

City Environmental Quality Review

ENVIRONMENTAL ASSESSMENT STATEMENT

PART I, GENERAL INFORMATION

Reference Numbers

1. 04DEP011C
 CEQR REFERENCE NUMBER (TO BE ASSIGNED BY LEAD AGENCY) BSA REFERENCE NO. IF APPLICABLE
-
- ULURP REFERENCE NO. IF APPLICABLE OTHER REFERENCE NO.(S) IF APPLICABLE
 (e.g. Legislative Intro, CAPA, etc.)

Lead Agency & Applicant Information

PROVIDE APPLICABLE INFORMATION

- 2a. LEAD AGENCY
NYCDEP-Bureau of Environmental Planning & Analysis
 NAME OF LEAD AGENCY
Angela Licata, Deputy Commissioner
 NAME OF LEAD AGENCY CONTACT PERSON
59-17 Junction Boulevard, 11th Floor
 ADDRESS

<u>Flushing</u>	<u>New York</u>	<u>11373-5108</u>
CITY	STATE	ZIP
<u>718.595.4398</u>	<u>718.595.4479</u>	
TELEPHONE	FAX	
<u>alicata@dep.nyc.gov</u>		
EMAIL ADDRESS		

2b. APPLICANT INFORMATION
NYCDEP – Bureau of Sewer and Water Operations
 NAME OF APPLICANT
Magdi Farag, Director of Engineering
 NAME OF APPLICANT'S REPRESENTATIVE OR CONTACT PERSON
59-17 Junction Boulevard, 3rd Floor, Low Rise
 ADDRESS

<u>Flushing</u>	<u>New York</u>	<u>11373-5108</u>
CITY	STATE	ZIP
<u>718.595.5176</u>	<u>718.595.5193</u>	
TELEPHONE	FAX	
<u>mfarag@dep.nyc.gov</u>		
EMAIL ADDRESS		

Action Description

SEE CEQR MANUAL SECTION 2A & 2B

- 3a. NAME OF PROPOSAL: Promulgation of RCNY Title 15, Chapter 25 "Rule Governing House/Site Connections to the Sewer System"
- 3b. DESCRIBE THE ACTION(S) AND APPROVAL(S) BEING SOUGHT FROM OR UNDERTAKEN BY CITY (AND IF APPLICABLE, STATE AND FEDERAL AGENCIES) AND, BRIEFLY, DESCRIBE THE DEVELOPMENT OR PROJECT THAT WOULD RESULT FROM THE PROPOSED ACTION(S) AND APPROVAL(S):
The New York City Department of Environmental Protection (NYCDEP) is proposing to promulgate "Rule Governing House/Site Connections to the Sewer System" as Chapter 25 of Title 15 of the Rules of the City of New York (RCNY). The proposed rules and regulations would update and codify the standards, procedures, and practices used by applicants in obtaining certifications for the availability of sewers. The proposed rules and regulations would also update and codify the standards, procedures, and practices used by licensed plumbers, registered architects, and professional engineers in the construction of house/site connections to the New York City (the City) sewer system. These rules would govern the house/site sewer connection from the street sewer to the property line.
- 3c. DESCRIBE THE PURPOSE OF AND NEED FOR THE ACTION(S) AND APPROVAL(S):
The purpose of the proposed is to codify the requirements for sewer availability certification and permitting for the construction, alteration, repair or relay, plugging, unplugging, and inspection of all sewer connections and appurtenances. The action would allow for a standard permitting procedure for property owners (any individual, firm, corporation, company, association, society, institution or any other legal entity that own the property) proposing to connect a City sewer, a private sewer, a private drain, or an approved outlet to serve an existing or a proposed development.

Required Action or Approvals

PLEASE NOTE THAT MANY ACTIONS ARE NOT SUBJECT TO CEQR. SEE SECTION 110 OF TECHNICAL MANUAL.

