



**TOWN OF LEWISBORO
TOWN BOARD MEETING AGENDA
TOWN HOUSE
TUESDAY, SEPTEMBER 27, 2022
7:30 P.M.**

I. PUBLIC COMMENT I

II. COMMUNICATIONS

III. CONSENT AGENDA

- a. Approval of Minutes September 12, 2022**

IV. NEW BUSINESS

- a. Resolution: Approving CRP Application for License to Collect and Dispose of Refuse and Recyclables**
- b. Resolution: Approving Le Chateau's Application for a Cabaret License**
- c. Resolution: Approving Increase Miller PTO's Request to Hold a Halloween Fundraiser at Fox Valley Park and Waiving Fees**
- d. Discussion: Smith Ridge Associates-Oakridge Commons Change of Use to Residential – 14 Units**
- e. Discussion: 2023 Highway Budget**
- f. Discussion: 2023 Parks & Recreation Budget**
- g. Discussion: 2023 Maintenance Budget**

V. PUBLIC COMMENT II – For Current Agenda Items Only

VI. APPROVAL OF CLAIMS

VII. POLLING OF THE BOARD

VIII. ANNOUNCEMENTS

Town Board Meeting – TUESDAY, October 11, 2022, at 7:30 p.m., at the Town House, 11 Main Street, South Salem

IX. MOTION TO GO INTO EXECUTIVE SESSION

Town Board Meetings Accessibility: The Town of Lewisboro is committed to providing equal access to all its facilities, services, and activities to the fullest extent possible. The Town House, Cyrus Russell Community House, Onatru Farmhouse, and the Bouton Road Town Offices are accessible to persons with physical handicaps. If anyone who wishes to attend any meeting of the Town Board has special needs, please contact the Supervisor's Office (763-3151) at least one week before any scheduled in-person meeting, and we will try to accommodate whenever possible.

Join Zoom Meeting

<https://us06web.zoom.us/j/83584844367?pwd=ckZJN3lva01xbnRSVk0vSVlJSHEFKZz09>

Meeting ID: 835 8484 4367

Passcode: 032462

Dial by your location

+1 929 205 6099 US (New York)

Meeting ID: 835 8484 4367

Passcode: 032462

TOWN OF LEWISBORO
TOWN HOUSE
11 MAIN STREET
SOUTH SALEM, NEW YORK 10590

THIS IS AN APPLICATION FOR LICENSE TO COLLECT AND DISPOSE OF REFUSE AND RECYCLABLES IN THE TOWN OF LEWISBORO.

RESIDENTIAL *condo's billed to mgmt. company*
COMMERCIAL ✓

If applying for renewal, date the current license expires 9/12/2022

The Town will ensure that confidential proprietary documents submitted as part of this license application are maintained under seal and free from Freedom of Information disclosure.

Applicant shall be responsible for designation of document to be so protected.

1. Name of Applicant CRP Sanitation, Inc.
Business Address 2 Bayview Rd Cortlandt Manor, NY 10567
Business Telephone & Fax Numbers 914-592-4129 (F) 914-592-4288
Home & Emergency Telephone Numbers SAME

2. VEHICLES

Make	Model	Body Type	License Number
McK	FEL	MR	58096ME
Inter	4300	RL	16220KA

It is understood that all equipment is and shall be maintained in good working condition.

3. FEES (Suggested: See note re Town Rate)

COMMERCIAL:

Size of Container	Pickup Frequency	Suggested Rate (Per Yard)
<u>Toter 8 cu. yd</u>	<u>1-5 days service</u>	<u>\$15-20 per yard trash</u> <u>\$5 per yard recycling</u>

Note: The Town Rate will be set by the Town Board each December for the following year.
Actual rate charged may not exceed Town Rate.

RESIDENTAIL:

- A. Curbside _____
- B. Driveway less than 125 feet _____
- C. Driveway more than 125 feet _____

4. METHOD OF BILLING

Monthly or by contract agreement

Monthly

5. AREAS TO BE SERVICED, IF NOT ENTIRE TOWN OF LEWISBORO

Entire Town

6. LOCATION OF TRANSFER SITES

City Carting - Somers, NY Wheelabrator - Peekskill, NY

7. PLACE OF DISPOSITION OF REFUSE

City Carting - Somers, NY
Wheelabrator - Peekskill, NY

8. WESTCHESTER COUNTY DEPARTMENT OF HEALTH PERMIT NO. 00-0059

9. INSURANCE INFORMATION

Name of Agent

Haylor, Freyer & Coon

Insurance Company

National Interstate

Policy No.

