

APPENDIX F

ENVIRONMENT ASSESSMENT REPORT AND RESPONSES

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 project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Sponsor Information.

Name of Action or Project: Transfer Station Regulated Medical Waste (RMW)		
Project Location (describe, and attach a general location map): 893 Shepherd Avenue, Brooklyn NY 11208. Kings County.		
Brief Description of Proposed Action (include purpose or need): Sharps Compliance, Inc. seeks a permit from the NYSDEC to operate a facility located at 893 Shepherd Ave., Brooklyn, NY for the truck-to-truck transfer of Regulated Medical Waste (“RMW”) for transport to permitted treatment and disposal facilities. Current operations include temporary on-truck storage of RMW and truck-to-truck transfer of hazardous wastes commonly used in health care settings (e.g., Isopropyl Alcohol, etc.). The facility is located in an M-1 Zoning District and constitutes an “As-of-Right” use per the NYC Zoning Resolution, consistent with a recent determination of the NYC Board of Standards and Appeals that such activity falls within Use Group 16. All activities will be performed inside the fully enclosed facility. The facility is projected to generate a maximum of 102 vehicular “trips” per day including collection vehicles, long-haul trailers and employee commuting.		
Name of Applicant/Sponsor: Sharps Compliance, Inc.	Telephone: 713-660-3544	E-Mail: cknisley@sharpsinc.com
Address: 9220 Kirby Drive, Suite 500		
City/PO: Houston	State: Texas	Zip Code: 77054
Project Contact (if not same as sponsor; give name and title/role): Curtis Knisley, Director Quality & Safety	Telephone: 713-660-3544	E-Mail: cknisley@sharpsinc.com
Address: 9220 Kirby Drive, Suite 500		
City/PO: Houston	State: Texas	Zip Code: 77054
Property Owner (if not same as sponsor): SIT Realty	Telephone: 516-322-7753	E-Mail: aryehrealty@yahoo.com
Address: 2266 E. 2nd Street		
City/PO: Brooklyn	State: NY	Zip Code: 11223

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 Council, Town Board, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No or Village Board of Trustees		
b. City, Town or Village Planning Board or Commission <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
c. City Council, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
d. Other local agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
e. County agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 Department of Environmental Conservation, RMW Transfer Station permit	
h. Federal agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<p>i. Coastal Resources.</p> <p><i>i.</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</p> <p><i>ii.</i> Is the project site located in a community with an approved Local Waterfront Revitalization Program? <input checked="" type="checkbox"/> Yes<input type="checkbox"/> No</p> <p><i>iii.</i> Is the project site within a Coastal Erosion Hazard Area? <input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</p>		

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? Yes No

- **If Yes**, complete sections C, F and G.
- **If No**, proceed to question C.2 and complete all remaining sections and questions in Part 1

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? Yes No

If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located? Yes 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?) Yes No

If Yes, identify the plan(s):

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? Yes No

If Yes, identify the plan(s):

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?
M1-1

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? Brooklyn School District 19

b. What police or other public protection forces serve the project site?
New York City Precinct 75

c. Which fire protection and emergency medical services serve the project site?
Fire battalion 39 Engine Ladder 107; EMS Station - Pennsylvania & east NY Treatment & Diagnostic Center.

d. What parks serve the project site?
Linden, Jerome, Elton, Linwood, Woodruff, Cypress Hills and Spring Creek Park.

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)? Industrial and Commercial

b. a. Total acreage of the site of the proposed action? _____ .5 acres
b. Total acreage to be physically disturbed? _____ 0 acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ .5 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)

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 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? Yes No
 If Yes, show numbers of units proposed.

	<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)? 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? Yes No
 (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite)
 If Yes:

i. What is the purpose of the excavation or dredging? _____

ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?

