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JUNE 16, 2020 MEETING

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TOWN OF LEWISBORO
Westchester County, New York

Planning Board
79 Bouton Road
South Salem, New York 10590

Tel: (914) 763-5592
Fax: (914) 875-9148
Email: planning@lewisborogov.com

AGENDA

Tuesday, June 16, 2020 **Via Zoom videoconferencing**

https://zoom.us/j/99941667735 by clicking "Join a Meeting," and entering Meeting ID: 999 4166 7735. You may call in to the Zoom meeting at 1-929-205-6099 when prompted, enter 999 4166 7735.

Note: Meeting will start at 7:30 p.m. and end at or before 11:00 p.m.

I. EXTENSION OF TIME REQUESTS

Cal # 1-14PB, Cal# 7-14WP, Cal# 1-14SW
Pinheiro Subdivision, 930 Old Post Road (Route 35), Cross River, NY, Sheet 20, Block 10801, Lot 13 (Fernando and Maria Manuela Pinheiro, owners of record) – Applications for Preliminary Subdivision Plat Approval, Final Subdivision Plat Approval, Wetland Activity Permit Approval and Stormwater Permit Approval

Cal #10-15 PB, Cal #20-17WP, Cal #5-17SW
Wilder Balter Partners, NY State Route 22, Goldens Bridge, NY 10526, Sheet 5, Block 10776, Lots 19, 20 & 21 (Property Group Partners, LLC, owner of record) – Request for Extension of Site Development Plat Approval.

II. DECISIONS

Cal #08-17PB
Oakridge Commons, 450 Oakridge Common, South Salem, NY 10590, Sheet 49D, Block 9829, Lot 10 (Smith Ridge Associates, owner of record) – Revised application for Site Plan Review for installation of a car wash bay at an existing gas station.

Cal #02-20PB
Mandia Residences, 65 Old Bedford Road, Goldens Bridge, NY 10526 Sheet 4A, Block 11112, Lot 2 (Town of Lewisboro, owner of record) - Application to convert former Goldens Bridge Community House into four 1-bedroom apartments.

III. PUBLIC HEARING

Cal #05-16PB
Sapientia Association, 111 Smith Ridge Road, South Salem NY 10590, Sheet 43 Block 10551, Lot 4 (Sapientia Association, Inc., owner of record) - Application for a Special Use Permit renewal for a house of worship.

VI. WETLAND PERMIT REVIEW

Cal #04-20WP, Cal #01-20SW
Sawyers Residence, 3 The Hook, Waccabuc, NY 10597, Sheet 25A, Block 10813, Lot 11 (Charles and Susan Sawyers, owners of record) - Application for reconstruction of a lakeside house and installation of new terrace, porch and garage.

Cal #27-20WP
Town Park Trail, 1065 Route 53, South Salem NY 10590, Sheet 21, Block 10541, Lot 25 (Town of Lewisboro, owner of record) - Application to install an ADA-accessible gravel trail over an existing earthen trail within Town Park.

VII. DISCUSSIONS

Town Board to amend Section 220-16 (L) - Site Development Plan Approval for outdoor restaurant seating will not be required for the remainder of 2020.

Review procedures for temporary outdoor restaurant seating sketch plans.

VIII. CORRESPONDENCE

Pedestrian and Bicycle Advisory Committee Request

IX. MINUTES OF May 19, 2020.

X. NEXT MEETING DATE: July 21, 2020.

Ciorsdan Conran

From: Brad Schwartz <bschwartz@zarin-steinmetz.com>
Sent: Monday, May 11, 2020 12:30 PM
To: Ciorsdan Conran (Planning@lewisborogov.com)
Cc: 'Tim Cronin III'
Subject: Pinheiro 7-14WP and 1-14SW
Attachments: Pinheiro WP SW ext granted 112018.pdf; Pinheiro - Resolution - Certified 11-18-14.pdf; Map # 28871.PDF

Hello Ciorsdan, nice talking earlier. As discussed, the Wetlands and Stormwater Permits for this 2-lot subdivision expire May 19, 2020. Please forward this extension request to the Board for placement on the May (or June) Agenda. I am reachable on my cell - 646 872 3163. Appreciate your help on this. Brad

Dear Chairman Andersen and Members of the Planning Board,

We represent Fernando Pinheiro. This requests an 18-month extension of the referenced Wetland and Stormwater Permits, which are set to expire on May 19, 2020.

As background, in November 2014, the Planning Board approved a 2-lot subdivision of the approximately 3-acre property located at 930 Old Post Road, together with wetland and stormwater permits (Resolution attached). The approved subdivision plat was filed in the County Clerk's Office on April 28, 2015 (Map # 28871). Lot 1 contains the existing single-family residence. Lot 2 would contain a new, 3-bedroom residence and associated site improvements. The Planning Board previously granted extensions of these permits – the most recent extension letter is also attached.

The approved work on Lot 2 has not commenced. The Pinheiros are continuing to evaluate their options for the property. They have had recent discussions with potential purchasers, but those talks have been delayed due to COVID-19. Cronin Engineering has advised that site conditions remain the same.

Thank you for your consideration of this request.

Respectfully,
Brad Schwartz

Brad K. Schwartz, Esq.
Partner

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Add to address book | *Bio*

WILDER BALTER PARTNERS, INC.
480 Bedford Road
Chappaqua, NY 10514

May 19, 2020

Town of Lewisboro Planning Board
76 Bouton Road
South Salem, NY 10590

RE: **Lewisboro Commons: 42 Unit Affordable Multi-Family Rental Development for Families**
+/-35.4 acres on the easterly side of NYS Route 22 (Sheet 5; Block 10776; Lot 19)

Dear Chairwoman Anderson and Members of the Board,

As you are aware, the Board adopted a Resolution of Approval dated February 26, 2019, granting Site Development Plan Approval, Wetland Activity Permit and Town Stormwater Permit for the above referenced development. On February 25, 2020, the Board granted a 90-day extension of the Approval to June 23, 2020.

On April 13, 2020, the attached Local Law 3-2020 was filed and became effective, amending Section 220-50 of the Town of Lewisboro Zoning Code to change the expiration date of an approval of a site development plan from one (1) year to (2) years of the date of signing. The Local Law also provides the Planning Board with authority to grant extensions of "one year each conditional approval and approval of a site development plan, if, in its opinion, such extension is warranted by the particular circumstances including, but not limited to the pendency of litigation regarding the conditional approval or approval of a site development plan."

Applicant satisfied the conditions necessary for the Site Development Plans to be signed by Chairwoman Anderson on March 25, 2019. Thereafter, upon installation of the required erosion and sediment control measures and completion of a pre-construction inspection with Town and NYCDEP representatives, Applicant commenced site work and cut all trees located within the limits of disturbance.

On or about April 4, 2019, Applicant was served with Notice that an Article 78 proceeding had been commenced by several residents of the Town challenging the Board's adoption of the above referenced Resolution. No further sitework has been conducted by Applicant to date during the pendency of the Article 78 proceeding currently being defended by the Town and Applicant.

Accordingly, Applicant hereby requests, pursuant to Section 220-50 of the Town's Zoning Code, that the Board grant a one (1) year extension of the Site Development Plan Approval from June 23, 2020 to June 23, 2021.

Kindly add this matter to the next available Board meeting agenda for consideration of the requested extension.

Sincerely,

John R Bainlardi

John R. Bainlardi
Vice President

CC: Judson K. Siebert, Esq.
Charles V. Martabano, Esq.

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

Water System Operation Report

For Systems that Treat with Chlorine and/or Ultraviolet Radiation

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Sapientia Association Inc	January 2019	2/1/2019	☐ Surface ☑ Ground ☐ GWUDI ☐ 4log treatment required ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
5930129	Westchester	Lewisboro	

DATE	Source(s) in use	Treated water volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatments					
			Gaseous		Liquid	Free Chlorine residual at entry point (mg/l)	UV Unit Active (Yes/No)	Intensity Meter > 70%	Quartz Sleeve Cleaned (Yes/No)	Checked by (Initials)		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1	Well	62					Yes	100	No	FC		
2	Well	69					Yes	100	No	FC		
3	Well	73					Yes	100	No	FC		
4	Well	82					Yes	100	No	FC		
5	Well	68					Yes	100	No	FC		
6	Well	71					Yes	100	No	FC		
7	Well	69					Yes	100	No	FC		
8	Well	82					Yes	100	No	FC		
9	Well	89					Yes	100	No	FC		
10	Well	71					Yes	100	No	FC		
11	Well	81					Yes	100	No	FC		
12	Well	85					Yes	100	No	FC		
13	Well	59					Yes	100	No	FC		
14	Well	62					Yes	100	No	FC		
15	Well	68					Yes	100	No	FC		
16	Well	54					Yes	100	No	FC		
17	Well	75					Yes	100	No	FC		
18	Well	67					Yes	100	No	FC		
19	Well	86					Yes	100	No	FC		
20	Well	92					Yes	100	No	FC		
21	Well	57					Yes	100	No	FC		
22	Well	63					Yes	100	No	FC		
23	Well	71					Yes	100	No	FC		
24	Well	66					Yes	100	No	FC		
25	Well	75					Yes	100	No	FC		
26	Well	82					Yes	100	No	FC		
27	Well	95					Yes	100	No	FC		
28	Well	69					Yes	100	No	FC		
29	Well	47					Yes	100	No	FC		
30	Well	67					Yes	100	No	FC		
31	Well	42					Yes	100	No	FC		
Total		2199						3100				
AVG.		70.93548387						100				

Chlorine Mix Ratio = None quarts/gallons of _____ % chlorine added to None gallons of water in crock

Date UV quartz sleeve last cleaned: 10/26/2018 (MM/DD/YY) Date UV lamp replaced: _____ (MM/DD/YY) Alarm activation (yes or no) If "yes," date of activation _____ (MM/DD/YY)

Required Treatment Residual Level: _____ mg/l

Reported by: Frank Corso Title: President NYS DOH Operator Number: _____

Signature: F. Corso Date: 2/1/2019 (MM/DD/YY) Operator Grade Level: _____

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type: 1. Routine 2. Repeat 3. Triggered	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)
1st Floor Bathroom			☐ Yes ☑ No	☐ Yes ☑ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☑ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☑ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: **Avg. 150**

Number of microbiological monitoring samples required: 1 Q

Number of microbiological monitoring samples taken: 0

Did an M&R violation occur? ☐ Yes ☑ No

If "Yes," check reason (s) below:

_____ Actual number of samples is fewer than required

_____ Did not collect/analyze repeat sample

_____ Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample

Did an MCL violation occur? ☐ Yes ☑ No

Was triggered source water monitoring required? ☐ Yes ☑ No

If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information).

_____ For systems collecting less than 40 samples per month: two or more of the samples (routine and /or repeat) are positive for total coliform (= total coliform MCL violation).

_____ For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).

_____ The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection unless waived (to minimum of one sample) in writing by the local health department.

As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Sample Collector(s): Better Wells

Name of NYSDOH Certified Laboratory: _____

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain No

Comments: Nitrate/Nitrite samples taken

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

Water System Operation Report

For Systems that Treat with Chlorine and/or Ultraviolet Radiation

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Sapientia Association Inc	February 2019	3/1/2019	☐ Surface ☑ Ground ☐ GWUDI ☐ 4log treatment required ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
5930129	Westchester	Lewisboro	

DATE	Source(s) in use	Treated water volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatments					
			Gaseous		Liquid	Free Chlorine residual at entry point (mg/l)	UV Unit Active (Yes/No)	Intensity Meter > 70%	Quartz Sleeve Cleaned (Yes/No)	Checked by (Initials)		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1	Well	42					Yes	100	No	FC		
2	Well	47					Yes	100	No	FC		
3	Well	82					Yes	100	No	FC		
4	Well	41					Yes	100	No	FC		
5	Well	42					Yes	100	No	FC		
6	Well	33					Yes	100	No	FC		
7	Well	39					Yes	100	No	FC		
8	Well	46					Yes	100	No	FC		
9	Well	72					Yes	100	No	FC		
10	Well	62					Yes	100	No	FC		
11	Well	38					Yes	100	No	FC		
12	Well	35					Yes	100	No	FC		
13	Well	31					Yes	100	No	FC		
14	Well	39					Yes	100	No	FC		
15	Well	66					Yes	100	No	FC		
16	Well	72					Yes	100	No	FC		
17	Well	43					Yes	100	No	FC		
18	Well	38					Yes	100	No	FC		
19	Well	32					Yes	100	No	FC		
20	Well	36					Yes	100	No	FC		
21	Well	37					Yes	100	No	FC		
22	Well	44					Yes	100	No	FC		
23	Well	59					Yes	100	No	FC		
24	Well	68					Yes	100	No	FC		
25	Well	49					Yes	100	No	FC		
26	Well	51					Yes	100	No	FC		
27	Well	45					Yes	100	No	FC		
28	Well	37					Yes	100	No	FC		
29	Well											
30	Well											
31	Well											
Total		1326						3100				
AVG.		47.35714286						100				

Chlorine Mix Ratio = None quarts/gallons of _____ % chlorine added to None gallons of water in crock

Date UV quartz sleeve last cleaned: 10/26/2018 (MM/DD/YY) Date UV lamp replaced: _____ (MM/DD/YY) Alarm activation (yes or no) If "yes," date of activation _____ (MM/DD/YY)

Required Treatment Residual Level: _____ mg/l

Reported by: Frank Corso Title: President NYS DOH Operator Number: _____

Signature: _____ Date: 3/1/2019 (MM/DD/YY) Operator Grade Level: _____

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type: 1. Routine 2. Repeat 3. Triggered	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☑ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☑ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: **Avg. 150**

Number of microbiological monitoring samples required: 1 Q

Number of microbiological monitoring samples taken: 0

Did an M&R violation occur? ☐ Yes ☑ No

If "Yes," check reason (s) below:

_____ Actual number of samples is fewer than required

_____ Did not collect/analyze repeat sample

_____ Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample

Did an MCL violation occur? ☐ Yes ☑ No

Was triggered source water monitoring required? ☐ Yes ☑ No

If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information).

_____ For systems collecting less than 40 samples per month: two or more of the samples (routine and /or repeat) are positive for total coliform (= total coliform MCL violation).

_____ For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).

_____ The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection unless waived (to minimum of one sample) in writing by the local health department.

As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Sample Collector(s): __________

Name of NYSDOH Certified Laboratory: __________

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain No

Comments: __________

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

Water System Operation Report

For Systems that Treat with Chlorine and/or Ultraviolet Radiation

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Sapientia Association Inc	March 2019	4/4/2019	☐ Surface ☑ Ground ☐ GWUDI ☐ 4log treatment required ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
5930129	Westchester	Lewisboro	

DATE	Source(s) in use	Treated water volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatments					
			Gaseous		Liquid	Free Chlorine residual at entry point (mg/l)	UV Unit Active (Yes/No)	Intensity Meter > 70%	Quartz Sleeve Cleaned (Yes/No)	Checked by (Initials)		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1	Well	51					Yes	100	No	FC		
2	Well	59					Yes	100	No	FC		
3	Well	22					Yes	100	No	FC		
4	Well	47					Yes	100	No	FC		
5	Well	49					Yes	100	No	FC		
6	Well	43					Yes	100	No	FC		
7	Well	37					Yes	100	No	FC		
8	Well	42					Yes	100	No	FC		
9	Well	41					Yes	100	No	FC		
10	Well	38					Yes	100	No	FC		
11	Well	38					Yes	100	No	FC		
12	Well	35					Yes	100	No	FC		
13	Well	27					Yes	100	No	FC		
14	Well	39					Yes	100	No	FC		
15	Well	59					Yes	100	No	FC		
16	Well	41					Yes	100	No	FC		
17	Well	37					Yes	100	No	FC		
18	Well	49					Yes	100	No	FC		
19	Well	38					Yes	100	No	FC		
20	Well	47					Yes	100	No	FC		
21	Well	38					Yes	100	No	FC		
22	Well	45					Yes	100	No	FC		
23	Well	56					Yes	100	No	FC		
24	Well	37					Yes	100	No	FC		
25	Well	45					Yes	100	No	FC		
26	Well	52					Yes	100	No	FC		
27	Well	47					Yes	100	No	FC		
28	Well	46					Yes	100	No	FC		
29	Well	44					Yes	100	No	FC		
30	Well	30					Yes	100	No	FC		
31	Well	31					Yes	100	No	FC		
Total		1310						3100				
AVG.		42.25806452						100				

Chlorine Mix Ratio = None quarts/gallons of _____ % chlorine added to None gallons of water in crock

Date UV quartz sleeve last cleaned: 10/26/2018 (MM/DD/YY) Date UV lamp replaced: _____ (MM/DD/YY) Alarm activation (yes or no) If "yes," date of activation _____ (MM/DD/YY)

Required Treatment Residual Level: _____ mg/l

Reported by: Frank Corso Title: President NYS DOH Operator Number: _____

Signature: Frank Corso Date: 4/4/2019 (MM/DD/YY) Operator Grade Level: _____

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type: 1. Routine 2. Repeat 3. Triggered	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☑ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: **Avg. 150**

Number of microbiological monitoring samples required: 1 Q

Number of microbiological monitoring samples taken: 0

Did an M&R violation occur? ☐ Yes ☑ No

If "Yes," check reason (s) below:

____ Actual number of samples is fewer than required

____ Did not collect/analyze repeat sample

____ Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample

Did an MCL violation occur? ☐ Yes ☑ No

Was triggered source water monitoring required? ☐ Yes ☑ No

If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information).

____ For systems collecting less than 40 samples per month: two or more of the samples (routine and /or repeat) are positive for total coliform (= total coliform MCL violation).

____ For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).

____ The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection unless waived (to minimum of one sample) in writing by the local health department.

As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Sample Collector(s): Better Water Wells

Name of NYSDOH Certified Laboratory: ____________________

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain No

Comments: ____________________

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

Water System Operation Report

For Systems that Treat with Chlorine and/or Ultraviolet Radiation

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Sapientia Association Inc	April 2019	5/2/2019	☐ Surface ☑ Ground ☐ GWUDI ☐ 4log treatment required ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
5930129	Westchester	Lewisboro	

DATE	Source(s) in use	Treated water volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatments					
			Gaseous		Liquid	Free Chlorine residual at entry point (mg/l)	UV Unit Active (Yes/No)	Intensity Meter > 70%	Quartz Sleeve Cleaned (Yes/No)	Checked by (Initials)		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1	Well	59					Yes	100	No	FC		
2	Well	66					Yes	100	No	FC		
3	Well	75					Yes	100	No	FC		
4	Well	61					Yes	100	No	FC		
5	Well	57					Yes	100	No	FC		
6	Well	72					Yes	100	No	FC		
7	Well	63					Yes	100	No	FC		
8	Well	56					Yes	100	No	FC		
9	Well	79					Yes	100	No	FC		
10	Well	145					Yes	100	No	FC		
11	Well	155					Yes	100	No	FC		
12	Well	147					Yes	100	No	FC		
13	Well	162					Yes	100	No	FC		
14	Well	153					Yes	100	No	FC		
15	Well	164					Yes	100	No	FC		
16	Well	12					Yes	100	No	FC		
17	Well	169					Yes	100	No	FC		
18	Well	155					Yes	100	No	FC		
19	Well	181					Yes	100	No	FC		
20	Well	76					Yes	100	No	FC		
21	Well	89					Yes	100	No	FC		
22	Well	75					Yes	100	No	FC		
23	Well	92					Yes	100	No	FC		
24	Well	66					Yes	100	No	FC		
25	Well	49					Yes	100	No	FC		
26	Well	58					Yes	100	No	FC		
27	Well	50					Yes	100	No	FC		
28	Well	44					Yes	100	No	FC		
29	Well	57					Yes	100	No	FC		
30	Well	43					Yes	100	No	FC		
31	Well											
Total		2730						3000				
AVG.		91						100				

Chlorine Mix Ratio = None quarts/gallons of _____ % chlorine added to None gallons of water in crock

Date UV quartz sleeve last cleaned: 4/24/2019 (MM/DD/YY) Date UV lamp replaced: _____ (MM/DD/YY) Alarm activation (yes or no) If "yes," date of activation _____ (MM/DD/YY)

Required Treatment Residual Level: _____ mg/l

Reported by: Frank Corso Title: President NYS DOH Operator Number: _____

Signature: _____ Date: 5/2/2019 (MM/DD/YY) Operator Grade Level: _____

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1. Routine 2. Repeat 3. Triggered	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)
2nd Floor North Bathroom	4/4/2019	1	☐ Yes ☑ No	☐ Yes ☑ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☑ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: **Avg. 10-50**

Number of microbiological monitoring samples required: 1 Q

Number of microbiological monitoring samples taken: 0

Did an M&R violation occur? ☐ Yes ☑ No

If "Yes," check reason (s) below:

____ Actual number of samples is fewer than required

____ Did not collect/analyze repeat sample

____ Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample

Did an MCL violation occur? ☐ Yes ☑ No

Was triggered source water monitoring required? ☐ Yes ☑ No

If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information).

____ For systems collecting less than 40 samples per month: two or more of the samples (routine and /or repeat) are positive for total coliform (= total coliform MCL violation).

____ For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).

____ The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection unless waived (to minimum of one sample) in writing by the local health department.

As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Sample Collector(s): Better Water Wells

Name of NYSDOH Certified Laboratory: ____

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain No

Comments: ____

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

Water System Operation Report

For Systems that Treat with Chlorine and/or Ultraviolet Radiation

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Sapientia Association Inc	May 2019	6/2/2019	☐ Surface ☑ Ground ☐ GWUDI ☐ 4log treatment required ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination

Public Water Supply ID Number	County	Town, Village, or City
5930129	Westchester	Lewisboro

DATE	Source(s) in use	Treated water volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatments					
			Gaseous		Liquid	Free						
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)	Chlorine residual at entry point (mg/l)	UV Unit Active (Yes/No)	Intensity Meter > 70%	Quartz Sleeve Cleaned (Yes/No)	Checked by (Initials)		
1	Well	89					Yes	100	No	FC		
2	Well	92					Yes	100	No	FC		
3	Well	124					Yes	100	No	FC		
4	Well	169					Yes	100	No	FC		
5	Well	117					Yes	100	No	FC		
6	Well	82					Yes	100	No	FC		
7	Well	121					Yes	100	No	FC		
8	Well	125					Yes	100	No	FC		
9	Well	132					Yes	100	No	FC		
10	Well	141					Yes	100	No	FC		
11	Well	152					Yes	100	No	FC		
12	Well	168					Yes	100	No	FC		
13	Well	99					Yes	100	No	FC		
14	Well	87					Yes	100	No	FC		
15	Well	96					Yes	100	No	FC		
16	Well	85					Yes	100	No	FC		
17	Well	173					Yes	100	No	FC		
18	Well	155					Yes	100	No	FC		
19	Well	100					Yes	100	No	FC		
20	Well	76					Yes	100	No	FC		
21	Well	89					Yes	100	No	FC		
22	Well	75					Yes	100	No	FC		
23	Well	92					Yes	100	No	FC		
24	Well	87					Yes	100	No	FC		
25	Well	127					Yes	100	No	FC		
26	Well	137					Yes	100	No	FC		
27	Well	135					Yes	100	No	FC		
28	Well	110					Yes	100	No	FC		
29	Well	81					Yes	100	No	FC		
30	Well	96					Yes	100	No	FC		
31	Well	112										
Total		3524						3000				
AVG.		113.7333333						100				

Chlorine Mix Ratio = None quarts/gallons of _____ % chlorine added to None gallons of water in crock

Date UV quartz sleeve last cleaned: 5/31/2019 (MM/DD/YY) Date UV lamp replaced: _____ (MM/DD/YY) Alarm activation (yes or no) If "yes," date of activation _____ (MM/DD/YY)

Required Treatment Residual Level: _____ mg/l

Reported by: Frank Corso Title: President NYS DOH Operator Number: _____

Signature: _____ Date: 6/2/2019 (MM/DD/YY) Operator Grade Level: _____

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type: 1. Routine 2. Repeat 3. Triggered	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: **Avg. 10-50**

Number of microbiological monitoring samples required: 1 Q

Number of microbiological monitoring samples taken: 0

Did an M&R violation occur? ☐ Yes ☑ No

If "Yes," check reason (s) below:

_____ Actual number of samples is fewer than required

_____ Did not collect/analyze repeat sample

_____ Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample

Did an MCL violation occur? ☐ Yes ☑ No

Was triggered source water monitoring required? ☐ Yes ☑ No

If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information).

_____ For systems collecting less than 40 samples per month: two or more of the samples (routine and /or repeat) are positive for total coliform (= total coliform MCL violation).

_____ For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).

_____ The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection unless waived (to minimum of one sample) in writing by the local health department.

As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Sample Collector(s): Better Water Wells

Name of NYSDOH Certified Laboratory: _____

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain No

Comments: _____

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

Water System Operation Report

For Systems that Treat with Chlorine and/or Ultraviolet Radiation

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Sapientia Association Inc	June 2019	7/2/2019	☐ Surface ☑ Ground ☐ GWUDI ☐ 4log treatment required ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
5930129	Westchester	Lewisboro	

DATE	Source(s) in use	Treated water volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatments					
			Gaseous		Liquid	Free						
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)	Chlorine residual at entry point (mg/l)	UV Unit Active (Yes/No)	Intensity Meter > 70%	Quartz Sleeve Cleaned (Yes/No)	Checked by (Initials)		
1	Well	35					Yes	100	No	FC		
2	Well	36					Yes	100	No	FC		
3	Well	39					Yes	100	No	FC		
4	Well	40					Yes	100	No	FC		
5	Well	32					Yes	100	No	FC		
6	Well	29					Yes	100	No	FC		
7	Well	37					Yes	100	No	FC		
8	Well	31					Yes	100	No	FC		
9	Well	19					Yes	100	No	FC		
10	Well	22					Yes	100	No	FC		
11	Well						Yes	100	No			Empty
12	Well						Yes	100	No			Empty
13	Well						Yes	100	No			Empty
14	Well	75					Yes	100	No	FC		
15	Well	69					Yes	100	No	FC		
16	Well	33					Yes	100	No	FC		
17	Well	31					Yes	100	No	FC		
18	Well	41					Yes	100	No	FC		
19	Well	47					Yes	100	No	FC		
20	Well	35					Yes	100	No	FC		
21	Well	40					Yes	100	No	FC		
22	Well	41					Yes	100	No	FC		
23	Well	37					Yes	100	No	FC		
24	Well						Yes	100	No			Empty
25	Well						Yes	100	No			Empty
26	Well						Yes	100	No			Empty
27	Well	48					Yes	100	No	FC		
28	Well	57					Yes	100	No	FC		
29	Well	61					Yes	100	No	FC		
30	Well	58					Yes	100	No	FC		
31	Well											
Total		993						3000				
AVG.		33.1						100				

Chlorine Mix Ratio = None quarts/gallons of _____ % chlorine added to None gallons of water in crock

Date UV quartz sleeve last cleaned: 5/31/2019 (MM/DD/YY) Date UV lamp replaced: _____ (MM/DD/YY) Alarm activation (yes or no) If "yes," date of activation _____ (MM/DD/YY)

Required Treatment Residual Level: _____ mg/l

Reported by: Frank Corso Title: President NYS DOH Operator Number: _____

Signature: _____ Date: 7/2/2019 (MM/DD/YY) Operator Grade Level: _____

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type: 1. Routine 2. Repeat 3. Triggered	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: **Avg. 10-50**

Number of microbiological monitoring samples required: 1 Q

Number of microbiological monitoring samples taken: 0

Did an M&R violation occur? ☐ Yes ☑ No

If "Yes," check reason (s) below:

____ Actual number of samples is fewer than required

____ Did not collect/analyze repeat sample

____ Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample

Did an MCL violation occur? ☐ Yes ☑ No

Was triggered source water monitoring required? ☐ Yes ☑ No

If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information).

____ For systems collecting less than 40 samples per month: two or more of the samples (routine and /or repeat) are positive for total coliform (= total coliform MCL violation).

____ For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).

____ The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection unless waived (to minimum of one sample) in writing by the local health department.

As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Sample Collector(s): Better Water Wells

Name of NYSDOH Certified Laboratory: ____

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain No

Comments: ____

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

Water System Operation Report

For Systems that Treat with Chlorine and/or Ultraviolet Radiation

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Sapientia Association Inc	July 2019	8/4/2019	☐ Surface ☑ Ground ☐ GWUDI ☐ 4log treatment required ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
5930129	Westchester	Lewisboro	

DATE	Source(s) in use	Treated water volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatments					
			Gaseous		Liquid	Free Chlorine residual at entry point (mg/l)	UV Unit Active (Yes/No)	Intensity Meter > 70%	Quartz Sleeve Cleaned (Yes/No)	Checked by (Initials)		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1	Well	49					Yes	100	No	FC		
2	Well	39					Yes	100	No	FC		
3	Well	56					Yes	100	No	FC		
4	Well	50					Yes	100	No	FC		
5	Well	55					Yes	100	No	FC		
6	Well	29					Yes	100	No	FC		
7	Well	45					Yes	100	No	FC		
8	Well	61					Yes	100	No	FC		
9	Well	45					Yes	100	No	FC		
10	Well	62					Yes	100	No	FC		
11	Well	51					Yes	100	No	FC		
12	Well	29					Yes	100	No	FC		
13	Well	33					Yes	100	No	FC		
14	Well	77					Yes	100	No	FC		
15	Well	196					Yes	100	No	FC		
16	Well	201					Yes	100	No	FC		
17	Well	220					Yes	100	No	FC		
18	Well	187					Yes	100	No	FC		
19	Well	235					Yes	100	No	FC		
20	Well	222					Yes	100	No	FC		
21	Well	217					Yes	100	No	FC		
22	Well	224					Yes	100	No	FC		
23	Well	208					Yes	100	No	FC		
24	Well	221					Yes	100	No	FC		
25	Well	271					Yes	100	No	FC		
26	Well	247					Yes	100	No	FC		
27	Well	204					Yes	100	No	FC		
28	Well	35					Yes	100	No	FC		
29	Well	39					Yes	100	No	FC		
30	Well	27					Yes	100	No	FC		
31	Well	41					Yes	100	No	FC		
Total		3676						3100				
AVG.		118.5806452						100				

Chlorine Mix Ratio = None quarts/gallons of _____ % chlorine added to None gallons of water in crock

Date UV quartz sleeve last cleaned: 5/31/2019 (MM/DD/YY) Date UV lamp replaced: _____ (MM/DD/YY) Alarm activation (yes or no) If "yes," date of activation _____ (MM/DD/YY)

Required Treatment Residual Level: _____ mg/l

Reported by: Frank Corso Title: President NYS DOH Operator Number: _____

Signature: F Corso Date: 8/4/2019 (MM/DD/YY) Operator Grade Level: _____

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1. Routine 2. Repeat 3. Triggered	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: **Avg. 10-50**

Number of microbiological monitoring samples required: 1 Q

Number of microbiological monitoring samples taken: 0

Did an M&R violation occur? ☐ Yes ☑ No

If "Yes," check reason (s) below:

_____ Actual number of samples is fewer than required

_____ Did not collect/analyze repeat sample

_____ Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample

Did an MCL violation occur? ☐ Yes ☑ No

Was triggered source water monitoring required? ☐ Yes ☑ No

If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information).

_____ For systems collecting less than 40 samples per month: two or more of the samples (routine and /or repeat) are positive for total coliform (= total coliform MCL violation).

_____ For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).

_____ The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection unless waived (to minimum of one sample) in writing by the local health department.

As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Sample Collector(s): Better Water Wells

Name of NYSDOH Certified Laboratory: _____

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain No

Comments: _____

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

Water System Operation Report

For Systems that Treat with Chlorine and/or Ultraviolet Radiation

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Sapientia Association Inc	August 2019	9/4/2019	☐ Surface ☑ Ground ☐ GWUDI ☐ 4log treatment required ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
5930129	Westchester	Lewisboro	

DATE	Source(s) in use	Treated water volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatments					
			Gaseous		Liquid	Free Chlorine residual at entry point (mg/l)	UV Unit Active (Yes/No)	Intensity Meter > 70%	Quartz Sleeve Cleaned (Yes/No)	Checked by (Initials)		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1	Well	52					Yes	100	No	FC		
2	Well	49					Yes	100	No	FC		
3	Well	67					Yes	100	No	FC		
4	Well	42					Yes	100	No	FC		
5	Well	33					Yes	100	No	FC		
6	Well	31					Yes	100	No	FC		
7	Well	47					Yes	100	No	FC		
8	Well	82					Yes	100	No	FC		
9	Well	74					Yes	100	No	FC		
10	Well	84					Yes	100	No	FC		
11	Well	59					Yes	100	No	FC		
12	Well	53					Yes	100	No	FC		
13	Well	45					Yes	100	No	FC		
14	Well	44					Yes	100	No	FC		
15	Well	92					Yes	100	No	FC		
16	Well	44					Yes	100	No	FC		
17	Well	57					Yes	100	No	FC		
18	Well	42					Yes	100	No	FC		
19	Well	38					Yes	100	No	FC		
20	Well	35					Yes	100	No	FC		
21	Well	47					Yes	100	No	FC		
22	Well	37					Yes	100	No	FC		
23	Well	69					Yes	100	No	FC		
24	Well	71					Yes	100	No	FC		
25	Well	48					Yes	100	No	FC		
26	Well	67					Yes	100	No	FC		
27	Well	66					Yes	100	No	FC		
28	Well	61					Yes	100	No	FC		
29	Well	63					Yes	100	No	FC		
30	Well	58					Yes	100	No	FC		
31	Well	58					Yes	100	No	FC		
Total		1715						3100				
AVG.		55.32258065						100				

Chlorine Mix Ratio = None quarts/gallons of _____ % chlorine added to None gallons of water in crock

Date UV quartz sleeve last cleaned: 8/8/2019 (MM/DD/YY) Date UV lamp replaced: 8/8/2019 (MM/DD/YY) Alarm activation (yes or no) If "yes," date of activation 8/8/2019 (MM/DD/YY)

Required Treatment Residual Level: _____ mg/l

Reported by: Frank Corso Title: President NYS DOH Operator Number: _____

Signature: F Corso Date: 9/4/2019 (MM/DD/YY) Operator Grade Level: _____

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type: 1. Routine 2. Repeat 3. Triggered	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: **Avg. 10-50**

Number of microbiological monitoring samples required: 1 Q

Number of microbiological monitoring samples taken: 0

Did an M&R violation occur? ☐ Yes ☑ No

If "Yes," check reason (s) below:

____ Actual number of samples is fewer than required

____ Did not collect/analyze repeat sample

____ Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample

Did an MCL violation occur? ☐ Yes ☑ No

Was triggered source water monitoring required? ☐ Yes ☑ No

If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information).

____ For systems collecting less than 40 samples per month: two or more of the samples (routine and /or repeat) are positive for total coliform (= total coliform MCL violation).

____ For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).

____ The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection unless waived (to minimum of one sample) in writing by the local health department.

As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Sample Collector(s): Better Water Wells

Name of NYSDOH Certified Laboratory: ____

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain No

Comments: ____

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

Water System Operation Report
For Systems that Treat with Chlorine and/or Ultraviolet Radiation

Public Water System Name: Sapientia Association Inc Public Water System ID: NY 5930129

County: Westchester Town, Village or City: Lewisboro Source Water Type(s): ☐ Surface ■ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination ☐ 4 log treatment required

Reporting Month/Year: 09/2019 (MM/YYYY) Date Report Submitted: 10/2019 (MM/YYYY)

			CHLORINATION				ULTRAVIOLET RADIATION/OTHER TREATMENTS					
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l)						
Date	Source(s) in use	Treated water volume (GALLONS/DAY)	Cylinder weight (LBS.)	Chlorine used/Day (LBS.)	Hypochlorite added to crock (GALLONS OR QUARTS)		UV Unit active (YES/NO)	Intensity meter >70%	Quartz sleeve cleaned (YES/NO)	Checked by (INITIALS)		
1	Well	105					Yes	100		FC		
2	Well	57						100		FC		
3	Well	63						100		FC		
4	Well	72						100		FC		
5	Well	69						100		FC		
6	Well	82						100		FC		
7	Well	91						100		FC		
8	Well	63						100		FC		
9	Well	71						100		FC		
10	Well	68						100		FC		
11	Well	63						100		FC		
12	Well	72						100		FC		
13	Well	99						100		FC		
14	Well	106						100		FC		
15	Well	82						100		FC		
16	Well	52						100		FC		
17	Well	59						100		FC		
18	Well	64						100		FC		
19	Well	68						100		FC		
20	Well	71						100		FC		
21	Well	95						100		FC		
22	Well	112						100		FC		
23	Well	77						100		FC		
24	Well	65						100		FC		
25	Well	69						100		FC		
26	Well	48						100		FC		
27	Well	53						100		FC		
28	Well	94						100		FC		
29	Well	120						100		FC		
30	Well	42						100		FC		
31												
TOTAL		2252										
AVG		75.07										

Chlorine Mix Ratio = none quarts/gallons of _____ % chlorine added to _____ gallons of water in crock.

Date UV quartz sleeve last cleaned: 08/08/19 (MM//DD/YY) Date UV lamp replaced: 08/08/19 (MM//DD/YY)

Alarm activation: ☐ No ☐ Yes If "Yes," date of activation: _____ (MM//DD/YY) Required Treatment Residual Level: _____ mg/l

Reported by: Frank Corso Title: President NYSDOH Operator Certification Number: _____

Signature: _____ Date: 10/05/19 (MM//DD/YY) Operator Grade Level: _____

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1. ROUTINE 2. REPEAT 3. TRIGGERED	Total Coliform Positive Y	Total Coliform Positive N	E. coli Positive Y	E. coli Positive N	Free Chlorine Residual (mg/l)
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	

Population Served: Avg. 10-50

Number of microbiological monitoring samples required: 0

Number of microbiological monitoring samples taken: 0

Did a M&R violation occur? ☐ Yes ☑ No

If "Yes," check reason (s) below:

- ☐ Actual number of samples is fewer than required
- ☐ Did not collect/analyze repeat sample
- ☐ Did not collect/analyze for E. coli for positive total coliform from routine / repeat sample

Was triggered source water monitoring required? ☐ Yes ☑ No

Did a MCL violation occur? ☐ Yes ☑ No

If "Yes," check reason(s) below (see also Part 5, Table 6 for Additional information).

- ☐ For systems collecting less than 40 samples per month: two or more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
- ☐ For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
- ☐ The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection unless waived (to minimum of one sample) in writing by the local health department.

As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Sample collector(s): Better Water Wells

Name of NYSDOH Certified Laboratory: _____

Did any MCL violation occur? If so, please describe:

No.

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain:

No.

Comments :

Sample Location	Date of Sample	Sample Type 1. ROUTINE 2. REPEAT 3. TRIGGERED	Total Coliform Positive Y	Total Coliform Positive N	E. coli Positive Y	E. coli Positive N	Free Chlorine Residual (mg/l)
Coffee/Craft Room	10/1/19	1	☐	☑	☐	☑	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	

Population Served: Avg. 10-50

Number of microbiological monitoring samples required: 1

Number of microbiological monitoring samples taken: 1

Did a M&R violation occur? ☐ Yes ☑ No

If "Yes," check reason (s) below:

- ☐ Actual number of samples is fewer than required
- ☐ Did not collect/analyze repeat sample
- ☐ Did not collect/analyze for E. coli for positive total coliform from routine / repeat sample

Was triggered source water monitoring required? ☐ Yes ☑ No

Did a MCL violation occur? ☐ Yes ☑ No

If "Yes," check reason(s) below (see also Part 5, Table 6 for Additional information).

- ☐ For systems collecting less than 40 samples per month: two or more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
- ☐ For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
- ☐ The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection unless waived (to minimum of one sample) in writing by the local health department.

As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Sample collector(s): Better Water Wells

Name of NYSDOH Certified Laboratory: Phoenix Environmental Laboratroy Inc.

Did any MCL violation occur? If so, please describe:

No.

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain:

No.

