DRAFT ENVIRONMENTAL IMPACT STATEMENT

APPENDICES

ATRIA SENIOR LIVING – EAST NORTHPORT
ADDITION TO EXISTING FACILITY

TOWN OF HUNTINGTON
SUFFOLK COUNTY, NEW YORK

Proposed By:

Atria Senior Living Group. Inc.

Prepared For:

Town of Huntington Zoning Board of Appeals

Revised:

December 2009

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Appendix A.1.

Zoning Board of Appeals Commercial Application
(Including Short-form Environmental Assessment Form (EAF) Part 1)

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APPLICATION FORM
Commercial

TAX MAP NUMBER 400-119-02-64

APPLICANT – Applicant must be a party in interest

NAME: ATRIA SENIOR LIVING GROUP, INC.

COMPANY NAME:

ADDRESS 401 SOUTH FOURTH STREET, SUITE 1900
LOUISVILLE, KY 40202

PHONE

OWNER (S) - All owners on the current deed.

NAME: LARKFIELD GARDENS ASSOCIATES LP NAME:

ADDRESS: SAME AS ABOVE ADDRESS:

Are there any *Violations* or *Notices of Violation* outstanding on this property? YES (NO) (Circle)

If yes, what sections of Code are cited? (Attach copies)

Application is herein made for section(s) of the Code of the Town of Huntington.

SEC 198-21E, SEC 198-21D4, SEC 198-21D

Property Description from the Letter of Denial from the Town of Huntington Building Department:

E/S CHESHIRE PLACE (#10), APPROX 530 FT N/O 5th AVENUE IN EAST NORTHPORT

Is the property within one mile of an airport or 500 feet of: (a) the boundary of any existing or propose county, state or federal park or other recreation area, (b) the right-of-way of any existing or propose county or state parkway, thruway, expressway, road or highway, (c) existing or proposed right-of-way (any stream or drainage channel owned by the county or for which the county has established chann lines, (d) the existing or proposed boundary of any other county, state or federally-owned land or (e) th boundary line of any village or town? Yes_____ No X

Located in Zone District designated as: R-RM RETIREMENT COMMUNITY

Previous Appeals. Please check one.

(X) A previous appeal has been made dated JANUARY 8, 1987 ZBA#(s) 12407 & 12408

(X) A previous appeal has not been made with respect to this denial of the Building Inspector ~~XX~~

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

Reason for Appeal to change present status:

PROPOSED CONSTRUCTION OF A 18030 SQUARE FOOT ADDITION TO THE EXISTING FACILITY.

Names and addresses of all owners of real property within a radius of 500 feet (200 feet for property zoned R-15, R-10, R-7 and R-5).

I hereby affirm that to the best of my knowledge the list of property owners presented with this application is accurate and that all statements herein are true.

*prepared by the Planning Department and

OWNER:

LARKFIELD GARDENS ASSOCIATES LP
By: KAPSON NORTHPORT DEVELOPMENT CORP., as General Partner of LARKFIELD GARDENS ASSOCIATES LP

By: Mark D. Jessee

Mark D. Jessee, CFO

APPLICANT:

ATRIA SENIOR LIVING GROUP, INC.

By: Mark D. Jessee

Mark D. Jessee, Executive Vice President and CFO

FOR OFFICE USE ONLY

I, Clerk of the Zoning Board of Appeals, do hereby affirm that legal notices of the hearing has been published in the official Town Paper(s) on _____.

Date: _____ Clerk of the Zoning Board of Appeals

Fee: _____

Receipt #: _____

SHORT ENVIRONMENTAL ASSESSMENT FORM

To be included with application

14-16-4 (9/95) - Text 12

SEQR

PROJECT I.D. NUMBER

617.20
Appendix C
State Environmental Quality Review

SHORT ENVIRONMENTAL ASSESSMENT FORM FOR UNLISTED ACTIONS ONLY

Part 1 - PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT/SPONSOR
ATRIA SENIOR LIVING GROUP, INC.

2. PROJECT NAME
ATRIA SENIOR LIVING EAST NORTHPORT

3. PROJECT LOCATION:
Municipality EAST NORTHPORT
Town of Huntington
County Suffolk

4. PRECISE LOCATION: Street address and road intersections, prominent landmarks, etc., or provide map
10 CHESHIRE PLACE, EAST NORTHPORT
530 FEET N/O 5th AVENUE, EAST NORTHPORT
Suffolk County Tax Map Number – District 0400, Section 119, Block 2, Lot 64

5. PROPOSED ACTION IS:
☐ New ☒ Expansion ☐ Modification/alteration

6. DESCRIBE PROJECT BRIEFLY:
CONSTRUCTION OF A _____ SQUARE FOOT ADDITION TO THE EXISTING FACILITY.

7. AMOUNT OF LAND AFFECTED:
Initially _____ acres Ultimately _____ acres

8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?
☐ Yes ☐ No If No, describe briefly

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?
☒Residential ☐Industrial ☐Commercial ☐Agriculture ☐Park/Forest/Open space ☐Other
Describe:

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?
☒Yes ☐No If yes, list agency(s) name and permit/approvals
TOWN OF HUNTINGTON SITE PLAN APPROVAL
BUILDING PERMIT
SUFFOLK COUNTY HEALTH DEPARTMENT SANITARY

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?
☐Yes ☒No If yes, list agency name and permit/approval

12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?
☒Yes ☐No If yes, list agency name and permit/approval
TOWN OF HUNTINGTON SITE PLAN
SUFFOLK COUNTY HEALTH DEPARTMENT SANITARY

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

Applicant/sponsor name: ATRIA SENIOR LIVING GROUP, INC. Date: August 17, 2007

Signature: Mark D. Jessee, Executive Vice President and CFO

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

APPLICANT CERTIFICATION
Signed by ALL Applicants

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

MARK D. JESSEE, being by me duly sworn, deposes and says:

1. I am interested in an application for a variance or special exception now pending before the Town of Huntington Zoning Board of Appeals, identified by tax map number: 400-119-02-64.

2. I reside at 401 SOUTH FOURTH STREET, SUITE 1900, LOUISVILLE, KY 40202.
3. The nature of my interest in the aforesaid application is as follows:

   I AM THE EXECUTIVE VICE PRESIDENT AND CFO OF ATRIA SENIOR LIVING GROUP, INC.,

   THE APPLICANT
4. It is my understanding that the Huntington Town Board has determined that public policy requires a full, frank and complete disclosure of all persons having an interest, direct or indirect, in all applications to the Huntington Zoning Board of Appeals and other agencies of Town Government, to insure that no question of conflict of interest or favoritism may arise.
5. To the best of my knowledge, information and belief, there are no other persons, firms or corporations interested in this application, except as hereafter set forth (If either Corporation or Company, etc., list all officers): SEE LIST OF OFFICERS ATTACHED

If on the New York or American stock exchanges applicant must state: "No officer or employee of the Town of Huntington owns 5% or more of the listed stock."

Sworn to before me this
17th day of August, 2007

Notary Public

Signature(s)

MARK D. JESSEE
Please print name(s)

Officers of Atria Senior Living Group, Inc.

Matthew J. Lustig	Chairman of the Board
John A. Moore	Chief Executive Officer
Mark D. Jessee	Executive Vice President and Chief Financial Officer
Julie Harding	Executive Vice President and Chief Operating Officer
W. Bryan Hudson	Sr. Vice President, General Counsel and Secretary
Sherry Rhodes	Sr. Vice President Operations, East Division
Michael Mejia	Sr. Vice President Operations, Central Division
Danny McCoy	Sr. Vice President Operations, West Division
Mark A. Alexander	Sr. Vice President, Redevelopment
Sheela Frisch	Sr. Vice President, Chief Quality Assurance Officer
Douglas Armstrong	Sr. Vice President, Special Counsel and Assistant Secretary
James Lane	Sr. Vice President, Business Analysis and Special Projects
Kelly Lanham	Vice President, Chief Accounting Officer and Controller
Doug Owens	Vice President, Information Systems
Staci Page	Vice President, Sales and Marketing

Appendix A.2.

Zoning Board of Appeals Hearing Transcript
February 7, 2008
No. 19337

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TOWN OF HUNTINGTON - STATE OF NEW YORK
BOARD OF ZONING & APPEALS

NO. 19337

100 Main Street
Huntington, New York

FEBRUARY 7, 2008
7:00 p.m.

A P P E A R A N C E S :

CHRISTOPHER MODELEWSKI, Chairman
JEFFREY N. NANESS
JAMES ROGERS
CAROL GAUGHRAN
SCOTT M. FRAYLER
ROBERT SLINGO
JAMES F. MATTHEWS, Attorney

DEBORAH J. HANSEN, Official Court Reporter

PUBLIC HEARING NO. 19337:

Applicant: Atria Senior Living Group, 401 South Fourth Street, Suite 1900, Louisville, KY 40202.

Owner: Larkfield Gardens Association.

Location of Property: E/S #10 Cheshire Place, approximately 530 feet north of Fifth Avenue, East Northport.

Zone History: R-RM since 1985. Prior to that, it was zoned R-10 since 1934.

Subject: Request Special Use Permit/Parking Variation and front yard variation to expand the existing senior living facility.

SCTM#: 0400-119.00-02.00-064.000.

MR. CHAIRMAN: We'll call application 19337, Atria Senior Living.

We'll mark into evidence Exhibit Number 1 is a letter of denial. Exhibit Number 2 is a tax map. Exhibit Number 3 is a survey. Exhibit Number 4 is a series of previous decisions of this Board. Exhibit Number 5 is a site plan. Exhibit Number 6 is

a deed. Exhibit Number 7 is a CO. Exhibit Number 8 is photographs. Exhibit Number 9 is an assessment card. Exhibit Number 10 is a memo from the County Department of Planning. Exhibit Number 11 is a topographical map. Exhibit Number 12 is a revised plot plan. Exhibit Number 13 is a memo from the Planning Department. Exhibit Number 15 is a letter from the neighboring property owners.

Good evening.

MR. GERMANO: Good evening, Mr. Chairman and members of the Board. Guy W. Germano, from Germano & Cahill, 3250 Vets Highway, attorneys for the applicant.

This property is located -- the site you are looking at is located on a 12-acre lot. It's the former Larkfield School. It was re-zoned in 1986 to R-RM zoning status for senior living, and the re-zoning was conditioned upon limiting the number of units to 130, one-bedroom units, and ten 2-bedroom units for a total of no more than 150 beds.

In January of 1987, this Board

approved a variance to permit frontage on a minor street, and the height in excess of two floors. The original building itself is three stories tall, as you know.

The original site plan approval provided for parking --

MR. CHAIRMAN: Wasn't it denominated as two and-a-half in the grant?

MR. GERMANO: Two and-a-half. I mean it has the dog house on the top.

The applicant is here today because they are proposing an 18,000 square foot, two story addition to the existing structure. The footprint of the expansion is 9,000 square feet.

We're here because, as you can see, this is the addition here, and it sits inside the existing setback of the building. It sits inside the building.

MR. CHAIRMAN: We get it. Let me cut right to the case on the utilization.

What is the proffer here? What is the intended utilization of this additional proposed 18,000 square feet of first and

second story space?

MR. GERMANO: This is an addition for additional common area, amenities and new room configurations. There is no increase in the number of units or beds beyond what was previously approved, and in addition, the septic system is also limited to that number effectively. So, there will be no increase.

MR. CHAIRMAN: You have, obviously, occupancy records. Don't you have to file those, your client has to file those with the State? Actually, you are not a nursing home.

MR. GERMANO: No, assisted living facility.

MR. SLINGO: Now, you were granted 130, one-single bed and ten two-beds. That the original grant, and not to exceed 150; is that correct?

MR. GERMANO: Well, the number of beds would not exceed 150; correct.

MS. GAUGHRAN: What does that mean? Are you doubling them up?

MR. SLINGO: Excuse me. Are you utilizing all of these under that original

grant right now?

MR. GERMANO: I don't believe that we are at that number yet. No, we're not at that number.

MR. SLINGO: So, therefore, this extension would be, would be for living space; right?

MR. GERMANO: No.

MR. SLINGO: In addition to the common areas you are going to change the configuration of the unit, right?

MR. GERMANO: No. They're going to provide for larger units, more space. The market today, the senior wants more space, and more amenities.

MR. CHAIRMAN: How many residents in the facility right now?

MR. GERMANO: I'm going to ask the facility director.

137 right now.

MS. GAUGHRAN: You max out at 150?

MR. GERMANO: We would max out at 150; correct.

MR. SLINGO: With this extension --

MR. GERMANO: No, we can have that number now. Depends on the configuration. Depends on how many people use it.

MR. SLINGO: But, right now you are under the capacity that was originally imposed?

MR. GERMANO: Yes, and the new proposal, we're not proposing to exceed that either with the number of units. The number of beds is determined by the utilization of the people that are living there at the time.

MR. SLINGO: But, answer this question, please. I'm sorry, I don't mean to pressure you, but you need this extension to actually get up to the 150 in case you need it?

MR. GERMANO: No. I believe we can do that now.

MR. CHAIRMAN: Should we take it for granted that the argument here is not unlike that of what we hear with respect to the expansion of a single-family dwelling? That is, that people's concept of what is adequate in terms of living space have

changed, and that even though they may be older people, that they wish to have larger areas in which to live.

Is that the whole idea here?

MR. GERMANO: That is correct.

MR. CHAIRMAN: Okay. Well, the common areas, tell us a little more about what the common areas include.

Is it a recreation hall? Is it a card-playing room or rooms? What are you going to add?

MR. GERMANO: I'm going to ask the architect to describe the facility.

MR. CHAIRMAN: Good idea. Why don't we have him step forward.

(Whereupon, the witness was duly sworn.)

MR. CHAIRMAN: Please state your name and address for the record.

MR. GELFAND: Michael Gelfand, MHG Architects, 443 Park Avenue South, New York, New York.

MR. CHAIRMAN: Okay. Why don't you tell us what the intention is.

MR. GELFAND: The intention is, as Mr. Germano pointed out, to increase some of the common areas for the building, and I will talk a little about that, but primarily, the majority of the area is going towards significantly increasing the size of the individual dwelling units.

Currently, the facility is primarily studio-type apartments. We're going to be moving for higher presentation of one-bedroom apartments, and to go to your comments, that is where the market is today.

People are looking for larger dwelling units. The area of common space we're increasing is primarily within an area of the building that is dedicated to those suffering from the early stages of dementia, to create more common activity and living space, and independent dining, and living space for those individuals.

The balance of the common space throughout the facility is multi-purpose rooms, libraries, small gathering rooms, card rooms, all kinds of activities, spaces to

create a fulfilling life environment for the residents that live there.

MR. SLINGO: You are not increasing any further on the side yard setback or the rear yard setbacks that exist today?

MR. GELFAND: Correct.

MR. NANESS: So, you are not going to increase the number of units, but some of the units will be larger units?

MR. GELFAND: Primarily, we're combining in a lot of cases, two studios to one larger bedroom community so the individual has a larger bedroom and living room.

MR. NANESS: You could increase the number of people there because a studio would be difficult to have more than one person, but the larger unit, you might have couples. Am I wrong about that?

MR. GELFAND: I guess anything could happen, but the reality of the market is, this is what people are looking for today.

MR. NANESS: I'm trying to

understand that you are not increasing the number of units, but it may increase the number of people staying there because they might have more couples in a unit because they're larger now.

MR. GELFAND: The facility is capped on the number of occupants by the Health Department, and the sewage treatment plant.

MR. GERMANO: So, we're not going to exceed that cap in any event.

MR. NANESS: I'm trying to understand.

MR. CHAIRMAN: How much money do you think that your client, assuming an approval, how much money do you think your client will spend in order to construct and outfit this planned addition?

MR. GELFAND: We have not done a full cost estimate of the project.

MR. CHAIRMAN: You have no idea?

MR. GELFAND: It's significant.

MR. CHAIRMAN: You have no idea what it would cost?

MS. GAUGHRAN: There is a per-square foot average.

MR. GELFAND: For an average, about $250 a foot.

MR. CHAIRMAN: How many?

MS. GAUGHRAN: How many feet?

MR. CHAIRMAN: For the cost of the construction or the cost of construction, renovations and outfitting. You need -- I assume that you need to have some different furniture. I mean, how much? How much are you spending on this?

(Whereupon, the next witness was duly sworn.)

MR. CHAIRMAN: Please give your name and address for the record.

MR. ALEXANDER: Mark Alexander, 521 Club Lane, Louisville, Kentucky.

We don't have actual estimates, but I think it would be fair to say that the project is north of $10 million.

MR. CHAIRMAN: That's a lot of money, isn't it?

MR. ALEXANDER: It is a sizable

project.

MR. CHAIRMAN: What is on average, what do folks pay for month to reside in this facility?

MR. ALGEE: There is a range --

(Whereupon, the witness was duly sworn.)

MR. CHAIRMAN: Please state your name and address for the record.

MR. ALGEE: Daniel Algee, Sr., 16 Second Street, Moriches, New York.

The average rate is around $3,500 per month.

MR. CHAIRMAN: Okay.

MS. GAUGHRAN: Is that for the studio or one bedroom?

MR. CHAIRMAN: What is the high?

MR. ALGEE: The high being on the dementia unit, which is life guides neighborhood, that is $6,000. That would be a private in that particular unit which elevation of care is.

MR. CHAIRMAN: How many folks are qualified for or determined to be in need of

that particular level of services?

MR. ALGEE: Currently thirty-seven residents.

MR. CHAIRMAN: On the low end, what is the least amount of money that you are going to pay?

MR. ALGEE: $2,500.

MR. CHAIRMAN: Okay. It's a $10 million project.

Thank you.

Anything else you want to tell us about the nature of the addition and what is contemplated to be allocated between the two floors?

MR. GELFAND: That is the basics.

MR. CHAIRMAN: Anyone have any questions for the architect?

MR. SLINGO: Yes. I don't know if this is your purview, but one of the letters that we received made reference to the sewage plant, and the fact that it's very noisy, and that it emits odors.

Is there anything in the plan to address those issues?

MR. GERMANO: The facility manager can speak to that.

MR. ALGEE: I spoke to the community person as recently as last night at great length. We want to be in good standing with the community.

Multiple questions were answered. The final one being a noise factor. We have contacted the vendors as recently as this morning, and we're working on various buffer ideas that would deflect that noise from the residents and we ask that she field that and tell us when we're in compliance with that. We're investigating that currently.

MR. ROGERS: Is there any thought to the operation? I mean, the letters say 2:00, 4:30, 5:30 in the morning there is vibration and screeching.

Is there any thought to the --

MR. ALGEE: The times are on demand by the computer motherboard. So, there's no control on that. It goes on a demand cycle. But, as far as the noise is concerned, if it is something that is offending any of the

community people, we're going to get on it and comply and do anything we can to safeguard the noise.

MR. CHAIRMAN: Is that something that could be ameliorated with the installation of a large holding tank? In other words, if you know that there are operational requirements in terms of the occupants of the building, and the gallons per hour, gallons per day, could you ensure that the plant operated, say, during the daylight hours by installing maybe a larger holding tank for the liquid waste?

MR. ALGEE: I think the engineer on that type of trade would have to answer you as to what would be involved in expanding that or adding new things to it. I believe and tell me if this sounds correct, if we minimize the noise, and hold it down so it's agreeable to any neighbor that found it offensive, I think that would solve the problem.

I haven't gotten a lot of feedback from them. I will address that.

MR. FRAYLER: Have you made any steps to do this?

MR. ALGEE: I became aware of this twenty-four hours ago.

MR. FRAYLER: No one said anything?

MR. ALGEE: Not to me or anybody in our administration team. But, when I was in receipt of it, I got on the phone and discussed it over a forty-minute period as to what we will do.

MR. FRAYLER: It has nothing to do with the fact that you want to do the expansion?

MR. ALGEE: No, this was an isolated response to the neighbor that we want to address with all neighbors. We want to live in the community fairly, and make sure no one is offended by it.

I listened at great length, and I contacted the vendor, and he is working up ideas and estimates as to what would be involved and multiple options.

As soon as we get that, we will respond.

MR. SLINGO: It's your intention to be a very good neighbor?

MR. ALGEE: Very much so, and we stand open to that kind of communication seven days a week. I gave my personal cell phone and card and we will be receptive to any feedback from the community.

MR. CHAIRMAN: Is there a full-time operator assigned to that plant?

MR. ALGEE: There is a full-time operator. He comes daily and checks on the plant. That vendor has been servicing it for over a decade, and doing a fine job complying with various agencies. They come in in a timely fashion. We never had issues with the vendor. If we did, we would change it out.

MR. CHAIRMAN: What is the name?

MR. ALGEE: 4-H. The chairman of the company is John Hunt. He is out of Shirley and he has various staff members that drive through there and they're constantly taking readings and monitoring the status of the plant.

MR. ROGERS: In your letter, they

state they complained many times. The letter and phone calls, complaints to the County, and had referenced no results.

MR. ALGEE: Again, if that is the letter we're referring to from the neighbor, that is the first that I heard from this. No town or agency came to me or other neighbors. I felt bad about that.

Again, in speaking at great length with them, again, I left my number, personal cell and so forth to respond to it in a timely fashion. There is multiple questions in there, and four or five I recall correctly, and we addressed them all to their satisfaction.

But, I didn't speak to the neighbor. But, the final one was the noise, and I said we would get on it, and that was the first I honestly heard about it. I have been in the community for three years.

MS. GAUGHRAN: And she had, in fact, responded to the Board with a letter responding this evening saying, they had conversations with you yesterday, and you

were on top of this.

MR. ALGEE: And I went out early this morning to see the logistics of the property as to where it was situated, because they described the house to me, and I saw the address. I walked the entire community, and I looked at it, and then called the vendor to resolve the problem for her.

MR. CHAIRMAN: Is there a SPDES permit?

MR. GERMANO: Yes. It's fully permitted.

MR. CHAIRMAN: Do you have a copy of it?

MR. GERMANO: I don't have it on me.

MR. ALGEE: I have it in my office. I can fax it to you tomorrow, if you would like. It's in good standing. It expires this August, and it's being renewed, and we're in compliance and so forth.

But, to answer your question, yes.

MR. CHAIRMAN: It would be something that I would want to see, quite

frankly, and because it isn't here -- and its not the fault of any one of you here tonight -- because it's not here, and if we do in fact take it in after tonight, we're going to have to subject it and any other evidence to an additional hearing limited to just the introduction of that.

In other words, our code, as you may or may not know, requires that we cannot take in any evidence after the fact without reconvening another hearing and subjecting it to the light of day and the prospect of the public comment.

So, we would have to do that.

MS. GAUGHRAN: Anyone in your office that could fax it over?

MR. ALGEE: The answer is no.

MR. CHAIRMAN: It would be a time issue.

MR. ALGEE: I can perhaps rise up my maintenance person and see if he would fax it. I don't know how taxing it would be for you on the timetable.

MR. CHAIRMAN: Why don't we do

this -- anything else in the introductory remarks? We have already spoken to your architect.

You want to put your other experts on?

MR. GERMANO: I want to say one other thing.

We had in the call, a front yard variance, but if you look at the recent survey we submitted, we have the 100 foot requirement.

In addition, I wanted to say one other thing. I think the Town Planners have sent over the new proposed changes to this district.

MR. CHAIRMAN: Yes. Yes. RHS.

MR. GERMANO: And those changes were in effect, this building would in fact meet the side yard requirements. We wouldn't have a parking variance requirement. I don't think that we would have any variances.

MR. CHAIRMAN: Operationally, parking does not seem to be an issue on this site. I can tell you that by my own personal

observations and because we have spread it on the record, that is an entirely appropriate thing for us to do here as the Court of Appeals instructed us. Just as long as I not keep any private thoughts to myself.

MR. GERMANO: In that case, I can dispense with one of my experts.

MR. CHAIRMAN: Why don't we hear from them.

Is Mr. Muller going to chat with us?

(Whereupon, the witness was duly sworn.)

MR. CHAIRMAN: Please state your name and address for the record.

MR. MULLER: Wayne Muller, RMS Engineering, with offices at 355 New York Avenue, Huntington.

MR. CHAIRMAN: Okay. We recognize Mr. Muller as a traffic engineer and expert qualified to provide this Board with opinion testimony.

Now, Mr. Muller, no operational problems; right?

MR. MULLER: Absolutely not.

MR. CHAIRMAN: The site circulation is okay? There is enough parking to meet the demands for people that both live at and visit occupants of the facility; correct?

MR. MULLER: Yes, that's correct.

MR. CHAIRMAN: And because there is no contemplated increase in the number of inhabitants, there need not be, in your opinion, any additional parking provided?

MR. MULLER: That's correct.

MR. CHAIRMAN: Anything else that we should be aware of?

MR. MULLER: I would like to submit a copy of the letter by me dated February 7, 2008.

MR. CHAIRMAN: Thank you very much. We'll mark that Exhibit Number 16 in evidence.

MR. NANESS: Would that be the case if the number of occupants went up to the maximum permitted?

MR. MULLER: Yes. Exactly. Yes. In my opinion, the lot is basically fifty

percent occupied. As indicated on the plan submitted, we saw a maximum of forty-eight vehicles parked there at the maximum time. Even if we were to go from 137 to 150, the increase in parking would be negligible. It could possibly be one vehicle.

MR. NANESS: What percentage are there people that are residing there, do they drive?

MR. MULLER: It's mostly the staff that drives.

MR. GERMANO: If I may, there are three people that have cars.

MR. NANESS: Three residents?

MR. GERMANO: Yes.

MR. NANESS: So, the parking is largely for the staff and visitors, and that is true of most of the facilities. The staff is really the key that generates the parking.

MS. GAUGHRAN: The Atria has a bus that takes the residents around. So, there is not a need for the residents to have cars.

MR. MULLER: No, a lot of them probably don't want to drive. I wouldn't

drive, if I didn't have to.

MS. GAUGHRAN: They get driven next door to church.

MR. MULLER: So, based on the observations of the site plan prepared by my firm, it's my opinion that the circulation on the site and parking on the site is more than adequate to satisfy the demands at the current level and if we were to expand to 150 beds occupied, we would have no problem in my professional opinion.

Thank you.

MR. CHAIRMAN: Thank you.

MR. GERMANO: Okay. John Breslin.

(Whereupon, the witness was duly sworn.)

MR. CHAIRMAN: Please state your name and address for the record.

MR. BRESLIN: John Breslin, with offices at 44 Elm Street, Huntington.

MR. CHAIRMAN: Okay. We recognize Mr. Breslin as a real estate expert qualified to provide this Board with opinion testimony.

MR. GERMANO: Thank you.

Mr. Breslin, have you seen the application?

MR. BRESLIN: Yes, I have. I'm very familiar with it.

MR. GERMANO: Have you reviewed the neighborhood and the surrounding areas?

MR. BRESLIN: Yes, I have.

MR. GERMANO: Have you formed an opinion as to the impacts of the facility, new facility?

MR. BRESLIN: Yes.

MR. GERMANO: On the neighborhood?

MR. BRESLIN: Yes.

MR. GERMANO: Can you state that to the Board?

MR. BRESLIN: Utilizing two exhibits that I have, one is a series of eighteen photographs that we'll mark as --

MR. CHAIRMAN: Exhibit Number 17.

MR. BRESLIN: I will mark as Exhibit Number 18, the area map on the easel before you.

This property was originally the Larkfield Road Elementary School. It's

situated just east of Larkfield Road on Cheshire Place, and it is a short block off of Larkfield Road.

There is C-6 business zone as you go along Larkfield Road. There is a strip retail with a Chase Bank situated on the corner of Carll extending all the way down to Webster with parking behind it.

To the north of that, behind it is the U-Square Shopping Center, The Methodist Church property that backs up to the subject here, and as you move further east along the north and along the east, you have residential development.

You also have residential development behind the commercial development on the west side of Cheshire Place, opposite the subject property, and opposite the St. Anthony Campus, which is adjacent to the subject on the south.

When you look at the aerial, you can see what was the original school property, including the Atria facility and some athletic fields, which are utilized at

the end of that, which is part of the original school campus.

Also, that backs up to the East Northport Middle School, which backs up off of Fifth Avenue.

MR. CHAIRMAN: Let me stop you for a moment, and I will ask either of you Counsel, Mr. Germano or yourself, with respect to the district utilization of those fields on the eastern portion of the property, is there a sunset provision in that agreement?

MR. BRESLIN: Not that I'm aware of. It was a condition of the re-zone.

MR. CHAIRMAN: It was part of the re-zoning?

MR. GERMANO: No, it was part of the sale. They have a use agreement. Just a use agreement. But, it does not have a sunset provision in it, to my knowledge, and it came as part of the sale. The district is to provide insurance and maintain it, and to give notice to the Atria when they're using it.

MR. CHAIRMAN: Okay.

MR. NANESS: Where is the school? There are two schools; right?

MR. BRESLIN: There are two schools. It's back here. This is St. Anthony's. St. Anthony's Church and school campus is here. You have the old elementary school, and then you have the other school, which connects it.

MR. SLINGO: The field behind there is a soccer field. Is that used?

MR. GERMANO: Yes, and this connects the two here.

MR. SLINGO: That is an easement?

MR. GERMANO: They own it.

MR. BRESLIN: It connects to the other school property that is here.

MS. GAUGHRAN: The school district owns it?

MR. GERMANO: No, Atria owns this.

MR. BRESLIN: Atria owns this, and the school district owns that. But, they have the right to traverse back and forth.

The factors that influence the real

property values in and around the subject facility have been established for quite some time, and the expansion of this facility is not going to change this. This type of health care facility is a relatively benign use. It's a retrofit of an old school, as you know, and it was described earlier that the applicant is seeking to essentially modernize and upgrade the facility such that it's consistent with the current demands of the marketplace for these facilities.

Because it was a retrofit, it was limited with the size and scope of it, and now it's an opportunity with the redevelopment to make the units more appealing to the prospective residents and their families.

The use is essentially the same as what existed on the property since the property was redeveloped many years ago for the Atria use, and the property values in and around this property have remained consistent with the market and their property values have continued to increase over the years.

By this addition, it's not going to change that pattern. It will be consistent with the rest of the market.

All of the requisite municipal services are available to the site. There is an on-site septic system as discussed earlier, and in my opinion, by granting the relief requested, it's not going to change the pattern of development or in any way have any adverse impact on real property values.

I will be happy to answer any questions.

MR. CHAIRMAN: Any questions for Mr. Breslin?

(No response.)

MR. CHAIRMAN: Thank you.

MR. GERMANO: I just wanted to point out -- actually, you can't see it up there. But, the position of the addition is such that it's really not actually going to be visible to any of the neighbors or from the front of the building.

MR. CHAIRMAN: It's all facing the church.

MR. GERMANO: It faces the church and equal to the existing setback.

MR. CHAIRMAN: Okay. Thank you.

All right. That is your case?

MR. GERMANO: Yes.

MR. CHAIRMAN: I mean, you get the last word.

Anyone here for or against this application?

(Whereupon, the witness was duly sworn.)

MR. CHAIRMAN: Please state your name and address for the record.

MS. MASTROPIETRO: Donna Mastropietro, 24 Carlson Lane, East Northport, New York.

MR. CHAIRMAN: Go ahead.

MS. MASTROPIETRO: I am vehemently opposed to this. When the school was purchased, we received several assurances that this would not have an environmental impact on us.

At the time, I had paperwork stating from the Town of Huntington that

cesspools are not desirable, that they should not be used, and at that time, I would imagine that they pushed this through without cesspools, and lo and behold, ten years later, an application comes for the cesspools to be a sewer treatment plant that we are stuck with.

I would tend to think that if this proposal --

MR. CHAIRMAN: Can you tell us something about the operation of that? I mean, what effect does it have? I mean, you live in the neighborhood. Do you hear it? Do you smell it? What is it like?

MS. MASTROPIETRO: We smell it, and we hear it. One of the other things, aside from it being annoying, I'm concerned with methane gas, not just the smell of it. The health issues involved in that, and I'm sure anyone that lives next to it would know that.

When we purchased our house, thirty years ago, we did not purchase down by the landfill, because that is not the environment we wanted to live in. We bought a house

closer up on Larkfield Road so we wouldn't be close to the resource recovery and landfill, and now we're faced with this in the backyard.

Not only is the sewage a problem, but Larkfield Road. Anybody that lives in that area, and I'm sure Mr. Slingo knows, it takes you twenty minutes to get from Pulaski Road to Clay Pitts Road.

MR. CHAIRMAN: That is not their problem.

MS. MASTROPIETRO: No, it's not their problem, but to increase the traffic flow certainly -- I have been listening to everything going on --

MR. CHAIRMAN: Ma'am, we haven't had any testimony that would tend to make us believe that the traffic is going to be increased, that there will be increased trip generations.

What we have heard so far is that there may be some operational problems with respect to the sewage treatment plant, and that is something that, at least to me, is of

grave concern.

MS. MASTROPIETRO: The other concern is the use of common areas. I have been in the Atria. I have been there visiting relatives, and it's a for-profit organization, which I understand, and is going to take major money to --

MR. CHAIRMAN: They're not spending ten million bucks for this to not make money. They're in business to make money. They provide a service, and they earn money.

MS. MASTROPIETRO: Their aim is to maximize it to 150 beds, even if they have to utilize some of the new construction.

MR. CHAIRMAN: I'm sure that is it.

MS. MASTROPIETRO: And the present sewer treatment plant that they have cannot handle that. So, I would like to see something done. I would like to see that the Board has some foresight to the people living in the area, and to ensure that something is environmentally -- the air is checked out.

MR. CHAIRMAN: We have a letter in the record from a neighbor that indicates

that complaints have been made at the town and county level.

Have you made any complaints at the town or county level?

MS. MASTROPIETRO: I spoke to my neighbors on several occasions.

MR. CHAIRMAN: You personally?

MS. MASTROPIETRO: No, I have not.

MR. CHAIRMAN: Thank you. Anything else, ma'am?

MS. MASTROPIETRO: No.

MR. CHAIRMAN: Thank you very much.

Justin Foley.

(Whereupon, the witness was duly sworn.)

MR. CHAIRMAN: Please state your name and address for the record.

MR. FOLEY: Justin Foley. My address is 330 West 42nd Street, New York, New York.

MR. CHAIRMAN: Okay. What is your interest in this application?

MR. FOLEY: I'm here as a representative of the campaign to improve

assisted living.

Just a quick idea about what we do is assist caregivers, residents and family members --

MR. CHAIRMAN: Let me -- I don't want to be rude to you, but does it have anything to do with the land use objectives of this applicant for relief here at the Zoning Board of Appeals?

MR. FOLEY: Yes, it does. That's why I'm here.

MR. CHAIRMAN: And it's going to focus on this request for relief?

MR. FOLEY: Yes, it does.

MR. CHAIRMAN: Okay. Get to that quickly, please.

MR. FOLEY: Okay. Because the facility is proposing the expansion, we understand, you know, based on what we heard tonight, that they say there will be no more traffic to the facility and that the facility is, as was testified to earlier, doesn't seem to have any operational problems.

The question that I have, based on

the application is that the application claims there are thirty-eight current employees in the facility, and as I understand, the zone for the Town, it requires that there be one parking space for every employee, and then one or two, one and-a-half parking spaces for every resident.

MR. CHAIRMAN: I mean, you are not a neighbor. You represent an organization; right?

MR. FOLEY: This is true.

MR. CHAIRMAN: Is it akin to a labor union? Is that what it is?

MR. FOLEY: Yes.

MR. CHAIRMAN: You have gotten -- you have a beef of some sort, or your organization does, with the management of this facility, and you are here to talk about land use based upon your beef with them on labor issues?

MR. FOLEY: I wouldn't say it's based upon the beef of labor issues.

MR. CHAIRMAN: That's what it sounds like to me, sir.

MR. FOLEY: What I could say from our experience with the industry and the company particularly, this is where our question around this comes from. The reason I'm here is, I want to bring information to the Zoning Board that you might not otherwise have.

Understanding that you want to make sure it's relevant to the land use decision here, beyond the question of parking, from our perspective, the big concern that we think that the Zoning Board would want to consider is, there is an additional permit required for the facility to continue doing the type of business that it's doing now, which is not listed on the application, and that permit is with the State's recent passage of the Assisted Living Reform Act.

A facility that operates like this facility does will require a new type of certification. In fact, they have applied for that certification. That certification is pending.

MR. CHAIRMAN: Does it have

anything to do with the number of people that live there?

MR. FOLEY: It does.

MR. CHAIRMAN: Tell us why.

MR. FOLEY: Because first of all, it caps the number of people that lives there.

MR. CHAIRMAN: We have already done that through the re-zoning and through the previous grant of this Board. Okay?

How else would it change?

MR. FOLEY: I'm sorry, I don't understand your question.

MR. CHAIRMAN: We have already told them how many people they can have living there.

MR. FOLEY: Right.

MR. CHAIRMAN: So?

MR. FOLEY: And the State caps it at 200.

MR. CHAIRMAN: Why would it be a concern with respect to the land use application whether or not there was some regulatory hurdle they have to get over in an

attempt of the State License? Why would that be a concern to us in terms of whether or not they should be permitted the area relief they seek in order to build the addition?

MR. FOLEY: The question that I think is paramount here is if that is not approved, if the State license is not approved, they will not longer be able to continue to do business in the way they're doing it now.

MR. CHAIRMAN: And the property owner will have to find another occupant for the building.

MR. FOLEY: Absolutely. But, what I would suggest to the Zoning Board is, it's considering prematurely to give the decision based on the pending approval. We understand that it's a few months away. To grant that variance and then have to come back to the owner of the facility when they say they can no longer continue to operate the facility is, I don't know what impact that has on the proposed expansion. It would have to be difficult.

MR. CHAIRMAN: So, your point is, maybe they will be back to make it a hotel. Is that your point?

MR. FOLEY: I don't know what they would be back looking for.

MR. CHAIRMAN: That could be a viable point. Okay.

Anything else?

MR. FOLEY: Just that I think that given that is the consideration, again, from our perspective. I would say that I would encourage the Board to consider that when deciding whether to postpone making the decision until the State approval comes through.

MR. CHAIRMAN: Thank you.

Al Sawyer.

(Whereupon, the witness was duly sworn.)

MR. CHAIRMAN: Please state your name and address for the record.

MR. SAWYER: Allen Sawyer, 21 Sunrise Court, East Northport, New York.

I originally came down to hear what

the expansion was about. Very concerned about the increasing capacity.

I hear that is not the case. But, I just wanted to come down and tell you that the sewage system is a problem. It is noisy and it does at times stink, and when I went in there, we were told, as you heard before, that it was not going to be a problem, and it is.

So, that is what I have to say. Thank you.

MR. ROGERS: Mr. Sawyer, do you hear it at night? It is something that goes on all night long?

MR. SAWYER: I only heard it a couple of times. The way my bedroom is situated, I don't always hear it, but I smell it.

MS. GAUGHRAN: Is that after a heavy rain or frequently?

MR. SAWYER: More so in the summer. But, I don't want to say it was a heavy rain that caused it, no. But, just occasionally, more in the warmer weather.

MS. GAUGHRAN: How long have you lived in your house?

MR. SAWYER: Just short of twenty years.

MS. GAUGHRAN: So, you pre-existed the Atria, and in the time that the Atria has been there, would you say that the smell or the problems that you had are the same or got worse recently?

MR. SAWYER: The same.

MS. GAUGHRAN: So, it's from the beginning that it's been a smell problem?

MR. SAWYER: I don't recall exactly when it started, but it was not too long after.

MR. CHAIRMAN: Have you ever asked them to do something about it?

MR. SAWYER: No, I have not.

MR. FRAYLER: Have you ever asked for a review of what is going on?

MR. SAWYER: No.

MR. FRAYLER: As far as for health and safety?

MR. SAWYER: No.

MR. FRAYLER: I have to say, you know, Mr. Chairman and members of the Board, I think the one thing that I'm struggling to deal with is, if this is maybe a problem, I don't think that it would be prudent of us to make a judgment based on the case without hearing someone that has expertise in the situation.

MR. CHAIRMAN: They're coming back with their SPDES permit anyway.

So, the suggestion and we'll get to this after the residents are heard, to the extent that the testimony is not duplicative. They're coming back with a SPDES permit anyway, and I think we'll suggest -- we cannot compel -- but we will suggest that on behalf of Mr. Germano's client, that he return with a sanitary engineer to speak to us about the operation of this plant.

I will tell you, gratuitously, we had a similar problem with the Carolon Nursing Home years ago, and they tried all matters of ameliorative measures. They were misting orange, essence of orange peels

around the property, and it didn't help until they expended a fairly substantial amount of money to retrofitting that facility, and when they did so, it cured the problem, and it made it an intolerable situation in the residential neighborhood, tolerable.

So, maybe that is something that has to happen here, and the point of which is, these nice people are asking for discretionary relief. This is the point of which maybe we can consider the imposition of appropriate measures to ensure something positive happens to make sure that you and your other neighbors are not burdened by the use.

MR. SAWYER: Thank you.

MR. CHAIRMAN: Okay. Folks, just bear in mind, we don't want to cut anybody off, but to the extent that your testimony merely mirrors what has already been said, it's not necessarily helpful to us. Bear that in mind.

The next speaker on the list is Robert Lindstat.

(Whereupon, the witness was duly sworn.)

MR. CHAIRMAN: Please state your name and address for the record.

MR. LINDSTAT: Robert C. Lindstat, 17 Sunrise Court, East Northport.

Scott asked about he needs to review the sewer treatment plant. My suggestion would be that you would get some of the records from the company, Atria, about how many times the sewage treatment plant has been produced and corrected with, say, service, and how many times they had to pump it out in the last couple of years.

They had big trucks there pumping it out.

MR. CHAIRMAN: As you can tell, Mr. Lindstat, we became quite concerned about what is going on with the operation of that plant, and sufficiently so that I can guarantee you there will not be a decision on the merits of this application tonight.

MR. LINDSTAT: Yes. I live -- my property is abutting their property, and I

know my neighbor said he has not, but many times we have smelled it at night. It's not enjoyable to go out and have a dinner in your backyard, and have sewer smells.

MR. CHAIRMAN: It's not something that we are hearing for the first time.

MR. LINDSTAT: I know everybody says this.

MR. CHAIRMAN: About this place.

MR. LINDSTAT: I have a right to say it, too. I would like to say that.

MR. CHAIRMAN: No, what I'm telling you is, we have grappled with this problem before with other facilities in the town.

MR. LINDSTAT: The other thing is, I don't have a problem with the expansion as long as they're not increasing -- the only problem I would have is since they're going to increase the rooms and spread it out, will they have to have more employees to cover the new rooms? So they're not --

MR. SLINGO: They stated they're not going to have any additional employees.

MR. LINDSTAT: Right now, they have

135 people living there, plus their employees. If they go to 150, and they have separate rooms, will they have to increase? That would be a question that you would have to ask them because if you have more rooms, you need more people to cover.

MR. CHAIRMAN: Okay. Thank you. Elaine K. Lindstat.

(Whereupon, the witness was duly sworn.)

MR. CHAIRMAN: Please state your name and address for the record.

MS. LINDSTAT: Elaine K. Lindstat, same address, 17 Sunrise Court, East Northport.

I would basically say the same, but I have called a number of times. I didn't write it down and, you know, I just say, are you aware of the problem, and they would say, we have just passed it on to maintenance.

MR. CHAIRMAN: You called the Atria?

MS. LINDSTAT: Yes. That's basically it. They would pass it on and deal

with it.

MR. FRAYLER: I think, ma'am, and members of the community, I think we dwell on -- I have nothing but the feeling, I'm sure that the director tried to handle things in an above-board manner, but it's coincidental that when you want an expansion, that now you're responsive to the community needs, and want to do everything. But, I think the best part of this is, we're getting to the point that I think we're going to have answers, and get the best thing for you and your neighbors as far as for health reasons and keeping the volume down, and I think it's -- I think this is why we have government doing what it does, and obviously, the manager of the facility has an understanding that neighbors are concerned and maybe if there are calls made, they will be made to the proper channels.

But, if he is giving out his cell phone number, then he wants to be responsible, and we appreciate that as well.

MS. LINDSTAT: Can you state --

they actually still own where the soccer fields are?

MR. CHAIRMAN: It's their land, but --

MS. LINDSTAT: But, the school maintains it.

MS. GAUGHRAN: Correct.

MS. LINDSTAT: So, having facilities on that property then is actually with the school to deal with, because there are no facilities for bathrooms in that.

MS. GAUGHRAN: That is the school.

MS. LINDSTAT: But you are saying Atria still owns it. So, who is responsible for cleaning it up? And that is just a question.

MR. CHAIRMAN: The order of proof will handle it.

Mr. Germano, you get the last word. You asked a question rhetorically, and we'll give this gentleman an opportunity to answer it. Thank you very much.

Okay. Anyone else wish to be heard for or against?

(No response.)

MR. CHAIRMAN: Thank you.

Mr. Germano, you get the last word, but I will tell you before you sum up for tonight that you will be coming back.

MR. GERMANO: Thank you.

MR. CHAIRMAN: I want to see the SPDES permit. If there is waste water being trucked out of the facility, there is going to be a manifest under the law. We would like to see how often that happens, and we would like to hear from the sanitary engineer about what kind of retrofitting, what state-of-the-art improvements can be effected so that the operation of this sewage treatment plant does not adversely affect the neighboring property owners.

MR. GERMANO: Okay.

MR. CHAIRMAN: I think you understand where we're going here.

MR. GERMANO: I will sum up.

I wanted to answer the one question. The school district is responsible to maintain it.

MR. CHAIRMAN: Okay.

MR. GERMANO: The soccer field.

MS. GAUGHRAN: That includes cleaning up after the games?

MR. GERMANO: Yes, absolutely.

Okay, now with regard to the sanitary engineer, the Atria has retained Mike Truelli. He is a sanitary engineer to look at the plant. They have done that sometime ago, so we can bring him back with us to report.

