

At a meeting of the St. Lawrence County Industrial Development Agency Civic Development Corporation (the “Issuer”) convened in public session on February 18, 2016 in Canton, New York, the following members of the Issuer were:

<b>MEMBER</b>	<b>PRESENT</b>	<b>ABSENT</b>
Staples, Brian W.		X
LaBaff, Ernest	X	
Blevins, Lynn	X	
Hall, Mark C.	X	
McMahon, Andrew	X	
Burke, John	X	
Weekes, Jr., R. Joseph	X	

The following persons were ALSO PRESENT: IDA Staff – Patrick J. Kelly, Thomas A. Plastino, Lori Sibley, Kimberly Gilbert, and Richard A. Williams.

On motion duly made by Mr. Weekes and seconded by Mr. Burke, the following resolution was placed before the members of the St. Lawrence County Industrial Development Agency Civic Development Corporation:

<b>Member</b>	<b>Aye</b>	<b>Nay</b>	<b>Abstain</b>	<b>Absent</b>
Staples, Brian W.				X
LaBaff, Ernest	X			
Blevins, Lynn	X			
Hall, Mark C.	X			
McMahon, Andrew	X			
Burke, John	X			
Weekes, Jr., R. Joseph	X			

After the meeting had been duly called to order, the Vice-Chairman announced that among the purposes of the meeting was to complete the Issuer’s environmental review of the St. Lawrence Health System Project required pursuant to the New York State Environmental Quality Review Act (“SEQRA”).

**SEQRA RESOLUTION**

*(St. Lawrence Health System Project)*

Resolution No. CDC-16-02-06

RESOLUTION DETERMINING THAT ACTION TO UNDERTAKE THE ISSUANCE OF BONDS IN CONNECTION WITH A CERTAIN PROJECT FOR ST. LAWRENCE HEALTH SYSTEM, INC. WILL NOT HAVE A SIGNIFICANT EFFECT ON THE ENVIRONMENT FOR PURPOSES OF THE NEW YORK STATE ENVIRONMENTAL QUALITY REVIEW ACT

WHEREAS, St. Lawrence Health System, Inc. (hereinafter referred to as the “Institution”) has presented an application (the “Application”) to the St. Lawrence County Industrial Development Agency Civic Development Corporation (the “Issuer”) requesting that the Issuer consider an undertaking: (i) to issue its revenue bonds (the “Bonds”) in one or more issues or series in an aggregate amount sufficient to finance all or a portion of the cost of the project described in the following paragraph (the “Project”), and (ii) to loan the proceeds of the Bonds to the Institution to pay costs of the Project, all pursuant to Section 1411 of the Not-for-Profit Corporation Law of the State of New York, as amended (the “Act”) and the Issuer’s certificate of incorporation; and

WHEREAS, the Project consists of: (A)(1) the construction of an approximately 60,000 sq. ft., three-level medical office building/ambulatory care center located at 6119 U.S. Highway 11, in the Town of Canton, New York (the “Medical Office Building”); (2) the acquisition and installation in the Medical Office Building of furniture, machinery and equipment (the “MOB Equipment”); (B) the renovation and improvement of the existing Canton-Potsdam Hospital (the “Hospital”) building located at 50 Leroy Street, in the Village of Potsdam, New York (the “Hospital Improvements”); (C) the acquisition and installation at the Hospital of furniture, machinery and equipment (the “Hospital Equipment”) (the Medical Office Building, the MOB Equipment, the Hospital Improvements and the Hospital Equipment are collectively referred to as the “Project Facility”); and (D) paying costs incidental to the financing thereof; and

WHEREAS, pursuant to Article 8 of the Environmental Conservation Law, Chapter 43-B of the Consolidated Laws of New York, as amended (the “SEQR Act”) and the regulations adopted pursuant thereto by the Department of Environmental Conservation of the State of New York, being 6 NYCRR Part 617, as amended (the “Regulations”), the Issuer desires to comply with the SEQR Act and the Regulations with respect to each element of the Project and to determine whether the elements of the Project may have a “significant effect on the environment” (as that term is defined in the SEQR Act and the Regulations) and therefore require the preparation of an environmental impact statement; and