Policy Period

7-1-22 - 7-1-23

(Attach copy of Insurance certificate evidencing coverage amounts and naming Town as additional insured. New Certificate to be mailed automatically to Town upon renewal of change in and of the above information. Be sure to include Workmen's Compensation and Disability insurance coverage)

10. DETAILED DESCRIPTION OF APPLICANT'S EMPLOYMENT COMPLIMENT, INCLUDING JOB CLASSIFICATIONS

11. SET FORTH ACTUAL OR BENEFICIAL OWNERS OF THE BUSINESS, OR IF CORPORATION, THE STOCKHOLDERS, DIRECTORS AND OFFICERS OF THE CORPORATION AND ALL RELATED BUSINESSES.

Richard Carbone

GARY Carbone

Ronald Carbone

12. NUMBER OF CUSTOMERS

15

IF INITIAL LICENSE, NAMES AND ADDRESSES OF A MINIMUM OF FIVE COMMERCIAL ACCOUNTS.

Katona Close

Lowell Ct & Guilford Cir

Coyle Construction

Rt 138

Waccabuc Farm

205 Waccabuc Rd

Subway Store #100

North County Center

13. CONTINGENCY PLANS (Set forth in detail plans for providing service in the event of equipment failure, labor disputes of disposal difficulties or other factors which would affect service).

Our fleet is comprised of over 50 trucks including 10 spares. We use over 10 different disposal facilities, so if one of our main sites is down we have others we can utilize

14. PLEASE MAKE SURE TO SEND THE TONAGE REPORT (TOTAL GARBAGE AND TOTAL RECYCLABLES) TO THE TOWN IN JANUARY OF EACH YEAR. IT CAN BE EMAILED TO townclerk@lewisborogov.com.

Richard Carbone being duly sworn, does hereby depose and say that all the statements herein contained are true and correct, that I have received a copy of, have read and understand, and will comply with all of the provisions of the applicable Refuse Collection Law of the Town of Lewisboro, and that all personnel have been instructed to comply with the provisions of applicable Refuse Collection Law of the Town of Lewisboro.

9-1-22
Date

Richard Carbone President
Applicant Title

(Corporate Seal)

Sworn to before me this 1 day of September, 2022



Marissa Werthner
Notary Public

Note: If this is your first application, please be sure to attach your latest financial statements and balance sheet. The application will not be reviewed without them. Please label the information "Confidential".

Refuse License Fees:

Residential: \$35 for each truck over 10 cubic yards
\$15 for each truck under 10 cubic yards

Commercial: \$100 for each truck over 10 cubic yards
\$50 for each truck under 10 cubic yards

For office use:

Total fee paid: _____

Receipt No./Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/1/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Haylor, Freyer & Coon, Inc. P.O. Box 4743 Syracuse NY 13221		CONTACT NAME: Rachel Brand PHONE (A/C, No, Ext): 315-703-3213 E-MAIL ADDRESS: certificates@haylor.com		FAX (A/C, No): 315-362-5747
INSURED CRP Sanitation, Inc. 2 Bayview Road Cortlandt Manor, NY 10567		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: National Interstate Insurance Comp - OH		32620
		INSURER B: Merchants Mutual Ins. Co.		23329
		INSURER C: Vanliner Insurance Company		21172
		INSURER D: Selective Insurance Co of America		12572
		INSURER E: Central Mutual Insurance Company		20230
		INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 219826181**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
E	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y		CLP8951227	5/9/2022	5/9/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> \$5k Comp Ded <input checked="" type="checkbox"/> \$5k Coll Ded <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		WAR831001404 CAW021017305	7/1/2022 7/1/2022	7/1/2023 7/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Auto Liability Ded \$ 5,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		CUP0002315	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WRW831001405	7/1/2022	7/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Contractors Equipment			S2442364	4/5/2022	4/5/2023	Leased/Rented Equip \$300,000 Scheduled Equip \$588,429 Deductible \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

General Liability:
8-2009 (07/14)- General Liability Plus Endorsement - New York
8-1834 (12/04)- Amendment of Primary & Excess Provisions