4. CITY PLANNING COMMISSION: Yes No
- | | | |
|---|---|---|
| <input type="checkbox"/> Change in City Map | <input type="checkbox"/> Zoning Certification | <input type="checkbox"/> Site Selection – Public Facility |
| <input type="checkbox"/> Zoning Map Amendment | <input type="checkbox"/> Zoning Authorization | <input type="checkbox"/> Disposition – Real Property |
| <input type="checkbox"/> Zoning Text Amendment | <input type="checkbox"/> Housing Plan & Project | <input type="checkbox"/> UDAAP |
| <input type="checkbox"/> Charter 197-a Plan: _____ | <input type="checkbox"/> Revocable Consent | <input type="checkbox"/> Franchise |
| <input type="checkbox"/> Zoning Special Permit, specify type: _____ | <input type="checkbox"/> Concession | |
| <input type="checkbox"/> Modification of: _____ | | |
| <input type="checkbox"/> Renewal of: _____ | | |
| <input type="checkbox"/> Other: _____ | | |
5. UNIFORM LAND USE PROCEDURE (ULURP): Yes No
6. BOARD OF STANDARDS AND APPEALS: Yes No
- | | | | |
|---|------------------------------|----------------------------------|------------------------|
| <input type="checkbox"/> Special Permit | <input type="checkbox"/> New | <input type="checkbox"/> Renewal | Expiration Date: _____ |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Use | <input type="checkbox"/> Bulk | |
- Specify affected section(s) of Zoning Resolution: _____
7. DEPARTMENT OF ENVIRONMENTAL PROTECTION: Yes No
- | | | |
|---|--|---|
| <input type="checkbox"/> Title V Facility | <input type="checkbox"/> Power Generation Facility | <input type="checkbox"/> Medical Waste Treatment Facility |
|---|--|---|

8. OTHER CITY APPROVALS: Yes No
 Legislation Rulemaking, specify agency: Corporation Council/City Administrative Procedure Act (CAPA)
 Construction of Public Facilities Funding of Construction, specify: _____
 Funding of Programs, specify: _____
 Policy or Plan Permits, specify: _____
 Other, explain: _____
9. STATE ACTIONS/APPROVALS/FUNDING: Yes No
 Is "Yes", identify: _____
10. FEDERAL ACTIONS/APPROVALS/FUNDING: Yes No
 Is "Yes", identify: _____

Action Type

- 11a. Unlisted; or Type I, specify category: _____
 (See 6 NYCRR 617.4 and NYC Executive Order 91 of 1977, as amended)
- 11b. Localized action, site specific Localized action, change in regulatory control for small area Generic action

Analysis Year

12. Identify the analysis year (or build year) for the proposed action: 2009
 Would the proposal be implemented in a single phase? Yes No NA.
 Anticipated period of construction: _____
 Anticipated completion date: _____
 Would the proposal be implemented in multiple phases? Yes No NA.
 Number of phases: _____
 Describe phases and construction schedule: _____

Directly Affected Area

INDICATE LOCATION OF PROJECT SITE FOR ACTIONS INVOLVING A SINGLE SITE ONLY (PROVIDE ATTACHMENTS AS NECESSARY FOR MULTIPLE SITES)

- 13a. LOCATION OF PROJECT SITE N/A
-
- STREET ADDRESS
-
- DESCRIPTION OF PROPERTY BY BOUNDING OR CROSS STREETS
-
- EXISTING ZONING DISTRICT, INCLUDING SPECIAL ZONING DISTRICT DESIGNATION IF ANY ZONING SECTIONAL MAP NO.
-
- TAX BLOCK AND LOT NUMBERS BOROUGH COMMUNITY DISTRICT NO.