- Volume (specify tons or cubic yards): _____
- Over what duration of time? _____

iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them. _____

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? _____ acres

vi. What is the maximum area to be worked at any one time? _____ acres

vii. What would be the maximum depth of excavation or dredging? _____ feet

viii. Will the excavation require blasting? Yes No

ix. Summarize site reclamation goals and plan: _____

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 proposed action cause or result in disturbance to bottom sediments? Yes No
If Yes, describe: _____

iv. Will 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), 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

Yes No
 Yes No

Do existing sewer lines serve the project site?
 Will line extension within an existing district be necessary to serve the project?
 If Yes:

- Describe extensions or capacity expansions proposed to serve this project: _____

iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? Yes No
 If Yes:

- Applicant/sponsor for new district: _____
- Date application submitted or anticipated: _____
- What is the receiving water for the wastewater discharge? _____

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):

vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____

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? Yes No
 If Yes:

- How much impervious surface will the project create in relation to total size of project parcel?
 _____ Square feet or _____ acres (impervious surface)
 _____ Square feet or _____ acres (parcel size)
- Describe types of new point sources. _____
- 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)?

 - If to surface waters, identify receiving water bodies or wetlands: _____
 - Will stormwater runoff flow to adjacent properties? Yes No

iv. Does proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? Yes 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? Yes No
 If Yes, identify:

- Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)
 Transfer Station would generate, at most, 30 collection vehicles (2 Axles) and 7 Long-haul trips per day.
- Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers)
- Stationary sources during operations (e.g., process emissions, large boilers, electric generation)

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? Yes No
 If Yes:

- 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) Yes No
- In addition to emissions as calculated in the application, the project will generate:
 - _____ Tons/year (short tons) of Carbon Dioxide (CO₂)
 - _____ Tons/year (short tons) of Nitrous Oxide (N₂O)
 - _____ Tons/year (short tons) of Perfluorocarbons (PFCs)
 - _____ Tons/year (short tons) of Sulfur Hexafluoride (SF₆)
 - _____ Tons/year (short tons) of Carbon Dioxide equivalent of Hydroflouorocarbons (HFCs)
 - _____ Tons/year (short tons) of Hazardous Air Pollutants (HAPs)

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): _____

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): _____

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 semi-trailer truck trips/day: _____

iii. Parking spaces: Existing _____ Proposed _____ Net increase/decrease _____

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: _____

vi. Are public/private transportation service(s) or facilities available within 1/2 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

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

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

<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ N/A • Saturday: _____ N/A • Sunday: _____ N/A • Holidays: _____ N/A 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 24 hours per day • Saturday: _____ 24 hours per day • Sunday: _____ 24 hours per day • Holidays: _____ 24 hours per day
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<p>m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes:</p> <p>i. Provide details including sources, time of day and duration:</p> <p>_____</p> <p>_____</p>	
<p>ii. Will proposed action remove existing natural barriers that could act as a noise barrier or screen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe: _____</p> <p>_____</p>	
<p>n. Will the proposed action have outdoor lighting? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes:</p> <p>i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:</p> <p>_____</p> <p>_____</p>	
<p>ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe: _____</p> <p>_____</p>	
<p>o. Does the proposed action have the potential to produce odors for more than one hour per day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: _____</p> <p>_____</p> <p>_____</p>	
<p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Product(s) to be stored _____</p> <p>ii. Volume(s) _____ per unit time _____ (e.g., month, year)</p> <p>iii. Generally describe proposed storage facilities: _____</p> <p>_____</p>	
<p>q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe proposed treatment(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>ii. Will the proposed action use Integrated Pest Management Practices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe any solid waste(s) to be generated during construction or operation of the facility:</p> <ul style="list-style-type: none"> • Construction: _____ tons per _____ (unit of time) • Operation : _____ tons per _____ (unit of time) <p>ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:</p> <ul style="list-style-type: none"> • Construction: _____ • Operation: _____ <p>iii. Proposed disposal methods/facilities for solid waste generated on-site:</p> <ul style="list-style-type: none"> • 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 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: See attached narrative.

 ii. Generally describe processes or activities involving hazardous wastes or constituents: See attached narrative.

 iii. Specify amount to be handled or generated _____ tons/month See attached narrative.
 iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: See attached narrative.

 v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? Yes No
 If Yes: provide name and location of facility: See attached narrative.

