



39 Cascade Drive / Rochester, NY 14614 / Phone (585) 458-7770

February 23, 2015

Ms. Pamela Krahe
Planning Board
Village of Brockport
49 State Street
Brockport NY 14420

Re: Strong West Site Improvements
Decontamination Room and Back-up Electrical Generator
156 West Ave, Village of Brockport

Dear Pam,

On behalf of our client, University of Rochester Medical Center, we are submitting plans of the above referenced project for your review. We request that this project be placed on the Village of Brockport's Planning Board agenda for their meeting of March 9, 2015 for site plan approval.

This project has 2 primary components:

- 1) Installation of a 1,500 gallon holding tank for storage of waste water from proposed decontamination room.
 - a. The holding tank is to be 1,500 gallons and of concrete construction. The tank will be connected to the decontamination room with a 4" SDR-35 lateral. In a typical situation when the decontamination tank is used, a medical waste contractor will be contracted for the removal of the waste water. In the event that the holding tank is used and the waste water is found to have no contaminants, the tank will be emptied by way of a portable pump. The pump will discharge to the existing sanitary system by way of a cleanout located adjacent to the holding tank and run to an existing sanitary manhole with a second 4" lateral.
- 2) Installation of an emergency back-up generator and associated concrete pad, housing and underground conduit.
 - a. The concrete pad and housing for the new generator is 10'x20' and the housing for the generator is approximately 9.6' in height.
 - b. The installation of the generator will require a relocation of two (2) parking spaces; no reduction in parking will occur as a result of this project.
 - c. Bollards will be provided to protect the generator and housing.
 - d. The housing is insulated to help mitigate noise pollution.

Going the distance for you.

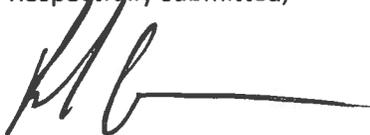
Strong West Site Improvements
Decontamination Room and Emergency Generator
Village of Brockport
02/23/2015

Enclosed with this submission is the following information to aid in your review:

- 11 copies of this Letter of Intent
- 11 copies of the Location Map (11x17)
- 10 copies of the Site Plan Set (full size)
- 1 copy of the Site Plan Set (11x17)
- 1 copy of the Planning Board Application Form
- 1 copy of the Short Environmental Assessment Form
- 1 check for the Planning Board Application Fee

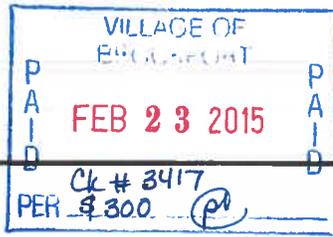
We look forward to discussing this project with the Planning Board on March 9th. In the meantime, if you have any questions, or require additional information, please do not hesitate to contact our office.

Respectfully submitted,



Peter Gorman
Marathon Engineering

cc: Mary Ockenden – University of Rochester Medical Center
Bill Wayne – University of Rochester Medical Center
David Gardner – Gardner PLUS Architects



VILLAGE OF BROCKPORT

49 State Street, Brockport, New York 14420
Telephone: (585)-637-5300 Fax: (585)-637-1045
Website: www.brockportny.org

PLANNING BOARD APPLICATION

DEADLINE: MONDAY Noon, 2 weeks prior to meeting

Meeting Date: 03/09/2015 at 7:00pm

Application Fee: \$ 300.00

Date Submitted: 02/23/2015

Plans Submitted (10 copies): Yes

Environmental Assessment Form Submitted: Yes

Change of Use: Addition: x
Subdivision: Site Plan: x
Other:

Please note:

- Applicant must attend meeting(s).
Failure to show, withdrawal of application, or denial will result in forfeiture of fee.
Applicant may be billed for Village Engineer fees related to the review of application.
The Planning Board will determine the need for a public hearing. If so, a separate fee will be billed.

PROPERTY ADDRESS: 156 West Ave

Tax Map Parcel #(s): 68.08-01-001 Parcel size: 18.9 acres width depth

Property Zoning District: Business Use Property Class: Hospital

Present Use of Property: Medical Services Proposed Use of Property: Medical Services

Flood Zone: Yes No Map # Map Date

Description of Proposal: This project has 2 primary components: 1) Installation of a 1,500 gallon holding tank for storage of waste water from proposed decontamination room and 2) Installation of an emergency back-up generator and associated concrete pad, housing and underground conduit.

Value of Construction: \$ Building Permit required after Planning Board approval: X yes no

Certification of Statements:

The applicant(s) hereby affirms that the above information is accurate and complete, to the best of his/her knowledge and he/she/they is/are the title owner(s) of the property or has/have been authorized by the title owner(s) to make this application.

I/We hereby certify that I/We are title owner(s) of the property property identified in the above application and that the applicant(s) named is/are authorized to make the application described herein.