Auto Liability:
NI CA 5957 (06/14)- Blanket Additional Insured Endorsement- New York
NI CA 2056 (01/14)- Primary and Non-Contributory Coverage- Additional Insured- Business Auto

Umbrella Follow Form

CERTIFICATE HOLDER

Town of Lewisboro
Town House
11 Main St
South Salem NY 10590

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (use street address only) CRP Sanitation, Inc. 2 Bayview Road Cortlandt Manor, NY 10567</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 914-592-4129</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 132988831</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Lewisboro Town House 11 Main St South Salem NY 10590</p>	<p>3a. Name of Insurance Carrier Vanliner Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" WRW831001405</p> <p>3c. Policy effective period 7/1/2022 to 7/1/2023</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

<p>Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>
--

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: James D. Freyer, Jr
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  9/1/2022
(Signature) (Date)

Title: CEO

Telephone Number of authorized representative or licensed agent of insurance carrier: 315-703-3213

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

CABARET LICENSE APPLICATION

TOWN OF LEWISBORO
TOWN HOUSE
11 MAIN STREET
SOUTH SALEM, NY 10590

1. Name of applicant Le Chateau LLC
2. Location of cabaret Ballroom
3. Business address 1410 Rt. 35, South Salem NY 10590
4. Business telephone numbers (914) 736-1410
5. Home and emergency telephone numbers _____
6. Name of owner Mr. John Rayce + Mrs. Joanna Sherriff
7. Names and addresses of officers of business, etc. _____
 - a) John Rayce, 74 Drum Hill Rd. Wilton, CT. 06897
 - b) Joanna Sherriff, 248 Farmingville Rd. Ridgefield, CT. 06877
 - c) _____
8. Operator of premises Le Chateau LLC
9. Type of musical entertainment Bands &/ DJs
10. Number of square feet in the room or rooms to be used for cabaret purposes 6000
11. License fee \$150
12. Date _____
13. Signature of applicant Gloria Vazquez
HRBP
Title

Corporate Seal

Sworn to before me this 13 day of 9, 2022

Janet L. Donohue
Notary Public

LICENSE IS NOT TRANSFERABLE

JANET L. DONOHUE
NOTARY PUBLIC, STATE OF NEW YORK
No. 01D06259627
Qualified in Westchester County
Commission Expires April 16, 2024

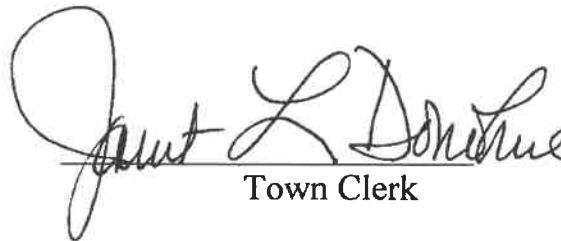
No: 08-2021

TOWN OF LEWISBORO LICENSE

Le Chateau Restaurant
1410 Route 35
South Salem, New York 10590

Is hereby licensed, pursuant to Section 137 of Town Law of the State of New York to provide musical entertainment in accordance with Chapter 98 of the Code of the Town of Lewisboro for the period of one year from the 27 day of October, 2021 upon the payment to the Supervisor of said Town of the sum of \$150.00 the fee fixed therefore by the Town Board, pursuant to Section 137 of the Town Law.

Dated this 15th day of
September, 2021



Town Clerk

(Seal)

2021

TOWN OF LEWISBORO
PARKS & RECREATION DEPARTMENT

2021

Fundersen

Telephone: 232-6162

Fax: 232-6165

FOX VALLEY PARK - GROUP USE APPLICATION

FACILITIES REQUESTED (Check all that apply):

Pavilion
 Ballfield(s)

X
X

CIRCLE ONE: Private Service Organization Church SchoolTODAY'S DATE: 7/20/2022NAME OF ORGANIZATION: Increase Miller Elementary School PTO, Inc.MAILING ADDRESS: 186 Waccaboc RoadCITY: Waccaboc STATE: Ny ZIP: 10526TELEPHONE: 914.621.8203 FAX: _____NAME OF INDIVIDUAL IN CHARGE: Kathy MartinINDIVIDUAL'S ADDRESS: 23 Lambert RdgCITY: Cross River STATE: Ny ZIP: 10518TELEPHONE: (DAY) _____ (NIGHT) _____ (CELL) 914.621.8203E-MAIL ADDRESS: Kathybarbermartin@gmail.com FAX: _____