Also, tell you that at least one time this fall, you had to do required maintenance. Maintenance is required of the plant in a certain fashion, pursuant to their permit, and when that happens, the plant is basically shut down, and they do a pump and --

MR. FRAYLER: I'm sorry to interrupt you, but you mentioned the man that runs the company that processes this and sends his people out to take care of problems. Mr. Hunt, the one that is responsible for this.

MR. GERMANO: Yes, H-U-N-T.

MR. FRAYLER: Maybe someone from his firm might be able to show up also if possible.

MR. GERMANO: Yes.

MR. CHAIRMAN: Okay. So, you are going to get us some technical information? You're going to submit that and make it part of the record, and then we're going to give you the shortest date that we can to try to accommodate you and your client to get back here for the continued hearing.

So, we can get everything out on the record, and fully understand what conditions we might have to draft upon approval such that we protect the welfare and safety and health of the surrounding neighbors.

So, I think that you understand everything that we're interested in, and everything that we expect to be put into the record.

MR. GERMANO: Yes.

MR. CHAIRMAN: You will have to

comply with the notice requirements to the adjourned hearing.

You seem a little vexed about that.

MR. GERMANO: We have to send out how many? It's not a problem.

MR. ROGERS: The latest sewage treatment plant is right now that building is standing in the middle of the field. There is no berm or walls or anything around it; right?

MR. GERMANO: There is a fence around it.

MS. GAUGHRAN: No buffering.

MR. ROGERS: No noise situation set up.

MR. SLINGO: There is a line of trees. Evergreens just to the east of it.

MR. GERMANO: There is a line of trees there, and to the rear.

MS. GAUGHRAN: In fact, if I could add to a list of things that I would like to hear about when your client comes back.

Mr. Algee mentioned that he has already spoken to people about how to

mitigate the noise factor. What I would like to see and hear is the proposed plan for that.

In addition to the smell factor that we have, that we're going to deal with, I would like to know if we're investing this much, I would like to see a proposed plan.

MR. ROGERS: There was a speaker talking about certification. Proposed certification that had something to do with capacity.

MR. GERMANO: If I may address that for a second.

The proposed speaker -- his group, and I will read this -- for immediate release, Thursday, February 7th. Contact Jennifer Kelly at a 231 number.

Active protest of expansion of controversial East Northport assisted living facility.

They have put out a press release for everything that I'm going to say at that group. We can update you on the compliance with the New York State Health requirements.

MS. GAUGHRAN: If their licensing is up for renewal, or you're applying for something different, and that would affect the use of the building, then that is something we would like to hear about, not find out later on.

MR. GERMANO: Let Mr. Alexander address that.

MR. ALEXANDER: All of the facilities in the State of New York are going through that. There is not one license in the State of New York because the regulations are being worked on in terms of the actual terms of where we're licensed as an adult home which is what the new term will be assisted living. It's basically one and the same.

So, we, like everyone, submitted that wanted to be licensed, submitted an application, and it's over two years, actually. Like the rest of the providers in the State. The changed operations is actually almost nothing from an adult care to assisted living. It's a clarification for

marketing purposes, mostly.

MR. ROGERS: Is the change in occupancy at all whether you get it or you don't?

MR. ALEXANDER: No.

MS. GAUGHRAN: That was a question, you maxed out at 150 residents. How many staff?

MR. ALGEE: We currently operate in the mid-90's.

MS. GAUGHRAN: I'm talking about your maximum. If you have 150 residents, which is what you are permitted to have now, how many staff is that in addition to the 150?

MR. ALGEE: Currently --

MS. GAUGHRAN: Not currently. If you had 150 residents, how many staff members would you have?

MR. ALGEE: It would be minimal. You're talking about on the day shift, two or three, and evening shift, a couple more only. So, in total -- am I not getting the question?

MS. GAUGHRAN: I'm not being clear.

If you had 150 residents, how many staff members will you have?

MR. ALGEE: In addition to the staff we have?

MS. GAUGHRAN: No. Total.

MR. ALGEE: 100. I'm remiss in this. That is the total amount of staffing we have on payroll at a given time. This is because, obviously, it's a twenty-four-seven operation. So, therefore, we have different numerics in accordance with the needs during the day. It may peak at forty. But the total payroll is in and around 100.

MS. GAUGHRAN: 150 residents, 40 staff members. That's a good 190 people in the building at a maximum.

MR. ALGEE: Yes.

MR. CHAIRMAN: So, we'll mark this matter adjourned. Call the Zoning Board office with a date after you get all of the textural materials, that is the manifest and the information from the outside third party provider.

We want the SPDES permit. We're going to bring back a real live breathing expert with respect to the sewage plant. We'll defer to the night of the hearing for that.

This matter is marked adjourned.

(Whereupon, the meeting was concluded.)

* * *

CERTIFICATION

I, DEBORAH J. HANSEN, an Official Court Stenographer, do hereby certify that this transcript is a true and accurate transcription of my stenographic notes taken on this day.

DEBORAH J. HANSEN

Appendix A.3.

Site Plan Review Application
(Including Full Environmental Assessment Form (EAF) Part 1)

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APPLICATION
TOWN OF HUNTINGTON
DEPARTMENT OF PLANNING AND ENVIRONMENT
Planning Department, Planning Board and Zoning Board of Appeals

Site Plan Review

Filing Fee: _____ **Suffolk County Tax Map #(s):** 0400 - 119 - 02 - 64
0400 - - -
Date Received: _____ Receipt # _____ 0400 - - -

Subdivision Name: _____

Name of Business: ATRIA SENIOR LIVING GROUP, INC.

Street Address of Site 10 CHESHIRE PLACE, EAST NORTHPORT, NY 11731

Location of Site: EAST NORTHPORT

CHECK ONE BOX BELOW TO INDICATE THE PRIMARY CONTACT FOR ALL CORRESPONDENCE

ACTION:
[ ] New Use
[ ] Change of Use
[X] Extension of Existing Use
[ ] Other_____
[ ] Revision of an Approved Site Plan - Date of Approval _____

APPLICANT: ATRIA SENIOR LIVING GROUP, INC

Address: 401 SOUTH FOURTH STREET, SUITE 1900
LOUISVILLE, KY 40202

Phone: _____ Fax: _____

APPLICANT'S INTEREST
[ ] Owner
[ ] Under contract
[ ] Leasee
[ ] Other _____

OWNER OF FEE TITLE TO LAND (If other than applicant)

LARKFIELD GARDENS ASSOCIATES, LP

Address: SAME AS ABOVE

Phone: _____ Fax: _____

SITE PLANS PREPARED BY

Company RMS ENGINEERING

Contact: GREGG J. SCHIAVONE, PE

Address: 355 NEW YORK AVENUE
HUNTINGTON, NY 11743

Phone: 631-271-0576 Fax: 631-271-0592

LANDSCAPE PLANS PREPARED BY

Company _____

Contact: RICHARD B. IGNATOW

Address: 91 GREEN STREET
HUNTINGTON, NY 11743

Phone: 631-271-4124 Fax: 631-271-4127

Total Land Area of Site: 539,932 sq. ft. 12.19 acres

LOT COVERAGE
% Building 9.84 %
% Parking 14.22 %
% Landscaping 75.94 %
Lot width at setback _____ ft.
Front Yard depth _____ ft.
Rear Yard depth _____ ft.
Side Yards _____ / _____ ft.

ZONE DISTRICT: RM RESIDENCE DISTRICT
Present Use: ASSISTED LIVING CENTER
Proposed Use: ASSISTED LIVING CENTER
Gross floor area existing structure: 103,081 sq. ft.
Gross floor area proposed structure: 121,993 sq. ft.

Parking Required: 113 spaces
Parking Provided: 88 spaces

Has applicant been granted a variance and/or special exception by the **Zoning Board of Appeals?** Y / N
Name of Applicant: _____ Case # _____
Date of Decision: _____ Date of Extension: _____ Expiration Date: _____
Nature of variance / special exception: _____

Deed restrictions, easements, covenants or decisions *of other governmental agencies that apply to the parcel that is the subject of this application att explanation in full*

NO ACTION MAY BE TAKEN BY THE APPLICANT UNTIL APPROVAL OF THE SITE DEVELOPMENT AND LANDSCAPE PLAN IS OBTAINED FROM THE PLANNING BOARD

617.20
Appendix A
State Environmental Quality Review
FULL ENVIRONMENTAL ASSESSMENT FORM

PURPOSE: The full EAF is designed to help applicants and agencies determine, in an orderly manner, whether a project or action may be significant. The question of whether an action may be significant is not always easy to answer. Frequently, there are aspects of a project that are subjective or unmeasurable. It is also understood that those who determine significance may have little or no formal knowledge of the environment or may not be technically expert in environmental analysis. In addition, many who have knowledge in one particular area may not be aware of the broader concerns affecting the question of significance.

The Full EAF is intended to provide a method whereby applicants and agencies can be assured that the determination process has been orderly, comprehensive in nature, yet flexible enough to allow introduction of information to fit a project or action.

FULL EAF COMPONENTS: The full EAF is comprised of three parts:

Part 1: Provides objective data and information about a given project and its site. By identifying basic project data, it assists a reviewer in the analysis that takes place in Parts 2 and 3.

Part 2: Focuses on identifying the range of possible impacts that may occur from a project or action. It provides guidance as to whether an impact is likely to be considered small to moderate or whether it is a potentially large impact. The form also identifies whether an impact can be mitigated or reduced.

Part 3: If any impact in Part 2 is identified as potentially-large, then Part 3 is used to evaluate whether or not the impact is actually important.

DETERMINATION OF SIGNIFICANCE -- Type 1 and Unlisted Actions

Identify the Portions of EAF completed for this project: ☐ **Part 1** ☐ **Part 2** ☐ **Part 3**

Upon review of the information recorded on this EAF (Parts 1 and 2 and 3 if appropriate), and any other supporting information, and considering both the magnitude and importance of each impact, it is reasonably determined by the lead agency that:

☐ **A.** The project will not result in any large and important impact(s) and, therefore, is one which will not have a significant impact on the environment, therefore a negative declaration will be prepared.

☐ **B.** Although the project could have a significant effect on the environment, there will not be a significant effect for this Unlisted Action because the mitigation measures described in PART 3 have been required, therefore a CONDITIONED negative declaration will be prepared.*

☐ **C.** The project may result in one or more large and important impacts that may have a significant impact on the environment, therefore a positive declaration will be issued and an Environmental Impact Statement will be prepared.

***A Conditioned Negative Declaration is only valid for Unlisted Actions**

Name of Action	Name of Lead Agency
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from responsible officer)

Date

Source: NYSEQR from 14-16-2(2/87)-7C, Revised 6/87, 12/91 & 1/96 (Town of Huntington Planning & Environment Department, 1999)

PART 1--PROJECT INFORMATION
Prepared by Project Sponsor

NOTICE: This document is designed to assist in determining whether the action proposed may have a significant effect on the environment. Please complete the entire form, Parts A through E. Answers to these questions will be considered as part of the application for approval and may be subject to further verification and public review. Provide any additional information you believe will be needed to complete Parts 2 and 3.
It is expected that completion of the full EAF will be dependent on information currently available and will not involve new studies, research or investigation. If information requiring such additional work is unavailable, so indicate and specify each instance.

Name of Action ATRIA SENIOR LIVING	Suffolk County Tax Map Number 0400-119-02-64	
Location of Action (include Street Address, Municipality and County) 10 CHESHIRE PLACE, EAST NORTHPORT, NY 11731		
Name of Applicant/Sponsor	Business Telephone ( )	
Address		
City	State	Zip Code
Name of Owner (if different than applicant) LARKFIELD GARDENS ASSOCIATES	Business Telephone ( )	
Address 339 CROSSWAYS PARK DRIVE		
City WOODBURY	State NY	Zip Code 11797
Description of Action Applicant proposes a two-story addition to the Southeast corner of existing building		

Use the last page or the back of this form to answer questions for which there is insufficient space on the form to include all pertinent information.

Please Complete Each Question - Indicate N.A. if not applicable

A. SITE DESCRIPTION

Physical setting of overall project, both developed and undeveloped areas.

1. Present land use: ☐ Urban ☐ Industrial ☐ Commercial ☒ Residential (suburban) ☐ Rural (non-farm)
   ☐ Forest ☐ Agriculture ☐ Other_____

2. Total acreage of project area: 12.19 acres.

APPROXIMATE ACREAGE	PRESENTLY	AFTER COMPLETION
Meadow or Brushland (Non-agricultural)	Ø acres	Ø acres
Forested	Ø acres	Ø acres
Agricultural (Includes orchards, cropland, pasture, etc.)	Ø acres	Ø acres
Wetland (Freshwater or tidal as per Articles 24,25 of ECL)	Ø acres	Ø acres
Water Surface Area	Ø acres	Ø acres
Unvegetated (Rock, earth or fill)	Ø acres	Ø acres
Roads, buildings and other paved surfaces	2.5 acres	2.93 acres
Other (Indicate type) LANDSCAPING AREA	9.69 acres	9.26 acres

3. What is predominant soil type(s) on project site? Rh B (Riverhead + Haven Soils) Ur (Urban Land)
   a. Soil drainage: ☒ Well drained 100 % of site ☐ Moderately well drained _____% of site
   ☐ Poorly drained _____ % of site
   b. If any agricultural land is involved, how many acres of soil are classified within soil group 1 through 4 of the NYS Land Classification System? _____ acres (See 1 NYCRR 370).

4. Are there bedrock outcroppings on project site? ☐ Yes ☒ No
   a. What is depth to bedrock? _____(in feet)

5. Approximate percentage of proposed project site with slopes:
   ☒ 0-10%_____% ☐ 10-15%_____% ☐ 15% or greater _____%

6. Is project substantially contiguous to or is it occupied by an historic building or landmark as designated pursuant to Article VI of the Town Code? ☐ Yes ☒ No

7. Is project substantially contiguous to, or contain a building, site, or district, listed on the State or the National Registers of Historic Places or the Register of Natural Landmarks? ☐ Yes ☒ No

8. Is the project site within a one mile radius of an archeologically significant site or multiple site zone, as has been identified by the New York State Office of Parks, Recreation and Historic Preservation using the "circles and squares" method of evaluation? ☐Yes ☒No

9. What is the depth of the water table? ± 65 feet
   to Groundwater? ± 65 feet

10. Is site located over a primary, principal, or sole source aquifer? ☒Yes ☐No

11. Do hunting, fishing or shell fishing opportunities presently exist in the project area? ☐Yes ☒No
    If yes, will they continue after completion of project? ☐Yes ☐No

12. Does project site contain any species of plant or animal life that is identified as threatened or endangered? ☐Yes ☒No
    According to _____
    Identify each species _____

13. Are there any unique or unusual land forms on the project site? (i.e., cliffs, dunes, other geological formations)?
    ☐Yes ☒No Describe _____

14. Is the project site presently used by the community or neighborhood as an open space or recreation area? ☒Yes ☐No
    If yes, explain USE AGREEMENT FOR SOCCER FIELDS FOR JUNIOR HIGH SCHOOL
    If yes, will the use continue at the completion of the project? ☒Yes ☐No

15. Does the present site include scenic views known to be important to the community? ☐Yes ☒No
    If yes, will the views be retained with the completion of the project? ☐Yes ☐No

16. Streams within or contiguous to project area: N/A
    a. Name of Stream and name of River to which it is tributary N/A

17. Lakes, ponds, wetland areas within or contiguous to project area:
    a. Name N/A b. Size (In acres) N/A

18. Is the site served by existing public utilities? ☒Yes ☐No
    a) If Yes, does sufficient capacity exist to allow connection? ☒Yes ☐No
    b) If Yes, will improvements be necessary to allow connection? ☐Yes ☒No

19. Is the site located in an agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304? ☐Yes ☒No

20. Is the site located in or substantially contiguous to a Critical Environmental Area designated pursuant to Article 8 of the ECL, and 6 NYCRR 617 (SEQRA)? ☐Yes ☒No

21. Has the site ever been used for the disposal of solid or hazardous wastes? ☒Yes ☐No

B. PROJECT DESCRIPTION

1. Physical dimensions and scale of project (fill in dimensions as appropriate)
   a. Total contiguous acreage owned or controlled by project sponsor 12.19 acres.
   b. Project acreage to be developed: 12.19 acres initially; 12.19 acres ultimately.
   c. Project acreage to remain undeveloped Ø acres.
   d. Length of project, in miles: N/A (if appropriate).
   e. If the project is an expansion, indicate percent of expansion proposed 22.4 %.
   f. Number of off-street parking spaces existing 88; proposed 88; required by Code: 113.
   g. Maximum vehicular trips generated per hour 30 (upon completion of project).
   h. If residential, number and type of housing units:

	One Family	Two Family	Multiple Family	Attached Cluster
Initially				
Ultimately				

   i. Dimensions (in feet) of largest proposed structure _____ height; _____ width; _____ length.
   j. If commercial/industrial the gross floor area of proposed building N/A sq. ft.
   k. If commercial/industrial the "Floor Area Ratio" N/A FAR.
   (Proposed building area in square feet divided by lot area in square feet)
   l. Linear feet of frontage along any road in the Town? ±547 ft.

2. How much natural material (i.e., rock, earth, etc.) will be removed from the site? ± 1058 tons/cubic yards.

3. Will disturbed areas be reclaimed? ☐Yes ☒No ☐N/A
   a. If yes, for what intended purpose is the site being reclaimed? _____
   b. Will topsoil be stockpiled for reclamation? ☐Yes ☐No _____
   c. Will upper subsoil be stockpiled for reclamation? ☐Yes ☐No _____

4. How many acres of vegetation (trees, shrubs, ground covers) will be removed from site? ±.54 acres.

5. Will any mature forest (over 100 years old) or other locally-important vegetation and/or NYS protected native plants be removed by this project? ☐Yes ☒No

6. If single phase project: Anticipated period of construction 24 months, (including demolition).

7. If multi-phased: N/A
   a. Total number of phases anticipated _____ (number).
   b. Anticipated date of commencement phase 1 _____ month _____ year,(including demolition).
   c. Approximate completion date of final phase _____ month _____ year.
   d. Is phase 1 functionally dependent on subsequent phases? ☐Yes ☐No

8. Number of jobs generated: during construction? 20± ;
   If industrial/office or retail number of job generated after project is complete? N/A.

9. Number of jobs eliminated by this project? Ø.

10. Will project require relocation of any projects or facilities? ☐Yes ☒No
    If yes, explain _____

11. Is surface liquid waste discharge to a body of water involved? ☐Yes ☒No
    a. If yes, indicate type of waste (sewage, industrial, etc.) and amount _____
    b. Name of water body into which effluent will be discharged _____

12. Is subsurface liquid waste disposal involved? ☒Yes ☐No
    Type STORMWATER (storm water, sewage, industrial, etc.)
    If yes, volume per day; _____ gallons.

13. Will surface area of an existing water body increase or decrease, or will the bottom become deeper as a result of the project? ☐Yes ☒No Explain _____

14. Is project, or any portion of project, located in a 50 or 100 year flood plain? ☐Yes ☒No
    If yes, which: ☐50 year ☐100 year

15. Will the project generate solid waste? ☒Yes ☐No
   a. If yes, what is the amount per month? _____ tons.
   b. If yes, will an existing solid waste facility be used? ☐Yes ☐No
   c. If yes, give name _____;
      location _____

16. Will any wastes NOT go into a sewage disposal system or into a sanitary landfill? ☐Yes ☒No
   e. If Yes, explain _____
   f. Volume of solid waste that will be recycled each month: _____ tons.

To be answered only if the project is one that will operate a facility that disposes of solid wastes.

17. Will the project involve the disposal of solid waste? ☐Yes ☒No
   a. If yes, what is the anticipated rate of disposal? _____ tons/month.
   b. If yes, what is the anticipated site life? _____ years.

18. Will project use herbicides or pesticides? ☐Yes ☒No

19. Will project routinely produce odors (more than one hour per day)? ☐Yes ☒No

20. Will project produce operating noise exceeding the local ambient noise levels? ☐Yes ☒No

21. Will project result in an increase in energy use? ☐Yes ☒No
   If yes, indicate type(s) _____

22. If water supply is from wells, indicate pumping capacity N/A gallons/minute.

23. Total anticipated water usage per day N/A gallons/day.

24. Does project involve Local, State or Federal funding? ☐Yes ☒No
   If yes, explain _____

25. Approvals Required:

			Type	Submittal Date
Town Board	☐Yes	☐No		
Planning Board	☒Yes	☐No	AMENDED SITE PLAN	
Town ZBA	☐Yes	☐No		
Health Department	☐Yes	☐No		
Other Local Agencies	☐Yes	☐No		
State Agencies	☐Yes	☐No		
Federal Agencies	☐Yes	☐No		
Other	☐Yes	☐No		

C. ZONING and PLANNING INFORMATION

1. Does proposed action involve a planning or zoning decision? ☐Yes ☐No
   If Yes, indicate decision required:
   ☐ zoning amendment ☐ zoning variance ☐ special use permit ☐ subdivision
   ☐ site plan ☐ new/revision of master plan ☐resource management plan
   ☐ other _____

2. What is the zoning classification(s) of the site? RM - RESIDENCE DISTRICT

3. What is the maximum potential development of the site if developed as permitted by the present zoning?
   AS EXISTING

4. What is the proposed zoning of the site? SAME AS ABOVE (NO CHANGE OF ZONE PROPOSED)

5. What is the maximum potential development of the site if developed as permitted by the proposed zoning?
   N/A

Source: NYSEQR from 14-16-2(2/87)-7C, Revised 6/87, 12/91 & 1/96 (Town of Huntington Planning & Environment Department, 1999)

6. Is the proposed action consistent with the recommended uses in adopted local land use plans? ☒Yes ☐No

7. What are the predominant land use(s) and zoning classifications within a 1/4 mile radius of proposed action?
_____

8. Is the proposed action compatible with adjoining/surrounding land uses within a 1/4 mile? ☒Yes ☐No

9. If the proposed action is the subdivision of land, how many lots are proposed? _____
   a. What is the minimum lot size proposed? _____

10. Will proposed action require any authorization(s) for the formation of sewer or water districts? ☐Yes ☒No

11. Will the proposed action create a demand for any community provided services (recreation, education, police, fire protection)? ☒Yes ☐No
    a. If yes, is existing capacity sufficient to handle projected demand? ☒Yes ☐No

12. Will the proposed action result in the generation of traffic significantly above present levels? ☐Yes ☒No
    a. If yes, is the existing road network adequate to handle the additional traffic? ☐Yes ☐No
    b. Will improvements be necessary? ☐Yes ☐No
    c. If yes to either a. or b., what is the basis for such opinion and agency name and documentation that supports the conclusion: _____

D. INFORMATIONAL DETAILS

Attach any additional information as may be needed to clarify your project. If there are, or may be, any adverse impacts associated with your proposal, please discuss such impacts and the measures which you propose to mitigate or avoid them.

E. VERIFICATION

I hereby certify that I have filled out the above form for the action known as:

ATRIA SENIOR LIVING

and to the best of my knowledge all of the answers are true.

Applicant/Sponsor Name:

Atria Senior Living Group, Inc. Date 4/2/08

Signature [signature] Title Executive Vice President and CFO

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.

If the Applicant/Sponsor did not fill out this form then the following verification must be signed.

I am the applicant/sponsor of the proposed project described above and I hereby certify that I have given the above signed individual/company permission to fill out this form on my behalf. I further certify that the above signed c consultant has made me aware of the questions on this form and explained the answers that have been provided, and I understand the proposed project and the answers provided on this form.

Name: _____ Date: _____
(Print or type name)

Signed: _____ Title: _____

CERTIFICATION OF DISCLOSURE

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

Mark D. Jessee, being by me duly sworn, deposes and says:

1. I have an interested in an application for approval of a subdivision of land and/or a site plan now pending before the Town of Huntington Planning Board, entitled:

ATRIA SENIOR LIVING.

2. I reside at: 401 SOUTH FOURTH STREET, SUITE 1900 LOUISVILLE, KY 40202.

3. The nature of my interest in the aforesaid application is as follows:

I AM THE Chief Financial Officer OF KAPSON NORTHPORT Development CORP., AS GENERAL PARTNER OF LARKFIELD GARDENS ASSOCIATES LP

4. It is my understanding that the Huntington Town Board has determined that as a matter of policy there shall be a full, frank and complete disclosure of the identity of all persons having any interest, direct or indirect, in all applications for land use including subdivision or site plan approval, of any real property in the town, to the Huntington Town Planning Board, to insure that no question of conflict of interest or favoritism will arise.

5. To the best of my knowledge, information and belief, there are no other persons, firms or corporations that have an interest in this application, except as hereinafter set forth: (include all officers of corporations).

See LIST OF OFFICERS ATTACHED

All others listed as having an interest shall prepare their own certification of disclosure or be co-signers of this document. In the case of corporations the listing of officers and signature of the president or his/her power of attorney shall suffice.

6. I further understand that if granted, the application could result in the subdivision (splitting of land into smaller lots) and/or site plan (configuration of business property) approval for a specific site and I am in agreement with the changes that may take place.

Signature

Mark D. Jessee
(Please print name)

Sworn to before me this
2nd day of April, 2008

Robin A. Swartzweider
Notary Public

ROBIN A. SWARTZWELDER NOTARY PUBLIC STATE AT LARGE, KY. My Commission Expires 10/17/2011

If more room is needed to answer any of the questions above use the other side of this form or attach an addendum

Larkfield Gardens Associates, L.P.
Kapson Northport Development Corp. – General Partner

Officers of Kapson Northport Development Corp.

John A. Moore	Chief Executive Officer
Mark D. Jessee	Chief Financial Officer
Julie Harding	Chief Operating Officer
W. Bryan Hudson	Sr. Vice President, General Counsel and Secretary
Kelly Lanham	Vice President, Chief Accounting Officer and Controller
Renee Coyne	Assistant Secretary

CERTIFICATION OF DISCLOSURE

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

Mark D. Jessee, being by me duly sworn, deposes and says:

1. I have an interested in an application for approval of a subdivision of land and/or a site plan now pending before the Town of Huntington Planning Board, entitled:

ATRIA SENIOR LIVING.

2. I reside at: 401 SOUTH FOURTH STREET, SUITE 1900 LOUISVILLE, KY 40202.

3. The nature of my interest in the aforesaid application is as follows:

I AM THE Executive Vice President and CFO OF ATRIA SENIOR LIVING GROUP, INC. The APPLICANT

4. It is my understanding that the Huntington Town Board has determined that as a matter of policy there shall be a full, frank and complete disclosure of the identity of all persons having any interest, direct or indirect, in all applications for land use including subdivision or site plan approval, of any real property in the town, to the Huntington Town Planning Board, to insure that no question of conflict of interest or favoritism will arise.

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SEE LIST OF OFFICERS ATTACHED

All others listed as having an interest shall prepare their own certification of disclosure or be co-signers of this document. In the case of corporations the listing of officers and signature of the president or his/her power of attorney shall suffice.

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Signature

Mark D. Jessee
(Please print name)

Sworn to before me this

2nd day of April, 20 08

Robin A. Swartzwelder
Notary Public

ROBIN A. SWARTZWELDER NOTARY PUBLIC STATE AT LARGE, KY My Commission Expires 10/17/2011

If more room is needed to answer any of the questions above use the other side of this form or attach an addendum

Officers of Atria Senior Living Group, Inc.

Matthew J. Lustig	Chairman of the Board
John A. Moore	Chief Executive Officer
Mark D. Jessee	Executive Vice President and Chief Financial Officer
Julie Harding	Executive Vice President and Chief Operating Officer
W. Bryan Hudson	Sr. Vice President, General Counsel and Secretary
Sherry Rhodes	Sr. Vice President Operations, East Division
Michael Mejia	Sr. Vice President Operations, Central Division
Danny McCoy	Sr. Vice President Operations, West Division
Mark A. Alexander	Sr. Vice President, Redevelopment
Sheela Frisch	Sr. Vice President, Chief Quality Assurance Officer
Douglas Armstrong	Sr. Vice President, Special Counsel and Assistant Secretary
James Lane	Sr. Vice President, Business Analysis and Special Projects
Kelly Lanham	Vice President, Chief Accounting Officer and Controller
Doug Owens	Vice President, Information Systems
Staci Page	Vice President, Sales and Marketing

Appendix A.4.

Zoning Board of Appeals Resolution for
Declaration and Adoption of Lead Agency

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RECEIVED
JUN - 3 2008
Germano & Cahill, P.C.

RESOLUTION FOR DECLARATION AND ADOPTION OF LEAD AGENCY
ZONING BOARD OF APPEALS, TOWN OF HUNTINGTON

APPLICATION OF ATRIA SENIOR LIVING GROUP FOR AREA VARIANCES

WHEREAS, the Zoning Board of Appeals of the Town of Huntington (hereinafter the "Zoning Board") has received an application from Atria Senior Living Group for the above-referenced project (hereinafter the "proposed action"); and

WHEREAS, pursuant to 6 NYCRR §617.4 and 617.5, the Zoning Board reviewed the proposed action and preliminarily classified the same as an "Unlisted" action; and

WHEREAS, in accordance with 6 NYCRR §617.6(b)(2), the Zoning Board conducted a coordinated review with all identified involved agencies; and

WHEREAS, no objections were received within thirty (30) days from involved agencies as to the Zoning Board serving as the lead agency for this proposed action;

NOW, THEREFORE, BE IT RESOLVED, that the Zoning Board, hereby declares that it will serve as lead agency for this proposed action.

On motion by CM, seconded by RS, the foregoing Resolution was adopted by vote as follows:

Christopher Modelewski, Chairman	-
Jeffrey N. Naness, Member	- ABSENT
James Rogers, Member	-
Carol Gaughran, Member	-
Scott M. Frayler, Member	-
Robert Slingo, Member	-

Dated: Town of Huntington, New York
May 15, 2008

Filed: Town of Huntington, New York
~~May~~ June 2, 2008

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Appendix A.5.

Zoning Board of Appeals Resolution for
Issuance of Positive Declaration

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RESOLUTION FOR ISSUANCE OF POSITIVE DECLARATION
ZONING BOARD OF APPEALS, TOWN OF HUNTINGTON

APPLICATION OF ATRIA SENIOR LIVING GROUP FOR AREA VARIANCES

WHEREAS, the Zoning Board of Appeals of the Town of Huntington (hereinafter the "Zoning Board") has received an application from the Atria Senior Living Group for the above-referenced project; and

WHEREAS, the Zoning Board declared itself as lead agency for the proposed action, pursuant to the implementing regulations of the State Environmental Quality Review Act, specifically 6 NYCRR §617.6(b)(3); and

WHEREAS, the Zoning Board, as lead agency, has reviewed the Environmental Assessment Form ("EAF") and all supporting materials submitted by the applicant; and

WHEREAS, the Zoning Board has caused to be prepared Parts 2 and 3 of the EAF to evaluate potential significant adverse environmental impacts, and has reviewed the aforesaid Parts 2 and 3 of the EAF and agrees with the contents thereof;

NOW, THEREFORE, BE IT RESOLVED, that, the Zoning Board, as lead agency for the action contemplated herein, after review of the proposed action, 6 NYCRR Part 617, the EAF and the associated materials, hereby determines that the above-described project is an Unlisted Action; and

BE IT FURTHER RESOLVED, based upon the information contained in the EAF and associated materials, the Zoning Board, as lead agency for the action contemplated herein, and after due deliberation, review and analysis, hereby determines that the proposed action may result in one or more significant adverse impacts and hereby adopts the annexed Positive Declaration.

On motion by CM, seconded by RS, the foregoing Resolution was adopted by vote as follows:

Christoper Modelewski, Chairman	-
Jeffrey N. Naness, Member	-
James Rogers, Member	-
Carol Gaughran, Member	-
Scott M. Frayler, Member	-
Robert Slingo, Member	-

Dated: Town of Huntington, New York
May 15, 2008

Filed: Town of Huntington, New York
~~May~~ June 2, 2008

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Appendix A.6.

Positive Declaration

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STATE ENVIRONMENTAL QUALITY REVIEW ACT
POSITIVE DECLARATION
NOTICE OF INTENT TO PREPARE A
DRAFT ENVIRONMENTAL IMPACT STATEMENT
DETERMINATION OF SIGNIFICANCE

APPLICATION OF ATRIA SENIOR LIVING GROUP, INC. FOR
AREA VARIANCES
EAST NORTHPORT, TOWN OF HUNTINGTON, NEW YORK

Date: 5/15/08

This notice is issued pursuant to Article 8 of the Environmental Conservation Law (State Environmental Quality Review Act ["SEQRA"]) and the implementing regulations therefor at 6 NYCRR Part 617.

The Zoning Board of Appeals of the Town of Huntington, as lead agency, has determined that the proposed action described below may have a significant effect on the environment and that a Draft Environmental Impact Statement ("DEIS") will be prepared.

Name of Action: Application of Atria Senior Living Group, Inc. for Area Variances, East Northport, Town of Huntington, New York

SEQR Status: Unlisted

Description of Action: Atria Senior Living Group, Inc. (hereinafter "the applicant") is seeking area variances to allow an approximately 18,030-square-foot expansion of the existing senior living facility, situated on a 12.19±-acre parcel. The addition would be located at the southeast corner of the existing building. The requested variances include the following:

- Parking stall variance (required-113, provided-88);
- Setback for parking in the front yard (required-50 feet, provided-27.7 feet);
- Setback for parking in the side yard (required-50 feet, provided-41.2 feet); and
- Side yard setback (required-100 feet, provided-61.9 feet).

Project Location: 10 Cheshire Place, east side of Cheshire Place, approximately 530 feet north of Fifth Avenue in the hamlet of East Northport. The Suffolk County Tax Map number is District 400 - Section 119 - Block 2 - Lot 64.

Reasons Supporting This Determination:

In accordance with SEQRA and its implementing regulations at 6 NYCRR Part 617, the Zoning Board of Appeals of the Town of Huntington, using the Environmental Assessment Form and other materials submitted by the applicant, testimony presented to the Zoning Board of Appeals, and Parts 2 and 3 of the Environmental Assessment Form prepared by the consultants to the Zoning Board of Appeals, and comparing same with the thresholds set forth in 6 NYCRR §617.4 and §617.5, has determined that this project is an Unlisted Action. Coordinated review was conducted.

Based upon the information set forth above, the Zoning Board of Appeals of the Town of Huntington, as lead agency for the action contemplated herein, and after due deliberation, review and analysis of the proposed action, and the criteria set forth in 6 NYCRR §617.7, hereby determines that the proposed action may result in one or more significant adverse impacts to the environment. This determination is supported by the following:

Impact on Water

The proposed action may adversely affect groundwater, as implementation of the proposed action may result in an increase in sewage effluent discharge to the groundwater through the existing sewage treatment plant. This may also affect permit compliance and consistency with regulatory requirements.

Impact on Air

Air emissions associated with the sewage treatment plant may change as a result of the proposed action, thereby impacting neighboring properties.

Impact on Transportation

The proposed action will result in an increase in the size of the subject building, which would increase the need for parking spaces, and necessitate a variance.

Noise and Odor Impact

The proposed action may result in a change in noise and/or odor impacts associated with the sewage treatment plant and solid/medical waste storage and handling practices that could affect neighboring properties.

Scoping: No scoping will be conducted.

For Further Information:

Contact Person: Christopher Modelewski, Chairman
Town of Huntington Zoning Board of Appeals

Address: Town Hall
100 Main Street
Huntington, New York 11743

Telephone No.: (631) 351-3123

A Copy of this Notice has been Sent To:

The Honorable Frank Petrone, Supervisor
and Members of the Town of Huntington Town Board
Town Hall
100 Main Street
Huntington, New York 11743

Town of Huntington Planning Board
Town Hall
100 Main Street
Huntington, New York 11743

Chairman
Suffolk County Planning Commission
H. Lee Dennison Building
100 Veterans Memorial Highway
Hauppauge, NY 11788

Commissioner
Suffolk County Department of Health Services
225 Rabro Drive East
Hauppauge, NY 11788

Chairman
Suffolk County Water Authority
4060 Sunrise Highway
Oakdale, New York 11769

Regional Director
New York State Department of Environmental Conservation
Building 40
State University of New York
Stony Brook, New York 11794

Bureau of Licensure and Certification
Division of Home and Community Based Care
New York State Department of Health
161 Delaware Avenue
Delmar, New York 12054

Atria Senior Living Group, Inc.
c/o Guy W. Germano, Esq.
Germano & Cahill, P.C.
Attorneys at Law
4250 Veterans Memorial Highway, Suite 275
Holbrook, New York 11741

This Notice has also been forwarded for publication in the Environmental Notice Bulletin.

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Appendix A.7.

Environmental Assessment Form (EAF) Part 2
Project Impacts and Their Magnitude

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PART 2 - PROJECT IMPACTS AND THEIR MAGNITUDE

Responsibility of Lead Agency

General Information (Read Carefully)

- In completing the form the reviewer should be guided by the question: Have my responses and determinations been **reasonable?** The reviewer is not expected to be an expert environmental analyst.
  The **Examples** provided are to assist the reviewer by showing types of impacts and wherever possible the threshold of magnitude that would trigger a response in column 2. The examples are generally applicable throughout the State and for most situations. But, for any specific project or site other examples and/or lower thresholds may be appropriate for a Potential Large Impact response, thus requiring evaluation in Part 3.
  The impacts of each project, on each site, in each locality, will vary. Therefore, the examples are illustrative and have been offered as guidance. They do not constitute an exhaustive list of impacts and thresholds to answer each question.
  The number of examples per question does not indicate the importance of each question.
  In identifying impacts, consider long term, short term and cumulative effects.

Instructions (Read carefully)

a. Answer each of the 20 questions in PART 2. Answer Yes if there will be any impact.
b. Maybe answers should be considered as Yes answers.
c. If answering Yes to a question then check the appropriate box (column 1 or 2) to indicate the potential size of the impact. If impact threshold equals or exceeds any example provided, check column 2. If impact will occur but threshold is lower than example, check column 1.
d. Identifying that an Impact will be potentially large (column 2) does not mean that it is also necessarily **significant.** Any large impact must be evaluated in PART 3 to determine significance. Identifying an impact in column 2 simply asks that it be looked at further.
e. If reviewer has doubt about size of the impact then consider the impact as potentially large and proceed to PART 3.
f. If a potentially large impact checked in column 2 can be mitigated by change(s) in the project to a small to moderate impact, also check the Yes box in column 3. A No response indicates that such a reduction is not possible. This must be explained in Part 3.

	1 Small to Moderate Impact	2 Potential Large Impact	3 Can Impact Be Mitigated by Project Change
Impact on Land			
1. Will the Proposed Action result in a physical change to the project site? No ☐ Yes ☒			
Examples that would apply to column 2			
Any construction on slopes of 15% or greater, (15 foot rise per 100 foot of length), or where the general slopes in the project area exceed 10%.	☐	☐	☐ Yes ☐ No
Construction on land where the depth to the water table is less than 3 feet.	☐	☐	☐ Yes ☐ No
Construction of paved parking area for 1,000 or more vehicles.	☐	☐	☐ Yes ☐ No
Construction on land where bedrock is exposed or generally within 3 feet of existing ground surface.	☐	☐	☐ Yes ☐ No
Construction that will continue for more than 1 year or involve more than one phase or stage.	☒	☐	☐ Yes ☐ No
Excavation for mining purposes that would remove more than 1,000 tons of natural material (i.e., rock or soil) per year.	☐	☐	☐ Yes ☐ No

	1 Small to Moderate Impact	2 Potential Large Impact	3 Can Impact Be Mitigated by Project Change
Construction or expansion of a santary landfill.	☐	☐	☐ Yes ☐ No
Construction in a designated floodway.	☐	☐	☐ Yes ☐ No
Other impacts:	☐	☐	☐ Yes ☐ No

2. Will there bean effect to any unique or unusual land forms found on the site? (i.e., cliffs, dunes, geological formations, etc.)

☒ No ☐ Yes

Specific land forms:	☐	☐	☐ Yes ☐ No

Impact on Water

3. Will Proposed Action affect any water body designated as protected? (Under Articles 15, 24, 25 of the Environmental Conservation Law, ECL)

☒ No ☐ Yes

Examples that would apply to column 2 • Developable area of site contains a protected water body.	☐	☐	☐ Yes ☐ No
Dredging more than 1 00 cubic yards of material from channel of a protected stream.	☐	☐	☐ Yes ☐ No
Extension of utility distribution facilities through a protected water body.	☐	☐	☐ Yes ☐ No
Construction in a designated freshwater or tidal wetland.	☐	☐	☐ Yes ☐ No
Other impacts:	☐	☐	☐ Yes ☐ No

4. Will Proposed Action affect any non-protected existing or new body of water?

☒ No ☐ Yes

Examples that would apply to column 2 • A 1 0% increase or decrease in the surface area of any body of water or more than a 10 acre increase or decrease.	☐	☐	☐ Yes ☐ No
Construction of a body of water that exceeds 10 acres of surface area.	☐	☐	☐ Yes ☐ No
Other impacts:	☐	☐	☐ Yes ☐ No

	1 Small to Moderate Impact	2 Potential Large Impact	3 Can Impact Be Mitigated by Project Change
5. Will Proposed Action affect surface or groundwater quality or quantity? ☐ NO ☒ YES			
Examples that would apply to column 2 • Proposed Action will require a discharge permit.	☐	☐	☐ Yes ☐ No
Proposed Action requires use of a source of water that does not have approval to serve proposed (project) action.	☐	☐	☐ Yes ☐ No
Proposed Action requires water supply from wells with greater than 45 gallons per minute pumping capacity.	☐	☐	☐ Yes ☐ No
Construction or operation causing any contamination of a water supply system.	☐	☐	☐ Yes ☐ No
Proposed Action will adversely affect groundwater.	☐	☒	☒ Yes ☐ No
Liquid effluent will be conveyed off the site to facilities which presently do not exist or have inadequate capacity.	☐	☐	☐ Yes ☐ No
Proposed Action would use water in excess of 20,000 gallons per day.	☐	☐	☐ Yes ☐ No
Proposed Action will likely cause siltation or other discharge into an existing body of water to the extent that there will be an obvious visual contrast to natural conditions.	☐	☐	☐ Yes ☐ No
Proposed Action will require the storage of petroleum or chemical products greater than 1,100 gallons.	☐	☐	☐ Yes ☐ No
Proposed Action will allow residential uses in areas without water and/or sewer services.	☐	☐	☐ Yes ☐ No
Proposed Action locates ~~commercial and/or ind~~ustrial uses which may require new or expansion of existing waste treatment and/or storage facilities.	☐	☒	☒ Yes ☐ No
Other impacts:	☐	☐	☐ Yes ☐ No

	1 Small to Moderate Impact	2 Potential Large Impact	3 Can Impact Be Mitigated by Project Change
6. Will Proposed Action alter drainage flow or patterns, or surface water runoff? ☐ NO ☒ YES			
Examples that would apply to column 2 • Proposed Action would change flood water flows	☐	☐	☐ Yes ☐ No
Proposed Action may cause substantial erosion.	☐	☐	☐ Yes ☐ No
Proposed Action is incompatible with existing drainage patterns.	☐	☐	☐ Yes ☐ No
Proposed Action will allow development in a designated floodway.	☐	☐	☐ Yes ☐ No
Other impacts:	☒	☐	☐ Yes ☐ No

Increase in impervious surface will increase stormwater runoff.

IMPACT ON AIR

7. Will Proposed Action affect air quality? ☐ NO ☒ YES			
Examples that would apply to column 2 • Proposed Action will induce 1,000 or more vehicle trips in any given hour.	☐	☐	☐ Yes ☐ No
Proposed Action will result in the incineration of more than 1 ton of refuse per hour.	☐	☐	☐ Yes ☐ No
Emission rate of total contaminants will exceed 5 lbs. per hour or a heat source producing more than 10 million BTU's per hour.	☐	☐	☐ Yes ☐ No
Proposed Action will allow an increase in the amount of land committed to industrial use.	☐	☐	☐ Yes ☐ No
Proposed Action will allow an increase in the density of industrial development within existing industrial areas.	☐	☐	☐ Yes ☐ No
Other impacts:	☐	☒	☒ Yes ☐ No

Change in air quality emissions associated with sewage treatment plant may result from proposed action.