Comments :

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

Water System Operation Report
For Systems that Treat with Chlorine and/or Ultraviolet Radiation

Public Water System Name: Sapientia Association Inc Public Water System ID: NY 5930129

County: Westchester Town, Village or City: Lewisboro Source Water Type(s): ☐ Surface ■ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination ☐ 4 log treatment required

Reporting Month/Year: 10/2019 (MM/YYYY) Date Report Submitted: 11/2019 (MM/YYYY)

			CHLORINATION				ULTRAVIOLET RADIATION/OTHER TREATMENTS					
			Gaseous		Liquid							
Date	Source(s) in use	Treated water volume (GALLONS/DAY)	Cylinder weight (LBS.)	Chlorine used/Day (LBS.)	Hypochlorite added to crock (GALLONS OR QUARTS)	Free chlorine residual at entry point (mg/l)	UV Unit active (YES/NO)	Intensity meter >70%	Quartz sleeve cleaned (YES/NO)	Checked by (INITIALS)		
1	Well	105					YES	100	NO	FC		
2	Well	101					YES	100	NO	FC		
3	Well	95					YES	100	NO	FC		
4	Well	135					YES	100	NO	FC		
5	Well	129					YES	100	NO	FC		
6	Well	111					YES	100	NO	FC		
7	Well	84					YES	100	NO	FC		
8	Well	99					YES	100	NO	FC		
9	Well	140					YES	100	NO	FC		
10	Well	155					YES	100	NO	FC		
11	Well	197					YES	100	NO	FC		
12	Well	177					YES	100	NO	FC		
13	Well	162					YES	100	NO	FC		
14	Well	106					YES	100	NO	FC		
15	Well	109					YES	100	NO	FC		
16	Well	133					YES	100	NO	FC		
17	Well	141					YES	100	NO	FC		
18	Well	125					YES	100	NO	FC		
19	Well	182					YES	100	NO	FC		
20	Well	148					YES	100	NO	FC		
21	Well	156					YES	100	NO	FC		
22	Well	153					YES	100	NO	FC		
23	Well	168					YES	100	NO	FC		
24	Well	172					YES	100	NO	FC		
25	Well	143					YES	100	NO	FC		
26	Well	157					YES	100	NO	FC		
27	Well	91					YES	100	NO	FC		
28	Well	108					YES	100	NO	FC		
29	Well	98					YES	100	NO	FC		
30	Well	88					YES	100	NO	FC		
31	Well	73					YES	100	NO	FC		
TOTAL		4041										
AVG		130.35										

Chlorine Mix Ratio = none quarts/gallons of _____ % chlorine added to _____ gallons of water in crock.

Date UV quartz sleeve last cleaned: 08/08/19 (MM//DD/YY) Date UV lamp replaced: _____ (MM//DD/YY)

Alarm activation: ☐ No ☐ Yes If "Yes," date of activation: _____ (MM//DD/YY) Required Treatment Residual Level: _____ mg/l

Reported by: Frank Corso Title: President NYSDOH Operator Certification Number: _____

Signature: _____ Date: 11/02/19 (MM//DD/YY) Operator Grade Level: _____

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

Water System Operation Report

For Systems that Treat with Chlorine and/or Ultraviolet Radiation

Public Water System Name: Sapientia Association Inc

Public Water System ID: NY 5930129

County: Westchester

Town, Village or City: Lewisboro

Source Water Type(s):
- ☐ Surface
- ■ Ground
- ☐ GWUDI
- ☐ Purchase with subsequent chlorination
- ☐ Purchase w/out subsequent chlorination
- ☐ 4 log treatment required

Reporting Month/Year: 11/2019 (MM/YYYY)

Date Report Submitted: 12/2019 (MM/YYYY)

			CHLORINATION				ULTRAVIOLET RADIATION/OTHER TREATMENTS					
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l)						
Date	Source(s) in use	Treated water volume (GALLONS/DAY)	Cylinder weight (LBS.)	Chlorine used/Day (LBS.)	Hypochlorite added to crock (GALLONS OR QUARTS)		UV Unit active (YES/NO)	Intensity meter >70%	Quartz sleeve cleaned (YES/NO)	Checked by (INITIALS)		
1	Well	108					YES	100	NO	FC		
2	Well	125					YES	100	NO	FC		
3	Well	57					YES	100	NO	FC		
4	Well	79					YES	100	NO	FC		
5	Well	88					YES	100	NO	FC		
6	Well	92					YES	100	NO	FC		
7	Well	84					YES	100	NO	FC		
8	Well	105					YES	100	NO	FC		
9	Well	92					YES	100	NO	FC		
10	Well	124					YES	100	NO	FC		
11	Well	47					YES	100	NO	FC		
12	Well	49					YES	100	NO	FC		
13	Well	124					YES	100	NO	FC		
14	Well	122					YES	100	NO	FC		
15	Well	77					YES	100	NO	FC		
16	Well	64					YES	100	NO	FC		
17	Well	59					YES	100	NO	FC		
18	Well	49					YES	100	NO	FC		
19	Well	111					YES	100	NO	FC		
20	Well	132					YES	100	NO	FC		
21	Well	139					YES	100	NO	FC		
22	Well	133					YES	100	NO	FC		
23	Well	121					YES	100	NO	FC		
24	Well	99					YES	100	NO	FC		
25	Well	105					YES	100	NO	FC		
26	Well	118					YES	100	NO	FC		
27	Well	108					YES	100	NO	FC		
28	Well	119					YES	100	NO	FC		
29	Well	94					YES	100	NO	FC		
30	Well	75					YES	100	NO	FC		
31												
TOTAL		2916										
AVG		97.2										

Chlorine Mix Ratio = none quarts/gallons of _____ % chlorine added to _____ gallons of water in crock.

Date UV quartz sleeve last cleaned: 11/10/19 (MM//DD/YY)

Date UV lamp replaced: _____ (MM//DD/YY)

Alarm activation: ☐ No ☐ Yes If "Yes," date of activation: _____ (MM//DD/YY)

Required Treatment Residual Level: _____ mg/l

Reported by: Frank Corso

Title: President

NYSDOH Operator Certification Number: _____

Signature: Frank Corso

Date: 12/02/19 (MM/DD/YY)

Operator Grade Level: _____

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1. ROUTINE 2. REPEAT 3. TRIGGERED	Total Coliform Positive Y	Total Coliform Positive N	E. coli Positive Y	E. coli Positive N	Free Chlorine Residual (mg/l)
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	

Population Served: Avg. 10-50

Number of microbiological monitoring samples required: 0

Number of microbiological monitoring samples taken: 0

Did a M&R violation occur? ☐ Yes ☑ No

If "Yes," check reason (s) below:

- ☐ Actual number of samples is fewer than required
- ☐ Did not collect/analyze repeat sample
- ☐ Did not collect/analyze for E. coli for positive total coliform from routine / repeat sample

Was triggered source water monitoring required? ☐ Yes ☑ No

Did a MCL violation occur? ☐ Yes ☑ No

If "Yes," check reason(s) below (see also Part 5, Table 6 for Additional information).

- ☐ For systems collecting less than 40 samples per month: two or more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
- ☐ For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
- ☐ The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection unless waived (to minimum of one sample) in writing by the local health department.

As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Sample collector(s): Better Water Wells

Name of NYSDOH Certified Laboratory:

Did any MCL violation occur? If so, please describe:

No.

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain:

No.

Comments :

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

Water System Operation Report
For Systems that Treat with Chlorine and/or Ultraviolet Radiation

Public Water System Name: Sapientia Association Inc Public Water System ID: NY 5930129

County: Westchester Town, Village or City: Lewisboro

Source Water Type(s): ☐ Surface ■ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination ☐ 4 log treatment required

Reporting Month/Year: 12/2019 (MM/YYYY) Date Report Submitted: 01/2020 (MM/YYYY)

			CHLORINATION				ULTRAVIOLET RADIATION/OTHER TREATMENTS					
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l)						
Date	Source(s) in use	Treated water volume (GALLONS/DAY)	Cylinder weight (LBS.)	Chlorine used/Day (LBS.)	Hypochlorite added to crock (GALLONS OR QUARTS)		UV Unit active (YES/NO)	Intensity meter >70%	Quartz sleeve cleaned (YES/NO)	Checked by (INITIALS)		
1	Well	57					YES	100	NO	FC		
2	Well	49					YES	100	NO	FC		
3	Well	55					YES	100	NO	FC		
4	Well	45					YES	100	NO	FC		
5	Well	51					YES	100	NO	FC		
6	Well	60					YES	100	NO	FC		
7	Well	75					YES	100	NO	FC		
8	Well	61					YES	100	NO	FC		
9	Well	57					YES	100	NO	FC		
10	Well	42					YES	100	NO	FC		
11	Well	49					YES	100	NO	FC		
12	Well	54					YES	100	NO	FC		
13	Well	53					YES	100	NO	FC		
14	Well	85					YES	100	NO	FC		
15	Well	65					YES	100	NO	FC		
16	Well	99					YES	100	NO	FC		
17	Well	71					YES	100	NO	FC		
18	Well	90					YES	100	NO	FC		
19	Well	45					YES	100	NO	FC		
20	Well	91					YES	100	NO	FC		
21	Well	83					YES	100	NO	FC		
22	Well	87					YES	100	NO	FC		
23	Well	75					YES	100	NO	FC		
24	Well	88					YES	100	NO	FC		
25	Well	96					YES	100	NO	FC		
26	Well	45					YES	100	NO	FC		
27	Well	40					YES	100	NO	FC		
28	Well	39					YES	100	NO	FC		
29	Well	27					YES	100	NO	FC		
30	Well	30					YES	100	NO	FC		
31	Well	21					YES	100	NO	FC		
TOTAL		1885										
AVG		60.8										

Chlorine Mix Ratio = none quarts/gallons of _____ % chlorine added to _____ gallons of water in crock.

Date UV quartz sleeve last cleaned: 11/10/19 (MM//DD/YY) Date UV lamp replaced: _____ (MM//DD/YY)

Alarm activation: ☐ No ☐ Yes If "Yes," date of activation: _____ (MM//DD/YY) Required Treatment Residual Level: _____ mg/l

Reported by: Frank Corso Title: President NYSDOH Operator Certification Number: _____

Signature: Frank Corso Date: 01/03/20 (MM//DD/YY) Operator Grade Level: _____

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1. ROUTINE 2. REPEAT 3. TRIGGERED	Total Coliform Positive Y	Total Coliform Positive N	E. coli Positive Y	E. coli Positive N	Free Chlorine Residual (mg/l)
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	

Population Served: Avg. 10-50

Number of microbiological monitoring samples required: 0

Number of microbiological monitoring samples taken: 0

Did a M&R violation occur? ☐ Yes ☑ No

If "Yes," check reason (s) below:

- ☐ Actual number of samples is fewer than required
- ☐ Did not collect/analyze repeat sample
- ☐ Did not collect/analyze for E. coli for positive total coliform from routine / repeat sample

Was triggered source water monitoring required? ☐ Yes ☑ No

Did a MCL violation occur? ☐ Yes ☑ No

If "Yes," check reason(s) below (see also Part 5, Table 6 for Additional information).

- ☐ For systems collecting less than 40 samples per month: two or more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
- ☐ For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
- ☐ The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection unless waived (to minimum of one sample) in writing by the local health department.

As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Sample collector(s): Better Water Wells

Name of NYSDOH Certified Laboratory: _____

Did any MCL violation occur? If so, please describe:

No.

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain:

No.

Comments :

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045

ACCREDITED IN ACCORDANCE WITH nelac NY # 11301

Analysis Report

July 05, 2019

FOR: Attn: Mr. Bob Woodstead
Better Water Well Systems
348 Smith Ridge Rd
South Salem, NY 10590

Sample Information		Custody Information		Date	Time
Matrix:	DRINKING WATER	Collected by:		07/02/19	8:30
Location Code:	BWWS	Received by:	CP	07/02/19	18:06
Rush Request:	Standard	Analyzed by:	see "By" below		
P.O.#:					

Laboratory Data

SDG ID: GCD50051
Phoenix ID: CD50051

Project ID: SAPIENTIA ASSOC
Client ID: 2ND FL BATH SOUTH END

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Escherichia Coli	Absent	0	1	/100 mls		0		07/02/19 19:55	MLT/LJ	SM9223B-97
Total Coliforms	Absent	0	1	/100 mls		0		07/02/19 19:55	MLT/LJ	SM9223B-04

RL/PQL=Minimum Reportable Level DW MCL=Maximum Potability Limit Sec Goal=Recommended Potability Limit NA=Not Applicable

For further interpretation or recommendations on treatment, please contact your local or state health department. Please see last page for additional information.

Phyllis Shiller, Lab Director
July 05, 2019

Ver 1

Project ID: SAPIENTIA ASSOC
Client ID: 2ND FL BATH SOUTH END

Phoenix I.D.: CD50051

Standard Water Tests for Private Wells

Parameter	MCL	MCLG Secondary Goal	Information
Arsenic	**0.01 mg/L**		Arsenic occurs naturally in the environment and is a by-product of some agricultrual and industrial activities. It can enter the drinking water through the ground or as runoff into surface water sources.
Calcium	**No Limit**		*see Hardness*
Chloride	**250 mg/L (in NY/CT)**	**250 mg/L**	Drinking water with chloride levels above 250mg/L may exhibit a salty taste. Elevated sodium and chloride levels usually occur due to road salt, water softeners, natural underground salt deposits, pollution from septic systems, or they are the result of a well's close distance the ocean or salt ponds.
Chlorine Residual	**No Limit**		Chlorine is used to disinfect drinking water.
Coliform Bacteria	**0**		Coliforms are bacteria that are naturally present in the environment and used as an indicator that other, potentially harmful, bacteria may be present. Fecal coliform and E. coli are bacteria whose presence indicates that water may be contaminated by human or animal wastes. Anytime the presence of Coliform is detected, the source must be determined.
Color	**15 CU (in NY)**	**15 CU**	Color can be used to determine the presence of dissolved organic material or inorganic contaminants such as metals.
Copper		**1.3 mg/L (action level)**	Copper enters drinking water primarily through plumbing materials. Exposure to copper may cause health problems.
Fluoride	**4.0 mg/L 2.2 mg/L (in NY)**	**2.0 mg/L**	Water supplies may contain some naturally occurring fluoride. Fluoride also enters drinking water in discharge from fertilizer or aluminum factories. Also, many communities add fluoride to their drinking water to promote dental health. Consult your dental professional for recommended levels.
Hardness	**No Limit**		Hardness is a measure of the amount of calcium and magnesium in the water. In general, hardness values of less than 75 mg/L as calcium carbonate (CaCO3) represent soft water, and values above 150 mg/L CaCO3 represent hard water.
Iron	**0.3 mg/L (in NY)**	**0.3 mg/L**	Iron is a naturally occurring element in groundwater and wells. While not considered a health hazard, iron can cause staining of laundry and fixtures, and affect the taste and appearance of the water.
Lead		**0.015 mg/L (action level)**	The major sources of lead in drinking water are corrosion of household plumbing systems; and erosion of natural deposits. Lead enters the water through contact with the plumbing. Lead leaches into water through corrosion (a dissolving or wearing away of metal caused by a chemical reaction between water and your plumbing). Lead can leach into water from pipes, solder, fixtures and faucets (brass), and fittings. The amount of lead in your water also depends on the types and amounts of minerals in the water, how long the water stays in the pipes, the amount of wear in the pipes, the water's acidity (pH) and its temperature.
Magnesium	**No Limit**		*see Hardness*
Manganese	**0.3 mg/L (in NY)**	**0.05 mg/L**	Manganese is a trace element that occurs naturally in soil, water, and plants. Manganese can produce dark brown or black staining on laundry and fixtures.
Nitrate	**10 mg/L**		Infants below six months who drink water containing nitrate in excess of the maximum contaminant level (MCL) could become seriously ill The major sources of nitrates in drinking water are runoff from fertilizer use; leaking from septic tanks, sewage; and erosion of natural deposits.
Nitrite	**1 mg/L**		Infants below six months who drink water containing nitrite in excess of the maximum contaminant level (MCL) could become seriously ill. The major sources of nitrite in drinking water are runoff from fertilizer use; leaching from septic tanks, sewage; and erosion of natural deposits.

Standard Water Tests for Private Wells

Odor	**3 TON (in NY)**	**3 TON**	The presence of odor may indicate possible contaminants
pH		**6.5-8.5**	pH is an indicator of the acid or alkaline condition of water. The range is 0-14, with 7 considered neutral. Below 7 is considered acidic, and above 7 is alkaline. The pH of drinking water is not a health concern, however, acidic water (low pH) can leach metals from plumbing systems.
Sodium	**250 mg/L (in CT)**	**28/100 mg/L (city / private advisory level in CT)**	Elevated sodium and chloride levels usually happen because of road salt, water softeners, natural underground salt deposits, pollution from septic systems, or they are the result of a well's close distance to the ocean or salt ponds. Contact your health professional for recommended levels if you are on a low sodium diet.
Sulfate	**250 mg/L (in NY)**	**250 mg/L**	Sulfate can be found in almost all natural water. The origin of most sulfate compounds is the oxidation of sulfite ores, the presence of shales, or the industrial wastes. Sulfate has a mild laxative affect.
Turbidity	**5.0 NTU**		Turbidity has no health effects, but can interfere with disinfection and provide a medium for microbial growth. Turbidity is a measure of the cloudiness of water. It is used to indicate water quality and filtration effectiveness.
MCL	Maximum Contaminant Level (MCL) (Lower of): 40 CFR Part 141; 40 CFR Part 143. The highest level of a contaminant that is allowed in drinking water. MCLs are enforceable standards.		
SEC GOAL/ MCLGs	Secondary DW Maximum Contaminant Level Goal (MCLG): (Lower of): 40 CFR Part 141; 40 CFR Part 143. The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs are non-enforceable public health goals.		

This guidance document is based on information provided by EPA National Primary and Secondary Drinking Water Regulations, and is provided as a tool to help interpret your drinking water test results. Contact your local health department for additional guidance and information. Additionally, you may call the Safe Drinking Water Hotline at 1-800-426-4791

This report must not be reproduced except in full as defined by the attached chain of custody.

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045

ACCREDITED IN ACCORDANCE WITH nelac NY # 11301

Analysis Report

October 03, 2019

FOR: Attn: Mr. Bob Woodstead
Better Water Well Systems
348 Smith Ridge Rd
South Salem, NY 10590

Sample Information		Custody Information		Date	Time
Matrix:	DRINKING WATER	Collected by:		10/01/19	8:30
Location Code:	BWWS	Received by:	CP	10/01/19	17:03
Rush Request:	Standard	Analyzed by:	see "By" below		
P.O.#:					

Laboratory Data

SDG ID: GCE24385
Phoenix ID: CE24385

Project ID: SAPIENTIA
Client ID: CRAFT ROOM SINK

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Escherichia Coli	Absent	0	1	/100 mls		0		10/01/19 19:45	LJ/LJ	SM9223B-97
Total Coliforms	Absent	0	1	/100 mls		0		10/01/19 19:45	LJ/LJ	SM9223B-04

RL/PQL=Minimum Reportable Level DW MCL=Maximum Potability Limit Sec Goal=Recommended Potability Limit NA=Not Applicable

For further interpretation or recommendations on treatment, please contact your local or state health department. Please see last page for additional information.

Phyllis Shiller, Lab Director
October 03, 2019

Ver 1

Westchester gov.com

George Latimer
County Executive

Sherlita Amler, M.D.
Commissioner of Health

March 12, 2020

Sapientia Association, Inc.
111 Smith Ridge Road
South Salem, NY 10590
Attn: Frank Corso

RE: 2020 Certificate to Operate
Non Community Water Supply
Sapientia Association, Inc.

Dear Mr. Corso:

Receipt of your fees for the above-referenced public or private water system is hereby acknowledged.

Please be advised that our records reveal that your water supply is being operated in compliance with applicable State and County Laws and Regulations.

Enclosed is your annual Permit to Operate a Non-Community Water Supply, which is valid until April 30, 2021.

Very truly yours,

Delroy Taylor, P.E.
Assistant Commissioner
Bureau of Environmental Quality

DT:pm

Enclosure

cc: File

Department of Health
25 Moore Avenue, 1st Floor
Mount Kisco, NY 10549

Telephone: (914) 864-7296

Fax: (914) 813-4691

REDUCE REUSE RECYCLE

Westchester County Department of Health

Bureau of Environmental Quality

George Latimer
County Executive
Department of Health
Sherlita Amler, M.D.
Commissioner of Health

Permit to Operate A Public Water Supply

Facility Name:	Sapientia Association, Inc.	**WCDH Facility Number:**	555
Owner:	Sapientia Association, Inc.	**Facility Type:**	
Attention:	Frank Corso, President	**NYS Facility No.:**	5930129
Mailing Address:	111 Smith Ridge Road		

Municipality: South Salem **State:** NY **Zip Code:** 10590

Water Supply Description:

A filtered groundwater supply consisting of one (1) well. UV disinfection system with 5 and 1 micron filters, serving a population of <101.

This Permit supersedes any earlier Permit to Operate issued for this supply by the Department.

That the operation of this supply shall be in accordance with the supply description, approved plans, and any special conditions for this supply on file with the Department.

This public water supply shall be operated in compliance with the Provisions of Chapter 873, Article VII of the Laws of Westchester County and Part 5 of the New York State Sanitary Code.

This Permit shall be suspended or revoked as provided by the Laws of Westchester County, if this public water supply is maintained or operated other than in compliance with the above.

FOR THE COMMISSIONER

Sherlita Amler MD

By: SHERLITA AMLER, M.D.
Sherlita Amler, M.D. Commissioner of Health

By:
Delroy Taylor, P.E., Assistant Commissioner
Bureau of Environmental Quality

Permit Issued: 05/01/2020

Permit Expires: 04/30/2021

THIS PERMIT MUST BE POSTED CONSPICUOUSLY

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045

ACCREDITED IN ACCORDANCE WITH nelac NY # 11301

Analysis Report

January 06, 2020

FOR: Attn: Mr. Bob Woodstead
Better Water Well Systems
348 Smith Ridge Rd
South Salem, NY 10590

Sample Information		Custody Information		Date	Time
Matrix:	DRINKING WATER	Collected by:		01/02/20	10:00
Location Code:	BWWS	Received by:	LB	01/02/20	17:06
Rush Request:	Standard	Analyzed by:	see "By" below		
P.O.#:					

Laboratory Data

SDG ID: GCE96539
Phoenix ID: CE96539

Project ID: SAPIENTIA ASSOC.
Client ID: 1ST FLOOR BATHROOM

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Escherichia Coli	Absent	0	1	/100 mls		0		01/02/20 19:30	LJ/LJ	SM9223B-97
Total Coliforms	Absent	0	1	/100 mls		0		01/02/20 19:30	LJ/LJ	SM9223B-04

RL/PQL=Minimum Reportable Level DW MCL=Maximum Potability Limit Sec Goal=Recommended Potability Limit NA=Not Applicable

For further interpretation or recommendations on treatment, please contact your local or state health department. Please see last page for additional information.

Phyllis Shiller, Lab Director
January 06, 2020

Ver 1

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045

ACCREDITED IN ACCORDANCE WITH nelac NY # 11301

Analysis Report

January 06, 2020

FOR: Attn: Mr. Bob Woodstead
Better Water Well Systems
348 Smith Ridge Rd
South Salem, NY 10590

Sample Information		Custody Information		Date	Time
Matrix:	DRINKING WATER	Collected by:		01/02/20	10:00
Location Code:	BWWS	Received by:	LB	01/02/20	17:06
Rush Request:	Standard	Analyzed by:	see "By" below		
P.O.#:					

Laboratory Data

SDG ID: GCE96539
Phoenix ID: CE96540

Project ID: SAPIENTIA ASSOC.
Client ID: ENTRY POINT

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Nitrite as Nitrogen	0.019	0.004	1	mg/L		1		01/03/20 12:54	B/E/G	E300.0
Nitrate as Nitrogen	0.66	0.01	1	mg/L		10		01/03/20 12:54	B/E/G	E300.0

RL/PQL=Minimum Reportable Level DW MCL=Maximum Potability Limit Sec Goal=Recommended Potability Limit NA=Not Applicable

For further interpretation or recommendations on treatment, please contact your local or state health department. Please see last page for additional information.

Phyllis Shiller, Lab Director
January 06, 2020

Ver 1

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045

ACCREDITED IN ACCORDANCE WITH nelac NY # 11301

Analysis Report

April 03, 2020

FOR: Attn: Mr. Bob Woodstead
Better Water Well Systems
348 Smith Ridge Rd
South Salem, NY 10590

Sample Information		Custody Information		Date	Time
Matrix:	DRINKING WATER	Collected by:		04/01/20	14:34
Location Code:	BWWS	Received by:	CP	04/02/20	15:55
Rush Request:	Standard	Analyzed by:	see "By" below		
P.O.#:					

Laboratory Data

SDG ID: GCF60693
Phoenix ID: CF60693

Project ID: SAPIENTIA ASSOC
Client ID: 2ND FL BATH NORTH END

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Escherichia Coli	Absent	0	1	/100 mls		0		04/02/20 19:05	LJ/LJ	SM9223B-04
Total Coliforms	Absent	0	1	/100 mls		0		04/02/20 19:05	LJ/LJ	SM9223B-04

RL/PQL=Minimum Reportable Level DW MCL=Maximum Potability Limit Sec Goal=Recommended Potability Limit NA=Not Applicable

For further interpretation or recommendations on treatment, please contact your local or state health department. Please see last page for additional information.

Phyllis Shiller, Lab Director
April 03, 2020

Ver 1

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045

ACCREDITED IN ACCORDANCE WITH nelac NY # 11301

Analysis Report

January 07, 2019

FOR: Attn: Mr. Bob Woodstead
Better Water Well Systems
348 Smith Ridge Rd
South Salem, NY 10590

Sample Information		Custody Information		Date	Time
Matrix:	DRINKING WATER	Collected by:		01/03/19	8:32
Location Code:	BWWS	Received by:	SW	01/03/19	16:50
Rush Request:	Standard	Analyzed by:	see "By" below		
P.O.#:					

Laboratory Data

SDG ID: GCC23376
Phoenix ID: CC23546

Project ID: SAPENTIA
Client ID: ENTRY POINT

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Nitrite as Nitrogen	< 0.004	0.004	1	mg/L		1		01/04/19 06:05	BS/GD	E300.0
Nitrate as Nitrogen	0.93	0.01	1	mg/L		10		01/04/19 06:05	BS/GD	E300.0

RL/PQL=Minimum Reportable Level DW MCL=Maximum Potability Limit Sec Goal=Recommended Potability Limit NA=Not Applicable

For further interpretation or recommendations on treatment, please contact your local or state health department. Please see last page for additional information.

Phyllis Shiller, Lab Director
January 07, 2019

Ver 1

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045

ACCREDITED IN ACCORDANCE WITH nelac NY # 11301

Analysis Report

January 07, 2019

FOR: Attn: Mr. Bob Woodstead
Better Water Well Systems
348 Smith Ridge Rd
South Salem, NY 10590

Sample Information		Custody Information		Date	Time
Matrix:	DRINKING WATER	Collected by:		01/03/19	
Location Code:	BWWS	Received by:	B	01/03/19	16:50
Rush Request:	Standard	Analyzed by:	see "By" below		
P.O.#:					

Laboratory Data

SDG ID: GCC23376
Phoenix ID: CC23376

Project ID: SAPLENTIA
Client ID: 1ST FL BATHROOM

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Escherichia Coli	Absent	0	1	/100 mls		0		01/03/19 19:05	MLT/MLT	SM9223B-97
Total Coliforms	Absent	0	1	/100 mls		0		01/03/19 19:05	MLT/MLT	SM9223B-04

RL/PQL=Minimum Reportable Level DW MCL=Maximum Potability Limit Sec Goal=Recommended Potability Limit NA=Not Applicable

For further interpretation or recommendations on treatment, please contact your local or state health department. Please see last page for additional information.

Phyllis Shiller, Lab Director
January 07, 2019

Ver 1

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045

ACCREDITED IN ACCORDANCE WITH nelac NY # 11301

Analysis Report

January 07, 2019

FOR: Attn: Mr. Bob Woodstead
Better Water Well Systems
348 Smith Ridge Rd
South Salem, NY 10590

Sample Information		Custody Information		Date	Time
Matrix:	DRINKING WATER	Collected by:		01/03/19	
Location Code:	BWWS	Received by:	B	01/03/19	16:50
Rush Request:	Standard	Analyzed by:	see "By" below		
P.O.#:					

Laboratory Data

SDG ID: GCC23376
Phoenix ID: CC23376

Project ID: SAPLENTIA
Client ID: 1ST FL BATHROOM

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Escherichia Coli	Absent	0	1	/100 mls		0		01/03/19 19:05	MLT/MLT	SM9223B-97
Total Coliforms	Absent	0	1	/100 mls		0		01/03/19 19:05	MLT/MLT	SM9223B-04

RL/PQL=Minimum Reportable Level DW MCL=Maximum Potability Limit Sec Goal=Recommended Potability Limit NA=Not Applicable

For further interpretation or recommendations on treatment, please contact your local or state health department. Please see last page for additional information.

Phyllis Shiller, Lab Director
January 07, 2019

Ver 1

PHOENIX

Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045

ACCREDITED IN ACCORDANCE WITH nelac NY # 11301

Analysis Report

April 08, 2019

FOR: Attn: Mr. Bob Woodstead
Better Water Well Systems
348 Smith Ridge Rd
South Salem, NY 10590

Sample Information		Custody Information		Date	Time
Matrix:	DRINKING WATER	Collected by:		04/04/19	
Location Code:	BWWS	Received by:	B	04/04/19	17:02
Rush Request:	Standard	Analyzed by:	see "By" below		
P.O.#:					

Laboratory Data

SDG ID: GCC82035
Phoenix ID: CC82035

Project ID: SAPIENTIA ASSOC
Client ID: 2ND FL BATH N END

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Escherichia Coli	Absent	0	1	/100 mls		0		04/04/19 18:30	MLT/MLT	SM9223B-97
Total Coliforms	Absent	0	1	/100 mls		0		04/04/19 18:30	MLT/MLT	SM9223B-04

RL/PQL=Minimum Reportable Level DW MCL=Maximum Potability Limit Sec Goal=Recommended Potability Limit NA=Not Applicable

For further interpretation or recommendations on treatment, please contact your local or state health department. Please see last page for additional information.

Phyllis Shiller, Lab Director
April 08, 2019

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
COUNTY OF PUTNAM) SS.:

1. Mia Tagliafierro, being duly sworn, deposes and says:

2. I am over 18 years of age; and reside at 7 Eleanor Drive, Holmes, New York 12531.

3. On the 29th day of May, 2020, I served the attached Notices upon all of the property owners, as set forth on the list annexed hereto, by mailing, certified mail, return receipt requested, a copy of same to each such person or entity in a properly addressed postage pre-paid wrapper, in a post office under the exclusive care and custody of the United States Postal Service.

Mia Tagliafierro

Sworn to before me this 1st
day of June, 2020

Notary Public

BONNIE N. FEINZIG
NOTARY PUBLIC, State of New York
No. 02FE4985780
Qualified in Putnam County
Commission Expires 8/26/21

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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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Total Postage a
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MANNO, JOSEPH A. & JOANNE L.

Street and Apt. 108 SMITH RIDGE RD

City, State, ZIP+ SOUTH SALEM, NY 10590

PS Form 3800,

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BREWSTER, N.Y. 10509 USPS MAY 29 2020

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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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Total Postage an
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ROMAIX PROPERTIES, LLC

Street and Apt. N C/O JIM CAPONE
12 VALLEY POND RD

City, State, ZIP+ KATONAH, NY 10536

PS Form 3800, April 2015 PSN 7530-02-000-9047

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- ☐ Adult Signature Restricted Delivery $

Postage
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Total Postal
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Sent To 55.3-6-23
LANDAU, GERALD B. & LYNNE M.

Street and A 127 SMITH RIDGE RD

City, State, SOUTH SALEM, NY 10590

PS Form 3

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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$ .50

Total Postage and F
$ 6.90

Sent To 55.3-3-4
TOWN OF LEWISBORO

Street and Apt. No., 11 MAIN STREET

City, State, ZIP+4® SOUTH SALEM, NY 10590

PS Form 3800, April

Postmark Here

BREWSTER, N.Y. 10509 USPS MAY 29 2020

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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postage a
$6.90

Sent To
Street and Apt. N
City, State, ZIP+

55.3-6-30
TOWN OF LEWISBORO
11 MAIN STREET
SOUTH SALEM, NY 10590

Postmark Here

BREWSTER, N.Y. MAY 29 2020 USPS 10509-9998

PS Form 3800,

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Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $2.85
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postage
$6.90

Sent To
Street and Apt.
City, State, ZIP+

55.3-6-6
OSTER, KARL
18 ELMWOOD ROAD
SOUTH SALEM, NY 10590

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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postage
$6.90

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Street and Apt.
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55.3-5-8
SAPIENTA ASSOCIATION, INC.
111 SMITH RIDGE RD
SOUTH SALEM, NY 10590

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- ☐ Return Receipt (electronic) $
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- ☐ Adult Signature Required $2.85
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postag
$6.90

Sent To
Street and Ap
City, State, Z

55.3-6-24
WHALEN, LISA
123 SMITH RIDGE RD
SOUTH SALEM, NY 10590

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- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postage
$6.90

Sent To
55.3-5-10
SCHAFER, JOSEPH & KATE

Street and Apt.
6 SPRING HILL LANE

City, State, ZIP
SOUTH SALEM, NY 10590

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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postage a
$6.90

Sent To
55.3-6-28
NIERENBERG, MAX & MARIBEL

Street and Apt. I
8 WEST LANE

City, State, ZIP+
SOUTH SALEM, NY 10590

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- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postage an
$6.90

Sent To
55.3-3-4
O'REILLY, KEVIN & NANCY

Street and Apt. N
4 MILLSTONE LANE

City, State, ZIP+4
SOUTH SALEM, NY 10590

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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postag
$6.90

Sent To
55.3-3-8
SYMPHONY HOLDINGS, LLC

Street and Ap
PO BOX 1291

City, State, Z
YORKTOWN HEIGHTS, NY 10598

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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postage
$6.90

Sent To
55.3-3-12
KOGAN, YEVGENY

Street and Apt
114 SMITH RIDGE RD

City, State, Zi
SOUTH SALEM, NY 10590

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- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postage and
$6.90

Sent To
55.3-6-25
MEDILE, ROY & BARBARA

Street and Apt. No.,
2 WEST LANE

City, State, ZIP+4®
SOUTH SALEM, NY 10590

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- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postage ar
$6.90

Sent To
55.3-5-6
POSSENTI, GIULIO F. & SANDRA D.

Street and Apt. N
11 WEST LANE

City, State, ZIP+4
SOUTH SALEM, NY 10590

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- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postage and
$6.90

Sent To
55.3-6-8
KRANZ, ALEXANDER

Street and Apt. No.,
189 BENT TREE DR.

City, State, ZIP+4®
PALM BEACH GARDENS, FL 33418

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- ☐ Return Receipt (electronic)
- ☐ Certified Mail Restricted Delivery
- ☐ Adult Signature Required
- ☐ Adult Signature Restricted Delivery

Postage
$.56

Total Postage and Fees
$6.90

Sent To
55.3-6-32
VEGA, JOHN & KATHLEEN

Street and Apt. No.
16 WEST LANE

City, State, ZIP+4
SOUTH SALEM, NY 10590

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- ☐ Return Receipt (electronic)
- ☐ Certified Mail Restricted Delivery
- ☐ Adult Signature Required
- ☐ Adult Signature Restricted Delivery

Postage
$.50

Total Postage and Fees
$6.90

Sent To
55.3-6-31
BEST, ROBERT K. KR & JUDITH R.

Street and Apt. No.
14 WEST LANE

City, State, ZIP+4
SOUTH SALEM, NY 10590

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- ☐ Return Receipt (electronic)
- ☐ Certified Mail Restricted Delivery
- ☐ Adult Signature Required
- ☐ Adult Signature Restricted Delivery

Postage
$.50

Total Postage and Fees
$6.90

Sent To
55.3-6-10
WHITE, PAUL A. & ROBERTA STERN-WHITE

Street and Apt. No.
42 ELMWOOD RD

City, State, ZIP+4
SOUTH SALEM, NY 10590

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- ☐ Return Receipt (electronic)
- ☐ Certified Mail Restricted Delivery
- ☐ Adult Signature Required
- ☐ Adult Signature Restricted Delivery

Postage
$.50

Total Postage and Fees
$6.90

Sent To
55.3-3-9
MC CAFFREY. THOMAS P. & JULIE MICHELLE

Street and Apt. No.
104 SMITH RIDGE RD

City, State, ZIP+4
SOUTH SALEM, NY 10590

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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postage
$6.90

Sent To
Street and Apt
City, State, Zi

55.3-6-26
VATIC, VISON & VALENTINA
4 WEST LANE
SOUTH SALEM, NY 10590

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- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postage an
$6.90

Sent To
Street and Apt. Nc
City, State, ZIP+4

55.3-6-29
THE JEFFREY LEVY TRUST
10 WEST LANE
SOUTH SALEM, NY 10590

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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postage an
$6.90

Sent To
Street and Apt. Nc
City, State, ZIP+4

55.3-6-33
CHOVET, FREDERIC & CYNTHIA
18 WEST LANE
SOUTH SALEM, NY 10590

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- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postage ar
$6.90

Sent To
Street and Apt. N
City, State, ZIP+4

55.3-3-5
TOWN OF LEWISBORO
11 MAIN STREET
SOUTH SALEM, NY 10590

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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Total Postage and
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Street and Apt. No.
City, State, ZIP+4

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55.3–3-11
MALAMET, PAUL H. & LORRAINE
112 SMITH RIDGE ROAD
SOUTH SALEM, NY 10590

7019 0160 0000 7275 4021

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- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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$ 6.90

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55.3-3-14
ROSSER, JEFFM.
122 SMITH RIDGE ROAD
SOUTH SALEM, NY 10590

7019 0160 0000 7275 1945

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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Total Postage a
$ 6.90

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55.3-5-9
EATON, ANNE ELIZABETH
7 WEST LANE
SOUTH SALEM, NY 10590

7019 0160 0000 7275 1952

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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$ .50

Total Postage
$ 6.90

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Street and Apt.
City, State, ZIF

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55.3-5-5
TAAFFE, JOHN
15 WEST LANE
SOUTH SALEM, NY 10590

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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $.50
Total Postage and Fees $6.90

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55.3-6-27
Sent To VATICI, SHJEFEN
Street and Apt. No. 6 WEST LANE
City, State, ZIP+4 SOUTH SALEM, NY 10590

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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) MAY $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $ USPS
- ☐ Adult Signature Restricted Delivery $ 10509-9998

Postage $.50
Total Postage and Fees $6.90

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55.3-6-9
Sent To DAVIS, FIONA
Street and Apt. No. 173 RIVERSIDE DR., #10N
City, State, ZIP+4 NEW YORK, NY 10024

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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) MAY 29 2020
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $ USPS
- ☐ Adult Signature Required 10509-9998
- ☐ Adult Signature Restricted Delivery $

Postage $.50
Total Postage $6.90

BREWSTER, N.Y. MAY 29 2020

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55.3-3-25
Sent To THE LEDGES HOMEOWNERS ASSOC. INC.
Street and Ap 2251 PALMER AVE
City, State, Zi NEW ROCHELLE, NY 10801

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7019 0160 0000 7275 3994

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- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $.50
Total Postage and Fees $6.90

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55.3-3-6
Sent To PERCOCO, JOSEPH & LISA
Street and Apt. No. 2 MILLSTONE LANE
City, State, ZIP+4 SOUTH SALEM, NY 10590

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7019 0160 0000 7275 4007

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- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postage
$6.90

Sent To: KAUFMAN, DOUGLAS H. & SUSAN G.
Street and Apt.: 129 SMITH RIDGE RD
City, State, ZIP: SOUTH SALEM, NY 10590

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55.3-6-22

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$3.55

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy)
- ☐ Return Receipt (electronic)
- ☐ Certified Mail Restricted Delivery
- ☐ Adult Signature Required
- ☐ Adult Signature Restricted Delivery $

Postage
$.50

Total Postage
$6.90

Sent To: HORWITZ, MICHAEL S. & APFEL, FRAN S.
Street and Apt.: 9 WEST LANE
City, State, ZIP: SOUTH SALEM, NY 10590

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55.3-5-7

NOTICE

This property is the subject of an application before the Lewisboro Planning Board.
A Public Hearing has been scheduled at which time all interested parties will be afforded an opportunity to be heard.

Please contact the Planning Board Secretary at
914-763-5592
or visit
www.lewisborogov.com
for additional information

KELLARD SESSIONS

John Kellard, P.E.
David Sessions, RLA, AICP
Joseph M. Cermele, P.E., CFM
Jan K. Johannessen, AICP

MEMORANDUM

TO: Chairperson Janet Andersen and
Members of Lewisboro Planning Board

CC: Ciorsdan Conran
Judson Siebert, Esq.
Joseph Angiello

FROM: Jan K. Johannessen, AICP
Joseph M. Cermele, P.E., CFM
Town Consulting Professionals

DATE: June 11, 2020

RE: Wetland & Stormwater Permit
Sawyers Residence
3 The Hook
Sheet 25A, Block 10813, Lot 11

PROJECT DESCRIPTION

The subject property consists of ±2.52 acres of land and is located at 3 The Hook and within the R-2A Zoning District. The property is currently developed with a single-family residence, asphalt driveway, lake-side bath house and dock, private potable well and septic system. The applicant is proposing to reconstruct the existing house and maintain the existing foundation, while constructing an addition with a new terrace, porch, and garage. The property is located on Lake Waccabuc and much of the property and existing house are located within the Town's 150-foot wetland buffer area, including the existing septic system. The applicant is proposing to construct a new, four (4) bedroom septic system outside of the 150-foot wetland buffer area and to repurpose the existing septic system for stormwater treatment. A total of 840 s.f. of new impervious surface is proposed with the wetland buffer.

