



City Environmental Quality Review

ENVIRONMENTAL ASSESSMENT STATEMENT

PART I, GENERAL INFORMATION

Reference Numbers

1. 05-DOS-001Y
CEQR REFERENCE NUMBER (TO BE ASSIGNED BY LEAD AGENCY)
ULURP REFERENCE NO. IF APPLICABLE

BSA 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
New York City Department of Sanitation
NAME OF LEAD AGENCY
Abas Braimah
NAME OF LEAD AGENCY CONTACT PERSON
125 Worth Street
ADDRESS
New York NY 10013
CITY STATE ZIP
646-885-4993 212-442-9090
TELEPHONE FAX
abraimah@dwny.nyc.gov
E-MAIL ADDRESS

2b. Applicant Information
same
NAME OF APPLICANT
NAME OF APPLICANT'S REPRESENTATIVE OR CONTACT PERSON
ADDRESS
CITY STATE ZIP
TELEPHONE FAX
E-MAIL ADDRESS

Action Description
SEE CEQR MANUAL SECTIONS 2A & 2B

3a. NAME OF PROPOSAL Proposed Amendments to Rules Concerning the Siting Requirements for Solid Waste Transfer Stations

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):
See Section 1.0, Project Description, of the Supplemental Environmental Studies.

3c. DESCRIBE THE PURPOSE AND NEED FOR THE ACTION(S) AND APPROVAL(S):
See Section 1.0, Project Description, of the Supplemental Environmental Studies.

Required Action or Approvals

4. CITY PLANNING COMMISSION
Change in City Map Zoning Certification Site Selection - Public Facility
Zoning Map Amendment Zoning Authorization Disposition - Real Property Franchise
Zoning Text Amendment Housing Plan & Project UDAAP Revocable Consent Concession
Charter 197-a Plan
Zoning Special Permit, specify type:
Modification of
Renewal of
Other

5. UNIFORM LAND USE PROCEDURE (ULURP) Yes No

6. BOARD OF STANDARDS AND APPEALS Yes No
Special Permit New Renewal Expiration Date
Variance Use Bulk
Specify affected section(s) of Zoning Resolution

7. DEPARTMENT OF ENVIRONMENTAL PROTECTION Yes No
Title V Facility Power Generation Facility Medical Water Treatment Facility

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

8. OTHER CITY APPROVALS Yes No
 Legislation Rulemaking; specify agency: _____
 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
 If "Yes," identify _____

10. FEDERAL ACTIONS/APPROVALS/FUNDING Yes No
 If "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: 2004
 Would the proposal be implemented in a single phase? Yes No NA.
 Anticipated period of construction: NA
 Anticipated completion date: Oct-04
 Would the proposal be implemented in multiple phases? Yes No NA.
 Number of phases: NA
 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 NA
 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 NA
 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 IN 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:
NA.

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 REQUESTED IN 13a & 13b ABOVE.

See Section 1.0 Project Description of the Supplemental Environmental Studies

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 1/4 x 14 inches in size.
Not applicable to proposed action.

2. **PHYSICAL SETTING** (both developed and undeveloped areas) **NA**
 Total directly affected area (sq. ft.): _____ Water surface area (sq. ft.): _____
 Roads, building and other paved surfaces (sq. ft.): _____ Other, describe (sq. ft.): _____

3. **PRESENT LAND USE** **NA**
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: _____

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 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 of each building (sq. ft.): _____
 Type of use: _____

4. **EXISTING PARKING** **NA**
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** **NA**
 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** NA

No. of residents: 0

No. and type of businesses: 0

No. and type of workers by business: 0

No. and type of non-residents who are not workers: 0

SEE CEQR TECHNICAL
MANUAL CHAPTER III F.,
HISTORIC RESOURCES

7. **HISTORIC RESOURCES (ARCHITECTURAL AND ARCHAEOLOGICAL RESOURCES)**

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 same 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;
 - (b) is within a designated New York City Historic District;
 - (c) has been listed on, or determined eligible for, the New York State or National Register of Historic Places;
 - (d) is within a New York State or National Register Historic District; or
 - (e) has been recommended by the New York State Board for listing on the New York State or National Register of Historic Places?
- Identify any resource. **None.**

Do any of the areas listed in the introductory paragraph above contain any historic or archaeological resource, other than those listed in response to the previous question? Identify any resource. **None.**

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

8. **WATERFRONT REVITALIZATION PROGRAM**

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.)

See Supplemental Studies for analysis of WRP impacts for this generic action.

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**

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

If yes, describe briefly:

10. **PROPOSED LAND USE** NA

Residential

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

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 park land? 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:

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

11. PROPOSED PARKING NA

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 location of proposed curb cuts: _____

12. PROPOSED STORAGE TANKS NA

Gas or service stations? Yes No Oil Storage Facility? Yes No Other? Yes No

If yes, specify: _____

Number and size of tanks: _____

Location and depth of tanks: _____

13. PROPOSED USERS NA

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

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

14. HISTORIC RESOURCES (ARCHITECTURAL AND ARCHAEOLOGICAL RESOURCES)

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

If yes, describe briefly: _____

15. DIRECT DISPLACEMENT

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

If yes, describe briefly: _____

16. COMMUNITY FACILITIES

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? **While the action is generic, waste transfer stations are allowed under the Zoning Resolution in M1, M2 and M3 districts.**