IMPACT ON PLANTS AND ANIMALS

8. Will Proposed Action affect any threatened or endangered species? ☒ NO ☐ YES			
Examples that would apply to column 2 • Reduction of one or more species listed on the New York or Federal list, using the site, over or near the site, or found on the site.	☐	☐	☐ Yes ☐ No

	1 Small to Moderate Impact	2 Potential Large Impact	3 Can Impact Be Mitigated by Project Change
Removal of any portion of a critical or significant wildlife habitat.	☐	☐	☐ Yes ☐ No
Application of pesticide or herbicide more than twice a year, other than for agricultural purposes.	☐	☐	☐ Yes ☐ No
Other impacts:	☐	☐	☐ Yes ☐ No

9. Will Proposed Action substantially affect non-threatened or non-endangered species?

☒ NO ☐ YES

Examples that would apply to column 2 • Proposed Action would substantially interfere with any resident or migratory fish, shellfish or wildlife species.	☐	☐	☐ Yes ☐ No
Proposed Action requires the removal of more than 10 acres of mature forest (over 100 years of age) or other locally important vegetation.	☐	☐	☐ Yes ☐ No
Other impacts:	☐	☐	☐ Yes ☐ No

IMPACT ON AGRICULTURAL LAND RESOURCES

10. Will Proposed Action affect agricultural land resources?

☒ NO ☐ YES

Examples that would apply to column 2 • The Proposed Action would sever, cross or limit access to agricultural land (includes cropland, hayfields, pasture, vineyard, orchard, etc.)	☐	☐	☐ Yes ☐ No
Construction activity would excavate or compact the soil profile of agricultural land.	☐	☐	☐ Yes ☐ No
The Proposed Action would irreversibly convert more than 10 acres of agricultural land or, if located in an Agricultural District, more than 2.5 acres of agricultural land.	☐	☐	☐ Yes ☐ No

	1 Small to Moderate Impact	2 Potential Large Impact	3 Can Impact Be Mitigated by Project Change
The Proposed Action would disrupt or prevent installation of agricultural land management systems (e.g., subsurface drain lines, outlet ditches, strip cropping); or create a need for such measures (e.g. cause a farm field to drain poorly due to increased runoff).	☐	☐	☐ Yes ☐ No
Other impacts:	☐	☐	☐ Yes ☐ No

IMPACT ON AESTHETIC RESOURCES

11. Will Proposed Action affect aesthetic resources? (If necessary, use the Visual EAF Addendum in Section 617.20, Appendix B.)
☒ NO ☐ YES

Examples that would apply to column 2 • Proposed land uses, or project components obviously different from or in sharp contrast to current surrounding land use patterns, whether man-made or natural.	☐	☐	☐ Yes ☐ No
Proposed land uses, or project components visible to users of aesthetic resources which will eliminate or significantly reduce their enjoyment of the aesthetic qualities of that resource.	☐	☐	☐ Yes ☐ No
Project components that will result in the elimination or significant screening of scenic views known to be important to the area.	☐	☐	☐ Yes ☐ No
Other impacts:	☐	☐	☐ Yes ☐ No

IMPACT ON HISTORIC AND ARCHAEOLOGICAL RESOURCES

12. Will Proposed Action impact any site or structure of historic, prehistoric or paleontological importance?
☒ NO ☐ YES

Examples that would apply to column 2 • Proposed Action occurring wholly or partially within or substantially contiguous to any facility or site listed on the State or National Register of historic places.	☐	☐	☐ Yes ☐ No
Any impact to an archaeological site or fossil bed located within the project site.	☐	☐	☐ Yes ☐ No
Proposed Action will occur in an area designated as sensitive for archaeological sites on the NYS Site Inventory.	☐	☐	☐ Yes ☐ No

	1 Small to Moderate Impact	2 Potential Large Impact	3 Can Impact Be Mitigated by Project Change
Other impacts:	☐	☐	☐ Yes ☐ No

IMPACT ON OPEN SPACE AND RECREATION

13. Will proposed Action affect the quantity or quality of existing or future open spaces or recreational opportunities?

☒ NO ☐ YES

Examples that would apply to column 2 • The permanent foreclosure of a future recreational opportunity.	☐	☐	☐ Yes ☐ No
A major reduction of an open space important to the community.	☐	☐	☐ Yes ☐ No
Other impacts:	☐	☐	☐ Yes ☐ No

IMPACT ON CRITICAL ENVIRONMENTAL AREAS

14. Will Proposed Action impact the exceptional or unique characteristics of a critical environmental area (CEA) established pursuant to subdivision 6NYCRR 617.14(g)?

☒ NO ☐ YES

List the environmental characteristics that caused the designation of the CEA.

Examples that would apply to column 2 • Proposed Action to locate within the CEA?	☐	☐	☐ Yes ☐ No
Proposed Action will result in a reduction in the quantity of the resource?	☐	☐	☐ Yes ☐ No
Proposed Action will result in a reduction in the quality of the resource?	☐	☐	☐ Yes ☐ No
Proposed Action will impact the use, function or enjoyment of the resource?	☐	☐	☐ Yes ☐ No
Other impacts:	☐	☐	☐ Yes ☐ No

	1 Small to Moderate Impact	2 Potential Large Impact	3 Can Impact Be Mitigated by Project Change

IMPACT ON TRANSPORTATION

15. Will there be an effect to existing transportation systems?

☐ NO ☒ YES

Examples that would apply to column 2 • Alteration of present patterns of movement of people and/or goods.	☐	☐	☐ Yes ☐ No
Proposed Action will result in major traffic problems.	☐	☐	☐ Yes ☐ No
Other impacts:	☐	☒	☒ Yes ☐ No

Increase in size of building will increase need for parking spaces. A parking variance is being requested.

16. Will Proposed Action affect the community's sources of fuel or energy supply?

☒ NO ☐ YES

Examples that would apply to column 2 • Proposed Action will cause a greater than 5% increase in the use of any form of energy in the municipality.	☐	☐	☐ Yes ☐ No
Proposed Action will require the creation or extension of an energy transmission or supply system to serve more than 50 single or two family residences or to serve a major commercial or industrial use.	☐	☐	☐ Yes ☐ No
Other impacts:	☐	☐	☐ Yes ☐ No

NOISE AND ODOR IMPACT

17. Will there be objectionable odors, noise, or vibration as a result of the Proposed Action?

☐ NO ☒ YES

Examples that would apply to column 2 • Blasting within 1,500 feet of a hospital, school or other sensitive facility.	☐	☐	☐ Yes ☐ No
Odors will occur routinely (more than one hour per day).	☐	☐	☐ Yes ☐ No
Proposed Action will produce operating noise exceeding the local ambient noise levels for noise outside of structures.	☐	☐	☐ Yes ☐ No
Proposed Action will remove natural barriers that would act as a noise screen.	☐	☐	☐ Yes ☐ No
Other impacts:	☐	☒	☒ Yes ☐ No

Change in noise and/or odor impacts associated with sewage treatment plant and solid/medical waste storage and handling, based upon proposed action.

	1 Small to Moderate Impact	2 Potential Large Impact	3 Can Impact Be Mitigated by Project Change

IMPACT ON PUBLIC HEALTH

18. Will Proposed Action affect public health and safety?
☒ NO ☐ YES

Proposed Action may cause a risk of explosion or release of hazardous substances (i.e. oil, pesticides, chemicals, radiation, etc.) in the event of accident or upset conditions, or there may be a chronic low level discharge or emission.	☐	☐	☐ Yes ☐ No
Proposed Action may result in the burial of "hazardous wastes" in any form (i.e. toxic, poisonous, highly reactive, radioactive, irritating, infectious, etc.)	☐	☐	☐ Yes ☐ No
Storage facilities for one million or more gallons of liquefied natural gas or other flammable liquids.	☐	☐	☐ Yes ☐ No
Proposed Action may result in the excavation or other disturbance within 2,000 feet of a site used for the disposal of solid or hazardous waste.	☐	☐	☐ Yes ☐ No
Other impacts:	☐	☐	☐ Yes ☐ No

IMPACT ON GROWTH AND CHARACTER OF COMMUNITY OR NEIGHBORHOOD

19. Will Proposed Action affect the character of the existing community?
☐ NO ☒ YES

Examples that would apply to column 2 • The permanent population of the city, town or village in which the project is located is likely to grow by more than 5%.	☐	☐	☐ Yes ☐ No
The municipal budget for capital expenditures or operating services will increase by more than 5% per year as a result of this project.	☐	☐	☐ Yes ☐ No
Proposed Action will conflict with officially adopted plans or goals.	☐	☐	☐ Yes ☐ No
Proposed Action will cause a change in the density of land use.	☐	☐	☐ Yes ☐ No
Proposed Action will replace or eliminate existing facilities, structures or areas of historic importance to the community.	☐	☐	☐ Yes ☐ No
Development will create a demand for additional community services (e.g. schools, police and fire, etc.)	☐	☐	☐ Yes ☐ No

	1 Small to Moderate Impact	2 Potential Large Impact	3 Can Impact Be Mitigated by Project Change
Proposed Action will set an important precedent for future projects.	☐	☐	☐ Yes ☐ No
Proposed Action will create or eliminate employment.	☐	☐	☐ Yes ☐ No
Other impacts:	☒	☐	☐ Yes ☐ No

Setback variances are required to maintain existing yards.

20. Is there, or is there likely to be, public controversy related to potential adverse environment impacts?

☐ NO ☒ YES

If Any Action in Part 2 Is Identified as a Potential Large Impact or If you Cannot Determine the Magnitude of Impact, Proceed to Part 3

Appendix A.8.

Environmental Assessment Form (EAF) Part 3
Evaluation of the Importance of Impacts

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Part 3 - EVALUATION OF THE IMPORTANCE OF IMPACTS

Responsibility of Lead Agency

Part 3 must be prepared if one or more impact(s) is considered to be potentially large, even if the impact(s) may be mitigated.

Instructions (if you need more space, attach additional sheets)

Discuss the following for each impact identified in Column 2 of Part 2,

1. Briefly describe the impact.

2. Describe (if applicable) how the impact could be mitigated or reduced to a small to moderate impact by project change(s).

3. Based on the information available, decide if it is reasonable to conclude that this impact is **important.**

   To answer the question of importance, consider:

   - The probability of the impact occurring
   - The duration of the impact
   - Its irreversibility, including permanently lost resources of value
   - Whether the impact can or will be controlled
   - The regional consequence of the impact
   - Its potential divergence from local needs and goals
   - Whether known objections to the project relate to this impact.

See Attachment

State Environmental Quality Review Act
Environmental Assessment Form
Part 3 - Evaluation of the Importance of Impacts

Application of Atria Senior Living Group for
Area Variances

Potentially Large Impacts as Identified in Part 2 – Project Impacts and Their Magnitude

1. The proposed action will adversely affect groundwater.

   An expansion of the existing assisted living facility may result in an increase in sewage effluent discharge to the groundwater through the existing sewage treatment plant. This may affect the quality of groundwater resources.

2. The proposed action locates uses which may require new or expansion of existing waste treatment and/or storage facilities.

   An expansion of the existing assisted living facility may result in an increase in sewage effluent discharge, possibly necessitating an increase in the capacity of the existing sewage treatment plant. This may affect permit compliance and consistency with regulatory requirements.

3. The proposed action may result in a change in air quality emissions associated with the sewage treatment plant.

   Expansion of the existing assisted living facility may result in an increase in sewage effluent discharge. Air emissions associated with the sewage treatment plant may change due to increased discharge, and may adversely impact neighboring properties.

4. The proposed action will result in an increase in the size of the subject building, which would increase the need for additional parking spaces.

   The proposed action includes a request for a parking variance of over 22 percent, as the number of parking spaces does not meet Town requirements. The sufficiency of the parking must be evaluated.

5. The proposed action will result in a change in noise and/or odor impacts associated with the sewage treatment plant and solid/medical waste storage and handling.

   The proposed action may result in a change to the existing sewage treatment plant, which may result in a change to noise and/or odor impacts associated with such facility. Furthermore, the proposed action may result in changes in the practice of solid/medical waste handling and storage. Such changes may impact neighboring properties.

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Appendix B.1.

Deed with Covenants and Restrictions
Between the Board of Education, Union Free School District #4
and
Monti Associates

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Standard N.Y.B.T.U. Form 8007-10M Bargain and Sale Deed, with Covenant against Grantor's Acts-Individual or Corporation ECA 8671

CONSULT YOUR LAWYER BEFORE SIGNING THIS INSTRUMENT - THIS INSTRUMENT SHOULD BE USED BY LAWYERS ONLY

10165 579 14170

THIS INDENTURE, made the 95 day of October, nineteen hundred and eighty-six

BETWEEN

BOARD OF EDUCATION, UNION FREE SCHOOL DISTRICT # 4
110 Elwood Road
Northport, New York

party of th st part, and MONTI ASSOCIATES, a partnership, with offices at 875 Old Country Road, Plainview, New York

RECEIVED
$ 520.00
REAL ESTATE
NOV 12 1986
TRANSFER TAX
SUFFOLK
COUNTY

14170

party of the second part,

WITNESSETH, that the party of the first part, in consideration of ONE MILLION THREE HUNDRED THOUSAND ($1,300,000.00)----------

dollars,

lawful money of the United States, paid

by the party of the second part, does hereby grant and release unto the party of the second part, the heirs or successors and assigns of the party of the second part forever,

ALL that certain plot, piece or parcel of land, with the buildings and improvements thereon erected, situate, lying and being in the

at East Northport, Town of Huntington, County of Suffolk and State of New York, being more particularly bounded and described as follows:

BEGINNING at a point on the easterly side of Cheshire Place, distant 530.11 feet northerly from the corner formed by the intersection of the northerly side of Fifth Avenue with the easterly side of Cheshire Place;

RUNNING THENCE along the easterly side of Cheshire Place north 3 degrees 57 minutes 30 seconds west, 547.06 feet;

THENCE north 86 degrees 09 minutes 00 seconds east, 431.95 feet;

THENCE north 85 degrees 30 minutes 20 seconds east, 150.02 feet;

THENCE north 85 degrees 38 minutes 10 seconds east, 137.92 feet;

THENCE north 87 degrees 27 minutes 30 seconds east, 69.08 feet;

THENCE north 83 degrees 50 minutes 40 seconds east, 83.65 feet;

THENCE north 86 degrees 08 minutes 20 seconds east, 49.98 feet;

THENCE south 4 degrees 14 minutes 10 seconds east, 510.01 feet;

THENCE north 86 degrees 29 minutes 40 seconds east, 153.90 feet;

THENCE north 86 degrees 34 minutes 10 seconds east, 192.58 feet;

THENCE north 86 degrees 29 minutes 30 seconds east, 116.94 feet, to land now or formerly of Union Free School District # 4;

THENCE along said land, south 2 degrees 48 minutes 59 seconds east 47.30 feet;

THENCE south 86 degrees 31 minutes 30 seconds west 462.25 feet;

THENCE south 86 degrees 29 minutes 30 seconds west 925.24 feet, to the easterly side of Cheshire Place, at the point or place of BEGINNING.

~~TOGETHER with a perpetual right of way over a strip of land 50~~ feet in width abutting the premises above described on the west and extending southerly to East Elwood Avenue and over a strip of land 75 feet in width abutting on the south the northerly line of the premises above described prolonged westerly to Larkfield Avenue and extending from said first described 50 ft. strip westerly to Larkfield Avenue. The land over which the said right of way is granted as aforesaid, being more particularly bounded and described as follows:

BEGINNING at a point marked by a locust stake set in the northerly line of East Elwood Avenue and running thence North 3 degrees 57' 30" West 530.11 feet to the locust stake set at the southwesterly corner of said tract of 9.102 acres above described; thence running North 3 57' 30" West long the westerly line of said last named premises 547.06 feet to the cust stake at the northwesterly corner of said lands; thence running South 86 09' 00" West along other lands of the part of the first part 400 feet to a locust stake set in the easterly line of Larkfield Avenue; thence along the easterly line of Larkfield Avenue South 3 57' 30" East 75 feet to a locust stake; thence running North 86 09' 00" East 350 feet along other lands of the party of the first part to a point; thence still along other lands of the party of the first part South 3 57' 30" East 1001.90 feet to a locust stake set in the northerly line of East Elwood Avenue; thence running north 86 29' 30" East along the northerly line of East Elwood Avenue 50 feet to the locust stake at the point or place of beginning.

It is expressl, agreed that the said right of way above described shall be used by the parties hereto, their heirs, devisees, successors and assigns, and by all persons and parties who are or may hereafter become, owners of all or any part of the lands abutting the same along its entire length from East Elwood Avenue on the south, northerly and then westerly to Larkfield Avenue on the west, to the end that each and every one of them may have equal rights of use passage therein and thereover, with equal rights to build a road bed on said right of way or otherwise improve the same; it being understood and agreed that the party of the first part is not obligated to build a road bed on said right of way or to pay any sum whatever toward the building of such road bed or toward the improvement, repair or maintenance of the same.

And it is further understood and agreed that any person or party entitled to use the said right of way shall be permitted to lay gas, water, electric conduits and other pips under the surface of said way and to construct poles and wires upon and over the same for use in connection with the properties to which said right of way is appurtenant, so long as such constructions under or over grounds do not ~~interfere with the right of user herein created.~~

TOGETHER with all right, title and interest, if any, of the party of the first part in and to any streets and roads abutting the above described premises to the center lines thereof,

TOGETHER with the appurtenances and all the estate and rights of the party of the first part in and to said premises,

TO HAVE AND TO HOLD the premises herein granted unto the party of the second part, the heirs or successors and assigns of the party of the second part forever.

e Restrictions and Covenants hereinafter set out are to run with he land and shall be binding upon the grantee herein, their successors and assigns. That the grantee herein, their successors and assigns hereby agree that the only political entity that has the right to grant relief from these restrictive covenants is the Board of Education of the Northport-East Northport Union Free School District and its successors.

Invalidacion of any of these covenants by judgment or court order shall in no wise affect any of the other provisions, which shall remain in full force and effect.

No use other than those set forth herein shall be permitted on these premises. The grantee herein , their succes ors and assigns hereby covenant and agree that the only permitted uses of this property are as follows:

(1) housing units for senior citizens

(2) condominium housing without any age restriction, so long as the owners choice of prospective purchasers shall not be restricted by subsidies from any local, state or federal assistance program

(3) professional-medical office complex except for offices which are operated on a twenty-four (24) hour basis or offices used for drug and/or alcohol rehabilitation treatment

(4) single family residential use

(5) subject to a Use Agreement executed this date between the Northport-East Northport Union Free School District and Monti Associates

AND the party of the first part covenants that the party of the first part has not done or suffered anything whereby the said premises have been incumbered in any way whatever, except as aforesaid.

AND the party of the first part, in compliance with Section 13 of the Lien Law, covenants that the party of the first part will receive the consideration for this conveyance and will hold the right to receive such consideration as a trust fund to be applied first for the purpose of paying the cost of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose.

The word "party" shall be construed as if it read "parties" whenever the sense of this indenture so requires.

IN WITNESS WHEREOF, the party of the first part has duly executed this deed the day and year first above written.

IN PRESENCE OF:

Marie E. Knapp

BOARD OF EDUCATION, UNION FREE SCHOOL DISTRICT # 3

By: Steven Baum
STEVEN BAUM, President
Board of Education

Steven Baum

STATE OF NEW YORK, COUNTY OF SS:

On the day of 19 , before me personally came

to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that executed the same.

STATE OF NEW YORK, COUNTY OF SS:

On the day of 19 , before me personally came

to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that executed the same.

STATE OF NEW YORK, COUNTY OF SUFFOLK SS:

On the 9th day of OCTOBER 19 86, before me personally came STEVEN BAUM to me known, who, being by me duly sworn, did depose and say that he resides at No. 36 Valley View Road Fort Salonga, New York ; that he is the President of the Borad of Education Northport-East Northport UFSD , the corporation described in and which executed the foregoing instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation, and that he signed his name thereto by like order.

Marie E. Krapp

MARIE E. KRAPP
Notary Public, State of New York
No. 4870000; Suffolk County
Commission Expires April 7, 1987

STATE OF NEW YORK, COUNTY OF SS:

On the day of 19 , before me personally came

the subscribing witness to the foregoing instrument, with whom I am personally acquainted, who, being by me duly sworn, did depose and say that he resides at No. ;

that he knows

to be the individual described in and who executed the foregoing instrument; that he, said subscribing witness, was present and saw execute the same; and that he, said witness, at the same time subscribed h name as witness thereto.

Bargain and Sale Deed

WITH COVENANT AGAINST GRANTOR'S ACTS

TITLE NO. 9671

TO

SECTION

BLOCK

LOT

COUNTY OR TOWN

Recorded at Request of
CHICAGO TITLE INSURANCE COMPANY

Return by Mail to

HARRY L. SEATON
71 S. CENTRAL AVE.
VALLEY STREAM, N.Y.
Zip No. 11580

STANDARD FORM OF NEW YORK BOARD OF TITLE UNDERWRITERS

Distributed by

CHICAGO TITLE
INSURANCE COMPANY

RECORDED BY EAST COAST ABSTRACT INC.

SPACE FOR USE OF RECORDING OFFICE

2050

NOV 12 '85 14

JULIETTE MASSELA
CLERK OF
COUNTY OF SUFFOLK

Appendix B.2.

Town Board Resolution
for
Accepting FEIS, Issuing Notice, Adopting Findings,
and Granting an Application for a Change of Zone

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31
3835

ACCEPTING FINAL ENVIRONMENTAL IMPACT STATEMENT, ISSUING NOTICE, ADOPTING FINDINGS, AND GRANTING AN APPLICATION FOR A CHANGE OF ZONE OF DARREN ENTERPRISES AT PREMISES KNOWN AS LARKFIELD ELEMENTARY SCHOOL

Resolution for Town Board Meeting Dated: October 7, 1986

The following resolution was offered by a COUNCILWOMAN TRIOLO SUPERVISOR O'NEIL

seconded by COUNCILMAN HANSE

WHEREAS, Darren Enterprises has applied for a change of zone from Residence R-10 to Retirement Residence R-RM at premises at East Northport, known as Larkfield Elementary School, and

WHEREAS, a final environmental impact statement by the applicant has been submitted and found acceptable to the Department of Environmental Control, and

WHEREAS, a public hearing on this application and the draft environmental impact statement was duly held, and

WHEREAS, having considered the findings of fact and conclusions proposed for the final environmental impact statement; now, therefore, be it

RESOLVED, as follows:

§1. The final environmental impact statement of Darren Enterprises submitted in this application is hereby accepted as in compliance with SEQR, NYCRR Part 617, by incorporating the mitigative measures identified as practicable, and more particularly set forth in the statement of facts and conclusion appended hereto.

§2. Notice of Completion of the final environmental impact statement shall be made by the Department of Environmental Control pursuant to law.

§3. The statement of facts and conclusions appended hereto is hereby adopted.

§4. The application of Darren Enterprises for a change of zone from R-10 to R-RM at premises known as Larkfield Elementary School is granted, subject to the mitigative measures adopted in sections 1 and 3 hereof.

VOTE: AYES: 5 NOES: 0

The resolution was thereupon declared duly adopted

STAT ENT OF FACTS AND CONCLUSIC

DARREN ENTERPRISES
LARKFIELD SCHOOL/SENIOR CITIZENS RESIDENCE

Darren Enterprises requests a change of zone from R-10 to R-RM for the 12.2-acre East Northport site which contains the Larkfield Elementary School. At present, the school structure occupies 65,000 square feet and is supported by a 45-car parking area. Expansion of the existing structure to 180,000 square feet with a 60-car lot is proposed.

There was a comment at the public hearing to the effect that the number of parking spaces seemed inadequate for this project. The Planning Department made the same comment in an earlier review. The Town Board should condition that the number of parking spaces will be determined by the Planning Board during site plan review and the spaces shall number enough to keep street parking to a minimum.

The proposed rezoning from R-10 to R-RM will result in expansion of the existing building to include 130 one-bedroom units and 10 two-bedroom units. At a design rate of 100 gpd for one-bedroom units and 150 gpd for two-bedroom units, total projected flow is 14,500 gpd. While close to the upper limit 15,000 gpd), it would be acceptable to the Health Department for compliance for a denitrification system.

The project design includes additional amenities, however, that liken its use to that of a semi-nursing care facility. The documents (DEIS/FEIS) indicate that (p.ii, #6) "services to the residents provided on-site...will include recreation areas, financial advisors, library, occupational therapy, social workers offices and business office." Other amenities besides a dining area, including arts and crafts room, gift shop and an exercise room will be included in the project.

In discussions with Health Dept. officials, it is unclear what flow factors, if any, will be attributed to the amenities. If liquid sanitary waste results from the amenities package, then the completed project may, in the eyes of the SCDHS, exceed the 15,000 gal/day limit for a denitrification system and a sewage treatment plant (STP) may be necessary. One of the concerns of the public, as well as the Town of Huntington Dept. of Environmental Control, is that a sewage treatment plant <u>not</u> be a part of this project.

Past experience has found that STPs for residential and small commercial users are not very reliable. Carillon Nursing Home, Strathmore #5 and Estee Lauder all have STPs and at different times of the year and in spite of Health Dept. intervention, these plants break down and emit odors to the disgust of the entire neighborhood. Small package plants have a life span during which time they lose efficiency. Even buried beneath the ground, such a plant may emit odors and will lose efficiency. Such plants may run for years needing upgrading and maintenance.

The problem is that from all outward appearances everything seems to be working alright but, in fact, efficiency is very low and odor problems are inherent.

A denitrification system needs recharging and other maintenance periodically and the entire system is below ground with no moving parts. There are no odors from such a system, even when it does not work efficiently. Because of periodic required maintenance and simplicity, the system could be more effective than an STP. In terms of placing such a project in an existing established neighborhood, the denitrification system is far more acceptable than a STP.

The jurisdiction for the decision as to which system must be installed lies with the SCDHS. In order to insure that a denitrification system rather than a STP is installed, the liquid sanitary waste flow must be below 15,000 gal/day. Flow is presently determined by the number of bedrooms/dwelling as well as other uses. However, usually the amenities package is insignificant and the flow attributed to number of bedrooms suffices. If this be the case, then the number of dwellings the applicant proposes is viable. If the Health Dept. determines that the project sewage flow exceeds 15,000 gal/day, then a STP will be mandated.

Should the latter be the case, then a viable alternative to diminish the effect on the existing established neighborhood would be to reduce the yield (number of dwellings) to a number that eliminates the need for a STP. Since the numbers are very close to the limit it may be necessary to reduce the yield by from one to four or five dwellings to accomplish this goal.

Because of this concern, a condition of approval should be included to the effect that the project shall have no more than 130 one-bedroom units and 10 two-bedroom units (as stated in the DEIS) and the actual yield shall be determined by the Planning Board once the Health Dept. indicates the actual flow and type of septic system. The problem with making that determination at this time is that no application by the applicant has been made to the Health Dept. inasmuch as this is a zone change. When he comes in for site plan approval by the Planning Board, an application to the SCDHS will be made and a determination can be pursued.

Although we have received nothing in writing from the Superintendent of Highways regarding this project, we were informed in a conversation with Oscar Teed of the Highway Dept. that his department would like a recharge basin on the site. His requirements are that it be a maximum of 200' by 200' and that access be provided between the church property and the existing school building. Mr. Teed indicated that, since the subsurface earthen material is known to be very porous, it is likely that a somewhat smaller area could be utilized. However, he did not indicate the size of the reduction that he would find acceptable.

A recharge bas ' of maximum size 200' by ^^0' with evergreen landscaped buffers hall be provided by the a licant. During the site plan review by the Planning Board, the Highway Dept. shall indicate the actual size necessary (200' by 200' equals almost one acre). Inasmuch as several acres of the site are slated to be used as a recreational facility for the neighborhood, a recharge basin of about one acre will reduce that area and in some way affect the neighborhood negatively. 383

At the public hearing the applicant noted that he would make an effort to best avail the property (fields) for community use including possible provision of restroom facilities at a later time. As yield for the project will be predicated on design flow for the entire site, a condition of approval should be that no additional wastewater shall be discharged from any new on-site sources.

As stated in the Town Code, in the DEIS and in the FEIS, the height of the building shall not exceed two and one half (2.5) stories nor 35 feet (see 198-21 Town Code).

The dining area as proposed shall not be run as a commercial venture open to the public. It should only provide meals to the occupants of the dwellings and possibly their guests.

During site plan approval the applicant must submit the following plans for approval; site plan, landscape plan, drainage and grading plan and any other plan requested by the code of the Town of Huntington.

Conditions that should be included as part of the approval of the zone change follow:

1. The Planning Board, during site plan approval, shall determine the proper number of street parking spaces for this project. Their guide shall be the Code of the TOH as well as the need to provide off-street parking for the project.

2. The number of dwelling units shall not exceed 130 one-bedroom and 10 two-bedroom units.

3. The final yield (dwelling) shall be set after the SCDHS determines the liquid sanitary flow for the project. The number of dwelling units shall not exceed that which requires a denitrification system to deal with sewage. The actual yield shall be determined by the Planning Board after the Health Dept. makes its determination.

4. The applicant shall provide a recharge basin landscaped with evergreens on all sides for the needs of the Highway Dept. The size of said basin shall not exceed 200' by 200'.

5. The building height shall not exceed two and one-half stories nor 35 feet.

6. The dining area shall be for the use of occupants of the proposed dwellings and their guests. The dining area shall not be made available to the general public for consumption of services.

7. Besides the required approvals for site plans, a thorough landscape plan to include, where necessary, street trees, foundation and buffer plantings for property boundaries and parking area will be required.

If the Town Board finds that the above facts and conditions are acceptable, then

1. consistent with social, economic and other essential considerations from among the reasonable alternatives thereto, the action to be carried out or approved is one which minimizes or avoids adverse environmental effects to the maximum extent practicable, including the effects disclosed in the relevant environmental impact statement, and

2. consistent with social, economic and other essential considerations, to the maximum extent practicable, adverse environmental effects revealed in the environmental impact statement process will be minimized or avoided by incorporating as conditions to the decision those mitigative measures which were identified as practicable,

then the intent and statutes of SEQRA have been met and the Board can then make a decision on the project.

RM:MM:mms

September 30, 1986

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Appendix B.3.

Use Agreement for Recreational Use of Four Acres

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USE AGREEMENT

THIS AGREEMENT entered into on this 10 day of October, 1986 between MONTI ASSOCIATES, with offices at 875 Old Country Road, Plainview, New York, (hereinafter referred to as "MONTI"), and the NORTHPORT-EAST NORTHPORT UNION FREE SCHOOL DISTRICT, with offices at 110 Elwood Road, Northport, New York (hereinafter referred to as the "DISTRICT").

WHEREAS, the DISTRICT is as of this date selling to MONTI the LARKFIELD SCHOOL BUILDING and the property upon which it is situated; and

WHEREAS, the contract of sale between DARREN ENTERPRISES, INC. and the DISTRICT which has been assigned to MONTI provides that MONTI permit the DISTRICT to use a portion of said LARKFIELD property consisting of a parcel of four (4) acres (the "PARCEL"), for the residents of the DISTRICT as recreational fields, said PARCEL being delineated on the map attached hereto as EXHIBIT "A", or description

NOW, THEREFORE, in consideration of ONE ($1.00) DOLLAR paid herein, and other good and valuable consideration, it is hereby agreed as follows:

1. MONTI hereby grants to the DISTRICT the exclusive right to use the described PARCEL for a period of ninety-nine (99) years from the date of this Agreement for the purpose of recreation fields for the DISTRICT residents, including their children.

2. The DISTRICT will provide the necessary maintenance

of the PARCEL, in good condition, including the playing field and the fence hereinafter referred to and lawn maintenance.

3. The DISTRICT undertakes the responsibility for the safety and security of the property and the DISTRICT residents who use said property and if the security organization employed by MONTI or any of MONTI'S employees, their successors and assigns observe a security problem or unauthorized use of the property, they will promptly notify the DISTRICT or its security organization, or the local police, who will respond and deal with the source of the problem on the PARCEL

4. It is further agreed that the DISTRICT will maintain liability insurance in the amount of TEN MILLION ($10,000.000) DOLLARS, during the term hereof with MONTI, or it successors or assigns, as an additional named insured as to the PARCEL and provide a certificate or policy of same to MONTI, which policy will provide for at least thirty (30) days notice of cancellation of said policy. Such insurance policy or Certificate of Insurance shall be effective as of the date hereof and be delivered to MONTI prior to commencement of any use of the PARCEL and any renewal policy shall be furnished to MONTI at least thirty (30) days prior to the expiration of any expiring policy. In the event that the DISTRICT undertakes a self-insurance program, upon submission to MONTI of evidence thereof, the DISTRICT may then be excused from providing a liability insurance policy to MONTI, providing and on condition that from the date of termination of such liability insurance, the DISTRICT

shall indemnify and hold MONTI (its successors and assings) free and harmless from any claim, suit or cause of action and from any damages arising by virtue of the use of the PARCEL as provided herein, including counsel fees for the defense of any action arising out of the use of said PARCEL which defense will be provided by the DISTRICT at no expense to MONTI. In the event of any judgment arising therefrom, payment thereof shall be made by the DISTRICT promptly and expeditiously, subject however, to any stay of such judgment pending the appeal therefrom. There shall be excluded from the foregoing any claims against MONTI arising out of the negligence of MONTI, its agents, employees or assigns.

5. It is further agreed that all requests for use of the PARCEL shall be directed to DISTRICT authorities. It shall be their sole responsibility to grant or deny any such request and, in their discretion, will so decide, as the DISTRICT will control the use of the PARCEL for the purposes set forth herein.

The DISTRICT will provide MONTI with a written schedule of users two (2) weeks in advance of a scheduled use whenever possible, but in no event shall there be less than forthy-eight (48) hours notice before the scheduled use. The entry gate shall remain locked during all times other than for scheduled use, to keep unauthorized people from using the PARCEL. Said entry gate is to be located at the southeastern end of the PARCEL adjoining the EAST NORTHPORT JUNIOR HIGH SCHOOL parcel.

6. The DISTRICT further agrees that use of the PARCEL shall be limited to daylight hours and that no lights will be installed on the playing fields, which will be used solely for Community and DISTRICT sports activities.

7. The DISTRICT will not construct any structures on the PARCEL other than Soccer goals and baseball backstops.

8. The DISTRICT shall have the right to assign this Agreement only to the TOWN OF HUNTINGTON for the purpose hereunder set forth, said assignment to be subject to all the user's responsibilities set forth herein.

9. DISTRICT agrees that access to the PARCEL shall be by a gate entrance at the southeasterly portion of the PARCEL. The EAST NORTHPORT JUNIOR HIGH SCHOOL parking lots will be utilized by the approved users of the PARCEL described herein.

10. The DISTRICT agrees that the PARCEL will be properly fenced (minimum six feet) at DISTRICT's expense prior to the commencement of any sports activities.

11. This Agreement shall be subject and subordinate to the following:

(a) Any mortgage hereinafter becoming a lien upon the premises being conveyed to MONTI, including the PARCEL, provided the holder of such mortgage agrees that the continued use of the PARCEL for the purposes provided herein shall not be

disturbed so long as the DISTRICT is not in default hereunder.

(b) Utility easements and agreements of record.

(c) Covenants and restrictions required by the Town of Huntington.

12. The DISTRICT agrees to conform to all municipal ordinances and regulations relating to the use of of the PARCEL as provided herein.

13. This Agreement shall be binding upon the parties hereto and their respective successors and assigns.

14. Any notice to be given hereunder shall be by certified mail, return receipt requested.

IN WITNESS WHEREOF, we have hereunto affixed our hands and seals the day of the date first above written.

MONTI ASSOCIATES

by _____
DONALD MONTI

NORTHPORT-EAST NORTHPORT UFSD

by _____
STEVEN BAUM, President
Board of Education

STATE OF NEW YORK)
ss.:
COUNTY OF SUFFOLK)

On this 10th day of October, 1986, before me personally came DONALD MONTI, to me known and who, being by me duly sworn, deposes and says that he resides at

and he is a partner in the partnership known as MONTI ASSOCIATES, and that he signs his name as such partner.

SANDRA M. COOPER
NOTARY PUBLIC, State of New York
No. 4801478, Suffolk County
Term Expires March 30, 1987

Sandra M. Cooper

STATE OF NEW YORK)
ss.:
COUNTY OF SUFFOLK)

On the 9th day of October, 1986, before me personally came STEVEN BAUM, to me known, who being by me duly sworn, did depose and say that he resides at 36 Valley View Road, Ft. Salonga, New York; that he is the President of the Board of Education of the NORTHPORT-EAST NORTHPORT UFSD, the municipal corporation described in and which executed the foregoing instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Education of said municipal corporation and that he signed his name thereto by like order.

Marie E. Knapp

MARIE E. KNAPP
Notary Public, State of New York
No. 4858000 - Suffolk County
Commission Expires April 7, 19[illegible]

AGREEMENT

by and between

NORTHPORT-EAST NORTHPORT UFSD

AND

MONTI ASSOCIATES

INGERMAN, SMITH, GREENBERG & GROSS
ATTORNEYS AT LAW
167 MAIN STREET
NORTHPORT, N.Y.

ALL that certain plot, piece or parcel of land, situate, lying and being at East Northport, Town of Huntington, County of Suffolk and State of New York being bounded and described as follows:

BEGINNING at a point on the northerly side of land now or formerly of St. Anthony's Roman Catholic Church, said point being located the following two (2) courses and distances from the intersection of the northerly side of Fifth Avenue with the easterly side of Cheshire Place;
1) Northerly along the easterly side of Cheshire Place 530.11 feet;
2) Along land now or formerly of St. Anthony's Roman Catholic Church North 86 degrees 29 minutes 30 seconds East, 649.26 feet to the point of beginning;

RUNNING THENCE through the land of Kapson Northport Development Corp. North 03 degrees 57 minutes 30 seconds East, 553.22 feet to land now or formerly of Robert C. and Elaine K. Lindstadt;

THENCE along said land the following two (2) courses and distances:
1) North 85 degrees 38 minutes 10 seconds East, 70.64 feet;
2) North 87 degrees 27 minutes 30 seconds East, 69.08 feet to the map of Sunrise Plat;

THENCE along said map line North 83 degrees 50 minutes 40 seconds East, 83.65 feet to land now or formerly of Kevin and Regina Florkowski;

THENCE along said land North 86 degrees 08 minutes 20 seconds East, 49.98 feet to land now or formerly of Asbjorn Michael and Mildred L. Breke;

THENCE along said land and lands now or formerly of Lea Gargillo, Joseph P. Thomas Cappiello, Dorothy Saunders, Sean Stolz, Louis and Donna M. Mastropietro, Frank J. and Anna Scheider, and the map of Bonnie Crest, the following four (4) courses:
1) South 04 degrees 14 minutes 10 seconds East, 510.01 feet;
2) North 86 degrees 29 minutes 40 seconds East, 153.90 feet;
3) North 86 degrees 34 minutes 10 seconds East, 192.58 feet;
4) North 86 degrees 29 minutes 30 seconds East, 116.94 feet to land of Union Free School District 14.

THENCE along said land South 02 degrees 49 minutes 00 seconds East, 47.30 feet to the Map of Fifth Avenue Home, Section 2;

THENCE along said map line South 86 degrees 31 minutes 30 seconds West, 462.25 feet to the Map of Fifth Avenue Homes;

THENCE along said map line and land now or formerly at St. Anthony's Roman Catholic Church South 86 degrees 29 minutes 30 seconds West, 275.98 feet to the point or place of BEGINNING.

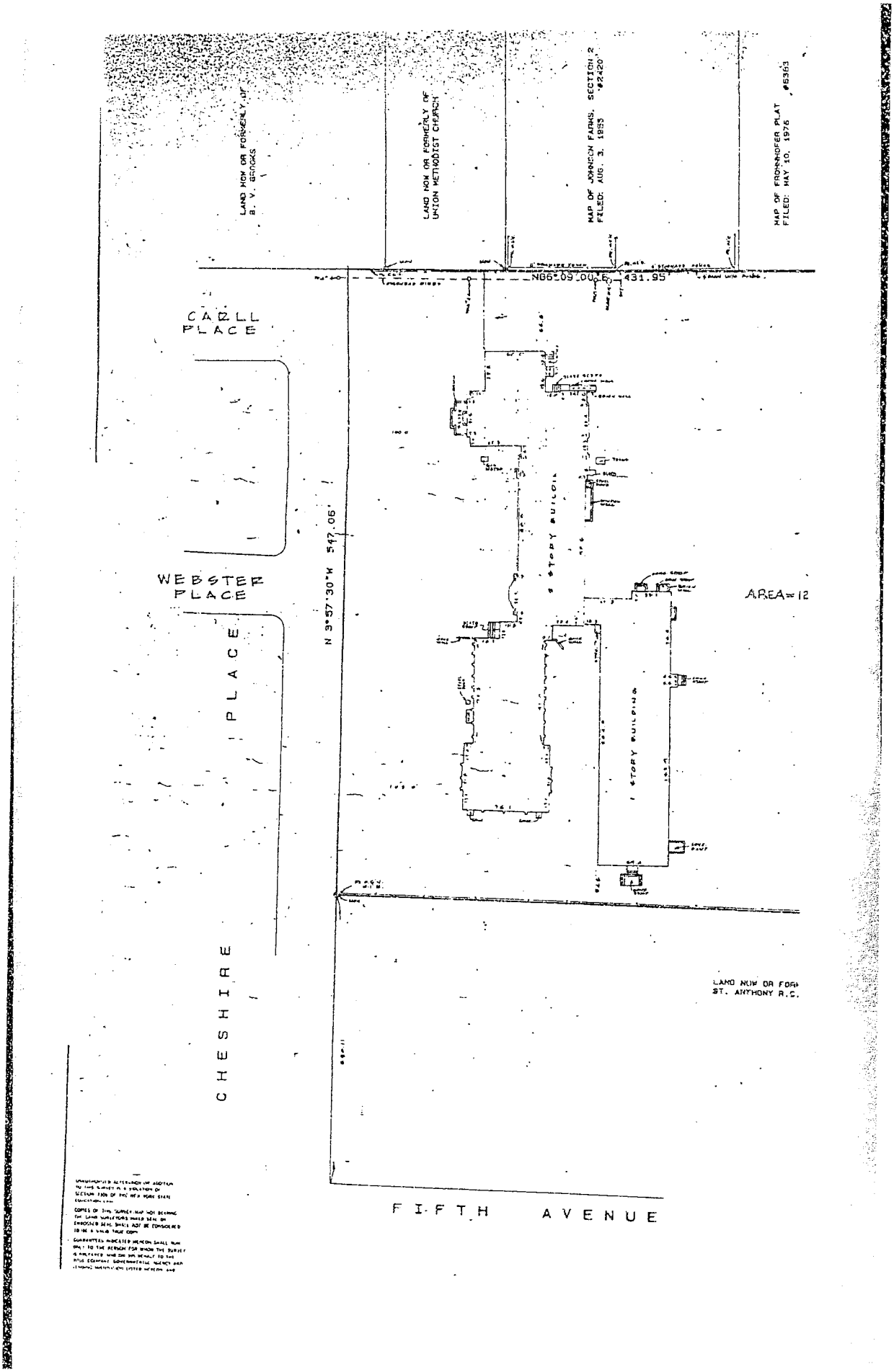
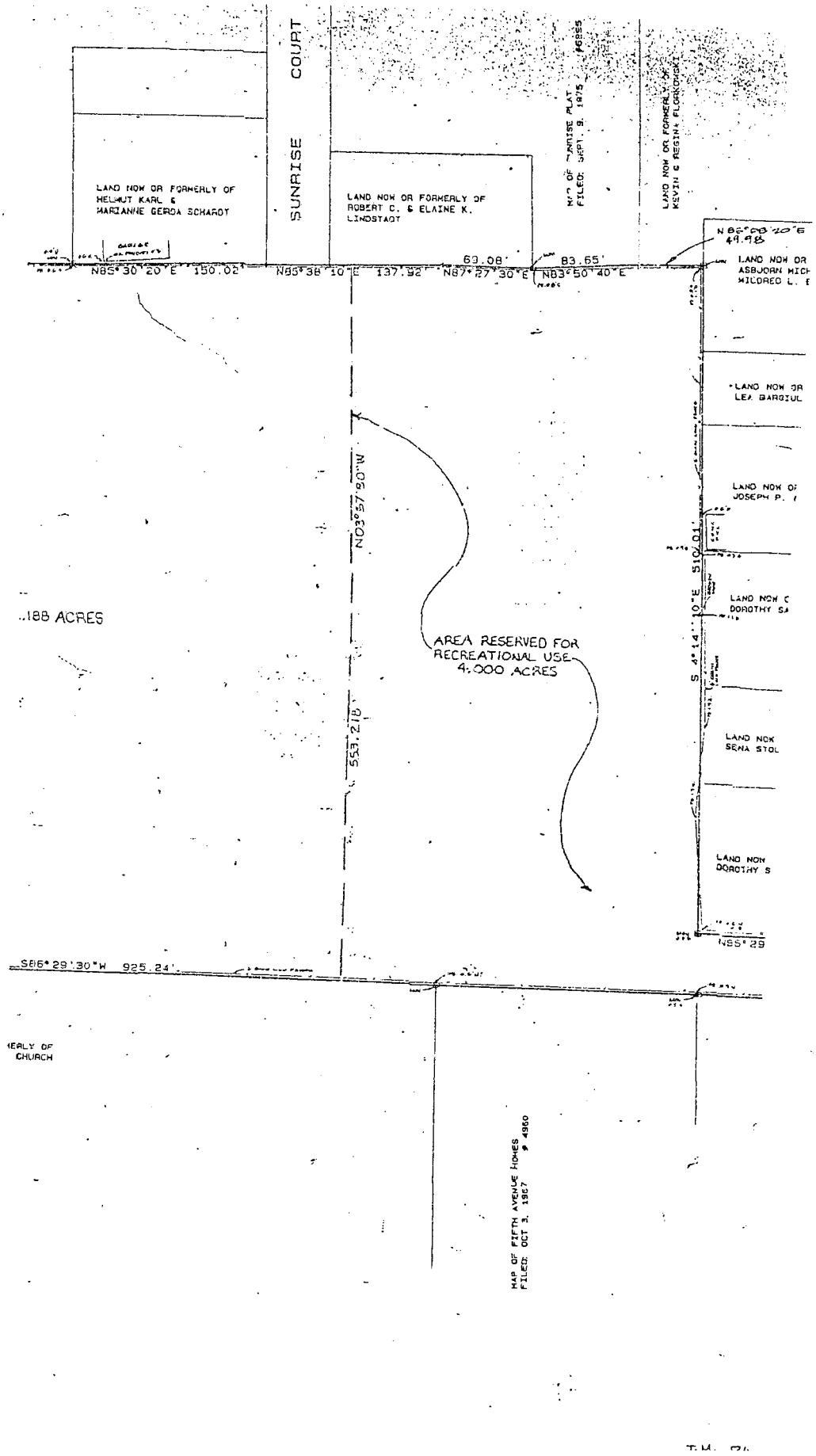

LAND NOW OR FORMERLY OF
B. V. BROOKS
LAND NOW OR FORMERLY OF
UNION METHODIST CHURCH
MAP OF JOHNSON FARMS, SECTION 2
FILED: AUG. 3, 1955 #2420
MAP OF FRONHOFER PLAT
FILED: MAY 10, 1976 #6363
N86°09'00"E 431.95'
CARLL
PLACE
WEBSTER
PLACE
N 3°57'30"W 547.06'
AREA=12
CHESHIRE
PLACE
LAND NOW OR FORM
ST. ANTHONY R.C.
FIFTH AVENUE

Exhibit B 2 of 3



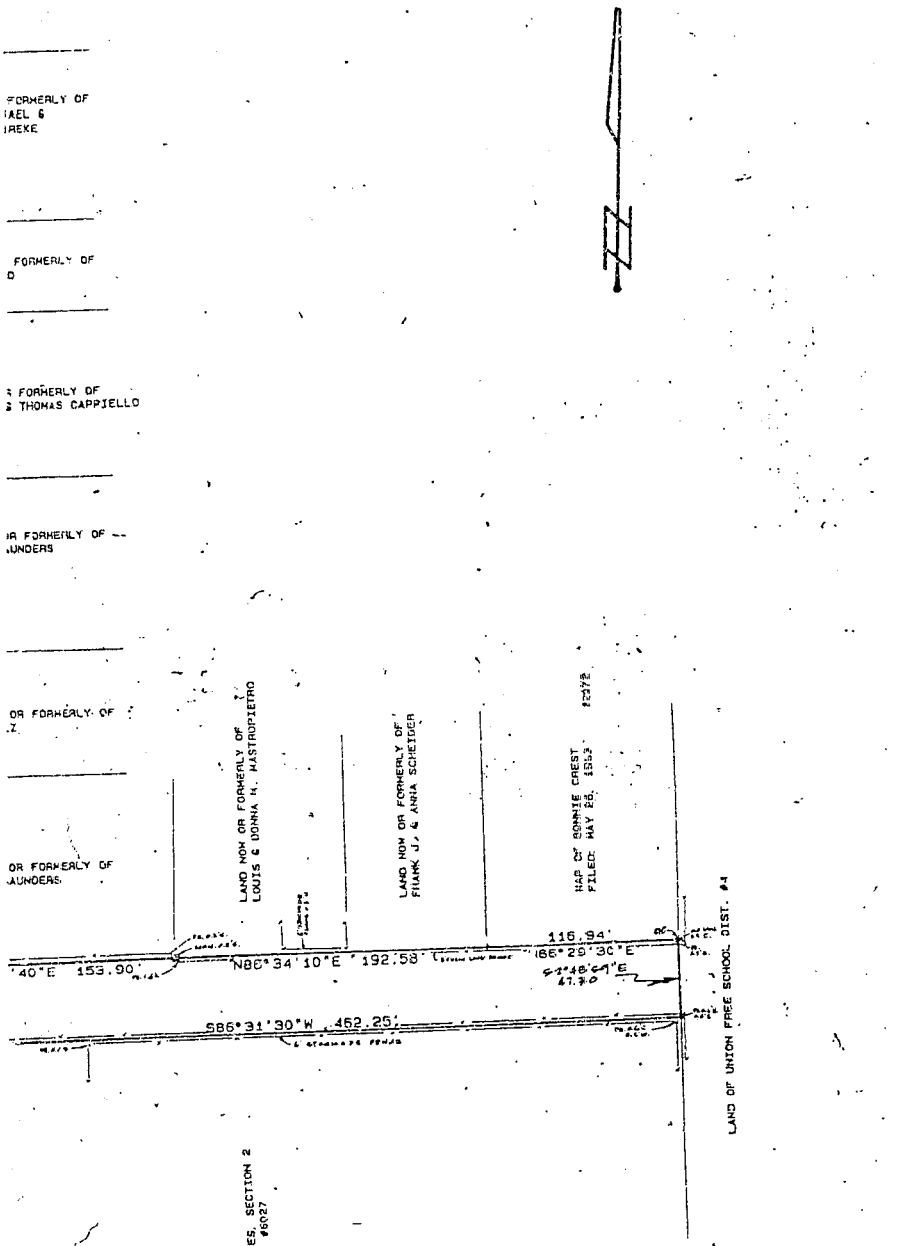


Exhibit A

NO	DATE	CK'D	REVISION
2	3/7/86		PER GUAR.
1	4/28/86		Rev. Glen

DWN BY PAUL
DATE 12/11/85
CHK'D BY PAUL
DATE 4/4/85
JOB NO 85-1150
FILE NO 1-2-1245
SCALE 1"=50'
SHEET 1 OF 1

MAP OF
DESCRIBED PROPERTY
SITUATED AT
EAST NORTHPORT
TOWN OF HUNTINGTON, SUFFOLK COUNTY, NEW YORK

NELSON & POPE
CONSULTING ENGINEERS
572 WALT WHITMAN RD.
MELVILLE L.I. N.Y.
11747
516 KA 7-5
82 5-74

- FIELD SURVEY DATE: 11/6/85
- CERTIFIED ONLY TO: SECURITY TITLE & GUARANTEE COMPANY (762420)
EAST COAST ABSTRACT CORP. INC. (36715)

ROBERT G. NELSON
No. 20100
SUFFOLK COUNTY, NEW YORK

ST. 0400 SECT. 119 BLOCK 02 LOT 64

RH93 0655

30. THIS FORM MUST BE TYPED OR PRINTED IN BLACK INK ONLY PRIOR TO RECORDING OR FILING.

1 SUFFOLK COUNTY CLERK	2	3 RECORDED
L/P# 11703M437		Nov 22 9 14 AM '94
Number of pages 14		
TORRENS		
Serial #		
Certificate #		
Prior Ctf#		
Deed / Mortgage Instrument	Deed / Mortgage Tax Stamp	Recording / Filing Stamps

FEES

Page / Filing Fee	42.			Mortgage Amt.	
Handling	5.			1. Basic Tax	
TP-584	6.			2. SONYMA	
Notation				Sub Total	
EA-5217 (County)		Sub Total	53.	3. Spec./Add.	
EA-5217 (State)				TOT. MTG. TAX	
R.P.T.S.A.	15.			Dual Town ___ Dual County ___ Held for Apportionment ___	
Comm. of Ed.	3.00			Transfer Tax	Ø
Affidavit				Mansion Tax	
Certified Copy	14.	(2)		The property covered by this mortgage is or will be improved by a one or two family dwelling only. YES ___ or NO ___ If NO, see appropriate tax clause on page # ___ of this instrument.	
Reg. Copy		Sub Total	34.		
Other		GRAND TOTAL	87. N		

SUFFOLK COUNTY SEAL NEW YORK

5 Real Property Tax Service Agency Verification

Dist	Section	Block	Lot
0400	119.00	02.00	P/O 54.000

Stamp
11-22-94
Date
Initials

6 Title Company Information

COMMONWEALTH
Company Name
RH 93 0655
Title Number

7 FEE PAID BY:
Cash____ Check____ Charge____
Payer same as R & R ___
OR: _____

8 RECORD & RETURN TO (ADDRESS)

DAVID Z. HERMAN, ESQ.
Certilman Balin Adler and Hyman
90 Merrick Avenue
East Meadow, NY 11554

9 Suffolk County Recording & Endorsement Page

This page forms part of the attached USE AGREEMENT made by:
(Deed, Mortgage, etc.)