 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 Covertypes	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	.5	.5	0
• Forested	0	0	0
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)	0	0	0
• 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: _____	0	0	0

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:
Public School 202 and Friends of Crown Heights 17

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): 1300558 (C and L Sales Corp)
 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): V00582 , C224139, 224035
iv. If yes to (i), (ii) or (iii) above, describe current status of site(s):
See attached narrative.

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: _____

E.2. Natural Resources On or Near Project Site

a. What is the average depth to bedrock on the project site? _____ <20 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: Urban land, outwash substratum _____ 100 %
 _____ %
 _____ %

d. What is the average depth to the water table on the project site? Average: 11.54 feet

e. Drainage status of project site soils: Well Drained: _____ % of site
 Moderately Well Drained: _____ % of site
 Poorly Drained 100 % of site

f. Approximate proportion of proposed action site with slopes: 0-10%: _____ 100 % of site
 10-15%: _____ % of site
 15% or greater: _____ % of site

g. Are there any unique geologic features on the project site? Yes No
 If Yes, describe: _____

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: _____

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: Sole Source Aquifer Names: Brooklyn-Queens SSA. Note, not a source of potable drinking water. See attached narrative.

m. Identify the predominant wildlife species that occupy or use the project site: _____ _____ N/A _____ _____	
n. Does the project site contain a designated significant natural community? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: <i>i.</i> Describe the habitat/community (composition, function, and basis for designation): _____ _____ <i>ii.</i> Source(s) of description or evaluation: _____ <i>iii.</i> Extent of community/habitat: <ul style="list-style-type: none"> • 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 See attached narrative.	
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	
q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, give a brief description of how the proposed action may affect that use: _____ _____	
E.3. Designated Public Resources On or Near Project Site	
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>i.</i> If Yes: acreage(s) on project site? _____ <i>ii.</i> 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>i.</i> Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature <i>ii.</i> 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>i.</i> CEA name: _____ <i>ii.</i> Basis for designation: _____ <i>iii.</i> 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, or has been nominated by the NYS Board of Historic Preservation for inclusion on, the State or National Register of Historic Places?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
<i>i.</i> Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input type="checkbox"/> Historic Building or District	
<i>ii.</i> Name: _____	
<i>iii.</i> 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 type="checkbox"/> No
g. Have additional archaeological or historic site(s) or resources been identified on the project site?	
If Yes:	
<i>i.</i> Describe possible resource(s): _____	
<i>ii.</i> 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>i.</i> Identify resource: _____	
<i>ii.</i> Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____	
<i>iii.</i> 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>i.</i> Identify the name of the river and its designation: _____	
<i>ii.</i> 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.

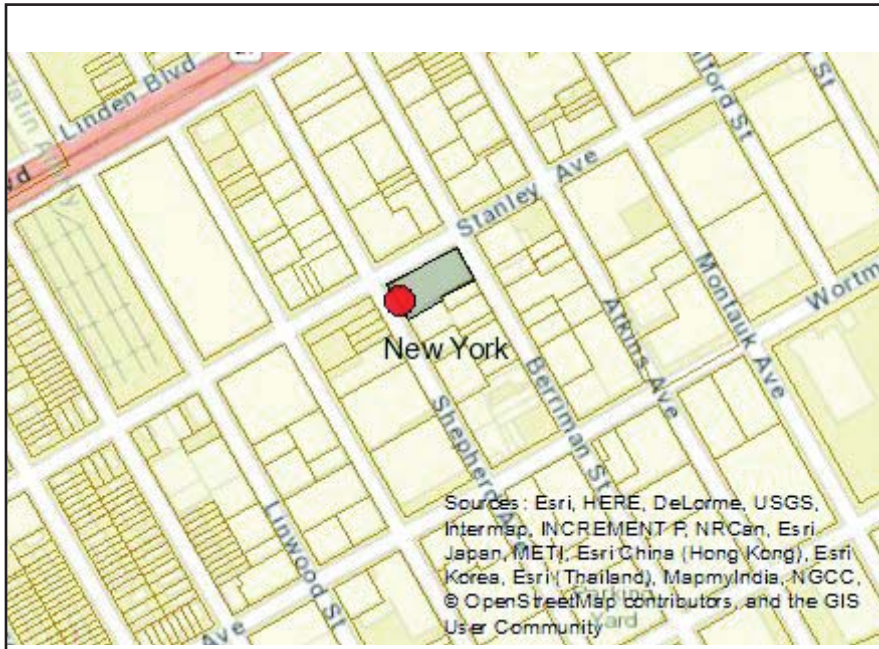
If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