- 13b. PHYSICAL DIMENSIONS AND SCALE OF PROJECT N/A
 TOTAL CONTIGUOUS SQUARE FEET OWNED OR CONTROLLED BY PROJECT SPONSOR: _____ SQ. FT.
 PROJECT SQUARE FEET TO BE DEVELOPED: _____ SQ. FT.
 GROSS FLOOR AREA OF PROJECT: _____ SQ. FT.
 IF THE ACTION IS AN EXPANSION, INDICATE PERCENT OF EXPANSION PROPOSED
 IF THE NUMBER OF UNITS, SQ. FT. OR OTHER APPROPRIATE MEASURE: _____ % OF _____
 DIMENSIONS (IN FEET) OF LARGEST PROPOSED STRUCTURE: _____ HEIGHT; _____ WIDTH; _____ LENGTH
 LINEAR FEET OF FRONTAGE ALONG A PUBLIC THOROUGHFARE: _____

- 13c. IF THE ACTION WOULD APPLY TO THE ENTIRE CITY OR TO AREAS THAT ARE SO EXTENSIVE THAT A SITE-SPECIFIC DESCRIPTION IS NOT APPROPRIATE OR PRACTICABLE, DESCRIBE THE AREA LIKELY TO BE AFFECTED BY THE ACTION:
The regulated community would include private and public builders, developers, and property owners (i.e., any individual, firm, corporation, company, association, society, institution, agency or any other legal entity that owns the property, appurtenances and/or easements) and professionals contracted to perform work on the applicants' behalf (i.e., professional engineers, registered architects, and licensed plumbers) proposing to connect to a City sewer, a private sewer, a private drain, or an approved outlet to serve an existing or a proposed development.
- 13d. DOES THE PROPOSED ACTION INVOLVE CHANGES IN REGULATORY CONTROLS THAT WOULD AFFECT ONE OR MORE SITES NOT ASSOCIATED WITH A SPECIFIC DEVELOPMENT? YES NO
 IF "YES," IDENTIFY THE LOCATION OF THE SITES PROVIDING THE INFORMATION REQUESTING IN 13a & 13b ABOVE.
The proposed action would affect the sites of all existing or new developments proposing to connect to a City sewer, a private sewer, a private drain, or another approved outlet within all five boroughs of the City.

PART II, SITE AND ACTION DESCRIPTION

Site Description

EXCEPT WHERE OTHERWISE INDICATED, ANSWER THE FOLLOWING QUESTIONS WITH REGARD TO THE DIRECTLY AFFECTED AREA. THE DIRECTLY AFFECTED AREA CONSISTS OF THE PROJECT SITE AND THE AREA SUBJECT TO ANY CHANGE IN REGULATORY CONTROLS.

1. **GRAPHICS** Please attach: (1) a Sanborn or other land use map; (2) a zoning map; and (3) a tax map. On each map, clearly show the boundaries of the directly affected area or areas and indicate a 400-foot radius drawn from the outer boundaries of the project site. The maps should not exceed 8-1/2 x 14 inches in size. **N/A**

2. **PHYSICAL SETTING** (both developed and undeveloped areas) **N/A**

Total directly affected area (sq. ft.): _____ Water surface area (sq. ft.): _____
 Roads, building and other paved surfaces (sq. ft.): _____ Other, described (sq. ft.): _____

3. **PRESENT LAND USE** See Attachment A - Analyses

Residential

Total No. of dwelling units: _____ No. of low-to-moderate income units: _____
 No. of stories: _____ Gross floor area (sq. ft.): _____
 Describe type of residential structures: _____

Commercial

Retail: No. of bldgs: _____ Gross floor area of each building (sq. ft.): _____
 Office: No. of bldgs: _____ Gross floor area of each building (sq. ft.): _____
 Other: No. of bldgs: _____ Gross floor area of each building (sq. ft.): _____
 Specify type(s): _____
 No. of stories and height of each building: _____

Manufacturing/Industrial

No. of bldgs: _____ Gross floor area of each building (sq. ft.): _____
 No. of stories and height of each building: _____
 Type of use(s): _____ Open storage area (sq. ft.): _____
 If any unenclosed activities, specify: _____

Community Facility

Type of community facility: _____
 No. of bldgs: _____ Gross floor area of each building (sq. ft.): _____
 No. of stories and height of each building: _____