MONTI ASSOCIATES

TO

NORTHPORT-EAST NORTHPORT
~~UNION FREE SCHOOL DISTRICT~~

The premises herein is situated in
SUFFOLK COUNTY, NEW YORK.

In the TOWN of Huntington

In the VILLAGE
or HAMLET of _____

Appendix B.4.

ZBA Granting of Variances for Major Street Frontage and Height Requirements

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JOHN J. O'NEIL, Supervisor

ZONING BOARD OF APPEALS
MICHAEL P. SCHOENFELD
Chairman
MARIE A. KLEIN
Secretary

MEMBERS
STANLEY P. AMELKIN
MORTON BERSON
IRENE M. FEENEY
MARC S. KRIEG
FREDERICK J. HELLMERS
LAWRENCE J. LAMANNA

January 8th, 1987

Meeting of the **ZONING BOARD OF APPEALS** of the Town of Huntington, held at Town Hall, Huntington, N.Y. on **THURSDAY, JANUARY 8th, 1987, at 7:30 p.m.**

APPLICATION #12407 - MONTI ASSOCIATES, 875 Old Country Road, Plainview, N. Y. Request variance of provision requiring frontage on major street for senior citizen facility. Property located on e/s Cheshire Pl., 530.11' n/o 5th Ave., East Northport, N. Y. Tax Map No. 119-02-064.

APPLICATION #12408 - MONTI ASSOCIATES, 875 Old Country Road, Plainview, NY. Request permission to utilize 2½ stories instead of two stories for senior citizen facility. Property located on e/s Cheshire Pl. 530.11' n/o 5th Ave., East Northport, N.Y. Tax Map No. 119-02-064.

DECISION: On a motion made by Mrs. Feeney, seconded by Mr. Berson, and carried, application is

GRANTED WITH CONDITIONS

The property that is the subject of these applications is zoned R-RM, and has been so zoned since 1986. Prior to that time it was zoned R-10 since 1954. Prior to that time it was zoned R-7 since 1934.

This is a request for a variance of the provision of the Zoning Code requiring frontage on a major street for a Senior Citizen's Facility. The property is located on the e/s of Cheshire Place, 530.11' n/o 5th Ave., East Northport, N. Y. The property is presently zoned R-RM and has been so zoned since October of 1986.

The site consists of 12.1 acres. It contained a school from the 1930's to the 1980's known as Larkfield School. The Town Council by resolution dated July 25th 1986 rezoned the site from R-10 to Retirement Community for Senior Citizen Housing (R-RM), thereby laying the predicate for the instant application.

ZONING BOARD OF APPEALS • 100 MAIN STREET, HUNTINGTON, N.Y. 11743-6990 • (516) 351-3123

The applicable Zoning provision, 198-21(D)(1) provides in relevant part that a building or poremises in a Retirement Community District shall have frontage on a major street and that vehicular traffic be directed away from minor residential streets. Zoning Code §198-21(C)(2) provides another relevant part that no building within the Retirement Community District shall contain more than two habitable floors, nor exceed 35 feet in height.

The applicant seeks relief from the above-cited provisions by arguing that Carll Place, upon which the structure fronts, is a major street by De Facto definition even though an official listing of streets does not show designated Carll Place since it flows directly onto Larkfield Road, a major road, and the flow will not infringe upon minor residential streets such as Sunrise Court and indeed the applicant consented on the record to a condition denying any access to Sunrise Court. The proof submitted by the applicant in this record is satisfactory to the Board and the conclusion is that for the purposes of the R-RM use regulations Larkfield Road is adequate as a major street as if the senior citizen housing proposed properly fronted upon it.

The proposed renovated structure will have 140 dwelling units, mostly one bedroom, and approximately ten with two bedrooms. Due to the nature of the existing superstructure of the school, architectural considerations justify two-and-a-half habitable floors rather than two, and the height requirement on the existing building to be varied. The Board is satisfied that a variance of the height requirement on the existing building and the "Two Habitable Floor" requirement contained in subdivision C (2) will relieve an unnecessary hardship and practical difficulty in this case.

In view of the foregoing the Board concludes that the spirit and content of the Retirement Community District (R-RM) are met by the proposed conversion of the Larkfield School to the contemplated Senior Citizen Project.

Accordingly, this application is granted on the conditions that:

(1) There is to be no access to Sunrise Court and

(2) That the housing project not be operated as a nursing home or health related facility.

Messrs. Amelkin, Berson, Krieg, Lamanna and Mrs. Feeney voted to grant this application with the above conditions. Mr. Schoenfeld disqualified himself. Mr. Hellmers was absent.

Appendix B.5.

Resolution of Town Planning Board Approving
Site Plan Application (August 5, 1987)

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HUNTINGTON TOWN PLANNING BOARD

MEETING OF AUGUST 5, 1987

The following resolution was offered by R. Hennessey and seconded by W.G. Asher

WHEREAS, MONTI ASSOCIATES, 875 Old Country Road, Plainview, New York 11803 submitted a site plan application for the LARKFIELD ATRIUM located on the east side of Chesire Place, north of 5th Avenue, East Northport indicated as 0400-119-02-064 on the Suffolk County Tax Map, and

WHEREAS, the Planning Board has reviewed said site plan, staff reports and other related papers, and finds that the plan conforms in all respects to the requirements of the Building Zone Ordinance and the Subdivision Regulations and Site Improvement Specifications of the Town, and variances granted by the Zoning Board of Appeals under applications #12407 and #12408 on January 8, 1987, and

WHEREAS, pursuant to SEQRA, NYCRR Part 617 the Huntington Town Baord was lead agency for this action, held a public hearing on the draft environmental impact statement, and adopted the statement of findings and conclusions prepared by the Town Department of Environmental Control, and

WHEREAS, NYCRR Part 617, Section 617.9 requires that the Planning Board, a permitting agency under SEQRA, must also adopt a statement of findings and conclusions before acting on the site plan applcation, and

WHEREAS, on May 20, 1987, the Huntington Town Planning Board, adopted the statement of findings and conclusions prepared by the Department of Environmental Control on September 30, 1986, and the SEQRA review is complete, now therefore be it

RESOLVED, that the Planning Board hereby approves said amended site plan application consisting of the following elements:

	DATED	REVISED	RECEIVED
Site Plan	2/18/87	8/5/87	8/ 5 /87
Site Details	2/18/87	7/8/87	7/13/87
Landscape Plan	1/20/86	2/3/87	5/1/87
Floor Plans A-1 thru A-6	7/15/87	---	7/27/87
Elevation Plans A-9, A-10	7/15/37	---	7/27/87
Elevation Plans A-11, A-12	7/15/87	---	7/28/87

and be it further

RESOLVED, that this approval is granted on condition that the findings and recommendations set forth in the statement of findings and conclusions shall be fulfilled prior to the issuance of a Certificate of Occupancy.

VOTE: 6 AYES: 6 NOES: 0

The resolution was thereupon declared to be duly adopted.

Appendix B.6.

Deed Conveying Property from
Kapson Northport Development Corp. to
Larkfield Gardens Associates, L.P.

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T 685 Standard N.Y.B.T.U. Form 8002—Warranty Deed With Full Covenants—Ind. or Corp.

BLUMBERG, INC., LAW BLANK PUBLISHERS

CONSULT YOUR LAWYER BEFORE SIGNING THIS INSTRUMENT—THIS INSTRUMENT SHOULD BE USED BY LAWYERS ONLY.

THIS INDENTURE, made the 14th day of December, nineteen hundred and ninety-four

BETWEEN

KAPSON NORTHPORT DEVELOPMENT CORP. with offices at
339 Crossways Park Drive
Woodbury, New York 11797

.st. 0400
:c. 119.00
.ock 02.00
ɔt 064.00

party of the first part, and

LARKFIELD GARDENS ASSOCIATES, L.P. with offices at
339 Crossways Park Drive
Woodbury, New York 11797

party of the second part,

WITNESSETH, that the party of the first part, in consideration of ten dollars and other valuable consideration paid by the party of the second part, does hereby grant and release unto the party of the second part, the heirs or successors and assigns of the party of the second part forever,

ALL that certain plot, piece or parcel of land, with the buildings and improvements thereon erected, situate, lying and being in the

Premises are the same as those described in deed recorded in Liber 10798, page 162 t the grantor herein.

This conveyance is made in the ordinary course of business actually conducted by the party of the first part.

TOGETHER with all right, title and interest, if any, of the party of the first part in and to any streets and roads abutting the above described premises to the center lines thereof: TOGETHER with the appurtenances and all the estate and rights of the party of the first part in and to said premises: TO HAVE AND TO HOLD the premises herein granted unto the party of the second part, the heirs or successors and assigns of the party of the second part forever.

AND the party of the first part, in compliance with Section 13 of the Lien Law, covenants that the party of the first part will receive the consideration for this conveyance and will hold the right to receive such consideration as a trust fund to be applied first for the purpose of paying the cost of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose.

AND the party of the first part covenants as follows: that said party of the first part is seized of the said premises in fee simple, and has good right to convey the same; that the party of the second part shall quietly enjoy the said premises; that the said premises are free from incumbrances, except as aforesaid; that the party of the first part will execute or procure any further necessary assurance of the title to said premises; and that said party of the first part will forever warrant the title to said premises.

The word "party" shall be construed as if it read "parties" whenever the sense of this indenture so requires.

IN WITNESS WHEREOF, the party of the first part has duly executed this deed the day and year first above written.

IN PRESENCE OF:

KAPSON NORTHPORT DEVELOPMENT CORP.

By: _____
Evan A. Kaplan, Vice President

2.18.02.01.13

STATE OF NEW YORK, COUNTY OF ss:

On the day of 19 , before me personally came

to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that executed the same.

STATE OF NEW YORK, COUNTY OF ss:

On the day of 19 , before me personally came

to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that executed the same.

STATE OF NEW YORK, COUNTY OF New York ss:

On the 14th day of December 1994 , before me personally came EVAN A. KAPLAN to me known, who, being by me duly sworn, did depose and say that he resides at No. 7 Chriswell Drive, Melville, New York ; that he is the Vice President of KAPSON NORTHPORT DEVELOPMENT CORP. , the corporation described in and which executed the foregoing instrument; that he knows the seal of said corporation; ~~[illegible]~~ and that he signed his name thereto by ~~[illegible]~~ order of the Board of Directors of said Corporation.

Sandra Mandell
Notary Public

SANDRA MANDELL
Notary Public State of New York
No 30-4967924
Qualified in Nassau County
Commission Expires June 11, 1996

STATE OF NEW YORK, COUNTY OF ss:

On the day of 19 , before me personally came the subscribing witness to the foregoing instrument, with whom I am personally acquainted, who, being by me duly sworn, did depose and say that he resides at No. ; that he knows to be the individual described in and who executed the foregoing instrument; that he, said subscribing witness, was present and saw execute the same; and that he, said witness, at the same time subscribed his name as witness thereto.

Warranty Deed

WITH FULL COVENANTS

TITLE NO. 2H 930655

SECTION 119.00
BLOCK 02.00
LOT 064.00
COUNTY OR TOWN Huntington

KAPSON NORTHPORT DEVELOPMENT CORP.

TO

LARKFIELD GARDENS ASSOCIATES, L.P.

RECORD AND RETURN BY MAIL TO:

Zip No.

RESERVE THIS SPACE FOR USE OF RECORDING OFFICE

2.18.02.01.13

SCHEDULE A

Amended: 10/31/94 1170[redacted]565

ALL that certain plot, piece or parcel of land, situate, lying and being at East Northport, Town of Huntington, County of Suffolk and State of New York, being more particularly bounded and described as follows:

BEGINNING at a point on the east side of Cheshire Place, said point being located 530.11 feet northerly as measured along the east side of Cheshire Place from the intersection thereof with the north side of Fifth Avenue;

RUNNING THENCE along the easterly side of Cheshire Place North 03 degrees 57 minutes 30 seconds West, 547.06 feet to land now or formerly of B.V. Brooks;

THENCE along said land and land now or formerly of Union Methodist Church and Map of Johnson Farms, Section 2, and Frohnhofer Plat, North 86 degrees 09 minutes 00 seconds East, 431.95 feet to land now or formerly of Helmut Karl and Marianne Gerda Schardt;

THENCE along said land North 85 degrees 30 minutes 20 seconds East, 150.02 feet to the southerly side of Sunrise Court;

THENCE along said road line and land now or formerly of Robert C. and Elaine K. Lindstadt, the following two (2) courses:
1) North 85 degrees 38 minutes 10 seconds East, 137.92 feet;
2) North 87 degrees 27 minutes 30 seconds East, 69.08 feet to the map of Sunrise Plat;

THENCE along said map line North 83 degrees 50 minutes 40 seconds East, 83.65 feet to land now or formerly of Kevin and Regina Florkowski;

THENCE along said land, North 86 degrees 08 minutes 20 seconds East, 49.98 feet to land now or formerly of Asbjorn Michael and Mildred L. Breke;

THENCE along said land and lands now or formerly of Lea Gargiulo, Joseph P. Thomas Cappiello, Dorothy Saunders, Sean Stolz, Louis & Donna M. Mastropietro, Frank J. and Anna Scheider, and the Map of Bonnie Crest, the following four (4) courses:
1) South 04 degrees 14 minutes 10 seconds East, 510.01 feet;
2) North 86 degrees 29 minutes 40 seconds East, 153.90 feet;
3) North 86 degrees 34 minutes 10 seconds East, 192.58 feet;
4) North 86 degrees 29 minutes 30 seconds East, 116.94 feet to land of Union Free School District No. 4;

THENCE along said land, South 02 degrees 49 minutes 00 seconds East, 47.30 feet to the Map of Fifth Avenue Homes, Section 2;

THENCE along said map line South 86 degrees 31 minutes 30 seconds West, 462.25 feet to the map of Fifth Avenue Homes;

THENCE along said map line and land now or formerly of St. Anthony's Roman Catholic Church South 86 degrees 29 minutes 30 seconds West, 925.24 feet to the point or place of BEGINNING.

FOR CONVEYANCING ONLY, IF INTENDED FOR CONVEYANCING (Together with all right, title and interest of, in (and to any streets and roads abutting the above (described premises, to the center line thereof.

LEGIBILITY POOR FOR MICROFILM

T 685 Standard N.Y.B.T.U. Form #8002 – Warranty Deed With Full Covenants—Ind. or Corp.

JULIUS BLUMBERG, INC., LAW BLANK PUBLISHERS

CONSULT YOUR LAWYER BEFORE SIGNING THIS INSTRUMENT—THIS INSTRUMENT SHOULD BE USED BY LAWYERS ONLY.

THIS INDENTURE, made the 14th day of December, nineteen hundred and ninety-four

BETWEEN

KAPSON NORTHPORT DEVELOPMENT CORP. with offices at
339 Crossways Park Drive
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.st. 0400
.c. 119.00
.ock 02.00
.t 064.00

party of the first part, and

LARKFIELD GARDENS ASSOCIATES, L.P. with offices at
339 Crossways Park Drive
Woodbury, New York 11797

party of the second part,

WITNESSETH, that the party of the first part, in consideration of ten dollars and other valuable consideration paid by the party of the second part, does hereby grant and release unto the party of the second part, the heirs or successors and assigns of the party of the second part forever,

ALL that certain plot, piece or parcel of land, with the buildings and improvements thereon erected, situate, lying and being in the

Premises are the same as those described in deed recorded in Liber 10798, page 162 to the grantor herein.

This conveyance is made in the ordinary course of business actually conducted by the party of the first part.

TOGETHER with all right, title and interest, if any, of the party of the first part in and to any streets and roads abutting the above described premises to the center lines thereof: TOGETHER with the appurtenances and all the estate and rights of the party of the first part in and to said premises: TO HAVE AND TO HOLD the premises herein granted unto the party of the second part, the heirs or successors and assigns of the party of the second part forever.

AND the party of the first part, in compliance with Section 13 of the Lien Law, covenants that the party of the first part will receive the consideration for this conveyance and will hold the right to receive such consideration as a trust fund to be applied first for the purpose of paying the cost of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose.

AND the party of the first part covenants as follows: that said party of the first part is seized of the said premises in fee simple, and has good right to convey the same; that the party of the second part shall quietly enjoy the said premises; that the said premises are free from incumbrances, except as aforesaid; that the party of the first part will execute or procure any further necessary assurance of the title to said premises; and that said party of the first part will forever warrant the title to said premises.

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IN WITNESS WHEREOF, the party of the first part has duly executed this deed the day and year first above written.

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By: _____
Evan A. Kaplan, Vice President

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Sandra Mandell
Notary Public

SANDRA MANDELL
Notary Public State of New York
No 30-4967924
Qualified in Nassau County
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STATE OF NEW YORK, COUNTY OF ss:

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Warranty Deed

WITH FULL COVENANTS

TITLE NO. PH 93061-5

SECTION 119.00
BLOCK 02.00
LOT 064.00
COUNTY OR TOWN Huntington

KAPSON NORTHPORT DEVELOPMENT CORP.

TO

LARKFIELD GARDENS ASSOCIATES, L.P.

RECORD AND RETURN BY MAIL TO:

Zip No.

RESERVE THIS SPACE FOR USE OF RECORDING OFFICE

2.18.02.01.13

SCHEDULE A

Amended: 10/31/94 1170[redacted]565

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THENCE along said land North 85 degrees 30 minutes 20 seconds East, 150.02 feet to the southerly side of Sunrise Court;

THENCE along said road line and land now or formerly of Robert C. and Elaine K. Lindstadt, the following two (2) courses:
1) North 85 degrees 38 minutes 10 seconds East, 137.92 feet;
2) North 87 degrees 27 minutes 30 seconds East, 69.08 feet to the map of Sunrise Plat;

THENCE along said map line North 83 degrees 50 minutes 40 seconds East, 83.65 feet to land now or formerly of Kevin and Regina Florkowski;

THENCE along said land, North 86 degrees 08 minutes 20 seconds East, 49.98 feet to land now or formerly of Asbjorn Michael and Mildred L. Breke;

THENCE along said land and lands now or formerly of Lea Gargiulo, Joseph P. Thomas Cappiello, Dorothy Saunders, Sean Stolz, Louis & Donna M. Mastropietro, Frank J. and Anna Scheider, and the Map of Bonnie Crest, the following four (4) courses:
1) South 04 degrees 14 minutes 10 seconds East, 510.01 feet;
2) North 86 degrees 29 minutes 40 seconds East, 153.90 feet;
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THENCE along said map line South 86 degrees 31 minutes 30 seconds West, 462.25 feet to the map of Fifth Avenue Homes;

THENCE along said map line and land now or formerly of St. Anthony's Roman Catholic Church South 86 degrees 29 minutes 30 seconds West, 925.24 feet to the point or place of BEGINNING.

FOR CONVEYANCING ONLY, IF INTENDED FOR CONVEYANCING (Together with all right, title and interest of, in (and to any streets and roads abutting the above (described premises, to the center line thereof.

LEGIBILITY POOR FOR MICROFILM

2.18.02.01.13

Appendix C.1.

Article 46-B
Assisted Living Reform Act

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ARTICLE 46-B

ASSISTED LIVING

Title I. Findings and definitions (§§ 4650-4651).
Title II. Assisted living (§§ 4652-4653).
Title III. Enhanced assisted living certificate (§§ 4654-4655).
Title IV. General requirements (§§ 4656-4663).

TITLE I

FINDINGS AND DEFINITIONS

Section 4650. Legislative purpose and findings.
4651. Definitions.

§ 4650. Legislative purpose and findings. The legislature hereby finds and declares that congregate residential housing with supportive services in a home-like setting, commonly known as assisted living, is an integral part of the continuum of long-term care. Further, the philosophy of assisted living emphasizes aging in place, personal dignity, autonomy, independence, privacy and freedom of choice. The intent of this article is to create a clear and flexible statutory structure for assisted living that provides a definition of assisted living residence; that requires licensure of the residence; that requires a written residency agreement that contains consumer protections; that enunciates and protects resident rights; and that provides adequate and accurate information for consumers, which is essential to the continued development of a viable market for assisted living. Entities, which hold themselves out as assisted living residences must apply for licensure and be approved by the state to operate as assisted living residences pursuant to this article, and must comply with the requirements of this article.

§ 4651. Definitions. As used in this article:

1. "Assisted living" and "assisted living residence" means an entity which provides or arranges for housing, on-site monitoring, and personal care services and/or home care services (either directly or indirectly) in a home-like setting to five or more adult residents unrelated to the assisted living provider. An applicant for licensure as assisted living that has been approved in accordance with the provisions of this article must also provide daily food service, twenty-four hour on-site monitoring, case management services, and the development of an individualized service plan for each resident. An operator of assisted living shall provide each resident with considerate and respectful care and promote the resident's dignity, autonomy, independence and privacy in the least restrictive and most home-like setting commensurate with the resident's preferences and physical and mental status. Assisted living and enhanced assisted living shall not include:

(a) residential health cares facilities or general hospitals licensed under article twenty-eight of this chapter;

(b) continuing care retirement communities, which possess a certificate of authority pursuant to article forty-six of this chapter, unless the continuing care retirement community is operating an assisted living residence as defined under this section;

(c) residential services for persons that are provided under a license pursuant to article sixteen, nineteen, thirty-one or thirty-two of the mental hygiene law or other residential services primarily funded by or primarily under the jurisdiction of the office for mental health;

(d) naturally occurring retirement communities, as defined in section

five hundred thirty-six-g of the executive law;

(e) assisted living programs approved by the department pursuant to section four hundred sixty-one-l of the social services law;

(f) public or publicly assisted multi-family housing projects administered or regulated by the U.S. department of housing and urban development or the division of housing and community renewal or funded through the homeless housing assistance program that were designed for the elderly or persons with disabilities, or homeless persons, provided such entities do not provide or arrange for home care, twenty-four hour supervision or both, beyond providing periodic coordination or arrangement of such services for residents at no charge to residents. Except, however, such entities that are in receipt of grants for conversion of elderly housing to assisted living facilities pursuant to Section 1701-q-2 of the United States Code shall license as an assisted living pursuant to this article;

(g) an operating demonstration as such term is defined in paragraph (d) of subdivision one of section four thousand four hundred three-f of this chapter;

(h) hospice and hospice residences as defined pursuant to section four thousand two of this chapter;

(i) an adult care facility as defined in subdivision twenty-one of section two of the social services law that is not utilizing the term assisted living (or any derivation thereof) or is not required to obtain an enhanced assisted living certificate; and

(j) independent senior housing, shelters or residences for adults. For purposes of this article and for purposes of determining certification pursuant to article seven of the social services law, the department shall by regulation, define independent senior housing, provided such definition shall be based on whether the operator does not provide, arrange for, or coordinate personal care services or home care services on behalf of residents; and the facility does not provide case management services in a congregate care setting for residents. Nothing in this chapter shall preclude a resident of independent senior housing from personally and directly obtaining private personal care or home care services from a licensed or certified home care agency.

2. "Applicant" shall mean the entity, which submits an assisted living licensure application with the department pursuant to title two or three of this article.

3. "Adult home” means an adult home as defined by subdivision twenty-five of section two of the social services law.

4. "Enriched housing program" means an enriched housing program, as defined in subdivision twenty-eight of section two of the social services law.

5. "Assisted living operator" or "operator" means a person, persons or an entity, which has obtained the written approval of the department to operate an assisted living residence in accordance with this article.

6. "Controlling person" means any person who by reason of a direct or indirect ownership interest, whether of record or beneficial, has the ability, acting either alone or in concert with others with ownership interests, to direct or cause the direction of the management or policies of said corporation, partnership or other entity.

7. "Resident" means an adult not related to the provider, who, pursuant to a residency agreement with a provider resides in an assisted living or enhanced assisted living residence, as applicable.

8. "Resident's representative” means a family member or other individual identified in the residency agreement required under section Four thousand six hundred fifty-eight of this articles who is authorized

by a resident to communicate with residence employees regarding the health, well-being, needs of and services provided to such resident and to assist the resident in obtaining needed services.

9. "Resident's legal representative" means a person duly authorized under applicable state law to act on behalf of a resident. Such legal representative could include, but is not necessarily limited to, a court appointed guardian, an attorney in-fact under a durable power of attorney, an agent under a health care proxy or a representative payee, depending upon the action to be taken.

10. "Home care services" means the services defined in subdivision one of section three thousand six hundred two of this chapter, as provided by a home care services agency which has been approved to operate pursuant to article thirty-six of this chapter.

11. "Individualized service plan” or "ISP” means a written plan developed pursuant to section four thousand six hundred fifty-nine of this article.

12. "Monitoring" means an ability of the assisted living provider to respond to urgent or emergency needs or requests for assistance with appropriate staff, at any hour of any day or night of the week. Such monitoring must be provided on site.

13. "Aging in place” means, care and services at a facility which possesses an enhanced assisted living certificate which, to the extent practicable, within the scope of services set forth in the written residency agreement executed pursuant to section four thousand six hundred fifty-eight of this article, accommodates a resident's changing needs and preferences in order to allow such resident to remain in the residence as long as the residence is able and authorized to accommodate the resident’s current and changing needs. A residence that does not possess an enhanced assisted living certificate shall not be deemed able to accommodate a resident's needs if the resident requires or is in need of either enhanced assisted living or twenty-four hour skilled nursing care or medical care provided by facilities licensed pursuant to article twenty-eight of this chapter or article nineteen, thirty-one or thirty-two of the mental hygiene law.

14. "Enhanced assisted living" or "enhanced assisted living resident" means the care or services provided, or a resident who is provided the care and services, pursuant to an enhanced assisted living certificate.

15. "Enhanced assisted living certificate" means a certificate issued by the department which authorizes an assisted living residence to provide aging in place by retaining residents who desire to continue to age in place and who: (a) are chronically chairfast and unable to transfer, or chronically require the physical assistance of another person to transfer; (b) chronically require the physical assistance of another person in order to walk; (c) chronically require the physical assistance of another person to climb or descend stairs; (d) are dependent on medical equipment and require more than intermittent or occasional assistance from medical personnel; or (e) has chronic unmanaged urinary or bowel incontinence.

TITLE II

ASSISTED LIVING

Section 4652. General requirements; applicability of laws to assisted living.
4653. Licensure procedures and requirements for assisted living.

§ 4652. General requirements; applicability of laws to assisted living. Adult homes and enriched housing programs which possess a valid operating

certificate issued pursuant to title two of article seven of the social services law, may call themselves assisted living provided they:

1. file an application for licensure and are approved by the department as assisted living;

2. comply with all the requirements of this article.

§ 4653. Licensure procedures and requirements for assisted living. In order to operate as assisted living, an operator shall be licensed as an adult home or enriched housing program and apply and be approved for licensure with the commissioner pursuant to this article. The operator shall provide, on an application form developed by the commissioner, the following information to the commissioner in order to be licensed:

1. business name, street address, and mailing address of the residence and of the owners of the residence;

2. status of current operating certificate;

3. verification that the operator has a valid residency agreement in compliance with this article to be entered into with each resident, resident's representative and resident's legal representative, if any, and shall include a copy of the information to be included in the residency agreement and disclosures as required pursuant to the Provisions of section four thousand six hundred fifty-eight of this article that will be given to prospective residents; and

4. any other information the department may deem necessary for the evaluation of the application provided such information is not duplicative of what is otherwise required of the applicant in obtaining an adult care facility license.

TITLE III

ENHANCED ASSISTED LIVING CERTIFICATE

Section 4654. General requirements; applicability of laws to enhanced assisted living.

4655. Certification procedures and requirements.

§ 4654. General requirements; applicability of laws to enhanced assisted living. Nothing in this article shall require a residence to obtain an enhanced assisted living certificate pursuant to this title unless such residence elects to provide aging in place by retaining residents described in subdivision fifteen of section four thousand six hundred fifty-one of this article.

§ 4655. Certification procedures and requirements. 1. Notwithstanding any other provision of law, an assisted living operator may apply to the department to obtain an enhanced assisted living certificate pursuant to this section.

(a) Such application shall be on a form approved by the department.

(b) An assisted living operator may apply for such a certificate for the entire facility or any number of beds at the facility.

(c) To obtain an enhanced assisted living certificate, the applicant must submit a plan to the department setting forth how the additional needs of residents will be safely and appropriately met at such residence. Such plan shall include, but need not be limited to, a written description of services, staffing levels, staff education and training, work experience, and any environmental modifications that have been made or will be made to protect the health, safety and welfare of such persons in the residence.

(d) In addition to any other requirements of assisted living, an operator of enhanced assisted living may hire care staff directly

pursuant to standards developed by the department or contract with a home care services agency which has been approved to operate pursuant to article thirty-six of this chapter.

(e) No assisted living residence shall be certified as enhanced assisted living unless and until the applicant obtains the written approval of the department.

2. No resident shall be permitted to continue to age in place under the terms of an enhanced assisted living certificate unless the operator, the resident's physician, and, if applicable, the resident's licensed or certified home care agency, agree that the additional needs of the resident can be safely and appropriately met at the residence. A resident eligible for enhanced assisted living or his or her representative shall submit to the residence a written report from a physician, which report shall state that:

(a) the physician has physically examined the resident within the last month; and

(b) the resident is not in need of twenty-four hour skilled nursing care or medical care which would require placement in a hospital or residential health care facility.

3. The residence must notify a resident that, while the residence will make reasonable efforts to facilitate the resident's ability to age in place pursuant to an individualized service plan, there may be a point reached where the needs of the resident cannot be safely or appropriately met at the residence, requiring the transfer of the resident to a more appropriate facility in accordance with the provisions of this article.

4. If a resident reaches the point where he or she is twenty-four hour skilled nursing care or medical care required to be provided by facilities licensed pursuant to article twenty-eight of this chapter or article nineteen, thirty-one or thirty-two of the mental hygiene law, then the resident must be discharged from the residence and the operator shall initiate proceedings for the termination of the residency agreement of such resident in accordance with the provisions of section four hundred sixty-one-h of the social services law. Provided, however, a resident may remain at the residence if each of the following conditions are met:

(a) a resident in need of twenty-four hour skilled nursing care or medical care hires appropriate nursing, medical or hospice staff to care for his or her increased needs;

(b) the resident's physician and home care services agency both determine and document that, with the provision of such additional nursing, medical or hospice care, the resident can be safely cared for in the residence, and would not require placement in a hospital, nursing home or other facility licensed under article twenty-eight of this chapter or article nineteen, thirty-one or thirty-two of the mental hygiene law;

(c) the operator agrees to retain the resident and to coordinate the care provided by the operator and the additional nursing, medical or hospice staff; and

(d) the resident is otherwise eligible to reside at the residence.

5. In addition to the requirements otherwise required for licensure as assisted living, any residence that advertises or markets itself as serving individuals with special needs, including, but not limited to, individuals with dementia or cognitive impairments, must submit a special needs plan to the department setting forth how the special needs of such residents will be safely and appropriately met at such residence. Such plan shall include, but need not be limited to, a written description of specialized services, staffing levels, staff education and training, work experience, professional affiliations or special characteristics relevant to serving persons with special needs,

and any environmental modifications that have been made or will be made to protect the health, safety and welfare of such persons in the residence. In approving an application for special needs certification, the department shall develop standards to ensure adequate staffing and training in order to safely meet the needs of the resident. The standards shall be based upon recommendations of the task force established by section five of the chapter of the laws of two thousand four which added this section. No residence shall market themselves as providing specialized services unless and until the department has approved such applicant for a special needs assisted living certificate.

6. An enhanced assisted living certificate shall not be required of an adult care facility, or part thereof, which has obtained approval by the department to operate an assisted living program pursuant to section four hundred sixty-one-l of the social services law. Provided, however, such exemption shall only apply to those beds at the facility which are subject to the assisted living program.

TITLE IV

GENERAL REQUIREMENTS

Section 4656. General requirements; applicability of laws to assisted living and enhanced assisted living.
4657. Residency admission.
4658. Residency agreement and disclosures.
4659. Individualized service plan.
4660. Rights of residents in assisted living residences.
4661. Resident funds.
4662. Powers of the commissioner.
4663. Penalties and enforcement.

§ 4656. General requirements; applicability of laws to assisted living and enhanced assisted living. 1. No entity shall establish, operate, provide, conduct, or offer assisted living in this state, or hold itself out as an entity which otherwise meets the definition of assisted living or advertise itself as assisted living or by a similar term, without obtaining the approval of the department to operate as an adult care facility pursuant to title two of article seven of the social services law, obtaining the approval of the department as required in this article, and otherwise acting in accordance with this article. Provided however that an entity may simultaneously apply for approval to operate as an adult care facility and as an assisted living residence pursuant to this article. This subdivision shall not apply to assisted living programs approved by the department pursuant to section four hundred sixty-one-l of the social services law.

2. An assisted living operator shall comply with all applicable statutes, rules and regulations required for maintaining a valid operating certificate issued pursuant to title two of article seven of the social services law and shall obtain and maintain all other licenses, permits, registrations, or other governmental approvals required in addition to requirements under this article.

3. Approval for licensure or certification pursuant to this article may be granted only to an applicant who satisfactorily demonstrates:

(a) that such applicant possesses a valid operating certificate to operate as an adult home or enriched housing program pursuant to article seven of the social services law. An applicant that does not currently possess such operating certificate as an adult home or enriched housing program may simultaneously apply and be approved for such certificate and all other licenses and certifications authorized under this article;

(b) that such applicant which has an existing valid adult care facility operating certificate, is in good standing with the department. For purposes of this subdivision, good standing shall mean the applicant has not(i)received any official written notice from the department of a proposed revocation, suspension, denial or limitation on the operating certificate of the facility or residence; (ii) within the previous three years, been assessed a civil penalty after a hearing conducted pursuant to subparagraph one of paragraph (b) of subdivision seven of section four hundred sixty-d of the social services law for a violation that has not been rectified; (iii) within the previous year, received any official written notice from the department of a proposed assessment of a civil penalty for a violation described in subparagraph two of paragraph (b) of subdivision seven of section four hundred sixty-d of the social services law; (iv) within the previous three years, been issued an order pursuant to subdivision two, five, six, or eight of section four hundred sixty-d of the social services law; (v) within the previous three years, been placed on, and if placed on, removed from the department's "do not refer list" pursuant to subdivision fifteen of section four hundred sixty-d of the social services law. Provided however that in the case of an applicant which otherwise meets the requirements of this section, but is not in good standing as provided in this paragraph, the department may approve said applicant if it determines that the applicant is of good moral character and is competent to operate the residence. Such character and competence review shall be limited to applicants not in good standing pursuant to this paragraph or an applicant subject to paragraph (f) of this subdivision. As part of the review provided pursuant to this paragraph, the department shall, on its webpage, solicit and consider public comment;

(c) that such applicant has adequate financial resources to provide such assisted living as proposed;

(d) that the building, equipment, staff, standards of care and records to be employed in the operation comply with applicable statutes and any applicable local law;

(e) that any license or permit required by law for the operation of such residence has been issued to such operator; and

(f) in the case of an applicant which does not have an existing valid adult care facility operating certificate, such applicant shall otherwise comply with the provisions for certification as prescribed by article seven of the social services law.

4. The department shall develop an expedited review and approval process.

5. The knowing operation of an assisted living or enhanced assisted living residence without the prior written approval of the department shall be a class A misdemeanor.

6. Every assisted living residence that is required to possess an assisted living residence license shall be licensed on a biennial basis and shall pay a biennial licensure fee. Such fee shall be five hundred dollars per license, with an additional fee of fifty dollars per resident whose annual income is above four hundred percent of the federal poverty level. Such additional fee shall be based on the total occupied beds at the time of application, up to a maximum biennial licensure fee of five thousand dollars. Said fee shall be in addition to the fee charged by the department for certification as an adult care facility. Every assisted living residence that applies for an enhanced assisted living certificate or a special needs assisted living certificate shall pay an additional biennial fee, in addition to any other fee required by this subdivision, in the amount of two thousand dollars, provided that for any residence applying for both an enhanced assisted living certificate and a special

needs assisted living certificate the amount of such fee shall be three thousand dollars.

7. The requirements of this article shall be in addition to those required of an adult care facility. In the event of a conflict between any provision of this article and a provision of article seven of the social services law or a regulation adopted thereunder, the applicable provision of this article or the applicable regulation shall supersede article seven of the social services law or the applicable regulation thereunder to the extent of such conflict.

8. The assisted living operator shall not use deceptive or coercive marketing practices to encourage residents or potential residents to sign or reauthorize the residency agreement required pursuant to section four thousand six hundred fifty-eight of this article.

§ 4657. Residency admission. 1. An assisted living operator shall conduct an initial pre-admission evaluation of a prospective resident to determine whether or not the individual is appropriate for admission to the assisted living residence. Such evaluation shall be conducted by the operator and, if necessary, in conjunction with a home care services agency or appropriate employee pursuant to paragraph (d) of subdivision one of section four thousand six hundred fifty-five of this article. The operator shall conduct all such evaluations using an evaluation tool developed by the department, to be based on the recommendations of the task force created pursuant to section five of the chapter of the laws of two thousand four which added this section or one developed by the operator that receives approval by the department.

2. The assisted living operator shall not admit any resident if the operator is not able to meet the care needs of the resident within the scope of services authorized under this article, and the individualized service plan; provided, further that no operator shall admit any resident in need of twenty-four hour skilled nursing care.

§ 4658. Residency agreement and disclosures. 1. Every operator shall execute with each resident a written residency agreement, in no less than twelve point type and written in plain language, which satisfies the requirements of this section. Such agreement shall:

(a) be dated and signed by the operator, the resident, resident's representative, and resident's legal representative, if any, and any other party to be charged under the agreement;

(b) contain the entire agreement of the parties and shall include the disclosures required by subdivision three of this section.

1-a. The resident, resident's representative and resident's legal representative, if any, shall be given a complete copy of the agreement and all supporting documents and attachments and any changes whenever changes are made to the agreement.

2. The residency agreement shall include, at a minimum:

(a) the name, telephone number, street address and mailing address of the residence;

(b) the name and mailing address of the owner of the residence and at least one natural person authorized to accept personal service on behalf of the owner of the residence;

(c) the name and address of the assisted living operator and at least one natural person authorized to accept personal service on behalf of the operator;

(d) a statement, to be updated as necessary, describing the licensure or certification status of the assisted living operator and any provider offering home care services or personal care services under an

arrangement with the residence, including a specific listing of such providers;

(e) the effective period of the agreement;

(f) a description of the services to be provided to the resident and the base rate to be paid by the resident for those services;

(g) a description of any additional services available for an additional, supplemental, or community fee from the assisted living operator directly or through arrangements with the operator, stating who would provide such services, if other than such operator;

(h) a rate or fee schedule, including any additional, supplemental, or community fees charged for services provided to the resident, with a detailed explanation of which services and amenities are covered by such rates, fees, or charges;

(i) a description of the process through which the agreement may be modified, amended, or terminated, and setting forth the terms and time frames under which the agreement may be terminated by either party;

(j) a description of the complaint resolution process available to residents;

(k) the name of the resident's representative and resident's legal representative, if any, and a description of the representative's responsibilities;

(l) the criteria used by the operator to determine who may be admitted and who may continue to reside in the residence, including criteria related to the resident's care needs and compliance with reasonable rules of the residence;

(m) procedures and standards for termination of contract, discharge and transfer to another dwelling or facility;

(n) billing and payment procedures and requirements;

(o) procedures in the event the resident, resident's representative or resident's legal representative are no longer able to pay for services provided for in the resident agreement or for additional services or care needed by the resident; and

(p) terms governing the refund of any previously paid fees or charges in the event of a resident's discharge from the assisted living residence or termination of the resident agreement.