G. Verification

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

Applicant/Sponsor Name Curtis Knisley Date 05/05/2020

Signature  Title Director Quality & Safety



Disclaimer: The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.



B.i.i [Coastal or Waterfront Area]	No
B.i.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]	V00582 , C224139, 224035
E.2.g [Unique Geologic Features]	No
E.2.h.i [Surface Water Features]	No
E.2.h.ii [Surface Water Features]	No
E.2.h.iii [Surface Water Features]	No
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]	Sole Source Aquifer Names:Brooklyn-Queens SSA
E.2.n. [Natural Communities]	No

E.2.o. [Endangered or Threatened Species]	Yes
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 Register of Historic Places]	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

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Section F. Additional Information

1. Section D.2.t.i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility:

Sharps transfers the following hazardous wastes generated in a broad range of medical, diagnostic, therapeutic and research activities:

Hazardous Waste Type			
Hazardous Waste Type	Maximum Capacity (gallons)		Storage Period
	Daily	Annual	
Class 2 • Division 2.1 • Division 2.2	2,000 (equivalent to 9.902263 CY; 8 tons)	520,000 (equivalent to 2,574.58838 CY; 2,080 tons)	Up to 10 Days
Class 3			
Class 4 • Division 4.1			
Class 5 • Division 5.1 • Division 5.2			
Class 6 • Division 6.1 Poison • Division 6.1 Solid			
Class 8			
Class 9			

Examples of the above hazardous waste type classes are provided in the following table:

Hazardous Waste Type Examples			
Hazardous Waste Type	Description	Examples	Generators
High BTU Liquids	High BTU Liquids are 100% liquid with no sludge or smaller inner containers in the DOT shipping container. A High BTU Liquid solution is a good energy source (>6,000 BTU/lb) when burned. Lastly, High BTU Liquids have a low amount of water (<30%) in the overall solution.	Gram stain solution, xylene, methanol, alcohol/ethanol, isopropanol, oil, naphtha, acetone, methyl ethyl ketone (MEK), butyl alcohol, ethyl acetate, hexane, toluene	Dermatologists, veterinarians, clinical labs
Formalin Solution, 10%	Used 10% formalin solution is regarded by NIOSH as a hazard to human health and well-being, it is a suspected carcinogen, and a proven human sensitizer.	Tissue samples in small containers, consolidated liquids in carboys/drums.	Dermatologists, veterinarians, clinical labs

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Hazardous Waste Type Examples			
Hazardous Waste Type	Description	Examples	Generators
Hazardous Waste Pharmaceuticals (HWP)	HWP are medications that meet the EPA definition of “hazardous waste” and have an associated RCRA code (waste code).	Warfarin, mitomycin C, lindane, nicotine, daunomycin, dandruff shampoo, insulin, vaccines, alcohol-based creams, gels, and ointments	Pharmacies, Skilled Nursing, Long Term Care Facilities (LTCF), rehab facilities
Medical Aerosols/Inhalers	Meter-dose inhalers are pressurized canisters that are managed as aerosols. In some cases, the propellant liquid within the canister is also flammable and carries a RCRA code.	Inhalers	LTCF, allergists, doctors’ offices
Used X-ray Fixer/Developer Solution	Fixer and Developer solutions are part of a two-product system in the development of X-ray film. In their unused state, they do not carry a RCRA code. The x-ray fixer is typically a weak acid solution. During the fixing process, light-sensitive silver-halide crystals present on radiographic films are released as silver-thiosulfate. Silver is a RCRA regulated waste.	X-ray Fixer/Developer Solution	Dentists, doctors’ offices, urgent care