Vacant Land

Is there any vacant land in the directly affected area? Yes No
 If yes, describe briefly: _____

Publicly accessible open space

Is there any existing publicly accessible open space in the directly affected area? Yes No
 If yes, describe briefly: _____

Does the directly affected area include any mapped City, State or Federal parkland? Yes No
 If yes, describe briefly: _____

Does the directly affected area include any mapped or otherwise known wetland? Yes No
 If yes, describe briefly: _____

Other Land Use

No. of stories: _____ Gross floor area (sq. ft.): _____
 Type of use: _____

4. **EXISTING PARKING** **N/A**

Garages

No. of public spaces: _____ No. of accessory spaces: _____
 Operating hours: _____ Attended or non-attended? _____

Lots

No. of public spaces: _____ No. of accessory spaces: _____
 Operating hours: _____ Attended or non-attended? _____

Other (including street parking) – please specify and provide same data as for lots and garages, as appropriate.

5. **EXISTING STORAGE TANKS N/A**

Gas or service stations? Yes No Oil storage facility? Yes No
Other? Yes No If yes, specify: _____
Number and size of tanks: _____ Last NYFD inspection date: _____
Location and depth of tanks: _____

6. **CURRENT USERS**

No. of residents: **Current users include all residential property owners proposing to connect to a City sewer, a private sewer, a private drain, or other approved outlet.**

No. and type of business: **Current users include all commercial and industrial property owners proposing to connect to a City sewer, a private sewer, a private drain, or other approved outlet to serve an existing or a proposed development.**

No. and type of workers by businesses: _____ No. and type of non-residents who are not workers: _____

7. **HISTORIC RESOURCES (ARCHITECTURAL AND ARCHAEOLOGICAL RESOURCES) See Attachment A - Analyses**

Answer the following two questions with regard to the directly affected area, lots abutting that area, lots along the same blockfront or directly across the street from the blockfront, and, where the directly affected area includes a corner lot, lots which front on the same street intersection.

Do any of the areas listed above contain any improvement, interior landscape feature, aggregate of landscape features, or archaeological resource that:

- (a) Has been designated (or is calendared for consideration as) a New York City Landmark, Interior Landmark or Scenic Landmark? Yes No
- (b) Is within a designated New York City Historical District? Yes No
- (c) Has been listed on, or determined eligible for, the New York State or National Register of Historic Places? Yes No
- (d) Is within a New York State or National Register Historic District? Yes No
- (e) Has been recommended by the New York State Board for listing on the New York State or National Register of Historic Places? Yes No

Identify any resource: _____

Do any of the areas listed in the introductory paragraph above contain any historic or archeological resource, other than those listed in response to the previous question? Yes No

Identify any resource: _____

8. **WATERFRONT REVITALIZATION PROGRAM See Attachment A - Analyses**

Is any part of the directly affected area within the City's Waterfront Revitalization program boundaries? Yes No
(A map of the boundaries can be obtained at the Department of City Planning bookstore.)

If yes, append a map showing the directly affected area as it relates to such boundaries. A map requested in other parts of this form may be used.

9. **CONSTRUCTION See Attachment A - Analyses**

Will the action result in demolition of or significant physical alteration to any improvement? Yes No

If yes describe briefly: _____

10. **PROPOSED LAND USE See Attachment A - Analyses**

Residential

Total No. of dwelling units: _____ No. of low-to-moderate income units: _____

No. of stories: _____ Gross floor area (sq. ft.): _____

Describe type of residential structures: _____

Commercial

Retail: No. of bldgs: _____ Gross floor area of each building (sq. ft.): _____

Office: No. of bldgs: _____ Gross floor area of each building (sq. ft.): _____

Other: No. of bldgs: _____ Gross floor area of each building (sq. ft.): _____

Specify type(s): _____

No. of stories and height of each building: _____

Manufacturing/Industrial

No. of bldgs: _____ Gross floor area of each building (sq. ft.): _____

No. of stories and height of each building: _____

Type of use(s): _____ Open storage area (sq. ft.): _____

If any unenclosed activities, specify: _____

Community Facility

Type of community facility: _____

No. of bldgs: _____ Gross floor area of each building (sq. ft.): _____ No. of stories and height of each building: _____

