponds, streams, rivers, etc.)	0	0	0
• Wetlands (freshwater or tidal)	0	0	0
• Non-vegetated (bare rock, earth or fill)	0	0	0
• Other Describe: <u>LAWNS AND LANDSCAPING</u>	0.02	0.04	+0.02

c. Is the project site presently used by members of the community for public recreation? ☐ Yes ☒ No  
i. If Yes: explain: \_\_\_\_\_

d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site? ☐ Yes ☒ No  
If Yes,  
i. Identify Facilities: \_\_\_\_\_

e. Does the project site contain an existing dam? ☐ Yes ☒ No  
If Yes:  
i. Dimensions of the dam and impoundment:  
• Dam height: \_\_\_\_\_ feet  
• Dam length: \_\_\_\_\_ feet  
• Surface area: \_\_\_\_\_ acres  
• Volume impounded: \_\_\_\_\_ gallons OR acre-feet  
ii. Dam's existing hazard classification: \_\_\_\_\_  
iii. Provide date and summarize results of last inspection: \_\_\_\_\_

f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility? ☐ Yes ☒ No  
If Yes:  
i. Has the facility been formally closed? ☐ Yes ☐ No  
• If yes, cite sources/documentation: \_\_\_\_\_  
ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: \_\_\_\_\_  
iii. Describe any development constraints due to the prior solid waste activities: \_\_\_\_\_

g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste? ☐ Yes ☒ No  
If Yes:  
i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: \_\_\_\_\_

h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site? ☐ Yes ☒ No  
If Yes:  
i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply: ☐ Yes ☒ No  
☐ Yes – Spills Incidents database Provide DEC ID number(s): \_\_\_\_\_  
☐ Yes – Environmental Site Remediation database Provide DEC ID number(s): \_\_\_\_\_  
☐ Neither database  
ii. If site has been subject of RCRA corrective activities, describe control measures: \_\_\_\_\_  
iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? ☒ Yes ☐ No  
If yes, provide DEC ID number(s): 546031  
iv. If yes to (i), (ii) or (iii) above, describe current status of site(s):  
546031 LOCATED WITHIN 2000'. HUDSON RIVER PCB SEDIMENTS 1946-PRESENT

v. Is the project site subject to an institutional control limiting property uses? ☐ Yes ☒ No

- If yes, DEC site ID number: \_\_\_\_\_
- Describe the type of institutional control (e.g., deed restriction or easement): \_\_\_\_\_
- Describe any use limitations: \_\_\_\_\_
- Describe any engineering controls: \_\_\_\_\_
- Will the project affect the institutional or engineering controls in place? ☐ Yes ☐ No
- Explain: \_\_\_\_\_

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**E.2. Natural Resources On or Near Project Site**

a. What is the average depth to bedrock on the project site? \_\_\_\_\_ >10' feet

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

c. Predominant soil type(s) present on project site: CIF CHARLTON LOAM \_\_\_\_\_ 100 %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %

d. What is the average depth to the water table on the project site? Average: \_\_\_\_\_ >10' feet

e. Drainage status of project site soils: ☒ Well Drained: \_\_\_\_\_ 100 % of site  
☐ Moderately Well Drained: \_\_\_\_\_ % of site  
☐ Poorly Drained \_\_\_\_\_ % of site

f. Approximate proportion of proposed action site with slopes: ☒ 0-10%: \_\_\_\_\_ 30 % of site  
☐ 10-15%: \_\_\_\_\_ % of site  
☒ 15% or greater: \_\_\_\_\_ 70 % of site

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

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h. Surface water features.

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

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

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

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

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

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

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

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

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

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

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

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

If Yes:

i. Name of aquifer: Principal Aquifer, Primary Aquifer PER THE EAF MAPPER \_\_\_\_\_

m. Identify the predominant wildlife species that occupy or use the project site: INDIGENOUS SPECIES _____ TYPICAL SUBURBAN WILDLIFE _____	
n. Does the project site contain a designated significant natural community? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> 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:	
<ul style="list-style-type: none"> <li>• Currently: _____ acres</li> <li>• Following completion of project as proposed: _____ acres</li> <li>• Gain or loss (indicate + or -): _____ acres</li> </ul>	
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? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> If Yes:	
i. Species and listing (endangered or threatened): _____ Shortnose Sturgeon, Atlantic Sturgeon THE SITE DOES NOT INCLUDE ANY SPECIES OF PLANT OR ANIMAL LISTED BY THE FEDERAL GOVERNMENT. STURGEON WHICH ARE NOTED ARE LOCATED IN THE HUDSON RIVER.	
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? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If Yes:	
i. Species and listing: _____	
q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, give a brief description of how the proposed action may affect that use: _____ THE PROPOSED ACTION WILL HAVE NO AFFECT ON FISHING IN THE HUDSON RIVER AS IT IS LOCATED ACROSS THE STREET	
<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? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If Yes, provide county plus district name/number: _____	
b. Are agricultural lands consisting of highly productive soils present? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> 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? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> 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? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> If Yes:	
i. CEA name: Hudson River ii. Basis for designation: Exceptional or unique character iii. Designating agency and date: Agency: Westchester County, Date: 1-31-90	

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? ☒ Yes ☐ No

If Yes:

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

ii. Name: Underhill-Acker House

iii. Brief description of attributes on which listing is based:  
4 HAMILTON AVE., UNDERHILL-ACKER HOUSE IS LISTED AS HISTORIC BECAUSE OF ACKER, THOMAS JEFFERSON.