3. In conjunction with any marketing materials and with the residency agreement required by this section, the assisted living operator shall disclose on a separate information sheet in plain language and in twelve point type the following to (a) any individual who expresses an interest in residing in the residence, and to his or her designated representative and his or her legal representative, if any, upon request or prior to admission, whichever occurs first, and (b) any current resident and to his or her designated representative and his or her legal representative, if any, if such information has not previously been disclosed to them:

(i) the consumer information guide developed by the commissioner pursuant to subdivision one of section forty-six hundred sixty-two of this title;

(ii) a statement listing the residence's licensure and if it has an enhanced assisted living certificate and/or special needs enhanced assisted living certificate and the availability of enhanced assisted living and/or special needs beds;

(iii) any ownership interest in excess of ten percent on the part of the operator, whether legal or beneficial, in any entity which provides care, material, equipment or other services to residents;

(iv) any ownership interest in excess of ten percent on the part of any entity which provides care, material, equipment or other services to

residents, whether legal or beneficial, in the operator;

(v) a statement regarding the ability of residents to receive services from service providers with whom the operator does not have an arrangement;

(vi) a statement that residents shall have the right to choose their health care providers, notwithstanding any other agreement to the contrary;

(vii) a statement regarding the availability of public funds for payment for residential, supportive or home health services including, but not limited to availability of coverage of home health services under title eighteen of the federal social security act (Medicare);

(viii) the department's toll free telephone number for reporting of complaints regarding home care services and the services provided by the assisted living operator; and

(ix) a statement regarding the availability of long term care ombudsman services and the telephone number of the local and state long term care ombudsman.

4. Assisted living residency agreements and related documents executed by each resident, resident's representative or resident's legal representative shall be maintained by the operator in files from the date of execution until three years after the agreement is terminated. The agreements shall be made available for inspection by the commissioner upon request at any time.

§ 4659. Individualized service plan. 1. A written individualized service plan shall be developed for each resident of an assisted living residence upon admission.

2. The individualized service plan shall be developed with the resident, the resident's representative and resident's legal representative if any, the assisted living operator, and if necessary a home care services agency. The initial individualized service plan shall be developed in consultation with the resident's physician; provided such consultation is documented in writing by the residence. If a resident is determined by his or her physician not to be in need of home care services, the participation of a home care services agency in an evaluation conducted pursuant to this subdivision shall not be necessary.

3. The individualized service plan shall be developed in accordance with the medical, nutritional, rehabilitation, functional, cognitive and other needs of the resident.

4. The individualized service plan shall include the services to be provided, and how and by whom services will be provided and accessed.

5. The individualized service plan shall be reviewed and revised as frequently as necessary to reflect the changing care needs of the resident, but no less frequently than every six months. To the extent necessary, such review and revision shall be undertaken in consultation with the resident's physician.

§ 4660. Rights of residents in assisted living residences. 1. The principals enunciated in subdivision three of this section are declared to be the public policy of the state and a copy of such statement of rights and responsibilities shall be posted conspicuously in a public place in each residence covered hereunder.

2. Every assisted living residence shall adopt and make public a statement of the rights and responsibilities of the residents residing in such residence, and shall treat such residents in accordance with the provisions of such statement.

3. Resident's rights and responsibilities shall include, but not be limited to the following:

(a) every resident's participation in assisted living shall be voluntary, and prospective residents shall be provided with sufficient information regarding the residence to make an informed choice regarding participation and acceptance of services;

(b) every resident's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed;

(c) every resident shall have the right to have private communications and consultations with his or her physician, attorney, and any other person;

(d) every resident, resident's representative and resident's legal representative, if any, shall have the right to present grievances on behalf of himself or herself or others, to the residence's staff, administrator or assisted living operator, to governmental officials, to long term care ombudsmen or to any other person without fear of reprisal, and to join with other residents or individuals within or outside of the residence to work for improvements in resident care;

(e) every resident shall have the right to manage his or her own financial affairs;

(f) every resident shall have the right to have privacy in treatment and in caring for personal needs;

(g) every resident shall have the right to confidentiality in the treatment of personal, social, financial and medical records, and security in storing personal possessions;

(h) every resident shall have the right to receive courteous, fair and respectful care and treatment and a written statement of the services provided by the residence, including those required to be offered on an as-needed basis;

(i) every resident shall have the right to receive or to send personal mail or any other correspondence without interception or interference by the operator or any person affiliated therewith;

(j) every resident shall have the right not to be coerced or required to perform the work of staff members or contractual work;

(k) every resident shall have the right to have security for any personal possessions if stored by the operator;

(l) every resident shall have the right to receive adequate and appropriate assistance with activities of daily living, to be fully informed of their medical condition and proposed treatment, unless medically contraindicated, and to refuse medication, treatment or services after being fully informed of the consequences of such actions, provided that an operator shall not be held liable or penalized for complying with the refusal of such medication, treatment or services by a resident who has been fully informed of the consequences of such refusal;

(m) every resident and visitor shall have the responsibility to obey all reasonable regulations of the residence and to respect the personal rights and private property of the other residents;

(n) every resident shall have the right to include their signed and witnessed version of the events leading to an accident or incident involving such resident in any report of such accident or incident;

(o) every resident shall have the right to receive visits from family members and other adults of the resident's choosing without interference from the assisted living residence; and

(p) every resident shall have the right to written notice of any fee increase not less than forty-five days prior to the proposed effective

date of the fee increase, provided however providing additional services to a resident shall not be considered a fee increase pursuant to this paragraph. Waiver of any provision contained within this subdivision shall be void;

4. Each assisted living operator shall give a copy of the statement of rights and responsibilities to each resident at or prior to the time of admission to the residence, the resident's representative and resident's legal representative, if any, and to each member of the residence's staff and any current resident.

§ 4661. Resident funds. An assisted living operator or employee of a residence or any other entity which is a representative payee of a resident of such residence pursuant to designation by the social security administration or which otherwise assumes management responsibility over the funds of a resident shall maintain such funds in a fiduciary capacity to the resident. Any interest on money received and held for the resident shall be the property of the individual resident.

§ 4662. Powers of the commissioner. 1. The commissioner is hereby authorized to:

(a) develop, in consultation with the director of the state office for the aging, consumers, operators of assisted living residences and home care service agency providers, a consumer information guide to inform and assist the consumer in the selection of an assisted living residence;

(b) promulgate, in consultation with the director of the state office for the aging, such rules and regulations as are necessary to implement the provisions of this article;

(c) receive and investigate complaints regarding the condition, operation and quality of care of any entities holding themselves out as assisted living, or advertising themselves by a similar term;

(d) make necessary investigations to procure information required to implement the provisions of this article; and

(e) exercise all other powers and functions as are necessary to implement the provisions of this article.

2. Nothing in this section shall restrict the availability of powers otherwise available to the commissioner under the provisions of this chapter and under the social services law.

§ 4663. Penalties and enforcement. Any person who violates any provision of this article or any rule or regulation promulgated by the department, or the terms or conditions of any order or permit issued by the department pursuant to this article, shall be subject to the maximum penalties which may be levied against a licensed adult care facility.

§ 3. Subdivision 25 of section 2 of the social services law, as added by chapter 601 of the laws of 1981, is amended to read as follows:

25. An adult home shall mean an adult care facility established and operated for the purpose of providing long-term residential care, room, board, housekeeping, personal care, (either directly or indirectly), and supervision to five or more adults unrelated to the operator. The provisions of this subdivision shall not apply to any housing projects established pursuant to the private housing finance law, the public housing law, the membership corporations law or the not-for-profit corporation law except for those distinct programs operated by such projects which provide supervision and/or personal care and which are approved or certified by the department.

§ 4. The state finance law is amended by adding a new section 99-l to read as follows:
§ 99-l. Assisted living residence quality oversight fund. 1. There is hereby established in the joint custody of the comptroller and the commissioner of health a special fund to be known as the "assisted living residence quality oversight fund".
2. Such fund shall consist of all moneys collected by the department of health pursuant to article forty-six-B of the public health law. Any interest earned by the investment of moneys in such fund shall be added to such fund, become a part of such fund, and be used for the purpose of such fund.
3. Moneys of such fund shall be available to the department of health for the purpose of carrying out the provisions of article forty-six-B of the public health law. Additionally, five hundred thousand dollars shall be available to the state office for the aging for the long term care ombudsman program for the purpose of carrying out the provisions of article forty-six-B of the public health law.
4. The moneys of the fund shall be paid out on the audit and warrant of the comptroller on vouchers certified or approved by the commissioner of health.

§ 5. A task force on adult care facilities and assisted living residences is hereby created, and shall consist of ten members to be appointed as follows: six members shall be appointed by the Governor, two members shall be appointed by the temporary president of the senate, and two members shall be appointed by the speaker of the assembly. The purpose of such task force, which shall be convened not later than December 1, 2004, shall be to update and revise the requirements and regulations applicable to adult care facilities and assisted living residences to better promote resident choice, autonomy and independence. Ex officio members of the task force shall include the commissioner of health, the director of the state office for the aging, the commissioner of the office of mental health, the chair of the commission on quality of care for the mentally disabled, or their designees. The task force shall gather information regarding the various ways in which existing requirements and guidelines unduly infringe on affordability of care and services, individual resident choice, autonomy and independence, examine and evaluate such requirements and guidelines, and make recommendations to improve them so that they achieve their desired objectives for the resident populations they are designed to protect without infringing upon the choice, autonomy and independence of other residents. Such recommendations shall include, but not be limited to: (a) minimizing duplicative or unnecessary regulatory oversight; (b) ensuring that the indigent have adequate access to, and that there are a sufficient number of enhanced assisted living residences; (c) developing affordable assisted living; (d) promoting resident choice and independence; (e) the evaluation tool as required by section 4657 of the public health law; and, (f) specific standards and criteria relating to the special needs certificates required by section 4655 of the public health law. The task force shall issue a report of its findings and recommendations to the governor and legislature on or before June 1, 2005 and annually thereafter.

§ 6. Any entity which qualifies as an assisted living residence pursuant to article 46-B of the public health law as added by section two of this act and operating as an assisted living residence on or before the effective date of this act shall within sixty days of such effective date apply to be licensed or certified with the commissioner of health in accordance with article 46-B of the public health law as added by section two of this act and shall be required to comply with the provisions of article 46-B of the

public health law as added by section two of this act upon approval of all licenses and certifications for which the entity has applied during such period.

§ 7. The department of health shall not be authorized to issue emergency regulations in regard to article 46-B of the public health law.

§ 8. This act shall take effect on the one hundred twentieth day after it shall have become a law; provided, however, that effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date is authorized and directed to be made and completed on or before such date.

Appendix C.2.

Letter to Adult Home Operators
from NYSDOH Detailing
Requirements of the Assisted Living Reform Act

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STATE OF NEW YORK
DEPARTMENT OF HEALTH

161 Delaware Avenue Delmar, NY 12054-1393

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

June 3, 2005

Dear Operator:

On October 26, 2004 Governor Pataki signed The Assisted Living Reform Act as Chapter 2 of the Laws of 2004. The Act adds Article 46-B to the Public Health Law (PHL) which establishes definitions and requirements for assisted living. The purpose of this letter is to provide you with an overview of this statute's provisions and requirements.

The Department of Health is working closely with the State Office for the Aging, the Office of Mental Health, and the New York State Commission on Quality of Care and Advocacy for Persons with Disabilities to implement this Act. To determine the steps your organization may need to take as a result of this law, you should carefully review the material provided with this letter and then complete the enclosed application. If you wish to obtain a complete copy of the Assisted Living Reform Act, it is available on the Department's website at (www.health.state.ny.us).

General Provisions

The Assisted Living Reform Act creates several new certification categories: Assisted Living Residence (ALR), Enhanced Assisted Living Residence (EALR) and Special Needs Assisted Living Residence (SNALR). The Act defines "assisted living" and "assisted living residence" as "an entity" which provides or arranges for housing, on-site monitoring and personal care services and/or home care services (either directly or indirectly) in a home-like setting to five or more adult residents unrelated to the assisted living provider.

In order to be licensed as an ALR, EALR or SNALR, the Act requires all assisted living residences to be certified as adult homes or enriched housing programs in accordance with Article 7 of the Social Services Law (Article 7). Residences that are currently unlicensed desiring to be certified as an ALR, EALR or SNALR must simultaneously submit the application included in this letter and an Article 7 application to seek approval as an adult home or enriched housing program. The residence must also be in compliance with all rules and regulations applicable to such facilities unless waived by the Department.

Licensed Assisted Living Programs (ALPs), under Section 461-1 of the Social Services Law are exempt from the provisions of the Assisted Living Reform Act for the beds that are certified as ALP and will operate under the existing statute and regulations. They will not be required to meet the requirements described in this letter. However, existing ALPs should review the provisions of this letter to determine what other actions may need to be taken in regard to non-ALP bed capacity.

The Assisted Living Reform Act also exempts several other categories of providers, including certain providers licensed by the Department of Health or Office of Mental Health, Naturally Occurring Retirement Communities, Hospice and Hospice Residences, and Continuing Care Retirement Communities (CCRCs) that are not currently operating or proposing to develop assisted living residences. Public or publicly assisted multi-family housing administered or regulated by the United States Department of Housing and Urban Development or the New York State Division of Housing and Community Renewal are also exempt from the Assisted Living Reform Act as long as they do not provide or arrange for home care and/or 24-hour supervision in accordance with PHL 4651(1)(f). Housing programs in receipt of grants for conversion from elderly housing to assisted living pursuant to Section 1701 (q)(e) of the United States Code are required to apply.

For the purpose of determining the necessity to become licensed as an ALR, the term Independent Senior Housing shall mean:

- A housing setting serving seniors in which no individual or entity provides, arranges for or coordinates (either directly or indirectly), on-site monitoring as defined by §4651(12), and either personal care or home care services for five or more residents of such housing setting unrelated to the housing provider; and in which
- Neither the housing setting nor other services provided in such setting are advertised or marketed to the public as assisted living, assistive living or any derivation of such terms.

The provision, arrangement or coordination of one or more of the following services shall not, in and of itself, require licensure as an ALR: room, board, laundry, housekeeping, transportation, information and referral, case management, security or "concierge"-like services.

Access to hospice care will continue to be available to individuals who reside in these settings.

Provision of Assisted Living Residence Services

Individuals with the following, chronic needs or conditions cannot be admitted to an ALR:

- Chairfast and unable to transfer independently or requires the physical assistance of another person to transfer;
- Requires physical assistance from another person to walk;
- Requires physical assistance from another person to climb or descend stairs;

- Unmanaged urinary or bowel incontinence;
    - Dependent on medical equipment and requires more than intermittent or occasional assistance from medical personnel.

However, if after admission residents develop these needs or conditions, they may be retained by a licensed ALR with EALR certification at the operator's and resident's option. EALRs are not mandated to retain residents once they develop these needs or conditions. The resident retention standards must be clearly disclosed and described by the residence in the residency agreement.

The ALR level is viewed as a basic level of care with operator responsibilities and services much like those in adult homes or enriched housing programs with some variations based on the qualifications and training of staff. An additional requirement for ALRs is an individualized service plan (ISP) for each resident. The ISP describes what services will be provided and the identified provider or staff responsible. The ISP must be reviewed and updated every six months as well as whenever a resident has a significant change in needs.

The ISPs will require review of an individual's medical, nutritional, rehabilitative, functional and cognitive needs and a plan to meet this individual's needs. The admission ISP must be developed based on information included in the evaluation tool. The Department is developing a model evaluation tool or a provider can utilize an alternative evaluation tool as long as it is approved by the Department. Approval of alternative tools will require that such forms include the minimum data elements included in the Department's model evaluation tool. Development of the ISP must include the resident, and/or resident's representative if any, and/or legal representative if any, the ALR operator, and, if necessary, the home care services agency. The ISP must also be developed in consultation with the physician. The Department's evaluation tool and more detailed information on the ISP process will be shared at a later date.

All operators applying for ALR licensure must meet the following requirements:

The operator must be in good standing with the Department, as defined in the statute;

- Conduct appropriate pre-admission evaluations and develop ISPs;
- Provide appropriate residency agreements and disclosures;
- Include a residents' bill of rights as specified in the statute;
- Provide for the protection of resident refunds as applicable; and
- Documentation the physician has physically examined the resident within the last 30 days.

Entities not in good standing as well as those currently not licensed as an adult home or enriched housing program will undergo a full review to determine that the applicant is of good moral character and is competent to operate the residence.

Residences applying for ALR certification must apply for the facility's full capacity excluding any ALP designated beds.

The Assisted Living Reform Act creates two new certification categories for licensed ALRs: Enhanced Assisted Living Residence (EALR) and Special Needs Assisted Living Residence (SNALR). Entities that request to be certified as EALR or SNALR must be eligible as an ALR and as an adult home or enriched housing program.

Enhanced Assisted Living Residence

This certification will allow residents to age in place. This is a major new feature of the Assisted Living Reform Act. Assisted living residences with EALR certification may admit and retain residents who exceed the retention standards of adult homes, enriched housing programs or assisted living residences. EALRs cannot admit residents in need of 24-hour skilled nursing care or medical care. A written indication from the resident's physician that the resident does not require 24-hour skilled nursing care or medical care is required prior to admission. However, EALRs may retain residents in need of 24-hour skilled nursing care or medical care if certain conditions are met as described in this section.

One of the primary differences will be the availability of operator-provided nursing services. EALRs and SNALRs may directly employ a registered professional or licensed practical nurse (RN or LPN), to provide nursing services and supervise the provision of care. This includes performing any task or responsibility allowed within the scope of practice defined in Article 139 of the Education Law. EALRs and SNALRs are not required to have a nurse on staff and may provide skilled services via a home care services agency licensed under Article 36 of the Public Health Law.

In order to obtain an EALR certificate, an applicant must submit a plan to the Department identifying how the additional needs of the residents will be safely and appropriately met. The plan must include, but not be limited to, a written description of services available, staffing levels, staff education and training, work experience, and any environmental modifications that have been made or will be made to protect the health, safety and welfare of the residents.

Enhanced assisted living residences will have the flexibility to admit and retain residents whose care needs increase. Residents who require 24-hour skilled nursing care or medical care may be retained if all of the following conditions are met:

- The resident must hire appropriate nursing, medical or hospice staff to care for his or her increased needs;
- The resident's physician, home care services agency, if applicable, or hospice medical director determine and document that, with the provision of additional nursing, medical and/or hospice care, the resident's health and safety is not at risk, and the resident does not need to be discharged to another setting;
- The operator agrees to retain the resident and to coordinate the care provided either by the EALR staff or other provider; and
- The resident is otherwise eligible to reside in the facility.

No resident can be cared for under the terms of an EALR certificate unless the operator, the resident's physician, and, if applicable, the resident's licensed or certified home care agency all agree that the additional needs of the resident can be safely and appropriately met. The resident and/or resident's representative must be in agreement with this placement decision.

Special Needs Assisted Living Residence

The second certification category for which ALRs may apply is Special Needs Assisted Living Residence (SNALR). The SNALR certification requires ALRs that advertise or market themselves as serving individuals with special needs, including but not limited to dementia or cognitive impairments, to apply to the Department of Health for special needs assisted living residence certification. All facilities currently licensed under Article 7 of the Social Services Law that operate dedicated dementia facilities and/or units will be required to apply for this designation. The Department has revised its current policy and procedures for such dementia units.

Operators that currently have Department approvals for such units should review the requirements carefully and provide a description of any changes that will be made in their programs as part of their application submission,

No adult home, enriched housing program, or ALR may advertise or market itself as providing specialized services to individuals with special needs unless and until the residence has been certified as an ALR and has been issued a SNALR certificate,

Entities requesting certification as a SNALR that are not currently approved for such units by the Department must submit a written description of specialized services, staffing levels, staff education and training, work experience, professional affiliations or special considerations relevant to serving persons with special needs, as well as any environmental modifications that have been made or will be made to protect the health, safety, and welfare of such persons in residence, Policy and procedures reflective of the special needs guidelines should also be provided. These requirements are further explained in the enclosed application.

The Department may develop additional special need certification categories in the future based on further review of the licensure applications received.

Structural Requirements for ALR, EALR and SNALR

Existing Structures

Buildings for which construction commenced prior to the date of this letter for which Certificates of Occupancy have been issued or for which occupancy has been locally approved but which are not yet occupied on the date of this letter or which were existing and occupied prior to the date of this letter, will be considered existing structures.

An existing building that is not currently licensed as an enriched housing program or adult home and is seeking to be licensed as an ALR, EALR or SNALR shall meet all applicable structural and environmental requirements currently in effect for either an enriched housing program or an adult home. While we recognize that many existing buildings were constructed prior to the adoption of new and/or revised building codes initial licensure and certification will be based on the determination of the local authority having jurisdiction that it will issue a Certificate of Occupancy (C of O) for the proposed use of the facility. However, in situations where a C of O reflecting currently applied occupancy group designation for an enriched housing program and an adult home is not available or attainable from the local authority having jurisdiction, but there is a valid C of O in place for the building, the Department will accept an architects or engineer's letter of certification signed by a registered architect (RA) or professional engineer (PE) certifying that the building(s) under consideration meets all applicable codes, rules and regulations.

In addition to the above, the ALR, EALR and SNALR will require the following five (5) safety features:

1. An automatic sprinkler system throughout the building.
2. A supervised smoke-detection system throughout the building.
3. Fire protection systems directly connected to the local fire department, or to a 24-hour attended central station,
4. Handrails on both sides of all resident-use corridors and stairways.
5. A centralized emergency call-system in all bedrooms and toilet and bathing areas.

In addition to building code requirements, all EALRs and SNALRs must provide the following sixth safety feature:

6. Buildings with a capacity of more than 16 residents shall have smoke barriers*** to divide each floor into at least two smoke compartments neither of which exceed 100 feet in length.

***Smoke Barrier - A continuous fire-rated partition or wall, extending from one exterior wall to another exterior wall, with all openings (doorways, etc.) protected with fire-rated and smoke-tight doors equipped with appropriate hardware.

New Structures

A new building constructed as an ALR, SNALR or EALR shall meet the applicable structural and environmental requirements currently in effect for a new enriched housing program or an adult home. A new building shall be any building for which construction is commenced after the date of this letter.

New buildings will also be required to meet the five safety features mentioned above. EALRs and SNALRs with capacities in excess of 16 beds shall also meet the additional sixth safety feature referenced above.

Currently there are two building codes in effect in New York State. All of New York State except New York City is subject to the NYS Building Code (I-1 or R-4*). Facilities in NYC must meet J-2 occupancy requirements.

*R-4 applies to supervised 24-hour care facilities for 5 to 16 residents.

Application Fees

The basic biennial assisted living residence fee is $500 per facility plus an additional $50 for each ALR resident whose income exceeds 400% of the Federal Poverty Level (FPL). The maximum ALR fee required for an individual facility is $5,000. In 2005, 400% of the FPL represents an income level of $38,080 per individual, Financial information on residents who are below the 400% threshold and are not Medicaid or SSI eligible must be maintained to verify their eligibility for an exemption to the $50.00 fee.

The biennial fee for EALR certification is $2,000. The biennial fee for SNALR certification is $2,000. Facilities applying for both EALR and SNALR at the same time are entitled to a discount and will only be required to remit $3,000 for both certifications.

All applicable fees must be submitted with the initial application for certification. Checks should be made payable to: "New York State Department of Health."

Licensed Facilities

Operators of an existing certified adult home or enriched housing program must submit the enclosed application to the Department of Health within 60 days of this letter indicating the intention to be to be licensed as an ALR, EALR or SNALR. All operators who are currently advertising or marketing their facility as assisted living, assisted living residence or assistive living, or words or terms to that effect to the public must submit such application or cease such advertising or marketing.

If you are not applying at this time for ALR, EALR or SNALR, please complete Section A of this application and return it to the Department. You are not required to complete the remaining parts of the application. Declining to apply for ALR licensure, SNALR or EALR at this time does not preclude you from applying at a later date.

All applications should be forwarded to the following address:

NYS Department of Health
Division of Home and Community Based Care
Attention: Bureau of ACF Licensure and Certification
161 Delaware Avenue
Delmar, New York 12054

Unlicensed Facilities

The Assisted Living Reform Act (PHL §4656) states that: No entity shall establish, operate, provide, conduct, or offer assisted living in this state, or hold itself out as an entity which otherwise meets the definition of assisted living or advertise itself as assisted living or by a similar term, without obtaining the approval of the department to operate as an adult care facility pursuant to Title 2 of the Social Services Law (Article 7).

Facilities that are not licensed under Article 7 or those that have not submitted applications for such licensure should also complete the Assisted Living Residence application enclosed with this letter. Such organizations are also required to simultaneously file an application as an adult home or enriched housing program. The adult home/enriched housing program application form can be downloaded from the Certificate of Need page on the Department's website (www.health.state.ny.us). Applicants with existing structures or those nearing completion should also complete Part II of this application. You must submit this application within 60 days of receipt of this letter.

It should be noted that Section 460-d(9) of the Social Services Law authorizes the Department to impose a fine of up to $1,000 per day for the operation of an adult care facility without an operating certificate. Additionally, pursuant to Section 461-b 2, knowingly operating an adult care facility without prior written approval is a class A misdemeanor. All questions on licensure as an adult home or enriched housing program, without regard to ALR licensure and EALR and/or SNALR certification, should be directed to the Division of Home and Community Based Care's Licensure and Certification unit at 1-866-893-6772.

The following additional materials will shortly be available on the Department's website for your review and use in this process:

- Model Residency Agreement, Exhibits and Addenda
- Resident Rights
- Admission and Discharge Criteria
- Staffing and Training Requirements
- Special Needs Assisted Living Plan Overview and Requirements
- Enhanced Assisted Living Guidelines

If you have any further questions or need further clarification please contact the Division of Home and Community Based Care at 1-866-893-6772 or write to the Bureau of ACF Licensure and Certification at the letterhead address.

Sincerely,

Robert P. Dougherty
Director
Division of Home and Community Based Care

Appendix C.3.

Enhanced Assisted Living Residence (EALR)
Overview and Requirements

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Enhanced Assisted Living Residence Overview

Assisted Living Residences (ALRs) provide a range of settings designed to emphasize personal dignity, individual autonomy, independence, privacy and freedom of choice. As stated in the authorizing statute, ALRs were created to be a clear and flexible structure for congregate residential housing with supportive services.

Choice is designed to be an important component in the daily life of all ALR residents, especially those with greater needs, as in an ALR Enhanced program. The residential setting must be flexible in the provision of services. Not only will the operator have to meet the various needs of a resident population, identified by the assessment process, that may run the range of healthy to very physically frail. The operator will also need to be able to respond to resident choices and employ appropriate medical professionals in sufficient numbers to meet changing resident needs.

An enhanced assisted living certificate means a certificate issued by the department which authorizes an assisted living residence (ALR) to provide aging in place by admitting and retaining residents who desire to continue to age in place and who:

1. Are chronically chairfast and unable to transfer, or chronically require the physical assistance of another person to transfer;

2. Chronically require the physical assistance of another person in order to walk;

3. Chronically require the physical assistance of another person to climb or descend stairs;

4. Are dependent on medical equipment and require more than intermittent or occasional assistance from medical personnel; or

5. Have chronic unmanaged urinary or bowel incontinence.

The submitted plan must contain the specific number of beds requested for aging in place with a narrative explanation of how this number is appropriate in relation to existing beds. Enhanced assisted living beds may “float”, i.e. be allocated within the building as the need arises, but the number of beds designated as enhanced assisted living beds may not exceed the number of beds on the facility’s operating certificate.

Aging in place means care and services at a facility which possesses an enhanced assisted living certificate which, to the extent practicable, within the

scope of services set forth in the written residency agreement, accommodates a resident's changing needs and preferences in order to allow such resident to remain in the residence as long as the residence is able and authorized to accommodate those current and changing needs. A residence that does not possess an enhanced assisted living certificate shall not be deemed able to accommodate a resident's needs if the resident requires or is in need of either enhanced assisted living or 24-hour skilled nursing care or medical care provided by a hospital or residential health care facility.

Admission and Retention

An operator shall admit, retain and care for only those individuals who do not require services beyond those the operator is permitted to provide. An operator must provide disclosure to consumers and prospective residents as to how many "enhanced" care beds are available. When the number of "enhanced" beds is close to not meeting expected need an operator may request an expedited review by the DOH to expand the number of beds.

Who May Enter and Be Retained:

A resident shall be permitted to be admitted and continue to reside and age in place within an Enhanced ALR provided: the operator, the resident's physician, and, if applicable, the resident's licensed or certified home care agency agree that the additional needs of the resident can be safely and appropriately met at the residence.

A resident or representative shall submit to the residence a written report from a physician stating that the physician has physically examined the resident within the last month and the resident is not in need of 24-hour skilled nursing care or medical care which would require placement in a hospital or residential health care facility.

A resident who has intermittent nursing needs (less than 24 hours/day) that an ALR Enhanced nurse can perform may be retained. Examples of resident nursing needs may include:

- Eye drops
- Injections
- Catheter care
- Colostomy Care
- PRN medication administration
- Skilled observations which need to be reported to a physician
- Dressing changes, and
- Any other nursing services consistent with the Nurse Practice Act.

If a resident reaches a point where he/she requires 24-hour skilled nursing care, etc), the resident **may remain at the residence <u>only</u> if each of the following conditions is met**:

- Resident hires appropriate nursing, medical, or hospice staff to care for increased needs;

- Resident's physician and home care agency both determine and document that, with the provision of such additional nursing, medical, or hospice care, the resident can be safely cared for in the residence, and would not require placement in a (hospital, nursing home, etc.);

- Operator agrees to retain the resident and to coordinate the care provided by the operator and the additional nursing, medical, or hospice staff; and

- Resident is otherwise eligible to reside at the residence.

Who May Not Enter and May Not Be Retained:

An operator shall not accept nor retain any person who:

- Except as noted in detail above, is in need of continual (24 hour) medical or nursing care or supervision;

- Suffers from a serious and persistent mental disability sufficient to warrant placement in a residential facility;

- Requires health or mental health services, which are not available or cannot be provided;

- Causes, or is likely to cause, danger to himself or others;

- Repeatedly behaves in a manner which directly impairs the well-being, care or safety of the resident or other residents, or which substantially interferes with the orderly operation of the facility;

- Has a medical condition which is unstable and which requires continual skilled observation of symptoms and reactions or accurate recording of such skilled observations for the purposes of reporting to the resident's physician;

- Refuses or is unable to comply with a prescribed treatment program, including but not limited to a prescribed medications regimen when such

failure causes, or is likely to cause, in the judgment of a physician, life-threatening danger to the resident or others;

- Is chronically bedfast;
- Suffers from a communicable disease or health condition which constitutes a danger to other residents and staff;
- Engages in alcohol or drug use, which results in aggressive or destructive behavior; or
- Is under 18 years of age.

Service Provision

In addition to the services required to be provided of an assisted living residence pursuant to an executed residency agreement, a resident of enhanced assisted living may receive health care services provided by staff directly employed by the enhanced assisted living residence or by a licensed home care agency. The enhanced assisted living operator may, but is not required to, obtain licensure or certification pursuant to Article 36 of the Public Health Law, to provide these health care services such as nursing, home health aide, physical therapy, occupational therapy and speech therapy. If an enhanced assisted living residence chooses to provide such services directly, then the operator must have policies and procedures comparable to the policies and procedures of a licensed home care services agency.

Personal care tasks that exceed the approved scope of tasks in which an assisted living resident aide is trained must be performed by a trained home health aides. In addition, an enhanced assisted living residence must provide or arrange for any necessary nursing services for its residents. Such services shall include but not be limited to assessment and evaluations; monitoring and supervision; nursing care and treatments; and medication administration and management.

Staffing

The operator shall provide sufficient numbers of qualified staff to provide for resident needs and to safely evacuate residents in case of emergency, in accordance with: the resident's medical evaluation and Individualized Service Plan; applicable professional standards of practice; and the requirements of law.

The minimum staffing requirements for an Enhanced Assisted Living Residence can be found on the Department's "Assisted Living" webpage (document titled "Staffing in ALRs, EALRs and SNALRs").

Structural Requirements

In addition to the safety features required for ALRs (an automatic sprinkler system, a supervised smoke detection system, a fire protection system, handrails, and a centralized emergency call system), an Enhanced ALR must be provided with smoke barriers. In buildings with more than 16 residents, smoke barriers must divide each floor into at least two smoke compartments, each of which must not exceed 100 feet in length. Smoke barriers are a continuous fire-rated partition or wall, extending from one exterior wall to another exterior wall, with all openings (doorways, etc.) protected with fire-rated and smoke-tight doors equipped with appropriate hardware. There must be monthly fire drills for staff and volunteers at varied times during day and night.

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Appendix C.4.

Special Needs Assisted Living Residence (SNALR)
Overview and Requirements

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SPECIAL NEEDS ASSISTED LIVING PLAN
OVERVIEW AND REQUIREMENTS

OVERVIEW

As defined in statute (Chapter 2 of the Laws of 2004), an assisted living residence (ALR), means an entity which provides or arranges for housing, on-site monitoring, and personal care services and/or home care services (either directly or indirectly), in a home-like setting to five or more adult residents unrelated to the assisted living operator. An ALR must also provide daily food service, twenty-four hour on-site monitoring, case management services, and the development of an individualized service plan for each resident. In order to operate as an ALR, an operator must also be certified as an adult home or enriched housing program.

No adult home, enriched housing program, or ALR may advertise or market itself as providing specialized services to individuals with special needs unless and until the residence has been licensed as an ALR and issued a special needs assisted living certificate. This approval will be based in part on the submission of a special needs plan which sets forth how the special needs of such residents will be safely and appropriately met at the residence. The plan must include, but need not be limited to, a written description of specialized services, staffing levels, staff education and training, work experience, professional affiliations or special considerations relevant to serving persons with special needs, as well as any environmental modifications that have been made or will be made to protect the health, safety, and welfare of such persons in residence. The approval of any special needs program will also be based on adherence to any standards developed by the Department to ensure adequate staffing and training necessary to safely meet the needs of the specialized population proposed to be served.

Individuals with such special needs may include a number of generally-accepted distinct subsets of similar cognitive, behavioral, medical, functional, characteristics or care needs.

In addition to the authorizing statute regarding ALRs with a special needs certificate, Regulation 485.6 (f) (1) (iv) is also applicable and requires that an application to operate an adult care facility must include “a description of provision for special services if mentally disabled, physically handicapped persons or persons with other special needs will be admitted to or are in residence in the facility”. This plan shall include specifications of special activities and operating practices, adaptation of supervision, personal care and other services, and evidence of cooperation and coordination with other persons and agencies providing services to such residents.

An ALR-Special Needs program must meet the regulatory requirements applicable to its adult care facility certification type (adult home or enriched housing program), as well as additional provisions contained within the authorizing statute, including but not limited to the following:

1. The operator must be in good standing with the Department, as defined in the statute
2. Appropriate pre-admission evaluations
3. Appropriate residency agreements and disclosures
4. Appropriate individual service plans
5. The protection of residents' rights as specified in the statute
6. The protection of resident funds as applicable

In general, in the event of conflicting requirements, the provisions of the authorizing statute or related regulation (s) will supersede any existing regulation, to the extent of such conflict.

The operator of an ALR-Special Needs program who wishes to provide aging in place services, or to retain residents in need of Enhanced ALR services must be approved for both Special Needs and Enhanced services.

REQUIREMENTS

The purpose of this document is to provide guidance to operators and prospective operators in developing proposals to serve persons with dementia in special needs assisted living residences (SNALRs).

The Department recognizes that there is increasing interest among operators and applicants in providing services to persons with dementia, and acknowledges the ability of certain operators to serve some segments of this population.

No adult home, enriched housing program, or ALR may advertise the operation of a dementia unit unless such program has been approved by the Department and the residence issued a special needs assisted living residence certificate. Such authorization will only be issued after receipt and approval of a complete program proposal, as well as any necessary site visits to verify compliance. Such approval will be based on the demonstrated ability of the applicant to provide a consistently high level of care and services to residents.

If currently certified beds are to be used for a dementia program, the operator must submit a complete program proposal as well as a summary of the impact the program will have on other residents and existing programs.

If the dementia program is being proposed as part of a new application for certification, or as a capacity increase in a certified facility, the required dementia program proposal is in addition to all other required application material.

Entities that have received previous Department approvals for dementia units are only required to submit information on changes they will make in their programs to meet these revised requirements.

Any proposal for the operation of a dementia program must specify the number of beds proposed for the program and address, at a minimum, the following:

1. Physical Plant/Environmental: Describe the site, layout, design, and equipment/furnishings and features, both shared and individual, specifically planned with a dementia population in mind. A floor plan showing room usage also must be submitted.

2. Resident Profile: Describe the resident population to be served, in terms of the degree of dementia, need for assistance with ADLs, continence, ambulation, behavioral issues, wandering, etc., and identify those resident characteristics that would preclude admission or retention. Identify the pre-admission screening instrument and process to be used, as well as a post-admission process for periodically screening residents to ensure they remain appropriate for the program. Submit copies of screening/assessment forms to be used.

3. Staffing: Submit a proposed weekly staffing schedule for operation at full capacity, which must be developed with consideration to the resident profile and projected resident needs, as well as any other relevant factors. Include any special qualifications to be required of any staff, including the

dementia program director, activities, case management, nursing staff, etc. Include a proposed staff orientation and training program designed with the resident population in mind.

4. Resident Services: Describe in detail the proposed case management, activities, food service, and medication assistance programs designed for persons with dementia, with copies of all forms proposed. Also describe how the individual residents have access to nursing services, as needed.

5. Emergency Evacuation/Disaster Plan: Submit copies of both, after modification as applicable, for a program serving persons with dementia.

6. Other Information: Submit any other information, program material, forms or criteria to be used that are being proposed or that will be used, in order that the full scope of the dementia program being proposed is identified and understood.

The following section contains (a) a brief statement of the regulatory standard that applies to the topic area and, (b) guidance for operators and prospective operators who are developing proposals for operation of services to persons with dementia in an ALR. Current regulatory requirements for each particular facility type remain in effect.

Admission Standards (487.4, 488.4)

STANDARD: An operator shall admit, retain and care for only those individuals whose needs can be met by the facility program, and who do not require services beyond those the operator is permitted by law and regulation to provide or arrange for. Admission/retention decisions must be based upon comprehensive pre-admission, as well as ongoing, observation, screening and assessment.

In order to meet regulatory requirements describing the admissions process, the operator should complete, prior to admission, a comprehensive social, cultural, occupational, medical, mental health, and behavioral history from the resident, the resident's family and/or representative, the resident's physician, and other available sources of such information. These histories should be sufficiently detailed to ensure the resident's appropriateness upon admission and to allow for the development of an initial individualized service plan. As part of this pre-admission process, wherever possible and advisable the resident should be interviewed and observed in the facility, or at least at their current living arrangement.

Given the behavioral and cognitive characteristics typically associated with dementia, and keeping in mind the safety of all residents and the orderly operation of the facility, the operator should provide a comprehensive plan to 1) assess the applicant/resident; and 2) identify interventions for behavioral issues, especially for residents who, without such interventions, would be inappropriate for admission/retention, because they:

- exhibit unmanageable assaultive or aggressive behavior;
- are chronically intrusive, disruptive, or exhibit other behavioral characteristics to the extent that they interfere with the orderly operation of the facility;
- chronically attempt to elope to the extent that they present a danger to themselves or interfere with the orderly operation of the facility;
- are chronically uncooperative or resistive to the provision of personal care services, including any necessary toileting program and assistance with medications, as well as other such services, to the extent that such care cannot be maintained and managed;

This plan should also address thresholds that would require termination of the admission agreement, using Departmental regulations 18NYCRR 487.5 (f) and 488.5 (e). These thresholds should address chronically disruptive or aggressive behavior that continues despite ongoing interventions.

In order to ensure the continued appropriateness of residents, the operator should conduct, at least every 6 months, a comprehensive re-assessment of the resident, in order to complete the required individualized service plan. This should include, as warranted, medical, mental health, behavioral and case management re-assessments and modifications to the care/service plans. It is recommended that this re-assessment also be completed whenever there is a significant change in the resident's condition. These assessments and service plans should detail the resident's supervision, personal care, case management, recreational, dietary and medical needs, and should incorporate input from the resident, all facility staff, outside providers, and where possible, the resident's family or representatives.

Where advisable, the resident's family and/or representatives may be designated to receive those documents normally provided to the resident at or prior to the admission interview, provided the resident is also offered a copy.

Resident Rights (487.5, 488.5)

STANDARD: An operator must afford each resident the rights and protections set forth in these sections, as well as in the authorizing statute, with respect to a statement of resident rights, resident organizations, grievances and recommendations, admission agreements, and protections concerning transfer and discharge.

Resident/Family Organizations 487.5(b)

In addition to the resident organization, residents' family and representatives should be encouraged and assisted to organize and maintain committees, councils or such other organizations as they may choose. The operator should be facilitative and responsive to the goals and purpose of such organizations, which should meet as frequently as desired by its members and include input, suggestions or concerns regarding the operation of the facility. Resident organizations are not required by the enriched housing regulations, but should be considered as part of the dementia unit program to ensure that the operator is aware of residents' needs and preferences.

Grievances and Recommendations 487.5(c), 488.5(b)

The required grievance procedure should be developed to include family members and representatives as well as residents.

Admission Agreements 487.5(d), 488.5 (c)

Given the nature of the population, residents may not have contract capacity or may lose contract capacity during their stay at the facility. An operator can not require a durable Power of Attorney or Health Care Proxy for any resident. However, the Department highly recommends the execution of such advanced directives by such residents who have contract capacity.

A resident representative, designated by the resident, may sign the admission agreement and subsequent addendums on behalf of the resident. In such cases the resident's copy of the admission agreement may be provided to the representative, provided that a copy is offered to the resident.

The admission agreement or an addendum of the admission agreement should outline the special features of the dementia program.

Termination of Admission Agreements 487.5(f), 488.5(e)

Any voluntary and mutual termination of the admission agreement must be reached in agreement with those person(s) signing the agreement on behalf of the resident. Any involuntary termination must comply with all applicable requirements.

Funds and Valuables (487.6, 488.6)

STANDARD: Where there is an individual designated for the resident as agent under a power of attorney, or a resident representative designated by the resident, that person, on behalf of the resident and upon written request to the operator, may be designated by the resident to be provided all required receipts, to provide the required monthly acknowledgement of receipt of personal allowance, to execute the required Statement of Offering, to have the opportunity upon request to examine the resident's personal allowance account records, to receive the required quarterly statements for personal allowance accounts, to authorize the holding of other resident funds in custody, and to authorize the facility to hold resident property or items of value.

In consultation with facility staff and, where applicable, other family members, this resident representative may authorize in writing use of the Personal Needs Allowance for the resident, as provided for in the admission agreement or elsewhere, Receipts or statements for such charges should be sent to this person on a quarterly basis.

Services (487.7, 488.7)

STANDARD: The operator shall be responsible for the provision or arrangement of room and board, and shall provide resident services, which shall include, at a minimum, housekeeping, supervision, personal care, case management, activities and food service.

In order to develop and carry out each individualized service plan, the operator must ensure there is a comprehensive and coordinated program to regularly observe and assess the need for necessary services to each resident, using all available sources of information, and to provide or arrange for such services in a professional, respectful, competent, and timely manner. Continuous efforts must be made to ensure that facility staff, including direct care and support staff, as well as residents' family members/representatives are considered, included, and consulted as important members of such an assessment and treatment team.

In order to ensure the provision of appropriate and quality services to residents, as well as support to family members/representatives and facility staff, there must be initial and on-going efforts to establish community-based individual and agency linkages and contacts, specific to serving a resident population with dementia or cognitive deficit. Information and referral services shall then be available and provided to residents, family members, and staff.

Supervision

Supervision means provision of monitoring and timely assistance to residents to ensure their health, safety and welfare, both with regard to resident daily activities and the ability to respond to urgent or emergency needs through the presence of twenty-four hours a day onsite staffing.

Since residents must be allowed to wander safely throughout the program's common areas, sufficient supervision services should be provided to maintain knowledge of the general whereabouts of each resident.

Given the nature of the resident population, in the event a resident is absent from the facility and the resident's whereabouts are unknown, immediate efforts should be taken to locate the resident. Immediate notification should be made to the appropriate law enforcement agency, and, during normal business hours, the Department's regional office. Notification should also be made immediately to the resident's family and representative unless a different time frame has been agreed upon with those individuals. Since this is behavior that is a danger to the resident, an Incident Report must be completed and sent to the Department.

When a resident exhibits disruptive or aggressive behavior, such as elopement or assault of another resident, an incident report must be completed, as required by 487.7 (d) (10) and 488.7 (b) (10). Any required Incident Report must fully detail staff intervention techniques and/or referrals to prevent reoccurrence. Incident Reports should be reviewed with and incorporated into the individualized service plan with the resident's physician(s), other care providers, family members and representatives, as applicable and appropriate. Residents' family members and representatives must be afforded an opportunity to provide their version of events on each Incident Report.

Personal Care

Personal care means assistance with activities of daily living, such as bathing, dressing, grooming, ambulating, eating, toileting or similar tasks. Each resident shall be provided such personal care as is necessary to enable the resident to maintain good personal hygiene, carry out activities of daily living, to maintain good health and to participate in the ongoing activities of the facility.

Development of an individualized service plan for each resident should commence prior to admission and be completed soon after admission. Such a plan should be based on initial and on-going assessment, evaluation, and observation, and should detail the resident's supervision, personal care, case management, recreational, dietary, and medical, including medication needs, as well as staff and approved community resource services necessary to meet those needs.

Each resident's individualized service plan should be reviewed and updated whenever there is a significant change in the resident's condition or needs, and new plans should be developed and completed every 6 months. Individualized service plans should incorporate input from all facility staff, outside service providers or assessors, and where possible, the resident's family and/or representative. Changes in the plan should be communicated to all staff on all shifts. Individualized service plans and case management records should identify those residents who are periodically resistant to the provision of personal care services by staff.