WHEREAS, to aid the Agency in determining whether the financing of the Project may have a significant effect upon the environment, the Institution has prepared and/or submitted to the Issuer (i) a short environmental assessment form relative to the construction and equipping of the Medical Office Building (the “MOB EAF”), (ii) a short environmental assessment form relative to the acquisition, construction and installation of the Hospital Improvements and the Hospital Equipment (the “Hospital EAF”, and together with the MOB EAF, the “EAF”), (iii) the Town of Canton Planning Board’s Impact Assessment and Determination of Significance with respect to its SEQR Act review of the construction and equipping of the Medical Office Building (the “Town Planning Board Materials”), copies of which were presented to and reviewed by the Issuer at this meeting and copies of which are on file at the office of the Issuer; and

WHEREAS, the Issuer, in determining whether the financing of the Project may have a significant effect upon the environment, has reviewed the Regulations and other environmental information and materials, including the EAF and the Town Planning Board Materials (collectively, the “Environmental Information”) in order to make a determination as to the potential environmental significance of the Project; and

WHEREAS, the Project does not appear to constitute a “Type I Action” (as said quoted term is defined in the Regulations); and

WHEREAS, Unlisted Actions are those actions not identified as a Type I or Type II Action under the SEQR Act, or in the case of a particular agency action, not identified as a Type I or Type II Action in the agency’s own SEQR Act procedures, which require an environmental assessment to be conducted and a determination of significance made under the SEQR Act.

WHEREAS, Type II actions are those actions or classes of actions which the SEQRA Act and Regulations provide will not have a significant effect on the environment, and, therefore, are not subject to review under the SEQR Act.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE ST. LAWRENCE COUNTY INDUSTRIAL DEVELOPMENT AGENCY CIVIC DEVELOPMENT CORPORATION AS FOLLOWS:

Section 1. Based on an examination of the Environmental Information and based further upon the Issuer’s knowledge of the area surrounding the Project Facility, and such further investigation of the Project and its environmental affects as the Issuer has deemed appropriate, the Issuer makes the following findings and determinations with respect to the construction and equipping of the Medical Office Building:

(A) The construction and equipping of the Medical Office Building constitutes an “Unlisted Action” (as defined in the Regulations);

(B) No potentially significant impacts on the environment are noted in the Environmental Information for the Project with respect to the construction and equipping of the Medical Office Building that the Issuer believes will have, individually or in the aggregate, a significant adverse environmental impact, and none are known to the Issuer;

(C) The Issuer hereby incorporates and adopts the Impact Assessment Evaluation and the Determination of Significance of the Town of Canton Planning Board contained in the Town Planning Board Materials, attached hereto as Exhibit A; and

(D) The Issuer further adopts the findings and determination of the Town of Canton Planning Board that the proposed construction and equipping of the Medical Office Building will not result in any significant adverse environmental impacts.

Section 2. (a) The Issuer hereby determines that the construction and equipping of the Medical Office Building will not have a significant adverse impact on the environment and the Issuer will not require the preparation of an environmental impact statement with respect to that element of the Project. This determination shall serve as a negative declaration with respect to this element of the Project.

(b) The Chief Executive Director of the Issuer is hereby directed to file in the Issuer’s records this negative declaration with respect to the construction and equipping of the Medical Office Building.

Section 3. Type II actions are those actions or classes of actions which have been found not to have a significant effect on the environment, and, therefore, will not require preparation of an Environmental Impact Statement (EIS). Thus, any action or class of action listed as a Type II action under the Regulations (6 NYCRR §617.5) is not environmentally significant and requires no further processing under the SEQRA Act. See also 6 NYCRR §617.3(f) (“No SEQRA determination of significance, EIS or findings statement is required for actions which are Type II.”). If the action is a Type II action, the Issuer has no further responsibilities under the SEQRA Act and the Regulations.

The Issuer hereby finds and determines that the acquisition, construction and installation of the Hospital Improvements and the Hospital Equipment are Type II actions specified under 6 NYCRR §617.5(c), including:

- (2) replacement, rehabilitation or reconstruction of a structure or facility, in kind, on the same site, including upgrading buildings to meet building or fire codes, unless such action meets or exceeds any of the thresholds in Section 617.4 of this Part [Type I actions]; and
- (25) purchase or sale of furnishings, equipment or supplies, including surplus government property, other than the following: land, radioactive material, pesticides, herbicides, or other hazardous materials.

Accordingly, no further action under the SEQRA Act and the Regulations is required with respect to the acquisition, construction and installation of the Hospital Improvements and the Hospital Equipment.