PURPOSE OF GROUP USE:

Halloween Party for Increase Miller Students and FamiliesESTIMATED NUMBER OF PARTICIPANTS - ADULTS: 100 to 150CHILDREN: 200 to 250RESIDENTS (NUMBER): 300 to 400 NON-RESIDENTS (NUMBER): _____WILL A FEE BE CHARGED FOR THIS EVENT: YES X NO _____IF YES, WHAT WILL THE PROCEEDS BE USED FOR? Educational field trips and assemblies

WILL AN ALCOHOLIC BEVERAGE PERMIT BE REQUESTED? YES NO
 If yes, an alcoholic beverage permit application must be filled out and approved by the Town Clerk (application is attached).

DATE(S) REQUESTED:

Day Saturday Date October 29 Time from 11am to 4pm
 Day _____ Date _____ Time from _____ to _____

NOTE: Dates for Fox Valley Park Lions Club picnic pavilion in the spring and summer are at a premium, therefore, raindates cannot be reserved.

IS MATERIAL OR EQUIPMENT REQUIRED FROM MUNICIPALITY? YES ___ NO X
IF NEEDED, STATE WHAT TYPES AND FOR WHAT PURPOSE: _____

STATE THE NATURE OF ANY UNUSUAL EQUIPMENT YOU PLAN TO BRING TO
THE PARK: _____

DJ, Food Truck * will provide separate insurance
Certificates

AMERICANS WITH DISABILITIES ACT: The Lewisboro Parks and Recreation Department is committed to ensuring that individuals with disabilities are able to utilize and enjoy our programs and activities to the fullest extent possible. Please let us know if you or a family member have any special needs.

FACILITY USE FEE (Lion's Club Pavilion):

There will be a minimum non-refundable fee charged of \$ _____
for the use of the facility. This fee must accompany the
application. The fee for use is payable before use begins.

FACILITY SECURITY DEPOSIT (Lion's Club Pavilion):

There is a \$100.00 required security deposit which must also
accompany the application. Any violation of "Park Rules,"
damage and especially if refuse and trash are not removed will
result in forfeiture of the deposit.

AGREEMENT

The undersigned is over 21 years of age and has read this form and
attached regulations and agrees to comply with them. He/she agrees to be
responsible to the municipality for the use and care of the facilities.
He/she, on behalf of (name of organization) Kathleen Martin does hereby
covenant and agree to defend, indemnify and hold harmless the Town of
Lewisboro Parks and Recreation from and against any and all liability, loss
damages, claims, or actions (including costs and attorneys fees) for bodily
injury and/or property damage, to the extent permissible by law, arising out
of or in connection with the actual or proposed use of The Town of Lewisboro
Parks and Recreation's property, facilities and/or services by (name of
organization) _____

Kathleen Martin
Signature of Organization's
Representative
(Must be a Lewisboro Resident)

Address: 23 Lambert Rd
Cross River Ny 10518
Telephone number: [REDACTED]

FOR OFFICE USE ONLY:

NAME OF INDIVIDUAL/ORGANIZATIONS: _____

- () Application approved
() Application denied
() Approval with the following conditions:

FOR OFFICE USE:

- () Permit fee paid - Amount \$ _____
() Deposit paid - Amount \$ _____
() Date recorded in reservation book
() Alcoholic beverage permit obtained
() Permit sent to registrant

SUPERINTENDENT, PARKS & RECREATION

DATE COPY OF APPLICATION SENT TO PARKS DEPARTMENT: _____
DATE COPY OF APPLICATION SENT TO LEWISBORO POLICE: _____

Smith Ridge Associates LLC

**450 Oakridge Common
South Salem, New York 10590**

September 14, 2022

Supervisor Tony Goncalves
Town of Lewisboro
11 Main Street
South Salem, New York 10590

RE: Change of Use from Fitness Center to Residential

Supervisor Goncalves:

The Planning Board at their August 16, 2022 meeting discussed a proposal eliminating the Fitness Center and adding 14 additional residential units at Oakridge Common. The Planning Board approved 4 residential units prior, which would bring the total to 18 units. The Planning Board has asked Smith Ridge Associates LLC to get Town Board approval as to the capacity for the 14 additional units.