All hazardous wastes that could be received by the facility, including the maximum storage and throughput amount for each type, are provided in the following table:

Waste Codes	Daily Max Storage	Max Annual Throughput	Unit of Measure
D001	240	62,400	Gallons
D002	240 or (2,400)	130,000 or (1,300,000)	Gallons (Pounds)
D004	500	130,000	Pounds
D005	500	130,000	Pounds
D006	500	130,000	Pounds
D007	500	130,000	Pounds
D008	500	130,000	Pounds
D009	500	130,000	Pounds

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Waste Codes	Daily Max Storage	Max Annual Throughput	Unit of Measure
D010	500	130,000	Pounds
D011	500	130,000	Pounds
D022	500	130,000	Pounds
D024	500	130,000	Pounds
D026	500	130,000	Pounds
F001	240	62,400	Gallons
F002	240	62,400	Gallons
F003	240	62,400	Gallons
F005	240	62,400	Gallons
P001	10	2,600	Pounds
P042	10	2,600	Pounds
P075	10	2,600	Pounds
P105	10	2,600	Pounds
U002	500	130,000	Pounds
U003	500	130,000	Pounds
U010	500	130,000	Pounds
U031	500	130,000	Pounds
U035	500	130,000	Pounds
U039	500	130,000	Pounds
U044	500	130,000	Pounds
U058	500	130,000	Pounds
U059	500	130,000	Pounds
U089	500	130,000	Pounds
U112	500	130,000	Pounds
U122	500	130,000	Pounds
U134	500	130,000	Pounds
U150	500	130,000	Pounds
U154	500	130,000	Pounds
U188	500	130,000	Pounds
U200	500	130,000	Pounds
U201	500	130,000	Pounds
U204	500	130,000	Pounds
U205	500	130,000	Pounds
U206	500	130,000	Pounds
U237	500	130,000	Pounds
U279	500	130,000	Pounds

Although the maximum quantities to be stored of each waste exceeds 2,000 gallons, (9.902263 CY) when combined, Sharps will not store in-transit an accumulation of wastes that total over the amount of 2,000 gallons, (equivalent to 9.902263 CY or 8 tons) at any one time. The

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maximums are only the highest quantity of each individual waste that Sharps could store in-transit.

2. Section D.2.t.ii. Generally describe processes or activities involving hazardous wastes or constituents:

Under NYSDEC transporter permit 2A-538, Sharps transports RMW and hazardous waste. In accordance with 6 CRR-NY 372.3(a)(6) Sharps may store hazardous waste, incidental to transport, in manifested containers packaged in accordance with 49 CFR parts 173, 178 and 179, for up to 10 days.

Sharps stores hazardous waste in a designated, permitted (under 2A-538) box truck. The location of the designated box truck is identified in Drawings C-03 and C-04.

Containers of hazardous waste are transferred to a transport vehicle for the purpose of transporting the hazardous waste to a permitted TSDF. The transfer activities may occur 7 days per week, 24 hours per day, with the majority of operations occurring between 6:00 AM to 7:00 PM, Monday through Friday.

3. Section D.2.t.iii. Specify amount to be handled or generated _____ tons/month

On any given day Sharps may transfer hazardous waste amounts not to exceed, in aggregate, 2,000 gallons (equivalent to 9.902263 CY or 8 tons) per day, Monday through Friday, of any of the Hazardous Waste Types listed above. Exact proportions will vary.