SEQRA

The proposed action is a Type II Action and is categorically exempt from the State Environmental Quality Review Act (SEQRA).

REQUIRED APPROVALS

1. A Wetland Activity Permit and Town Stormwater Permit is required from the Planning Board; a public hearing is required to be held on the Wetland Permit.

2. According to the applicant, the proposed action requires an area variance from the Zoning Board of Appeals.

3. The proposed septic system requires approval from the Westchester County Department of Health (WCDH).

4. The subject property is located within the NYC East of Hudson Watershed and proposed land disturbance exceeds 5,000 s.f. Coverage under New York State Department of Environmental Conservation (NYSDEC) SPDES General Permit for Stormwater Discharges from Construction Activity (GP-0-20-001) will be required.

5. A Floodplain Development Permit is required from the Town Building Inspector in accordance with Chapter 126, Flood Damage Prevention, of the Town Code.

COMMENTS:

1. The stormwater system has been redesigned to eliminate the re-use of the abandoned septic system. Rather, it is proposed to remove the abandoned septic and install an underground infiltration system in the same location; the new system will be comprised of eighteen (18) infiltration chambers. Based on our review of the submitted Stormwater Management Report, the applicant has demonstrated that the proposed system will adequately treat the entire Water Quality Volume (WQv) generated by the proposed residence and patio surface area, as well as mitigate peak stormwater runoff rates generated by the development, through the 100-year design storm, when compared to existing conditions.

2. Given the extensive wooded buffer that exists between the proposed residence and the lake, it is recommended that the issuance of any Wetland Permit include a condition that any future tree removal located within the wetland buffer require a separate Wetland Permit.

In order to expedite the review of subsequent submissions, the applicant should provide annotated responses to each of the comments outlined herein.

PLANS REVIEWED, PREPARED BY INSITE ENGINEERING, DATED MAY 26, 2020:

- Existing Conditions Plan (EX-1)

DOCUMENTS REVIEWED:

- Letter, prepared by Insite Engineering, dated May 26, 2020
- Stormwater Management Report, prepared by Insite Engineering, dated May 26, 2020
- Transmittal, prepared by Platt Dana Architects dated May 21, 2020
- Revised Wetland Delineation Reports, prepared by Pfizer-Jahnig, dated April 2, 2020
- Revised Draft Notice of Intent (NOI) and MS4 SWPPP Acceptance Forms

JKJ/JMC/dc

T:\Lewisboro\Correspondence\2020-06-11_LWPB_Sawyers 3 The Hook_Review Memo.docx

TO: Town of Lewisboro Planning Board

FROM: Lewisboro Conservation Advisory Council

SUBJECT: Sawyers Residence
3 The Hook, Waccabuc, NY 10594

DATE: June 10, 2020

The Conservation Advisory Council (CAC) reviewed the applicant's latest submission of a sketch plan for a Wetland Permit for the reconstruction of a lakeside home and installation of a new terrace, porch and garage. The CAC also reviewed the Stormwater Management Report and the Wetland Delineation Report.

The latest plans show the new location of the septic fields and the new stormwater infiltrations system. They also show the removal of the toilet in the dockside building. The CAC found many positives in the latest submission including the new infiltration design which is intended to handle stormwater from the entire house, upgraded from just the porch in the previous set of plans. The moving of the septic field out of the wetland buffer is also a big plus.

These plans also show a wetland mitigation area just beyond the wetland down by the lake. It appears to be of sufficient size to mitigate the expansions to the house. The CAC would like to see more detail on plantings and assurances that in doing planting there is no negative impacts so close to the lake.

INSITE
ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE, P.C.

May 26, 2020

Ms. Janet Anderson
Town of Lewisboro Planning Board
79 Bouton Road
South Salem, New York 10590

RE: Sawyers Residence
3 The Hook
Town of Lewisboro
Tax Map # 33.13-5-8

Dear Ms. Anderson:

Enclosed please find three (3) full size and one (1) electronic copy of the following documents in support of a Site Plan Review:

- Site Plan Set (6 Sheets), dated May 26, 2020.
- Stormwater Management Report dated May 26, 2020.
- Transmittal from Platt Dana Architects dated May 21, 2020.
- Revised Wetland Delineation Report by Pfizer – Jahnig Environmental, dated April 2, 2020.
- Revised Draft Notice of Intent (NOI) and MS4 SWPP Acceptance Forms.

Please note the updated wetland report has been attached as previously requested. With respect to the comments received from Kellards Session dated April 16, 2020 and the comments received we offer the following:

1. The site plans have been revised to clarify that the existing residence is to be demolished to the foundation and reconstructed. There is no foundation work required that would result in additional excavation or drainage improvements. See General Note #9 on Drawing EX-1.

2. Field testing was performed as requested on May 20, 2020 and May 21, 2020. Based on the testing results and request from the planning board, the existing septic system will be removed and replaced with an underground infiltration system. The new system is proposed to capture and treat the stormwater runoff from the entire house and proposed patio area. See Revised Plans and Stormwater Management Report for further information.

3. Regarding the Stormwater Calculation comments, we offer the following:

   - The HydroCAD model previously included in the Stormwater Management Report (SMR) rounded to the nearest tenth. The HydroCAD model has been revised to round to the nearest hundredth and now indicates different peak flow rates for the 25-year and 100-year storms.

   - As mentioned above, the Stormwater design has been revised to utilize an underground infiltration system,

   - As mentioned above, the Stormwater design has been revised to utilize an underground infiltration system,

   - The Site Plans and Stormwater design have been updated based as-built conditions and field testing performed on 5/20/2020 and 5/21/2020.

4. The MS4 SWPP Acceptance form has been revised to indicate that Joesph M. Cermele P.E., is the reviewer of the SWPPP.

5. The proposed improvements to the Bath house include removing the composting toilet in one of the closets and to paint the exterior to match the proposed house color. See attached letter from Platt Dana Architects, dated May 21, 2020, confirming the above-mentioned improvements.

6. In lieu of a deed restriction, the applicant is willing to come back to the Planning Board to seek removal of trees within the Wetland Buffer. However, should a tree be dead or diseased and pose an imminent threat, as determined by a licensed Arborist, the tree shall be permitted to be removed with prior notification to the Building Department. See General Note #10 on Drawing EX-1.

We respectfully request this matter be placed on your June 16 meeting to discuss the potential of moving this application to an Administrative Wetland Permit. Should you have any questions of concerns feel free to contact this office.

Very truly yours,

INSITE ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE, P.C.

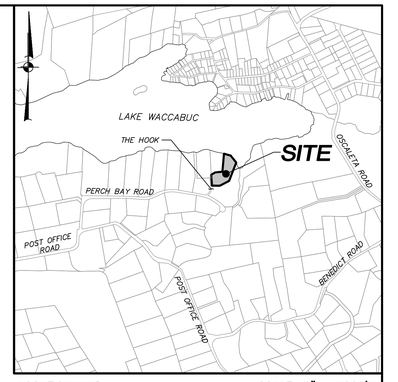
By: _____
Richard D. Williams, Jr., P.E.
Principal Engineer

RDW/jwm

Enclosure(s)

cc: Jan Johannessen, Kellard Sessions Consulting
Kate Platt, AIA

Insite File No. 17217.100



LOCATION MAP SCALE: 1" = 1000'±

OWNER/APPLICANT:

Charles & Susan Sawyers
40 East 61st Street Apt 9C
New York, NY 10065

SITE DATA:

Zone: R-2A
Total Acreage 2.52 AC
Current Tax Map No.: 33.13-5-8
Original Tax Map No.: 25A, 10813, 11

GENERAL NOTES:

1. Property Boundary, existing conditions and topographic information shown hereon is taken from survey prepared by Insite Engineering, Surveying and Landscape Architecture, P.C. dated August 14, 2019.
2. This plan is intended to provide the proposed site development concept, including but not limited to, the location of the existing and proposed buildings, driveways, utilities and zoning conformance. Further detailed plans shall be provided prior to the start of any construction activity.
3. Utilize Existing Absorption Trench Area to treat Stormwater runoff from the proposed rear addition and stone terrace. Existing Septic Tank to be pumped, crushed and abandoned in accordance with the Westchester County Department of Health Bulletin. Existing Trench Network to be connected to proposed Roof Leader Drains.
4. The wetland information shown hereon was flagged by Pfizer–Jahnig Environmental Consulting on November 13, 2019.
5. Locations of existing offsite wells were obtained through following information:
   - 1 The Hook: Field measurements as obtained by Insite Engineering, Surveying & Landscape Architecture P.C.
   - 2 The Hook: Field measurements as obtained by Insite Engineering, Surveying & Landscape Architecture P.C.
   - 4 The Hook: As–Built records as provided by Westchester County Department of Health
   - 5 The Hook: As–Built records as provided by Westchester County Department of Health
6. Using aerial pictometry the approximate location of the wetland on 1 The Hook was determined to be the edge of the watercourse flowing into Lake Waccabuc. The watercourse boundary was determined from Westchester County GIS topography.
7. The locations of neighboring driveways, structures, buildings and septic areas are approximate. The locations were obtained using aerial pictometry and As–built records.
8. The Flood Plain Boundary Elevation for Special Flood Hazard Area A is not defined. A 1% Chance of Annual Flood Elevation of 473.9 is shown hereon in accordance with the FEMA Letter of Map Amendment (LOMA) dated May 20, 2010.
9. The existing residence is to be demolished to the foundation and reconstructed. No foundation work that would result in additional excavation or drainage improvements is permitted to occur without notification to the Building Department, Town Engineer and Town Planner.
10. The removal of any tree within the Wetland Buffer as shown hereon shall require approval from the Planning Board prior to its removal. However, should a tree be dead or diseased and pose an imminent threat, as determined by a licensed Arborist, the tree shall be permitted to be removed with prior notification to the Building Department.

LEGEND

- EXISTING PROPERTY LINE
- EXISTING EASEMENT
- EXISTING STONE WALL
- EXISTING WIRE FENCE
- EXISTING STOCKADE FENCE
- EXISTING POST RAIL & FENCE
- EXISTING UTILITY POLE w/ guy & overhead wires
- EXISTING WELL
- EXISTING EDGE OF WATER
- EXISTING WETLAND
- EXISTING WETLAND FLAG
- EXISTING 10' CONTOUR
- EXISTING 2' CONTOUR
- EXISTING SPOT GRADE
- EXISTING EVERGREEN TREE
- EXISTING DECIDUOUS TREE
- TREES TO BE REMOVED

GRAPHIC SCALE
0 10 20 40
(IN FEET)
1 inch = 20 ft.

NO.	DATE	REVISION	BY
1	5/26/20	REVISED PER TOWN COMMENTS	JWM

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3 Garrett Place
Carmel, NY 10512
(845) 225–9690
(845) 225–9717 fax
www.insite–emp.com

PROJECT:
3 THE HOOK/SAWYERS RESIDENCE
3 THE HOOK, TOWN OF LEWISBORO, WESTCHESTER COUNTY, NEW YORK

DRAWING:
EXISTING CONDITIONS PLAN

STATE OF NEW YORK — RICHARD D. WILLIS — 085868 — LICENSED PROFESSIONAL ENGINEER

PROJECT NUMBER	17217.100	PROJECT MANAGER	R.D.W.
DATE	3–30–20	DRAWN BY	J.W.M.
SCALE	1" = 20'	CHECKED BY	R.D.W.

DRAWING NO. EX–1 SHEET 1/6

ALTERATION OF THIS DOCUMENT, UNLESS UNDER THE DIRECTION OF A LICENSED PROFESSIONAL ENGINEER, IS A VIOLATION OF SECTION 7209 OF ARTICLE 145 OF THE EDUCATION LAW.

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PRELIMINARY PERCOLATION TEST RESULTS

P–1 THROUGH P–4 WAS PERFORMED ON DECEMBER 4, 2019 BY JACK MCMANUS, INSITE ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE.

P–1: 1 MIN/INCH

P–2: 7.5 MIN/INCH

P–3: 9 MIN/INCH

P–4: 12 MIN/INCH

P–5: 12 MIN/INCH

PRELIMINARY SOIL TEST RESULTS

DEEP TEST D–1 THROUGH D–7 PERFORMED ON DECEMBER 4, 2019 BY JACK MCMANUS, INSITE ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE.

NOTE: NO GROUNDWATER, MOTTLING, OR ROCK ENCOUNTERED UNLESS NOTED.

D–1:
0"–6": TOPSOIL
6"–40": DARK BROWN/RED SANDY SILT
40"–92": BROWN SILTY SAND (BOULDER/COBBLES THROUGHOUT)

D–2:
0"–6": TOPSOIL
6"–36": DARK BROWN/RED SANDY SILT
36"–100": LIGHT BROWN SILT SAND (BOULDERS/COBBLES THROUGHOUT)

D–3:
0"–6": TOPSOIL
6"–36": DARK BROWN/RED SANDY SILT
36"–85": LIGHT BROWN SILT SAND (BOULDERS/COBBLES THROUGHOUT)

D–4:
0"–6": TOPSOIL
6"–30": DARK BROWN/RED SANDY SILT
30"–90": LIGHT BROWN SILT SAND (BOULDERS/COBBLES THROUGHOUT)

D–5:
0"–6": TOPSOIL
6"–36": DARK BROWN/RED SANDY SILT
36"–72": BROWN SANDY SILT
LEDGE ROCK @ 72"

D–6:
0"–6": TOPSOIL
6"–48": BROWN SILT SAND
LEDGE ROCK @ VARIES FROM 24"TO 48"

D–7:
0"–6": TOPSOIL
6"–36": BROWN SILTY SAND
36"–84": LIGHT BROWN SAND (TRACE SILTS)

STORMWATER MANAGEMENT PRACTICE TEST RESULTS

DEEP TEST TP–1 AND TP–2 PERFORMED ON MAY 20, 2020 BY JACK MCMANUS, INSITE ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE. WITNESSED BY VINCHENZO FEDERICI WITH KELLARD SESSIONS CONSULTING.

NOTE: NO GROUNDWATER, MOTTLING, OR ROCK ENCOUNTERED UNLESS NOTED.

TP–1:
0"–8": TOPSOIL
8"–70": DARK BROWN SILTY SAND
70"–98": LIGHT BROWN FINE SAND

TP–2:
0"–8": TOPSOIL
8"–86": DARK BROWN SILTY SAND

INFILTRATION TEST RESULTS

I–1 WAS PERFORMED ON MAY 21, 2019 BY CHRIS ZAZARRO, INSITE ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE. WITNESSED BY VINCHENZO FEDERICI WITH KELLARD SESSIONS CONSULTING.

I–1: 19 INCH/HOUR

R–2A ZONE REQUIREMENTS:

	REQUIRED	EXISTING	PROPOSED
	PRINCIPLE BUILDINGS		
Minimum Lot Size:			
Area:	2 acres	2.52 acres.	2.52 acres.
Width	200'	See plan	See plan
Minimum Yard:			
Front Yard:			
From street center line	75'	244'	244'
From front lot line	50'	200'	200'
Side Yard	40'	21.0'	21.0'*
Rear Yard	50'	97.3'	97.3'
Max Building Height			
Stories:	2 1/2	< 2 1/2	< 2 1/2
Feet:	35'	<35'	<35'
Max Building Coverage	9%	4.5%	4.6%

* Zoning variance required

LEGEND

- EXISTING PROPERTY LINE
- EXISTING EASEMENT
- EXISTING STONE WALL
- EXISTING WIRE FENCE
- EXISTING STOCKADE FENCE
- EXISTING POST RAIL & FENCE
- EXISTING UTILITY POLE w/ guy & overhead wires
- EXISTING WELL
- EXISTING EDGE OF WATER
- EXISTING WETLAND
- EXISTING WETLAND FLAG
- EXISTING 10' CONTOUR
- EXISTING 2' CONTOUR
- EXISTING SPOT GRADE
- EXISTING EVERGREEN TREE
- EXISTING DECIDUOUS TREE
- PROPOSED OWTS AREA
- DEEP TEST HOLE
- PERCOLATION TEST HOLE
- PROPOSED SPOT ELEVATION
- PROPOSED EDGE OF SIDEWALK
- PROPOSED RETAINING WALL
- PROPOSED DRAIN INLET
- PROPOSED DRAINAGE MANHOLE
- PROPOSED DRAINAGE PIPE (SIZE AND TYPE AS NOTED)
- PROPOSED 4"ø PVC SDR 35 ROOF LEADER DRAIN
- PROPOSED 1.5"ø SDR 21 FORCEMAIN LINE
- PROPOSED 4"ø PVC SDR 35 SEWER SERVICE LINE
- ST — PROPOSED SEPTIC TANK
- PP — PROPOSED PUMP PIT

NO.	DATE	REVISION	BY
2	5–26–20	REVISED PER TOWN COMMENTS	JWM
1	3–30–20	REVISED PER TOWN COMMENTS	JWM

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PROJECT:
3 THE HOOK/SAWYERS RESIDENCE
3 THE HOOK, TOWN OF LEWISBORO, WESTCHESTER COUNTY, NEW YORK

DRAWING:
SITE PLAN

STATE OF NEW YORK — RICHARD D. WILLIAMS — 088689 — PROFESSIONAL ENGINEER

PROJECT NUMBER	17217.100	PROJECT MANAGER	R.D.W.
DATE	1–23–20	DRAWN BY	J.W.M.
SCALE	1" = 20'	CHECKED BY	R.D.W.

DRAWING NO. SP–1 — SHEET 2 / 6

GRAPHIC SCALE
0 10 20 40
(IN FEET)
1 inch = 20 ft.

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CONSTRUCTION SEQUENCE:

1. Stake out limit of disturbance, establish staging area and mark trees to be removed.
2. Proposed and existing septic areas shall be cordoned off with construction fence prior to start of site work.
3. Install stabilized construction entrance/anti-tracking pad at driveway entrance.
4. Install silt fence in general locations indicated on the plan.
5. Begin clearing and grubbing operations associated with SSTS.
6. Strip and stockpile topsoil on site for later use in lawn and landscape areas.
7. Begin house renovation/addition and installation of SSTS.
8. Once new SSTS is approved for use by WCDOH remove existing septic tank in accordance with WCDOH bulletin an convert convert existing SSTS to Infiltration Trench and connect Roof Leader Drains.
9. Upon completion of grading operations, install finished driveway surfaces.
10. Topsoil, seed, and mulch all disturbed areas as soon as practical in accordance with the Erosion and Sediment Control Notes contained on this page.

LEGEND

- EXISTING PROPERTY LINE
- EXISTING EASEMENT
- EXISTING STONE WALL
- EXISTING WIRE FENCE
- EXISTING STOCKADE FENCE
- EXISTING POST RAIL & FENCE
- EXISTING UTILITY POLE w/ guy & overhead wires
- EXISTING WELL
- EXISTING EDGE OF WATER
- EXISTING WETLAND
- EXISTING WETLAND FLAG
- EXISTING 10' CONTOUR
- EXISTING 2' CONTOUR
- EXISTING SPOT GRADE
- EXISTING EVERGREEN TREE
- EXISTING DECIDUOUS TREE
- PROPOSED OWTS AREA
- DEEP TEST HOLE
- PERCOLATION TEST HOLE
- PROPOSED SPOT ELEVATION
- PROPOSED EDGE OF SIDEWALK
- PROPOSED RETAINING WALL
- PROPOSED DRAIN INLET W/ INLET PROTECTION
- PROPOSED DRAINAGE MANHOLE
- PROPOSED DRAINAGE PIPE (SIZE AND TYPE AS NOTED)
- PROPOSED 4"ø PVC SDR 35 ROOF LEADER DRAIN
- PROPOSED 1.5" SDR 21 FORCEMAIN LINE
- PROPOSED 4"ø PVC SDR 35 SEWER SERVICE LINE
- PROPOSED SEPTIC TANK
- PROPOSED PUMP PIT
- PROPOSED SILT FENCE
- PROPOSED CONSTRUCTION FENCE
- PROPOSED LIMITS OF DISTURBANCE
- PROPOSED TEMPORARY SOIL STOCKPILE
- PROPOSED STABILIZED CONSTRUCTION ENTRANCE
- PROPOSED TREE PROTECTION

GRAPHIC SCALE
0 10 20 40
(IN FEET)
1 inch = 20 ft.

NO.	DATE	REVISION	BY
1	5-26-20	REVISED PER TOWN COMMENTS	JWM

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PROJECT:
3 THE HOOK/SAWYERS RESIDENCE
3 THE HOOK, TOWN OF LEWISBORO, WESTCHESTER COUNTY, NEW YORK

DRAWING:
EROSION & SEDIMENT CONTROL PLAN

RICHARD D. WILLIAMS JR. 049560 LICENSED PROFESSIONAL ENGINEER STATE OF NEW YORK

PROJECT NUMBER	17217.100	PROJECT MANAGER	R.D.W.
DATE	3-30-20	DRAWN BY	J.W.M.
SCALE	1" = 20'	CHECKED BY	R.D.W.

DRAWING NO. EC-1
SHEET 3 / 6

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SOILS LEGEND

SOILS	DESCRIPTION	HYDROLOGICAL GROUP
CtC	Chatfield–Hollis–Rock outcrop complex, rolling	D
CuD	Chatfield–Hollis–Rock outcrop complex, hilly	B
W	Water	–

SLOPES TABLE

Number	Minimum Slope	Maximum Slope	Color	Area Disturbed (sf)	Total Area (sf)
1	0%	15%		15,000	76,000
2	15%	25%		4,200	23,800
3	25%	Vertical		1,100	10,000

LEGEND

- EXISTING PROPERTY LINE
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- EXISTING STONE WALL
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- PERCOLATION TEST HOLE
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- PROPOSED RETAINING WALL
- PROPOSED DRAIN INLET W/ INLET PROTECTION
- PROPOSED DRAINAGE MANHOLE
- PROPOSED DRAINAGE PIPE (SIZE AND TYPE AS NOTED)
- PROPOSED 1.5" SDR 21 FORCEMAIN LINE
- PROPOSED 4"ø PVC SDR 35 SEWER SERVICE LINE
- PROPOSED SEPTIC TANK
- PROPOSED PUMP PIT
- PROPOSED SILT FENCE
- PROPOSED CONSTRUCTION FENCE
- PROPOSED LIMITS OF DISTURBANCE

GRAPHIC SCALE
0 10 20 40
(IN FEET)
1 inch = 20 ft.

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NO.	DATE	REVISION	BY
1	5-26-20	REVISED PER TOWN COMMENTS	JWM

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www.insite-eng.com

PROJECT:
3 THE HOOK/SAWYERS RESIDENCE
3 THE HOOK, TOWN OF LEWISBORO, WESTCHESTER COUNTY, NEW YORK

DRAWING:
SLOPES MAP

STATE OF NEW YORK — RICHARD D. WILLIAMS — 085866 — LICENSED PROFESSIONAL ENGINEER

PROJECT NUMBER	17217.100	PROJECT MANAGER	R.D.W.
DATE	3-30-20	DRAWN BY	J.W.M.
SCALE	1" = 20'	CHECKED BY	R.D.W.

DRAWING NO. SL-1
SHEET 4 / 6

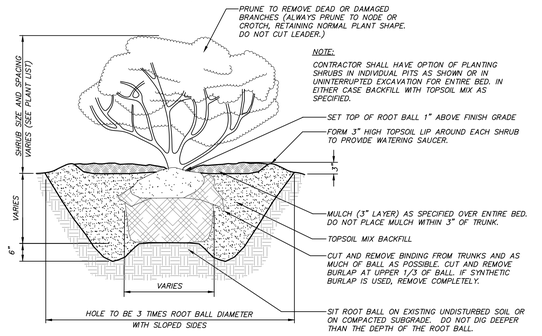
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MITIGATION PLANT LIST

QTY	KEY	BOTANICAL/COMMON NAME	SIZE	ROOT/SPACER
		SHRUBS		
9	CA	Clethra alnifolia / Sweet Pepperbush	30" – 36" HT.	#3 CONT. / 5' O.C. MIN.
7	HV	Hamemelis virginiana / Witch Hazel	30" – 36" HT.	#3 CONT. / 5' O.C. MIN.
8	RV	Rhododendron viscosum / Swamp Azalea	30" – 36" HT.	#3 CONT. / 5' O.C. MIN.

BUFFER DISTURBANCE AND MITIGATION AREAS

	BUFFER DISTURBANCE	MITIGATION AREA
TOTAL	3,100 SF ±	3,200 SF ±



SHRUB PLANTING DETAIL
(N.T.S.)

GENERAL PLANTING NOTES:

1. All proposed planting beds to receive a 12" min. depth of topsoil. Soil amendments and fertilizer application rates shall be determined based on specific testing of topsoil material.
2. Any new soils added will be amended as required by results of soil testing and placed using a method that will not cause compaction.
3. No fertilizer shall be added in mitigation area plantings. Nutrient requirements to be met by incorporation of acceptable organic matter.
4. All plant material to be nursery grown.
5. Plants shall conform with ANSI Z60.1 American Standard for Nursery Stock in all ways including dimensions.
6. Plant material shall be taken from healthy nursery stock.
7. All plants shall be grown under climate conditions similar to those in the locality of the project.
8. Plants shall be planted in all locations designed on the plan or as staked in the field by the Landscape Architect.
9. The location and layout of landscape plants shown on the site plan shall take precedence in any discrepancies between the quantities of plants shown on the plans and the quantity of plants in the Plant List.
10. Provide a 3" layer of shredded pine bark mulch (or as specified) over entire watering saucer at all tree pits or over entire planting bed. Do not place mulch within 3" of tree or shrub trunks.
11. All landscape plantings shall be maintained in a healthy condition at all times. Any dead or diseased plants shall immediately be replaced "in kind" by the contractor (during warranty period) or project owner.

GENERAL SITE SEEDING NOTES:

1. All proposed seeded areas to receive 4" min. depth of topsoil. Soil amendments application rates shall be determined based on specific testing of topsoil material.
2. Upon final grading and placement of topsoil and any required soil amendments, areas to receive permanent vegetation cover in combination with suitable mulch as follows:
   - select seed mixture per drawings and seeding notes.
   - mulch: salt hay or small grain straw applied at a rate of 90 lbs./1000 s.f. or 2 tons/acre, to be applied and anchored according to New York State Standards and Specifications for Erosion and Sediment Control, August 2005.
   - If the season prevents the establishment of a permanent vegetation cover, the disturbed areas will be mulched with straw or equivalent.
3. The seed mixes as specified on these drawings are as follows:
   A. Seed Mix for lawn areas, SSTS areas, and all other disturbed areas at a rate of 100 lbs. per acre:

Kentucky Bluegrass	20%
Creeping Red Fescue	40%
Perennial Ryegrass	20%
Annual Ryegrass	20%

   B. Seed Mix for mitigation areas as shown on the drawings at a rate of 30 lbs. per acre: Right-of-Way Native Woods with Annual Ryegrass Seed Mix (ERNMX-132-1) from Ernst Conservation Seeds of Meadville, PA.

LEGEND

- EXISTING PROPERTY LINE
- EXISTING EASEMENT
- EXISTING STONE WALL
- EXISTING WIRE FENCE
- EXISTING STOCKADE FENCE
- EXISTING POST RAIL & FENCE
- EXISTING WETLAND
- EXISTING WETLAND FLAG
- EXISTING EVERGREEN TREE
- EXISTING DECIDUOUS TREE
- PROPOSED OWTS AREA
- D1 DEEP TEST HOLE
- P1 PERCOLATION TEST HOLE
- PROPOSED EDGE OF SIDEWALK
- PROPOSED RETAINING WALL
- PROPOSED MITIGATION PLANTING AREA

GRAPHIC SCALE

0 10 20 40

(IN FEET)
1 inch = 20 ft.

NO.	DATE	REVISION	BY
1	5-26-20	REVISED PER TOWN COMMENTS	JWM

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www.insite-eng.com

PROJECT:
3 THE HOOK/SAWYERS RESIDENCE
3 THE HOOK, TOWN OF LEWISBORO, WESTCHESTER COUNTY, NEW YORK

DRAWING:
MITIGATION PLAN

STATE OF NEW YORK RICHARD D. WILLIAMS JR. 035866 PROFESSIONAL ENGINEER

PROJECT NUMBER	17217.100	PROJECT MANAGER	R.D.W.
DATE	3-30-20	DRAWN BY	J.L.L.
SCALE	1" = 20'	CHECKED BY	

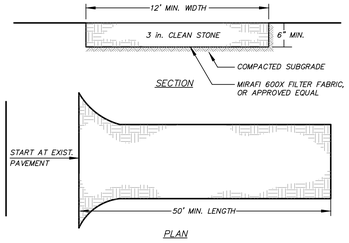
DRAWING NO. MP-1 SHEET 5/6

ALTERATION OF THIS DOCUMENT, UNLESS UNDER THE DIRECTION OF A LICENSED PROFESSIONAL ENGINEER, IS A VIOLATION OF SECTION 7209 OF ARTICLE 145 OF THE EDUCATION LAW.

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EROSION & SEDIMENT CONTROL NOTES:

1. The owner's field representative (O.F.R.) will be responsible for the implementation and maintenance of erosion and sediment control measures on this site prior to and during construction.
2. All construction activities involving the removal or disposition of soil are to be provided with appropriate protective measures to minimize erosion and contain sediment disposition within. Minimum soil erosion and sediment control measures shall be implemented as shown on the plans and shall be installed in accordance with "New York Standards and Specifications For Erosion and Sediment Control," latest edition.
3. Wherever feasible, natural vegetation should be retained and protected. Disturbance shall be minimized in the areas required to perform construction. No more than 5 acres of unprotected soil shall be exposed at any one time.
4. When land is exposed during development, the exposure shall be kept to the shortest practical period of time. In the areas where soil disturbance activity has temporarily or permanently ceased, the application of soil stabilization measures must be initiated by the end of the next business day and completed within seven (7) days from the date the current soil disturbance activity ceased. Disturbance shall be minimized to the areas required to perform construction.
5. Silt fence shall be installed as shown on the plans prior to beginning any clearing, grubbing or earthwork.
6. All topsoil to be stripped from the area being developed shall be stockpiled and immediately seeded for temporary stabilization. Ryegrass (annual or perennial) at a rate of 30 lbs. per acre shall be used for temporary seeding in spring, summer or early fall. "Aristosk" Winter Rye (cereal rye) shall be used for temporary seeding in late fall and winter.
7. Any disturbed areas not subject to further disturbance or construction traffic, permanent or temporary, shall have soil stabilization measures initiated for permanent vegetation cover in combination with a suitable mulch within 1 business day of final grading. All seeded areas to receive a minimum 4" topsoil (from stockpile area) and be seeded and mulched as follows:
   - Seed mixture to be planted between March 21 and May 20, or between August 15 and October 15 or as directed by project representative at a rate of 100 pounds per acre in the following proportions:
     Kentucky Bluegrass 20%
     Creeping Red Fescue 40%
     Perennial Ryegrass 20%
     Annual Ryegrass 20%
   - Mulch: Salt hay or small grain straw applied at a rate of 90 lbs./1000 S.F. or 2 tons/acre, to be applied and anchored according to "New York Standards and Specification For Erosion and Sediment Control," latest edition.
8. Grass seed mix may be applied by either mechanical or hydroseeding methods. Seeding shall be performed in accordance with the current edition of the "NYSDOT Standard Specification, Section 209-3.08B". Hydroseeding shall be performed using materials and methods as approved by the site engineer.
9. Cut or fill slopes steeper than 3:1 shall be stabilized immediately after grading with Curlex I Single Net Erosion Control Blanket, or approved equal.
10. Paved roadways shall be kept clean at all times.
11. The site shall at all times be graded and maintained such that all stormwater runoff is diverted to soil erosion and sediment control facilities.
12. All storm drainage outlets shall be stabilized, as required, before the discharge points become operational.
13. Stormwater from disturbed areas must be passed through erosion control barriers before discharge beyond disturbed areas or discharged into other drainage systems.
14. Erosion and sediment control measures shall be inspected and maintained on a daily basis by the O.F.R. to insure that channels, temporary and permanent ditches and pipes are clear of debris, that embankments and berms have not been breached and that all straw bales and silt fences are intact. Any failure of erosion and sediment control measures shall be immediately repaired by the contractor and inspected for approval by the O.F.R. and/or site engineer.
15. Dust shall be controlled by sprinkling or other approved methods as necessary, or as directed by the O.F.R.
16. Cut and fills shall not endanger adjoining property, nor divert water onto the property of others.
17. All fills shall be placed and compacted in 6" lifts to provide stability of material and to prevent settlement.
18. The O.F.R. shall inspect downstream conditions for evidence of sedimentation on a weekly basis and after rainstorms.
19. As warranted by field conditions, special additional erosion and sediment control measures, as specified by the site engineer and/or the Town Engineer shall be installed by the contractor.
20. Erosion and sediment control measures shall remain in place until all disturbed areas are suitably stabilized.



SECTION

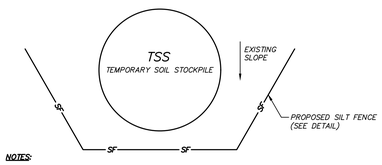
PLAN

INSTALLATION NOTES

1. STONE SIZE – USE 3" STONE
2. LENGTH – AS REQUIRED, BUT NOT LESS THAN 50 FEET (EXCEPT ON A SINGLE RESIDENCE LOT WHERE A 30 FOOT MINIMUM LENGTH WOULD APPLY.)
3. THICKNESS – NOT LESS THAN SIX (6) INCHES.
4. WIDTH – 12 FOOT MINIMUM, BUT NOT LESS THAN THE FULL WIDTH AT POINTS WHERE INGRESS OR EGRESS OCCUR.
5. FILTER CLOTH – WILL BE PLACED OVER THE ENTIRE AREA PRIOR TO PLACING OF STONE. FILTER CLOTH WILL NOT BE REQUIRED ON A SINGLE FAMILY RESIDENCE LOT.
6. SURFACE WATER – ALL SURFACE WATER FLOWING OR DIVERTED TOWARD CONSTRUCTION ENTRANCES SHALL BE PIPED ACROSS THE ENTRANCE. IF PIPING IS IMPRACTICAL, A MOUNTABLE BERM WITH 5:1 SLOPES WILL BE PERMITTED.
7. MAINTENANCE – THE ENTRANCE SHALL BE MAINTAINED IN A CONDITION WHICH WILL PREVENT TRACKING OR FLOWING OF SEDIMENT ONTO PUBLIC RIGHT OF WAY. THIS MAY REQUIRE PERIODIC TOP DRESSING WITH ADDITIONAL STONE AS CONDITIONS DEMAND AND REPAIR AND/OR CLEANOUT OF ANY MEASURES USED TO TRAP SEDIMENT. ALL SEDIMENT SPILLED, DROPPED, WASHED OR TRACKED ONTO PUBLIC RIGHT OF WAY MUST BE REMOVED IMMEDIATELY.
8. WASHING – WHEELS SHALL BE CLEANED TO REMOVE SEDIMENT PRIOR TO ENTRANCE ONTO PUBLIC RIGHT OF WAY. WHEN WASHING IS REQUIRED, IT SHALL BE DONE ON AN AREA STABILIZED WITH STONE AND WHICH DRAINS INTO AN APPROVED SEDIMENT TRAPPING DEVICE.
9. PERIODIC INSPECTION AND NEEDED MAINTENANCE SHALL BE PROVIDED AFTER EACH RAIN.

STABILIZED CONSTRUCTION ENTRANCE DETAIL

(N.T.S.)



NOTES:

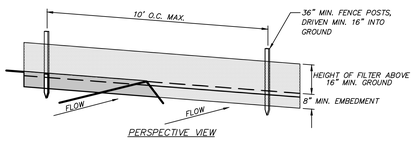
1. AREA CHOSEN FOR STOCKPILE LOCATION SHALL BE DRY AND STABLE.
2. MAXIMUM SLOPE OF STOCKPILE SHALL BE 2:1.
3. UPON COMPLETION OF SOIL STOCKPILING, EACH PILE SHALL BE IMMEDIATELY SEEDED WITH K31 PERENNIAL TALL FESCUE.
4. ALL STOCKPILES SHALL BE PROTECTED WITH SILT FENCING INSTALLED ON THE DOWNGRADIENT SIDE.

TEMPORARY SOIL STOCKPILE DETAIL

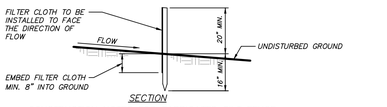
(N.T.S.)

REQUIRED SWPPP CONTENTS PER GP-0-20-001:

1. Pursuant to the NYSDEC "SPDES General Permit for Stormwater Discharges from Construction Activity" (GP-0-20-001), all Stormwater Pollution Prevention Plan's (SWPPP) shall include erosion and sediment control practices designed in conformance with the most current version of the technical standard, "New York Standards and Specifications for Erosion and Sediment Control." Where erosion and sediment control practices are not designed in conformance with this technical standard, the owner or operator must demonstrate equivalence to the technical standard. The following list of required SWPPP components is provided in accordance with Part III.B.1a–i of General Permit GP-0-20-001:
   a. Background Information: The subject project consists of an addition to an existing house, conformance and conversion at the existing SSTS into a stormwater treatment system.
   b. Site map / construction drawing: These plans serve to satisfy this SWPPP requirement.
   c. Description of the soils present at the site: Onsite soils located within the proposed limits of disturbance consist of Chatfield–Hollis–Rock (CtC & CuD), as identified on the Soil Conservation Service Web Soil Survey. These soil types belong to the Hydrologic Soil Group "B" and "D."
   d. Construction phasing plan / sequence of operations: The Construction Sequence and phasing found on these plans provide the required phasing. A Construction Sequence and Erosion and Sediment Control Maintenance Schedule has been provided. The Sedimentation and Erosion Control Notes contained hereon outline a general sequence of operations for the proposed project. In general all erosion and sediment control facilities shall be installed prior to commencement with land disturbing activities, and areas of disturbance shall be limited to the shortest period of time as practicable.
   e. Description of erosion and sediment control practices: This plan, and details / notes shown hereon serve to satisfy this SWPPP requirement.
   f. Temporary and permanent soil stabilization plan: The Sedimentation and Erosion Control Notes and Details provided heron identify temporary and permanent stabilization measures to be employed with respect to specific elements of the project, and at the various stages of development.
   g. Site map / construction drawing: This plan serves to satisfy this SWPPP requirement.
   h. The dimensions, material specifications, installation details, and operation and maintenance requirements for all erosion and sediment control practices: The details, Erosion and Sediment Control Notes, and Erosion and Sediment Control Maintenance Schedule serve to satisfy this SWPPP requirement.
   i. An inspection schedule: Inspections are to be performed twice weekly and by a qualified professional as required by the General Permit GP-0-20-001. In addition the NYSDEC Trained Contractor shall perform additional inspections as cited in the Sedimentation and Erosion Control Notes.
   j. A description of pollution prevention measures that will be used to control litter, construction chemicals and construction debris: In general, all construction litter / debris shall be collected and removed from the site. The general contractor shall supply either waste barrels or dumpster for proper waste disposal. Any construction chemicals utilized during construction shall either be removed from site daily by the contractor or stored in a structurally sound and weatherproof building. No hazardous waste shall be disposed of onsite, and shall ultimately be disposed of in accordance with all federal, state and local regulations. Material Safety Data Sheets (MSDS), material inventory, and emergency contact numbers shall be maintained by the general contractor for all construction chemicals utilized onsite. Finally, temporary sanitary facilities (portable toilets) shall be provided onsite during the entire length of construction, and inspected weekly for evidence of leaking holding tanks.
   k. A description and location of any stormwater discharges associated with industrial activity other than construction at the site: There are no known industrial stormwater discharges present or proposed at the site.
   l. Identification of any elements of the design that are not in conformance with the technical standard, "New York Standards and Specifications for Erosion and Sediment Control." All proposed elements of this SWPPP have been designed in accordance with the "New York Standards and Specifications for Erosion and Sediment Control."



PERSPECTIVE VIEW



SECTION

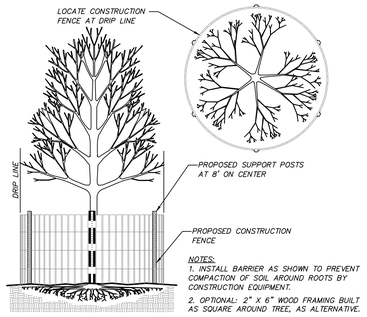
CONSTRUCTION NOTES FOR FABRICATED SILT FENCE

1. FILTER CLOTH TO BE FASTENED SECURELY TO POSTS AT TOP AND MID SECTION.
2. WHEN TWO SECTIONS OF FILTER CLOTH ADJOIN EACH OTHER THEY SHALL BE OVERLAPPED BY SIX INCHES AND FOLDED.
3. MAINTENANCE SHALL BE PERFORMED AS NEEDED AND MATERIAL REMOVED WHEN "BULGES" DEVELOP IN THE SILT FENCE.