The Oakridge Common property falls within the Oakridge Water & Sewer district and is mandated to use the Oakridge Water & Sewer system.

The proposed use requires 4,620 gallons per day as per NYS DEC design standards. The existing Laurel ridge Townhomes which are 2 & 3 bedrooms are using 93-107 GPD which would actually bring the additional usage well under 2,000 GPD. This again would be a savings from the existing approved use (see calculations attached).

The water usage per Delaware's Engineering report for the new filtration system states the usage to be 55,147 gallons per day in 2020 – see attached.

The Water Usage billed for 2021 and the first 2 quarters of 2022 continues to be between 33-37,000 GPD. The second quarter 2022 domestic billing adding usage for unbilled units is 34,400 GPD. Including estimated irrigation of 11,200 GPD brings the total to just under 46,000 gallons per day. Adding the daily backwash of 8-10,000 gallons brings the total water use to 54-56,000 gallons per day which is in line with the average daily use per the wells.

The plant is approved for 80,000 GPD. Adding the proposed and approved units would bring the total domestic usage (the primary use) to around 40,000 GPD, only 50% of the capacity. Including the irrigation and backwashing will bring the usage to around 60,000 GPD, well within the water plant's capacity.

We request that the Town Board approve our petition to allow the 14 proposed units to be connected to the Oakridge Water & Sewer system.

Respectfully submitted,


Philip G. Pine
Smith Ridge Associates LLC
Managing Member

CC: Planning Board, Town of Lewisboro

VILLAS AT VISTA WATER USE CALCULATIONS

Calculations per NYSDEC "Design Standards for Intermediate sized Wastewater Treatment Systems"

dated March 4, 2014

EXISTING USES -

FITNESS CENTER – BASED ON 600 MEMBERS

600 PATRONS X 20 GAL / DAY = **12,000 GPD**

PROPOSED USE –

14– THREE BDR APTS (DOES NOT INCLUDE 4 UNITS PREV. APPROVED)

42 BEDROOMS X 110 GAL / DAY = **4,620 GPD**

TOTAL WATER SAVINGS = 7,380 GPD

3.0 Ownership & Service Area

The Town of Lewisboro owns the water system and water plant known as the Oakridge Water District (District). Included in the distribution area are 278 condominiums, 22 single-family residences, a commercial area plus a new section of approximately 40 townhomes. Source water is drawn from a system of five ground water wells. All supply lines from the wells are connected to a common header and flow into the treatment facility through a 4-inch PVC main.

3.1 Existing Facilities

The existing water treatment plant consists of five raw water supply wells, mix media filters, and green sand filtration to remove high levels of iron and manganese.

The water is disinfected with sodium hypochlorite and pumped to the 95,000-gallon water storage tank.

The system flows for typical average over 50,000 gpd.

	2018	2019	2020
Total Annual Flow	<i>18,314,000 Gallons</i>	<i>18,187,000 Gallons</i>	<i>19,853,000 Gallons</i>
Average Gallons per Month	<i>1,526,167 Gallons</i>	<i>1,515,583 Gallons</i>	<i>1,654,417 Gallons</i>
Average Gallons per Day	<i>50,872 GPD</i>	<i>50,519 GPD</i>	<i>55,147 GPD</i>

3.2 Need for Project

The project is required to treat and remove a group of carcinogenic bioaccumulating chemicals generally known as PFAS. In February and May 2021, concentrations of PFAS were found in all five of the water supply wells and Well #2, Well #6, and Well #7 were above maximum contaminant levels (MCLs). After the February test results, the District was issued a Notice of Violation by the Westchester County Department of Health (WCDOH) on March 1, 2021. The WCDOH has required the District to develop a plan to address the water quality violations by May 31, 2021. Appendix A includes a copy of the Notice of Violation.