Section 4. A copy of this resolution shall be available for public inspection at the customary location of records of the Issuer that are available to the general public.

Section 5. The Chief Executive Director of the Issuer is hereby authorized and directed to distribute copies of this resolution to the Institution and to do such further things or perform such acts as may be necessary or convenient to implement the provisions of this resolution.

Section 6. This resolution shall take effect immediately.

The foregoing resolution was thereupon declared duly adopted.

STATE OF NEW YORK                    )  
  ) SS.:  
COUNTY OF ST. LAWRENCE        )

I, the undersigned Secretary of the St. Lawrence County Industrial Development Agency Civic Development Corporation (the “Issuer”), DO HEREBY CERTIFY that I have compared the foregoing copy of the minutes of the meeting of the Issuer, including the resolution contained therein, held on February 18, 2016 with the original thereof on file in my office, and that the same is a true and correct copy of said original and of the whole of said original so far as the same relates to the subject matters therein referred to.

I FURTHER CERTIFY that (i) all members of the Issuer had due notice of said meeting, (ii) said meeting was in all respects duly held, (iii) pursuant to Article 7 of the Public Officers Law (the “Open Meetings Law”), said meeting was open to the general public, and due notice of the time and place of said meeting was duly given in accordance with such Open Meetings Law and (iv) there was a quorum of the members of the Issuer present throughout said meeting.

I FURTHER CERTIFY that as of the date hereof the attached resolution is in full force and effect and has not been amended, repealed or rescinded.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Issuer this \_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
Secretary

[SEAL]

EXHIBIT A

## 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.

<b>Part 1 - Project and Sponsor Information</b>			
St. Lawrence Health System, Inc. ("SLHS")			
Name of Action or Project: Hospital Improvement Project			
Project Location (describe, and attach a location map): 50 Leroy Street, Potsdam, NY 13676			
Brief Description of Proposed Action: Renovation of existing facilities at the Canton-Potsdam Hospital's main campus in Potsdam. See attached for further description.			
Name of Applicant or Sponsor: Richard D. Jacobs		Telephone: [REDACTED]	
		E-Mail: [REDACTED]	
Address: 50 Leroy Street			
City/PO: Potsdam		State: New York	Zip Code: 13676
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	YES
		<input checked="" type="checkbox"/>	<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	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ 0 acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 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 type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	b. Are public transportation service(s) available at or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
10. Will the proposed action connect to an existing public/private water supply?  If No, describe method for providing potable water: _____	NO	YES		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11. Will the proposed action connect to existing wastewater utilities?  If No, describe method for providing wastewater treatment: _____	NO	YES		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
b. Is the proposed action located in an archeological sensitive area?	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban				
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
16. Is the project site located in the 100 year flood plain?	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	NO	YES		
	<input type="checkbox"/>	<input type="checkbox"/>		

<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 checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p><b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor name: David B. Acker <span style="background-color: black; color: black;">XXXXXXXXXXXXXXXXXXXX</span> Date: February 3, 2016</p> <p>Signature: <span style="background-color: black; color: black;">XXXXXXXXXXXXXXXXXXXX</span></p>		

## CANTON-POTSDAM HOSPITAL

### Attachment to Short Environmental Assessment Form Part 1 – Project Information (Hospital Improvement Project)

The proposed action includes the following capital projects at the Hospital's main campus in Potsdam:

1. Potential renovation to surgical and ambulatory environments in the hospital to address the increased surgical volumes being experienced at the CPH Hospital site.
2. ICU – Improvements to Intensive care unit to allow better staff flow and visibility as well as address increasing size requirements of Intensive care equipment needs.
3. Entrance, Lobby and Emergency Services renovation – Potential remodeling of patient entrance to allow for better patient access and privacy as well as improve traffic flow, including the potential remodeling repair of patient/visitor traffic corridors.
4. Other renovations/improvements – Remodeling of existing patient care rooms to move to single occupancy. This is becoming an increasingly challenging environment with patient privacy, infection control and patient comfort needing improvement.
5. Purchase of new/replacement clinical equipment.
6. Potential redesign and reconfiguration of inpatient detoxification rooms and substance abuse rehabilitation
7. Purchase of new/replacement information systems equipment including computer and telephone systems, software upgrades and similar equipment.