POSTS: STEEL EITHER T OR U TYPE OR 2" HARDWOOD
FILTER CLOTH: FILTER X, MIRAFI 100X, STABILINKA T140N, OR APPROVED EQUAL
PREFABRICATED UNIT: GEOFAB, ENVIROFENCE, OR APPROVED EQUAL

SILT FENCE DETAIL

(N.T.S.)



NOTES:
1. INSTALL BARRIER AS SHOWN TO PREVENT COMPACTION OF SOIL AROUND ROOTS BY CONSTRUCTION EQUIPMENT.
2. OPTIONAL: 2" X 6" WOOD FRAMING BUILT AS SQUARE AROUND TREE, AS ALTERNATIVE.

NOTE: A CONTINUOUS BARRIER SHALL BE INSTALLED ALONG GROUPINGS OF TREES, AS APPLICABLE.

TREE PROTECTION DETAIL

(N.T.S.)

EROSION AND SEDIMENT CONTROL MAINTENANCE SCHEDULE

MONITORING REQUIREMENTS				MAINTENANCE REQUIREMENTS	
PRACTICE	DAILY	WEEKLY	AFTER RAINFALL	DURING CONSTRUCTION	AFTER CONSTRUCTION
SILT FENCE BARRIER	–	Inspect	Inspect	Clean/Replace	Remove
STABILIZED CONSTRUCTION ENTRANCE	Inspect	–	Inspect	Clean/Replace Stone and Fabric	Remove
CONCRETE DRAINAGE STRUCTURES	–	Inspect	Inspect	Clean Sumps/ Remove Debris/ Repair/Replace	Clean Sumps/ Remove Debris/ Repair/Replace
DRAINAGE PIPES	–	Inspect	Inspect	Clean/Repair	Clean/Repair

* Permanent vegetation is considered stabilized when 80% of the plant density is established. Erosion control measures shall remain in place until all disturbed areas are permanently stabilized.

Note: The party responsible for implementation of the maintenance schedule during and after construction is:

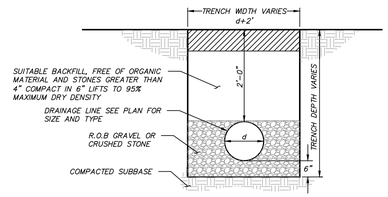
Charles & Susan Sawyers
40 East 61st Street Apt 9C
New York, NY 10065

SOIL RESTORATION REQUIREMENTS

The contractor shall be required to perform the following soil restoration techniques prior to installing topsoil, seed and mulch. Items stricken in the following table do not need to be performed.

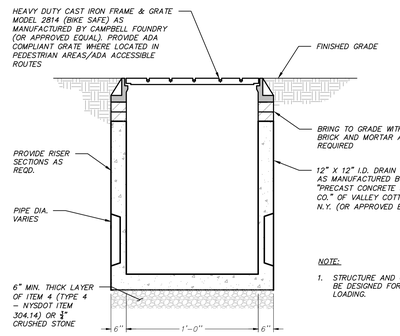
Soil Restoration Requirements*** (Onsite soils within the limit of disturbance being to tolerate, but Groups (HSG) B & C)		
Type of Soil Disturbance	Soil Restoration Requirement	Comments/Examples
No soil disturbance	Restoration not permitted	Preservation of Natural Features
Minimal soil disturbance	Restoration not required	Clearing and grubbing
Areas where topsoil is stripped only – no change in grade	HSG A & B: Apply 6 inches of topsoil	HSG C & D: Aerate* and apply 6 inches of topsoil	Protect area from any ongoing construction activities.
Areas of Cut or Fill	HSG A & B: Aerate* and apply 6 inches of topsoil	HSG C & D: Apply full Soil Restoration**	
Heavy traffic areas on site (especially in a zone 5–25 feet around but not within a 5 foot perimeter around foundation walls)	Apply full Soil Restoration (decompaction and compost Enhancement*)		
Areas where Runoff Reduction and/or Infiltration practices are applied	Restoration not required, but may be applied to enhance the reduction specified for appropriate practices.		Keep construction equipment from crossing these areas. To protect these areas, separate from any ongoing construction activities construct a single phase operation fence area
Redevelopment projects	Soil Restoration is required on redevelopment projects in area where existing impervious area will be converted to pervious area.		

1. Aeration includes the use of machines such as tractor–drawn implements with coulters making a narrow slit in the soil, a roller with many spikes making indentations in the soil, or prongs which function like a mini–subsoiler.
2. Per Deep Ripping and De–compaction, DEC 2008 .
3. Aeration includes the use of machines such as tractor–drawn implements with coulters making a narrow slit in the soil, a roller with many spikes making indentations in the soil, or prongs which functions like a mini–subsoiler.
4. During periods of relatively low to moderate subsoil moisture, the disturbed soils are returned to rough grade and the following Soil Restoration steps applied:
   4.1. Apply 3 inches of compost over subsoil.
   4.2. Till compost into subsoil to a depth of at least 12 inches using a cat–mounted ripper, tractor–mounted disc, or tiller, mixing, and circulating air and compost into subsoils.
   4.3. Rock–pick until uplifted stone/rock materials of four inches and larger size area cleaned off the site.
   4.4. Apply topsoil to a depth of 6 inches.
   4.5. Vegetate as required by seeding notes located on the project drawings.
   4.6. Tilling should not be performed within the drip line of any existing trees or over any utility installations that are within 24 inches of the surface.
5. Compost shall be aged, from plant derived materials, free of viable weed seeds, have no visible free water or dust produced when handling, pass through a half inch screen and have a pH suitable to grow desired plants.



DRAINAGE LINE TRENCH DETAIL

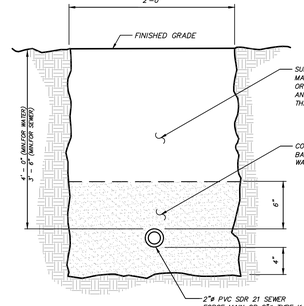
(N.T.S.)



NOTE:
1. STRUCTURE AND GRATE TO BE DESIGNED FOR H–20 LOADING.

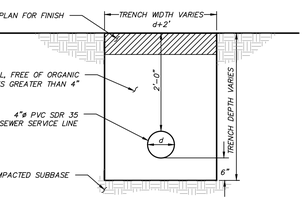
12" X 12" DRAIN INLET DETAIL

(N.T.S.)



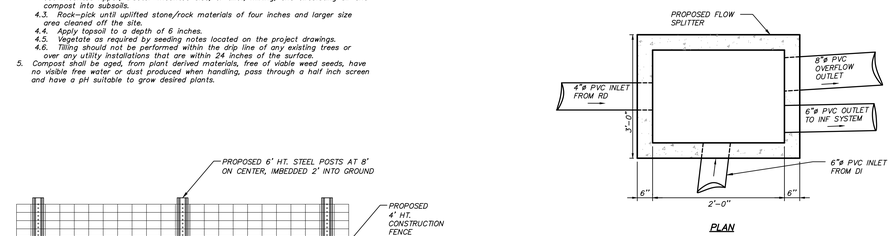
SEWER FORCE MAIN TRENCH OR WATER SERVICE LINE TRENCH DETAIL

(N.T.S.)

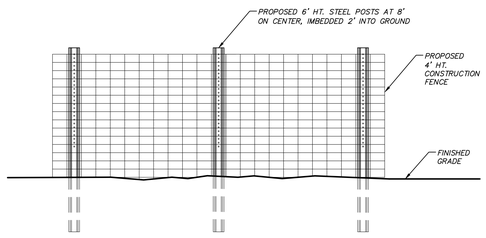


SEWER SERVICE LINE TRENCH DETAIL

(N.T.S.)

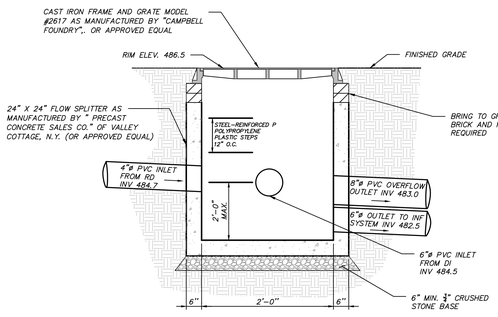


PLAN



CONSTRUCTION FENCE DETAIL

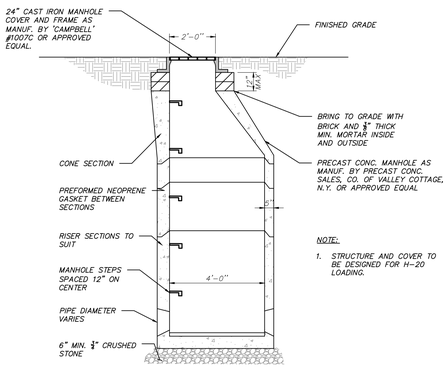
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SECTION

FLOW SPLITTER DETAIL

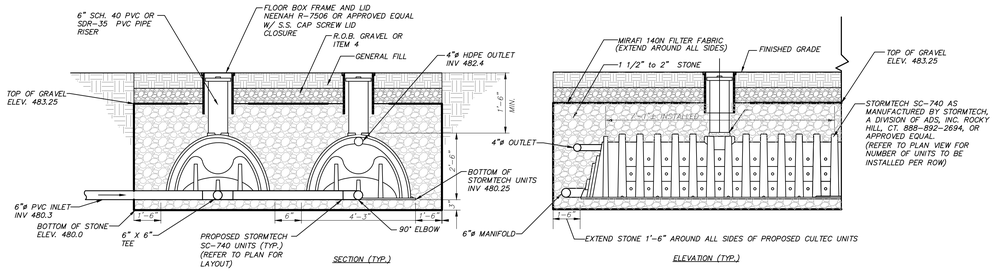
(N.T.S.)



NOTE:
1. STRUCTURE AND COVER TO BE DESIGNED FOR H–20 LOADING.

DRAINAGE MANHOLE DETAIL

(N.T.S.)



STORMWATER UNDERGROUND INFILTRATION SYSTEM DETAIL (SMP 1.1)

(N.T.S.)

NO.	DATE	REVISION	BY
2	5–26–20	REVISED PER TOWN COMMENTS	JWM
1	3–30–20	REVISED PER TOWN COMMENTS	JWM

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(845) 225–9717 fax
www.insite–eng.com

PROJECT:
3 THE HOOK/SAWYERS RESIDENCE
3 THE HOOK, TOWN OF LEWISBORO, WESTCHESTER COUNTY, NEW YORK

DRAWING:
DETAILS

STATE OF NEW YORK — RICHARD D. WILLIAMS — 085865 — LICENSED PROFESSIONAL ENGINEER

PROJECT NUMBER	17217.100	PROJECT MANAGER	R.D.W.
DATE	1–23–20	DRAWN BY	J.W.M.
SCALE	NTS	CHECKED BY	R.D.W.

DRAWING NO. D–1 SHEET 6/6

ALTERATION OF THIS DOCUMENT, UNLESS UNDER THE DIRECTION OF A LICENSED PROFESSIONAL ENGINEER, IS A VIOLATION OF SECTION 7209 OF ARTICLE 145 OF THE EDUCATION LAW.

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INSITE
ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE, P.C.

STORMWATER MANAGEMENT REPORT

Prepared For

Sawyers Residence

3 The Hook

Town of Lewisboro, New York

May 26, 2020



The subject project is located on The Hook in the Town of Lewisboro. The property is designated as Tax Map Number 33.13-5-8 and is in the R-2A zoning district. The property is currently developed with a 1-story house, driveway, individual drilled well and onsite wastewater treatment system (OWTS). It is proposed to reconstruct the house maintaining the existing foundation and add an addition to the north and south side of the house with a new terrace, porch and garage. The property is located on Lake Waccabuc and as such much of the property and existing house are within the 150-foot wetland buffer. This includes the existing OWTS. As part of the onsite construction it is proposed to construct a new OWTS which will be located outside of the 150-foot wetland buffer area and remove the existing OWTS to repurpose the area for stormwater treatment.

Currently, the stormwater runoff from the lot discharges toward the north side of the property to Lake Waccabuc. Portions of the stormwater runoff will drain off the property, but all runoff will ultimately discharge to Lake Waccabuc. The stormwater quantity analysis included in this report utilizes the northeastern property line along the edge of Lake Waccabuc as the design line (Design Line 1). This design line was chosen to limit the analysis to the proposed property focusing on the effects of the redevelopment. See Figure 1 for the Pre-Development Drainage Area Map depicting the existing site conditions mentioned above and Attachment A for the Pre-Development HydroCAD Stormwater Analysis.

The onsite soil located within the proposed limits of disturbance consist of Chatfield-Hollis-Rock (CtC) and Chatfield-Hollis-Rock (CuD) as identified on the Soil Conservation Service Web Soil Survey. The CtC soils are identified with a hydrologic soil group B and the CuD soils are identified with a hydrologic soil group D.

Since the project consists of the construction of a single family home with proposed disturbances between 5,000 square feet and 1 acre, and is located in the New York City Watershed, an erosion control only Stormwater Prevention Plan (SWPPP) is required by the New York State Department Environmental Conservation (NYSDEC) per the *NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activity Permit Number GP-0-20-001*. However, the Town, as a policy typically requires new impervious surfaces to be treated with permanent stormwater management practices (SMP's) to address both stormwater quality and quantity.

A total of 890 s.f. of new impervious surfaces are proposed to be created by the project. The 890 s.f. of area consists of 790 s.f. associated with the terrace in the rear of the house and 100 s.f. in the front of the house. It is proposed to capture and treat 5,690 s.f. of impervious area from the house and proposed patio with the use of a proposed Subsurface Infiltration System. This is equal to the entire existing house footprint, plus the increase in impervious surfaces. As such the contributing impervious area to the proposed Stormwater Management practice (SMP) is greater than the increase in impervious area on the site. See Figure 2 for the Post Development Drainage Area Map depicting the proposed site conditions mentioned above. It should be noted there is currently no stormwater treatment at the site.

The subsurface infiltration system has been sized to capture, treat, and store the Runoff Reduction Volume / Water Quality Volume from the tributary area. The 1-year, 24-hour design storm was used to generate the Runoff Reduction Volume / Water Quality Volume.

The stormwater management practice consists of an infiltration practice (NYSDEC Design I-4) to meet both the WQv and RRv requirements as well as provide the necessary peak flow attenuation to satisfy the overbank and extreme overbank flood control requirements. The infiltration system is designed as an offline practice and to store the WQv from the contributing area. A flowsplitter is proposed upstream of the infiltrator to make the practice offline. Proposed drain inlets will collect stormwater from the proposed terrace and discharge to a proposed flow splitter. The flow splitter discharges into the infiltration system and an overflow pipe will be installed.

The volume provided in the infiltration system in is equal to the Runoff Reduction Volume / Water Quality Volume as shown in Table 1 below:

Table 1 Infiltration Area Water Quality Volume Treatment Summary

Subcatchment	Treatment Practice	NYSDEC Design Practice Designation	Total Required WQ_v (c.f.)	Proposed Storage Volume of Infiltration System (c.f.)
1.1S	SMP 1.1P	Infiltration System (I-4)	1,220	1,263

As shown in Table 1 above, the WQv provided in the SMP's exceeds the required WQv. See Attachment B of this report for further information regarding the volume provided**.**

The peak flows generated by the increase in impervious surfaces will be mitigated by the proposed SMP. The 10-year, 25-year and 100-year, 24-hour storms were design storms were used in the analysis. As seen in the attached calculations the SMP provides the necessary volume reduction to reduce the post-development peak flows to below pre-development levels.

The following table summarizes the pre- and post-development peak flows expected for the proposed project:

Table 2 – Existing and Proposed Condition Peak Flows (cfs)

24-HOUR DESIGN STORM PEAK FLOWS (c.f.s.)						
	10-YEAR		25-YEAR		100-YEAR	
	Pre	Post	Pre	Post	Pre	Post
Design Point 1	5.58	5.03	7.55	6.93	11.50	10.75

As seen by the above summary, the post-development peak flows for 10-year, 25-year and 100-year design storms have been attenuated to be less than the pre-development peak flows. Coupled with the minimal increase in impervious area, and stormwater treatment being provided (currently there is no treatment onsite) there will be a net benefit in stormwater quality in Lake Waccabuc.

Attachments:
Attachment A – Pre-Development HydroCAD Stormwater Analysis
Attachment B – Post-Development HydroCAD Stormwater Analysis
Figure 1 – Pre-Development Drainage Map
Figure 2 – Post-Development Drainage Map

ATTACHMENT A
Pre-Development HydroCAD Stormwater Analysis



Pre-Development

Subcat Reach Pond Link

Routing Diagram for Sawyers - Pre Development

Prepared by Insite Engineering, Surveying and Landscape Architecture, P.C., Printed 5/26/2020

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Summary for Subcatchment 1.0S: Pre-Development

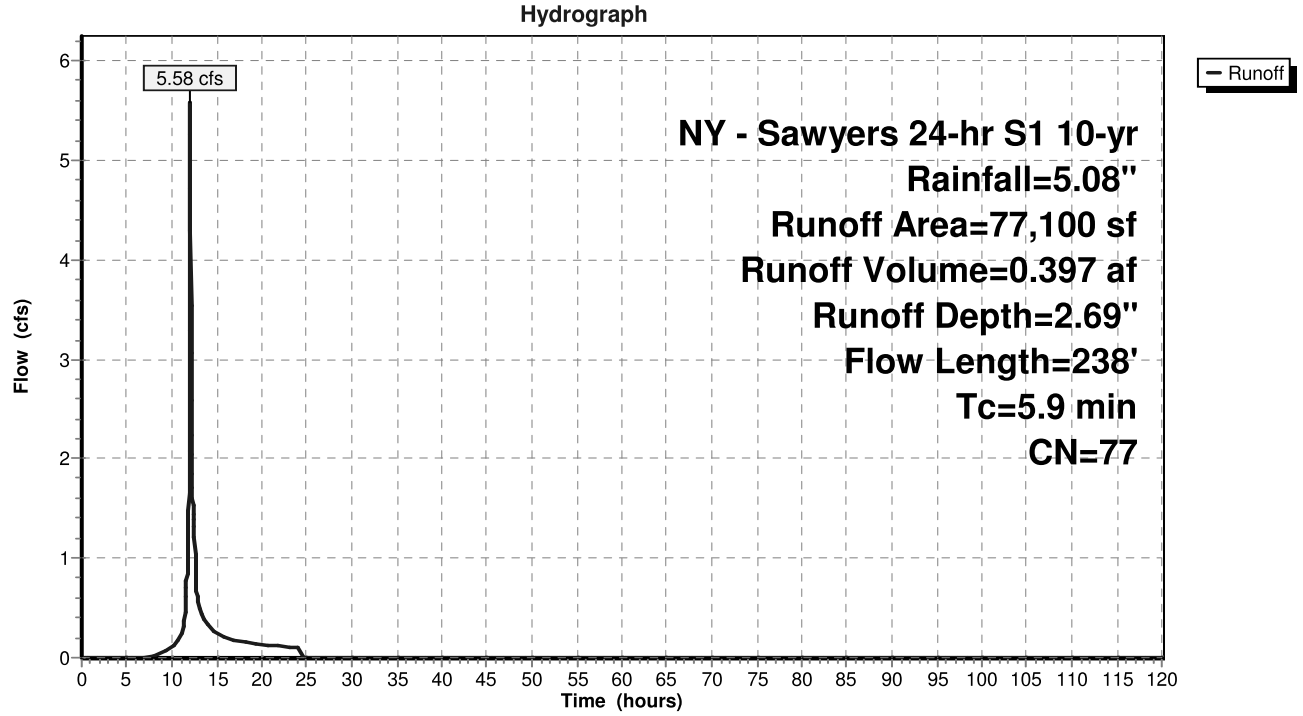
Runoff = 5.58 cfs @ 12.04 hrs, Volume= 0.397 af, Depth= 2.69"

Runoff by SCS TR-20 method, UH=SCS, Weighted-CN, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
NY - Sawyers 24-hr S1 10-yr Rainfall=5.08"

Area (sf)	CN	Description
8,300	98	Paved parking, HSG D
6,200	98	Paved parking, HSG B
37,000	80	>75% Grass cover, Good, HSG D
25,600	61	>75% Grass cover, Good, HSG B
77,100	77	Weighted Average
62,600		81.19% Pervious Area
14,500		18.81% Impervious Area

Tc (min)	Length (feet)	Slope (ft/ft)	Velocity (ft/sec)	Capacity (cfs)	Description
5.5	100	0.0800	0.31		**Sheet Flow,** Grass: Short n= 0.150 P2= 3.40"
0.4	138	0.1600	6.00		**Shallow Concentrated Flow,** Grassed Waterway Kv= 15.0 fps
5.9	238	Total			

Subcatchment 1.0S: Pre-Development



Summary for Subcatchment 1.0S: Pre-Development

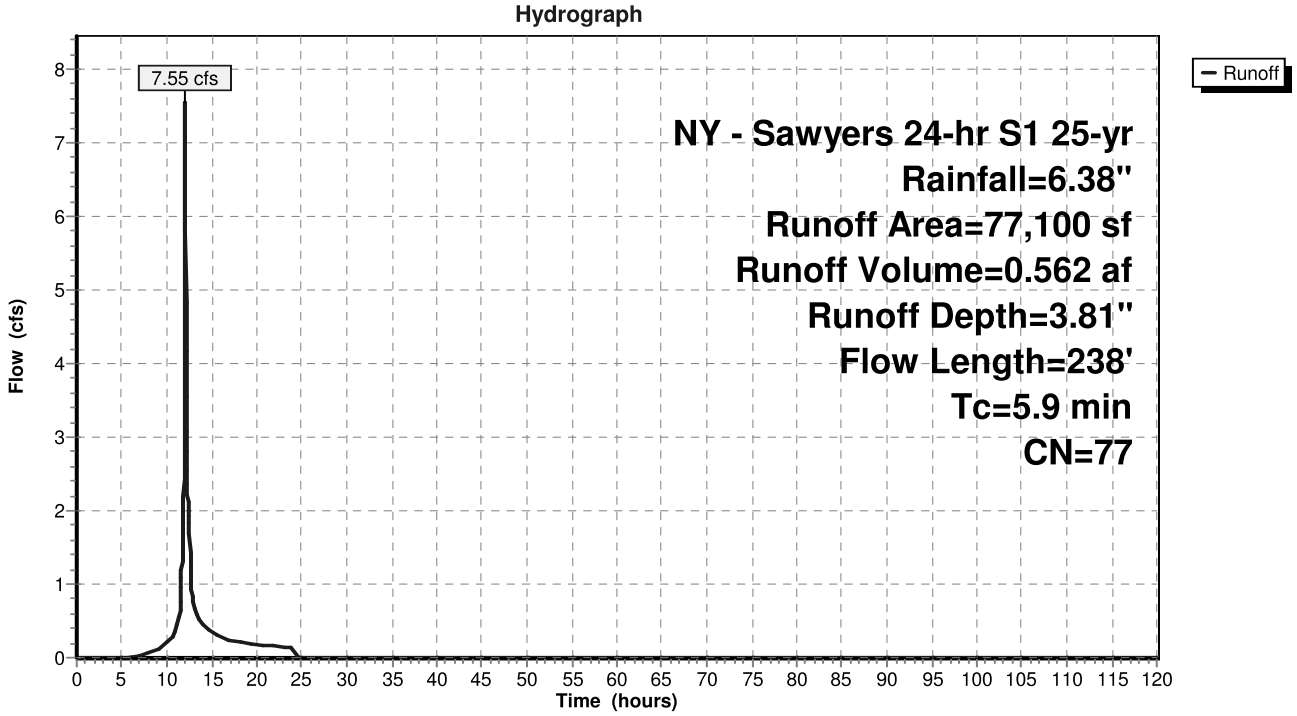
Runoff = 7.55 cfs @ 12.04 hrs, Volume= 0.562 af, Depth= 3.81"

Runoff by SCS TR-20 method, UH=SCS, Weighted-CN, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
NY - Sawyers 24-hr S1 25-yr Rainfall=6.38"

Area (sf)	CN	Description
8,300	98	Paved parking, HSG D
6,200	98	Paved parking, HSG B
37,000	80	>75% Grass cover, Good, HSG D
25,600	61	>75% Grass cover, Good, HSG B
77,100	77	Weighted Average
62,600		81.19% Pervious Area
14,500		18.81% Impervious Area

Tc (min)	Length (feet)	Slope (ft/ft)	Velocity (ft/sec)	Capacity (cfs)	Description
5.5	100	0.0800	0.31		**Sheet Flow,** Grass: Short n= 0.150 P2= 3.40"
0.4	138	0.1600	6.00		**Shallow Concentrated Flow,** Grassed Waterway Kv= 15.0 fps
5.9	238	Total			

Subcatchment 1.0S: Pre-Development



Summary for Subcatchment 1.0S: Pre-Development

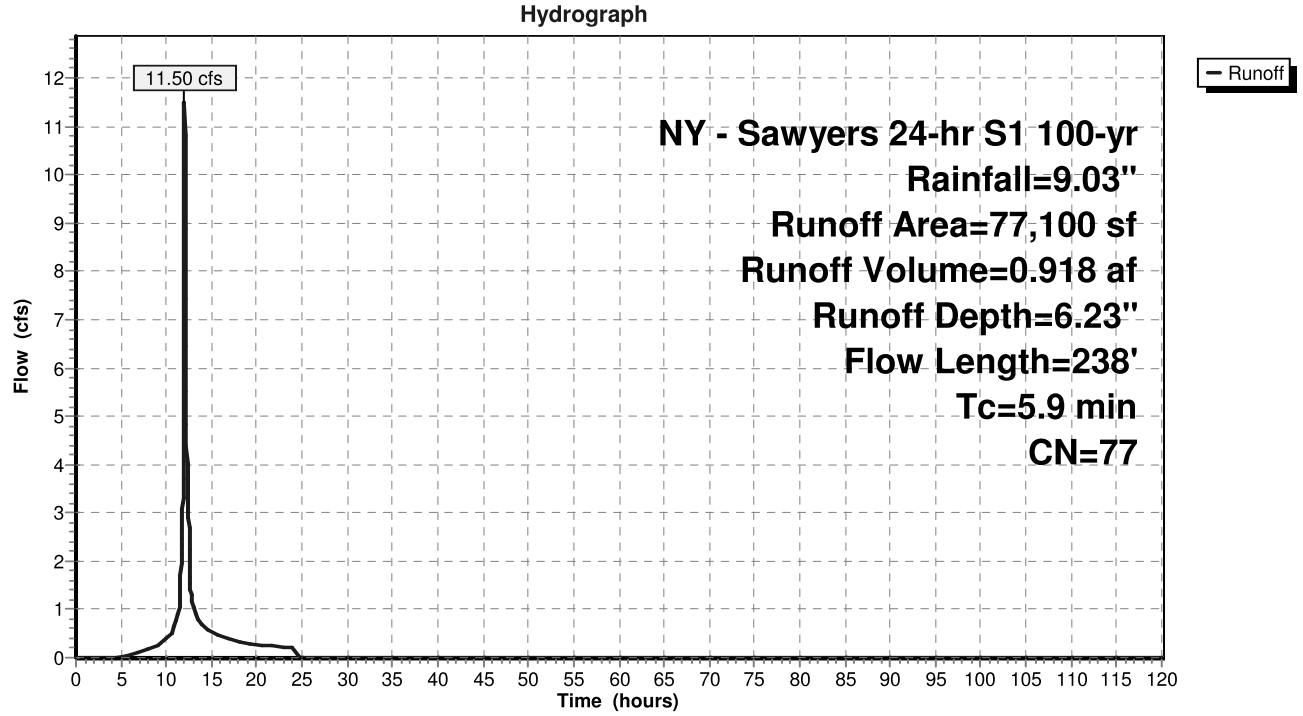
Runoff = 11.50 cfs @ 12.04 hrs, Volume= 0.918 af, Depth= 6.23"

Runoff by SCS TR-20 method, UH=SCS, Weighted-CN, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
NY - Sawyers 24-hr S1 100-yr Rainfall=9.03"

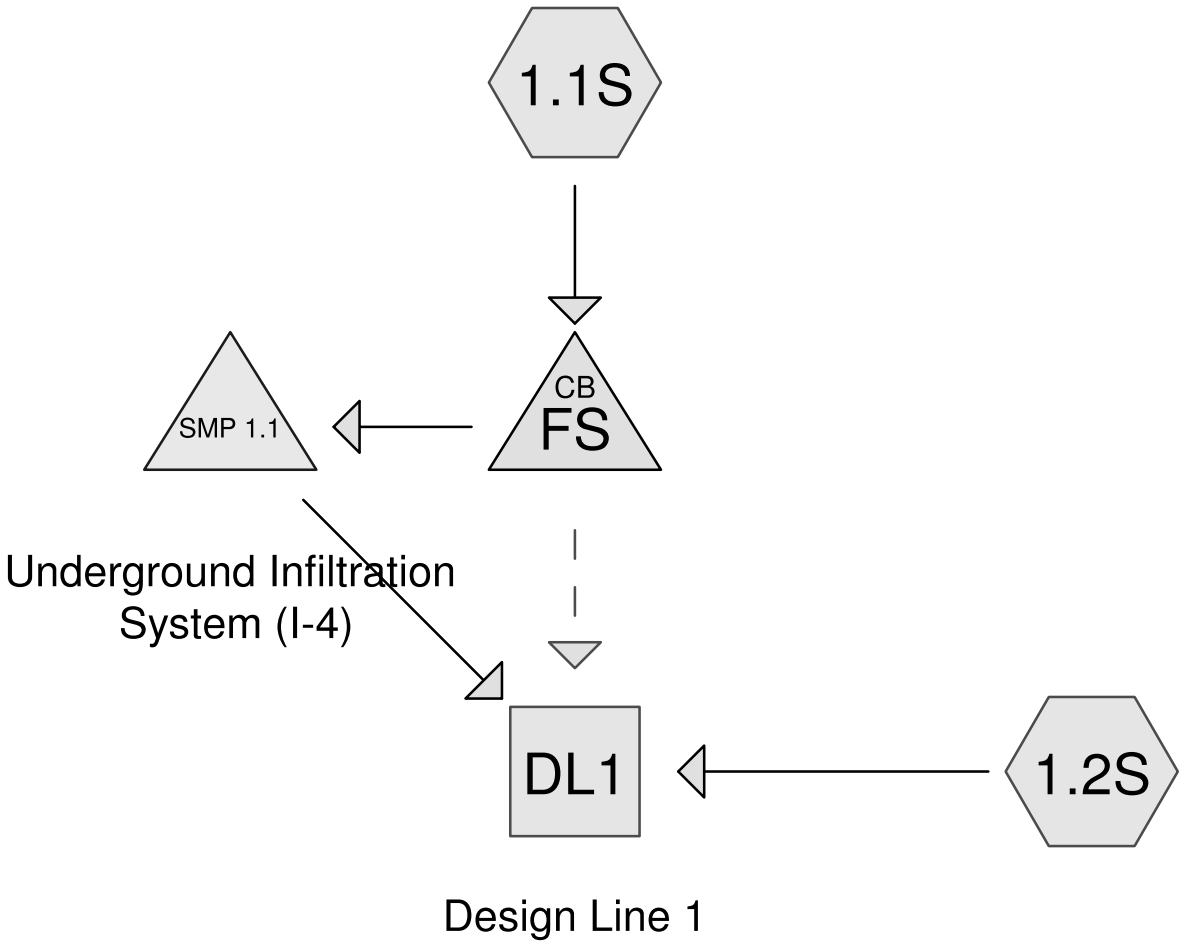
Area (sf)	CN	Description
8,300	98	Paved parking, HSG D
6,200	98	Paved parking, HSG B
37,000	80	>75% Grass cover, Good, HSG D
25,600	61	>75% Grass cover, Good, HSG B
77,100	77	Weighted Average
62,600		81.19% Pervious Area
14,500		18.81% Impervious Area

Tc (min)	Length (feet)	Slope (ft/ft)	Velocity (ft/sec)	Capacity (cfs)	Description
5.5	100	0.0800	0.31		**Sheet Flow,** Grass: Short n= 0.150 P2= 3.40"
0.4	138	0.1600	6.00		**Shallow Concentrated Flow,** Grassed Waterway Kv= 15.0 fps
5.9	238	Total			

Subcatchment 1.0S: Pre-Development



ATTACHMENT B
Post Development HydroCAD Stormwater Analysis



Design Line 1

Subcat Reach Pond Link

Routing Diagram for Sawyers - Post Development

Prepared by Insite Engineering, Surveying and Landscape Architecture, P.C., Printed 5/26/2020

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Summary for Subcatchment 1.1S:

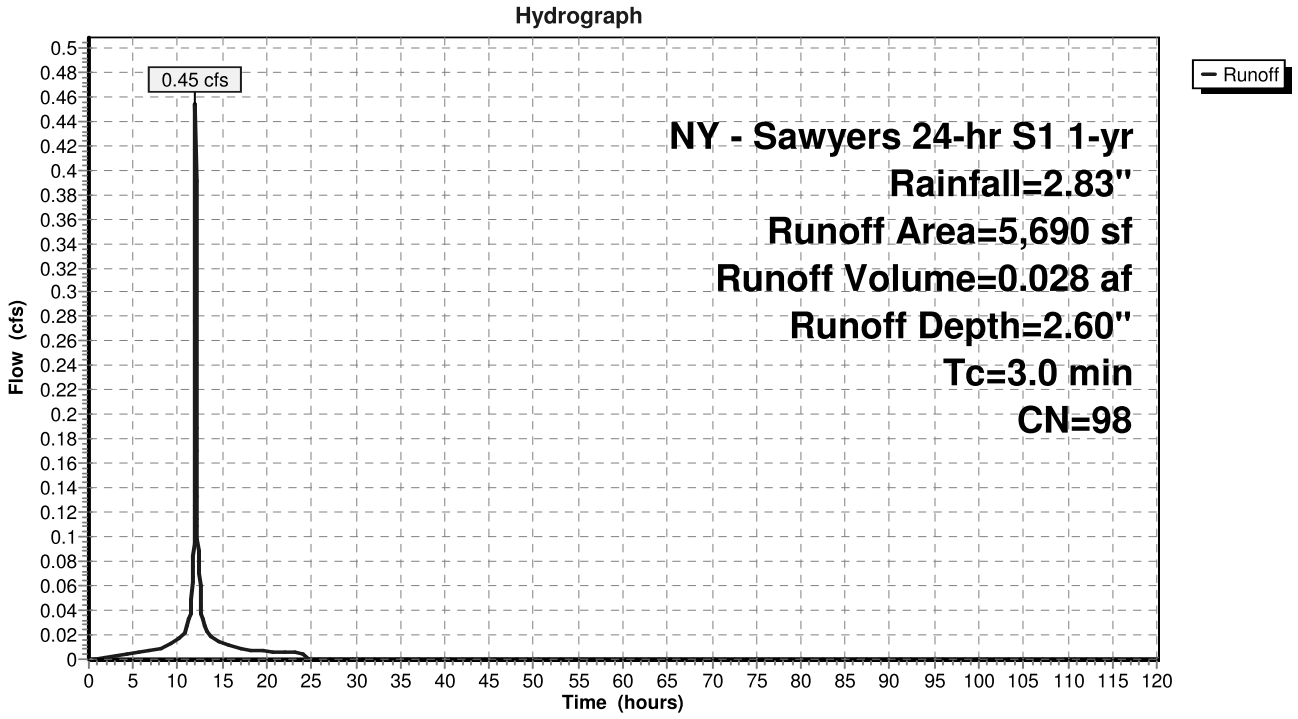
Runoff = 0.45 cfs @ 12.00 hrs, Volume= 0.028 af, Depth= 2.60"

Runoff by SCS TR-20 method, UH=SCS, Weighted-CN, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
NY - Sawyers 24-hr S1 1-yr Rainfall=2.83"

Area (sf)	CN	Description
5,690	98	Paved parking, HSG B
5,690		100.00% Impervious Area

Tc (min)	Length (feet)	Slope (ft/ft)	Velocity (ft/sec)	Capacity (cfs)	Description
3.0					**Direct Entry,**

Subcatchment 1.1S:



Summary for Subcatchment 1.2S:

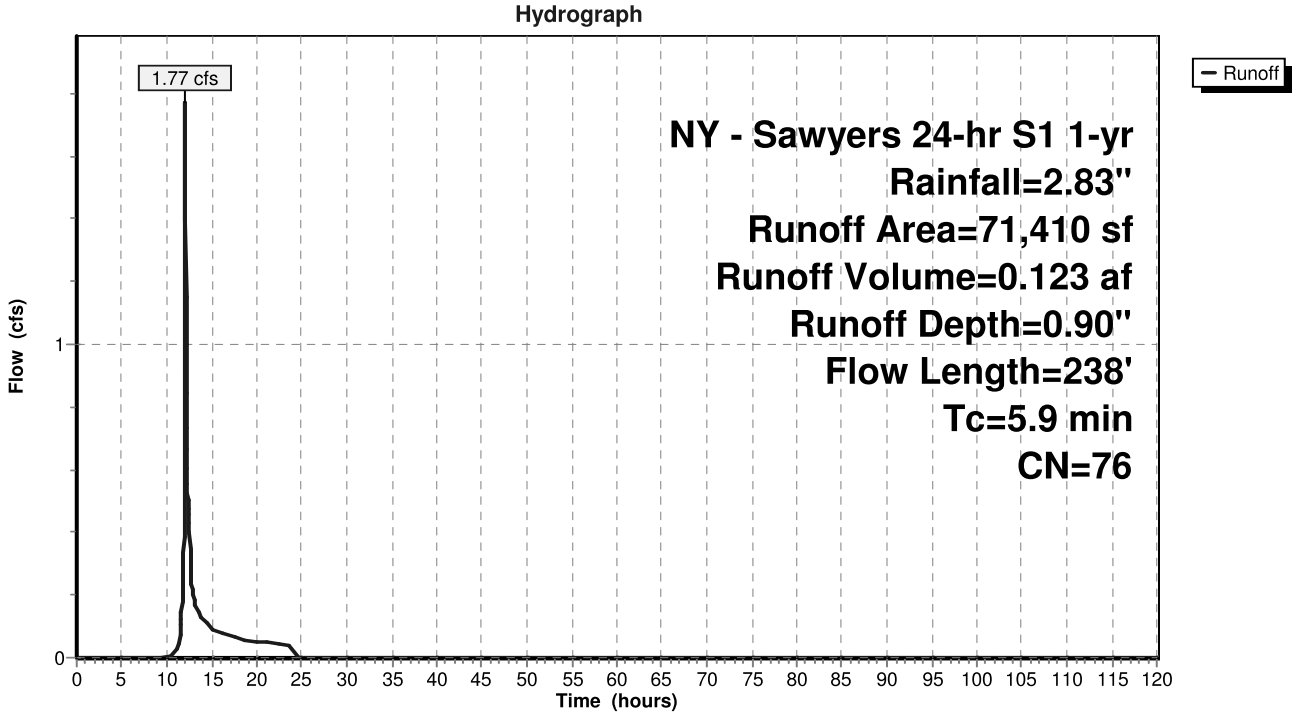
Runoff = 1.77 cfs @ 12.04 hrs, Volume= 0.123 af, Depth= 0.90"

Runoff by SCS TR-20 method, UH=SCS, Weighted-CN, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
NY - Sawyers 24-hr S1 1-yr Rainfall=2.83"

Area (sf)	CN	Description
3,410	98	Paved parking, HSG D
6,200	98	Paved parking, HSG B
36,200	80	>75% Grass cover, Good, HSG D
25,600	61	>75% Grass cover, Good, HSG B
71,410	76	Weighted Average
61,800		86.54% Pervious Area
9,610		13.46% Impervious Area

Tc (min)	Length (feet)	Slope (ft/ft)	Velocity (ft/sec)	Capacity (cfs)	Description
5.5	100	0.0800	0.31		**Sheet Flow,** Grass: Short n= 0.150 P2= 3.40"
0.4	138	0.1600	6.00		**Shallow Concentrated Flow,** Grassed Waterway Kv= 15.0 fps
5.9	238	Total			

Subcatchment 1.2S:

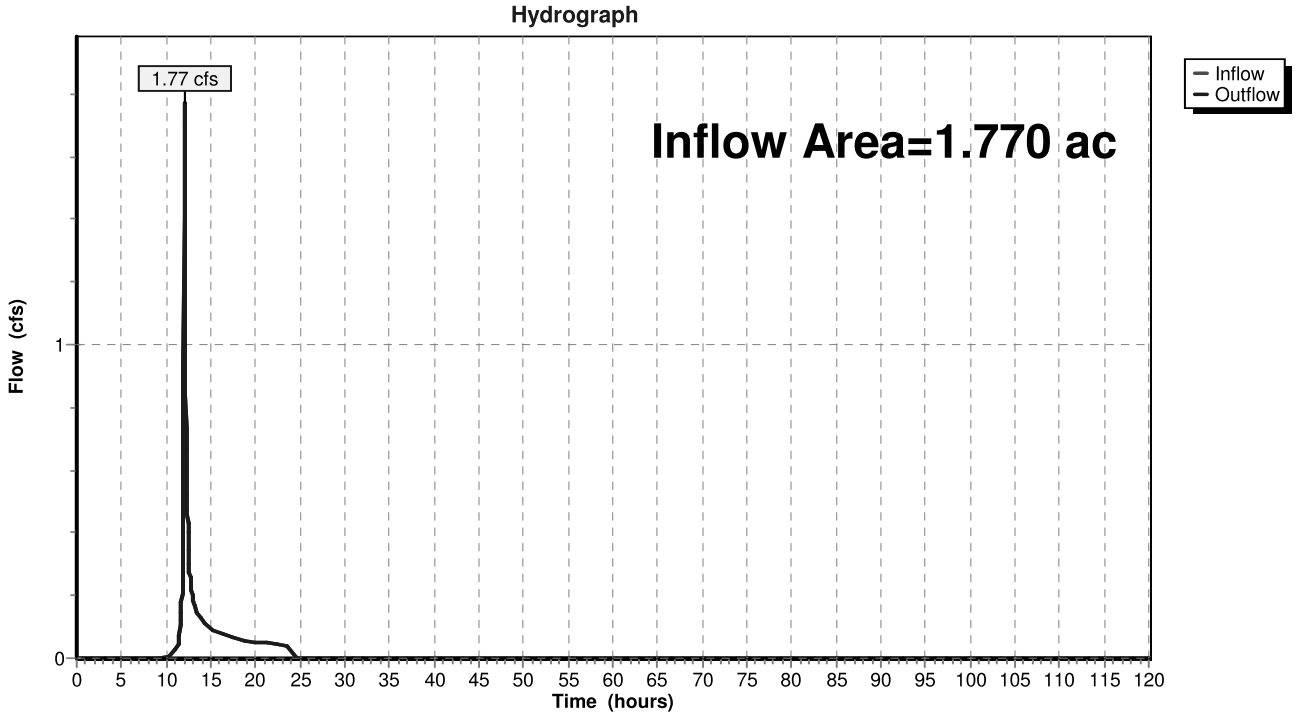


Summary for Reach DL1: Design Line 1

Inflow Area = 1.770 ac, 19.84% Impervious, Inflow Depth = 0.84" for 1-yr event
Inflow = 1.77 cfs @ 12.04 hrs, Volume= 0.123 af
Outflow = 1.77 cfs @ 12.04 hrs, Volume= 0.123 af, Atten= 0%, Lag= 0.0 min

Routing by Dyn-Stor-Ind method, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs

Reach DL1: Design Line 1



Summary for Pond FS:

Inflow Area = 0.131 ac,100.00% Impervious, Inflow Depth = 2.60" for 1-yr event
Inflow = 0.45 cfs @ 12.00 hrs, Volume= 0.028 af
Outflow = 0.45 cfs @ 12.00 hrs, Volume= 0.028 af, Atten= 0%, Lag= 0.0 min
Primary = 0.45 cfs @ 12.00 hrs, Volume= 0.028 af
Secondary = 0.00 cfs @ 0.00 hrs, Volume= 0.000 af

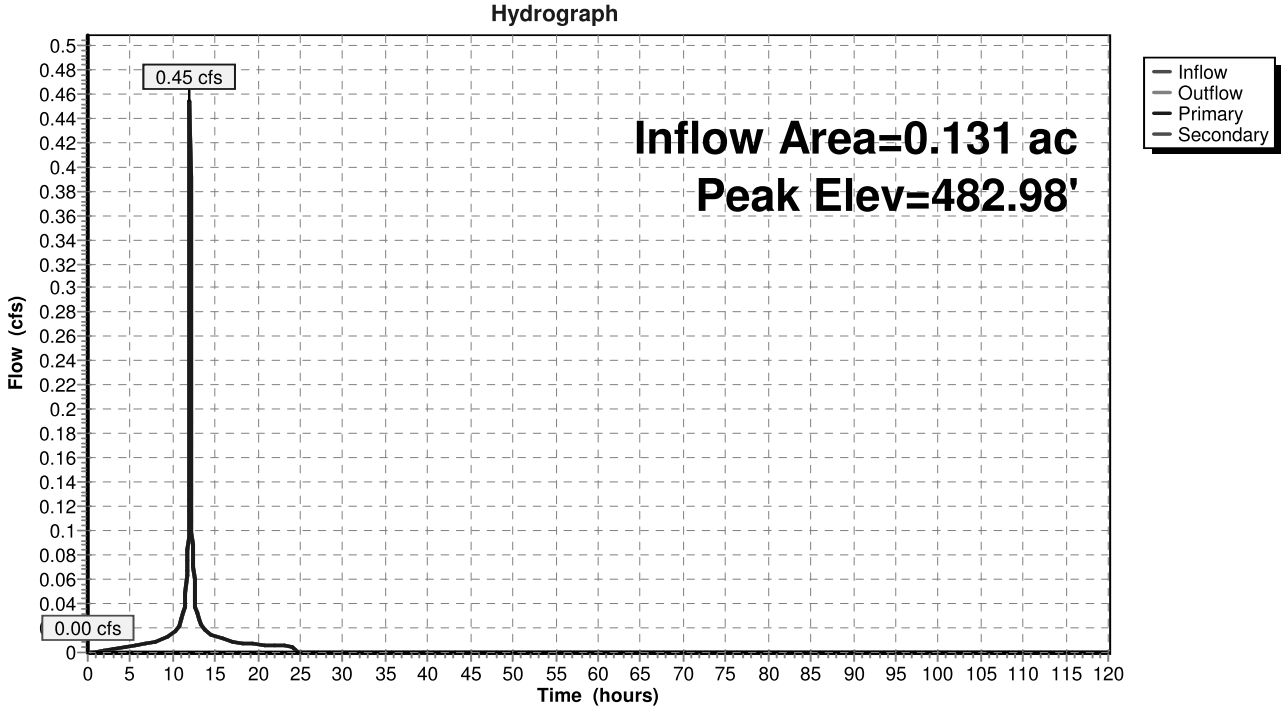
Routing by Dyn-Stor-Ind method, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
Peak Elev= 482.98' @ 12.00 hrs
Flood Elev= 486.50'

Device	Routing	Invert	Outlet Devices
#1	Primary	482.50'	**6.0" Round Culvert** L= 12.0' CPP, square edge headwall, Ke= 0.500 Inlet / Outlet Invert= 482.50' / 480.30' S= 0.1833 '/' Cc= 0.900 n= 0.012, Flow Area= 0.20 sf
#2	Secondary	483.00'	**8.0" Round Culvert** L= 44.0' CPP, square edge headwall, Ke= 0.500 Inlet / Outlet Invert= 483.00' / 481.50' S= 0.0341 '/' Cc= 0.900 n= 0.012, Flow Area= 0.35 sf

Primary OutFlow Max=0.45 cfs @ 12.00 hrs HW=482.97' TW=480.47' (Dynamic Tailwater)
↑—**1=Culvert** (Inlet Controls 0.45 cfs @ 2.34 fps)

Secondary OutFlow Max=0.00 cfs @ 0.00 hrs HW=482.50' TW=0.00' (Dynamic Tailwater)
↑—**2=Culvert** (Controls 0.00 cfs)

Pond FS:



Summary for Pond SMP 1.1: Underground Infiltration System (I-4)

Inflow Area = 0.131 ac,100.00% Impervious, Inflow Depth = 2.60" for 1-yr event
Inflow = 0.45 cfs @ 12.00 hrs, Volume= 0.028 af
Outflow = 0.02 cfs @ 11.19 hrs, Volume= 0.028 af, Atten= 96%, Lag= 0.0 min
Discarded = 0.02 cfs @ 11.19 hrs, Volume= 0.028 af
Primary = 0.00 cfs @ 0.00 hrs, Volume= 0.000 af

Routing by Dyn-Stor-Ind method, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
Peak Elev= 480.90' @ 13.70 hrs Surf.Area= 0.019 ac Storage= 0.011 af

Plug-Flow detention time= (not calculated: outflow precedes inflow)
Center-of-Mass det. time= 200.2 min (959.2 - 759.0)

Volume	Invert	Avail.Storage	Storage Description
#1A	480.00'	0.017 af	**12.00'W x 67.52'L x 3.25'H Field A** 0.060 af Overall - 0.019 af Embedded = 0.041 af x 40.0% Voids
#2A	480.25'	0.019 af	**ADS_StormTech SC-740** x 18 Inside #1 Effective Size= 44.6"W x 30.0"H => 6.45 sf x 7.12'L = 45.9 cf Overall Size= 51.0"W x 30.0"H x 7.56'L with 0.44' Overlap Row Length Adjustment= +0.44' x 6.45 sf x 2 rows
		0.036 af	Total Available Storage

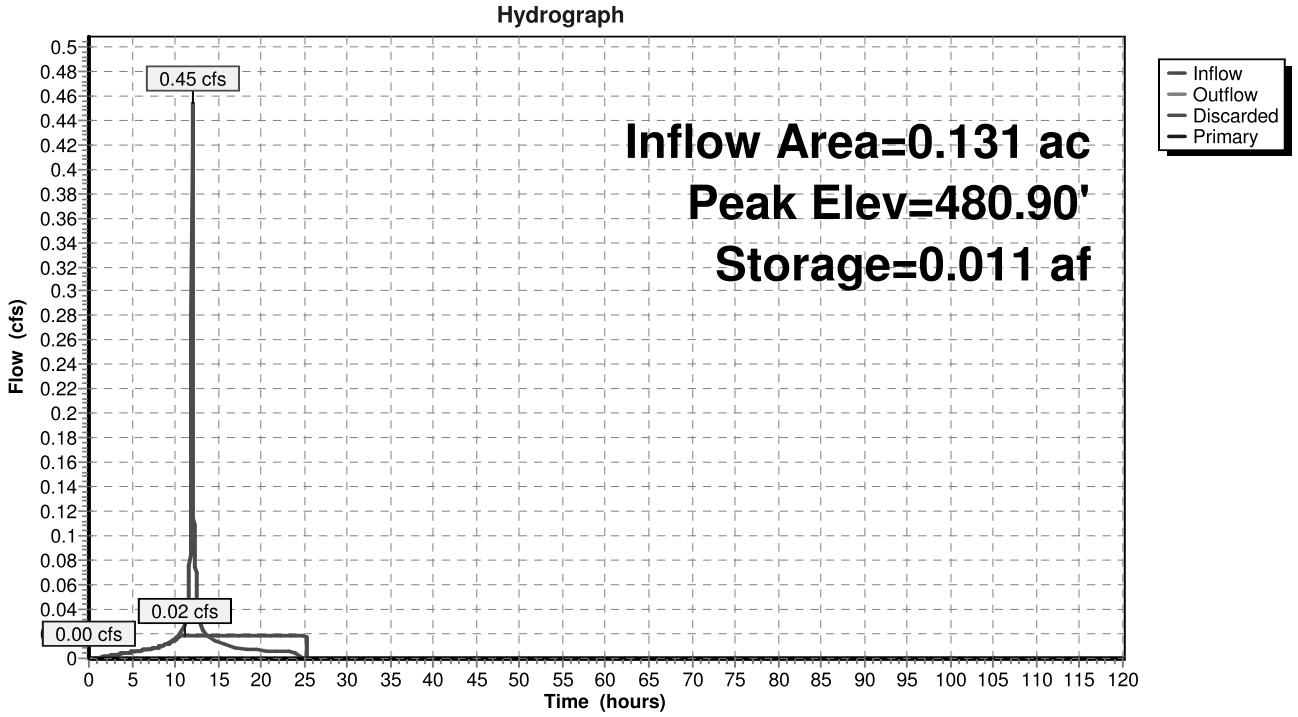
Storage Group A created with Chamber Wizard

Device	Routing	Invert	Outlet Devices
#1	Primary	482.40'	**4.0" Round Culvert** L= 34.0' CPP, square edge headwall, Ke= 0.500 Inlet / Outlet Invert= 482.40' / 481.50' S= 0.0265 '/' Cc= 0.900 n= 0.012, Flow Area= 0.09 sf
#2	Discarded	480.00'	**1.000 in/hr Exfiltration over Surface area**

Discarded OutFlow Max=0.02 cfs @ 11.19 hrs HW=480.03' (Free Discharge)
↑—**2=Exfiltration** (Exfiltration Controls 0.02 cfs)

Primary OutFlow Max=0.00 cfs @ 0.00 hrs HW=480.00' TW=0.00' (Dynamic Tailwater)
↑—**1=Culvert** (Controls 0.00 cfs)

Pond SMP 1.1: Underground Infiltration System (I-4)



Stage-Area-Storage for Pond SMP 1.1: Underground Infiltration System (I-4)

Elevation (feet)	Surface (acres)	Storage (acre-feet)
480.00	**0.019**	0.000
480.05	0.019	0.000
480.10	0.019	0.001
480.15	0.019	0.001
480.20	0.019	0.001
480.25	0.019	0.002
480.30	0.019	0.003
480.35	0.019	0.003
480.40	0.019	0.004
480.45	0.019	0.005
480.50	0.019	0.005
480.55	0.019	0.006
480.60	0.019	0.007
480.65	0.019	0.007
480.70	0.019	0.008
480.75	0.019	0.009
480.80	0.019	0.010
480.85	0.019	0.010
480.90	0.019	0.011
480.95	0.019	0.012
481.00	0.019	0.012
481.05	0.019	0.013
481.10	0.019	0.014
481.15	0.019	0.014
481.20	0.019	0.015
481.25	0.019	0.016
481.30	0.019	0.016
481.35	0.019	0.017
481.40	0.019	0.017
481.45	0.019	0.018
481.50	0.019	0.019
481.55	0.019	0.019
481.60	0.019	0.020
481.65	0.019	0.021
481.70	0.019	0.021
481.75	0.019	0.022
481.80	0.019	0.022
481.85	0.019	0.023
481.90	0.019	0.024
481.95	0.019	0.024
482.00	0.019	0.025
482.05	0.019	0.025
482.10	0.019	0.026
482.15	0.019	0.026
482.20	0.019	0.027
482.25	0.019	0.027
482.30	0.019	0.028
482.35	0.019	0.029
482.40	0.019	0.029
482.45	0.019	0.029
482.50	0.019	0.030
482.55	0.019	0.030
482.60	0.019	0.031
482.65	0.019	0.031
482.70	0.019	0.032
482.75	0.019	0.032
482.80	0.019	0.032
482.85	0.019	0.033
482.90	0.019	0.033
482.95	0.019	0.033
483.00	0.019	0.034
483.05	0.019	0.034
483.10	0.019	0.035
483.15	0.019	0.035
483.20	0.019	0.035
483.25	0.019	**0.036**

Summary for Subcatchment 1.1S:

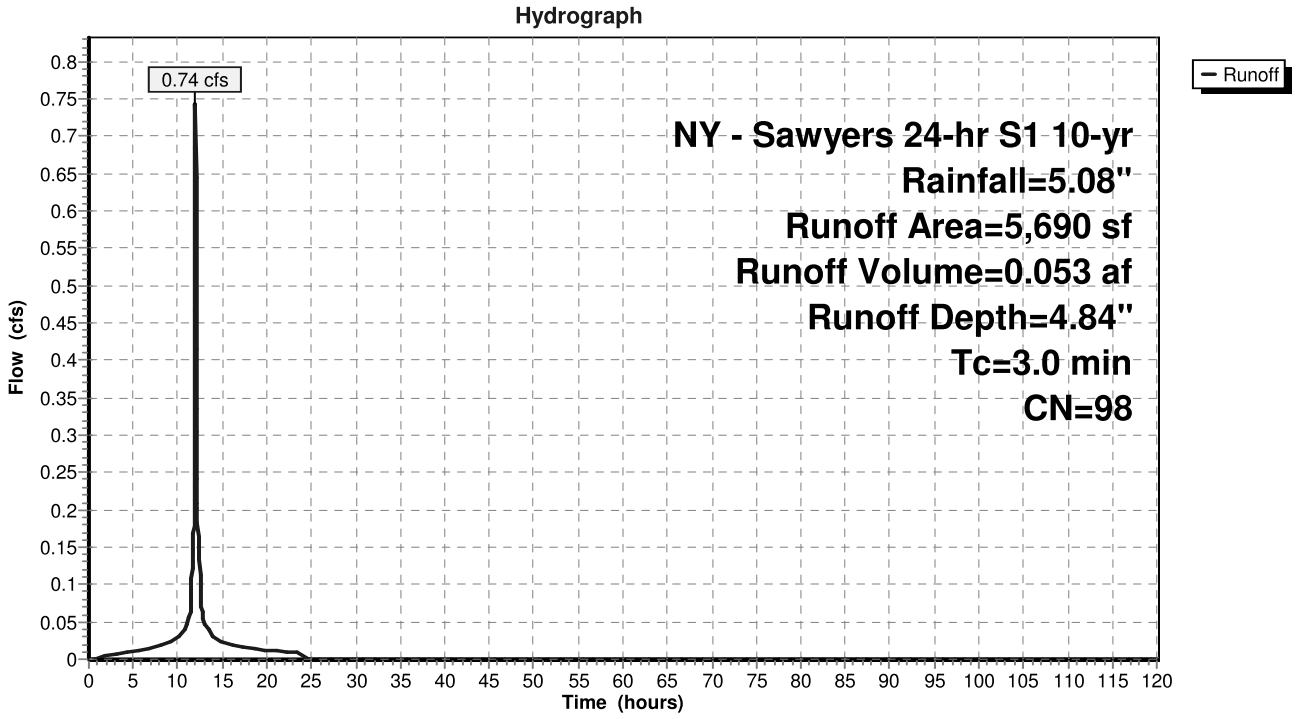
Runoff = 0.74 cfs @ 12.00 hrs, Volume= 0.053 af, Depth= 4.84"

Runoff by SCS TR-20 method, UH=SCS, Weighted-CN, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
NY - Sawyers 24-hr S1 10-yr Rainfall=5.08"

Area (sf)	CN	Description
5,690	98	Paved parking, HSG B
5,690		100.00% Impervious Area

Tc (min)	Length (feet)	Slope (ft/ft)	Velocity (ft/sec)	Capacity (cfs)	Description
3.0					**Direct Entry,**

Subcatchment 1.1S:



Summary for Subcatchment 1.2S:

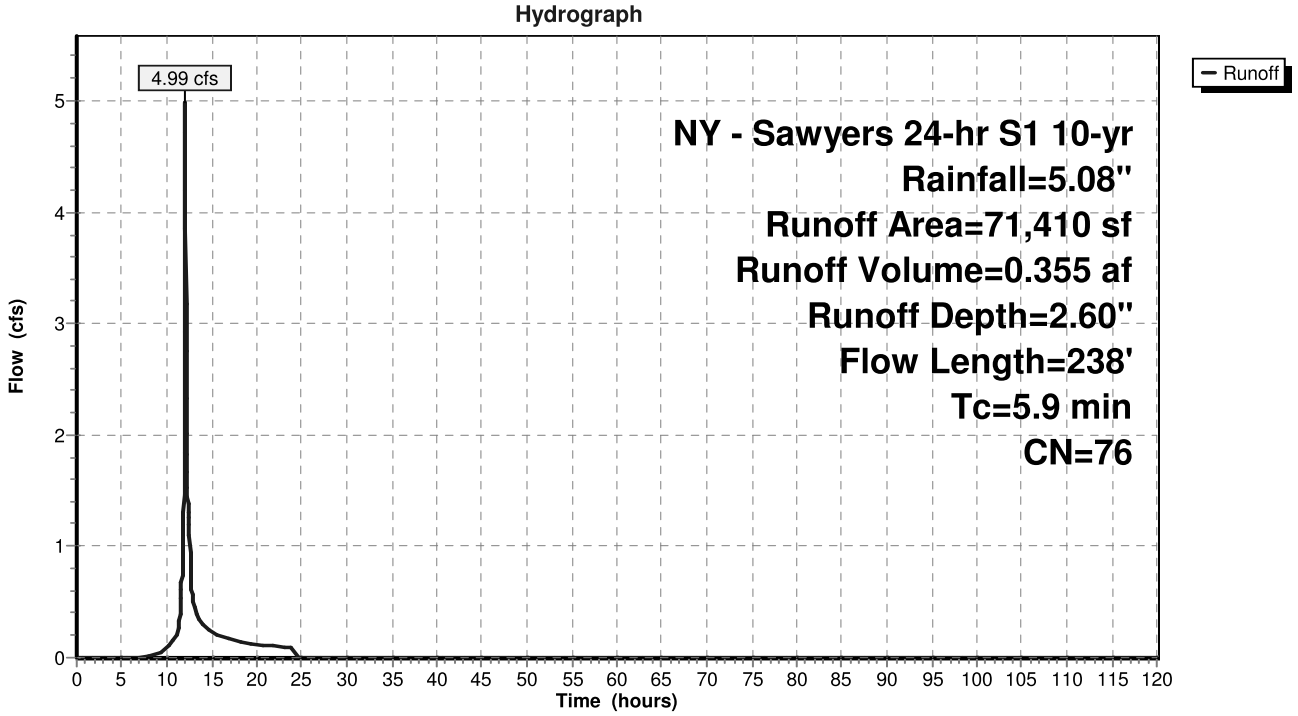
Runoff = 4.99 cfs @ 12.04 hrs, Volume= 0.355 af, Depth= 2.60"

Runoff by SCS TR-20 method, UH=SCS, Weighted-CN, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
NY - Sawyers 24-hr S1 10-yr Rainfall=5.08"

Area (sf)	CN	Description
3,410	98	Paved parking, HSG D
6,200	98	Paved parking, HSG B
36,200	80	>75% Grass cover, Good, HSG D
25,600	61	>75% Grass cover, Good, HSG B
71,410	76	Weighted Average
61,800		86.54% Pervious Area
9,610		13.46% Impervious Area

Tc (min)	Length (feet)	Slope (ft/ft)	Velocity (ft/sec)	Capacity (cfs)	Description
5.5	100	0.0800	0.31		**Sheet Flow,** Grass: Short n= 0.150 P2= 3.40"
0.4	138	0.1600	6.00		**Shallow Concentrated Flow,** Grassed Waterway Kv= 15.0 fps
5.9	238	Total			

Subcatchment 1.2S:

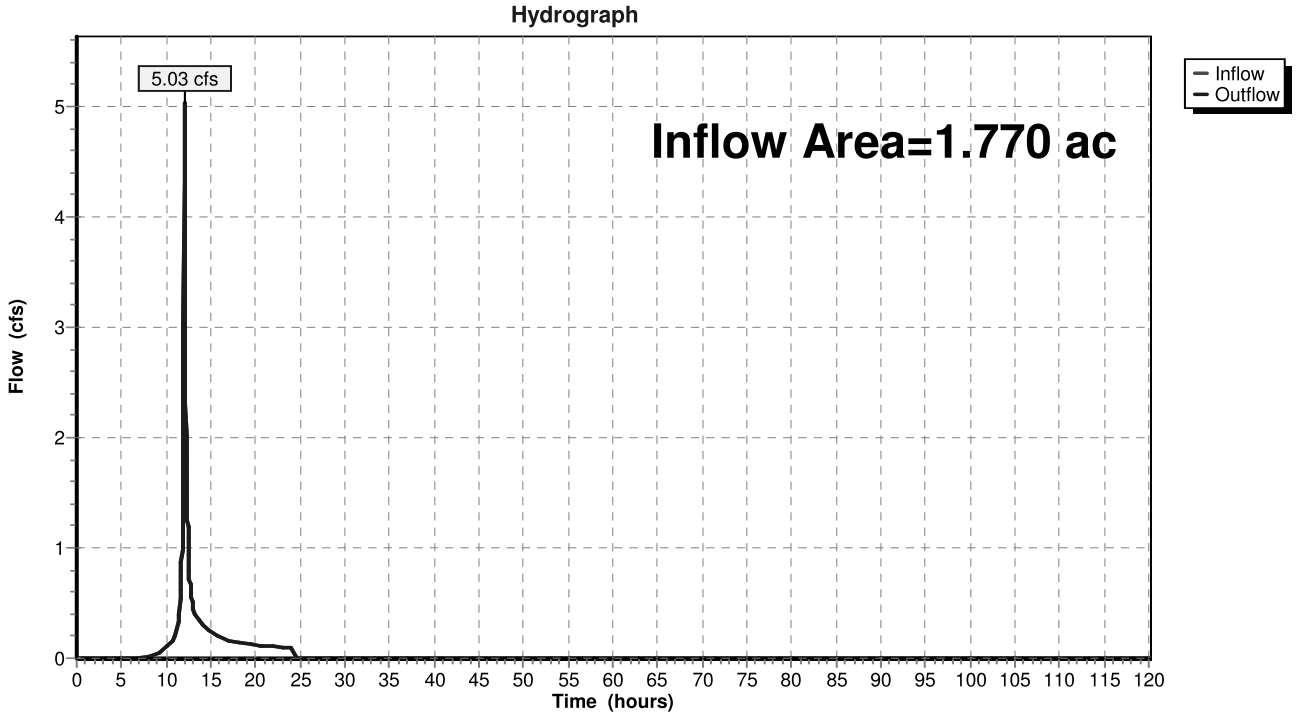


Summary for Reach DL1: Design Line 1

Inflow Area = 1.770 ac, 19.84% Impervious, Inflow Depth = 2.41" for 10-yr event
Inflow = 5.03 cfs @ 12.04 hrs, Volume= 0.356 af
Outflow = 5.03 cfs @ 12.04 hrs, Volume= 0.356 af, Atten= 0%, Lag= 0.0 min

Routing by Dyn-Stor-Ind method, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs

Reach DL1: Design Line 1



Summary for Pond FS:

Inflow Area = 0.131 ac,100.00% Impervious, Inflow Depth = 4.84" for 10-yr event
Inflow = 0.74 cfs @ 12.00 hrs, Volume= 0.053 af
Outflow = 0.74 cfs @ 12.00 hrs, Volume= 0.053 af, Atten= 0%, Lag= 0.0 min
Primary = 0.63 cfs @ 12.00 hrs, Volume= 0.052 af
Secondary = 0.12 cfs @ 12.00 hrs, Volume= 0.001 af

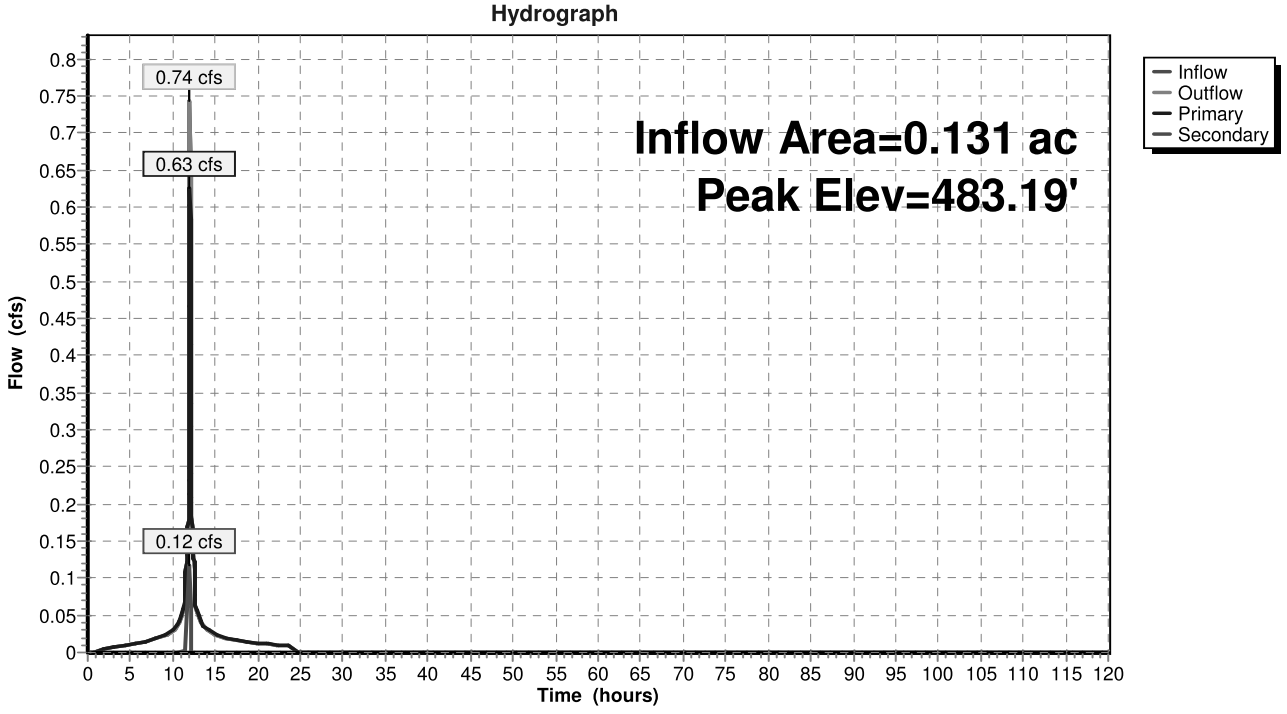
Routing by Dyn-Stor-Ind method, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
Peak Elev= 483.19' @ 12.00 hrs
Flood Elev= 486.50'

Device	Routing	Invert	Outlet Devices
#1	Primary	482.50'	**6.0" Round Culvert** L= 12.0' CPP, square edge headwall, Ke= 0.500 Inlet / Outlet Invert= 482.50' / 480.30' S= 0.1833 '/' Cc= 0.900 n= 0.012, Flow Area= 0.20 sf
#2	Secondary	483.00'	**8.0" Round Culvert** L= 44.0' CPP, square edge headwall, Ke= 0.500 Inlet / Outlet Invert= 483.00' / 481.50' S= 0.0341 '/' Cc= 0.900 n= 0.012, Flow Area= 0.35 sf

Primary OutFlow Max=0.62 cfs @ 12.00 hrs HW=483.18' TW=480.97' (Dynamic Tailwater)
↑—**1=Culvert** (Inlet Controls 0.62 cfs @ 3.16 fps)

Secondary OutFlow Max=0.11 cfs @ 12.00 hrs HW=483.18' TW=0.00' (Dynamic Tailwater)
↑—**2=Culvert** (Inlet Controls 0.11 cfs @ 1.45 fps)

Pond FS:



Summary for Pond SMP 1.1: Underground Infiltration System (I-4)

Inflow Area = 0.131 ac,100.00% Impervious, Inflow Depth = 4.78" for 10-yr event
Inflow = 0.63 cfs @ 12.00 hrs, Volume= 0.052 af
Outflow = 0.02 cfs @ 9.39 hrs, Volume= 0.052 af, Atten= 97%, Lag= 0.0 min
Discarded = 0.02 cfs @ 9.39 hrs, Volume= 0.052 af
Primary = 0.00 cfs @ 0.00 hrs, Volume= 0.000 af

Routing by Dyn-Stor-Ind method, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
Peak Elev= 482.05' @ 16.09 hrs Surf.Area= 0.019 ac Storage= 0.025 af

Plug-Flow detention time= (not calculated: outflow precedes inflow)
Center-of-Mass det. time= 501.6 min (1,248.0 - 746.4)

Volume	Invert	Avail.Storage	Storage Description
#1A	480.00'	0.017 af	**12.00'W x 67.52'L x 3.25'H Field A** 0.060 af Overall - 0.019 af Embedded = 0.041 af x 40.0% Voids
#2A	480.25'	0.019 af	**ADS_StormTech SC-740** x 18 Inside #1 Effective Size= 44.6"W x 30.0"H => 6.45 sf x 7.12'L = 45.9 cf Overall Size= 51.0"W x 30.0"H x 7.56'L with 0.44' Overlap Row Length Adjustment= +0.44' x 6.45 sf x 2 rows
		0.036 af	Total Available Storage

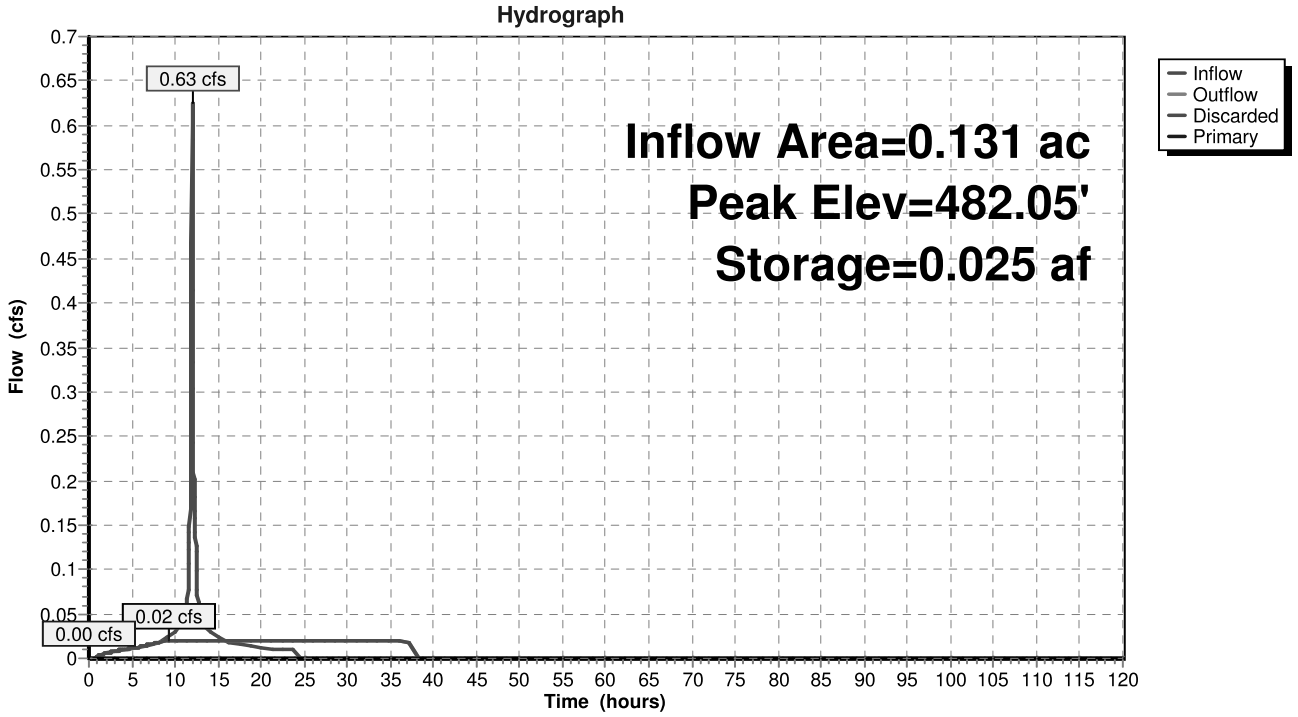
Storage Group A created with Chamber Wizard

Device	Routing	Invert	Outlet Devices
#1	Primary	482.40'	**4.0" Round Culvert** L= 34.0' CPP, square edge headwall, Ke= 0.500 Inlet / Outlet Invert= 482.40' / 481.50' S= 0.0265 '/' Cc= 0.900 n= 0.012, Flow Area= 0.09 sf
#2	Discarded	480.00'	**1.000 in/hr Exfiltration over Surface area**

Discarded OutFlow Max=0.02 cfs @ 9.39 hrs HW=480.03' (Free Discharge)
↑—**2=Exfiltration** (Exfiltration Controls 0.02 cfs)

Primary OutFlow Max=0.00 cfs @ 0.00 hrs HW=480.00' TW=0.00' (Dynamic Tailwater)
↑—**1=Culvert** (Controls 0.00 cfs)

Pond SMP 1.1: Underground Infiltration System (I-4)



Stage-Area-Storage for Pond SMP 1.1: Underground Infiltration System (I-4)

Elevation (feet)	Surface (acres)	Storage (acre-feet)
480.00	**0.019**	0.000
480.05	0.019	0.000
480.10	0.019	0.001
480.15	0.019	0.001
480.20	0.019	0.001
480.25	0.019	0.002
480.30	0.019	0.003
480.35	0.019	0.003
480.40	0.019	0.004
480.45	0.019	0.005
480.50	0.019	0.005
480.55	0.019	0.006
480.60	0.019	0.007
480.65	0.019	0.007
480.70	0.019	0.008
480.75	0.019	0.009
480.80	0.019	0.010
480.85	0.019	0.010
480.90	0.019	0.011
480.95	0.019	0.012
481.00	0.019	0.012
481.05	0.019	0.013
481.10	0.019	0.014
481.15	0.019	0.014
481.20	0.019	0.015
481.25	0.019	0.016
481.30	0.019	0.016
481.35	0.019	0.017
481.40	0.019	0.017
481.45	0.019	0.018
481.50	0.019	0.019
481.55	0.019	0.019
481.60	0.019	0.020
481.65	0.019	0.021
481.70	0.019	0.021
481.75	0.019	0.022
481.80	0.019	0.022
481.85	0.019	0.023
481.90	0.019	0.024
481.95	0.019	0.024
482.00	0.019	0.025
482.05	0.019	0.025
482.10	0.019	0.026
482.15	0.019	0.026
482.20	0.019	0.027
482.25	0.019	0.027
482.30	0.019	0.028
482.35	0.019	0.029
482.40	0.019	0.029
482.45	0.019	0.029
482.50	0.019	0.030
482.55	0.019	0.030
482.60	0.019	0.031
482.65	0.019	0.031
482.70	0.019	0.032
482.75	0.019	0.032
482.80	0.019	0.032
482.85	0.019	0.033
482.90	0.019	0.033
482.95	0.019	0.033
483.00	0.019	0.034
483.05	0.019	0.034
483.10	0.019	0.035
483.15	0.019	0.035
483.20	0.019	0.035
483.25	0.019	**0.036**

Summary for Subcatchment 1.1S:

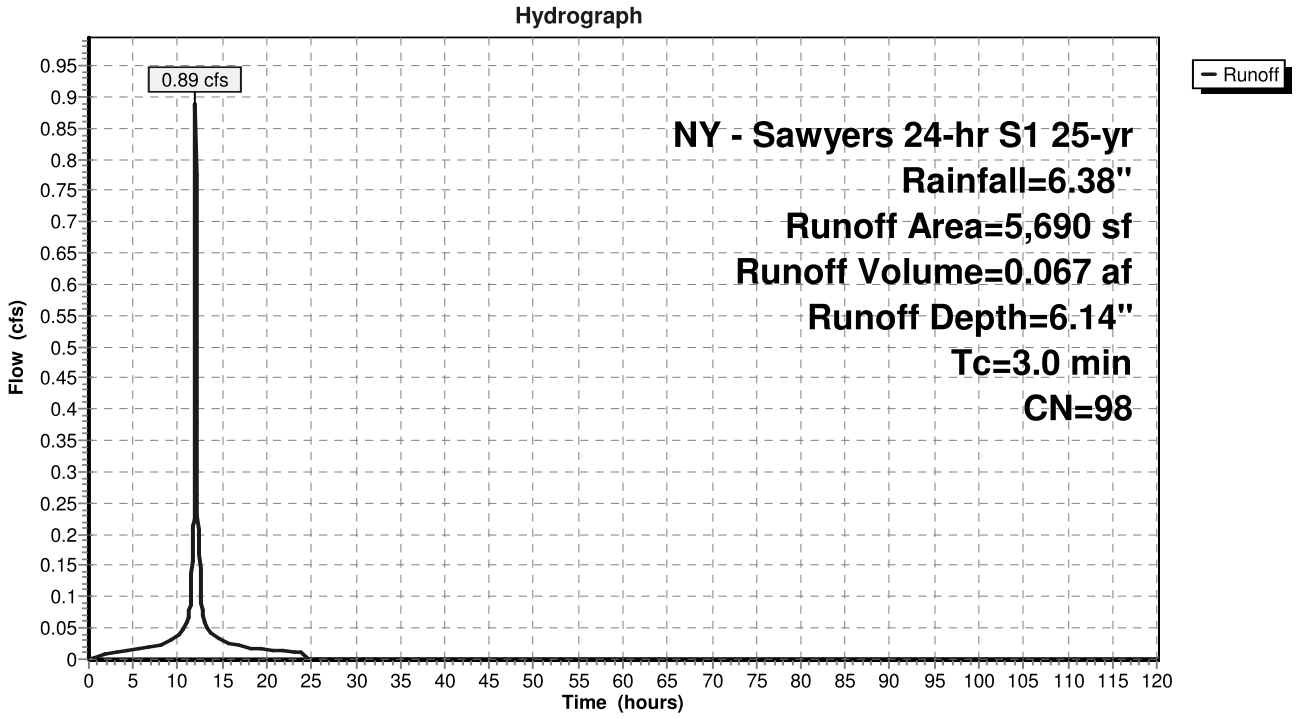
Runoff = 0.89 cfs @ 12.00 hrs, Volume= 0.067 af, Depth= 6.14"