Medication Assistance

Since residents may be unable to identify and verbalize their need for a medication which has been prescribed on a "PRN" (as necessary) basis, any such orders received from the resident's physician should be reviewed with the physician in terms of the resident's ability to identify the need for the medication. The use of such prescription PRN medications in dementia units should be limited to only those cases where the physician has determined after such review with facility staff that there is no alternative to the order.

The physician's order for all PRN medications, prescription and over the counter (OTC), must identify those resident behaviors or symptoms that warrant consideration of need for the medication(s).

A resident may not be assisted with any PRN medication, prescription or OTC, without observation by or consultation with appropriate licensed medical providers (see ACF Directive No. 3-96, issued December 16, 1996 for further details). The record of assistance with such medications should include the behaviors/symptoms observed as well as the nature of such observation by/consultation with licensed staff.

Case Management

Case management services shall be provided to each resident to support the resident in maintaining independence of function and personal choice to the fullest extent possible. The operator shall establish a system of record keeping which documents the case management needs of each resident and records the case management activities undertaken to meet those needs.

In order to ensure the continued appropriateness of residents, the operator must conduct, at least annually, a comprehensive re-assessment of the resident and modify the ISP as warranted. The ISP must be reviewed, and revised if necessary, at least every six months or to respond to a significant change in the resident's condition. These assessments and service plans should detail the resident's supervision, personal care, case management, recreational, dietary and medical needs, and should incorporate input from the resident, all facility staff, outside providers, and where possible, the resident's family or representative.

Case management services, in order to assist the resident to maintain family ties, should include assisting residents' family members and representatives to:

- Adjust to and remain involved with the resident's initial placement and continued residence in the facility.
- Establish, operate, and maintain individual and collective methods or recommendations for change or improvement in facility operations and programs, regarding both individual and congregate resident-related issues.
- Remain active in the care planning process for the resident.
- Remain informed in a timely manner about significant issues regarding the resident's care and supervision needs and changes made to the care plan.

When disruptive or aggressive behaviors are exhibited, the operator must assess the resident, determine precipitating factors and form a plan to include successful interventions and to promote the highest level of resident function.

Activities

The operator shall maintain an organized and diversified program of individual and group activities which will enable each resident to engage in cultural, spiritual, diversional, physical, political, social and intellectual activities within the facility and the community, in order to sustain and promote an individuals' potential and a sense of usefulness to self and others.

Given the needs of the population, it is recommended that there be frequent individual and group activities geared toward individuals with dementia which are meaningful to the resident. This programming should be based on initial and on-going, historical and current, interests, assessments, and observations.

There should be sufficient trained staff to ensure that activities programs are available to individuals and groups as needed throughout the day, evening and night.

Weather permitting, it is recommended that residents have the opportunity and be encouraged to be outdoors, each day, with appropriate and sufficient supervision.

Food Service (487.8, 488.8)

STANDARD: The operator shall provide meals which are balanced, nutritious and adequate in amount and content to meet the daily dietary needs of residents, and shall meet regulatory standards regarding menu planning, food purchasing, storage, preparation and service.

The residents should be regularly monitored for changes in dietary intake, hydration intake and nutritional balance to assure adequate nutrition. Food should also be offered outside of the usual meal times in a manner acceptable to the resident and keeping in mind the resident's functional abilities, preferences and needs. In order to ensure optimal intake at mealtimes, and unless contrary to physician's orders, prescribed nutritional supplements should be provided between, and not at the same time as, scheduled meals. The resident's care plan should reflect these needs and preferences.

Personnel (487.9, 488.9)

STANDARD: The operator shall provide staff sufficient in number and qualified by training and experience to render, at a minimum, those services mandated by statute or regulation. The operator shall conduct an initial program of orientation and in-service training for employees and volunteers, as well as ongoing in-service training.

The operator should provide staff training in characteristics and needs of persons with dementia, including behavioral symptoms, and mental and emotional changes. The training should include methods for meeting the residents' needs on an individual basis.

Staff should be observant for and report interventions that curb disruptive behavior and incidents preceding problem behaviors.

The operator shall provide an appropriate staff to resident ratio to supply the amount of supervision and assistance needed by the resident population. The Department may require additional staff based on resident needs, physical layout of the facility and the location of the facility. Efforts should be made to provide consistency for the residents when staffing assignments are made.

Administration

In a facility serving other residents in addition to those in the dementia unit, and based on the size of the unit, there should be a full or part-time staff person designated to be in charge of the dementia unit, other than the administrator. The person in charge should have prior demonstrated ability and/or experience in providing services to individuals with dementia, and must report directly to the administrator.

Continuing education credits related to provision of services to residents with dementia, and attended by the person designated as in charge of the dementia unit, or the approved case manager or activities director, will be accepted for a maximum of ten of the required adult home administrator hours over every two-year period.

Case Management

The dementia unit should have the services of a qualified case manager for a minimum of one half hour per resident per week, with additional hours if warranted by the needs of residents.

Activities

The dementia unit should have the services of a qualified activities director for a minimum of one half hour per resident per week, with additional hours if warranted by the needs of residents. There must be activities planned and available for each resident for a minimum of 10 hours per week.

Supervision/ Personal Care/ Housekeeping/ Food Service

The dementia unit should be staffed, on all shifts, by persons appropriately trained and capable of meeting the needs of the residents. This should include licensed (RN or LPN) personnel on staff on both the day and evening shifts, with licensed staff available for consultation at all other times.

Utilization of a "universal worker" concept to provide a full range of direct services to residents is generally recommended. Such staff must be on-duty and available to provide such necessary services at all times.

Such direct care staffing should be provided in a ratio of one staff for every 6-8 residents, or part thereof during the day and evening, and one staff for every 12-15 residents or part thereof, at night, unless the operator has demonstrated to the Department's satisfaction that residents' needs can be met with an alternative staffing pattern, or unless the Department determines that, based on the needs of residents or other factors, additional staff are required in order to meet residents' needs.

Health Consultant

When required by the Department, persons utilized by the operator to provide health consultations should have demonstrated experience in the provision of services to individuals with dementia. Prior Department approval is required for use of such required consultants.

Records and Reports (487.10, 488.10)

STANDARD: The operator shall collect and maintain such information, records or reports as determined by the Department as necessary.

The operator shall maintain records to document compliance with the approved dementia unit proposal.

Environmental Standards (487.11, 488.11)

STANDARD: In order to provide a safe, comfortable environment for residents, the operator shall maintain the facility in a good state of repair and sanitation, and in conformance with applicable state and local laws, regulations and ordinances. The operator shall provide, or ensure there are, furnishings and equipment which do not endanger resident health, safety and well being, and which support daily activities and are appropriate to function. The environment should be designed to encourage and support independence while promoting safety.

The operator should provide a "protective" environment, i.e. sprinkled or noncombustible/protected construction. Safety and security should be provided both within the facility (such as delayed egress system, window stops, etc.) and outside the facility (such as enclosed courtyards). Fully locked units are prohibited. Emergency call systems, handrails, and direct connection of the fire alarm system will be required in all units, even those units in Enriched Housing.

Dementia units should be designed and operated as self-contained or "household" sub-units. If operated as a portion of a residence, the unit must provide self-contained leisure and dining room space, unless it can be

demonstrated to the satisfaction of the Department that use of shared common areas is appropriate to the needs of all residents. For operational efficiency, support services and spaces may be located within adjacent programs or areas. The unit should be designed so that visitors or staff do not have to regularly pass through it to reach other areas of the residence.

The unit should provide regular opportunities for residents to be outdoors, with sufficient supervision by staff at all times. If possible, a secure outdoor space and walkways should be provided that will allow residents to ambulate, with or without assistive devices such as wheelchairs or walkers. Such outdoor space shall have fencing or barriers that prevent injury and elopement. Fencing shall be designed so as not to be easily climbable and shall be no less than 72 inches high.

All windows shall be equipped with mechanisms to limit window openings to a maximum of 4" and in such a way that meets emergency egress requirements to prevent elopement and prevent accidental falls.

If the facility is of Type 5 construction, areas designated for the care of persons with Alzheimer's disease, dementia or memory impairment must be restricted to the grade level and one level above grade level if the building structure exceeds one story in height.

Dementia units should provide an appropriate delayed-egress system on all exit doors to the outside, or roof areas, as well as leading to other areas of the facility, unless prior approval of an alternative method for the prevention of resident elopement from the unit has been obtained from the Department. The delayed egress system must comply with the following:

- A building occupant shall not be required to pass through more than one door equipped with a delayed egress lock before entering an exit.
- The doors must unlock upon actuation of the automatic sprinkler system or automatic fire detection system.
- The door must unlock upon loss of power controlling the lock or lock mechanism.
- The door locks must have the capability of being unlocked by a signal from the fire command center.
- The initiation of an irreversible process must release the latch in not more than 15 seconds when a force of not more than 15 pounds (67 N) is applied for 1 second to release the device. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only.
- Where approved by both the local codes officer and the Department, a delay of not more than 30 seconds is permitted.
- A sign must be provided on the door located above and within 12 inches (305mm) of the release device reading: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 [30] SECONDS.
- Emergency lighting must be provided at the door.

The operator should provide a “supportive” environment for residents, staff and visitors, i.e. self-contained units of limited size, quiet areas, appropriate wander paths, and limited access to potentially harmful or disruptive equipment (such as fire alarms, elevators, fire extinguishers, cooking equipment).

In order to best ensure the safety of residents, staff and visitors, the operator should carefully consider whether or not to permit any smoking within the program or facility. If residents are allowed to smoke, appropriate supervision must be provided.

The operator should have and maintain control over the building in which the program is located. If the operator does not have such control, there must be a written agreement between the applicable parties to ensure that regulatory requirements can and will be met.

Disaster Plan (487.12, 488.12)

STANDARD: The operator must have a written plan approved by the Department, which details the procedures to be followed for the proper protection of residents and staff in the event of an actual or threatened emergency or disaster, which interrupts normal service. All staff shall be trained to execute the facility disaster and emergency plan.

Plans will be designed appropriately for residents with dementia characteristics, and such plans may need to rely more heavily on staff training and support than resident training or practice.

Where appropriate and approved by local authorities as well as by the Department, progressive evacuation procedures are recommended, as they may be most effective.

Monthly fire drills for staff and volunteers should be conducted at varied times during day and night.

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Appendix C.5.

Atria East Northport's Application for
Licensure as an Assisted Living Residence (ALR)
Certification as Enhanced ALR (EALR)
Certification as Special Needs ALR (SNALR)

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New York State Department of Health
Division of Home and Community Based Care

FOR OFFICE USE ONLY
Date Rec'd.: _____
Project # : _____
Case Manager: _____

Application for:
Licensure as an Assisted Living Residence (ALR)
Certification as Enhanced ALR (EALR)
Certification as Special Needs ALR (SNALR)

SECTION A

1. Applicant (check one):
   [x] is a licensed adult home or enriched housing program.
   Number of licensed non-ALP adult home or enriched housing program beds: 200
   [ ] has a pending application for licensure as an adult home or enriched housing program. If pending application, please provide:
   Facility name on the application: _____
   Application number assigned by the Department: _____
   Number of non-ALP adult home or enriched housing program beds requested: _____
   [ ] is not a licensed adult home or enriched housing program and does not have a pending application.

2. Applicant is applying for (check all that apply):
   [ ] ALR licensure only: complete Sections A – D, G and I as directed.
   Number of ALR beds requested (must equal number of non-ALP ACF beds): 200.
   [x] ALR licensure and EALR certification: complete Sections A – G and I as directed.
   Number of EALR beds requested: 30.
   [x] ALR licensure and SNALR certification: complete Sections A – G and I as directed.
   Number of SNALR beds requested: 55.

   Section H (Financial Information) must be submitted only by ALR applicants who are licensed adult care facilities.

3. [ ] Not applying for ALR licensure and/or EALR and/or SNALR certification at this time. Complete only the rest of this Section (Operator Information, Facility Information and Contact Information) and mail to the Department of Health at the address provided in Section I.

OPERATOR INFORMATION			FACILITY INFORMATION
Operating Certificate Number (if applicable) 700-F-888	Federal Employer Identification Number 11-3420197		Facility Name Atria East Northport
Name of Operator Senior Quarters Operating Company			Facility Address – Street and Number 10 Cheshire Place
Street and Number 501 S. Fourth Avenue, Suite 140			City East Northport / County Suffolk / Zip 11731
City Louisville	State KY	Zip 40202	Facility Type (check one): [x] Adult Home [ ] Enriched Housing Program
CONTACT INFORMATION			
Name of Contact Person Lori Sievers			Title of Contact Person Attorney
Contact Person's Company Hinman Straub, P.C.			Phone Number 518 436-0751
Street and Number 121 State Street			Fax Number 518 436-4751
City Albany	State NY	Zip 12207	E-mail Address loris@hspm.com

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SECTION B

Status of AH or EHP Operating Certificate (check all that apply):

a. [x] Applicant does not have an adult home or enriched housing program operating certificate.
b. [ ] Applicant's operating certificate is current and operator is in good standing. Operators in good standing are those to whom the criteria listed in c - g below do not apply.
c. [ ] Applicant has received any official written notice from the Department of a proposed revocation, suspension, denial or limitation on its operating certificate in the past 3 years*.
d. [ ] Applicant has been assessed a civil penalty after a hearing conducted pursuant to SSL 460-d 7(b)(1) for a violation that was not timely rectified, in the past 3 years*.
e. [ ] Applicant has received any official written notice from the Department of a proposed assessment of a civil penalty for a violation described in SSL 460-d 7(b)(2), in the past year*.
f. [ ] Applicant has been issued an order pursuant to SSL 460-d 2 (Department of Health order approved by a court), SSL 460-d 5 (equitable relief ordered by a court) or SSL 460-d 8 (Commissioner order), in the past three years*.
g. [ ] Applicant has been placed on, and if placed on, removed from the Department of Health's "Do Not Refer List" pursuant to SSL 460-d 15, in the past three years*.

If boxes c, d, e, f and/or g are checked, applicant must complete and submit with this application Schedule 2A – Personal Qualifying Information, which can be downloaded from the Department's website (www.health.state.ny.us).

*Day one of the timeframes specified in criteria c – g is the date of the Attestation in Section I.

To Be Completed By All Licensed Adult Homes and Enriched Housing Programs

Are you a licensed ALP? [x]No [ ]Yes
Do you have a retention standards waiver? [x]No [ ]Yes (attach copy)
Do you have a dementia unit that has been approved by the Department? [ ]No [x]Yes
Are you an approved limited LHCSA? [x]No [ ]Yes
Do you have a contract with a CHHA or LHCSA? [x]No [ ]Yes (attach copy)

To Be Completed By All Applicants for EALR and/or SNALR Certification

Do you intend to employ nurses to provide nursing services to residents? [x]Yes [ ]No

To Be Completed By All Applicants for ALR Licensure and EALR/SNALR Certification
Biennial Fee Calculation

ALR Licensure Fee Calculation: (fee may not exceed $5,000)	EALR and/or SNALR Certification Fee:
a. # of ALR residents on (date):_____ whose income exceeded 400% FPL:_____	a. EALR only fee = $2,000
b Base ALR fee: $500.00	b. SNALR only fee = $2,000
c. Total ALR licensure fee = [(a X $50) + b] or $5,000, whichever is less.	c EALR and SNALR fee = $3,000
(__ X $50) + $500 = $ 5,000. If this amount exceeds $5,000, the ALR license fee is $5,000.	d. Total certification fee = $ 3,000

Total fee (add ALR licensure fee and EALR/SNALR certification fee): $ 8,000. Attach a check made out to the New York State Department of Health for the amount of the total fee.

New York State Department of Health
Division of Home and Community Based Care

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SECTION C

LEGAL DOCUMENTATION

All applicants that are corporations or limited liability companies must submit a copy of the appropriate organizational document, i.e., certificate of incorporation or articles of organization. A statement of the specific purposes for which licensure/certification is being sought must also be submitted. The language below would be acceptable. Currently licensed operators of an Adult Home or Enriched Housing Program must submit a copy of the current certificate of incorporation or articles of organization (which should already contain the appropriate Adult Home or Enriched Housing Program purposes language listed below) as well as a proposed executed certificate of amendment of such document which contains the Assisted Living Residence purposes language listed below.

Note: Applicants should choose either the adult home or the enriched housing purpose and the appropriate assisted living clause(s).

Adult Home purposes:
"The purposes for which the _____ is formed are: to establish, maintain and operate an adult home as defined in Section 2 (25) of the Social Services Law; provided, however, that the _____ shall not establish or operate such adult home without the prior written approval of the New York State Department of Health.

or

Enriched Housing Program purposes:
"The purposes for which the _____ is formed are: to establish, maintain and operate an enriched housing program as defined in Section 2 (28) of the Social Services Law; provided, however, that the _____ shall not establish or operate such enriched housing program without the prior written approval of the New York State Department of Health.

and

Assisted Living Residence purposes:
"The purposes for which the _____ is formed are: to establish, maintain and operate an assisted living residence as defined in Section 4651 (1) of the Public Health Law; provided, however, that the _____ shall not establish or operate such assisted living residence without the prior written approval of the New York State Department of Health.

If in addition the applicant seeks certification to provide an Enhanced Assisted Living Residence or a Special Needs Assisted Living Residence, the following additional purposes should be stated:

Enhanced Assisted Living Residence purposes:
"The purposes for which the _____ is formed are: to establish, maintain and operate an assisted living residence with an enhanced assisted living certificate, as those terms are defined in Section 4651 of the Public Health Law; provided, however, that the _____ shall not establish or operate such assisted living residence with an enhanced assisted living certificate without the prior written approval of the New York State Department of Health.

Section C: Legal Documentation

The facility is operated by Senior Quarters Operating Corp. Please note that Items 1-3 are exactly the same in all 13 Atria ALR applications.

Item 1

Item one is the Amendment to the Articles of Incorporation for Senior Quarters Operating Corp.

Item 2

Item two is the Action of the Board of Directors that is necessary to make the amendment to the Articles of Incorporation.

Item 3

Item three is the Shareholder Action that is necessary to make the amendment to the Articles of Incorporation.

The existing business certificate will be adequate once ALR licensure is received, as the facility will not change its name.

New York State Department of Health
Division of Home and Community Based Care

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Special Needs Assisted Living Residence Purposes:
"The purposes for which the _____ is formed are: to establish, maintain and operate an assisted living residence with a special needs assisted living certificate, as those terms are defined in Sections 4651 and 4655 of the Public Health Law; provided, however, that the _____ shall not establish or operate such assisted living residence with a special needs assisted living certificate without the prior written approval of the New York State Department of Health.

Each ALR applicant must also submit with this application such other legal documentation as: management agreements; certificates of doing business as (DBAs) or business certificates; and deed, lease or other site control documents that could differ from the documentation submitted as part of its pending ACF application, if applicable. Licensed ACFs should only submit such changes if they are proposing revisions to previously approved documents.

SECTION D

ARCHITECTURAL FEASIBILITY

INSTRUCTIONS FOR COMPLETING SECTION D

Applicants for SNALR certification for a dementia unit that has already been approved by the Department of Health are required to complete only items 4 - 7 in this Section. Applicants who are applying for only ALR licensure and who do not propose any modifications or renovations to physical plant or new construction, are required to complete only items 1 and 4a – 4e in this Section. All other applicants for ALR licensure and/or EALR and/or SNALR certification must complete the entire Section.

If applying for both EALR and SNALR certification, complete a separate Section D for each certification and label each page with the certification (EALR or SNALR), section and item(s) to which it applies. An example of a page label is: SNALR Section D Item 1: Type of Project.

1. Type of project (check all appropriate boxes):
   [X] a. No modifications to existing or proposed physical plant.
   [ ] b. New Construction
   [ ] c. Building Addition
   [ ] d. Renovation

2. Attach a description of current structure or proposed structure and specify materials for each of the following:

   a. Exterior walls;
   b. Floor support members;
   c. Flooring;
   d. Interior partitions;
   e. Interior finishes;
   f. Floors;
   g. Walls;
   h. Ceilings; and
   i. Roof support members.

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3 Attach preliminary sketches (two sets) showing:

a. Plot or location plan;
b. Floor plan showing room usage;
c. One building elevation;
d. Typical building or wall elevation; and
e. Mechanical, electrical and sprinkler systems, explanation or description.

4. Describe compliance with the Department's building requirements for EALRs and SNALRs, with special reference to the following:

a. Supervised smoke-detection system;
b. Fire protection system directly connected to the local fire department or to a 24-hour attended central station;
c. Handrails on both sides of all resident-use corridors and stairways;
d. Centralized emergency call system in all bedrooms and toilet and bathing areas;
e. Automatic sprinkler system; and
f. Smoke barriers in buildings with a capacity of more than 16 residents.

5. Attach a brief narrative description of any other modifications that have been or will be made to protect the health, safety and welfare of residents of the EALR.

6. Attach cost estimates for modifications described in items 3 - 5 above and timeframes for completion.

7. For a SNALR unit, describe or discuss the following:

a. If the dementia unit is operated as part of a residence, does it provide self-contained leisure and dining room space? If it doesn't, please explain how use of shared common areas is appropriate to the needs of all residents.

b. If provided, describe outdoor space and walkways for residents of the dementia unit, and fencing or barriers to prevent injury and elopement.

c. Describe how windows are equipped to: (1) limit opening to not more than four inches; (2) comport with emergency egress requirements; and (3) prevent elopement and accidental falls.

d. If the facility is of Type 5 construction, are areas designated for the care of persons with dementia or memory impairment restricted to the grade level and one level above grade level if the building structure exceeds one story in height?

e. Describe the delayed egress system on all exit doors to the outside, or roof areas, as well as leading to other areas of the facility, unless prior approval of an alternative method for the prevention of resident elopement from the unit has been obtained from the Department. This description must address each requirement for delayed egress systems listed in the Dementia Guidelines for ALRs.

f. Operators of dementia units must have and maintain control over the building in which the unit is located. Operators that do not have such control must have a written agreement with the

EALR Section D: Architectural Feasibility

Item 1

Atria's East Northport facility currently complies with all ALR requirements, and thus, no modifications will be made to the existing physical plant.

Item 2

East Northport is a 3-story structure constructed of exterior walls of brick and block with concrete floors. Framing is structural steel with metal framing for the roof. Roof is 1-inch pearlite board with fire rated plywood covered by asphalt shingle. Interior walls are a combination of concrete block and steel stud construction. Interior finishes of the common areas include carpeting, ceramic tile, and vinyl for flooring and wallpaper and paint for the walls. The resident rooms are all carpeted, except for the bathroom floors which are vinyl. All bedrooms and bathrooms have painted walls.

Item 3

Sketches responsive to Item 3 are on file with the Department, as it has not changed since our previous CON application. For your reference, our floorplans are attached hereto as D.3.

Item 4

Atria's East Northport facility is in full compliance with all six of the fire safety building requirements:

a) The facility has a complete smoke detection system including heat and smokes detectors in all resident rooms, common areas, dining rooms, kitchens, activity rooms, mechanicals room, etc. All devices report to the central panel at the front desk which is monitored 24 hours a day.

b) The fire alarm panel is monitored by a central station company which will call the fire department and Atria if any alarm is activated.

c) All corridors and stairways have handrails on both sides throughout the facility.

d) All resident rooms have pull chords located in the bedrooms as well as an intercom phone located on the wall. All resident bathrooms also have a pull chord. All items are hard wired and report to a main panel that is staffed 24 hours per day.

e) The facility has a complete sprinkler system covering all resident rooms, hallways, corridors, common areas, kitchens, dining rooms, etc.

f) The hallways are smoke tight to the underside of the structure. The numerous fire

corridor doors are also smoke tight to the underside of the structure. All fire corridor doors are tied into the fire alarm and will close upon activation of the fire alarm. There is no hallway more than 100 feet long without a fire break.

Item 5

Because the facility is in full compliance with all architectural requirements for certification as an *ALR, EALR, or SNALR* no additional modifications are planned.

Item 6

Because the facility is not making any modifications, there are no applicable cost estimates or timeframes.

SNALR Section D: SNALR Architectural Feasibility

Item 1

Atria's East Northport facility currently complies with all ALR requirements, and thus, no modifications will be made to the existing physical plant.

Item 2

East Northport is a 3-story structure constructed of exterior walls of brick and block with concrete floors. Framing is structural steel with metal framing for the roof. Roof is 1-inch pearlite board with fire rated plywood covered by asphalt shingle. Interior walls are a combination of concrete block and steel stud construction. Interior finishes of the common areas include carpeting, ceramic tile, and vinyl for flooring and wallpaper and paint for the walls. The resident rooms are all carpeted, except for the bathroom floors which are vinyl. All bedrooms and bathrooms have painted walls.

Item 3

Sketches responsive to Item 3 are on file with the Department, as it has not changed since our previous CON application. For your reference, our floorplans are attached hereto as D.3.

Item 4

Atria's East Northport facility is in full compliance with all six of the fire safety building requirements:

a) The facility has a complete smoke detection system including heat and smokes detectors in all resident rooms, common areas, dining rooms, kitchens, activity rooms, mechanicals room, etc. All devices report to the central panel at the front desk which is monitored 24 hours a day.

b) The fire alarm panel is monitored by a central station company which will call the fire department and Atria if any alarm is activated.

c) All corridors and stairways have handrails on both sides throughout the facility.

d) All resident rooms have pull chords located in the bedrooms as well as an intercom phone located on the wall. All resident bathrooms also have a pull chord. All items are hard wired and report to a main panel that is staffed 24 hours per day.

e) The facility has a complete sprinkler system covering all resident rooms, hallways, corridors, common areas, kitchens, dining rooms, etc.

f) The hallways are smoke tight to the underside of the structure. The numerous fire corridor doors are also smoke tight to the underside of the structure. All fire corridor doors are tied into the fire alarm and will close upon activation of the fire alarm. There is no hallway more than 100 feet long without a fire break.

Item 5

Because the facility is in full compliance with all architectural requirements for certification as an *ALR, EALR, or SNALR* no additional modifications are planned.

Item 6

Because the facility is not making any modifications, there are no applicable cost estimates or timeframes.

Item 7

a. The SNALR dementia unit will operate as a part of the larger ALR facility. The unit is located on two separate floors, each of which contain its own dining area, kitchen, and activities and lounge area.

b. The lower unit has an outside walking garden of about 4700 square feet that is secured by a fence and an alarmed gate to prevent elopement. The upper unit has a 700 square foot wooden deck that is secured by a fence to prevent elopement. As part of the planned activities, Residents will have the opportunity to enjoy the outside areas on a regular basis.

c. Windows in the dementia unit contain the following safety features: All windows are fixed so that they may not be opened more than four inches to prevent residence elopement or accidental falls. Moreover the facility's emergency evacuation plan does not rely on these windows for egress.

d. The facility is not Type 5 construction (see D.2.) And thus, this item is not applicable.

e. The existing system on all the doors is a keypad access system. We are currently upgrading it to a delayed egress system at a cost of approximately $ 25,000.

f. Atria East Northport is the sole occupant of the premises and the operator maintains control over the entire site.

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appropriate parties to ensure that regulatory requirements can and will be met. State whether you have such control over the building. If you do not have control, submit a copy of the written agreement that ensures that regulatory requirements can and will be met.

SECTION E

PLAN FOR ADMINISTRATION
[PHL §4653, §4655(1)c, §4055(5) and §4656 and 18 NYCRR §485.6(f)(1)(i)]

INSTRUCTIONS FOR COMPLETING SECTION E

Applicants for ALR licensure only are not required to complete this Section. Applicants for SNALR certification who do not have an approved dementia unit, and applicants for EARL certification, must complete the entire Section. Applicants for SNALR certification for a dementia unit that has already been approved by the Department of Health are required to complete only item 5 in this Section.

In responding to Section E questions, provide only the incremental information on new services, e.g., nursing care, and staffing requirements relevant to EALR and/or SNALR certification. The applicant need not resubmit any information that has already been filed with the Department in connection with the existing ACF license or ACF application.

If applying for both EALR and SNALR certification, complete a separate Section E for each certification and label each page with the certification (EALR or SNALR), section and item to which it applies. An example of a page label is: EALR Section E Item 1: Personnel Policies and Procedures.

1. Copies of Personnel Policies and Procedures

   Submit a copy of your personnel policies and procedures for new staff positions. Include the following: rules for attendance and leave, rules of conduct, facility policy regarding meals, proper attire, personal hygiene, grievance procedures, hiring and termination policies.

2. Job Descriptions

   Submit job descriptions for all new staff positions (18 NYCRR §487.9, §487 and §488.9).

3. Administrator, Case Manager and New Staff Qualifications

   Submit qualifications of the administrator and case manager. Submit qualifications for all new staff listed in item 2.

4. Description of Staff Orientation and In-Service Training

   Submit a copy of your proposed staff orientation and in-service training plan for each new employee category (18 NYCRR §487.9(a) (3), (4) and (5) and §488.9 (a) (2)).

5. Staffing Schedule

   Submit final staffing schedule to be implemented upon approval of application (18 NYCRR §487.9 and/or §488.9).

EALR Section E: Plan for Administration

Items 1-2:

The facility will not be creating any new staff positions to satisfy the EALR certification requirements. Staffing levels, however, will be adjusted to meet residents' needs, as outlined in Item 5. Personnel policies and procedures and job descriptions for all existing staff positions are attached as Items 1 and 2, respectively.

Item 3:

The qualifications of the Facility Administrator and the Case Manager are on file with the Department.

Item 4:

No new positions are being created, thus no new in-services have been submitted with this application. A copy of our existing in service training is attached hereto as E.4.

Item 5:

The staffing schedule have been updated to reflect the additional needs of EALR residents. The schedules includes three resident services assistants during the day and evening shifts and two resident services assistants during the night shift to attend to residents' needs. There is also an additional resident services assistant that works from 10am to 6pm five days a week. In addition to the resident services assistants, there are several other staff members on site available to assist residents, including housekeepers, porters, dining room attendants, and medication aides. Nursing staff will be increased fro 80 hours a week, to full coverage so that a skilled nurse will be on site 24 hours a day, 7 days a week. A RN will also be on call 24 hours a day, if not already present in the facility.

The facility chose to certify 30 of its beds as enhanced assisted living because it has projected that this number will adequately serve its population. The facility reviewed its current residents to project acuity and determined that 30 beds would serve the future aging in place needs of the population. The facility feels that it will be able to recruit and/or retain the staff necessary to service this number of EALR beds. The facility will periodically reevaluate the EALR program, the needs of the community and its ability to staff the EALR unit to determine if this number of beds remain appropriate for the facility and sufficient to serve our residents.

SNALR Section E: Plan for Administration

Item 5:

The staffing schedule have been updated to reflect the additional needs of SNALR residents. The schedule now includes six life guidance resident services assistants on the day and evening shift plus two additional resident services assistants from 8am to 4pm, five days a week, to serve up to fifty-five residents. This staff to resident ratio is better than 1:8, and will ensure that every resident receives the care and supervision they require and will allow staff to devote a substantial amount of time to each resident every day. The facility will also have a nurse in the facility twenty four hours a day that will be available to services the SNALR. A RN will be either present in the facility or on call 24 hours a day.

The proposed staffing Schedule is attached at E.5. The facility reserves the right to modify the staffing schedule in light of resident needs, facility census or change in Department regulations or guidelines.

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SECTION F

SERVICES PROGRAM
(PHL §4653, §4655(1)c and §4055(5), §4656 and 18 NYCRR §487.7 and §488.7)

INSTRUCTIONS FOR COMPLETING SECTION F

Applicants for ALR licensure only, and applicants with an approved dementia unit, are not required to complete this Section. All other applicants for SNALR and applicants for EALR certification must complete this Section.

In responding to Section F questions, provide only the incremental information on new services, e.g., nursing care, and requirements relevant to EALR and/or SNALR certification. The applicant need not resubmit any information that has already been filed with the Department in connection with the existing ACF license or ACF application.

If applying for both EALR and SNALR certification, complete a separate Section F for each certification and label each page with the certification (EALR or SNALR), section and item to which it applies. An example of a page label is: EALR Section F Item 1; Resident Services.

1. Resident Services

   Describe philosophy, goals, and scope of your program. List cultural, spiritual, diversional, physical, political, social and intellectual activities to be provided by facility and community.

2. Activity Schedule

   Submit a proposed schedule of activities for one month using a calendar format as might be posted in the facility.

3. Social Contact

   Describe how the facility will encourage contact between residents, relatives and friends.

4. Optional Resident Services

   Describe the services to be routinely provided to residents. Some examples are counseling, education or vocational training, training for self-care and provisions for a temporary illness and transportation.

5. Disaster and Emergency Plan

   Submit a copy of your disaster and emergency plan (18 NYCRR §487.12 and/or §488.12).

6. Medication Management

   Submit a plan for medication management in compliance with 18 NYCRR §487.7(f) or §488.7(d).

Section F: EALR Services Program

Item 1

See attached Philosophy Statement marked Section F, Item 1.

The facility's goal in becoming an Enhanced and Special Needs Assisted Living Residence is to better serve our residents by allow for aging in place and offering an alternative to nursing homes for persons with lower acuity levels. The facility's program will be expanded to allow it to admit or retain residents who:

1. Are chronically chairfast and unable to transfer, or chronically require the physical assistance of another person to transfer;
2. Chronically requires the physical assistance of another person to climb or descend stairs;
3. Chronically requires the physical assistance of another person to climb or descend stairs;
4. Are dependent on medical equipment and require more than intermittent or occasional assistance from medical personnel; or
5. Have chronic unmanaged urinary or bowel incontinence.

The EALR will offer limited skilled nursing service. Those services are limited to assistance with self-administration of medications, medication acquisition, storage and disposal, medication administration including eye drops and oral medications that the resident is able to request, routine injections, routine injections, routine monitoring of stable medical conditions including taking vital signs, routine skin care including the application of creams and lotions, simple dressing changes, routine catheter and ostomy care, assistance with the use of medical supplies and durable medical equipment, oversight of oral feeding services and other intermittent, short terms skilled nursing services.

Item 2

The current facility activities allow for participation by mobility impaired residents and do not require modification to accommodate residents that will be admitted or retained under the expanded criteria, listed in Item 1. A sample activities schedule is attached hereto as F.2.

Item 3

Our Staff will continue to encourage social contact by welcoming family and friends to participate in the facility. Residents will also continue to be encouraged to participate in the facility life. Examples of programs to encourage social contact are attached hereto as F.3.

Item 4

Optional resident services will be unchanged. A list of such services is included in the proposed residency agreement, which is attached hereto as G.2.

Item 5

All of Atria's facilities disaster and emergency plans are being updated and customized in accordance with a plan that was developed with a professional safety consultant. The model plan is attached hereto as F.5. and includes provisions tailored to meet the evacuation needs of mobility impaired residents. The model plan will be customized to serve Atria East Northport.

The facility will not designate specific rooms for its EALR and SNALR programs, but will make every effort to place mobility impaired residents on the lowest grade level room available.

Item 6

The medication management plan does not require modification in light of the residents retained under the expanded admission and retention criteria. A copy of the current mediation policy is attached hereto as F.6.

Item 7

The facility's plan for maintaining records and reports does not require modification in light of the EALR/SNALR certification. A copy of the current record retention policy is attached hereto as F.7.

Item 8

Necessary supporting documents are attached hereto.

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7. Record Keeping

Submit a plan for maintaining records and reports (18 NYCRR §487.10 and/or §488 10).

8. Supporting Documents

Submit copies of all supporting documents.

SECTION G

CONSUMER INFORMATION, RESIDENCY AGREEMENT, EVALUATION PROCESS, INDIVIDUALIZED SERVICE PLAN (ISP) AND RESIDENTS' RIGHTS
[PHL §4653, §4657, §4658, §4659 and §4660]

All applicants for ALR licensure must complete this Section.

1. Submit a copy of the statement provided to any individual (or his/her representative) who expresses interest in admission to your facility. Statement must include the following information:

   - ☐ facility's licensure and if it has an enhanced assisted living certificate and/or special needs enhanced assisted living certificate and the availability (i.e., number) of enhanced assisted living and/or special needs beds;
   - ☐ facility's discharge policy and criteria;
   - ☐ any ownership interest in excess of ten percent on the part of the operator, whether legal or beneficial, in any entity which provides care, material, equipment or other services to residents;
   - ☐ any ownership interest in excess of ten percent on the part of any entity which provides care, material, equipment or other services to residents, whether legal or beneficial, in the operator;
   - ☐ a statement regarding the ability of residents to receive services from service providers with whom the operator does not have an arrangement;
   - ☐ a statement that residents shall have the right to choose their health care providers, notwithstanding any other agreement to the contrary;
   - ☐ a statement regarding the availability of public funds for payment for residential, supportive or home health services including, but not limited to availability of coverage of home health services under Title 18 of the Federal Social Security Act (Medicare);
   - ☐ the Department of Health's toll free telephone number for reporting of complaints regarding home care services and the services provided by the assisted living operator; and
   - ☐ a statement regarding the availability of long term care ombudsman services and the telephone number of the local and state long term care ombudsman.

2. Assisted Living Residency Agreement

   Submit a copy of your proposed assisted living residency agreement. NOTE: A model assisted living residency agreement will be made available in the near future. At that time, you will be required to submit for approval a copy of the agreement you propose to use. Any differences between your proposed agreement and the model developed by the Department for ALRs must be identified and explained.

EALR/SNALR Section G:
Consumer Information, Residency Agreement Evaluation Process, ISP and Resident's Rights

Item 1

The facility's proposed disclosure statement is attached at G.1.

Item 2

Atria will use the following attached model agreement for all of its ALRs. The agreement is based on the Department of Health Model, the changes to which are highlighted in the redline version of the agreement attached hereto as G.2.

Item 3

So long as a person is able to meet the admission standards applicable to the facility, they will not be denied admission based on age, disability, ethnicity, religion, organizational membership, sex, mental hygiene history or veteran status.

The admission and discharge criteria for the ALR, EALR and SNALR are contained in attachment G.3.

Item 4

The facility will review the Department's model pre-admission evaluation. When it is released and either adopt the model or propose changes to the tool for the Department's approval. Please see our attached pre-admission policies at G.4.

Item 5

The facility will review the Department's model when it is released and either adopt the model or propose changes to the ISP, for the Department's approval. Please see our attached copy at G.5.

Item 6

The facility distributes a resident handbook, which both serves as a general facility guide for residents, and sets forth house rules. Please see our attached copy at G.6.

New York State Department of Health
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SECTION I

ATTESTATION

ACKNOWLEDGEMENT AND ATTESTATION	
I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this application on behalf of the applicant. I further certify that the information contained in this application and its accompanying attachments is accurate, true and complete in all material respects. I acknowledge and agree that this application will be processed in accordance with the provisions of the Public Health Law, the Social Services Law and the Finance Law and implementing regulations, as the case may be.	
SIGNATURE	DATE 7/29/05
PRINT OR TYPE NAME Mark A. Alexander	TITLE SVP, East Operations

Submit to:

Bureau of Licensure and Certification
Division of Home and Community Based Care
New York State Department of Health
161 Delaware Avenue
Delmar, New York 12054-1393

ADMINISTRATION L_ .RTMENT SCHEDULE

END

POSITION	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Executive Director		IN	IN	IN	IN	IN	
Asst Executive Director	IN	IN	IN	IN	IN		
Business Office Manager		IN	IN	IN	IN	IN	
Resident Relations Director			IN	IN	IN	IN	IN
Community Sales Director			IN	IN	IN	IN	IN

*THIS SCHEDULE WILL BE ADJUSTED ACCORDING TO THE NEEDS OF THE RESIDENTS

WELLNESS DEP. ...ENT SCHEDULE

POSITION	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
RSD - RN		9AM - 5PM	9AM - 5PM	9AM - 5PM	9AM - 5PM	9AM - 5PM	
ARSD - LPN		10AM - 6PM	10AM - 6PM	10AM - 6PM	10AM - 6PM	10AM - 6PM	
Supervisor			630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM
Supervisor	630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM		
Supervisor			230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM
Supervisor	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM		
Supervisor			1030PM - 630AM	1030PM - 630AM	1030PM - 630AM	1030PM - 630AM	1030PM - 630AM
Supervisor	1030PM - 630AM	1030PM - 630AM	1030PM - 630AM	1030PM - 630AM	1030PM - 630AM		
Med Tech	630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM		
Med Tech			630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM
Med Tech	630AM - 230PM	630AM - 230PM				630AM - 230PM	630AM - 230PM
Med Tech	630AM - 230PM	630AM - 230PM				630AM - 230PM	630AM - 230PM
Med Tech	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM		
Med Tech			230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM
Med Tech	230PM - 1030PM	230PM - 1030PM				230PM - 1030PM	230PM - 1030PM
Med Tech	230PM - 1030PM	230PM - 1030PM				230PM - 1030PM	230PM - 1030PM
RSA	630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM		
RSA			630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM
RSA	630AM - 230PM	630AM - 230PM			630AM - 230PM	630AM - 230PM	630AM - 230PM
RSA	630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM		630AM - 230PM	
RSA	10AM - 6PM	10AM - 6PM	10AM - 6PM	10AM - 6PM			10AM - 6PM
RSA					10AM - 6PM	10AM - 6PM	630AM - 230PM
RSA	230PM - 1030PM			230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM
RSA	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM		
RSA	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM		
RSA		230PM - 1030PM	230PM - 1030PM			230PM - 1030PM	230PM - 1030PM
RSA						230PM - 1030PM	230PM - 1030PM
RSA	1030PM - 630AM	1030PM - 630AM	1030PM - 630AM	1030PM - 630AM	1030PM - 630AM		
RSA						1030PM - 630AM	1030PM - 630AM
RSA	1030PM - 630AM	1030PM - 630AM				1030PM - 630AM	1030PM - 630AM

*THIS SCHEDULE WILL BE ADJUSTED ACCORDING TO THE NEEDS OF THE RESIDENTS

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ENP

LIFE GUIDANCE DEPARTMENT SCHEDULE

POSITION	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
LGPD		9AM - 5PM	9AM - 5PM	9AM - 5PM	9AM - 5PM	9AM - 5PM	
RSA		630AM - 230PM	630AM - 230PM	630AM - 230PM		630AM - 230PM	630AM - 230PM
RSA		630AM - 230PM		630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM
RSA	630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM			630AM - 230PM
RSA		630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM	630AM - 230PM	
RSA			630AM - 230PM	630AM - 230PM			
RSA	630AM - 230PM	630AM - 230PM		630AM - 230PM	8AM - 4PM	630AM - 230PM	
RSA	630AM - 230PM	630AM - 230PM	630AM - 230PM			630AM - 230PM	630AM - 230PM
RSA	630AM - 230PM		630AM - 230PM		630AM - 230PM	630AM - 230PM	
RSA	630AM - 230PM				630AM - 230PM		230PM - 1030PM
RSA		8AM - 4PM	8AM - 4PM	8AM - 4PM	8AM - 4PM	8AM - 4PM	
RSA		8AM - 4PM	8AM - 4PM	8AM - 4PM		8AM - 4PM	630AM - 230PM
RSA		230PM - 1030PM	230PM - 1030PM		230PM - 1030PM	230PM - 1030PM	230PM - 1030PM
RSA	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM		
RSA	230PM - 1030PM	230PM - 1030PM				230PM - 630AM	1030PM - 630AM
RSA	230PM - 1030PM	230PM - 1030PM			630AM - 230PM	230PM - 1030PM	230PM - 1030PM
RSA			230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM
RSA	230PM - 1030PM						230PM - 1030PM
RSA	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM		
RSA			230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM
RSA	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM		
RSA			230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM	230PM - 1030PM
RSA	1030PM - 630AM	1030PM - 630AM	1030PM - 630AM	1030PM - 630AM	1030PM - 630A		
RSA	1030PM - 630AM			1030PM - 630AM	1030PM - 630A	1030PM - 630AM	1030PM - 630AM
RSA	1030PM - 630AM	1030PM - 630AM	1030PM - 630AM			1030PM - 630AM	1030PM - 630AM
RSA			1030PM - 630AM	1030PM - 630AM	1030PM - 630A	1030PM - 630AM	1030PM - 630AM
RSA	1030PM - 630AM	1030PM - 630AM	1030PM - 630AM	1030PM - 630AM	1030PM - 630A		
RSA	630AM - 230PM	1030PM - 630AM			630AM - 230PM	630AM - 230PM	630AM - 230PM

*THIS SCHEDULE WILL BE ADJUSTED ACCORDING TO THE NEEDS OF THE RESIDENTS

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ENP

RECEPTION DEPARTMENT SCHEDULE

POSITION	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Lead Reception			7AM - 330PM	7AM - 330PM	7AM -330PM	7AM - 330PM	7AM - 330PM
Receptionist	7AM - 330PM	7AM - 330PM			330PM - 930PM	330PM - 930PM	
Receptionist	330PM - 930PM	330PM - 930PM	330PM - 930PM	330PM - 930PM			330PM - 930PM

*THIS SCHEDULE WILL BE ADJUSTED ACCORDING TO THE NEEDS OF THE RESIDENTS

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ENG

ENGAGE LIFE DEP. /MENT SCHEDULE

POSITION	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
ELD			830AM - 5PM	830AM - 5PM	830AM - 5PM	830AM - 5PM	9AM - 5PM
EL Assistant	9AM - 5PM	9AM - 5PM	9AM - 5PM	9AM - 5PM	9AM - 5PM	9AM - 5PM	9AM - 5PM
EL Assistant	11AM - 730PM	11AM - 730PM	11AM - 730PM	11AM - 730PM	11AM - 730PM	11AM - 730PM	11AM - 730PM
Driver	830AM - 230PM						

*THIS SCHEDULE WILL BE ADJUSTED ACCORDING TO THE NEEDS OF THE RESIDENTS

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MAINTENANCE/HOUSEKEEPING DEPARTMENT SCHEDULE

ENF

POSITION	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Maintenance Director		6AM - 230PM	6AM - 230PM	6AM - 230PM	6AM - 230PM	6AM - 230PM	
Maintenance Asst		7AM - 330PM	7AM - 330PM	7AM - 330PM		7AM - 330PM	7AM - 330PM
Maintenance	7AM - 330PM	730AM - 400PM	730AM - 400PM	730AM - 400PM	730AM - 400PM		
Laundry		7AM - 3PM	7AM - 3PM	7AM - 3PM	7AM - 3PM	7AM - 3PM	
Laundry		7AM - 330PM	7AM - 330PM	7AM - 330PM	7AM - 330PM	7AM - 330PM	
Housekeeper	7AM - 3PM	7AM - 3PM		7AM - 3PM	7AM - 3PM	7AM - 3PM	
Housekeeper		7AM - 3PM	7AM - 3PM		7AM - 3PM	7AM - 3PM	7AM - 3PM
Housekeeper	7AM - 3PM		7AM - 3PM	7AM - 3PM	7AM - 3PM	7AM - 3PM	
Housekeeper	7AM - 3PM		7AM - 3PM	7AM - 3PM	7AM - 3PM	7AM - 3PM	7AM - 3PM
Housekeeper		7AM - 3PM	7AM - 3PM	7AM - 3PM	7AM - 3PM		7AM - 3PM
Housekeeper		7AM - 3PM	7AM - 3PM	7AM - 3PM	7AM - 3PM	7AM - 3PM	
Housekeeper	7AM - 3PM	7AM - 3PM		7AM - 3PM		7AM - 3PM	7AM - 3PM
Porter		7AM - 3PM	7AM - 3PM	7AM - 3PM	7AM - 3PM	7AM - 3PM	
Porter	7AM - 3PM			330PM - 103PM		330PM - 1030PM	7AM - 3PM
Porter	3PM - 1030PM	3PM - 1030PM	3PM - 1030PM		3PM - 1030PM		3PM - 1030PM

*THIS SCHEDULE WILL BE ADJUSTED ACCORDING TO THE NEEDS OF THE RESIDENTS

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DIETARY DEPARTMENT SCHEDULE

ENY

POSITION	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FSD	8AM - 5PM	8AM - 5PM	8AM - 5PM	8AM - 5PM	8AM - 5PM		
AFSD			10AM - 6PM	10AM - 6PM	10AM - 6PM	10AM - 6PM	10AM - 6PM
Cook	6AM - 230PM	6AM - 230PM	6AM - 230PM		6AM - 230PM		6AM - 230PM
Cook	11AM - 7PM	10AM - 6PM	11AM - 7PM	6AM - 230PM		6AM - 230PM	
Prep Cook	10AM - 6PM			10AM - 6PM	10AM - 6PM	10AM - 6PM	6AM - 3PM
Dietary	6AM - 230PM		630AM - 230PM	630AM - 230PM	6AM - 230PM	630AM - 230PM	
Dish Washer		1PM - 830PM	1PM - 830PM	1PM - 830PM	1PM - 830PM	1PM - 830PM	
Dish Washer	6AM - 230PM	6AM - 230PM			6AM - 230PM	6AM - 230PM	6AM - 230PM
Dish Washer	12PM - 8PM	6AM - 230PM	6AM - 230PM	6AM - 230PM			12PM - 8PM

*THIS SCHEDULE WILL BE ADJUSTED ACCORDING TO THE NEEDS OF THE RESIDENTS

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EMK

FOOD SERVICE DEPARTMENT SCHEDULE

POSITION	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Hostess			7AM - 2PM	7AM - 2PM	7AM - 2PM	7AM - 2PM	7AM - 2PM
Hostess	11AM - 7PM	11AM - 7PM	11AM - 7PM	11AM - 7PM	11AM - 7PM		
Server		4PM - 7PM	4PM - 7PM		4PM - 7PM	4PM - 7PM	7AM - 2PM
Server	7AM - 2PM/ 4PM - 7PM		4PM - 7PM		4PM - 7PM	4PM - 7PM	
Server		7AM - 2PM		7AM - 2PM	7AM - 2PM	7AM - 2PM	7AM - 2PM
Server		7AM - 2PM	7AM - 2PM	7AM - 2PM	7AM - 2PM	7AM - 2PM	
Server		7AM - 2PM		7AM - 2PM		7AM - 2PM	
Server		7AM - 2PM	7AM - 2PM	7AM - 2PM	7AM - 2PM	7AM - 2PM	
Server	7AM - 2PM/ 4PM - 7PM	4PM - 7PM	4PM - 7PM	4PM - 7PM	7AM - 2PM/ 4PM - 7PM	4PM - 7PM	
Server		7AM - 2PM/ 4PM - 7PM	7AM - 2PM	4PM - 7PM	7AM - 2PM		7AM - 2PM/ 4PM - 7PM
Server	7AM - 2PM/ 4PM - 7PM				4PM - 7PM	4PM - 7PM	
Server	7AM - 2PM/ 4PM - 7PM		7AM - 2PM		7AM - 2PM	7AM - 2PM	
Server			7AM - 2PM	7AM - 2PM			
Server			4PM - 7PM	4PM - 7PM	4PM - 7PM	4PM - 7PM	4PM - 7PM
Server		4PM - 7PM	4PM - 7PM	4PM - 7PM		4PM - 7PM	7AM - 2PM/ 4PM - 7PM
Server	4PM - 7PM	4PM - 7PM		4PM - 7PM			7AM - 2PM
Server							4PM - 7PM
Server							4PM - 7PM

*THIS SCHEDULE WILL BE ADJUSTED ACCORDING TO THE NEEDS OF THE RESIDENTS

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Appendix D.1.