PFOA levels ranged from 6.13 up to 11.4 ppt

Oakridge Water Water Usage Billed/Estimates 2022			Usage 6/30/22	Additional Billing Estimated	Irrigation	Total Usage	Gallons Per Day
Oakridge Condo -	Units		1,849,569	256,742		2,106,311	
	Poolhouse		49,644			49,644	
SRA Oakridge Common -			161,715	45,000		206,715	
LRC Townhomes -	Units		356,249	30,000		386,249	
Conant Valley	Units		381,858	0		381,858	
Total Water Usage Units/Comm'l 2022			2,799,035	331,742		3,130,777	34,404
Oakridge Condo	Spigots				29,867	29,867	
LRC Townhomes	Irrigation	Estimated			270,000	270,000	
Conant Valley	Irrigation	Estimated			720,000	720,000	
Total Irrigation					1,019,867	1,019,867	11,207
Total Water Usage Units/Comm'l/Irrigation 2022			2,799,035	331,742	1,019,867	4,150,644	45,611

Oakridge Water Water Usage Billed 2022		Usage 3/31/22	Usage 6/30/22	Total 1/1-6/30/22
Oakridge Condo	Units	1,933,282	1,849,569	3,782,851
	420 Oakridge Dr	<u>66,140</u>	<u>49,644</u>	<u>115,784</u>
Oakridge Condo Totals 2022		1,999,422	1,899,213	3,898,635
SRA Oakridge Common		170,772	161,715	332,487
LRC Townhomes	Units	362,883	356,249	719,132
Conant Valley	Units	<u>378,198</u>	<u>381,858</u>	<u>760,056</u>
Total Water Usage Billed		<u>2,911,275</u>	<u>2,799,035</u>	<u>5,710,310</u>
Irrigation				
OR Condo - Spigots		8,652	29,867	38,519
LRC Townhomes			95,185	95,185
Conant Valley		<u></u>	<u>173,016</u>	<u>173,016</u>
Total Irrigation Billed		<u>8,652</u>	<u>298,068</u>	<u>306,720</u>
Total Water Usage Billed 2022		<u><u>2,919,927</u></u>	<u><u>3,097,103</u></u>	<u><u>6,017,030</u></u>
Gallons Per Day		<u><u>32,444</u></u>	<u><u>34,034</u></u>	<u><u>33,243</u></u>

Water Usage - Estimated Unbilled
2022

Billed Estimated
6/30/22 Billing

Laurel Ridge	920	8,080
Bittersweet	0	9,000
Bittersweet	0	9,000
Deer Hill	0	9,000
Fox Run	180	8,820
Fox Run	0	9,000
Fox Run	0	9,000
Fox Run	0	9,000
Laurel Ridge	0	9,000
Stone Meadow	120	8,880
Stone Meadow	50	8,950
Stone Meadow	0	9,000
Bittersweet	0	9,000
Lakeside Dr	16	8,984
Deer Hill	0	9,000
Fox Run	0	9,000
Deer Hill	925	8,075
Stone Meadow	60	8,940
Fox Run	807	8,193
Deer Hill	0	9,000
Fox Run	520	8,480
Laurel Ridge	520	8,480
Bittersweet	0	9,000
Stone Meadow	0	9,000
Deer Hill	0	9,000
Fox Run	140	8,860
Fox Run	0	9,000
Stone Meadow	0	<u>9,000</u>

Oak Condo Additional Adjustment 256,742

Oakridge Common Car Wash 45,000

LR Townhomes

Boulder Ridge	0	10,000
Boulder Ridge	0	10,000
Overlook Ct	0	<u>10,000</u>

LRC Townhomes 30,000

Total Estimated Billing 331,742

LRC Townhomes
Water Usage 2022
2 Bedrooms - Actual

LRC Town LRC Town LRC Qtly Qtly
3/31/22 6/30/22 2022 Usage Average

6 mos

Boulder Ridge	10,358	9,744	20,102
Boulder Ridge	5,090	4,770	9,860
Boulder Ridge	7,960	8,360	16,320
Boulder Ridge	14,090	14,900	28,990
Boulder Ridge	15,310	13,630	28,940
Boulder Ridge	4,460	5,290	9,750
Boulder Ridge	8,824	8,500	17,324
Boulder Ridge	11,520	11,590	23,110
Boulder Ridge	13,460	14,460	27,920
Boulder Ridge	3,330	3,450	6,780
Boulder Ridge	16,640	10,930	27,570
Boulder Ridge	14,774	12,865	27,639
Boulder Ridge	11,500	11,790	23,290
Boulder Ridge	9,264	7,773	17,037
Boulder Ridge	6,610	9,750	16,360
Boulder Ridge	12,740	12,240	24,980
Boulder Ridge	11,540	8,130	19,670
Boulder Ridge	11,194	8,665	19,859
Boulder Ridge	15,058	13,226	28,284
Boulder Ridge	1,300	5,097	6,397
Boulder Ridge	9,909	9,159	19,068
Boulder Ridge	11,042	10,572	21,614
Boulder Ridge	7,631	8,608	16,239
Boulder Ridge	6,678	8,366	15,044