Runoff by SCS TR-20 method, UH=SCS, Weighted-CN, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
NY - Sawyers 24-hr S1 25-yr Rainfall=6.38"

Area (sf)	CN	Description
5,690	98	Paved parking, HSG B
5,690		100.00% Impervious Area

Tc (min)	Length (feet)	Slope (ft/ft)	Velocity (ft/sec)	Capacity (cfs)	Description
3.0					**Direct Entry,**

Subcatchment 1.1S:



Summary for Subcatchment 1.2S:

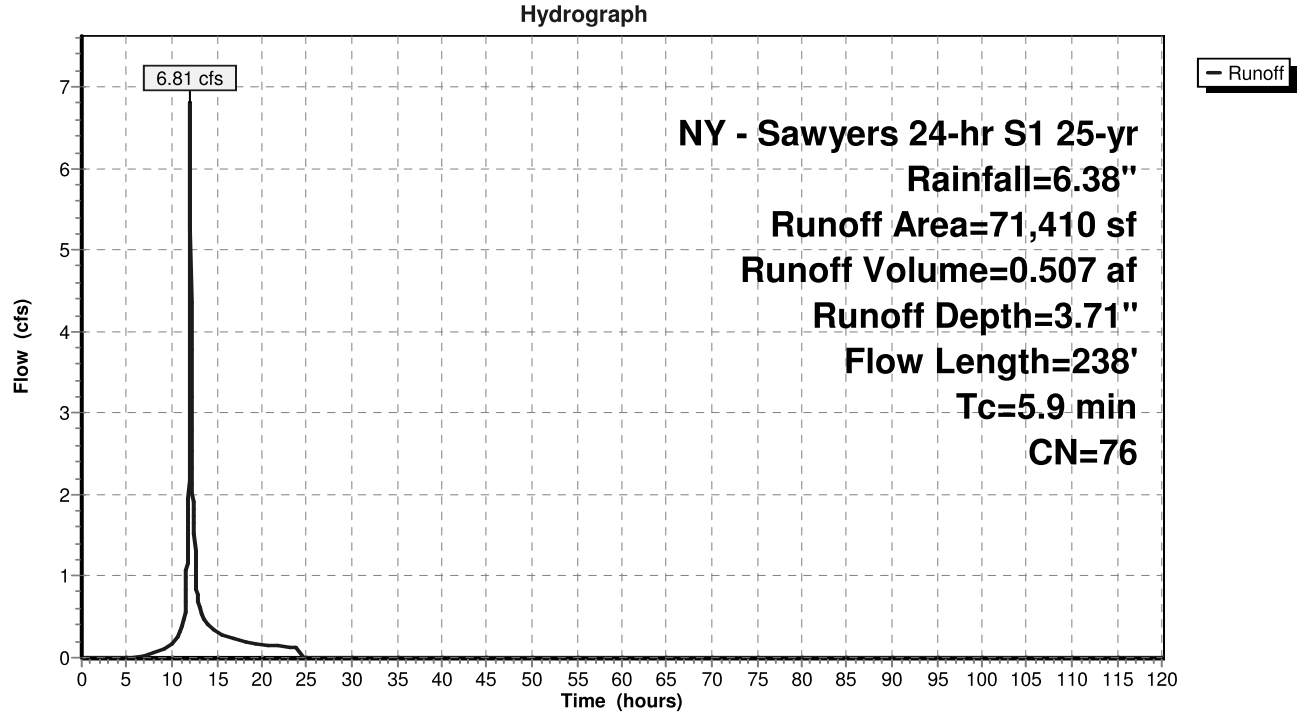
Runoff = 6.81 cfs @ 12.04 hrs, Volume= 0.507 af, Depth= 3.71"

Runoff by SCS TR-20 method, UH=SCS, Weighted-CN, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
NY - Sawyers 24-hr S1 25-yr Rainfall=6.38"

Area (sf)	CN	Description
3,410	98	Paved parking, HSG D
6,200	98	Paved parking, HSG B
36,200	80	>75% Grass cover, Good, HSG D
25,600	61	>75% Grass cover, Good, HSG B
71,410	76	Weighted Average
61,800		86.54% Pervious Area
9,610		13.46% Impervious Area

Tc (min)	Length (feet)	Slope (ft/ft)	Velocity (ft/sec)	Capacity (cfs)	Description
5.5	100	0.0800	0.31		**Sheet Flow,** Grass: Short n= 0.150 P2= 3.40"
0.4	138	0.1600	6.00		**Shallow Concentrated Flow,** Grassed Waterway Kv= 15.0 fps
5.9	238	Total			

Subcatchment 1.2S:

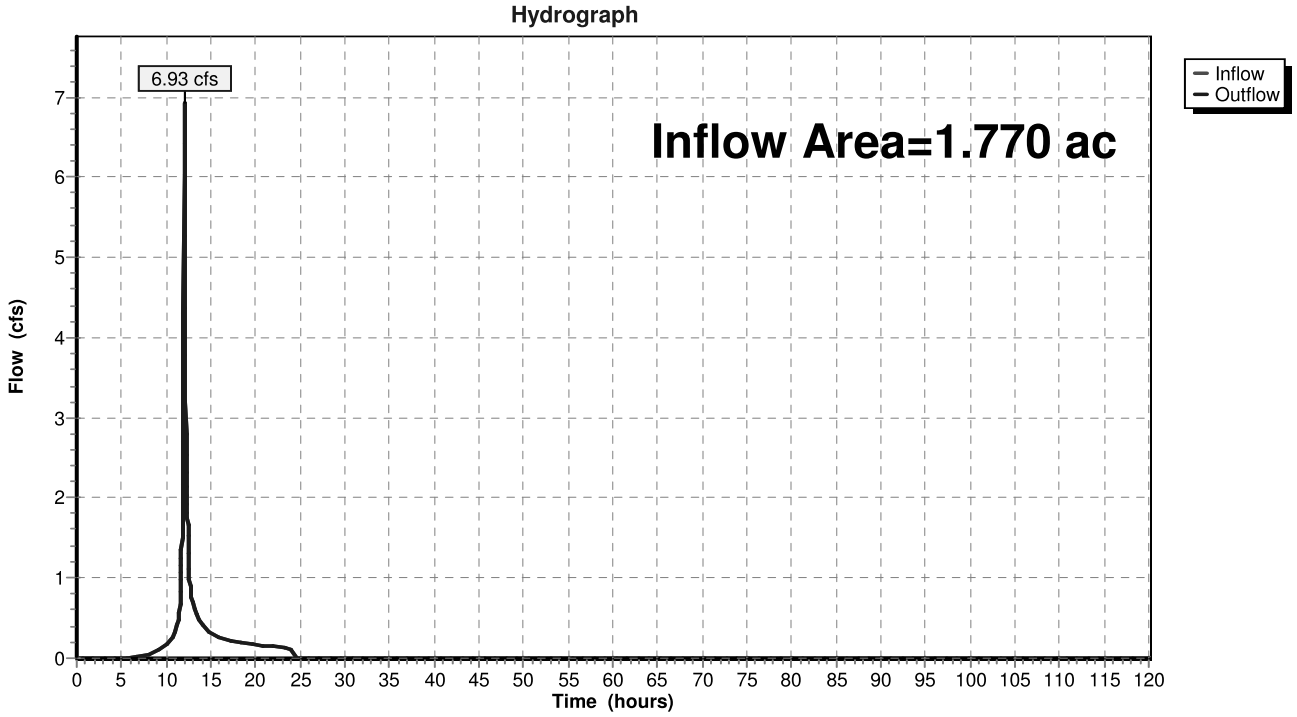


Summary for Reach DL1: Design Line 1

Inflow Area = 1.770 ac, 19.84% Impervious, Inflow Depth = 3.48" for 25-yr event
Inflow = 6.93 cfs @ 12.03 hrs, Volume= 0.514 af
Outflow = 6.93 cfs @ 12.03 hrs, Volume= 0.514 af, Atten= 0%, Lag= 0.0 min

Routing by Dyn-Stor-Ind method, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs

Reach DL1: Design Line 1



Summary for Pond FS:

Inflow Area = 0.131 ac,100.00% Impervious, Inflow Depth = 6.14" for 25-yr event
Inflow = 0.89 cfs @ 12.00 hrs, Volume= 0.067 af
Outflow = 0.89 cfs @ 12.00 hrs, Volume= 0.067 af, Atten= 0%, Lag= 0.0 min
Primary = 0.67 cfs @ 12.00 hrs, Volume= 0.065 af
Secondary = 0.21 cfs @ 12.00 hrs, Volume= 0.001 af

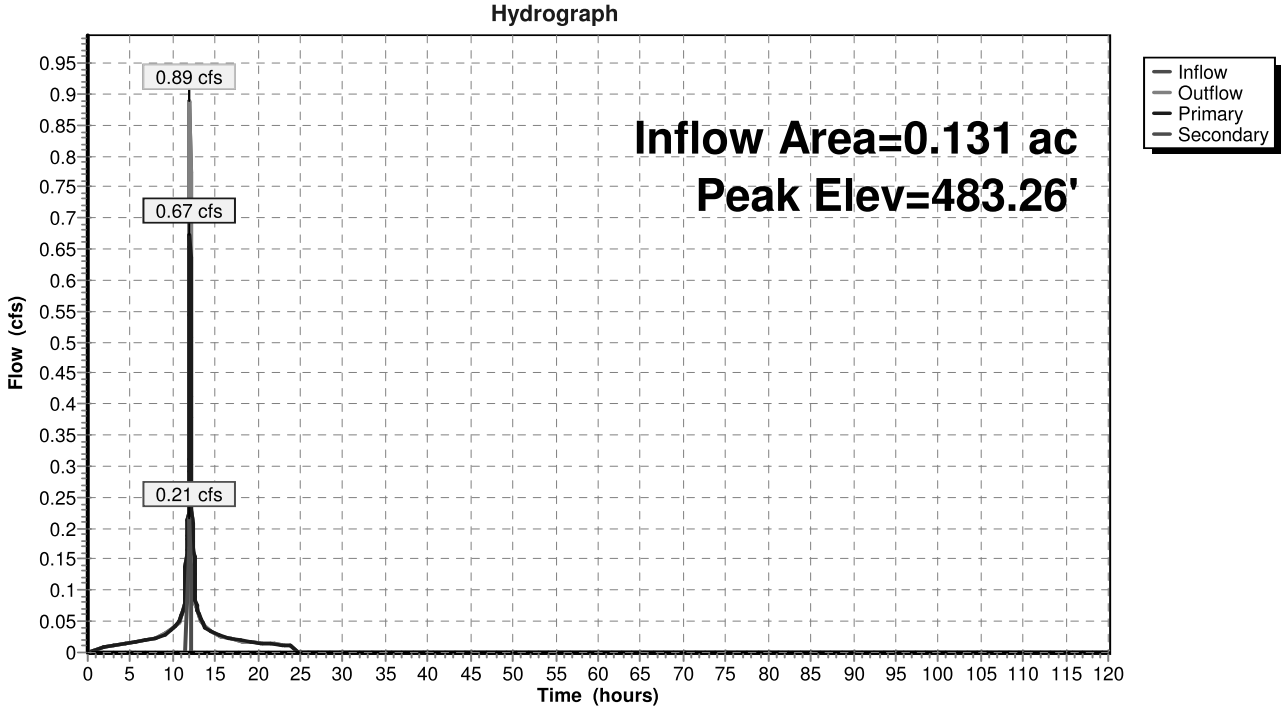
Routing by Dyn-Stor-Ind method, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
Peak Elev= 483.26' @ 12.00 hrs
Flood Elev= 486.50'

Device	Routing	Invert	Outlet Devices
#1	Primary	482.50'	**6.0" Round Culvert** L= 12.0' CPP, square edge headwall, Ke= 0.500 Inlet / Outlet Invert= 482.50' / 480.30' S= 0.1833 '/' Cc= 0.900 n= 0.012, Flow Area= 0.20 sf
#2	Secondary	483.00'	**8.0" Round Culvert** L= 44.0' CPP, square edge headwall, Ke= 0.500 Inlet / Outlet Invert= 483.00' / 481.50' S= 0.0341 '/' Cc= 0.900 n= 0.012, Flow Area= 0.35 sf

Primary OutFlow Max=0.67 cfs @ 12.00 hrs HW=483.25' TW=481.31' (Dynamic Tailwater)
└**1=Culvert** (Inlet Controls 0.67 cfs @ 3.41 fps)

Secondary OutFlow Max=0.21 cfs @ 12.00 hrs HW=483.25' TW=0.00' (Dynamic Tailwater)
└**2=Culvert** (Inlet Controls 0.21 cfs @ 1.71 fps)

Pond FS:



Summary for Pond SMP 1.1: Underground Infiltration System (I-4)

Inflow Area = 0.131 ac,100.00% Impervious, Inflow Depth = 6.02" for 25-yr event
Inflow = 0.67 cfs @ 12.00 hrs, Volume= 0.065 af
Outflow = 0.05 cfs @ 13.26 hrs, Volume= 0.066 af, Atten= 92%, Lag= 75.7 min
Discarded = 0.02 cfs @ 8.04 hrs, Volume= 0.060 af
Primary = 0.03 cfs @ 13.26 hrs, Volume= 0.006 af

Routing by Dyn-Stor-Ind method, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
Peak Elev= 482.52' @ 13.26 hrs Surf.Area= 0.019 ac Storage= 0.030 af

Plug-Flow detention time= (not calculated: outflow precedes inflow)
Center-of-Mass det. time= 542.8 min (1,285.4 - 742.6)

Volume	Invert	Avail.Storage	Storage Description
#1A	480.00'	0.017 af	**12.00'W x 67.52'L x 3.25'H Field A** 0.060 af Overall - 0.019 af Embedded = 0.041 af x 40.0% Voids
#2A	480.25'	0.019 af	**ADS_StormTech SC-740** x 18 Inside #1 Effective Size= 44.6"W x 30.0"H => 6.45 sf x 7.12'L = 45.9 cf Overall Size= 51.0"W x 30.0"H x 7.56'L with 0.44' Overlap Row Length Adjustment= +0.44' x 6.45 sf x 2 rows
		0.036 af	Total Available Storage

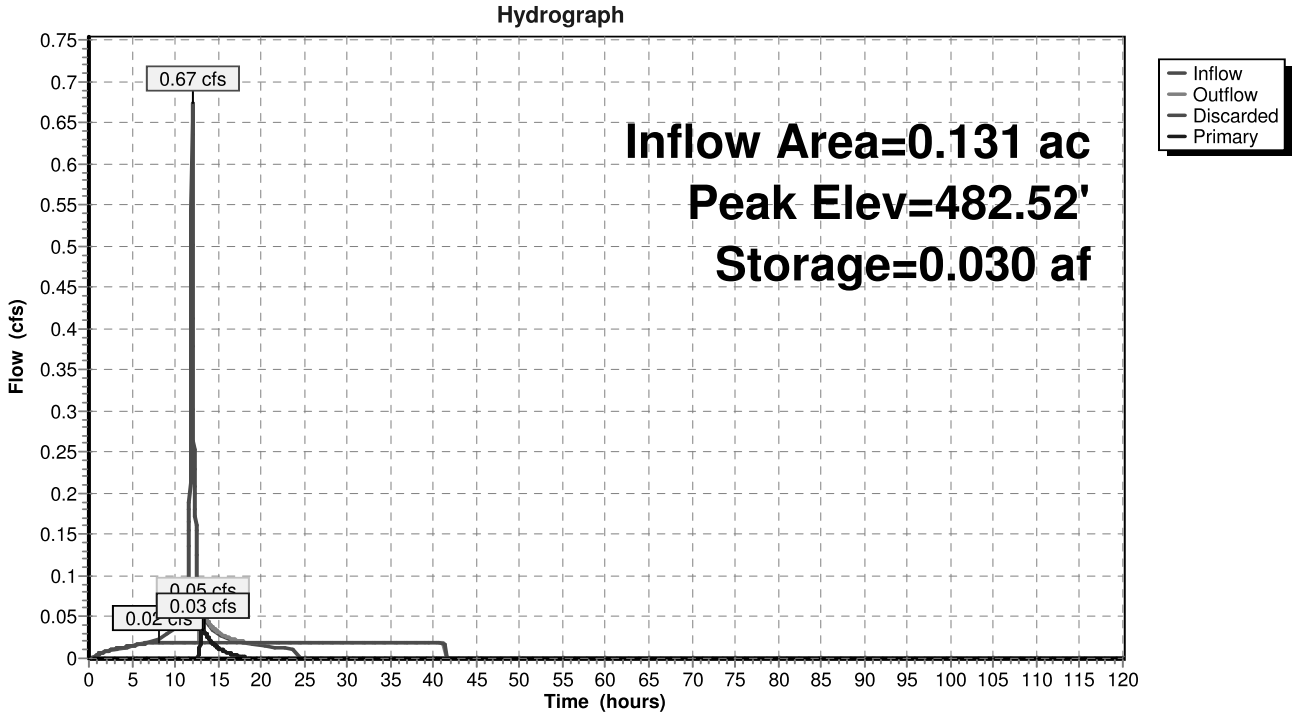
Storage Group A created with Chamber Wizard

Device	Routing	Invert	Outlet Devices
#1	Primary	482.40'	**4.0" Round Culvert** L= 34.0' CPP, square edge headwall, Ke= 0.500 Inlet / Outlet Invert= 482.40' / 481.50' S= 0.0265 '/' Cc= 0.900 n= 0.012, Flow Area= 0.09 sf
#2	Discarded	480.00'	**1.000 in/hr Exfiltration over Surface area**

Discarded OutFlow Max=0.02 cfs @ 8.04 hrs HW=480.03' (Free Discharge)
↑—**2=Exfiltration** (Exfiltration Controls 0.02 cfs)

Primary OutFlow Max=0.03 cfs @ 13.26 hrs HW=482.52' TW=0.00' (Dynamic Tailwater)
↑—**1=Culvert** (Inlet Controls 0.03 cfs @ 1.19 fps)

Pond SMP 1.1: Underground Infiltration System (I-4)



Stage-Area-Storage for Pond SMP 1.1: Underground Infiltration System (I-4)

Elevation (feet)	Surface (acres)	Storage (acre-feet)
480.00	**0.019**	0.000
480.05	0.019	0.000
480.10	0.019	0.001
480.15	0.019	0.001
480.20	0.019	0.001
480.25	0.019	0.002
480.30	0.019	0.003
480.35	0.019	0.003
480.40	0.019	0.004
480.45	0.019	0.005
480.50	0.019	0.005
480.55	0.019	0.006
480.60	0.019	0.007
480.65	0.019	0.007
480.70	0.019	0.008
480.75	0.019	0.009
480.80	0.019	0.010
480.85	0.019	0.010
480.90	0.019	0.011
480.95	0.019	0.012
481.00	0.019	0.012
481.05	0.019	0.013
481.10	0.019	0.014
481.15	0.019	0.014
481.20	0.019	0.015
481.25	0.019	0.016
481.30	0.019	0.016
481.35	0.019	0.017
481.40	0.019	0.017
481.45	0.019	0.018
481.50	0.019	0.019
481.55	0.019	0.019
481.60	0.019	0.020
481.65	0.019	0.021
481.70	0.019	0.021
481.75	0.019	0.022
481.80	0.019	0.022
481.85	0.019	0.023
481.90	0.019	0.024
481.95	0.019	0.024
482.00	0.019	0.025
482.05	0.019	0.025
482.10	0.019	0.026
482.15	0.019	0.026
482.20	0.019	0.027
482.25	0.019	0.027
482.30	0.019	0.028
482.35	0.019	0.029
482.40	0.019	0.029
482.45	0.019	0.029
482.50	0.019	0.030
482.55	0.019	0.030
482.60	0.019	0.031
482.65	0.019	0.031
482.70	0.019	0.032
482.75	0.019	0.032
482.80	0.019	0.032
482.85	0.019	0.033
482.90	0.019	0.033
482.95	0.019	0.033
483.00	0.019	0.034
483.05	0.019	0.034
483.10	0.019	0.035
483.15	0.019	0.035
483.20	0.019	0.035
483.25	0.019	**0.036**

Summary for Subcatchment 1.1S:

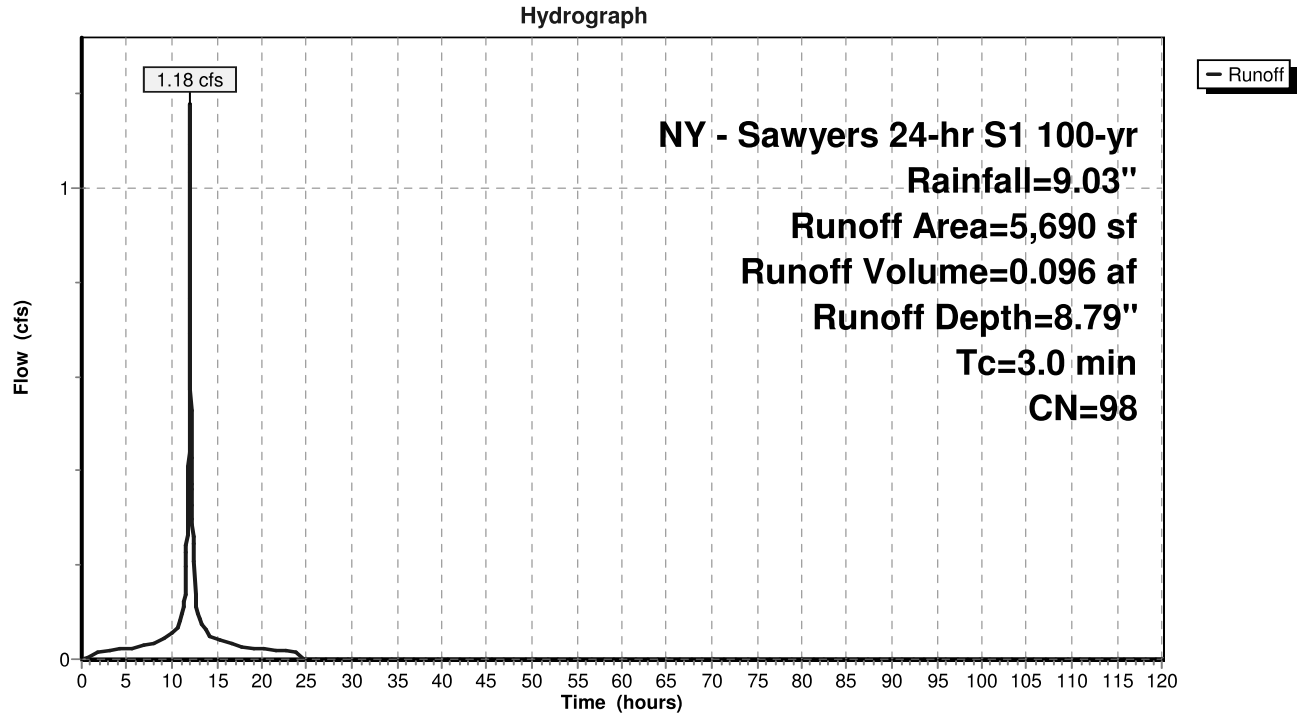
Runoff = 1.18 cfs @ 12.00 hrs, Volume= 0.096 af, Depth= 8.79"

Runoff by SCS TR-20 method, UH=SCS, Weighted-CN, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
NY - Sawyers 24-hr S1 100-yr Rainfall=9.03"

Area (sf)	CN	Description
5,690	98	Paved parking, HSG B
5,690		100.00% Impervious Area

Tc (min)	Length (feet)	Slope (ft/ft)	Velocity (ft/sec)	Capacity (cfs)	Description
3.0					**Direct Entry,**

Subcatchment 1.1S:



Summary for Subcatchment 1.2S:

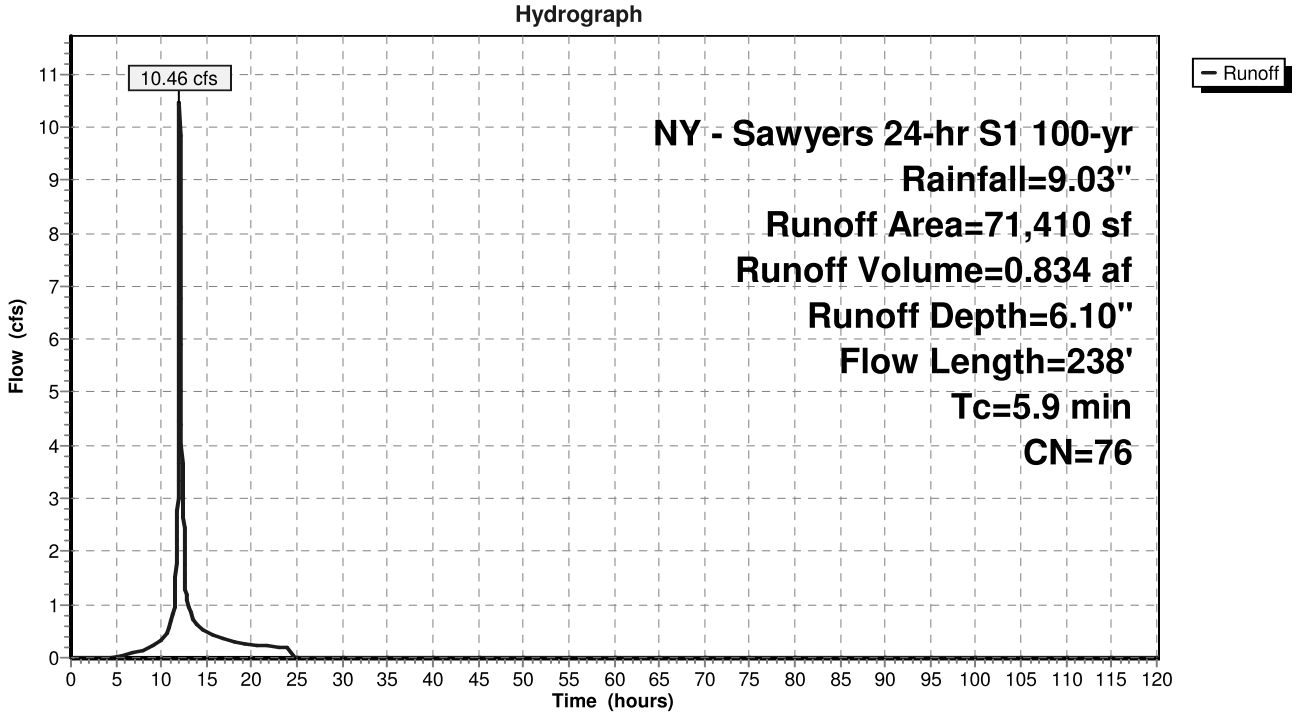
Runoff = 10.46 cfs @ 12.04 hrs, Volume= 0.834 af, Depth= 6.10"

Runoff by SCS TR-20 method, UH=SCS, Weighted-CN, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
NY - Sawyers 24-hr S1 100-yr Rainfall=9.03"

Area (sf)	CN	Description
3,410	98	Paved parking, HSG D
6,200	98	Paved parking, HSG B
36,200	80	>75% Grass cover, Good, HSG D
25,600	61	>75% Grass cover, Good, HSG B
71,410	76	Weighted Average
61,800		86.54% Pervious Area
9,610		13.46% Impervious Area

Tc (min)	Length (feet)	Slope (ft/ft)	Velocity (ft/sec)	Capacity (cfs)	Description
5.5	100	0.0800	0.31		**Sheet Flow,** Grass: Short n= 0.150 P2= 3.40"
0.4	138	0.1600	6.00		**Shallow Concentrated Flow,** Grassed Waterway Kv= 15.0 fps
5.9	238	Total			

Subcatchment 1.2S:

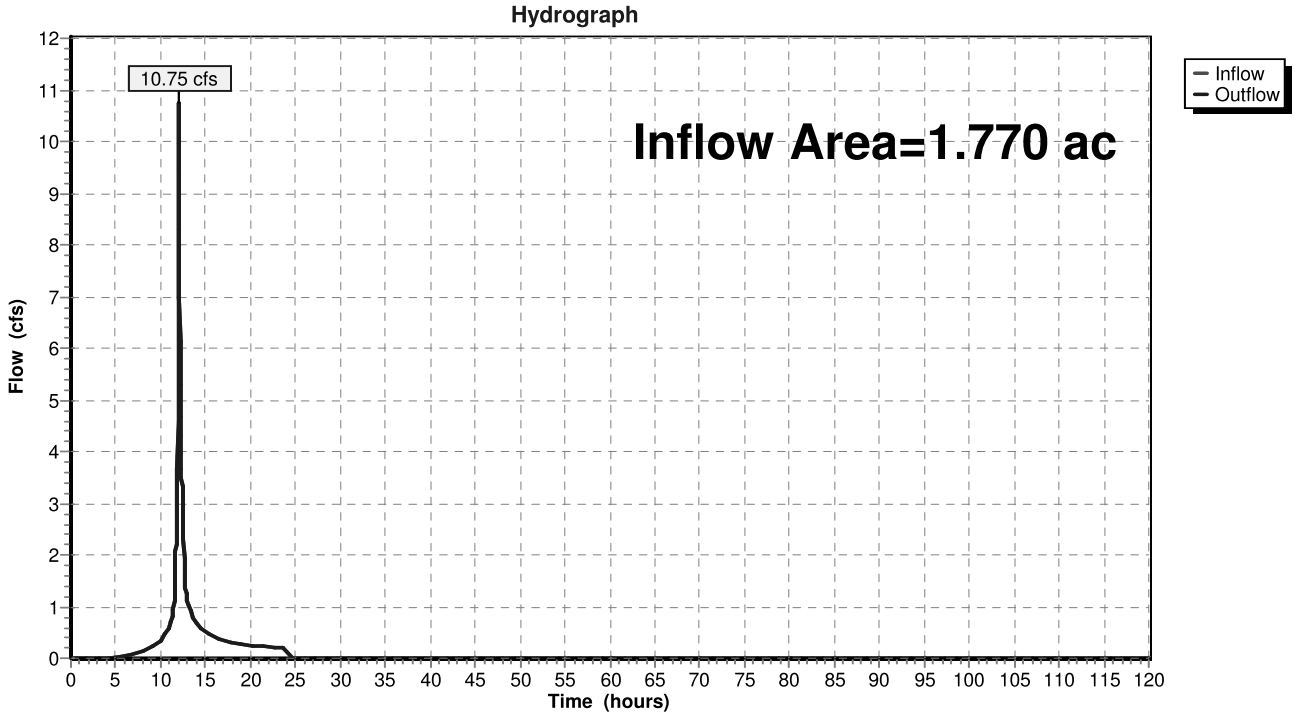


Summary for Reach DL1: Design Line 1

Inflow Area = 1.770 ac, 19.84% Impervious, Inflow Depth = 5.87" for 100-yr event
Inflow = 10.75 cfs @ 12.03 hrs, Volume= 0.865 af
Outflow = 10.75 cfs @ 12.03 hrs, Volume= 0.865 af, Atten= 0%, Lag= 0.0 min

Routing by Dyn-Stor-Ind method, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs

Reach DL1: Design Line 1



Summary for Pond FS:

Inflow Area = 0.131 ac,100.00% Impervious, Inflow Depth = 8.79" for 100-yr event
Inflow = 1.18 cfs @ 12.00 hrs, Volume= 0.096 af
Outflow = 1.18 cfs @ 12.00 hrs, Volume= 0.096 af, Atten= 0%, Lag= 0.0 min
Primary = 0.75 cfs @ 12.00 hrs, Volume= 0.092 af
Secondary = 0.43 cfs @ 12.00 hrs, Volume= 0.004 af

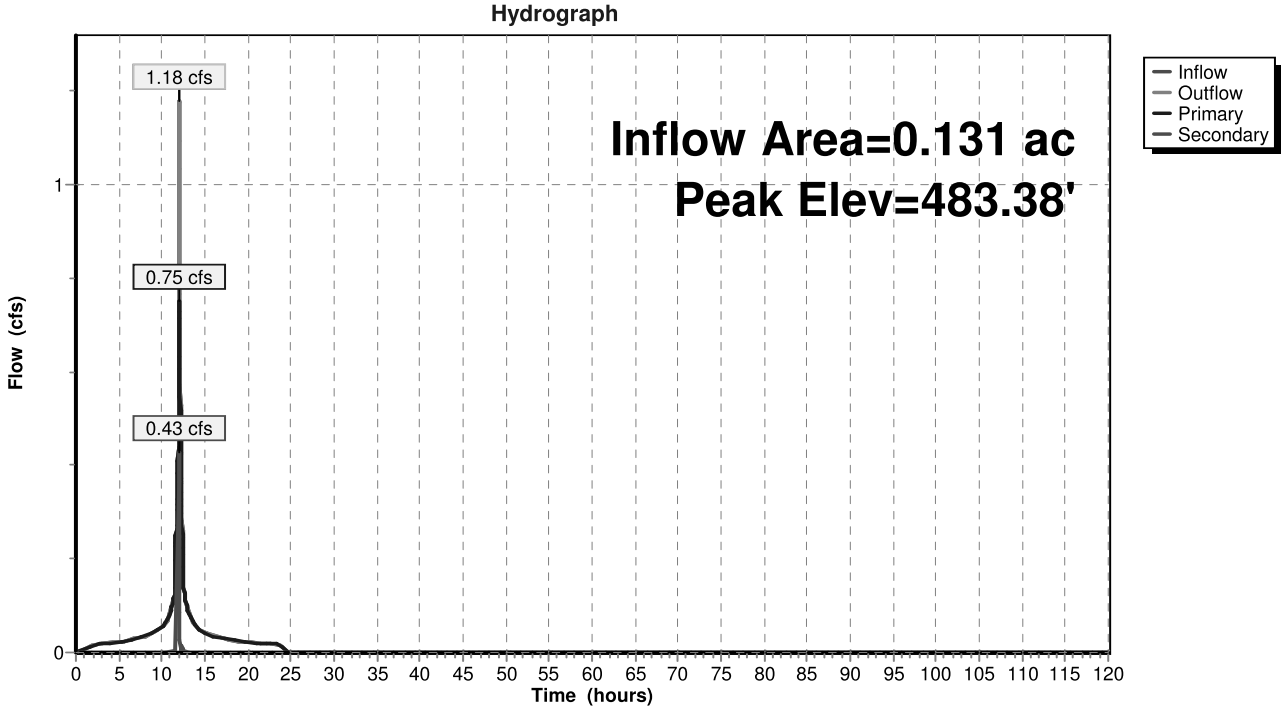
Routing by Dyn-Stor-Ind method, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
Peak Elev= 483.38' @ 12.00 hrs
Flood Elev= 486.50'

Device	Routing	Invert	Outlet Devices
#1	Primary	482.50'	**6.0" Round Culvert** L= 12.0' CPP, square edge headwall, Ke= 0.500 Inlet / Outlet Invert= 482.50' / 480.30' S= 0.1833 '/' Cc= 0.900 n= 0.012, Flow Area= 0.20 sf
#2	Secondary	483.00'	**8.0" Round Culvert** L= 44.0' CPP, square edge headwall, Ke= 0.500 Inlet / Outlet Invert= 483.00' / 481.50' S= 0.0341 '/' Cc= 0.900 n= 0.012, Flow Area= 0.35 sf

Primary OutFlow Max=0.75 cfs @ 12.00 hrs HW=483.37' TW=482.21' (Dynamic Tailwater)
└**1=Culvert** (Inlet Controls 0.75 cfs @ 3.80 fps)

Secondary OutFlow Max=0.42 cfs @ 12.00 hrs HW=483.37' TW=0.00' (Dynamic Tailwater)
└**2=Culvert** (Inlet Controls 0.42 cfs @ 2.08 fps)

Pond FS:



Summary for Pond SMP 1.1: Underground Infiltration System (I-4)

Inflow Area = 0.131 ac,100.00% Impervious, Inflow Depth = 8.46" for 100-yr event
Inflow = 0.75 cfs @ 12.00 hrs, Volume= 0.092 af
Outflow = 0.29 cfs @ 12.27 hrs, Volume= 0.092 af, Atten= 61%, Lag= 16.5 min
Discarded = 0.02 cfs @ 5.04 hrs, Volume= 0.064 af
Primary = 0.27 cfs @ 12.27 hrs, Volume= 0.028 af

Routing by Dyn-Stor-Ind method, Time Span= 0.00-120.00 hrs, dt= 0.03 hrs
Peak Elev= 482.98' @ 12.27 hrs Surf.Area= 0.019 ac Storage= 0.034 af

Plug-Flow detention time= (not calculated: outflow precedes inflow)
Center-of-Mass det. time= 432.9 min (1,170.7 - 737.8)

Volume	Invert	Avail.Storage	Storage Description
#1A	480.00'	0.017 af	**12.00'W x 67.52'L x 3.25'H Field A** 0.060 af Overall - 0.019 af Embedded = 0.041 af x 40.0% Voids
#2A	480.25'	0.019 af	**ADS_StormTech SC-740** x 18 Inside #1 Effective Size= 44.6"W x 30.0"H => 6.45 sf x 7.12'L = 45.9 cf Overall Size= 51.0"W x 30.0"H x 7.56'L with 0.44' Overlap Row Length Adjustment= +0.44' x 6.45 sf x 2 rows
		0.036 af	Total Available Storage

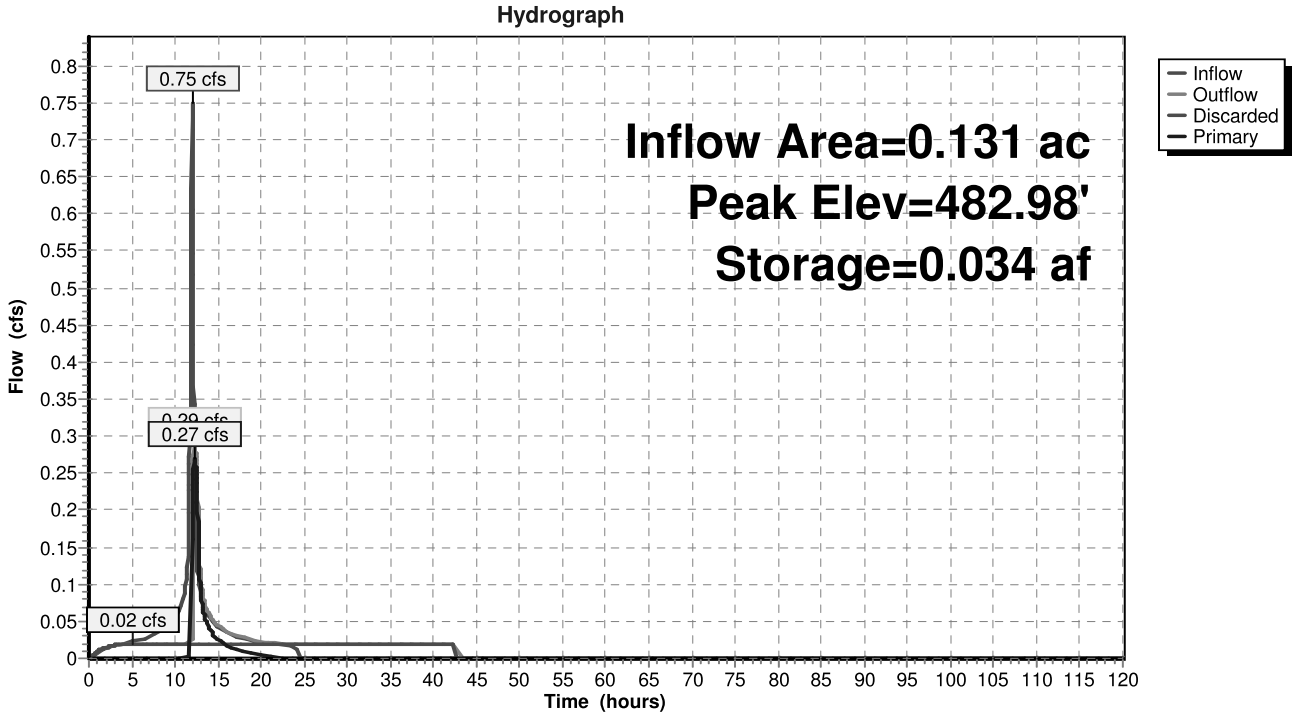
Storage Group A created with Chamber Wizard

Device	Routing	Invert	Outlet Devices
#1	Primary	482.40'	**4.0" Round Culvert** L= 34.0' CPP, square edge headwall, Ke= 0.500 Inlet / Outlet Invert= 482.40' / 481.50' S= 0.0265 '/' Cc= 0.900 n= 0.012, Flow Area= 0.09 sf
#2	Discarded	480.00'	**1.000 in/hr Exfiltration over Surface area**

