

NEW YORK STATE DEPARTMENT OF STATE
COASTAL MANAGEMENT PROGRAM

Coastal Assessment Form

A. INSTRUCTIONS (Please print or type all answers)

1. State agencies shall complete this CAF for proposed actions which are subject to Part 600 of Title 19 of the NYCRR. This assessment is intended to supplement other information used by a state agency in making a determination of significance pursuant to the State Environmental Quality Review Act (see 6 NYCRR, Part 617). If it is determined that a proposed action will not have a significant effect on the environment, this assessment is intended to assist a state agency in complying with the certification requirements of 19 NYCRR Section 600.4.
2. If any question in Section C on this form is answered "yes", then the proposed action may affect the achievement of the coastal policies contained in Article 42 of the Executive Law. Thus, the action should be analyzed in more detail and, if necessary, modified prior to either (a) making a certification of consistency pursuant to 19 NYCRR Part 600 or, (b) making the findings required under SEQRA, 6 NYCRR, Section 617.11, if the action is one for which an environmental impact statement is being prepared. If an action cannot be certified as consistent with the coastal policies, it shall not be undertaken.
3. Before answering the questions in Section C, the preparer of this form should review the coastal policies contained in 19 NYCRR Section 600.5. A proposed action should be evaluated as to its significant beneficial and adverse effects upon the coastal area.

B. DESCRIPTION OF PROPOSED ACTION

1. Type of state agency action (check appropriate response):
 - (a) Directly undertaken (e.g. capital construction, planning activity, agency regulation, land transaction) _____
 - (b) Financial assistance (e.g. grant, loan, subsidy) _____
 - (c) Permit, license, certification
2. Describe nature and extent of action: DEP seeks modification to an existing SPDES permit for alum treatment at Kensico Reservoir.

3. Location of action: Ulster	Olive, Hurley, Marbletown, Ulster, Kingston, Saugerties	Ashokan Reservoir and Esopus Creek
County	City, Town or Village	Street or Site Description

4. If an application for the proposed action has been filed with the state agency, the following information shall be provided:
 - (a) Name of applicant: New York City Department of Environmental Protection
 - (b) Mailing address: 7870 State Route 42, Grahamsville, NY, 12740
 - (c) Telephone Number: Area Code (____) _____
 - (d) State agency application number: NYSDEC SPDES Permit Number NY0264652
5. Will the action be directly undertaken, require funding, or approval by a federal agency?
Yes _____ No If yes, which federal agency? _____

C. COASTAL ASSESSMENT (Check either "YES" or "NO" for each of the following questions)

	YES	NO
1. Will the proposed activity be <u>located</u> in, or contiguous to, or have a <u>significant effect</u> upon any of the resource areas identified on the coastal area map:		
(a) Significant fish or wildlife habitats? (<i>Hudson River at Saugerties</i>)	<input checked="" type="checkbox"/>	—
(b) Scenic resources of statewide significance? (<i>Hudson River valley</i>)	<input checked="" type="checkbox"/>	—
(c) Important agricultural lands?	<input checked="" type="checkbox"/>	—
2. Will the proposed activity have a <u>significant effect</u> upon:		
(a) Commercial or recreational use of fish and wildlife resources?	—	<input checked="" type="checkbox"/>
(b) Scenic quality of the coastal environment?	—	<input checked="" type="checkbox"/>
(c) Development of future, or existing water dependent uses?	—	<input checked="" type="checkbox"/>
(d) Operation of the State's major ports?	—	<input checked="" type="checkbox"/>
(e) Land and water uses within the State's small harbors?	—	<input checked="" type="checkbox"/>
(f) Existing or potential public recreation opportunities?	—	<input checked="" type="checkbox"/>
(g) Structures, sites or districts of historic, archeological or cultural significance to the State or nation?	—	<input checked="" type="checkbox"/>

- 3 Will the proposed activity involve or result in any of the following:
- (a) Physical alteration of two (2) acres or more of land along the shoreline, land under water or coastal waters? X
 - (b) Physical alteration of five (5) acres or more of land located elsewhere in the coastal area? X
 - (c) Expansion of existing public services of infrastructure in undeveloped or low density areas of the coastal area? X
 - (d) Energy facility not subject to Article VII or VIII of the Public Service Law? X
 - (e) Mining, excavation, filling or dredging in coastal waters? X
 - (f) Reduction of existing or potential public access to or along the shore? X
 - (g) Sale or change in use of state-owned lands located on the shoreline or under water? X
 - (h) Development within a designated flood or erosion hazard area? X
 - (i) Development on a beach, dune, barrier island or other natural feature that provides protection against flooding or erosion? X
- 4 Will the proposed action be located in or have a significant effect upon an area included in an approved Local Waterfront Revitalization Program?

D SUBMISSION REQUIREMENTS

If any question in Section C is answered "Yes", AND either of the following two conditions is met

Section B 4(a) or B 4(b) is checked, or
 Section B.4(e) is checked AND B 5 is answered "Yes".

THEN a copy of this completed Coastal Assessment Form shall be submitted to:

New York State Department of State
 Office of Coastal, Local Government and Community Sustainability
 One Commerce Plaza
 99 Washington Avenue, Suite 1010
 Albany, New York 12231-0001

If assistance or further information is needed to complete this form, please call the Department of State at (518) 474-6000

E. REMARKS OR ADDITIONAL INFORMATION

The proposed action's consistency with the applicable coastal policies contained in the Department of State regulations will be evaluated in more detail in the EIS. A final consistency determination will be based on this review.

Preparer's Name STEPHEN TOMASIK
 (Please print)

Title ENVIRONMENTAL ANALYST 2 Agency NYS DEC

Telephone Number: (518) 402-9167 Date APRIL 2, 2014