



Town of Oyster Bay Short Environmental Assessment Form ADDENDUM



Town of Oyster Bay Department of Environmental Resources
29 Spring Street
Oyster Bay, NY 11771

INSTRUCTIONS: This document is an Addendum to be used for any proposed development project in the Town of Oyster Bay for which the New York State Short Environmental Assessment Form (SEAF) is completed pursuant to the State Environmental Quality Review Act (SEQRA). Please provide any additional information that will be helpful to understanding the proposed action and its potential impacts on the environment as an attachment to this form. Additional information may be requested by DER and may be subject to further verification and public review.

Please enclose a check or money order in the amount of \$300.00 for the review processing fee, made payable to "Supervisor, Town of Oyster Bay", and remit with the completed TOB Addendum, SEAF, and current Site Plan package to the address specified above. DER requires one hard copy and one electronic copy of all submittals/resubmittals transmitted to this office. Depending on the type of project and level of review required, additional fees may apply. If you have any questions, please contact the Department of Environmental Resources at (516) 677-5824.

| | | | |
|---|----------------------------|------------------------------|-------------------|
| NAME OF PROPOSED ACTION/PROJECT: | | | |
| LOCATION OF PROPOSED ACTION/PROJECT (Nassau County Tax Map Designation) | | | |
| SECTION: | BLOCK: | LOT(S): | |
| NAME OF PROPERTY OWNER | | BUSINESS TELEPHONE () | |
| ADDRESS | | | |
| CITY/ POST OFFICE | | | STATE ZIP CODE |
| NAME OF CONSULTING FIRM | NAME OF CONSULTANT CONTACT | BUSINESS TELEPHONE () | |
| ADDRESS | EMAIL ADDRESS | | |
| CITY/POST OFFICE | | | STATE ZIP CODE |
| NAME OF LEGAL REPRESENTATIVE | | BUSINESS TELEPHONE () | |
| ADDRESS | | | |
| CITY/POST OFFICE | | | STATE ZIP CODE |

A. Site Description

1. Previous use(s) of the site of the proposed action:

NOTE: A Phase I Environmental Site Assessment or equivalent information regarding on-site conditions typically will be requested for any property which currently contains or previously contained a facility or use (e.g., gasoline service station, motor vehicle repair shop, manufacturing plant, etc.) entailing the generation, storage or use of significant quantities of hazardous substances or wastes.

2. Approximate Acreages

| | Without Proposed Action | After Completion |
|---|-------------------------|------------------|
| Forested | _____ acres | _____ acres |
| Meadow or Brushland | _____ acres | _____ acres |
| Freshwater Wetland | _____ acres | _____ acres |
| Tidal Wetland | _____ acres | _____ acres |
| Unvegetated (rock, earth or fill) | _____ acres | _____ acres |
| Roads, Buildings and Other Paved Surfaces | _____ acres | _____ acres |
| Turf Grasses | _____ acres | _____ acres |
| Other Landscaping Vegetation | _____ acres | _____ acres |
| Other (indicate type) | _____ acres | _____ acres |

B. Description of Proposed Action

1. On-site parking capacity for the overall site (i.e., marked parking stalls):

| | |
|-------|--|
| _____ | # of existing spaces |
| _____ | # of proposed spaces (separately indicate # of land-banked spaces, if any) |
| _____ | # of spaces required for proposed condition under Town of Oyster Bay Zoning Code |

2. Estimated maximum **increase** in site-generated traffic (entering + exiting trips combined) during peak one-hour periods under proposed action:

| | Peak-hour two-way traffic volume | Peak-hour period (start time-end time) |
|------------------------------------|----------------------------------|--|
| Weekday morning | _____ | _____ |
| Weekday afternoon | _____ | _____ |
| Weekend (usually Saturday mid-day) | _____ | _____ |

Identify source of vehicular trip generation information (e.g., *Trip Generation* manual published by Institute of Transportation Engineers [specify the edition and Land Use Codes employed], actual counts [include date of counts and who conducted them], etc.).