4. Section D.2.t.iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents:

Not applicable. Sharps stores hazardous wastes (generated in a broad range of medical, diagnostic, therapeutic and research activities), incidental to transport, in closed manifested containers. On-site minimization, recycling or reuse of hazardous constituents is not currently proposed.

5. Section D.2.t.iv. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? If Yes: provide name and location of facility:

Arrangements have been made to transport hazardous waste with Veolia ES Technical Solutions, L.L.C. (Veolia). Veolia is permitted by the New Jersey Department of Environmental Protection for the processing, storage, treatment and transfer of HAZARDOUS WASTE according to the Solid Waste Management Act (N.J.S.A. 13:1E-1 et seq.):

Treatment/Disposal Facility			
Name of Facility	Address	Phone NO.	Permit NO.
Veolia ES Technical Solutions, L.L.C	1 Eden Lane Flanders, NJ 07836 Mt. Olive Township/Morris County	(973) 691-3933	Facility Permit No.: HWP160001 EPA ID No.: NJD980536593 EPA Part B Permitted TSDF for treatment of hazardous waste.

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A copy of Permit NO. HWP160001 with expiration date November 22, 2021 will be maintained on file and on site.

6. Section E.1. h. iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? DEC ID numbers V00582, C224139 and 224035.

Review of Environmental Site Remediation Database Search (ESRD) confirms the following:

6.1 Site Code: V00582 is located more than 2000 feet from proposed transfer station. This site has been assigned a **Site Classification Code: C (Completed)**. “The site remediation has been satisfactorily completed under a remedial program.”

6.2 Site Code: C224139 is located more than 1000 feet from proposed transfer station. This site has been assigned a **Site Classification Code: A**. The site remediation work is underway and according to Site Health Assessment “direct contact with contaminations in the soil is unlikely because the majority of the site is covered with building and pavement. Contaminated groundwater at the site is not used for drinking or other purposes and the site is serviced by a public water supply that obtains water from different source not affected by this contamination.”

6.3 Site Code: 224035 is located 3000 feet or more from the closest point of the proposed transfer station. This site has been assigned a Site Classification Code: 02. Direct contact with contamination is unlikely, the site is fenced, which limits the public access. Contaminated groundwater at the site is not used for drinking or other purposes and the site is serviced by a public water supply that obtains water from different source not affected by this contamination.”

Note: Activities from the proposed transfer station site at 893 Shepherd Avenue, will not involve new development, building modification or land disturbance.

7. E2. 1. i. is the project located over, or immediately adjoining, a primary, principal or sole source aquifer? i. Name of the Aquifer: Brooklyn-Queens SSA.

The proposed transfer station location is located on the Brooklyn-Queens Sole Source Aquifer (SSA) system. As activities at the transfer station located at 893 Shepherd Avenue will not include new development and building modification, wastewater discharge into groundwater, or construction inside or outside the existing building. Therefore, there is no potential for adverse impact to water supply, wastewater discharge, subsurface components and the Brooklyn-Queens SSA, and no further review is required. Please note the B-Q Sole Source Aquifer is not a source of potable drinking water.

Note: The site owner contracted BSD Environmental Group to seal all floor drains with concrete. This action was completed by BSD Environmental Group in August 2017.

The proposed project is compliant with this regulation.
http://www.dec.ny.gov/docs/water_pdf/ssa.pdf

8. E2. 1. 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 endangered or threatened species?

The EAF Mapper lists the Short-Eared Owl under Endangered or Threatened Species for the project site. However, since the proposed transfer station site activities will not involve new development, building modification, ground disturbance, or tree removing, plants and animal’s habitat will not be affected.

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9. **E3. 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?**

Although, the proposed transfer station site is located within an archeological sensitive area, the project will not involve new development, building modification or ground disturbance. Therefore, there is no potential for adverse impact to archeological resources, and no further review is required.