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. NA

19. What is the proposed zoning of the directly affected area? NA

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. NA

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

SEE CEQR TECHNICAL MANUAL CHAPTER III B, SOCIOECONOMIC CONDITIONS

SEE CEQR TECHNICAL MANUAL CHAPTER III C, COMMUNITY FACILITIES

Zoning Information

Additional Information

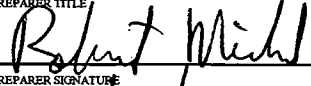
22. Attach any additional information as may be needed to describe the action. If your action involves changes in regulatory controls that affect one or more sites not associated with a specific development, it is generally appropriate to include here one or more reasonable development scenarios for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


Analyses

23. Attach analyses 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
 - (b) SOCIOECONOMIC CONDITIONS See CEQR Technical Manual Chapter III B
 - (c) COMMUNITY FACILITIES AND SERVICES See CEQR Technical Manual Chapter III C
 - (d) OPEN SPACE See CEQR Technical Manual Chapter III D
 - (e) SHADOWS See CEQR Technical Manual Chapter III E
 - (f) HISTORIC RESOURCES See CEQR Technical Manual Chapter III F
 - (g) URBAN DESIGN/VISUAL RESOURCES See CEQR Technical Manual Chapter III G
 - (h) NEIGHBORHOOD CHARACTER See CEQR Technical Manual Chapter III H
 - (i) NATURAL RESOURCES See CEQR Technical Manual Chapter III I
 - (j) HAZARDOUS MATERIALS See CEQR Technical Manual Chapter III J
 - (k) WATERFRONT REVITALIZATION PROGRAM See CEQR Technical Manual Chapter III K
 - (l) INFRASTRUCTURE See CEQR Technical Manual Chapter III L
 - (m) SOLID WASTE AND SANITATION SERVICES See CEQR Technical Manual Chapter III M
 - (n) ENERGY See CEQR Technical Manual Chapter III N
 - (o) TRAFFIC AND PARKING See CEQR Technical Manual Chapter III O
 - (p) TRANSIT AND PEDESTRIANS See CEQR Technical Manual Chapter III P
 - (q) AIR QUALITY See CEQR Technical Manual Chapter III Q
 - (r) NOISE See CEQR Technical Manual Chapter III R
 - (s) CONSTRUCTION IMPACTS See CEQR Technical Manual Chapter III S
 - (t) PUBLIC HEALTH See CEQR Technical Manual Chapter III T

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 a 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. Robert Michel
 PREPARER NAME
Vice President, Urbitran Assoc.
 PREPARER TITLE

 PREPARER SIGNATURE
9/20/04
 DATE

New York City Department of Sanitation
 PRINCIPAL
Robert Orlin, Deputy Commissioner DSNY
 NAME AND TITLE OF PRINCIPAL REPRESENTATIVE

 SIGNATURE OF PRINCIPAL REPRESENTATIVE
9/20/04
 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.

**Impact
Significance**

**PART III, ENVIRONMENTAL ASSESSMENT AND DETERMINATION
TO BE COMPLETED BY THE LEAD AGENCY**

The lead agency should complete this Part after Parts I and II have been completed. In completing this Part, the lead agency should consult 6 NYCRR 617.7, which contains the State Department of Environmental Conservation's criteria for determining significance

The lead agency should ensure the creation of a record sufficient to support the determination in this Part. The record may be based upon analyses submitted by the applicant (if any) with Part II of the EAS. The CEQR Technical Manual sets forth methodologies developed by the City to be used in analyses prepared for the listed categories. Alternative or additional methodologies may be utilized by the lead agency.

- For each of the impact categories listed below, consider whether the action may have a significant effect on the environment with respect to the impact category. If it may, answer yes.

LAND USE, ZONING AND PUBLIC POLICY	No
SOCIOECONOMIC CONDITIONS	No
COMMUNITY FACILITIES AND SERVICES	No
OPEN SPACE	No
SHADOWS	No
HISTORIC RESOURCES	No
URBAN DESIGN/VISUAL RESOURCES	No
NEIGHBORHOOD CHARACTER	No
NATURAL RESOURCES	No
HAZARDOUS MATERIALS	No
WATERFRONT REVITALIZATION PROGRAM	No
INFRASTRUCTURE	No
SOLID WASTE AND SANITATION SERVICES	No
ENERGY	No
TRAFFIC AND PARKING	No
TRANSIT AND PEDESTRIANS	No
AIR QUALITY	No
NOISE	No
CONSTRUCTION IMPACTS	No
PUBLIC HEALTH	No

- Are there any aspects of the action relevant to the determination whether the action may have a significant impact on the environment, such as combined or cumulative impacts, that were not fully covered by other responses and supporting materials? If there are such impacts, explain them and state where, as a result of them, the action may have a significant impact on the environment.

No.

- If the lead agency has determined in its answers to questions 1 and 2 of this Part that the action will have no significant impact on the environment, a negative declaration is appropriate. The lead agency may, in its discretion, further elaborate here upon the reasons for issuance of a negative declaration.

Please see attached Negative Declaration

- If the lead agency has determined that the action may have a significant impact on the environment, and if a conditional negative declaration is not appropriate, then the lead agency should issue a positive declaration. Where appropriate, the lead agency may, in its discretion, further elaborate here upon the reasons for issuance of a positive declaration. In particular, if supporting materials do not make clear the basis for a positive declaration, the lead agency should describe briefly the impact(s) it has identified that may constitute a significant impact on the environment.

NA

**Lead Agency
Certification**

Robert Michel
PREPARER NAME

Vice President, Urbitran Assoc.
PREPARER TITLE

Robert Michel
PREPARER SIGNATURE

9/20/04
DATE

New York City Department of Sanitation
PRINCIPAL

Robert Orliu, Deputy Commissioner DSNY
NAME AND TITLE OF PRINCIPAL REPRESENTATIVE

Robert Orliu
SIGNATURE OF PRINCIPAL REPRESENTATIVE

9/20/04
DATE