Applicant Signature

Owner Signature

Applicant Name Printed/Typed

Mark H. Schwartz

Owner Name Printed/Typed

601 Elmwood Avenue, Box 623, Rochester, NY 14642

Mailing Address

Mailing Address

Phone # Fax # E-mail

5852752026 5852757700
Phone # Fax #

Copies to: Planning Board B/Z Officer Village Attorney Village Engineer

Short Environmental Assessment Form

Part 1 - Project Information

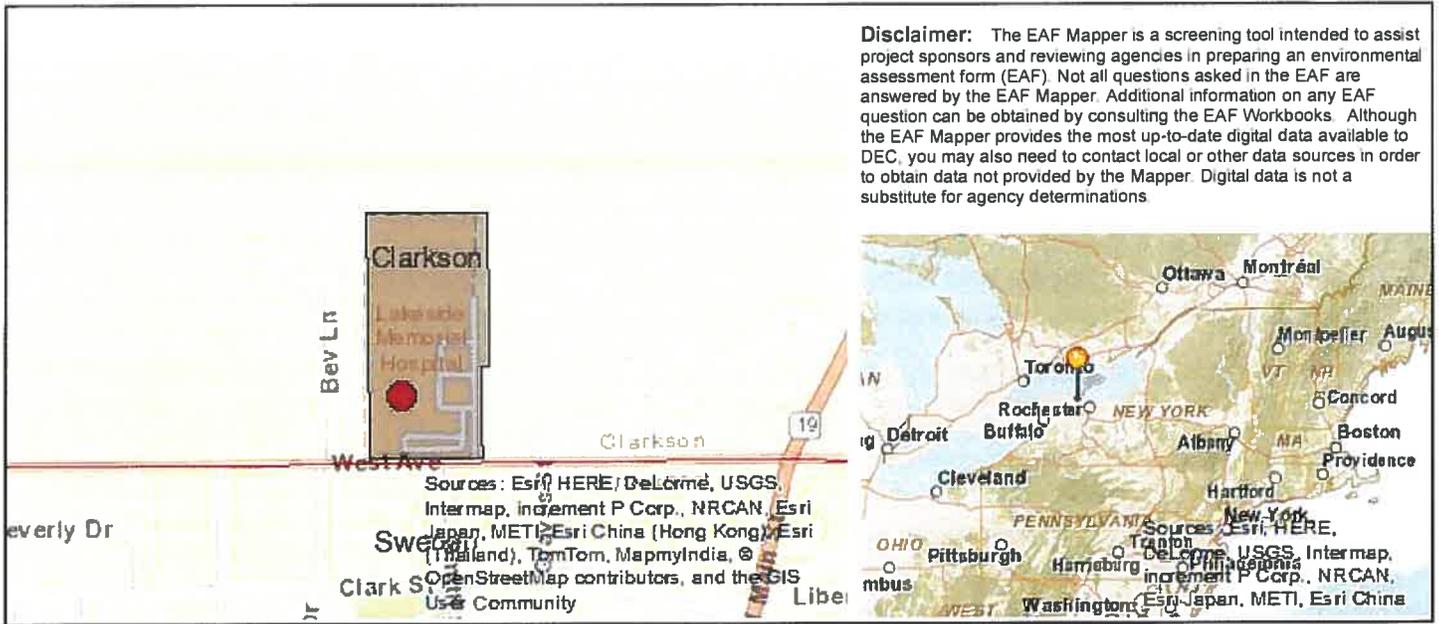
Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

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

Part 1 - Project and Sponsor Information			
Name of Action or Project: Strong West Site Improvements - Decontamination Room and Back-up Electrical Generator			
Project Location (describe, and attach a location map): 156 West Avenue - Formerly Lakeside Hospital. North side of West Avenue opposite Smith St.			
Brief Description of Proposed Action: This project has 2 primary components: 1) Installation of a 1,500 gallon holding tank for storage of waste water from proposed decontamination room and 2) Installation of an emergency back-up generator and associated concrete pad, housing and underground conduit.			
Name of Applicant or Sponsor: Mary Ockenden		Telephone: 585-275-4037	
Address: University of Rochester Medical Center Box 706 601 Elmwood Ave		E-Mail: 	
City/PO: Rochester		S N	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		18.9 acres	
b. Total acreage to be physically disturbed?		0.1 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		18.9 acres	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input checked="" type="checkbox"/> Forest <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input checked="" type="checkbox"/> Other (specify): <u>Medical Offices & Senior Housing</u>			
<input type="checkbox"/> Parkland			

<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input checked="" type="checkbox"/></p>
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor name: <u>Peter Gorman, Marathon Engineering, as agent for URM</u> Date: <u>02/23/2015</u></p> <p>Signature: <u></u></p>		



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