3. Total volume of excavation to occur on-site under proposed action: _____ cubic yards

Purpose of excavation (e.g., basement, drainage structures, etc.): _____

Total volume of fill to be imported to site under proposed action: _____ cubic yards

4. Does the site of the proposed action contain slopes with gradient steeper than 25%? Yes No

a. If yes, what is the area with slopes greater than 25% that would be disturbed under proposed action? _____ acres

b. If yes, what measures will be implemented to mitigate erosion and sediment transport?

5. Describe any vegetation to be removed under proposed action, particularly any trees with diameter greater than 8 inches (measured 4 feet above grade).

6. Is the site of the proposed action located in the Special Groundwater Protection Area? Yes No

If yes, refer to Section 246-5.4.7 of Oyster Bay Town Code, Aquifer Protection Overlay (APO) District, and provide the following information:

a. Proposed Disturbance of Natural Vegetation _____ sq. feet Maximum Permitted Disturbance of Natural Vegetation (§246-5.4.7.3.1) _____ sq. feet

b. Proposed Lot Coverage _____ sq. feet Maximum Permitted Lot Coverage (§246-5.4.7.3.2) _____ sq. feet

c. Describe proposed action's consistency with the best management practices and other standards set forth in §246-5.4.7.3.3 through §246-5.4.7.3.6:

7. Does the site of the proposed action contain a local historic resource as designated by the Town of Oyster Bay? Yes No

a. If yes, explain/describe:

8. Will the proposed action increase average daily water consumption on the subject property (domestic use and irrigation combined)? Yes No

a. If yes, what will be the increase in daily average water consumption on the subject property due to the proposed action? _____ gallons/day

b. If yes, indicate the source of this information (e.g., actual recorded water use, standard rate [specify reference and unit rate], etc.)

9. Will the proposed action provide increased on-site stormwater storage capacity (e.g., through additional drywells or similar structures) as compared to the existing condition? Yes No
 a. What will be the capacity of the on-site drainage system under the proposed action, in terms of the design storm event expressed in inches of rainfall? _____ inches

10. Sanitary waste disposal method (e.g., on-site septic system, municipal sewer system, none, etc.):
 _____ existing condition
 _____ proposed action

11. Will the proposed action increase the rate of solid waste generation on the subject property? Yes No
 a. If yes, what will be the increase in monthly average solid waste generation? _____ tons/month
 b. Indicate the source of this information (e.g., existing data [identify specifically, such as applicant's existing facilities], standard rates [with specific reference citation], etc.)

12. Describe any hazardous or infectious materials or wastes (e.g., petroleum products, chemicals, medical wastes, etc.) that would be generated, used, stored or processed at the site under the proposed action, and measures (e.g., procedures, protocols, equipment, etc.) that will be implemented to protect the environment from spills, leakage and other incidents.

13. If the proposed action involves a non-residential (commercial, industrial, etc.) use, what are the proposed days and hours of operation?

14. If the proposed action is a non-residential (commercial, industrial, etc.) use on a site which is adjacent to residential uses, describe any measures that will be implemented to minimize potential impacts to the neighboring residences (e.g., screening and buffering, noise-abatement measures, odor-control systems for restaurant kitchen exhaust, litter collection, etc.).

15. Is the proposed action part of a larger development plan or a plan that includes future phases? Yes No
 a. If yes, briefly describe the overall plan (e.g., total number of phases, location and size of land parcels involved, planned uses and/or facilities in future phases, schedule for completion, etc.).

C. Verification

I certify that the information provided in this TOB Addendum is true and accurate to the best of my knowledge.

 print name of preparer

 company name, if applicable

 city/post office state zip code

 telephone

 email address

PREPARER'S SIGNATURE: _____
 TITLE: _____
 DATE: _____