# Town of Canton Planning Board

## Action Sheet

Project St Lawrence Health System  
Medical Building

Referred to:

Action Taken

St. Lawrence County Planning X

Approved with conditions

Town of Canton Zoning \_\_\_\_\_

Canton Town Board \_\_\_\_\_

Approved X \_\_\_\_\_

Date \_\_\_\_\_

Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee \_\_\_\_\_

Denied \_\_\_\_\_

Date \_\_\_\_\_

Reason \_\_\_\_\_  
\_\_\_\_\_



Chair, Town of Canton Planning Board

## Short Environmental Assessment Form

### Part 1 - Project Information

#### Instructions for Completing

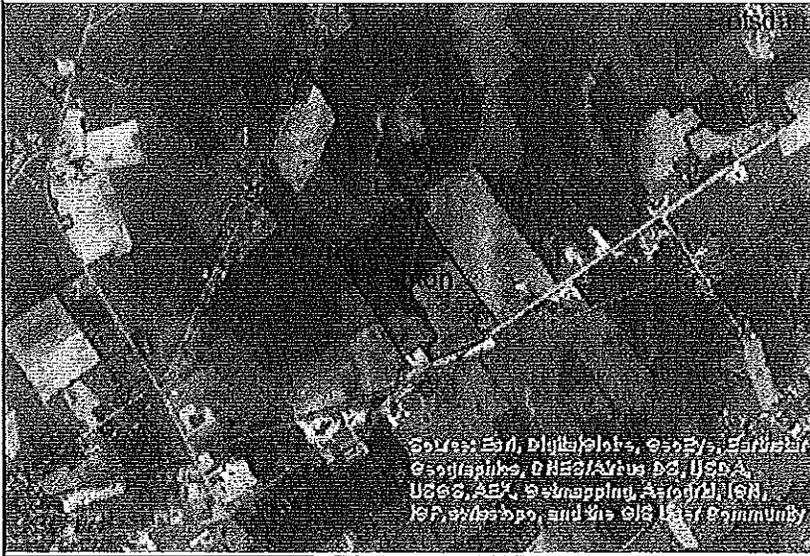
**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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: New Medical Office Building			
Project Location (describe, and attach a location map): 6119 US Highway 11, Canton, NY 13617			
Brief Description of Proposed Action: Construct a new medical office building, parking lots and access drive.			
Name of Applicant or Sponsor: Brooks Washburn AIA		Telephone: [REDACTED]	
		E-Mail: [REDACTED]	
Address: 22 Depot St., Suite 16			
City/PO: Potsdam		State: NY	Zip Code: 13676
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
			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: DEC SWPPP			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		18.9 acres	
b. Total acreage to be physically disturbed?		18.9 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		266.4 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 type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: <u>Wells</u>	NO	YES	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input checked="" type="checkbox"/> Forest <input checked="" type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input checked="" type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <u>Structures for drainage will be created.</u>			

<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)?</p> <p>If Yes, explain purpose and size: _____</p> <p>Retention / detention ponds shall be used to catch run-off from building and parking areas. _____ (size shall be determined at a later date)</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input checked="" 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?</p> <p>If Yes, describe: _____</p> <p>_____</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?</p> <p>If Yes, describe: _____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p><b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor name: Brooks Washburn AIA <span style="float: right;">Date: June 3, 2015</span></p> <p>Signature: _____</p>		



Sources: Esri, DigitalGlobe, GeoEye, Earthstar, GlobalPhoenix, AeroGRID, USDA, CNR, USDA, Esri, Remapping, Aerial, CNR, IGP, GeoEye, and the GIS User Community

**Disclaimer:** The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.



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]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
Part 1 / Question 20 [Remediation Site]	No

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: _____ _____	NO	YES
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: _____ _____	NO	YES
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: _____ _____	NO	YES
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor name: _____		Date: _____
Signature: _____		

**Part 2 - Impact Assessment.** The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	X	
2. Will the proposed action result in a change in the use or intensity of use of land?		X
3. Will the proposed action impair the character or quality of the existing community?	X	
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	X	
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?		X
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	X	
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?	X X	
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	X	
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	X	

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	X	
11. Will the proposed action create a hazard to environmental resources or human health?	X	

**Part 3 - Determination of significance.** The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input checked="" type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
Town of Canton Planning Board	7/28/15
Name of Lead Agency	Date
Michael K Morgan	Chair
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
[Redacted Signature]	Signature of Preparer (if different from Responsible Officer)
Signature of Responsible Officer in Lead Agency	