

List of neighbors

*Eileen Burke
4746 Breeze Pine Blvd
Sarasota, Fl. 34232*

*Allen Brink
P.O. Box 1391
Olivebridge, NY 12461*

*Thomas Kelly
4670 Atwood Rd
Stone Ridge, NY 12484*

*Sharon Brewster
4687 Atwood Rd
Stone Ridge, NY 12484*

*Stacy Russell
60 W. Main Street
Norwich, NY 13815*

TOWN OF OLIVE PLANNING BOARD
APPLICATION FOR SUBDIVISION

No. _____

P.O. BOX 180
WEST SHOKAN, NY 12481

Date June 16, 2023

APPLICANT:

Name of Owner Lorraine & Douglas Turner

Name of Representative _____

Address 4682 Atwood Rd

Address _____

Stone Ridge, NY 12484

Phone 845-687-4449

Phone _____

Name of Surveyor Kenneth Keefe Address: _____

59 New Keefe Hollow Rd

Shady, NY 12409

Phone: 845-679-7192

PROPERTY:

Subdivision Name Turner Subdivision

Property lies in RC10. RR3. RE1. BV1/2. BH1/2

Location (Road) 4682 Atwood Rd

Any part in flood hazard area? No Yes _____

Olive Tax Map # 54.001 Block 03 Lot 17

Total Area of Property in Acres 28.466

Total Lots 1

A list of names and addresses of abutting land owners is required with the maps.

Sketch Plan 3 Maps Required
Preliminary Plan 4 Maps Required
Final Plan 7 Maps Required & Linen

Lorraine Turner
OWNER(S) *Douglas Turner*
Signature(s)

PLANNING BOARD USE ONLY

DATE APPROVED	DATE	Approved by	DATE
Sketch Plan _____	Public Hearing Notice in Paper _____	County Health _____	
Preliminary Plan _____	Public Hearing _____	NYC EPA _____	
Final Plan _____	Other Approved _____	Town Highway Dept. _____	

No. of Lots

Amount per Lot

_____ X	Application Fee _____	=	_____
_____ X	Recreation Trust Fund _____	=	_____

Date Fees Sent to Town Supervisor: _____ Application Fee _____ Trust Fund _____

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. 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.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project: Turner Subdivision			
Project Location (describe, and attach a location map): 4682 Rt 213, Olivebridge, NY, 12461 SBL: 54.1-3-17			
Brief Description of Proposed Action: Subdivide a ~2.7 acre lot on the southwestern corner of the existing parcel and build a single-family residence on the lot.			
Name of Applicant or Sponsor: Lorraine Turner		Telephone: 845-687-4449 E-Mail: zeke64@aol.com	
Address: PO Box 1422			
City/PO: Olivebridge		State: NY	Zip Code: 12461
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ 2.7 acres b. Total acreage to be physically disturbed? _____ 1 acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 28.1 acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): <input type="checkbox"/> Parkland			

		NO	YES	N/A
5. Is the proposed action,	a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		NO	YES	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?		NO	YES	
If Yes, identify: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		NO	YES	
	b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?		NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?		NO	YES	
If No, describe method for providing potable water: _____ Well _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?		NO	YES	
If No, describe method for providing wastewater treatment: _____ Septic _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?		NO	YES	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. 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 type="checkbox"/>	<input checked="" type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?		NO	YES	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____				

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES
If Yes,	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?	NO	YES
If Yes, explain the purpose and size of the impoundment: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	NO	YES
If Yes, describe: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?	NO	YES
If Yes, describe: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: Lorraine & Douglas Turner Date: 8/17/2023

Signature: *Lorraine Turner* Title: owner

PRINT FORM

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.

Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGCC, (c) OpenStreetMap contributors, and the GIS User Community

Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	Yes
Part 1 / Question 12b [Archeological Sites]	Yes
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	Yes - Digital mapping information on local and federal wetlands and waterbodies is known to be incomplete. Refer to EAF Workbook.
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	No

() RENEWAL

ULSTER COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH SERVICES
239 GOLDEN HILL LANE
KINGSTON, NY 12401

() FORMERLY:

PERMIT TO CONSTRUCT A WASTE DISPOSAL SYSTEM

THIS PERMIT IS ISSUED UNDER THE PROVISIONS OF ARTICLE VI, SECTION 6.4.0 OF THE ULSTER COUNTY SANITARY CODE. **PERMITS ARE NON-TRANSFERABLE.**

This Permit is Valid for a *Two Year* Period – Date of Issuance: 09/05/2023

1. APPLICANT

Brandon Turner

2. ADDRESS OF APPLICANT

4419 Atwood Road
Stone Ridge, NY 12484

3. LOCATION OF PROJECT

4682 Route 213

4. TOWNSHIP

Olive

5. TYPE OF OWNERSHIP

Single Family - 2 bedroom

6. TAX IDENTIFICATION NUMBER

54.1-3-17

DESCRIPTION OF WORKS

INSTALLATION OF: System Type: Shallow Absorption Trenches

Minimum separation of the absorption field 100 feet from well, (150 feet if seepage pit), 100 feet from a stream or water course, and 10 feet from the property line.

All systems shall be designed / constructed in conformance with all applicable rules and regulations. (Appendix 75-A "Wastewater Treatment Standards – Individual Household Systems", latest revision and / or DEC Design Standards for Wastewater Treatment Works, latest revision.)

Well log to be submitted prior to final approval.

Well construction to be in accordance with Appendix 5-B, Standards for Water Wells, November 23, 2005.

The sewage system must be installed in accordance with the plans submitted by PEAK Engineering and approved / accepted by this department on 09/05/2023.

A New York State Licensed P.E., Architect, or Exempt Land Surveyor must certify that the sewage system has been installed in accordance with the approved / accepted plan.

23-208

Tracy Rose, PE

Carol M. Smith, MD, MPH
Commissioner of Health

Carol M. Smith, MD, MPH 9/5/23
JOINT REVIEW AND APPROVAL ()

2014

cc: NYC WATERSHED - () Ashokan, () Delaware, () Rondout/Neversink

FULLY DELEGATED ()

By applying for this permit the applicant accepts and agrees to abide and conform with the following:

1. THAT the facilities shall be fully constructed and completed in compliance with the engineering report, plans and specifications as approved.
 2. THAT the construction permit shall be maintained on file by the permittee.
 3. COMPLIANCE with City, Village or Township ordinances and/or regulations.
 4. THAT the permit is revocable or subject to modification or change pursuant to Article XIII, Section 1 of the Ulster County Sanitary Code.
 5. THAT the construction of the facilities shall be under the supervision of a person or firm qualified to practice professional engineering in the State of New York under the Education Law of the State of New York, whenever engineering services are required by such law for such purposes.
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6. THAT all facilities are under the supervision of a professional engineer he shall certify to the Department and to the permittee that the constructed facilities have been under his supervision and that the works have been fully completed in accordance with the approved engineering reports, plans, specifications and permit.
 7. THAT the sewage disposal system be inspected by a member of the Ulster County Department of Health prior to back-filling.
 8. THAT the facilities shall not be placed in operation until construction has been completed and an operation permit has been issued, or unless ordered to be operated by the Commissioner or by a Court.
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