State Pollution Discharge Elimination System (SPDES)
Permit No. NY-020-9325

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91-20-5 (5/97)

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
State Pollutant Discharge Elimination System (SPDES)

NOTICE / RENEWAL APPLICATION / PERMIT

Please read ALL instructions on the back before completing this application form. Please TYPE or PRINT clearly in ink.

PART 1 - NOTICE

10/29/2007

Permittee Contact Name, Title, Address

LARKFIELD GARDENS ASSOCIATES LP
MARIO MELLINO
10 CHESHIRE PLACE
EAST NORTHPORT NY 11731

Facility and SPDES Permit Information

Name: ATRIA EAST NORTHPORT
Ind. Code: 8999 County: SUFFOLK
DEC No.: 1-4726-00539/00001
SPDES No.: NY 020 9325
Expiration Date: 08/01/2008
Application Due By: 02/03/2008

Are these name(s) & address(es) correct? If not, please write corrections above.

The State Pollutant Discharge Elimination System Permit for the facility referenced above expires on the date indicated. You are required by law to file a complete renewal application at least 180 days prior to expiration of your current permit. Note the "Application Due By" date above.

CAUTION: This short application form and attached questionnaire are the only forms acceptable for permit renewal. Sign Part 2 below and mail only this form and the completed questionnaire using the enclosed envelope. *Effective April 1, 1994 the Department no longer assesses SPDES application fees.*

If there are changes to your discharge, or to operations affecting the discharge, then in addition to this renewal application, you must also submit a separate permit modification application to the Regional Permit Administrator for the DEC region in which the facility is located, as required by your current permit. See the reverse side of this page for instructions on filing a modification request.

PART 2 - RENEWAL APPLICATION

CERTIFICATION: I hereby affirm that under penalty of perjury that the information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.

DANIEL T. ALGIESO EXEC. DIRECTOR
Name of person signing application (see instructions on back) Title

Signature Date 12/19/07

RECEIVED 07 DEC 20 PM 2:0 NYSDEC

PART 3 - PERMIT (Below this line - Official Use Only)

Effective Date: 8.1.08 Expiration Date: 7.31.13

William R. Adriance
Permit Administrator

Address: NYSDEC - Division of Environmental Permits
Bureau of Environmental Analysis
625 Broadway, Albany, NY 12233-1750

William R. Adriance
Signature

FEB 15 2008
Date

This permit together with the previous valid permit for this facility issued 8.1.03 and subsequent modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in the previously issued valid permit, modifications thereof or issued as part of this permit, including any special or general conditions attached hereto. Nothing in this permit shall be deemed to waive the Department's authority to initiate a modification of this permit on the grounds specified in 6NYCRR §621.14, 6NYCRR §754.4 or 6NYCRR §757.1 existing at the time this permit is issued or which arise thereafter.

~~Attachments: General Conditions dated ___~~

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Appendix D.2.

Suffolk County Department of Health Services (SCDHS)
Quarterly Wastewater Treatment Facility Reports
October 2008 back to October 2002

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COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive
DEPARTMENT OF HEALTH SERVICES
Humayun J. Chaudhry D.O., Commissioner

November 14, 2008

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens Atria Assisted Living Community
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2008-Q4 Inspection Date: 10/23/2008

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-5769.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - 360 Yaphank Avenue - Suite 2C - Yaphank NY 11980
Phone (631) 852-5769 Fax (631) 852-5755

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Arkfield Gardens SPDES NO. 0209 324 DATE 10/23/08

TYPE OF INSPECTION ____ annual ✓ recon ____ unannounced ____ sample # 00372708/023

INSPECTOR L. Taenzer WEATHER Sunny, cool

RATING CODES: (S) = Satisfactory U = Unsatisfactory M = Marginal File Ref # 1106D

ITEM	RATING	COMMENTS
A. PRELIMINARY		
pump sta.	(influent, intermediate, final)	
pumps	S	
lights	S	
ventilation	S	
ladder	S	
access hatch	S	
prevent maint.	S	
bar screen	S	
disposal of grit	S	
grit removal	S	
comminutor	N/A	
B. EQUALIZATION TANK	int / eff	
pumps	S / S	
splitter box	S / S	
air header	S / S	
air blowers	S / S	* 3 out 5 Blowers WORK — All should be able to run — Have engineer propose solution on if new Blowers will be installed as stated by operator (1 Blower to old aerate system)
tank condition	S / S	
prevent maint.	S / S	
C. AERATION TANK		
air header/drops	N/A	
roll/mixing		
foam		
air blowers		
tank condition		
prevent maint.		
D. RBC/TRICKLING FILTER		
growth	N/A	
mechanical opera.		
covering/hatch		
media condition		
prevent maint.		
E. OXIDATION DITCH		
roll/mixing	N/A	
paddle mixer		
tank condition		
prevent maint.		
F. SBR (1)		
air header/drops	S	
roll/ mixing	S	
foam	S	
* air blowers	S	See # "B"
auto valves	S	
decant mechanism	S	
tank condition	S	
prevent maint.	S	

18-1553: 01/00eb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. D209324 DATE 10/23/08

G. SETTLING

scum removal	NA	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.		

H. DENITRIFICATION

media	NA	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.		

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping		
digester air piping		
air blowers		
sludge disposal		
tank condition		
prevent maint.		

J. CHEMICAL STORAGE

overfill alarm	NA	
leak alarm		
feed pumps		
chemical supply		KMnO4 to EQ + P.S.
mixers, lights, etc.		
chemical piping		
tank condition		
prevent maint.		

K. EFFLUENT

disinfection equip	NA	
effluent quality	S	
rec water condition	NA	
leaching beds/pools	S	

L. GENERAL

building	S	
grounds		
flow meter		5/6/09 EXP
RPZ		4/2/09 EXP
standby power		
safety items		
prevent maint.		
odors		

INSP Signature [signature] TITLE Public Health Sanitarian DATE 10/23/08

FAC REP Signature [signature] TITLE Owner DATE 10/23/08

18-1592: 3/95cg

O & M STANDARDS

PLANT NAME: Larkfield Manor ANNOUNCED: Yes [✓] No [ ] SPDES NO. 0209325

PLANT OWNER: ATRIA ACCESS KEY HOLDER NAME: MAINTENANCE PHONE: 516-903-4065

OPERATOR: PAT ANDRE, On Record With Dept.: Yes [✓] No [ ]

DESIGNATED EMPLOYEES: H-H MAINTENANCE

EMERGENCY PHONE NO. POSTED: yes.

	S.U.M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) POSTINGS REQUIRED		
1) SPDES Permit	S	EXP 7/31/13
2) Operator's License	S	
3) Waivers	S	
4) Consent Orders	S	
B) RECORDS REQUIRED		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) Daily Maintenance Log		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) Spare Parts Log		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) Preventative Maintenance (PM) Log		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) Performance Testing Log		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) LAB WORK STATION-REQUIRED EQUIPMENT		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) MONITORING EQUIPMENT REQUIRED		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other(As Required by SPDES)	S	
2) Competent Use Demonstrated	S	

INSPECTOR: [illegible] DATE: 10/23/08 RECEIVED BY: [signature]

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive
DEPARTMENT OF HEALTH SERVICES
Humayun J. Chaudhry D.O., Commissioner

August 01 , 2008

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens Atria Assisted Living Community
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2008-Q3 Inspection Date: 7/24/2008

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-5769.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - 360 Yaphank Avenue - Suite 2C - Yaphank NY 11980
Phone (631) 852-5769 Fax (631) 852-5755

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209324 DATE 7/07/08

TYPE OF INSPECTION ____ annual ✓ recon ____ unannounced ____ sample # 0037270807 2

INSPECTOR L. Tuenzer WEATHER Overcast, Rain

RATING CODES: (S) = Satisfactory U = Unsatisfactory M = Marginal

File Ref # 11060

ITEM	RATING	COMMENTS
A. PRELIMINARY		
pump sta.	(influent, intermediate, final)	
pumps	S	
lights	S	lights on Bldg. do not work.
ventilation	S	
ladder	S	
access hatch	S	
prevent maint.	M	Clean layer of grease etc out - starting to form a thick mat.
bar screen	S	
disposal of grit	S	
grit removal	S	
comminutor	S	
B. EQUALIZATION TANK	infl. / effl.	
pumps	S / S	
splitter box	S / S	
air header	S / S	
air blowers	S / S	
tank condition	S / S	
prevent maint.	S / S	
C. AERATION TANK		
air header/drops	N/A	
roll/mixing		
foam		
air blowers		
tank condition		
prevent maint.		
D. RBC/TRICKLING FILTER		
growth	N/A	
mechanical opera.		
covering/hatch		
media condition		
prevent maint.		
E. OXIDATION DITCH		
roll/mixing	N/A	
paddle mixer		
tank condition		
prevent maint.		
F. SBR (1)		
air header/drops	S	
roll/ mixing	S	
foam	S	
air blowers	S	
auto valves	S	
decant mechanism	S	
tank condition	S	
prevent maint.	S	

18-1653: 01/00

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209324 DATE 7/24/08

G. SETTLING

scum removal	N/A	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.		

H. DENITRIFICATION

media	N/A	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.		

I. SLUDGE RETURN/WASTE

sludge airlift/pump	Continuous	
RAS/WAS piping		
digester air piping		
air blowers		
sludge disposal		
tank condition		
prevent maint.		

J. CHEMICAL STORAGE

overfill alarm	N/A	
leak alarm		
feed pumps		
chemical supply	Continuous	50g drum K_2MnO_4 to digestor, [redacted] pump St.
mixers, lights, etc.		
chemical piping		
tank condition		
prevent maint.		

K. EFFLUENT

disinfection equip	[redacted] N/A	
effluent quality		
rec water condition	N/A	
leaching beds/pools		

L. GENERAL

building	[redacted] U	outside lights near P.S. etc. do not work (side doors need replacement)
grounds		
flow meter Exp 5/6/09		
RPZ Exp 7/2/09		
standby power		
safety items		
prevent maint.		
odors		

INSP Signature [signature] TITLE Public Health Sanitarian DATE 7/24/08

FAC REP Signature [signature] TITLE Operator DATE 7/24/08

18-1582: 3/98cg

PLANT NAME: Lakefield Gardens ANNOUNCED: Yes [✓] No [ ] SPDES NO. 6209325

PLANT OWNER: ATRIA ACCESS KEY HOLDER NAME: MAINTENANCE PHONE: 516-903-7065

OPERATOR: PAT AWDARE, On Record With Dept.: Yes [✓] No [ ]

DESIGNATED EMPLOYEES: 4-H Maintenance

EMERGENCY PHONE NO. POSTED Yes

RECORDS AND RECORD KEEPING	S,U,M RATINGS	COMMENTS
A) POSTINGS REQUIRED		
1) SPDES Permit	S	EXP 7/31/13
2) Operator's License		
3) Waivers		
4) Consent Orders		
B) RECORDS REQUIRED		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) Daily Maintenance Log		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required		
b) Spare Parts Log		
Part Names, Model No, Amounts,	S	
Supplier's Name/Phone,		
Dates-Ordered/Received		
Conformance With O & M Manual		
c) Preventative Maintenance (PM) Log		
Equipment List and PM Schedule	S	
Pools, Beds		
Bearings, Seals, Lubrications		
Generator Exercise,		
Alarm Dialer Testing		
Testing Standby Equipment, etc.		
Names, Dates, Times		
d) Performance Testing Log		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates		
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) LAB WORK STATION-REQUIRED EQUIPMENT		
1) Lab Bench, Storage Cabinets,		
Hot/Cold Water,	S	
Power, Lighting,		
Emergency Eye Wash and Shower		
B) MONITORING EQUIPMENT REQUIRED		
1) Portable DO Meter		
pH meter	S	
Nitrogen Test Kits		
Other(As Required by SPDES)		
2) Competent Use Demonstrated	S	

INSPECTOR: LAURA LAENZER DATE: 7/24/08 RECEIVED BY: _____

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive
DEPARTMENT OF HEALTH SERVICES
Humayun J. Chaudhry D.O., Commissioner

May 22 , 2008

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2008-Q2 Inspection Date: 4/17/2008

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-5769.

Very truly yours,

Isidore Dorosh
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - 360 Yaphank Avenue - Suite 2C - Yaphank NY 11980
Phone (631) 852-5769 Fax (631) 852-5755

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Lakefield Gardens SPDES NO. 0209324 DATE 4/17/08

TYPE OF INSPECTION ____ annual ✓ recon ____ unannounced ____ sample # 0047270804.

INSPECTOR J. Tuenzel WEATHER Sunny, Cool

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal

File Ref # 11060

	RATING	COMMENTS
A. PRELIM		
pump sta.	(influent, intermediate, final)	
pumps	S	
lig	S	
ventilation	S	
lad	S	
air hatch	S	
pre maint.	S	
bar sc	S	
dispo grit	S	
grit re	S	
commi	N/A	
B. EQUAL N TANK	infl / effl.	
pump	S / S	
splitto	S / S	
air he	S / S	
air bio	S / S	
tank c n	S / S	
preve	S / S	
C. AERAT NK		
air he ps	N/A	
roll/mi		
foam		
air bl		
tank c ion		
preve t.		
D. RBC/T G FILTER		
growt	N/A	
mech era.		
cover h		
med ion		
preve		
E. OXIDA TCH		
roll/m	N/A	
padd		
tank		
preve		
F. SBR		
air h ps	S	
roll/	S	
foam	S	
air b	S	
auto	S	
deca ism	S	
tank	S	
prev t.	S	

18-1653: 01/00rb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME: Arkfield Gardens SPDES NO. 0209324 DATE 4/17/08

G. SETT

scu	ral	N/A
slu	oval mec	
effi	ility	
tan	on	
prev	nt.	

H. DEN TION

mo		N/A
ba	mps	
mu	ps	
ba	stem	
air		
au		
tan	on	
pr		

I. SLUD N/WASTE

slu	/pump	Unknown
R	ing	
di	ping	
air		
alu	al	
ta		
pr		

J. CHE RAGE

ov		N/A
le		
fa		
ch	y	
m	etc.	
ch	d	
ta		
pr		

TANKS offline

use K2MnO4 FOR ODORS @ C-Q (drains)

K. EFF

d	ip	N/A
e	y	S
re	ition	N/A
lo	/pools	S

L. GE

b		S
g		
fl		M
F	4/2/09	S
st		
s		
p		
c		

MUST Be calibrated By 4/28/08 as per notice By Eagle Control (contractor)

INSP SIGN: TITLE Public Health Sanit DATE 4/17/08

FAC REP: TITLE Owner DATE 4/17/08

19-1582: 3/98cp

O & M STANDARDS

PLANT NAME: Larkfield Grand ANNOUNCED: Yes [✓] No [ ] SPDES NO. 0209325

PLANT OWNER: ATRIA ACCESS KEY HOLDER NAME: Maintenance PHONE: 516-903-4065

OPERATOR: Pat Andree, On Record With Dept.: Yes [✓] No [ ]

DESIGNATED EMPLOYEES: H-H Maintenance

EMERGENCY PHONE NO. POSTED Yes

RECORDS AND RECORD KEEPING	S,U,M RATINGS	COMMENTS
A) POSTINGS REQUIRED		
1) SPDES Permit	S	8/10: Exp & Return
2) Operator's License	S	current SPDES
3) Waivers		permit to plant
4) Consent Orders		ASAP!
B) RECORDS REQUIRED		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) Daily Maintenance Log		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) Spare Parts Log		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) Preventative Maintenance (PM) Log		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) Performance Testing Log		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) LAB WORK STATION-REQUIRED EQUIPMENT		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) MONITORING EQUIPMENT REQUIRED		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other(As Required by SPDES)	S	
2) Competent Use Demonstrated	S	

INSPECTOR: LAURA TAENZEL DATE: 4/17/08 RECEIVED BY:

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive
DEPARTMENT OF HEALTH SERVICES
Humayun J. Chaudhry D.O., Commissioner

January 18 , 2008

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2008-Q1 Inspection Date: 1/17/2008

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-5769.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - 360 Yaphank Avenue - Suite 2C - Yaphank NY 11980
Phone (631) 852-5769 Fax (631) 852-5755

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209324 DATE 1/17/08

TYPE OF INSPECTION ✓ annual ____ recon ____ unannounced ____ sample # 00477270801 1

INSPECTOR L. Taenzer WEATHER OVERCAST

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 11060

ITEM	RATING	COMMENTS
A. PRELIMINARY		
pump sta.	(influent, intermediate, final)	
pumps	S	
lights	S	
ventilation	U	Vent must be fixed properly -
ladder	S	Blade on motor needs to be pushed
access hatch	S	to start now.
prevent maint.	S	
bar screen	S	
disposal of grit	S	
grit removal	S	
comminutor	N/A	
B. EQUALIZATION TANK	infl /	
pumps	S / S	
splitter box	N/A / U	Box was resurfaced BUT - Rear portion
air header	S / S	needs more epoxy paint - rusting
air blowers	S / S	
tank condition	S / S	
prevent maint.	S / S	
AERATION TANK		
air header/drops	N/A	
roll/mixing	↓	
foam	↓	
air blowers	↓	
tank condition	↓	
prevent maint.	↓	
D. RBC/TRICKLING FILTER		
growth	N/A	
mechanical opera.	↓	
covering/hatch	↓	
media condition	↓	
prevent maint.	↓	
E. OXIDATION DITCH		
roll/mixing	N/A	
paddle mixer	↓	
tank condition	↓	
prevent maint.	↓	
F. SBR		
air header/drops	S	
roll/ mixing	S	
foam	S	
air blowers	S	
auto valves	S	
decant mechanism	S	
tank condition	* U	- Top water level exceeded - tank flooded
prevent maint.	S	above Decant arm - fix floats

TB-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209324 DATE 1/17/08

SETTLING

scum removal	N/A	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.		

H. DENITRIFICATION

media	N/A	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.		

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	

CHEMICAL STORAGE

overfill alarm	N/A	
leak alarm		
feed pumps		
chemical supply		
mixers, lights, etc.		
chemical piping		
tank condition		
prevent maint.		

K. EFFLUENT

disinfection equip	N/A	
effluent quality	U	cloudy, particulates
rec water condition	N/A	
leaching beds/pools	S	

L. GENERAL

building	S	
grounds	S	
flow meter	U	not calibrated - Calibrate ASAP
RPZ	U	EXPIRED 7/3/07 - MUST BE RECALIBRATED AND PAPERWORK POSTED AT PLANT ASAP.
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature [signature] TITLE Public Health Sanit DATE 1/17/08

FAC REP Signature [signature] TITLE Operator DATE 1/17/08

18-1582: 3/98cg

O & M STANDARDS

PLANT NAME: Larkfield Yard ANNOUNCED: Yes [✓] No [ ] SPDES NO. 209325

PLANT OWNER: ATRIA ACCESS KEY HOLDER NAME: MAINTENANCE PHONE: 516-903-4065

OPERATOR: Pat ANDARE, On Record With Dept.: Yes [✓] No [ ]

DESIGNATED EMPLOYEES: 4-H Maintenance

EMERGENCY PHONE NO. POSTED Yes.

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/08 EXP
2) Operator's License	S	
3) Waivers	S	
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other (As Required by SPDES)	S	
2) Competent Use Demonstrated	S	

INSPECTOR: LAURA TAENZER DATE: 1/17/08 RECEIVED BY: [signature]

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive
DEPARTMENT OF HEALTH SERVICES
Humayun J. Chaudhry D.O., Commissioner

March 28 , 2008

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2007-Q4 Inspection Date: 10/25/2007

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-5769.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Harkfield Gardens SPDES NO. 0209324 DATE 10/25/07

'PE OF INSPECTION ✓ annual ____ recon ____ unannounced ____ sample #none taken

INSPECTOR L. Tacazek WEATHER Overcast, cold

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 11060

ITEM	RATING	COMMENTS
A. PRELIMINARY		
pump sta.	(influent, intermediate, final)	
pumps	S	
lights	S	
ventilation	U	vent must be fixed properly
ladder	S	
access hatch	S	
prevent maint.	S	
bar screen	S	
disposal of grit	S	
grit removal	S	
comminutor	N/A	
B. EQUALIZATION TANK		
pumps	U	Bypassed due to metal work in progress influent is going directly to cesspools
splitter box	↓	
air header		
air blowers		
tank condition		
prevent maint.		
AERATION TANK		
air header/drops	N/A	
roll/mixing	↓	
foam		
air blowers		
tank condition		
prevent maint.		
D. RBC/TRICKLING FILTER		
growth	N/A	
mechanical opera.	↓	
covering/hatch		
media condition		
prevent maint.		
E. OXIDATION DITCH		
roll/mixing	N/A	
paddle mixer	↓	
tank condition		
prevent maint.		
F. SBR		
air header/drops	N	drained - bypassed for construction/repair
roll/ mixing	↓	
foam		
air blowers		
auto valves		
decant mechanism		
tank condition		
prevent maint.		

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larfield Gardens SPDES NO. 0209324 DATE 10/25/07

G. SETTLING

scum removal	N/A	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.	✓	

H. DENITRIFICATION

media	N/A	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.	✓	

I. SLUDGE RETURN/WASTE

sludge airlift/pump	U	Bypassed due to repair in progress
RAS/WAS piping		
digester air piping		
air blowers		
sludge disposal		
tank condition		
prevent maint.	✓	

J. CHEMICAL STORAGE

overfill alarm	N/A	
leak alarm		
feed pumps		
chemical supply		
mixers, lights, etc.		
chemical piping		
tank condition		
prevent maint.	✓	

K. EFFLUENT

disinfection equip	N/A	
effluent quality	U	Bypassed
rec water condition	N/A	
leaching beds/pools	U	

L. GENERAL

building	U	repair in progress
grounds	S	
flow meter	U	not calibrated
RPZ	U	not inspected Exp 7/3/07
standby power	S	
safety items	S	
prevent maint.	U	
odors	S	

INSP Signature [signature] TITLE Public Health Sanit DATE 10/25/07

FAC REP Signature _____ TITLE _____ DATE _____

18-1582: 3/98cg

O & M STANDARDS

PLANT NAME: Lake Field Gardens ANNOUNCED: Yes [✓] No [ ] SPDES NO. 0209325

PLANT OWNER: ATRIA ACCESS KEY HOLDER NAME: Maintenance PHONE: 516-903-4065

OPERATOR: Pat Andare, On Record With Dept.: Yes [✓] No [ ]

DESIGNATED EMPLOYEES: 4-H Maintenance

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/08 EXP
2) Operator's License	S	
3) Waivers	S	
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other(As Required by SPDES)	S	
2) Competent Use Demonstrated	S	

INSPECTOR: LAURA TAENZER DATE: 10/25/07 RECEIVED BY:

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive
DEPARTMENT OF HEALTH SERVICES
Humayun J. Chaudhry D.O., Commissioner

September 14 , 2007

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2007-Q3 Inspection Date: 7/26/2007

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-5769.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - 360 Yaphank Avenue - Suite 2C - Yaphank NY 11980

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Farfield Gardens SPDES NO. 0209324 DATE 7/26/07

TYPE OF INSPECTION _____ annual ✓ recon _____ unannounced _____ sample # 0047270707

INSPECTOR C. Jaenzer WEATHER Sunny, Hot

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal

File Ref # 11060

ITEM	RATING	COMMENTS
A. PRELIMINARY		
pump sta.	(influent, intermediate, final)	
pumps	S	
lights	S	
ventilation	S	
ladder	S	
access hatch	S	
prevent maint.	S	
bar screen	S	
disposal of grit	S	
grit removal	S	
comminutor	N/A	
B. EQUALIZATION TANK	Infl / Eff	
pumps	S / S	
splitter box	N/A / U	Box needs resurfacing
air header	S / S	
air blowers	S / S	
tank condition	S / U	Grating support needs resurfacing
prevent maint.	S / U	painting/piping/flanges need rust maintenance
C. AERATION TANK		
air header/drops	N/A	
roll/mixing	↓	
foam	↓	
air blowers	↓	
tank condition	↓	
prevent maint.	↓	
D. RBC/TRICKLING FILTER		
growth	N/A	
mechanical opera.	↓	
covering/hatch	↓	
media condition	↓	
prevent maint.	↓	
E. OXIDATION DITCH		
roll/mixing	N/A	
paddle mixer	↓	
tank condition	↓	
prevent maint.	↓	
F. SBR		
air header/drops	S	
roll/ mixing	S	
foam	S	
air blowers	S	
auto valves	S	
decant mechanism	S	
tank condition	S	
prevent maint.	S	

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209324 DATE 7/26/07

G. SETTLING

scum removal	N/A	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.		

H. DENITRIFICATION

media	N/A	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.		

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	

J. CHEMICAL STORAGE

overfill alarm	N/A	
leak alarm		
feed pumps		
chemical supply		
mixers, lights, etc.		
chemical piping		
tank condition		
prevent maint.		

K. EFFLUENT

disinfection equip	N/A	
effluent quality		
rec water condition	N/A	
leaching beds/pools		

L. GENERAL

building	S	
grounds	S	
flow meter	U	uncalibrated -
RPZ	U	Exp 7/30/07 "EXPIRED" Must Reinspect
standby power		AND POST Inspection Report.
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature [signature] TITLE Public Health Sanitarian DATE 7/26/07

FAC REP Signature [signature] TITLE Operator DATE 7/26/07

18-1582: 3/98cg

O & M STANDARDS

PLANT NAME: Larkfield Gardens ANNOUNCED: Yes [✓] No [ ] SPDES NO. 0209325

PLANT OWNER: ATRIA ACCESS KEY HOLDER NAME: MAINTENANCE PHONE: 516-903-4065

OPERATOR: Pat ANDARE, On Record With Dept.: Yes [✓] No [ ]

DESIGNATED EMPLOYEES: 4-H Maintenance

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/08 Exp.
2) Operator's License	S	
3) Waivers	S	
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	U	Record NO_2 Results
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	U	not on site
pH meter	S	
Nitrogen Test Kits	U	Supply NO_2 test packets
Other (As Required by SPDES)	S	
2) Competent Use Demonstrated	S	

INSPECTOR: LAURA TAENZER DATE: 7/26/07 RECEIVED BY: [signature]

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

David G. Graham, M.D., M.P.H.
Acting Commissioner

May 15 , 2007

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2007-Q2 Inspection Date: 4/19/2007

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-5769.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - 360 Yaphank Avenue - Suite 2C - Yaphank NY 11980
Phone (631) 852-5769 Fax (631) 852-5755

O & M STANDARDS

PLANT NAME: Larkfield Gardens ANNOUNCED: Yes [✓] No [ ] SPDES NO. 0209325

PLANT OWNER: ATRIA ACCESS KEY HOLDER NAME: MAINTENANCE PHONE: 516-903-4065

OPERATOR: PAT ANDARE, On Record With Dept.: Yes [✓] No [ ]

DESIGNATED EMPLOYEES: 4-H MAINTENANCE

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/08 EXP.
2) Operator's License	S	
3) Waivers	N/A	
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	U	RECORD NO_2 Results
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	U	NITRITE TEST KITS NEEDED
Other (As Required by SPDES)	S	ASAP - RECORD RESULTS
2) Competent Use Demonstrated	S	

INSPECTOR: LAURA FAENZER DATE: 4/19/07 RECEIVED BY: [signature]

18-0428 3/93

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209324 DATE 4/19/07

G. SETTLING

scum removal	N/A	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.		

H. DENITRIFICATION

media	N/A	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.		

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	

J. CHEMICAL STORAGE

overfill alarm	N/A	
leak alarm		
feed pumps		
chemical supply		
mixers, lights, etc.		
chemical piping		
tank condition		
prevent maint.		

K. EFFLUENT

disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	

L. GENERAL

building	U	RUSTED CEILING, PIPING, BLOWER MUFF. — PAINT.
grounds	S	
flow meter	U	CALIBRATE ASAP - TOTALIZER HAS NOT BEE CALIBRATED SINCE '03.
RPZ (4/07 EXP)	S	
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

POST PAPERWORK OF INSPECTION REPORT.

INSP Signature [signature] TITLE Public Health Sanit DATE 4/19/07

FAC REP Signature [signature] TITLE [illegible] DATE 4/19/07

18-1582: 3/98cg

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 02 09324 DATE 7/19/07

TYPE OF INSPECTION ✓ annual ____ recon ____ unannounced ____ sample # 0047270704

INSPECTOR J. Taenzer WEATHER Overcast, cold

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 11060

ITEM	RATING	COMMENTS
A. PRELIMINARY		
pump sta.	(influent, intermediate, final)	
pumps	S	
lights	U	light not working
ventilation	S	
ladder	S	
access hatch	S	
prevent maint.	S	
bar screen	S	
disposal of grit	S	
grit removal	S	
comminutor	N/A	
B. EQUALIZATION TANK	infl / EFFL.	
pumps	S / S	
splitter box	N/A / U	Box needs resurfacing
air header	S / S	
air blowers	S / S	
tank condition	S / U	GRATING SUPPORT needs resurfacing
prevent maint.	S / U	+ painting, piping/flanges
C. AERATION TANK		
air header/drops	N/A	
roll/mixing	↓	
foam	↓	
air blowers	↓	
tank condition	↓	
prevent maint.	↓	
D. RBC/TRICKLING FILTER		
growth	N/A	
mechanical opera.	↓	
covering/hatch	↓	
media condition	↓	
prevent maint.	↓	
E. OXIDATION DITCH		
roll/mixing	N/A	
paddle mixer	↓	
tank condition	↓	
prevent maint.	↓	
F. SBR		
air header/drops	S	
roll/ mixing	S	
foam	S	
air blowers	S	
auto valves	S	
decant mechanism	S	
tank condition	S	
prevent maint.	S	

18-1853: 01/00cb

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

David G. Graham, M.D., M.P.H.
Acting Commissioner

February 27 , 2007

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2007-Q1 Inspection Date: 1/18/2007

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-5769.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - 360 Yaphank Avenue - Suite 2C - Yaphank NY 11980
Phone (631) 852-5769 Fax (631) 852-5755

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209324 DATE 1/18/07

YPE OF INSPECTION _____ annual ✓ recon _____ unannounced _____ sample # 00472707 0118

INSPECTOR L. Talmer WEATHER Overcast, cold

RATING CODES: (S) = Satisfactory U = Unsatisfactory M = Marginal

File Ref # 11060

ITEM	RATING	COMMENTS
A. PRELIMINARY		
pump sta.	(influent, intermediate, final)	
pumps	S	
lights	S	
ventilation	U	not working
ladder	S	
access hatch	S	
prevent maint.	S	
bar screen	S	
disposal of grit	S	
grit removal	S	
comminutor	NA	
B. EQUALIZATION TANK	infl / eff	
pumps	S / S	
splitter box	NA / U	Box needs resurfacing
air header	S / S	
air blowers	S / S	
tank condition	S / U	GRATING SUPPORT needs resurfacing
prevent maint.	S / U	+ painting, piping/flanges need rust maintn
C. AERATION TANK		
air header/drops	NA	
roll/mixing		
foam		
air blowers		
tank condition		
prevent maint.		
D. RBC/TRICKLING FILTER		
growth	NA	
mechanical opera.		
covering/hatch		
media condition		
prevent maint.		
E. OXIDATION DITCH		
roll/mixing	NA	
paddle mixer		
tank condition		
prevent maint.		
F. SBR		
air header/drops	S	
roll/ mixing	S	
foam	S	
air blowers	S	
auto valves	S	
decant mechanism	S	
tank condition	S	
prevent maint.	U	CA[illegible] water line w/ hose going [illegible] SBR

18-1953.01/0000

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield ~~Commons~~ GARDENS SPDES NO. 0209324 DATE 1/18/07

G. SETTLING

scum removal	N/A	
sludge removal mec	↓	
effluent quality		
tank condition		
prevent maint.	✓	

H. DENITRIFICATION

media	N/A	
backwash pumps	↓	
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.	✓	

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	

J. CHEMICAL STORAGE

overfill alarm	N/A	
leak alarm	↓	
feed pumps		
chemical supply		
mixers, lights, etc.		
chemical piping		
tank condition		
prevent maint.	✓	

K. EFFLUENT

disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	

L. GENERAL

building	S	~~Post emergency action plan at entrance of bldg~~
grounds	S	
flow meter	U	→ uncalibrated - Find vendor to calibrate
RPZ	U	→ Must post inspection of RPZ and tag of date inspected missing EXP 7/5/07?
standby power	S	
safety items	S	
prevent maint.	U	
odors	S	

INSP Signature [signature] TITLE Public Health DATE 1/18/07

FAC REP Signature [signature] VP GH DATE 1-18-07

18-1582: 3/98cg

O & M STANDARDS

LANT NAME: Larkfield Commons ANNOUNCED: Yes [✓] No [ ] SPDES NO. 0209325

PLANT OWNER: ATRIA ACCESS KEY HOLDER NAME: MAINTENANCE PHONE: 516-903-4065

OPERATOR: PAT ANDARE, On Record With Dept.: Yes [✓] No [ ]

DESIGNATED EMPLOYEES: 4-H MAINTENANCE

EMERGENCY PHONE NO. POSTED Yes.

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/08 ASAP
2) Operator's License	S	
3) Waivers	S	
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	U	Log Book is inaccurate
Results, Calibration Dates	S	must record NH_3, NO_3, NO_2
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	U	not present - now are testing nitrogen.
Other (As Required by SPDES)	S	
2) Competent Use Demonstrated	S	

INSPECTOR: LAURA TAENZER DATE: 1/18/07 RECEIVED BY: [signature]

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

David G. Graham, M.D., M.P.H.
Acting Commissioner

December 01 , 2006

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2006-Q4 Inspection Date: 10/25/2006

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-5769.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Mana 360 Yaphank Avenue - Suite 2C - Yaphank NY 11980
Phone (631) 852-5769 Fax (631) 852-5755

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209324 DATE 10/25/06

TYPE OF INSPECTION _____ annual _____ recon ✓ _____ unannounced _____ sample # 00472706102

INSPECTOR Laura Jaenzer WEATHER Cold, Sunny

RATING CODES: S = Satisfactory U = Unsatisfactory (M) = Marginal File Ref # 11060

ITEM	RATING	COMMENTS
A. PRELIMINARY		
pump sta.	(influent, intermediate, final)	
pumps	S	trip unit not working - fix ASAP
lights	S	
ventilation	S	
ladder	S	
access hatch	S	
prevent maint.	S	
bar screen	S	
disposal of grit	S	
grit removal	S	
comminutor	N/A	
B. EQUALIZATION TANK	infl. / effl.	
pumps	S	
splitter box	N/A / U	Box needs resurfacing
air header	S	
air blowers	S	
tank condition	S / U	Grating support needs resurfacing + painting
prevent maint.	S	
C. AERATION TANK		
air header/drops	N/A	
roll/mixing		
foam		
air blowers		
tank condition		
prevent maint.		
D. RBC/TRICKLING FILTER		
growth	N/A	
mechanical opera.		
covering/hatch		
media condition		
prevent maint.		
E. OXIDATION DITCH		
roll/mixing	N/A	
paddle mixer		
tank condition		
prevent maint.		
F. SBR		
air header/drops		
roll/ mixing		
foam		
air blowers		
auto valves		
decant mechanism		
tank condition		
prevent maint. *	U	can off water line w/ hose into SBR. ASAP.

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209324 DATE 10/25/06

G. SETTLING

scum removal	N/A	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.		

H. DENITRIFICATION

media	N/A	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.		

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	

J. CHEMICAL STORAGE

overfill alarm	N/A	
leak alarm		
feed pumps		
chemical supply		
mixers, lights, etc.		
chemical piping		
tank condition		
prevent maint.		

K. EFFLUENT

disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	

L. GENERAL

building	U	① POST EMERGENCY # on outside of Bldg
grounds		② Support beams on ceiling are rusting – resurface + paint.
flow meter	U	→ needs to be calibrated ASAP
RPZ	S	→ EXP 7/5/07
standby power	S	
safety items	U	See "F"
prevent maint.	U	
odors	S	

INSP Signature [signature] TITLE Public Health Sa. DATE 10/25/06

FAC REP Signature [signature] TITLE V.P. C/H DATE 10-25-06

18-1582: 3/98cg

O & M STANDARDS

PLANT NAME: Lakefield Gardens ANNOUNCED: Yes [✓] No [ ] SPDES NO. 0209325

PLANT OWNER: ATRIA ACCESS KEY HOLDER NAME: Pedro (Maini) PHONE: 576-9034065

OPERATOR: PAT ANDARE, On Record With Dept.: Yes [✓] No [ ]

DESIGNATED EMPLOYEES: 4-H MAINTENANCE

EMERGENCY PHONE NO. POSTED no - POST EMERGENCY # ASAP

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/08 EXP
2) Operator's License	S	
3) Waivers	S	
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other (As Required by SPDES)	S	
2) Competent Use Demonstrated	S	

INSPECTOR: LAURA JAENICKE DATE: 10/23/06 RECEIVED BY: [signature]

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

BRIAN L. HARPER, M.D., M.P.H.
Commissioner

July 31 , 2006

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2006-Q3 Inspection Date: 7/13/2006

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-5769.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - 360 Yaphank Avenue - Suite 2C - Yaphank NY 11980
Phone (631) 852-5769 Fax (631) 852-5755

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME LARKfield Gardens STP SPDES NO. 0209324 DATE 7/13/06

TYPE OF INSPECTION _____ annual ✓ recon _____ unannounced _____ sample # 00472706071:

INSPECTOR LAURA TAENZER WEATHER SUNNY

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal

File Ref # 11060

ITEM	RATING	COMMENTS
A. PRELIMINARY		
pump sta.	(influent, intermediate, final)	
pumps	S	
lights	S	
ventilation	U	vent out for repair
ladder	S	
access hatch	S	
prevent maint.	S	
bar screen	S	
disposal of grit	S	
grit removal	S	
comminutor	N/A	
B. EQUALIZATION TANK	Inf / Eff.	
pumps	S / S	
splitter box	N/A / U	Box needs resurfacing
air header	S / S	
air blowers	S / S	
tank condition	S / U	GRATING SUPPORTS need RESURFACING
prevent maint.	S / S	
C. AERATION TANK		
air header/drops	N/A	
roll/mixing	↓	
foam	↓	
air blowers	↓	
tank condition	↓	
prevent maint.	✓	
D. RBC/TRICKLING FILTER		
growth	N/A	
mechanical opera.	↓	
covering/hatch	↓	
media condition	↓	
prevent maint.	✓	
E. OXIDATION DITCH		
roll/mixing	N/A	
paddle mixer	↓	
tank condition	↓	
prevent maint.	✓	
F. SBR (1)		
air header/drops	S	
roll/ mixing	S	
foam	S	
air blowers	S	
auto valves	S	
decant mechanism	S	
tank condition	S	
prevent maint.	U	take waterline hose out of tank and cap off to prevent [illegible]

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209324 DATE 7/13/06

G. SETTLING		
scum removal	N/A	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.		
H. DENITRIFICATION		
media	N/A	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.		
I. SLUDGE RETURN/WASTE		
sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	
J. CHEMICAL STORAGE		
overfill alarm	N/A	
leak alarm		
feed pumps		
chemical supply		
mixers, lights, etc.		
chemical piping		
tank condition		
prevent maint.		
K. EFFLUENT		
disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	
L. GENERAL		
building	W	Post Emergency # on outside of bldg
grounds	S	
flow meter	U	needs to BE calibrated, not working
RPZ	S	7/5/07 Exp
standby power	U	keep hours on log.
safety items	M	see "F."
prevent maint.	S	
odors	S	

INSP Signature [signature] TITLE Public Health S. DATE 7/13/06

FAC REP Signature Michael Sp[illegible] TITLE DATE

18-1582: 3/98cg

O & M STANDARDS

PLANT NAME: Larkfield Gard. ANNOUNCED: Yes [✓] No [ ] SPDES NO. 0209325

PLANT OWNER: Same (ATRIA) ACCESS KEY HOLDER NAME: Pedro (MAINT) PHONE: 516-903 4065

OPERATOR: Pat ~~[illegible]~~ ANDARE On Record With Dept.: Yes [✓] No [ ]

DESIGNATED EMPLOYEES: 4-H Maintenance

EMERGENCY PHONE NO. POSTED No - POST EMERGENCY #

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/08 EXP.
2) Operator's License	S	
3) Waivers	S	
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	U	Post record hours.
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other(As Required by SPDES)	S	
2) Competent Use Demonstrated	S	

INSPECTOR: LAURA TAENZER DATE: 7/13/06 RECEIVED BY: M Span 7/13

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

BRIAN L. HARPER, M.D., M.P.H.
Commissioner

April 18 , 2006

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2006-Q2 Inspection Date: 4/13/2006

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-5769.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - 360 Yaphank Avenue - Suite 2C - Yaphank NY 11980
Phone (631) 852-5769 Fax (631) 852-5755

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME LARKFIELD GARDENS STP SPDES NO. 0209324 DATE 4/13/16

TYPE OF INSPECTION ✓ annual ____ recon ____ unannounced ____ sample # 004727060413

INSPECTOR L. Taenzer WEATHER Cloudy

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 11060

ITEM	RATING	COMMENTS
A. PRELIMINARY		
pump sta.	(influent, intermediate, final)	
pumps	S	
lights	S	
ventilation	U	vent not working - check electricity
ladder	S	
access hatch	S	
prevent maint.	S	
bar screen	S	
disposal of grit	S	
grit removal	S	
comminutor	N/A	
B. EQUALIZATION TANK	Inf / Eff.	
pumps	S / S	
splitter box	N/A / U	Box needs RESURFACING.
air header	S / S	
air blowers	S / S	
tank condition	S / U	GRATING SUPPORTS NEED RESURFACING.
prevent maint.	S / S	
C. AERATION TANK		
air header/drops	N/A	
roll/mixing	↓	
foam	↓	
air blowers	↓	
tank condition	↓	
prevent maint.	↓	
D. RBC/TRICKLING FILTER		
growth	N/A	
mechanical opera.	↓	
covering/hatch	↓	
media condition	↓	
prevent maint.	↓	
E. OXIDATION DITCH		
roll/mixing	N/A	
paddle mixer	↓	
tank condition	↓	
prevent maint.	↓	
F. SBR (1)		
air header/drops	S	
roll/ mixing	S	WATER LINE LOCATION IN SBR TANK MUST BE DETERMINED. (MUST BE REMOVED)
foam	S	
air blowers	S	
auto valves	S	
decant mechanism	S	
tank condition	S	
prevent maint.	S	

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME LARKFIELD GARDENS SPDES NO. 0209324 DATE 4/13/06

G. SETTLING

scum removal	N/A	
sludge removal mec	↓	
effluent quality	↓	
tank condition	↓	
prevent maint.	✓	

H. DENITRIFICATION

media	N/A	
backwash pumps	↓	
mudwell pumps	↓	
backwash system	↓	
air blowers	↓	
auto valves	↓	
tank condition	↓	
prevent maint.	✓	

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	

J. CHEMICAL STORAGE

overfill alarm	N/A	
leak alarm	↓	
feed pumps	↓	
chemical supply	↓	
mixers, lights, etc.	↓	
chemical piping	↓	
tank condition	↓	
prevent maint.	✓	

K. EFFLUENT

disinfection equip	N/A	
effluent quality	U	Ammonia high
rec water condition	N/A	
leaching beds/pools	S	

L. GENERAL

building	S	
grounds	S	
flow meter	U	NEEDS TO BE CALIBRATED, NOT WORKING.
RPZ	S	10/27/06 EXP.
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature [signature] TITLE Public Health Sanit DATE 4/13/06

FAC REP Signature [signature] TITLE V.P. 4H DATE 4-13-06

18-1582: 3/98cg

O & M STANDARDS

ANT NAME: LARKFIELD GARDENS ANNOUNCED: Yes [✓] No [ ] SPDES NO. 0209325

PLANT OWNER: Same ACCESS KEY HOLDER NAME: Pedro (MAINTENCE IN BLDG) PHONE: 516-903 4065

OPERATOR: Pat. ANDREAS, On Record With Dept.: Yes [✓] No [ ]

DESIGNATED EMPLOYEES: 4-H MAINT.