SEE CEQR TECHNICAL MANUAL CHAPTER III F., HISTORIC RESOURCES

SEE CEQR TECHNICAL MANUAL CHAPTER III K., WATERFRONT REVITALIZATION PROGRAM

Project

Description

THIS SUBPART SHOULD GENERALLY BE COMPLETED ONLY IF YOUR ACTION INCLUDES A SPECIFIC OR KNOWN DEVELOPMENT AT PARTICULAR LOCATIONS

Vacant Land

Is there any vacant land in the directly affected area? Yes No

If yes, describe briefly: _____

Publicly accessible open space

Is there any existing publicly accessible open space in the directly affected area? Yes No

If yes, describe briefly: _____

Does the directly affected area include any mapped City, State or Federal parkland? Yes No

If yes, describe briefly: _____

Does the directly affected area include any mapped or otherwise known wetland? Yes No

If yes, describe briefly: _____

Other Land Use

No. of stories: _____ Gross floor area (sq. ft.): _____

Type of use: _____

11. PROPOSED PARKING N/A

Garages

No. of public spaces: _____ No. of accessory spaces: _____

Operating hours: _____ Attended or non-attended? _____

Lots

No. of public spaces: _____ No. of accessory spaces: _____

Operating hours: _____ Attended or non-attended? _____

Other (including street parking) – please specify and provide same data as for lots and garages, as appropriate.

No. and locations of proposed curb cuts: _____

12. PROPOSED STORAGE TANKS N/A

Gas or service stations? Yes No Oil storage facility? Yes No

Other? Yes No If yes, specify: _____

Size of tanks: _____ Location and depth of tanks: _____

13. PROPOSED USERS See Attachment A - Analyses

No. of residents: _____ No. and type of business: _____

No. and type of workers by businesses: _____ No. and type of non-residents who are not workers: _____

14. HISTORIC RESOURCES (ARCHITECTURAL AND ARCHAEOLOGICAL RESOURCES) See Attachment A - Analyses

Will the action directly affect any architectural or archaeological resource identified in response to either of the two questions at number 7 in the Site Description section of the form? Yes No

If yes, describe briefly: _____

15. DIRECT DISPLACEMENT N/A

Will the action directly displace specific business or affordable and/or low-income residential units? Yes No

If yes, describe briefly: _____

16. COMMUNITY FACILITIES N/A

Will the action directly eliminate, displace, or alter public or publicly funded community facilities such as educational facilities, libraries, hospitals and other health care facilities, day care centers, police stations, or fire stations?

Yes No If yes, describe briefly: _____

17. What is the zoning classification(s) of the directly affected area? N/A

18. What is the maximum amount of floor area that can be developed in the directly affected area under the present zoning? Describe in terms of bulk for each use. N/A

19. What is the proposed zoning of the directly affected area? N/A

20. What is the maximum amount of floor area that could be developed in the directly affected area under the proposed zoning? Describe in terms of bulk for each use. N/A

21. What are the predominant land uses and zoning classifications within a 1/4-mile radius of the proposed action? N/A

SEE CEQR TECHNICAL MANUAL CHAPTER III B., SOCIO-ECONOMIC CONDITIONS

SEE CEQR TECHNICAL MANUAL CHAPTER III C., COMMUNITY FACILITIES & SERVICES

Zoning Information

Additional Information

22. Attach any additional information as may be needed to describe the action. If your action involves changes in regulatory controls that affect one or more sites not associated with a specific development, it is generally appropriate to include here one or more reasonable development scenarios for such sites and, to the extent possible, to provide information about such scenario(s) similar to that requested in the Project Description question 9 through 16.