Discarded OutFlow Max=0.02 cfs @ 5.04 hrs HW=480.03' (Free Discharge)
↑—**2=Exfiltration** (Exfiltration Controls 0.02 cfs)

Primary OutFlow Max=0.27 cfs @ 12.27 hrs HW=482.98' TW=0.00' (Dynamic Tailwater)
↑—**1=Culvert** (Inlet Controls 0.27 cfs @ 3.09 fps)

Pond SMP 1.1: Underground Infiltration System (I-4)



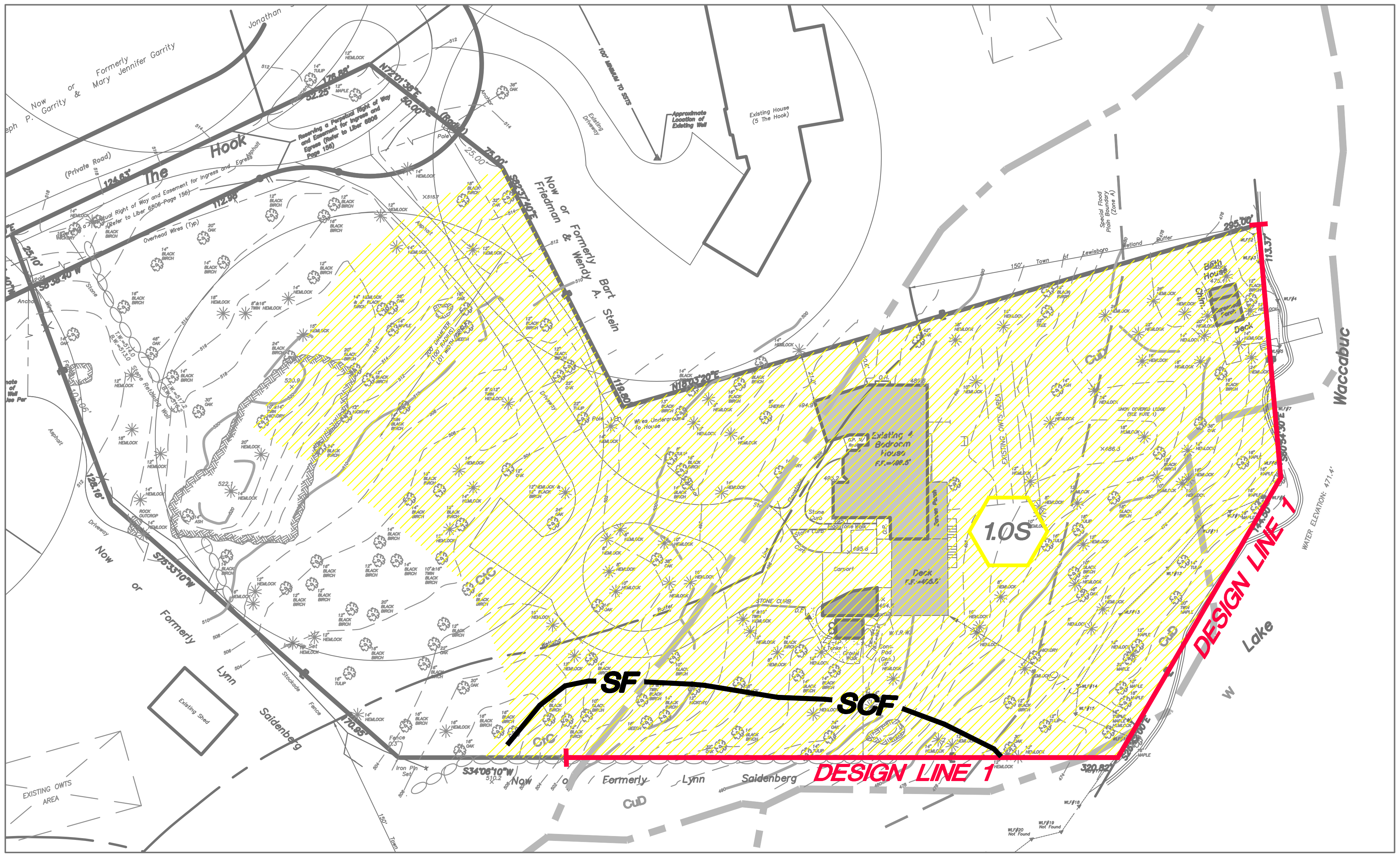
Stage-Area-Storage for Pond SMP 1.1: Underground Infiltration System (I-4)

Elevation (feet)	Surface (acres)	Storage (acre-feet)
480.00	**0.019**	0.000
480.05	0.019	0.000
480.10	0.019	0.001
480.15	0.019	0.001
480.20	0.019	0.001
480.25	0.019	0.002
480.30	0.019	0.003
480.35	0.019	0.003
480.40	0.019	0.004
480.45	0.019	0.005
480.50	0.019	0.005
480.55	0.019	0.006
480.60	0.019	0.007
480.65	0.019	0.007
480.70	0.019	0.008
480.75	0.019	0.009
480.80	0.019	0.010
480.85	0.019	0.010
480.90	0.019	0.011
480.95	0.019	0.012
481.00	0.019	0.012
481.05	0.019	0.013
481.10	0.019	0.014
481.15	0.019	0.014
481.20	0.019	0.015
481.25	0.019	0.016
481.30	0.019	0.016
481.35	0.019	0.017
481.40	0.019	0.017
481.45	0.019	0.018
481.50	0.019	0.019
481.55	0.019	0.019
481.60	0.019	0.020
481.65	0.019	0.021
481.70	0.019	0.021
481.75	0.019	0.022
481.80	0.019	0.022
481.85	0.019	0.023
481.90	0.019	0.024
481.95	0.019	0.024
482.00	0.019	0.025
482.05	0.019	0.025
482.10	0.019	0.026
482.15	0.019	0.026
482.20	0.019	0.027
482.25	0.019	0.027
482.30	0.019	0.028
482.35	0.019	0.029
482.40	0.019	0.029
482.45	0.019	0.029
482.50	0.019	0.030
482.55	0.019	0.030
482.60	0.019	0.031
482.65	0.019	0.031
482.70	0.019	0.032
482.75	0.019	0.032
482.80	0.019	0.032
482.85	0.019	0.033
482.90	0.019	0.033
482.95	0.019	0.033
483.00	0.019	0.034
483.05	0.019	0.034
483.10	0.019	0.035
483.15	0.019	0.035
483.20	0.019	0.035
483.25	0.019	**0.036**

FIGURES

SOILS LEGEND

SOILS	DESCRIPTION	HYDROLOGICAL GROUP
CtC	Chatfield–Hollis–Rock outcrop complex, rolling	D
CuD	Chatfield–Hollis–Rock outcrop complex, hilly	B
W	Water	–



LEGEND

1.0S	SUBCATCHMENT
SF →	TIME OF CONCENTRATION SHEET FLOW
SCF →	TIME OF CONCENTRATION SHALLOW CONCENTRATED FLOW
PF →	TIME OF CONCENTRATION PIPE FLOW
CF →	TIME OF CONCENTRATION CHANNEL FLOW
DESIGN LINE	DESIGN LINE

PROJECT:

3 THE HOOK/SAWYERS RESIDENCE

3 THE HOOK, TOWN OF LEWISBORO, WESTCHESTER COUNTY, NEW YORK

DRAWING:

PRE–DEVELOPMENT DRAINAGE MAP

PREPARED BY:

INSITE ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE, P.C.
3 Garrett Place • Carmel, New York 10512
Phone (845) 225–9690 • Fax (845) 225–9717
www.insite–eng.com

GRAPHIC SCALE

0 30 60 120

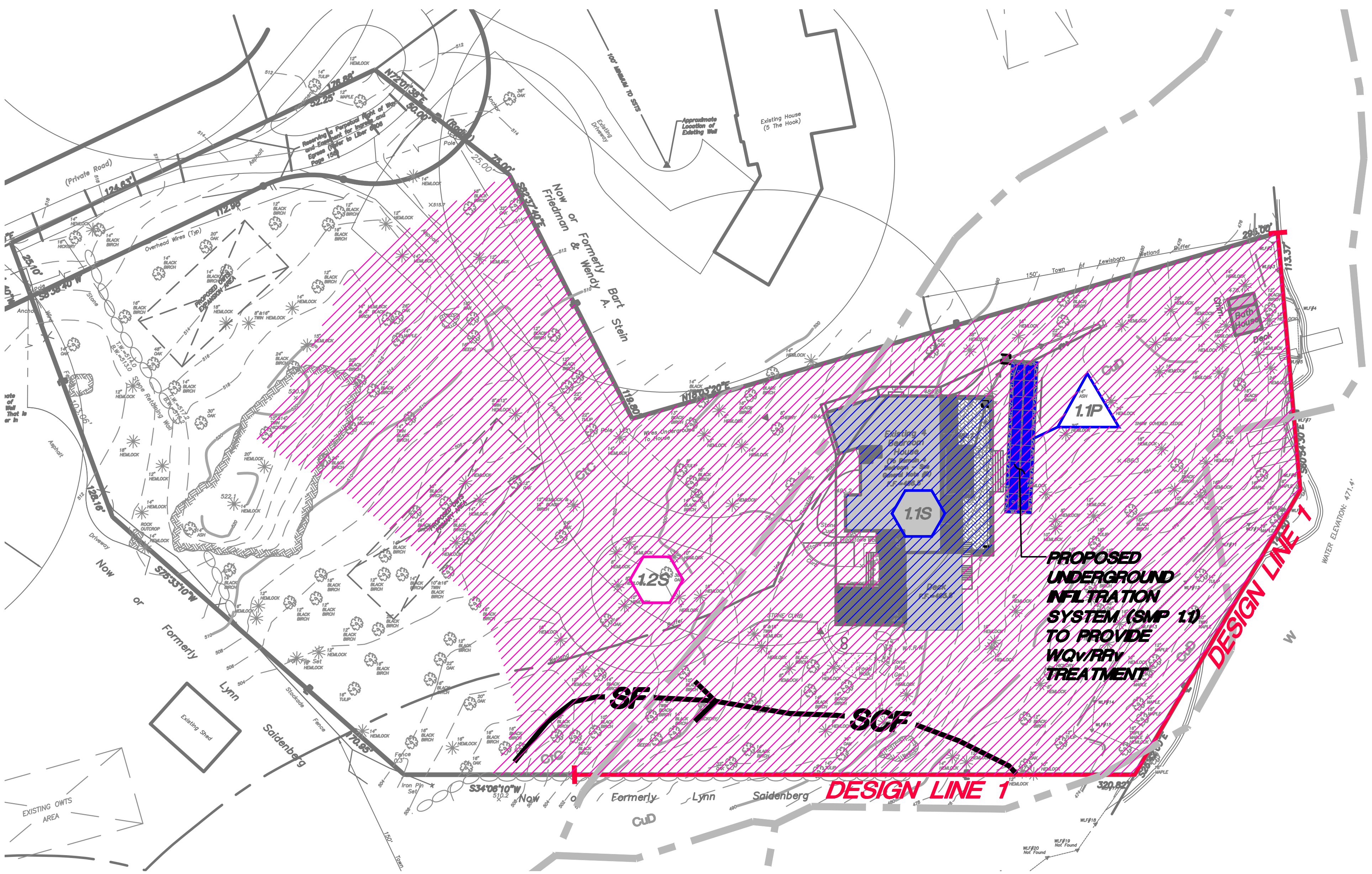
(IN FEET)
1 inch = 60 ft.

DATE:	3–30–20
SCALE:	1" = 60'
PROJECT NO.:	17217.100
FIGURE:	1

Z:\E\17217100\Stormwater\Figures\Figure 1 - Pre Development.dwg, 3/26/2020 1:57:27 PM, jmcmanus, 1:1

SOILS LEGEND

SOILS	DESCRIPTION	HYDROLOGICAL GROUP
CtC	Chatfield–Hollis–Rock outcrop complex, rolling	B
CuD	Chatfield–Hollis–Rock outcrop complex, hilly	D
W	Water	–



LEGEND

1.1S	SUBCATCHMENT
1.1P	STORMWATER MANAGEMENT PRACTICE
SF →	TIME OF CONCENTRATION SHEET FLOW
SCF →	TIME OF CONCENTRATION SHALLOW CONCENTRATED FLOW
PF →	TIME OF CONCENTRATION PIPE FLOW
CF →	TIME OF CONCENTRATION CHANNEL FLOW
DESIGN LINE	DESIGN LINE

PROJECT:

3 THE HOOK/SAWYERS RESIDENCE

3 THE HOOK, TOWN OF LEWISBORO, WESTCHESTER COUNTY, NEW YORK

DRAWING:

POST-DEVELOPMENT DRAINAGE MAP

PREPARED BY:

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GRAPHIC SCALE

0 30 60 120

(IN FEET)
1 inch = 60 ft.

DATE:	3-30-20
SCALE:	1" = 60'
PROJECT NO.:	17217.100
FIGURE:	2

Z:\E\17217100\Stormwater\Figures\Figure 2 - Post Development.dwg, 5/26/2020 2:16:53 PM, jmcmanus, 1:1

plattdana

architects 80 fifth avenue, eleventh floor, new york, ny 10011 **tel** 646 336 6270 **web** plattdana.com

transmittal

project	Sawyers Residence 3 The Hook Road Waccabuc, NY 10587	**date**	May 21, 2020
to	Lewisboro Planning Board		
from	Kate Platt, AIA		
re	BATH HOUSE- existing conditions		
Sent via	Email		
cc	Rich Williams, Insite Engineering		

The “bath house” is a screened porch structure without plumbing, running water or electrical outlets on the interior. There is an existing composting toilet in one of the closets which will be removed. The bath house will be painted to match the house.





PFIZER – JÄHNIG
ENVIRONMENTAL CONSULTING

April 2, 2020

Wetland Delineation Report
3 The Hook
Lewisboro, New York

Introduction:

A wetland delineation was conducted at 3 The Hook on November 11, 2019 by Mary Jaehnig, soil scientist. The 2.5+ acre parcel is located on the southern shore of Lake Waccabuc and supports a single family dwelling.

The topography descends generally to the northeast. The Waccabuc River is located on the property to the east. There are no New York State Department of Environmental Conservation (NYSDEC) regulated wetlands on site or immediately off site. NYSDEC wetland L-14 is located approximately 600 feet to the south according the the NYSDEC mapping.

The locally regulated wetland was flagged in the field using chronologically labeled ribbon from number 1 thru 26.

Soils and Vegetation:

Soil samples were obtained using a hand auger. Features noted include color, texture and depth to wetland indicators. Soils were classified according to guidelines established by the USDA NRCS.

The upland soil unit on site is Chatfield-Hollis Rock outcrop complex of varying slopes. Chatfield loam is a moderately deep, well drained soil formed in glacial till. The depth to bedrock ranges from 20 to 40 inches below grade. The depth to bedrock for Hollis loam averages 16 inches below grade. The depth to the water table usually exceeds 6 feet below grade for both loams. The soils are found in an undulating landscape with stones, boulders and areas of exposed bedrock.

The uplands support mature trees that include white oak (Quercus alba) FACU, red oak (Quercus rubra) FACU, Eastern hemlock, yellow poplar, shagbark hickory and American beech (Fagus grandifolia) FACU. The shrub and groundcover is sparse but includes Japanese barberry (Berberis

17 FAIRVIEW AVE. **RIDGEFIELD, CT 06877** **TEL. (203) 431-8113**
MaryJaehnigSoils@gmail.com

thunbergii) FACU, rhododendron spp. FACU, brambles and Christmas fern (Polystichum acrostichoides) FACU.

The wetland occurs as a narrow rim along portions of the lake and river. The soil is Leicester loam, a deep, poorly drained soil formed in glacial till. The water table is located close to the surface from fall through spring.

The wetland supports red maple (Acer rubrum) FAC, and abundant summersweet (Clethra alnifolia) FAC+, as well as occasional sedge spp.

A stone dam and weir is located at the start of the Waccabuc River.

Fauna:

The mammals observed during the wetland delineation include Whitetail Deer, Eastern Chipmunk and Gray Squirrel. Probable mammal species on site include Oppossum, Raccoon, Striped Skunk, Coyote, Gray Fox, Woodchuck, Deer Mouse, Muskrat, Eastern Cottontail, Bob Cat.

Probable bird species include Wild Turkey, Red tailed Hawk, American Crow, American Goldfinch, Blue Jay, song birds, woodpeckers, ducks and geese.

Reptile and Amphibian species may include Eastern painted turtle, Easter garter Snake, numerous wood frogs, Bull frogs, salamanders.

Numerous fish species within lake.

Wetland Functions and Wetland Buffer Functions:

The wetland on site is a narrow shelf along portions of the water body edge. The wetlands support hydrophytic vegetation and are invaluable for nesting sites as well as perching and other wildlife habitat.

The hydric soil functions to mitigate excess stormwater and as a mechanical and biological filter for stormwater runoff from the uplands above.

The upland buffer to the wetlands and lake is sloping. Mature trees are present as well as a shrub layer and leaf litter. The buffer functions to isolate the wetland and open water from the developed portion of the

property. The buffer also functions as a stormwater pretreatment area by the presence of the leaf litter and groundcover present. The undeveloped buffer also reduces the velocity of stormwater flow approaching the wetlands and lake. Some amount of groundwater and subsoil recharge may occur within the upland buffer area. The mature trees provide a wildlife corridor that connects to neighboring undisturbed woodland.

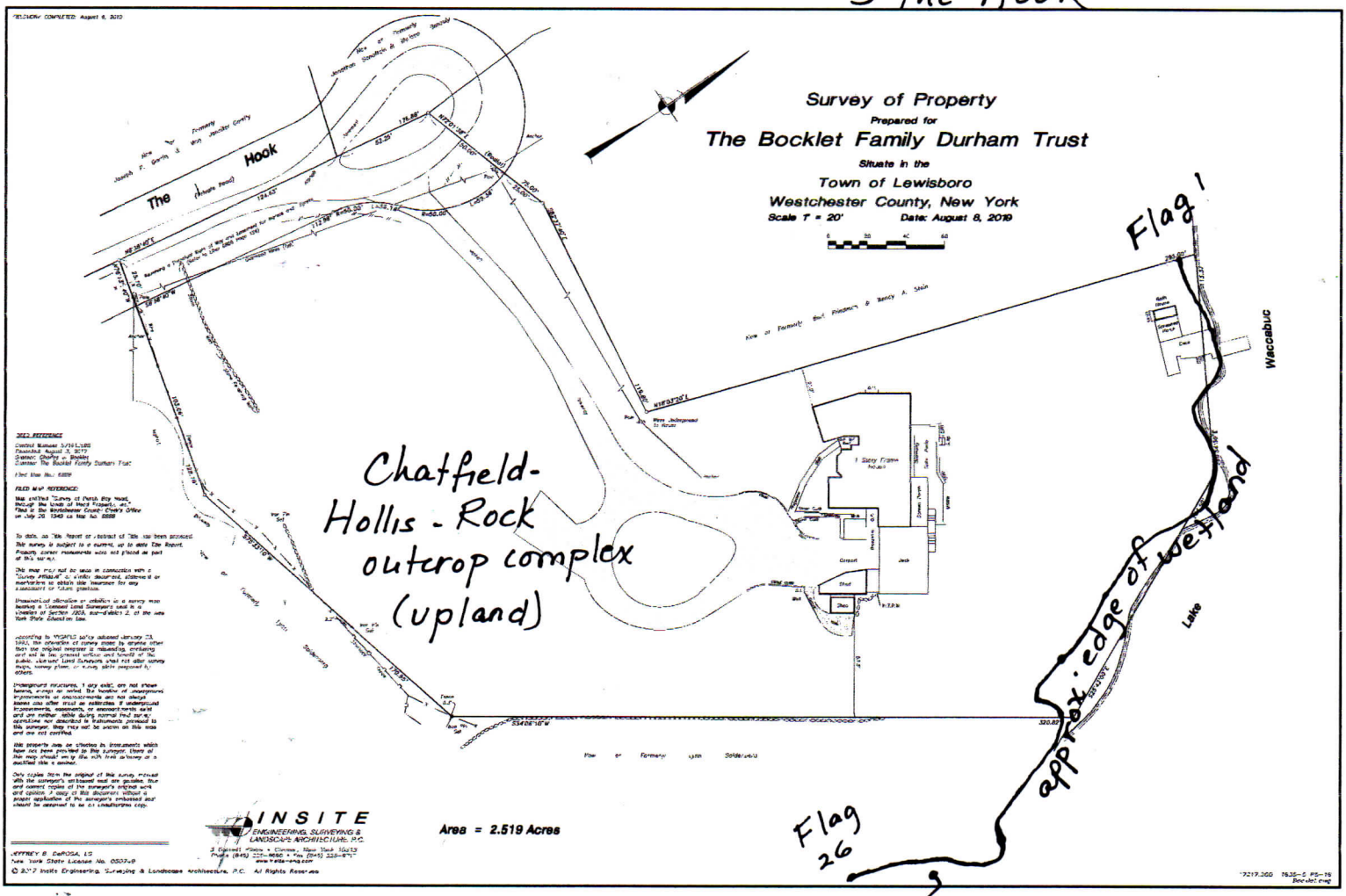
Sincerely,

Mary Jaehnig

Mary Jaehnig
soil scientist

17 FAIRVIEW AVE. **RIDGEFIELD, CT 06877** **TEL. (203) 431-8113**
MaryJaehnigSoils@gmail.com

3 The Hook



Chatfield-Hollis-Rock outcrop complex (upland)

Wetland flagged Nov. 11, 2019, Mary Jaehnig cert. soil scientist 203 431 8113

wetland soil Leicester loam

0644089821

NOTICE OF INTENT

New York State Department of Environmental Conservation
Division of Water
625 Broadway, 4th Floor
Albany, New York 12233-3505

NYR _____ (for DEC use only)

Stormwater Discharges Associated with Construction Activity Under State Pollutant Discharge Elimination System (SPDES) General Permit # GP-0-20-001

All sections must be completed unless otherwise noted. Failure to complete all items may result in this form being returned to you, thereby delaying your coverage under this General Permit. Applicants must read and understand the conditions of the permit and prepare a Stormwater Pollution Prevention Plan prior to submitting this NOI. Applicants are responsible for identifying and obtaining other DEC permits that may be required.

-IMPORTANT-

RETURN THIS FORM TO THE ADDRESS ABOVE

OWNER/OPERATOR MUST SIGN FORM

Owner/Operator Information

Owner/Operator (Company Name/Private Owner Name/Municipality Name)
Susan Sawyers

Owner/Operator Contact Person Last Name (NOT CONSULTANT)
Sawyers

Owner/Operator Contact Person First Name
Susan

Owner/Operator Mailing Address
40 East 61st Street Apt 9C

City
New York

State
NY

Zip
10065 -

Phone (Owner/Operator)
310 - 963 - 4414

Fax (Owner/Operator)
___ - ___ - ____

Email (Owner/Operator)
susan.sawyers@gmail.com

FED TAX ID
__ - _____ (not required for individuals)

Project Site Information

Project/Site Name
Sawyers Residence / 3 The Hook

Street Address (NOT P.O. BOX)
3 The Hook

Side of Street
○ **North** ○ **South** ◉ **East** ○ **West**

City/Town/Village (THAT ISSUES BUILDING PERMIT)
Lewisboro

State: NY
Zip: 10597 -
County: Westchester
DEC Region: 3

Name of Nearest Cross Street
Perch Bay Road

Distance to Nearest Cross Street (Feet)
300

Project In Relation to Cross Street
◉ **North** ○ **South** ○ **East** ○ **West**

Tax Map Numbers
Section-Block-Parcel
33.13-5-8

Tax Map Numbers

1. Provide the Geographic Coordinates for the project site in NYTM Units. To do this you **must** go to the NYSDEC Stormwater Interactive Map on the DEC website at:

www.dec.ny.gov/imsmaps/stormwater/viewer.htm

Zoom into your Project Location such that you can accurately click on the centroid of your site. Once you have located your project site, go to the tool boxes on the top and choose "i"(identify). Then click on the center of your site and a new window containing the X, Y coordinates in UTM will pop up. Transcribe these coordinates into the boxes below. For problems with the interactive map use the help function.

X Coordinates (Easting): 619070

Y Coordinates (Northing): 4572551

2. What is the nature of this construction project?

○ **New Construction**

◉ **Redevelopment with increase in impervious area**

○ **Redevelopment with no increase in impervious area**

3. Select the predominant land use for both pre and post development conditions.
SELECT ONLY ONE CHOICE FOR EACH

Pre-Development Existing Land Use	**Post-Development Future Land Use**
○ FOREST	● SINGLE FAMILY HOME
○ PASTURE/OPEN LAND	○ SINGLE FAMILY SUBDIVISION
○ CULTIVATED LAND	○ TOWN HOME RESIDENTIAL
● SINGLE FAMILY HOME	○ MULTIFAMILY RESIDENTIAL
○ SINGLE FAMILY SUBDIVISION	○ INSTITUTIONAL/SCHOOL
○ TOWN HOME RESIDENTIAL	○ INDUSTRIAL
○ MULTIFAMILY RESIDENTIAL	○ COMMERCIAL
○ INSTITUTIONAL/SCHOOL	○ MUNICIPAL
○ INDUSTRIAL	○ ROAD/HIGHWAY
○ COMMERCIAL	○ RECREATIONAL/SPORTS FIELD
○ ROAD/HIGHWAY	○ BIKE PATH/TRAIL
○ RECREATIONAL/SPORTS FIELD	○ LINEAR UTILITY (water, sewer, gas, etc.)
○ BIKE PATH/TRAIL	○ PARKING LOT
○ LINEAR UTILITY	○ CLEARING/GRADING ONLY
○ PARKING LOT	○ DEMOLITION, NO REDEVELOPMENT
○ OTHER	○ WELL DRILLING ACTIVITY *(Oil, Gas, etc.)
	○ OTHER

Number of Lots

***Note:** for gas well drilling, non-high volume hydraulic fractured wells only

4. In accordance with the larger common plan of development or sale, enter the total project site area; the total area to be disturbed; existing impervious area to be disturbed (for redevelopment activities); and the future impervious area constructed within the disturbed area. (Round to the nearest tenth of an acre.)

Total Site Area	**Total Area To Be Disturbed**	**Existing Impervious Area To Be Disturbed**	**Future Impervious Area Within Disturbed Area**
2.5	0.5	0.2	0.2

5. Do you plan to disturb more than 5 acres of soil at any one time? ○ **Yes** ● **No**

6. Indicate the percentage of each Hydrologic Soil Group(HSG) at the site.

A	**B**	**C**	**D**
0 %	41 %	0 %	59 %

7. Is this a phased project? ○ **Yes** ● **No**

8. Enter the planned start and end dates of the disturbance activities.

Start Date 07/01/2020 – **End Date** 10/01/2020

9. Identify the nearest surface waterbody(ies) to which construction site runoff will discharge.

Name

Lake Waccabuc

9a. Type of waterbody identified in Question 9?

- ○ Wetland / State Jurisdiction On Site (Answer 9b)
- ○ Wetland / State Jurisdiction Off Site
- ● Wetland / Federal Jurisdiction On Site (Answer 9b)
- ○ Wetland / Federal Jurisdiction Off Site
- ○ Stream / Creek On Site
- ○ Stream / Creek Off Site
- ○ River On Site
- ○ River Off Site
- ○ Lake On Site
- ○ Lake Off Site
- ○ Other Type On Site
- ○ Other Type Off Site

9b. How was the wetland identified?

- ○ Regulatory Map
- ● Delineated by Consultant
- ○ Delineated by Army Corps of Engineers
- ○ Other (identify)

10. Has the surface waterbody(ies) in question 9 been identified as a 303(d) segment in Appendix E of GP-0-20-001? ○ **Yes** ● **No**

11. Is this project located in one of the Watersheds identified in Appendix C of GP-0-20-001? ● **Yes** ○ **No**

12. Is the project located in one of the watershed areas associated with AA and AA-S classified waters? ○ **Yes** ● **No**
If no, skip question 13.

13. Does this construction activity disturb land with no existing impervious cover and where the Soil Slope Phase is identified as an E or F on the USDA Soil Survey? ○ **Yes** ○ **No**
If Yes, what is the acreage to be disturbed?

.

14. Will the project disturb soils within a State regulated wetland or the protected 100 foot adjacent area? ○ **Yes** ● **No**

15. Does the site runoff enter a separate storm sewer system (including roadside drains, swales, ditches, culverts, etc)? ○ **Yes** ● **No** ○ **Unknown**

16. What is the name of the municipality/entity that owns the separate storm sewer system?

Town of Lewisboro

17. Does any runoff from the site enter a sewer classified as a Combined Sewer? ○ **Yes** ● **No** ○ **Unknown**

18. Will future use of this site be an agricultural property as defined by the NYS Agriculture and Markets Law? ○ **Yes** ● **No**

19. Is this property owned by a state authority, state agency, federal government or local government? ○ **Yes** ● **No**

20. Is this a remediation project being done under a Department approved work plan? (i.e. CERCLA, RCRA, Voluntary Cleanup Agreement, etc.) ○ **Yes** ● **No**

21. Has the required Erosion and Sediment Control component of the SWPPP been developed in conformance with the current NYS Standards and Specifications for Erosion and Sediment Control (aka Blue Book)? ● **Yes** ○ **No**

22. Does this construction activity require the development of a SWPPP that includes the post-construction stormwater management practice component (i.e. Runoff Reduction, Water Quality and Quantity Control practices/techniques)? ○ **Yes** ● **No**
If No, skip questions 23 and 27-39.

23. Has the post-construction stormwater management practice component of the SWPPP been developed in conformance with the current NYS Stormwater Management Design Manual? ○ **Yes** ○ **No**

24. The Stormwater Pollution Prevention Plan (SWPPP) was prepared by:

- ● **Professional Engineer (P.E.)**
- ○ **Soil and Water Conservation District (SWCD)**
- ○ **Registered Landscape Architect (R.L.A)**
- ○ **Certified Professional in Erosion and Sediment Control (CPESC)**
- ○ **Owner/Operator**
- ○ **Other**

SWPPP Preparer: Insite Engineering

Contact Name (Last, Space, First): Williams, Richard D. JR., P.E.

Mailing Address: 3 Garrett Place

City: Carmel

State: NY Zip: 10512-

Phone: 845-225-9690 Fax: 845-225-9717

Email: rwilliam@insite-eng.com

SWPPP Preparer Certification

I hereby certify that the Stormwater Pollution Prevention Plan (SWPPP) for this project has been prepared in accordance with the terms and conditions of the GP-0-20-001. Furthermore, I understand that certifying false, incorrect or inaccurate information is a violation of this permit and the laws of the State of New York and could subject me to criminal, civil and/or administrative proceedings.

First Name: Richard **MI**: D

Last Name: Williams, P.E.

Signature

Date / /

25. Has a construction sequence schedule for the planned management practices been prepared? ● Yes ○ No

26. Select **all** of the erosion and sediment control practices that will be employed on the project site:

Temporary Structural

- ○ Check Dams
- ○ Construction Road Stabilization
- ○ Dust Control
- ○ Earth Dike
- ○ Level Spreader
- ○ Perimeter Dike/Swale
- ○ Pipe Slope Drain
- ○ Portable Sediment Tank
- ○ Rock Dam
- ○ Sediment Basin
- ○ Sediment Traps
- ● Silt Fence
- ● Stabilized Construction Entrance
- ● Storm Drain Inlet Protection
- ○ Straw/Hay Bale Dike
- ○ Temporary Access Waterway Crossing
- ○ Temporary Stormdrain Diversion
- ○ Temporary Swale
- ○ Turbidity Curtain
- ○ Water bars

Biotechnical

- ○ Brush Matting
- ○ Wattling

Vegetative Measures

- ○ Brush Matting
- ○ Dune Stabilization
- ○ Grassed Waterway
- ● Mulching
- ○ Protecting Vegetation
- ○ Recreation Area Improvement
- ● Seeding
- ○ Sodding
- ○ Straw/Hay Bale Dike
- ○ Streambank Protection
- ○ Temporary Swale
- ● Topsoiling
- ○ Vegetating Waterways

Permanent Structural

- ○ Debris Basin
- ○ Diversion
- ○ Grade Stabilization Structure
- ● Land Grading
- ○ Lined Waterway (Rock)
- ○ Paved Channel (Concrete)
- ○ Paved Flume
- ○ Retaining Wall
- ○ Riprap Slope Protection
- ● Rock Outlet Protection
- ○ Streambank Protection

Other

Post-construction Stormwater Management Practice (SMP) Requirements

Important: Completion of Questions 27-39 is not required if response to Question 22 is No.

27. Identify all site planning practices that were used to prepare the final site plan/layout for the project.

- ○ **Preservation of Undisturbed Areas**
- ○ **Preservation of Buffers**
- ○ **Reduction of Clearing and Grading**
- ○ **Locating Development in Less Sensitive Areas**
- ○ **Roadway Reduction**
- ○ **Sidewalk Reduction**
- ○ **Driveway Reduction**
- ○ **Cul-de-sac Reduction**
- ○ **Building Footprint Reduction**
- ○ **Parking Reduction**

27a. Indicate which of the following soil restoration criteria was used to address the requirements in Section 5.1.6("Soil Restoration") of the Design Manual (2010 version).

- ○ All disturbed areas will be restored in accordance with the Soil Restoration requirements in Table 5.3 of the Design Manual (see page 5-22).
- ○ Compacted areas were considered as impervious cover when calculating the **WQv Required**, and the compacted areas were assigned a post-construction Hydrologic Soil Group (HSG) designation that is one level less permeable than existing conditions for the hydrology analysis.

28. Provide the total Water Quality Volume (WQv) required for this project (based on final site plan/layout).

Total WQv Required

			.			
			.			**acre-feet**

29. Identify the RR techniques (Area Reduction), RR techniques(Volume Reduction) and Standard SMPs with RRv Capacity in Table 1 (See Page 9) that were used to reduce the Total WQv Required(#28).

Also, provide in Table 1 the total impervious area that contributes runoff to each technique/practice selected. For the Area Reduction Techniques, provide the total contributing area (includes pervious area) and, if applicable, the total impervious area that contributes runoff to the technique/practice.

Note: Redevelopment projects shall use Tables 1 and 2 to identify the SMPs used to treat and/or reduce the WQv required. If runoff reduction techniques will not be used to reduce the required WQv, skip to question 33a after identifying the SMPs.

Table 1 - Runoff Reduction (RR) Techniques and Standard Stormwater Management Practices (SMPs)

	Total Contributing Area (acres)		Total Contributing Impervious Area (acres)
RR Techniques (Area Reduction)			
○ Conservation of Natural Areas (RR-1)	___.___	and/or	___.___
○ Sheetflow to Riparian Buffers/Filters Strips (RR-2)	___.___	and/or	___.___
○ Tree Planting/Tree Pit (RR-3)	___.___	and/or	___.___
○ Disconnection of Rooftop Runoff (RR-4)	___.___	and/or	___.___
RR Techniques (Volume Reduction)			
○ Vegetated Swale (RR-5)			___.___
○ Rain Garden (RR-6)			___.___
○ Stormwater Planter (RR-7)			___.___
○ Rain Barrel/Cistern (RR-8)			___.___
○ Porous Pavement (RR-9)			___.___
○ Green Roof (RR-10)			___.___
Standard SMPs with RRv Capacity			
○ Infiltration Trench (I-1)			___.___
○ Infiltration Basin (I-2)			___.___
○ Dry Well (I-3)			___.___
○ Underground Infiltration System (I-4)			___.___
○ Bioretention (F-5)			___.___
○ Dry Swale (O-1)			___.___
Standard SMPs			
○ Micropool Extended Detention (P-1)			___.___
○ Wet Pond (P-2)			___.___
○ Wet Extended Detention (P-3)			___.___
○ Multiple Pond System (P-4)			___.___
○ Pocket Pond (P-5)			___.___
○ Surface Sand Filter (F-1)			___.___
○ Underground Sand Filter (F-2)			___.___
○ Perimeter Sand Filter (F-3)			___.___
○ Organic Filter (F-4)			___.___
○ Shallow Wetland (W-1)			___.___
○ Extended Detention Wetland (W-2)			___.___
○ Pond/Wetland System (W-3)			___.___
○ Pocket Wetland (W-4)			___.___
○ Wet Swale (O-2)			___.___

Table 2 - Alternative SMPs
(DO NOT INCLUDE PRACTICES BEING USED FOR PRETREATMENT ONLY)

Alternative SMP	Total Contributing Impervious Area(acres)
○ **Hydrodynamic**	___.___
○ **Wet Vault**	___.___
○ **Media Filter**	___.___
○ **Other** _____	___.___

Provide the name and manufacturer of the Alternative SMPs (i.e. proprietary practice(s)) being used for WQv treatment.

Name _____

Manufacturer _____

Note: Redevelopment projects which do not use RR techniques, shall use questions 28, 29, 33 and 33a to provide SMPs used, total WQv required and total WQv provided for the project.

30. Indicate the Total RRv provided by the RR techniques (Area/Volume Reduction) and Standard SMPs with RRv capacity identified in question 29.

Total RRv provided

___.___ **acre-feet**

31. Is the Total RRv provided (#30) greater than or equal to the total WQv required (#28).

○ **Yes** ○ **No**

If Yes, go to question 36.
If No, go to question 32.

32. Provide the Minimum RRv required based on HSG.
[Minimum RRv Required = (P)(0.95)(Ai)/12, Ai=(S)(Aic)]

Minimum RRv Required

___.___ **acre-feet**

32a. Is the Total RRv provided (#30) greater than or equal to the Minimum RRv Required (#32)?

○ **Yes** ○ **No**

If Yes, go to question 33.
Note: Use the space provided in question #39 to summarize the specific site limitations and justification for not reducing 100% of WQv required (#28). A detailed evaluation of the specific site limitations and justification for not reducing 100% of the WQv required (#28) must also be included in the SWPPP.
If No, sizing criteria has not been met, so NOI can not be processed. SWPPP preparer must modify design to meet sizing criteria.

33. Identify the Standard SMPs in Table 1 and, if applicable, the Alternative SMPs in Table 2 that were used to treat the remaining total WQv(=Total WQv Required in 28 - Total RRv Provided in 30).

Also, provide in Table 1 and 2 the total impervious area that contributes runoff to each practice selected.

Note: Use Tables 1 and 2 to identify the SMPs used on Redevelopment projects.

33a. Indicate the Total WQv provided (i.e. WQv treated) by the SMPs identified in question #33 and Standard SMPs with RRv Capacity identified in question 29.

WQv Provided

[ ][ ][ ].[ ][ ][ ] **acre-feet**

Note: For the standard SMPs with RRv capacity, the WQv provided by each practice = the WQv calculated using the contributing drainage area to the practice - RRv provided by the practice. (See Table 3.5 in Design Manual)

34. Provide the sum of the Total RRv provided (#30) and the WQv provided (#33a). [ ][ ][ ].[ ][ ][ ]

35. Is the sum of the RRv provided (#30) and the WQv provided (#33a) greater than or equal to the total WQv required (#28)? ○ **Yes** ○ **No**

If Yes, go to question 36.
If No, sizing criteria has not been met, so NOI can not be processed. SWPPP preparer must modify design to meet sizing criteria.

36. Provide the total Channel Protection Storage Volume (CPv) required and provided or select waiver (36a), if applicable.

CPv Required

[ ][ ][ ].[ ][ ][ ] **acre-feet**

CPv Provided

[ ][ ][ ].[ ][ ][ ] **acre-feet**

36a. The need to provide channel protection has been waived because:

○ Site discharges directly to tidal waters or a fifth order or larger stream.

○ Reduction of the total CPv is achieved on site through runoff reduction techniques or infiltration systems.

37. Provide the Overbank Flood (Qp) and Extreme Flood (Qf) control criteria or select waiver (37a), if applicable.

Total Overbank Flood Control Criteria (Qp)

Pre-Development

[ ][ ][ ].[ ][ ][ ] **CFS**

Post-development

[ ][ ][ ].[ ][ ][ ] **CFS**

Total Extreme Flood Control Criteria (Qf)

Pre-Development

[ ][ ][ ].[ ][ ][ ] **CFS**

Post-development

[ ][ ][ ].[ ][ ][ ] **CFS**

37a. The need to meet the Qp and Qf criteria has been waived because:

- ○ Site discharges directly to tidal waters or a fifth order or larger stream.
- ○ Downstream analysis reveals that the Qp and Qf controls are not required

38. Has a long term Operation and Maintenance Plan for the post-construction stormwater management practice(s) been developed? ○ **Yes** ○ **No**

If Yes, Identify the entity responsible for the long term Operation and Maintenance

39. Use this space to summarize the specific site limitations and justification for not reducing 100% of WQv required(#28). (See question 32a) This space can also be used for other pertinent project information.