Units	24	<u>240,282</u>	<u>231,865</u>	<u>472,147</u>	236,074
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3 mos

Boulder Ridge	6,690	6,690
Boulder Ridge	8,599	8,599

Units	<u>2</u>	<u>15,289</u>	<u>15,289</u>	15,289
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Units	<u>26</u>		<u>251,363</u>	9,668
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Gallons per Day - existing	<u>107</u>
Gallons per Bdrm - existing	<u>54</u>

LRC Townhomes	LRC	LRC	LRC	Qtly	Qtly
Water Usage 2022	3/31/22	6/30/22	2022	Usage	Average
<u>3 Bedrooms - Actual</u>					

				6mos	
	Boulder Ridge	5,400	6,158	11,558	
	Boulder Ridge	6,278	5,901	12,179	
	Boulder Ridge	6,518	10,507	17,025	
	Boulder Ridge	4,684	4,795	9,479	
	Boulder Ridge	5,864	5,218	11,082	
	Boulder Ridge	2,449	2,674	5,123	
	Overlook Ct	7,670	6,742	14,412	
	Overlook Ct	6,659	5,885	12,544	
	Overlook Ct	2,858	4,722	7,580	
	Overlook Ct	34,431	14,717	49,148	
	Overlook Ct	24,799	10,771	35,570	
	Overlook Ct	14,430	7,464	21,894	
Units	12	<u>122,040</u>	<u>85,554</u>	<u>207,594</u>	103,797

				3 mos	
	Boulder Ridge		4,999	4,999	
	Overlook Ct		8,964	8,964	
	Overlook Ct		7,398	7,398	
Units	<u>3</u>		<u>21,361</u>	<u>21,361</u>	<u>21,361</u>

Units	<u>15</u>			<u>125,158</u>	<u>8,344</u>
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Gallons per Day - existing	<u>93</u>
Gallons per Bdrm - existing	<u>31</u>

Oakridge Water
Water Usage 2021

		3/31/21	6/30/21	9/30/21	12/31/21	Total 2021
Oakridge Condo	Units	2,085,731	2,144,675	1,931,426	2,053,034	8,214,866
	420 Oakridge Dr	1,617	34,601	43,762	8,585	88,565
	Spigots	<u>20,763</u>	<u>70,433</u>	<u>58,190</u>	<u>13,949</u>	<u>163,335</u>
Oakridge Condo Totals 2021		<u>2,108,111</u>	<u>2,249,709</u>	<u>2,033,378</u>	<u>2,075,568</u>	<u>8,466,766</u>
SRA Oakridge Common		<u>153,740</u>	<u>162,037</u>	<u>187,774</u>	<u>224,331</u>	<u>727,882</u>
LRC Townhomes	Units	277,539	276,372	378,944	351,043	1,283,898
	Irrigation	<u>7,053</u>	<u>56,067</u>	<u>197,893</u>	<u>77,751</u>	<u>338,764</u>
LRC Townhomes Totals 2021		<u>284,592</u>	<u>332,439</u>	<u>576,837</u>	<u>428,794</u>	<u>1,622,662</u>
Conant Valley	Units	378,305	391,643	395,378	372,337	1,537,663
	Irrigation	<u>16,918</u>	<u>270,885</u>	<u>253,491</u>	<u>13,397</u>	<u>554,691</u>
Conant Valley Totals 2021		<u>395,223</u>	<u>662,528</u>	<u>648,869</u>	<u>385,734</u>	<u>2,092,354</u>
Total Water Usage 2021		<u>2,941,666</u>	<u>3,406,713</u>	<u>3,446,858</u>	<u>3,114,427</u>	<u>12,909,664</u>
		<u>32,685</u> GPD	<u>37,436</u> GPD	<u>37,466</u> GPD	<u>33,852</u> GPD	<u>35,369</u> GPD