Analyses

23. Attach analysis for each of the impact categories listed below (or indicate where an impact category is not applicable):
- | | |
|--|--|
| a. LAND USE, ZONING, AND PUBLIC POLICY | See CEQR Technical Manual Chapter III.A. See Attachment A |
| b. SOCIOECONOMIC CONDITIONS | See CEQR Technical Manual Chapter III.B. See Attachment A |
| c. COMMUNITY FACILITIES | See CEQR Technical Manual Chapter III.C. <input checked="" type="checkbox"/> NA. |
| d. OPEN SPACE | See CEQR Technical Manual Chapter III.D. <input checked="" type="checkbox"/> NA. |
| e. SHADOWS | See CEQR Technical Manual Chapter III.E. <input checked="" type="checkbox"/> NA. |
| f. HISTORIC RESOURCES | See CEQR Technical Manual Chapter III.F. See Attachment A |
| g. URBAN DESIGN/VISUAL RESOURCES | See CEQR Technical Manual Chapter III.G. <input checked="" type="checkbox"/> NA. |
| h. NEIGHBORHOOD CHARACTER | See CEQR Technical Manual Chapter III.H. <input checked="" type="checkbox"/> NA. |
| i. NATURAL RESOURCES | See CEQR Technical Manual Chapter III.I. See Attachment A |
| j. HAZARDOUS MATERIAL | See CEQR Technical Manual Chapter III.J. See Attachment A |
| k. WATERFRONT REVITALIZATION PROGRAM | See CEQR Technical Manual Chapter III.K. See Attachment A |
| l. INFRASTRUCTURE | See CEQR Technical Manual Chapter III.L. See Attachment A |
| m. SOLID WASTE AND SANITATION SERVICES | See CEQR Technical Manual Chapter III.M. <input checked="" type="checkbox"/> NA. |
| n. ENERGY | See CEQR Technical Manual Chapter III.N. <input checked="" type="checkbox"/> NA. |
| o. TRAFFIC AND PARKING | See CEQR Technical Manual Chapter III.O. <input checked="" type="checkbox"/> NA. |
| p. TRANSIT AND PEDESTRIANS | See CEQR Technical Manual Chapter III.P. <input checked="" type="checkbox"/> NA. |
| q. AIR QUALITY | See CEQR Technical Manual Chapter III.Q. <input checked="" type="checkbox"/> NA. |
| r. NOISE | See CEQR Technical Manual Chapter III.R. <input checked="" type="checkbox"/> NA. |
| s. CONSTRUCTION IMPACTS | See CEQR Technical Manual Chapter III.S. See Attachment A |
| t. PUBLIC HEALTH | See CEQR Technical Manual Chapter III.T. See Attachment A |

The CEQR Technical Manual sets forth methodologies developed by the City to be used in analyses prepared for the above-listed categories. Other methodologies developed or approved by the lead agency may also be utilized. If a different methodology is contemplated, it may be advisable to consult with the Mayor's Office of Environmental Coordination. You should also attach any other necessary analyses or information relevant to the determination whether the action may have significant impact on the environment, including, where appropriate, information on combined or cumulative impacts, as might occur, for example, where actions are interdependent or occur within a discrete geographical area or time frame.

Applicant Certification

24. Constance Vavilis
 PREPARER NAME
Chief of Staff, BWSO
 PREPARER TITLE
Constance Vavilis
 PREPARER SIGNATURE
5/20/09
 DATE

NYCDEP-BEPA
 PRINCIPAL
Angela Licata
 NAME OF PRINCIPAL REPRESENTATIVE
Deputy Commissioner, BEPA
 TITLE OF PRINCIPAL REPRESENTATIVE
Angela Licata
 SIGNATURE OF PRINCIPAL REPRESENTATIVE
3/20/09
 DATE

NOTE: Any person who knowingly makes a false statement or who knowingly falsifies any statement on this form or allows any such statement to be falsified shall be guilty of an offense punishable by fine or imprisonment or both, pursuant to section 10-154 of the New York City Administrative Code, and may be liable under applicable laws.