40. Identify other DEC permits, existing and new, that are required for this project/facility.

- ○ Air Pollution Control
- ○ Coastal Erosion
- ○ Hazardous Waste
- ○ Long Island Wells
- ○ Mined Land Reclamation
- ○ Solid Waste
- ○ Navigable Waters Protection / Article 15
- ○ Water Quality Certificate
- ○ Dam Safety
- ○ Water Supply
- ○ Freshwater Wetlands/Article 24
- ○ Tidal Wetlands
- ○ Wild, Scenic and Recreational Rivers
- ○ Stream Bed or Bank Protection / Article 15
- ○ Endangered or Threatened Species(Incidental Take Permit)
- ● Individual SPDES
- ○ SPDES Multi-Sector GP [N][Y][R][ ][ ][ ][ ][ ][ ]
- ○ Other [ ]
- ○ None

41. Does this project require a US Army Corps of Engineers Wetland Permit? ○ **Yes** ● **No**
If Yes, Indicate Size of Impact. [ ][ ][ ][ ][ ].[ ]

42. Is this project subject to the requirements of a regulated, traditional land use control MS4? ● **Yes** ○ **No**
(If No, skip question 43)

43. Has the "MS4 SWPPP Acceptance" form been signed by the principal executive officer or ranking elected official and submitted along with this NOI? ● **Yes** ○ **No**

44. If this NOI is being submitted for the purpose of continuing or transferring coverage under a general permit for stormwater runoff from construction activities, please indicate the former SPDES number assigned. [N][Y][R][ ][ ][ ][ ][ ][ ]

Owner/Operator Certification

I have read or been advised of the permit conditions and believe that I understand them. I also understand that, under the terms of the permit, there may be reporting requirements. I hereby certify that this document and the corresponding documents were prepared under my direction or supervision. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further understand that coverage under the general permit will be identified in the acknowledgment that I will receive as a result of submitting this NOI and can be as long as sixty (60) business days as provided for in the general permit. I also understand that, by submitting this NOI, I am acknowledging that the SWPPP has been developed and will be implemented as the first element of construction, and agreeing to comply with all the terms and conditions of the general permit for which this NOI is being submitted.

Print First Name

Susan

MI

Print Last Name

Sawyers

Owner/Operator Signature

Date

/ /

NEW YORK STATE OF OPPORTUNITY | Department of Environmental Conservation

NYS Department of Environmental Conservation
Division of Water
625 Broadway, 4th Floor
Albany, New York 12233-3505

MS4 Stormwater Pollution Prevention Plan (SWPPP) Acceptance Form

for

Construction Activities Seeking Authorization Under SPDES General Permit

*(NOTE: Attach Completed Form to Notice Of Intent and Submit to Address Above)

I. Project Owner/Operator Information	
1. Owner/Operator Name:	Susan Sawyers
2. Contact Person:	Susan Sawyers
3. Street Address:	40 East 61st Street Apt 9C
4. City/State/Zip:	New York, NY 10065
II. Project Site Information	
5. Project/Site Name:	Sawyers Residence
6. Street Address:	3 The Hook
7. City/State/Zip:	Waccabuc, NY 10597
III. Stormwater Pollution Prevention Plan (SWPPP) Review and Acceptance Information	
8. SWPPP Reviewed by:	Richard D. Williams, P.E.
9. Title/Position:	Principal Engineer
10. Date Final SWPPP Reviewed and Accepted:	
IV. Regulated MS4 Information	
11. Name of MS4:	Town of Lewisboro
12. MS4 SPDES Permit Identification Number: NYR20A	
13. Contact Person:	
14. Street Address:	
15. City/State/Zip:	
16. Telephone Number:	

MS4 SWPPP Acceptance Form - continued

V. Certification Statement - MS4 Official (principal executive officer or ranking elected official) or Duly Authorized Representative

I hereby certify that the final Stormwater Pollution Prevention Plan (SWPPP) for the construction project identified in question 5 has been reviewed and meets the substantive requirements in the SPDES General Permit For Stormwater Discharges from Municipal Separate Storm Sewer Systems (MS4s). Note: The MS4, through the acceptance of the SWPPP, assumes no responsibility for the accuracy and adequacy of the design included in the SWPPP. In addition, review and acceptance of the SWPPP by the MS4 does not relieve the owner/operator or their SWPPP preparer of responsibility or liability for errors or omissions in the plan.

Printed Name: Joseph M. Cermele, P.E.

Title/Position: Consulting Town Engineering

Signature:

Date:

VI. Additional Information

(NYS DEC - MS4 SWPPP Acceptance Form - January 2015)

Application No.: 27 – 20WP
Fee: ϕ Date: 6/9/20

TOWN OF LEWISBORO
WETLAND PERMIT APPLICATION

79 Bouton Road, South Salem, NY 10590
Phone: (914) 763-5592
Fax: (914) 875-9148

Project Address: Town Park, Route 35, South Salem, NY 10590

Sheet: 42.4 Block: 3 Lot(s): 14

Project Description (Identify the improvements proposed within the wetland/wetland buffer and the approximate amount of wetland/wetland buffer disturbance): Create an ADA-accessible gravel trail over an existing earthen trail within Town Park.
The trail is located proximate to a pond identified as NYSDEC Wetland L-20, within the wetland buffer. The trail will be 4' W x 0.5 D x 804' L using the existing trail as a footprint.

Owner's Name: Town of Lewisboro Phone: (914) 763-3511

Owner's Address: P.O. Box 500, 11 Main Street, South Salem, NY 10590 Email: supervisor@lewisborogov.com

Applicant's Name (if different): _____ Phone: _____

Applicant's Address: _____ Email: _____

Agent's Name (if applicable): Jan K. Johannessen, AICP Phone: (914) 273-2323

Agent's Address: 500 Main Street, Armonk, NY 10504 Email: jjohannessen@kelses.com

TO BE COMPLETED BY OWNER/APPLICANT

What type of Wetland Permit is required? (see §217-5C and §217-5D of the Town Code)

□ Administrative ■ Planning Board

Is the project located within the NYCDEP Watershed? ■ Yes □ No

Total area of proposed disturbance: ■ < 5,000 s.f. □ 5,000 s.f. - < 1 acre □ ≥1 acre

Does the proposed action require any other permits/approvals from other agencies/departments? (Planning Board, Town Board, Zoning Board of Appeals, Building Department, Town Highway, ACARC, NYSDEC, NYCDEP, WCDOH, NYSDOT, etc): Identify all other permits/approvals required:
NYSDEC Article 24 Freshwater Wetland Permit

Note: Initially, all applications shall be submitted with a plan that illustrates the existing conditions and proposed improvements. Said plan must include a line which encircles the total area of proposed land disturbance and the approximate area of disturbance must be calculated (square feet). The Planning Board and/or Town Wetland Inspector may require additional materials, information, reports and plans, as determined necessary, to review and evaluate the proposed action. If the proposed action requires a Planning Board Wetland Permit, the application materials outlined under §217-7 of the Town Code must be submitted, unless waived by the Planning Board. The Planning Board may establish an initial escrow deposit to cover the cost of application/plan review and inspections conducted by the Town's consultants.

For administrative wetland permits, see attached Administrative Wetland Permit Fee Schedule.

Owner Signature: _____ Date: 6/8/2020

NYSDEC FRESHWATER WETLAND BOUNDARY VALIDATION

The freshwater wetland boundary as represented on these plans accurately depicts the limits of Freshwater Wetland L-20 as delineated by JAN JOHANNESSEN on 3-9-2020.

KELLARD SESSIONS

DEC Staff:_____ __/__/__ Surveyor/Engineer: CONSULTING

Date Valid:_____ Expiration Date:_____ SEAL

Wetland boundary delineations as validated by the New York State Department of Environmental Conservation remain valid for five (5) years **unless** existing exempt activities, area hydrology, or land use practices change (e.g., agricultural to residential). **After five (5) years the boundary must be revalidated by DEC staff.** Revalidation may include a new delineation and survey of the wetland boundary.

Any proposed construction, grading, filling, excavating, clearing or other regulated activity in the freshwater wetland or within 100 feet of the wetland boundary as depicted on this plan requires a permit from the NYS Department of Environmental Conservation under Article 24 of the Environmental Conservation Law (Freshwater Wetlands Act) prior to commencement of work.

NORTH

OLD POST ROAD (NY-35)

PROJECT SITE

NYSDEC WETLAND L-20

NYSDEC CLASS C WATERCOURSE

EXISTING FOOT BRIDGE TO BE REFURBISHED. NO LAND DISTURBANCE PROPOSED.

150' TOWN WETLAND BUFFER

LIMITS OF DISTURBANCE ±14,850 S.F.

EXISTING LEAN-TO

PROPOSED 4' WIDE GRAVEL TRAIL

BASKETBALL COURT

BASKETBALL COURT

VOLLEYBALL COURT

VOLLEYBALL COURT

PLAYGROUND AREA

SWINGSET

100' NYSDEC WETLAND ADJACENT AREA

CONTRACTOR STAGING AREA

EXISTING PAVED WALKWAY

AMPHITHEATER

PLAYGROUND AREA

EXISTING PAVILION

EXISTING PAVED WALKWAY

±2,490 S.F. "NO MOW" ZONE

EXISTING BRIDGE

NYSDEC CLASS C WATERCOURSE

NYSDEC WETLAND L-20

EXISTING GRAVEL PATH

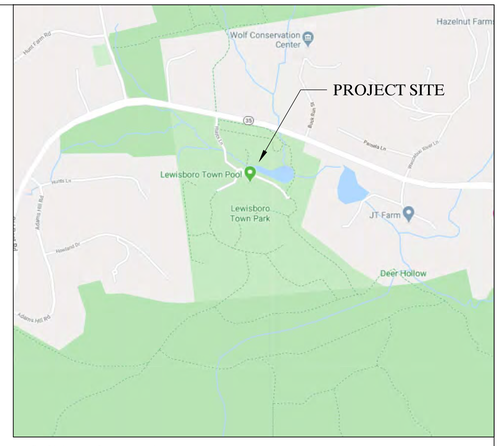
EXISTING BRIDGE

EXISTING LEAN-TO

CONTRACTOR STAGING AREA

EXISTING ASPHALT DRIVE





LOCATION MAP:

(N.T.S.)

SITE DATA:

ADDRESS: TOWN PARK
ROUTE 35
SOUTH SALEM, NY 10590

OWNER: TOWN OF LEWISBORO

TAX ID: SHEET 42.4, BLOCK 3, LOT 14

LOT AREA: ±54.7 ACRES (±2,384,413 S.F.)

LEGEND

- SITE PROPERTY LINE
- ADJACENT PROPERTY LINE
- EXISTING STRUCTURE
- EXISTING WALKWAY
- PROPOSED GRAVEL TRAIL
- PROPOSED "NO MOW" ZONE
- WETLAND AREA
- LIMITS OF DISTURBANCE
- SF — TEMPORARY SILT FENCE
- TOWN OF LEWISBORO 150' WETLAND BUFFER
- NYSDEC 100' WETLAND ADJACENT AREA
- EXISTING TREELINE
- EXISTING TREE
- EXISTING POLE

GENERAL NOTES

1. EXISTING CONDITIONS, PROPERTY LINES, AND TOPOGRAPHY TAKEN FROM WESTCHESTER COUNTY GIS.
2. ON-SITE WETLANDS DELINEATED BY KELLARD SESSIONS CONSULTING ON MARCH 9, 2020. WETLAND FLAGS WERE GPS LOCATED BY KELLARD SESSIONS CONSULTING USING A SUB-METER GPS UNIT.
3. NO TREES ARE PROPOSED TO BE REMOVED BY THIS PROJECT.
4. IT IS THE CONTRACTOR'S RESPONSIBILITY TO REQUEST A "CODE 53 EXISTING UTILITY LOCATION" AT LEAST 2 DAYS BUT NO MORE THAN 10 DAYS PRIOR TO CONSTRUCTION FOR UNDERGROUND UTILITY LOCATIONS. THE CONTRACTOR SHALL NOT PERFORM ANY EXCAVATION UNTIL ALL UTILITIES ARE LOCATED AND MARKED.

GRAPHIC SCALE

30 0 15 30 60 120

(IN FEET)
1 inch = 30 ft.

KELLARD SESSIONS
CONSULTING ENGINEERING & LANDSCAPE ARCHITECTURE PLANNING, D.P.C.
500 MAIN STREET
ARMONK, N.Y. 10504
P: (914) 273-2323
F: (914) 273-2329
WWW.KELSES.COM

PARTIAL SITE - TRAIL PLAN

LEWISBORO TOWN PARK

TOWN OF LEWISBORO — WESTCHESTER COUNTY, NEW YORK

STATE OF NEW YORK — JOSEPH MATTHEW GEMMELE — 076802 — LICENSED PROFESSIONAL ENGINEER

REVISIONS	
10.	
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1/2

PROJECT I.D.: ZLW9030

DATE: APRIL 28, 2020

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UNAUTHORIZED ADDITIONS, MODIFICATIONS AND / OR ALTERATIONS TO THESE PLANS IS A VIOLATION OF SECTION 7209(2) OF THE NEW YORK STATE EDUCATION LAW

Apr 28, 2020 - 9:08pm T:\Landscape\Town Projects\Town Park - Trail_Sessions_Park.dwg - Layout Tab: 1 - Trail - Smoother Path.dwg - smoothie

EROSION AND SEDIMENT CONTROL NOTES

ALL PROPOSED SOIL EROSION AND SEDIMENT CONTROL PRACTICES HAVE BEEN DESIGNED IN ACCORDANCE WITH THE FOLLOWING PUBLICATIONS:

- NEW YORK STANDARDS AND SPECIFICATIONS FOR EROSION AND SEDIMENT CONTROL, "BLUE BOOK"
- NEW YORK STATE SPDES GENERAL PERMIT, GP-0-20-001, FOR STORMWATER DISCHARGES FROM CONSTRUCTION ACTIVITY
- TOWN CODE OF LEWISBORO CHAPTER 189 "STORMWATER MANAGEMENT AND EROSION AND SEDIMENT CONTROL"

A COPY OF THE CONTRACTOR CERTIFICATION FORM IS PROVIDED IN STORMWATER POLLUTION PREVENTION PLAN APPENDIX A. THIS FORM WILL BE SIGNED BY THE CONTRACTOR PRIOR TO THE COMMENCEMENT OF CONSTRUCTION ACTIVITY. EACH CONTRACTOR AND SUBCONTRACTOR SHALL IDENTIFY AT LEAST ONE (1) PERSON FROM THEIR COMPANY THAT WILL BE RESPONSIBLE FOR IMPLEMENTATION OF THE EROSION CONTROL PLAN. THIS PERSON SHALL BE KNOWN AS THE TRAINED CONTRACTOR. THE TRAINED CONTRACTOR SHALL BE ON SITE ON A DAILY BASIS WHEN VEGETATION REMOVAL ACTIVITIES ARE BEING PERFORMED. THE TRAINED CONTRACTOR MUST RECEIVE FOUR (4) HOURS OF NYSDEC ENDORSED TRAINING IN PROPER EROSION AND SEDIMENT CONTROL PRINCIPLES FROM A SOIL AND WATER CONSERVATION DISTRICT, OR OTHER NYSDEC ENDORSED ENTITY. THE TRAINED CONTRACTOR MUST RECEIVE FOUR (4) HOURS OF TRAINING EVERY THREE (3) YEARS. THE TRAINED CONTRACTOR SHALL INSPECT THE EROSION AND SEDIMENT CONTROL PRACTICES AND POLLUTION PREVENTION MEASURES IMPLEMENTED WITHIN THE CONSTRUCTION AREA ON A DAILY BASIS TO ENSURE THAT THEY ARE BEING MAINTAINED IN EFFECTIVE OPERATING CONDITIONS AT ALL TIMES. IF DEFICIENCIES ARE IDENTIFIED BY THE TRAINED CONTRACTOR, THE CONTRACTOR SHALL BEGIN IMPLEMENTING CORRECTIVE ACTIONS WITHIN ONE (1) BUSINESS DAY AND SHALL COMPLETE THE CORRECTIVE ACTIONS IN A REASONABLE TIME FRAME.

THE OWNER/OPERATOR SHALL MAINTAIN AT THE CONSTRUCTION SITE A COPY OF THE NYSDEC SPDES GENERAL PERMIT FOR STORMWATER DISCHARGES FROM CONSTRUCTION ACTIVITIES, GP-0-20-001, THE NOTICE OF INTENT (NOI), THE NOI ACKNOWLEDGMENT LETTER, AND INSPECTION REPORTS FROM THE TRAINED CONTRACTOR INSPECTOR UNTIL ALL DISTURBED AREAS HAVE ACHIEVED FINAL STABILIZATION AND THE NOTICE OF TERMINATION (NOT) HAS BEEN FILED WITH THE NYSDEC.

THE PROPOSED SOIL EROSION AND SEDIMENT CONTROL DEVICES INCLUDE THE PLANNED EROSION CONTROL PRACTICES OUTLINED BELOW. MAINTENANCE PROCEDURES FOR EACH EROSION CONTROL PRACTICE ARE ALSO PROVIDED ON THE PLANS AND HEREIN. THE OWNER OR OPERATOR MUST ENSURE THAT ALL EROSION AND SEDIMENT CONTROL PRACTICES IDENTIFIED HEREIN ARE MAINTAINED IN EFFECTIVE OPERATING CONDITION AT ALL TIMES.

STABILIZED CONSTRUCTION ENTRANCE

A STABILIZED CONSTRUCTION ENTRANCE SHALL BE INSTALLED AS ILLUSTRATED ON THE APPROVED PLANS. THE PURPOSE OF THE STABILIZED CONSTRUCTION ENTRANCE IS TO PREVENT VEHICLES LEAVING THE SITE FROM TRACKING SEDIMENT, MUD OR ANY OTHER CONSTRUCTION-RELATED MATERIALS FROM THE SITE ONTO THE DRIVEWAY.

MAINTENANCE/INSPECTION

THE CONTRACTOR SHALL MAINTAIN THE CONSTRUCTION ENTRANCE IN A MANNER WHICH PREVENTS OR SIGNIFICANTLY REDUCES THE TRACKING OF SEDIMENT/SOIL ONTO THE EXISTING ROADWAYS. THE CONTRACTOR SHALL INSPECT THE CONSTRUCTION ENTRANCE DAILY FOR DISPLACEMENT OR LOSS OF AGGREGATE. THE CONTRACTOR SHALL PERIODICALLY TOP-DRESS THE CONSTRUCTION ENTRANCE WHEN DISPLACEMENT/LOSS OF AGGREGATE OCCURS, OR IF THE AGGREGATE BECOMES CLOGGED OR SILTED TO THE EXTENT THAT THE ENTRANCE CAN NO LONGER PERFORM ITS INTENDED FUNCTION. THE CONTRACTOR SHALL INSPECT THE ROADWAYS SEVERAL TIMES A DAY AND IMMEDIATELY REMOVE ANY SEDIMENT DROPPED OR WASHED ONTO THE ROAD.

SILT FENCE

SILT FENCE (GEOTEXTILE FIBER CLOTH) SHALL BE PLACED IN LOCATIONS DEPICTED ON THE APPROVED PLANS. THE PURPOSE OF THE SILT FENCE IS TO REDUCE THE VELOCITY OF SEDIMENT-LADEN STORMWATER DISCHARGING FROM SMALL DRAINAGE AREAS AND TO INTERCEPT THE TRANSPORTED SEDIMENT LOAD. IN GENERAL, SILT FENCE SHALL BE USED AT THE PERIMETER OF DISTURBED AREAS, TOE OF SLOPES OR INTERMEDIATELY WITHIN SLOPES WHERE OBVIOUS CHANNEL CONCENTRATION OF STORMWATER IS NOT PRESENT. SILT FENCE SHALL ALWAYS BE INSTALLED PARALLEL TO THE CONTOURS IN ORDER TO PREVENT CONCENTRATED FLOWS FROM DEVELOPING ALONG THE SILT FENCE.

MAINTENANCE/INSPECTION

INSPECTIONS SHALL INCLUDE ENSURING THAT THE FENCE MATERIAL IS TIGHTLY SECURED TO THE WOOD POSTS. IN ADDITION, OVERLAPPING FILTER FABRIC SHALL BE SECURE AND THE FABRIC SHALL BE MAINTAINED A MINIMUM OF SIX (6) INCHES BELOW GRADE. IN THE EVENT THAT ANY "BULGES" DEVELOP IN THE FENCE, THAT SECTION OF FENCE SHALL BE REPLACED IMMEDIATELY WITH A NEW FENCE SECTION. ANY VISIBLE SEDIMENT BUILD-UP AGAINST THE FENCE SHALL BE REMOVED IMMEDIATELY AND DEPOSITED ON-SITE A MINIMUM OF 100 FEET OUTSIDE OF ANY WETLAND.

SOIL/MATERIAL STOCKPILING

ALL SOIL/MATERIAL STRIPPED FROM THE CONSTRUCTION AREA DURING GRUBBING AND GRADING SHALL BE STOCKPILED IN LOCATIONS ILLUSTRATED ON THE APPROVED PLANS, OR IN PRACTICAL LOCATIONS ON-SITE.

MAINTENANCE/INSPECTION

ALL STOCKPILES SHALL BE INSPECTED (FOR SIGNS OF EROSION OR PROBLEMS WITH SEED ESTABLISHMENT). SOIL STOCKPILES SHALL BE PROTECTED FROM EROSION BY VEGETATING THE STOCKPILE WITH A RAPIDLY-GERMINATING GRASS SEED AND SURROUNDED WITH SILT FENCE. IN THE NON-GROWING SEASON, THE STOCKPILES SHALL BE PROTECTED BY A TARPAULIN COVERING THE ENTIRE STOCKPILE.

MAINTENANCE/INSPECTION

THE CHECK DAMS SHOULD BE INSPECTED AFTER EACH RUNOFF EVENT. CORRECT ALL DAMAGE IMMEDIATELY. IF SIGNIFICANT EROSION HAS OCCURRED BETWEEN STRUCTURES, A LINER OF STONE OR OTHER SUITABLE MATERIAL SHOULD BE INSTALLED IN THAT PORTION OF THE CHANNEL OR ADDITIONAL CHECK DAMS ADDED. REMOVE SEDIMENT ACCUMULATED BEHIND THE DAM AS NEEDED TO ALLOW CHANNEL TO DRAIN THROUGH THE STONE CHECK DAM AND PREVENT LARGE FLOWS FROM CARRYING SEDIMENT OVER THE DAM.

TREE PROTECTION

ALL SIGNIFICANT TREES TO BE PRESERVED LOCATED WITHIN THE LIMITS OF DISTURBANCE AND ON THE PERIMETER OF THE DISTURBANCE LIMITS SHALL BE PROTECTED FROM HARM BY ERECTING A THREE (3) FEET HIGH (MINIMUM) SNOW FENCE COMPLETELY SURROUNDING THE TREE. SNOW FENCE SHOULD EXTEND TO THE DRIP-LINE OF THE TREE TO BE PRESERVED. TREES DESIGNATED TO BE PROTECTED/SAVED SHALL BE IDENTIFIED DURING THE STAKING OF THE LIMITS OF DISTURBANCE.

MAINTENANCE/INSPECTION

THE SNOW FENCE SHALL REMAIN AT THE DRIP-LINE OF THE TREE TO BE PRESERVED. THE SNOW FENCE SHALL BE INSPECTED A MINIMUM OF ONCE EVERY SEVEN (7) DAYS. ANY DAMAGED PORTIONS OF THE FENCE SHALL BE REPAIRED OR REPLACED. CARE SHALL ALSO BE TAKEN TO ENSURE THAT NO CONSTRUCTION EQUIPMENT IS DRIVEN OR PARKED WITHIN THE DRIP-LINE OF THE TREE TO BE PRESERVED.

SURFACE STABILIZATION

ALL DISTURBED AREAS WILL BE PROTECTED FROM EROSION WITH THE USE OF VEGETATIVE MEASURES (E.G., GRASS SEED MIX), HAY OR CURLEX EXCELSIOR EROSION CONTROL BLANKETS.

EROSION CONTROL BARRIERS CONSISTING OF SILT FENCING SHALL BE PLACED AROUND EXPOSED AREAS DURING CONSTRUCTION. ANY AREAS STRIPPED OF VEGETATION DURING CONSTRUCTION WILL BE VEGETATED AND/OR MULCHED IMMEDIATELY TO PREVENT EROSION OF THE EXPOSED SOILS. IN SITE AREAS WHERE SPECIFICALLY DIRECTED, CURLEX EXCELSIOR EROSION CONTROL BLANKETS (MANUFACTURED BY AMERICAN EXCELSIOR OR APPROVED EQUAL) SHALL BE INSTALLED.

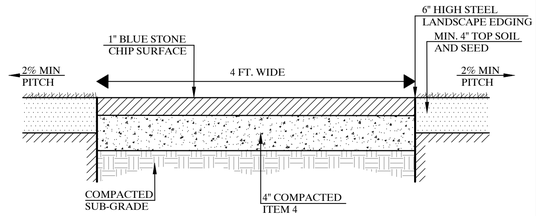
MATERIALS THAT MAY BE USED FOR MULCHING INCLUDE STRAW, HAY, SALT HAY, WOOD FIBER, SYNTHETIC SOIL STABILIZERS, MULCH NETTING OR EROSION CONTROL BLANKETS. A PERMANENT VEGETATIVE COVER SHALL BE ESTABLISHED UPON COMPLETION OF CONSTRUCTION OF THOSE AREAS WHICH HAVE BEEN BROUGHT TO FINISH GRADE AND TO REMAIN UNDISTURBED.

POLLUTION PREVENTION MEASURES FOR CONSTRUCTION RELATED ACTIVITIES

POLLUTION PREVENTION PRACTICES FOR PREVENTING LITTER, CONSTRUCTION CHEMICALS (IF APPLICABLE) AND CONSTRUCTION DEBRIS FROM BECOMING A POLLUTANT SOURCE IN STORMWATER DISCHARGE INCLUDE DAILY PICKUP OF CONSTRUCTION DEBRIS, INSPECTION, DESIGNATED STORAGE AREAS, AND PHYSICAL CONTROLS SUCH AS SILT FENCING, STABILIZED CONSTRUCTION ENTRANCE AND INLET PROTECTION.
INSPECTIONS WILL ALSO BE CONDUCTED TO ENSURE THAT DUST CONTROL MEASURES ARE UTILIZED AS NECESSARY. DURING CONSTRUCTION, MAINTENANCE, CONSTRUCTION AND WASTE MATERIALS SHALL BE STORED WITHIN SUITABLE AREAS/DUMPSTERS, AS APPROPRIATE, TO MINIMIZE THE EXPOSURE OF THE MATERIALS TO STORMWATER AND SPILL PREVENTION. ALL MAINTENANCE AND CONSTRUCTION WASTE WILL BE DISPOSED OF IN A SAFE MANNER IN ACCORDANCE WITH ALL APPLICABLE REGULATIONS.

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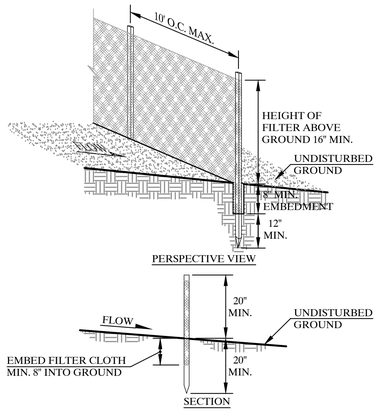
TRAIL DETAIL (N.T.S.)



NOTES:

1. FINISHED SURFACE OF BLUE STONE CHIP SHALL MATCH TOP OF STEEL EDGING.
2. STEEL EDGING SHALL BE DRIVEN AND SECURED WITH STEEL PINS. ADJOINING SECTIONS SHALL BE MECHANICALLY FASTENED TO EACH OTHER FOR A CONTINUOUS SYSTEM.
3. STEEL EDGING SHALL BE BACKED UP WITH A MINIMUM OF 4" TOP SOIL AND SEED TO BLEND TO EXISTING ADJACENT GRADE.
4. STEEL EDGING SHALL BE BLACK POWDER COATED, 6 INCH HIGH, 14 GA STEEL WITH TAPERED GROUND STAKES AS MANUFACTURED BY COL-MET OR APPROVED EQUAL.

SILT FENCE DETAIL (N.T.S.)



CONSTRUCTION NOTES FOR FABRICATED SILT FENCE

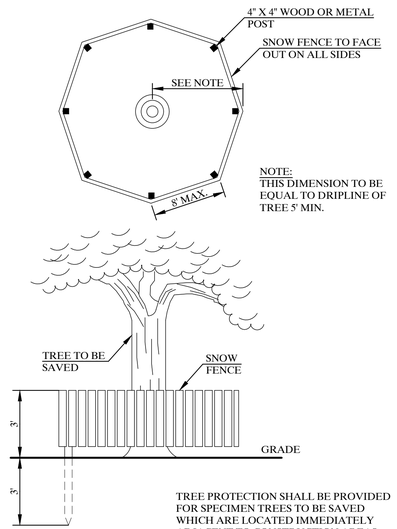
1. FILTER CLOTH TO BE FASTENED SECURELY TO POSTS AT TOP AND MID SECTION.
2. WHEN TWO SECTIONS OF FILTER CLOTH ADJOIN EACH OTHER THEY SHALL BE OVERLAPPED BY SIX INCHES AND FOLDED.
3. MAINTENANCE SHALL BE PERFORMED AS NEEDED AND MATERIAL REMOVED WHEN "BULGES" DEVELOP IN THE SILT FENCE.

POSTS: STEEL EITHER T OR U TYPE OR 2" HARDWOOD

FILTER CLOTH: FILTER X, MIRAFI 100X, STABILINKA T140N, OR APPROVED EQUAL

PREFABRICATED UNIT: GEOFAB, ENVIROFENCE, OR APPROVED EQUAL

TREE PROTECTION DETAIL (N.T.S.)



TREE PROTECTION SHALL BE PROVIDED FOR SPECIMEN TREES TO BE SAVED WHICH ARE LOCATED IMMEDIATELY ADJACENT TO CONSTRUCTION AREAS OR AS DIRECTED.

GENERAL CONSTRUCTION NOTES

1. NO CONSTRUCTION ACTIVITY SHALL BE ALLOWED TO START BEFORE 8:00 A.M. OR EXTEND BEYOND 6:00 P.M. NO CONSTRUCTION ACTIVITY SHALL BE ALLOWED ON SUNDAYS OR LEGAL NEW YORK STATE HOLIDAYS.
2. ALL SOIL EROSION AND SEDIMENT CONTROL PRACTICES SHALL BE IN ACCORDANCE WITH THE LATEST EDITION OF THE NYS STANDARDS FOR EROSION AND SEDIMENT CONTROL "BLUE BOOK."
3. ALL SOIL EROSION AND SEDIMENT CONTROL PRACTICES ARE TO BE INSTALLED PRIOR TO THE COMMENCEMENT OF ANY EARTH MOVING OPERATIONS, AND MAINTAINED UNTIL PERMANENT PROTECTION IS ESTABLISHED. DIVERTED AS SHOWN ON THIS PLAN.
4. ANY DEWATERING ACTIVITIES THAT MAY BE NECESSARY FOR SITE DEVELOPMENT WILL NEED TO BE REVIEWED AND APPROVED BY THE TOWN ENGINEER TO ENSURE THAT ADDITIONAL DIRECT OR INDIRECT IMPACTS TO WETLANDS WILL NOT OCCUR.
5. ALL TOPSOIL NOT TO BE USED FOR FINAL GRADING SHALL BE REMOVED FROM THE SITE IMMEDIATELY. ALL TOPSOIL REQUIRED FOR FINAL GRADING AND STORED ON SITE SHALL BE LIMED AND SEEDED WITHIN 14 DAYS IN ACCORDANCE WITH THE STATE STANDARD FOR SOIL EROSION AND SEDIMENT CONTROL.
6. ANY DISTURBED AREA THAT WILL BE LEFT EXPOSED FOR MORE THAN 14 DAYS, AND NOT SUBJECT TO CONSTRUCTION TRAFFIC SHALL IMMEDIATELY RECEIVE AN APPLICATION OF TEMPORARY SEEDING. MULCH SHALL BE USED IF THE SEASON PREVENTS THE ESTABLISHMENT OF TEMPORARY COVER. DISTURBED AREAS SHALL BE LIMED PRIOR TO TEMPORARY SEEDING.
7. ALL AREAS WITHIN 500 FEET OF AN INHABITED DWELLING SHALL BE WETTED AS NECESSARY TO PROVIDE DUST CONTROL.
8. THE CONTRACTOR SHALL KEEP THE ROADS CLEAR OF DIRT AND DEBRIS AND SHALL BE RESPONSIBLE FOR ANY ROAD CLEANING THAT MAY BE NECESSARY DURING THE COURSE OF CONSTRUCTION OF THE PROJECT.
9. THE CONTRACTOR SHALL INSTALL NEW TREES, SHRUBS AND GROUND COVERS AS SOON AS POSSIBLE IN ORDER TO PROVIDE LONG TERM STABILIZATION.
10. PERMANENT VEGETATION IS TO BE INSTALLED ON EXPOSED AREAS WITHIN 10 DAYS OF SPREADING TOPSOIL/FINAL GRADING.
11. MAXIMUM SIDE SLOPES OF ALL EXPOSED EARTH SURFACES SHALL NOT EXCEED A 2:1 SLOPE UNLESS OTHERWISE NOTED.
12. THE CONTRACTOR SHALL PARK ALL VEHICLES AND STORE ALL MATERIALS IN A SINGLE STAGING AREA.
13. FOOT BRIDGE REFURBISHMENT BY OTHERS.
14. THE EXISTING DRIVEWAY WILL BE USED FOR CONSTRUCTION ACCESS.

KELLARD SESSIONS
CONSULTING ENGINEERING & LANDSCAPE ARCHITECTURE PLANNING, D.P.C.
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ARMONK, N.Y. 10504
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DETAILS AND NOTES

LEWISBORO TOWN PARK

TOWN OF LEWISBORO — WESTCHESTER COUNTY, NEW YORK

STATE OF NEW YORK — MATTHEW J. KELLARD — LICENSED PROFESSIONAL ENGINEER — 076802

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REVISIONS	

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PROJECT I.D.: ZLW9030

DATE: APRIL 28, 2020

UNAUTHORIZED ADDITIONS, MODIFICATIONS AND / OR ALTERATIONS TO THESE PLANS IS A VIOLATION OF SECTION 7209(2) OF THE NEW YORK STATE EDUCATION LAW

Apr 28, 2020 - 4:07pm C:\Users\mmeder\AppData\Local\Temp\AcPublish_15364\Lewisboro Town Park - Tech - Xmeder Path.dwg - xmeder

PROCLAMATION

Re-Declaration of a Local Emergency in the Town of Lewisboro

WHEREAS, on January 30, 2020, the World Health Organization [WHO] designated the novel coronavirus, COVID-19, outbreak as a Public Health Emergency of International Concern, and

WHEREAS, on January 31, 2020, United States Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the entire United States to aid the nation's healthcare community in responding to COVID-19, and

WHEREAS, on March 11, 2020 the WHO declared COVID-19 a pandemic, pointing to the over 118,000 cases of the coronavirus illness in over 110 countries and territories around the world and the sustained risk of further global spread, and

WHEREAS, both travel-related cases and community contact transmission of COVID-19 have been documented in New York State and the County of Westchester and more are expected to continue, including the possibility of the Town of Lewisboro, and

WHEREAS, the Town of Lewisboro is addressing the threat that COVID-19 poses to the health and welfare of its residents.

NOW, THEREFORE IT IS HEREBY ORDERED THAT I, Peter Parsons, Supervisor of the Town of Lewisboro, by virtue of the authority vested in me by and the Laws of the State of New York, hereby find, pursuant to Section 24 of Article 2-B of the Executive Law, that a public health emergency is impending in the Town of Lewisboro, and I do hereby continue the declaration of a local state of emergency for the Town of Lewisboro. This Emergency

Declaration shall be in effect for five (5) days until _____, 2020, or sooner if rescinded; and

IT IS FURTHER ORDERED THAT, pursuant to Section 24 of Article 2-B of the Executive Law, I direct the implementation of the Town of Lewisboro Emergency Management Plan and authorize all necessary Town agencies to take appropriate action to prepare for, respond to and recover from this emergency, to protect Town of Lewisboro property, and to provide such other assistance as is necessary to protect public health, welfare, and safety, and

IT IS FURTHER ORDERED THAT, pursuant to Section 24 of Article 2-B of the Executive Law, the following provisions of Section 220-16 of the Lewisboro Town Code are hereby suspended through to December 31, 2020, in order to allow restaurants the ability to serve patrons in accordance with the restrictions and conditions required by the Governor's Executive Orders, by allowing outdoor dining to comply with maximum capacity and social distance requirements:

Section 220-16(B) is hereby suspended in that a site plan shall not be required for a restaurant to have outdoor seating; and

Sections 220-16(E)(1), (3) and (4) are hereby suspended to allow outdoor seating in parking areas to the extent same may be set up in a safe area away from the flow of traffic, and to suspend the landscape buffer and minimum yard area requirements; and

Section 220-16(G) is hereby suspended to allow outdoor seating without requiring screening and buffering; and

It is required that any such outdoor seating remain in compliance with all Westchester County Department of Health and New York State codes and regulations.

G I V E N under my hand and the Privy Seal of the Town of Lewisboro this _____ day of _____ in the year two thousand twenty.

BY THE TOWN SUPERVISOR

_____

PETER PARSONS

Chapter 220. Zoning

Article III. General Regulations

220-16. Seasonal outdoor restaurant seating.

L. Notwithstanding the above, outdoor restaurant seating shall be permitted through to December 31, 2020 in accordance with the following:

(1) The provisions of Section 220-16(B) are suspended in that a full site plan shall not be required for outdoor restaurant seating. The Planning Board shall provide for an expedited review of outdoor dining applications without a public hearing and shall accept a sketch plan or other design drawing deemed acceptable by the Planning Board to sufficiently describe the area to be used for outdoor dining.

(2) The provisions of Section 220-16(E)(1), (3) and (4) are suspended in order to allow parking areas to be used for outdoor restaurant seating to the extent same may be set up in a safe area away from the flow of traffic, and to suspend the landscape buffer and minimum yard area requirements set forth therein.

(3) The provisions of Section 220-16(G) are suspended to allow outdoor restaurant seating without required screening and buffering. However, the Planning Board may require sufficient screening or buffering that it may deem appropriate for each seating area.

(4) Any such outdoor restaurant seating that is approved pursuant to this section shall remain in compliance with all Westchester County Department of Health and New York State codes, rules, regulations and guidelines.

(5) Except as modified herein, all other provisions of Section 220-16 shall continue to apply to outdoor restaurant seating.

Ciorsdan Conran

From: Danielle Greenberg <dg403@caa.columbia.edu>
Sent: Wednesday, April 22, 2020 1:19 PM
To: planning@lewisborogov.com
Cc: jane.crimmins@gmail.com; danielxwelsh@gmail.com; Tony Goncalves; Peter Parsons; Patrick Morris-Suzuki; Christine Schopen; cipriano; Doris Peter; Daniela Goldman
Subject: Pedestrian and Bicycle Advisory Committee Request to Planning Board

To the Planning Board:

We have a newly developed and growing Pedestrian/Bike Advisory Committee that with the recent departure of Alan Cole I am now chairing. Dan Welsh is serving as liaison from the Town Board. At our meeting on 4/21/20, we discussed the advantages of combining our Complete Streets vision for development with planning board applications submitted by local businesses. We wondered, "did we miss an opportunity in Vista with the installation of a Car Wash to achieve some pedestrian/bike access points in a hamlet center bound for further development?" Additionally, when the owner of the building located in Cross River which houses Blue Bird Ice Cream, a nail salon and several other amenities, was approached about a crosswalk (that the State DOT seems very supportive of completing), the owner was not amenable to the plan because of possible development he is planning for the future, though no specifics or timeline were offered and we assume there hasn't been an application submitted to the Planning Board. When and if he does submit that application there may be an opportunity to discuss enhanced pedestrian access and safety, and combine efforts and goals of the Complete Streets vision with the goals of our local businesses that the planning board could facilitate.

At the conclusion of our committee's discussion, we formed a proposal for a referral process, such as used in the case of the CAC when planning board applications fall within their scope, that we'd like to present, with your input and consent, to the Town Board. But we thought that it might be best to approach you first to request that a referral process be formally put into place. Our proposal for scope in the case of planning board applications is to refer the application to the Pedestrian/Bike Committee when any local business submits an application for development where there might be synergistic goals so that we could provide input for your deliberations.

We see ourselves as a committee dedicated to helping the Town, and all its Committees, Boards, volunteers and entities, to look closely at all potential opportunities for increased pedestrian and biker access, safety and enjoyment.

Sincerely,

Danielle Greenberg
Chair Pedestrian/Bike Advisory Committee

CC: Peter Parsons, Supervisor and the Lewisboro Town Board Ped/Bike committee members