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

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

If Yes:

i. Describe possible resource(s):

ii. Basis for identification:

h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource? ☒ Yes ☐ No

If Yes:

i. Identify resource: HUDSON RIVER

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

iii. Distance between project and resource: 0.09 miles.

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

If Yes:

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

ii. Is the activity consistent with development restrictions contained in 6 NYCRR Part 666? ☐ Yes ☐ No

#### F. Additional Information

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

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

#### G. Verification

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

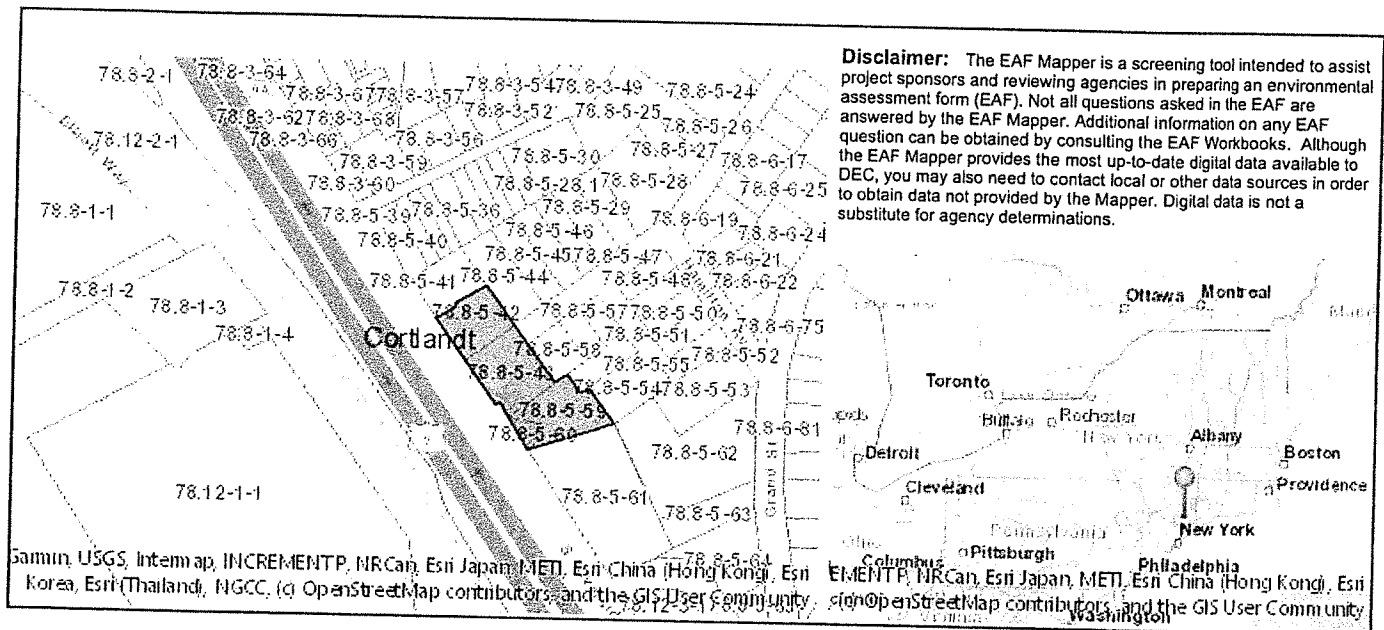
Applicant/Sponsor Name Ralph Rossi Date 12/14/20

Signature [Signature] Title Managing Member  
RMA Development, LLC.

PRINT FORM

# EAF Mapper Summary Report

Tuesday, September 15, 2020 7:53 AM



B.1.i [Coastal or Waterfront Area]	Yes
B.1.ii [Local Waterfront Revitalization Area]	Yes
C.2.b. [Special Planning District]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h [DEC Spills or Remediation Site - Potential Contamination History]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Listed]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Environmental Site Remediation Database]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.iii [Within 2,000' of DEC Remediation Site]	Yes
E.1.h.iii [Within 2,000' of DEC Remediation Site - DEC ID]	546031
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]	No
E.2.j. [100 Year Floodplain]	No
E.2.k. [500 Year Floodplain]	No
E.2.l. [Aquifers]	Yes
E.2.l. [Aquifer Names]	Principal Aquifer, Primary Aquifer
E.2.n. [Natural Communities]	No

E.2.o. [Endangered or Threatened Species]	Yes
E.2.o. [Endangered or Threatened Species - Name]	Shortnose Sturgeon, Atlantic 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]	Yes
E.3.d [Critical Environmental Area - Name]	Hudson River
E.3.d.ii [Critical Environmental Area - Reason]	Exceptional or unique character
E.3.d.iii [Critical Environmental Area -- Date and Agency]	Agency:Westchester County, Date:1-31-90
E.3.e. [National or State Register of Historic Places or State Eligible Sites]	Yes - Digital mapping data for archaeological site boundaries are not available. Refer to EAF Workbook.
E.3.e.ii [National or State Register of Historic Places or State Eligible Sites - Name]	Underhill-Acker House
E.3.f. [Archeological Sites]	Yes
E.3.i. [Designated River Corridor]	No