EMERGENCY PHONE NO. POSTED NO - POST EMERGENCY #.

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/08 EXP
2) Operator's License	S	
3) Waivers	S	
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other (As Required by SPDES)	S	
2) Competent Use Demonstrated	S	

INSPECTOR: LAURA TAENZER DATE: 4/13/06 RECEIVED BY: MS

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

BRIAN L. HARPER, M.D., M.P.H.
Commissioner

January 31 , 2006

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2006-Q1 Inspection Date: 1/19/2006

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-2771.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Ma - 360 Yaphank Avenue - Suite 2C - Yaphank NY 11980
Phone (631) 852-5769 Fax (631) 852-5755

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 1/19/06

YPE OF INSPECTION _____ annual X recon _____ unannounced _____ sample #0043/8060/19

INSPECTOR C. Olsen WEATHER Sunny/Cool

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 11060

ITEM	RATING	COMMENTS
A. PRELIMINARY		
pump sta.	(influent, intermediate, final)	
pumps	S	
lights	S	
ventilation	S	
ladder	S	
access hatch	S	
prevent maint.	S	
bar screen	S	
disposal of grit	S	
grit removal	S	
comminutor	N/A	
B. EQUALIZATION TANK	Inf / Eff	
pumps	S / S	
splitter box	N/A / U	Needs resurfacing
air header	S / N/A	
air blowers	S /	
tank condition	S / S	Grating supports need resurfacing
prevent maint.	S / S	
C. AERATION TANK		
air header/drops	N/A	
roll/mixing		
foam		
air blowers		
tank condition		
prevent maint.		
D. RBC/TRICKLING FILTER		
growth	N/A	
mechanical opera.		
covering/hatch		
media condition		
prevent maint.		
E. OXIDATION DITCH		
roll/mixing	N/A	
paddle mixer		
tank condition		
prevent maint.		
F. SBR (1)		
air header/drops	S	Water line in SBR tank must be removed after it is determined where it comes from. Water lines cannot be located in aeration tanks.
roll/ mixing	S	
foam	S	
air blowers	S	
auto valves	S	
decant mechanism	S	
tank condition	S	
prevent maint.	S	

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 1/19/06

G. SETTLING		
scum removal	N	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.	A	
H. DENITRIFICATION		
media	N	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.	A	
I. SLUDGE RETURN/WASTE		
sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	
J. CHEMICAL STORAGE		
overfill alarm	S	
leak alarm	S	
feed pumps	S	
chemical supply	S	
mixers, lights, etc.	S	
chemical piping	S	
tank condition	S	
prevent maint.	S	
K. EFFLUENT		
disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	
L. GENERAL		
building	S	
grounds	S	
flow meter	S	
RPZ	S	10/29/05
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature C. [illegible] TITLE PMS DATE 1/19/06

FAC REP Signature [illegible] TITLE V.P. 4th. DATE 1-19-06

18-1582: 3/98cg

O & M STANDARDS

ANT NAME: Larkfield Gardens ANNOUNCED: Yes [X] No [ ] SPDES NO. 0207325

PLANT OWNER: Same ACCESS KEY HOLDER NAME: Pam (mint) PHONE: _____

OPERATOR: 4-H Mint, On Record With Dept.: Yes [X] No [ ]

DESIGNATED EMPLOYEES: 4-H Mint, _____

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/08
2) Operator's License	S	
3) Waivers	S	
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other(As Required by SPDES)	S	
2) Competent Use Demonstrated	N/A	

INSPECTOR: [signature] DATE: 1/19/08 RECEIVED BY: [signature]

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

DAVID G. GRAHAM, M.D., M.P.H.
Chief Deputy Commissioner

BRIAN L. HARPER, M.D., M.P.H.
Commissioner

ELIZABETH M. HARRINGTON, ESQ.
Deputy Commissioner

November 01 , 2005

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2005-Q4 Inspection Date: 10/20/2005

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-2771.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - 360 Yaphank Avenue - Suite 2C - Yaphank NY 11980
Phone (631) 852-5769 Fax (631) 852-5755

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 10/20/05

TYPE OF INSPECTION _____ annual X recon _____ unannounced _____ sample # 00431805 1020

INSPECTOR C Allen WEATHER Sunny / cool

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 11060

ITEM	RATING	COMMENTS
A. PRELIMINARY		
pump sta. (influent, intermediate, final)		
pumps	S	
lights	S	
ventilation	S	
ladder	S	
access hatch	S	
prevent maint.	S	
bar screen	S	
disposal of grit	S	
grit removal	S	
comminutor	N/A	
B. EQUALIZATION TANK	Inf / Eff	
pumps	S / S	
splitter box	N/A / S	Needs resurfacing
air header	S / N/A	
air blowers	S /	
tank condition	S / S	Grating supports need resurfacing.
prevent maint.	S / S	
C. AERATION TANK		
air header/drops	N	
roll/mixing		
foam		
air blowers		
tank condition		
prevent maint.	A	
D. RBC/TRICKLING FILTER		
growth	N	
mechanical opera.		
covering/hatch		
media condition		
prevent maint.	A	
E. OXIDATION DITCH		
roll/mixing	N	
paddle mixer		
tank condition		
prevent maint.	A	
F. SBR (X)		
air header/drops	S	Water line in SBR Tank must be removed.
roll/ mixing	S	after you find and inform it cross from. Water lines
foam	S	can not be located in aeration tanks.
air blowers	S	
auto valves	S	
decant mechanism	S	
tank condition	S	
prevent maint.	S	

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Lakefield Gardens SPDES NO. 0209325 DATE 10/20/05

G. SETTLING

scum removal	N	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.	A	

H. DENITRIFICATION

media	N	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.	A	

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers		
sludge disposal	S	
tank condition	S	
prevent maint.	S	

J. CHEMICAL STORAGE

overfill alarm	S	
leak alarm	S	
feed pumps	S	
chemical supply	S	
mixers, lights, etc.	S	
chemical piping	S	
tank condition	S	
prevent maint.	S	

K. EFFLUENT

disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	

L. GENERAL

building	S	
grounds	S	
flow meter	S	
RPZ	U	8/2004 needs testing
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature C. [illegible] TITLE PMS DATE 10/20/05

FAC REP Signature [illegible] TITLE VP. 4H. DATE 10-20-05.

18-1582: 3/98cg

O & M STANDARDS

PLANT NAME: Larkfield Gardens ANNOUNCED: Yes [X] No [ ] SPDES NO. 0209325

PLANT OWNER: Same ACCESS KEY HOLDER NAME: Pete (Maint) PHONE:

OPERATOR: 4-H Maint, On Record With Dept.: Yes [X] No [ ]

DESIGNATED EMPLOYEES: 4-H Maint, _____

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/08
2) Operator's License	S	
3) Waivers	S	
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other (As Required by SPDES)	S	
2) Competent Use Demonstrated	N/A	

INSPECTOR: [signature] DATE: 8/20/05 RECEIVED BY: [signature]

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

DAVID G. GRAHAM, M.D., M.P.H.
Chief Deputy Commissioner

BRIAN L. HARPER, M.D., M.P.H.
Commissioner

ELIZABETH M. HARRINGTON, ESQ.
Deputy Commissioner

August 25 , 2005

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2005-Q3 Inspection Date: 7/28/2005

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-2771.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - Riverhead County Center - Riverhead NY 11901-3397
Phone (631) 852-2100 Fax (631) 852-3092

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 7/28/05

YPE OF INSPECTION X annual ____ recon ____ unannounced ____ sample # 0033/805072 8

INSPECTOR C. Olsen WEATHER Overcast/Cool

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 11060

ITEM	RATING			COMMENTS
A. PRELIMINARY				
pump sta.	(influent, intermediate, final)			
pumps	S			
lights	S			
ventilation	S			
ladder	S			
access hatch	S			
prevent maint.	S			
bar screen	S			
disposal of grit	S			
grit removal	S			
comminutor	N/A			
B. EQUALIZATION TANK	Inf	Eff		
pumps	S	S		
splitter box	N/A	U		Needs resurfacing
air header	S	N/A		
air blowers	S			
tank condition	S	S		Grating supports need resurfacing.
prevent maint.	S	S		
C. AERATION TANK				
air header/drops	N/A			
roll/mixing				
foam				
air blowers				
tank condition				
prevent maint.				
D. RBC/TRICKLING FILTER				
growth	N/A			
mechanical opera.				
covering/hatch				
media condition				
prevent maint.				
E. OXIDATION DITCH				
roll/mixing	N/A			
paddle mixer				
tank condition				
prevent maint.				
F. SBR (1)				
air header/drops	S			
roll/ mixing	S			
foam	S			
air blowers	S			Electrical panels Painted.
auto valves	S			
decant mechanism	S			
tank condition	S			
prevent maint.	S			

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 7/28/05

G. SETTLING

scum removal	N	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.	A	

H. DENITRIFICATION

media	N	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.	A	

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	U	Needs repair
sludge disposal	S	
tank condition	S	
prevent maint.	S	

J. CHEMICAL STORAGE

overfill alarm	S	
leak alarm	S	
feed pumps	S	
chemical supply	S	
mixers, lights, etc.	S	
chemical piping	S	
tank condition	S	
prevent maint.	S	

K. EFFLUENT

disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	

L. GENERAL

building	S	
grounds	S	
flow meter	S	
RPZ	S	8/3/04
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature C. Ol TITLE P/S DATE 7/28/05

FAC REP Signature Michael Sp TITLE V.P. 4H DATE 7-28-05

18-1582: 3/98cg

O & M STANDARDS

ANT NAME: Larkfield Gardens ANNOUNCED: Yes [X] No [ ] SPDES NO. 0209325

PLANT OWNER: Same ACCESS KEY HOLDER NAME: Reno (Maint) PHONE:

OPERATOR: 4-H Maint. ,On Record With Dept.: Yes [X] No [ ]

DESIGNATED EMPLOYEES: 4-H Maint.

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/08
2) Operator's License	S	
3) Waivers	S	
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other(As Required by SPDES)	S	
2) Competent Use Demonstrated	N/A	

INSPECTOR: [illegible] DATE: 7/28/08 RECEIVED BY: [illegible]

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

Department of Health Services
Division of Environmental Quality

Brian L. Harper, M.D., M.P.H.
Commissioner

May 27, 2005

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2005-Q2 Inspection Date: 4/21/2005

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-2771.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - Riverhead County Center - Riverhead NY 11901-3397
Phone (631) 852-2100 Fax (631) 852-3092

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 4/21/05

TYPE OF INSPECTION _____ annual X recon _____ unannounced _____ sample # 0053/050427

INSPECTOR CDL WEATHER Sunny/Cool

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 11060

ITEM	RATING			COMMENTS
A. PRELIMINARY				
pump sta.	(influent, intermediate, final)			
pumps	S			
lights	S			
ventilation	S			
ladder	S			
access hatch	S			
prevent maint.	S			
bar screen	S			
disposal of grit	S			
grit removal	S			
comminutor	N/A			
B. EQUALIZATION TANK	N/A	Eff		
pumps	S	~~U~~ S		
splitter box	N/A	U		Needs to be resurfaced.
air header	S	N/A		
air blowers	S			
tank condition	S	S		Grating supports need to be resurfaced.
prevent maint.	S	S		
C. AERATION TANK				
air header/drops	N/A			
roll/mixing				
foam				
air blowers				
tank condition				
prevent maint.				
D. RBC/TRICKLING FILTER				
growth	N/A			
mechanical opera.				
covering/hatch				
media condition				
prevent maint.				
E. OXIDATION DITCH				
roll/mixing	N/A			
paddle mixer				
tank condition				
prevent maint.				
F. SBR (1)				
air header/drops	S			
roll/ mixing	S			
foam	S			
air blowers	~~S~~			Electrical boxes need painting
auto valves	S			
decant mechanism	S			
tank condition	S			Grating supports need resurfacing
prevent maint.	S			

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 4/21/05

G. SETTLING

scum removal	N	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.	A	

H. DENITRIFICATION

media	N	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.	A	

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	

J. CHEMICAL STORAGE

overfill alarm	S	
leak alarm	S	
feed pumps	S	
chemical supply	S	
mixers, lights, etc.	S	
chemical piping	S	
tank condition	S	
prevent maint.	S	

K. EFFLUENT

disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	

L. GENERAL

building	S	
grounds	S	
flow meter	S	
RPZ	S	8/3/04
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature C. [illegible] TITLE [illegible] DATE 4/21/05

FAC REP Signature M Sp[illegible] TITLE VP 4H DATE 4-21-05

18-1582: 3/98cg

O & M STANDARDS

PLANT NAME: Larkfield Gardens ANNOUNCED: Yes [X] No [ ] SPDES NO. 0209325

PLANT OWNER: Same ACCESS KEY HOLDER NAME: Pete (Maint) PHONE: _____

OPERATOR: 4-H Maint, On Record With Dept.: Yes [X] No [ ]

DESIGNATED EMPLOYEES: 4-H Maint, _____

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/08
2) Operator's License	S	
3) Waivers	S	
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other(As Required by SPDES)	S	
2) Competent Use Demonstrated	N/A	

INSPECTOR: C. Allen DATE: 4/21/05 RECEIVED BY: MSp

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

Department of Health Services
Division of Environmental Quality

Brian L. Harper, M.D., M.P.H.
Commissioner

March 04 , 2005

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2005-Q1 Inspection Date: 1/27/2005

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-2771.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Ma - Riverhead County Center - Riverhead NY 11901-3397
Phone (631) 852-2100 Fax (631) 852-3092

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Lakefield Gardens SPDES NO. 0209325 DATE 1/27/05

TYPE OF INSPECTION _____ annual X recon _____ unannounced _____ sample # FB3A050127

INSPECTOR C. Alex WEATHER Sunny / Cold

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 11060

ITEM	RATING		COMMENTS
A. PRELIMINARY			
pump sta.	(influent, intermediate, final)		
pumps	S		
lights	S		
ventilation	S		
ladder	S		
access hatch	S		
prevent maint.	S		
bar screen	S		
disposal of grit	S		
grit removal	S		
comminutor	N/A		
B. EQUALIZATION TANK	Int	Eff	
pumps	S	S	
splitter box	N/A	S	
air header	S	N/A	
air blowers	S		
tank condition	S	S	
prevent maint.	S	S	
C. AERATION TANK			
air header/drops	N/A		
roll/mixing			
foam			
air blowers			
tank condition			
prevent maint.			
D. RBC/TRICKLING FILTER			
growth	N/A		
mechanical opera.			
covering/hatch			
media condition			
prevent maint.			
E. OXIDATION DITCH			
roll/mixing	N/A		
paddle mixer			
tank condition			
prevent maint.			
F. SBR (1)			
air header/drops	S		
roll/ mixing	S		
foam	S		
air blowers	S		
auto valves	S		
decant mechanism	S		
tank condition	S		
prevent maint.	S		

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 1/27/05

G. SETTLING

scum removal	N/	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.	/A	

H. DENITRIFICATION

media	N/	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.	/A	

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	

J. CHEMICAL STORAGE

overfill alarm	S	
leak alarm	S	
feed pumps	S	
chemical supply	S	
mixers, lights, etc.	S	
chemical piping	S	
tank condition	S	
prevent maint.	S	

K. EFFLUENT

disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	

L. GENERAL

building	S	
grounds	S	
flow meter	S	
RPZ	S	7/21/04
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature C Olsen TITLE AHS DATE 1/27/05

FAC REP Signature [illegible] TITLE VP 4-H DATE 1-27-05

18-1582: 3/98cg

O & M STANDARDS

NT NAME: Larkfield Gardens ANNOUNCED: Yes [X] No [ ] SPDES NO. 0209325

PLANT OWNER: Same ACCESS KEY HOLDER NAME: Aero (Maint) PHONE: _____

OPERATOR: 4-H Maint, On Record With Dept.: Yes [ ] No [ ]

DESIGNATED EMPLOYEES: 4-H Maint, _____

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/08
2) Operator's License	S	
3) Waivers	S	
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other(As Required by SPDES)	S	
2) Competent Use Demonstrated	N/A	

INSPECTOR: [signature] DATE: 1/27/05 RECEIVED BY: [signature]

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

Department of Health Services
Division of Environmental Quality

Brian L. Harper, M.D., M.P.H.
Commissioner

November 09 , 2004

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2004-Q4 Inspection Date: 10/28/2004

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-2771.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - Riverhead County Center - Riverhead NY 11901-3397
Phone (631) 852-2100 Fax (631) 852-3092

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 10/28/04

TYPE OF INSPECTION _____ annual X recon _____ unannounced _____ sample # 0033/804/028

INSPECTOR C. Olsen WEATHER Sunny/Cool

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 11060

ITEM	RATING			COMMENTS
A. PRELIMINARY				
pump sta.	(influent, intermediate, final)			
pumps	S			
lights	S			
ventilation	S			
ladder	S			
access hatch	S			
prevent maint.	S			
bar screen	S			
disposal of grit	S			
grit removal	S			
comminutor	N/A			
B. EQUALIZATION TANK	Inf	Eff		
pumps	S	S		
splitter box	N/A	S		
air header	S	N/A		
air blowers	S			
tank condition	S	S		
prevent maint.	S	S		
C. AERATION TANK				
air header/drops	N/A			
roll/mixing				
foam				
air blowers				
tank condition				
prevent maint.				
D. RBC/TRICKLING FILTER				
growth	N/A			
mechanical opera.				
covering/hatch				
media condition				
prevent maint.				
E. OXIDATION DITCH				
roll/mixing	N/A			
paddle mixer				
tank condition				
prevent maint.				
F. SBR (1)				
air header/drops	S			
roll/ mixing	S			
foam	S			
air blowers	S			
auto valves	S			
decant mechanism	S			
tank condition	S			
prevent maint.	S			

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 10/28/04

G. SETTLING

scum removal	N	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.	A	

H. DENITRIFICATION

media	N	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.	A	

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	

J. CHEMICAL STORAGE

overfill alarm	S	
leak alarm	S	
feed pumps	S	
chemical supply	S	
mixers, lights, etc.	S	
chemical piping	S	
tank condition	S	
prevent maint.	S	

K. EFFLUENT

disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	

L. GENERAL

building	S	
grounds	S	
flow meter	S	
RPZ	S	3/21/04
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature C. Olsen TITLE AHS DATE 10/28/04

FAC REP Signature MSpa TITLE V.P. 4-H-Mgr. DATE 10/28/04

18-1582: 3/98cg

O & M STANDARDS

PLANT NAME: Larkfield Gardens ANNOUNCED: Yes ✓ No [ ] SPDES NO. 0207325

PLANT OWNER: Same ACCESS KEY HOLDER NAME: Pedro (Maint) PHONE:

OPERATOR: 4-H Maint. ,On Record With Dept.: Yes ✓ No [ ]

DESIGNATED EMPLOYEES: 4-H Maint,

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/08
2) Operator's License	S	
3) Waivers	S	
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other(As Required by SPDES)	S	
2) Competent Use Demonstrated	N/A	

INSPECTOR: C. Ols DATE: 10/28/04 RECEIVED BY: M Spa

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

Department of Health Services
Division of Environmental Quality

Linda Mermelstein, M.D., M.P.H.
Acting Commissioner

August 06 , 2004

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2004-Q3 Inspection Date: 7/22/2004

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-2771.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - Riverhead County Center - Riverhead NY 11901-3397
Phone (631) 852-2100 Fax (631) 852-3092

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0207325 DATE 7/22/04

TYPE OF INSPECTION X annual ____ recon ____ unannounced ____ sample #None

INSPECTOR C. Olsen WEATHER Sunny / Hot

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 11060

ITEM	RATING			COMMENTS
A. PRELIMINARY	(influent, intermediate, final)			
pump sta.				
pumps	S			Clean. looks good.
lights	S			
ventilation	S			
ladder	S			
access hatch	S			
prevent maint.	S			
bar screen	S			
disposal of grit	S			
grit removal	S			
comminutor	N/A			
B. EQUALIZATION TANK	Inf	Eff.		
pumps	S	S		
splitter box	N/A	S		
air header	S	N/A		
air blowers	S			
tank condition	S	S		
prevent maint.	S	S		
C. AERATION TANK				
air header/drops	N/A			
roll/mixing				
foam				
air blowers				
tank condition				
prevent maint.				
D. RBC/TRICKLING FILTER				
growth	N/A			
mechanical opera.				
covering/hatch				
media condition				
prevent maint.				
E. OXIDATION DITCH				
roll/mixing	N/A			
paddle mixer				
tank condition				
prevent maint.				
F. SBR (1)				
air header/drops	S			
roll/ mixing	S			
foam	S			
air blowers	S			
auto valves	U			Decant valve malfunction - Must be checked out.
decant mechanism	S			
tank condition	S			
prevent maint.	S			

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 7/22/04

G. SETTLING		
scum removal	N	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.	A	
H. DENITRIFICATION		
media	N	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.	A	
I. SLUDGE RETURN/WASTE		
sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	
J. CHEMICAL STORAGE		
overfill alarm	S	
leak alarm	S	
feed pumps	S	
chemical supply	S	
mixers, lights, etc.	S	
chemical piping	S	
tank condition	S	
prevent maint.	S	
K. EFFLUENT		
disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	
L. GENERAL		
building	S	
grounds	S	
flow meter	S	
RPZ	S	2/21/04
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature C. Olsen TITLE PHS DATE 7/22/04

FAC REP Signature M Spa TITLE V.P 4H DATE

18-1582: 3/98cg

O & M STANDARDS

PLANT NAME: Larkfield Gardens ANNOUNCED: Yes [X] No [ ] SPDES NO. 0209325

PLANT OWNER: Same ACCESS KEY HOLDER NAME: Pena (Maint) PHONE:

OPERATOR: 4-H Maint, On Record With Dept.: Yes [X] No [ ]

DESIGNATED EMPLOYEES: 4-H Maint, _____

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/08
2) Operator's License	S	
3) Waivers	S	
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other(As Required by SPDES)	S	
2) Competent Use Demonstrated	N/A	

INSPECTOR: [signature] DATE: 7/22/04 RECEIVED BY: [signature]

18-0428..3/93

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

Department of Health Services
Division of Environmental Quality

Linda Mermelstein, M.D., M.P.H.
Acting Commissioner

June 11 , 2004

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2004-Q2 Inspection Date: 5/13/2004

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-2771.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - Riverhead County Center - Riverhead NY 11901-3397
Phone (631) 852-2100 Fax (631) 852-3092

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 5/13/04

TYPE OF INSPECTION _____ annual X recon _____ unannounced _____ sample # 0033180405 13

INSPECTOR C. Olsen WEATHER Sunny / warm

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 11080

ITEM	RATING			COMMENTS
A. PRELIMINARY				
pump sta.	(influent, intermediate, final)			
pumps	S			
lights	S			
ventilation	S			
ladder	S			
access hatch	S			
prevent maint.	S			
bar screen	S			
disposal of grit	S			
grit removal	S			
comminutor	N/A			
B. EQUALIZATION TANK	Inf	Eff		
pumps	S	S		
splitter box	N/A	S		
air header	S	N/A		
air blowers	S	N/A		
tank condition	S	S		
prevent maint.	S	S		
C. AERATION TANK				
air header/drops	M			
roll/mixing				
foam				
air blowers	A			
tank condition				
prevent maint.				
D. RBC/TRICKLING FILTER				
growth	M			
mechanical opera.				
covering/hatch				
media condition	A			
prevent maint.				
E. OXIDATION DITCH				
roll/mixing	M			
paddle mixer				
tank condition				
prevent maint.	N/A			
F. SBR				
air header/drops	S			
roll/ mixing	S			
foam	S			
air blowers	S			
auto valves	S			
decant mechanism	S			
tank condition	S			
prevent maint.	S			

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 5/13/04

G. SETTLING

scum removal	N	
sludge removal mec		
effluent quality		
tank condition	A	
prevent maint.		

H. DENITRIFICATION

media	N	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves	A	
tank condition		
prevent maint.		

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	

J. CHEMICAL STORAGE

overfill alarm	S	
leak alarm	S	
feed pumps	S	
chemical supply	S	
mixers, lights, etc.	S	
chemical piping	S	
tank condition	S	
prevent maint.	S	

K. EFFLUENT

disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	

L. GENERAL

building	S	
grounds	S	
flow meter	S	
RPZ	S	2/21/04
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature C. Olsen TITLE PHS DATE 5/13/04

FAC REP Signature MSp TITLE V.P. 4-H. DATE 5-13-04

18-1582: 3/98cg

O & M STANDARDS

PLANT NAME: Larkfield Gardens ANNOUNCED: Yes [X] No [ ] SPDES NO. 0209325

PLANT OWNER: Some ACCESS KEY HOLDER NAME: Pam (maint) PHONE:

OPERATOR: 4-H Maint, On Record With Dept.: Yes [X] No [ ]

DESIGNATED EMPLOYEES: 4-H Maint,

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/08
2) Operator's License	S	
3) Waivers	S	
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other(As Required by SPDES)	S	
2) Competent Use Demonstrated	N/A	

INSPECTOR: [signature] DATE 8-1-08 RECEIVED BY: [signature]

18-0428 3/03

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

Department of Health Services
Division of Environmental Quality

Linda Mermelstein, M.D., M.P.H.
Acting Commissioner

March 05 , 2004

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2004-Q1 Inspection Date: 2/10/2004

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-2771.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - Riverhead County Center - Riverhead NY 11901-3397
Phone (631) 852-2100 Fax (631) 852-3092

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 2/10/04

YPE OF INSPECTION _____ annual X recon _____ unannounced _____ sample # 0033180402 10

INSPECTOR C. Olsen WEATHER Sunny/cool

RATING CODES: (S = Satisfactory) U = Unsatisfactory M = Marginal File Ref # 11060

ITEM	RATING			COMMENTS
A. PRELIMINARY				
pump sta.	(influent, intermediate, final)			
pumps	S			
lights	S			
ventilation	S			
ladder	S			
access hatch	S			
prevent maint.	S			
bar screen	S			
disposal of grit	S			
grit removal	S			
comminutor	N/A			
B. EQUALIZATION TANK	Inf	Eff		
pumps	S	S		
splitter box	N/A	S		
air header	S	N/A		
air blowers	S			
tank condition	S	S		
prevent maint.	S	S		
C. AERATION TANK				
air header/drops	M			
roll/mixing				
foam				
air blowers				
tank condition				
prevent maint.	A			
D. RBC/TRICKLING FILTER				
growth	M			
mechanical opera.				
covering/hatch				
media condition				
prevent maint.	A			
E. OXIDATION DITCH				
roll/mixing	M			
paddle mixer				
tank condition				
prevent maint.	A			
F. SBR				
air header/drops	S			
roll/ mixing	S			
foam	S			
air blowers	S			
auto valves	S			
decant mechanism	S			
tank condition	S			
prevent maint.	S			

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 2/10/04

G. SETTLING

scum removal	N	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.	A	

H. DENITRIFICATION

media	N	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.	A	

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	

J. CHEMICAL STORAGE

overfill alarm	S	
leak alarm	S	
feed pumps	S	
chemical supply	S	
mixers, lights, etc.	S	
chemical piping	S	
tank condition	S	
prevent maint.	S	

K. EFFLUENT

disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	

L. GENERAL

building	S	
grounds	S	
flow meter	S	
RPZ	U	10/02 Yearly testing due.
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature [signature] TITLE PHS DATE 2/10/04

FAC REP Signature [signature] TITLE VP Ops DATE 2-10-04

18-1582: 3/98cg

O & M STANDARDS

PLANT NAME: Larkfield Gardens ANNOUNCED: Yes [X] No [ ] SPDES NO. 0209325

PLANT OWNER: Same ACCESS KEY HOLDER NAME: Pam (Maint) PHONE:

OPERATOR: 4-H Maint, On Record With Dept.: Yes [X] No [ ]

DESIGNATED EMPLOYEES: 4-H Maint

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	U	Copy needed on site - late filer w/ NOEC
2) Operator's License	S	Renewal application submitted
3) Waivers	S	deionite filters
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other(As Required by SPDES)	S	
2) Competent Use Demonstrated	N/A	

INSPECTOR: [signature] DATE: 2/10/04 RECEIVED BY: [signature]

18-0428..3/93

COUNTY OF SUFFOLK

Robert J. Gaffney
Suffolk County Executive

Department of Health Services
Division of Environmental Quality

Linda Mermelstein, M.D., M.P.H.
Acting Commissioner

January 13 , 2004

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2003-Q4 Inspection Date: 10/23/2003

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-3227.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - Riverhead County Center - Riverhead NY 11901-3397
Phone (631) 852-2100 Fax (631) 852-3092

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 10/23/03

TYPE OF INSPECTION _____ annual X recon _____ unannounced _____ sample # 0033/803/023

INSPECTOR C. Olsen WEATHER Overcast / cold 34°

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 11060

ITEM	RATING	COMMENTS
A. PRELIMINARY		
pump sta.	(influent, intermediate, final)	
pumps	S	
lights	S	
ventilation	N/A	
ladder	S	
access hatch	S	
prevent maint.	S	
bar screen	S	
disposal of grit	S	
grit removal	S	
comminutor	N/A	

	Inf	Eff
B. EQUALIZATION TANK		
pumps	S	S
splitter box	N/A	S
air header	S	N/A
air blowers	S	
tank condition	S	S
prevent maint.	S	S

C. AERATION TANK	
air header/drops	N/A
roll/mixing	
foam	
air blowers	
tank condition	
prevent maint.	

D. RBC/TRICKLING FILTER	
growth	N/A
mechanical opera.	
covering/hatch	
media condition	
prevent maint.	

E. OXIDATION DITCH	
roll/mixing	N/A
paddle mixer	
tank condition	
prevent maint.	

F. SBR	
air header/drops	S
roll/ mixing	S
foam	S
air blowers	S
auto valves	S
decant mechanism	S
tank condition	S
prevent maint.	S

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 10/23/03

G. SETTLING

scum removal	N	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.	A	

H. DENITRIFICATION

media	N	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.	A	

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	

J. CHEMICAL STORAGE

overfill alarm	S	
leak alarm	S	
feed pumps	S	
chemical supply	S	
mixers, lights, etc.	S	
chemical piping	S	
tank condition	S	
prevent maint.	S	

K. EFFLUENT

disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	

L. GENERAL

building	U	light over Equalization tank burned out.
grounds	S	light must be repaired or a new one installed
flow meter	S	near fine screen over walk way
RPZ	S	10/02
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature C. [illegible] TITLE PHS DATE 10/23/03

FAC REP Signature [illegible] TITLE V.P. Operations DATE 10-23-03

18-1582: 3/98cg

O & M STANDARDS

PLANT NAME: Larkfield Gardens ANNOUNCED: Yes [X] No [ ] SPDES NO. 0209325

PLANT OWNER: Same ACCESS KEY HOLDER NAME: Pers (Maint) PHONE: _____

OPERATOR: John Hunt, On Record With Dept.: Yes [ ] No [ ]

DESIGNATED EMPLOYEES: 4-H Maint., _____

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	U	8/1/03 current copy needed on site
2) Operator's License	S	
3) Waivers	S	Dentle Filters
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other(As Required by SPDES)	S	
2) Competent Use Demonstrated	N/A	

INSPECTOR: C. Ol DATE: 10/22/03 RECEIVED BY: M. S.

18-0428..3/93

COUNTY OF SUFFOLK

Robert J. Gaffney
Suffolk County Executive

Department of Health Services
Division of Environmental Quality

Linda Mermelstein, M.D., M.P.H.
Acting Commissioner

November 06 , 2003

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Dennis Greegan

Re:	Facility Name	Larkfield Gardens
	SPDES No.	NY-0209325
	SCDHS File Ref. No.	11060
	Inspection No.	11060-2003-Q3 Inspection Date: 7/17/2003

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of the inspection.

It is required that any items that have been rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please feel free to contact me at 852-3227.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Man... Riverhead County Center - Riverhead NY 11901-3397
Phone (631) 852-2100 Fax (631) 852-3092

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 10/23/03

TYPE OF INSPECTION _____ annual X recon _____ unannounced _____ sample # 0033/803/023

INSPECTOR C. Olsen WEATHER Overcast / cold 34°

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 11060

ITEM	RATING		COMMENTS
A. PRELIMINARY			
pump sta.	(influent, intermediate, final)		
pumps	S		
lights	S		
ventilation	N/A		
ladder	S		
access hatch	S		
prevent maint.	S		
bar screen	S		
disposal of grit	S		
grit removal	S		
comminutor	N/A		
B. EQUALIZATION TANK	Inf	Eff	
pumps	S	S	
splitter box	N/A	S	
air header	S	N/	
air blowers	S	/A	
tank condition	S	S	
prevent maint.	S	S	
C. AERATION TANK			
air header/drops	N/		
roll/mixing			
foam			
air blowers			
tank condition			
prevent maint.	/A		
D. RBC/TRICKLING FILTER			
growth	N/		
mechanical opera.			
covering/hatch			
media condition			
prevent maint.	/A		
E. OXIDATION DITCH			
roll/mixing	N/		
paddle mixer			
tank condition			
prevent maint.	/A		
F. SBR			
air header/drops	S		
roll/ mixing	S		
foam	S		
air blowers	S		
auto valves	S		
decant mechanism	S		
tank condition	S		
prevent maint.	S		

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 10/23/03

G. SETTLING

scum removal	N	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.	A	

H. DENITRIFICATION

media	N	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.	A	

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	

J. CHEMICAL STORAGE

overfill alarm	S	
leak alarm	S	
feed pumps	S	
chemical supply	S	
mixers, lights, etc.	S	
chemical piping	S	
tank condition	S	
prevent maint.	S	

K. EFFLUENT

disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	

L. GENERAL

building	U	light over Equalization tank burned out.
grounds	S	light must be repaired or a new one installed
flow meter	S	near fine screen over walk way
RPZ	S	10/02
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature C. [illegible] TITLE AHS DATE 10/23/03

FAC REP Signature [illegible] TITLE V.P. Operations DATE 10-23-03

18-1582: 3/98cg

O & M STANDARDS

PLANT NAME: Larkfield Gardens ANNOUNCED: Yes [X] No [ ] SPDES NO. 0209325

PLANT OWNER: Same ACCESS KEY HOLDER NAME: Pam (Maint) PHONE: _____

OPERATOR: John Hunt, On Record With Dept.: Yes [ ] No [ ]

DESIGNATED EMPLOYEES: 4-H Maint., _____

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	U	8/1/03 current copy needed on site
2) Operator's License	S	
3) Waivers	S	Dente Filters
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other (As Required by SPDES)	S	
2) Competent Use Demonstrated	N/A	

INSPECTOR: C. [illegible] DATE: 10/23/03 RECEIVED BY: [illegible]

18-0428..3/93

COUNTY OF SUFFOLK

ROBERT J. GAFFNEY
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

LINDA MERMELSTEIN, M.D., M.P.H.
ACTING COMMISSIONER

May 22, 2003

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Att: Dennis Greegan

Re:	Facility Name	Larkfield Gardens	
	SPDES Permit No.	NY-0209325	
	SCDHS File Ref. No.	11060	
	Inspection No.	11060-2003-Q2	Date of Inspection: 5/11/2003

Dear Mr. Greegan,

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of inspection.

It is required that any items rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies prior to the next quarterly inspection will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please do not hesitate to contact me at 852-3227.

Very truly yours,

Isidore Doroski
Senior Public Health Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

♦DIVISION OF ENVIRONMENTAL QUALITY ♦ OFFICE OF WASTEWATER MANAGEMENT ♦ RIVERHEAD COUNTY CENTER ♦ RIVERHEAD NY 11901-3397 ♦
Phone (631) 852-2100 Fax (631) 852-2092

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 5/1/03

YPE OF INSPECTION _____ annual X recon _____ unannounced _____ sample # 0033180305 01

INSPECTOR C. Olsen WEATHER Overcast/cool

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 11061

ITEM	RATING			COMMENTS
A. PRELIMINARY				
pump sta.	(influent, intermediate, final)			
pumps	S			
lights	S			
ventilation	U			Needs repair -
ladder	S			
access hatch	S			
prevent maint.	S			
bar screen	S			
disposal of grit	S			
grit removal	S			
comminutor	N/A			
B. EQUALIZATION TANK	Int	Final		
pumps	S	S		
splitter box	N/A	S		
air header	S	N/A		
air blowers	S			
tank condition	S	S		
prevent maint.	S	S		
C. AERATION TANK				
air header/drops	N/A			
roll/mixing				
foam				
air blowers				
tank condition				
prevent maint.				
D. RBC/TRICKLING FILTER				
growth	N/A			
mechanical opera.				
covering/hatch				
media condition				
prevent maint.				
E. OXIDATION DITCH				
roll/mixing	N/A			
paddle mixer				
tank condition				
prevent maint.				
F. SBR				
air header/drops	S			Computer program needs to be evaluated. Possible
roll/ mixing	S			upgrade - Facility was decanting w/air on.
foam	S			
air blowers	S			
auto valves	S			
decant mechanism	S			
tank condition	S			
prevent maint.	S			

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 5/1/03

G. SETTLING		
scum removal	N/A	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.	N/A	
H. DENITRIFICATION		
media	N/A	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition	N/A	
prevent maint.		
I. SLUDGE RETURN/WASTE		
sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	
J. CHEMICAL STORAGE		
overfill alarm	S	
leak alarm	S	
feed pumps	S	
chemical supply	S	
mixers, lights, etc.	S	
chemical piping	S	
tank condition	S	
prevent maint.	S	
K. EFFLUENT		
disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	
L. GENERAL		
building	S	
grounds	S	
flow meter	S	
RPZ	S	10/32
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature C. Oo TITLE PHS DATE 5/1/03

FAC REP Signature MS TITLE V.P. 4-H.A. DATE 5-1-03

18-1582: 3/98cg

O & M STANDARDS

PLANT NAME: Larkfield Gardens ANNOUNCED: Yes [X] No [ ] SPDES NO. 0209325

PLANT OWNER: Same ACCESS KEY HOLDER NAME: Pend (Maint) PHONE: [illegible]

OPERATOR: John Hunt, On Record With Dept.: Yes [X] No [ ]

DESIGNATED EMPLOYEES: 4-H Maint, _____

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/03
2) Operator's License	S	
3) Waivers	~~N~~ S	Denite filter
4) Consent Orders	N/A	
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other (As Required by SPDES)	S	
2) Competent Use Demonstrated	N/A	

INSPECTOR: C. R DATE: 5/1/03 RECEIVED BY: M Sp

18-0428..3/93

COUNTY OF SUFFOLK

ROBERT J. GAFFNEY
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

LINDA MERMELSTEIN, M.D., M.P.H.
ACTING COMMISSIONER

February 6, 2003

Dennis Greegan
Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Re: Larkfield Gardens
0209325
4-11060
Inspection of Jan 30 03

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of inspection.

It is required that any items rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies within 60 days from the inspection date referenced above will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please do not hesitate to contact me at 854-2543.

Very truly yours,

Isidore Doroski
Public Health Senior Sanitarian
Environmental Engineering and Pollution Control

cc: John Hunt

OFFICE OF POLLUTION CONTROL · 15 HORSEBLOCK PL., FARMINGVILLE, N.Y. 11738 · FAX (631) 854-2505 · TELEPHONE: (631) 854-2517

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Lonkfield Gardens SPDES NO. 0209325 DATE 1/30/03

TYPE OF INSPECTION _____ annual X recon _____ unannounced _____ sample # 0033/8030/30

INSPECTOR C. Olsen WEATHER Sunny/Cold

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 4-11061

ITEM	RATING			COMMENTS
A. PRELIMINARY				
pump sta.	(influent, intermediate, final)			
pumps	S			
lights	S			
ventilation	S			
ladder	S			
access hatch	S			
prevent maint.	S			
bar screen	S			
disposal of grit	S			
grit removal	S			
comminutor	N/A			
B. EQUALIZATION TANK	Inf	Eff		
pumps	S	S		
splitter box	N/A	S		
air header	S	N/A		
air blowers	S			
tank condition	S	S		
prevent maint.	S	S		
C. AERATION TANK				
air header/drops	N/A			
roll/mixing				
foam				
air blowers				
tank condition				
prevent maint.				
D. RBC/TRICKLING FILTER				
growth	N/A			
mechanical opera.				
covering/hatch				
media condition				
prevent maint.				
E. OXIDATION DITCH				
roll/mixing	N/A			
paddle mixer				
tank condition				
prevent maint.				
F. SBR				
air header/drops	S			
roll/ mixing	S			
foam	S			
air blowers	S			
auto valves	S			
decant mechanism	S			
tank condition	S			
prevent maint.	S			

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 1/30/03

G. SETTLING

scum removal	N/	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.	A	

H. DENITRIFICATION

media	N/	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.	A	

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	

J. CHEMICAL STORAGE

overfill alarm	S	
leak alarm	S	
feed pumps	S	
chemical supply	S	
mixers, lights, etc.	S	
chemical piping	S	
tank condition	S	
prevent maint.	S	

K. EFFLUENT

disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	

L. GENERAL

building	S	
grounds	S	
flow meter	S	
RPZ	S	N/02
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature C. [illegible] TITLE [illegible] DATE 1/30/03

FAC REP Signature M S[illegible] TITLE [illegible] DATE 1-30-03

18-1582: 3/98cg

O & M STANDARDS

PLANT NAME: Larkfield Gardens ANNOUNCED: Yes [X] No [ ] SPDES NO. 0207325

PLANT OWNER: Same ACCESS KEY HOLDER NAME: Pino (maint) PHONE: 781-8570

OPERATOR: John Hunt, On Record With Dept.: Yes [X] No [ ]

DESIGNATED EMPLOYEES: 4-H maint., _____

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	8/1/03
2) Operator's License	S	
3) Waivers	N/A	
4) Consent Orders		
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other(As Required by SPDES)	S	
2) Competent Use Demonstrated	N/A	

INSPECTOR: _____ DATE: 11/3/03 RECEIVED BY: MSp

COUNTY OF SUFFOLK

ROBERT J. GAFFNEY
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

CLARE B. BRADLEY, M.D., M.P.H.
COMMISSIONER

November 7, 2002

Dennis Greegan
Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Re: Larkfield Gardens
0209325
4-11060
Inspection of Oct 31 02

Dear Mr. Greegan

The enclosed copy of this department's quarterly wastewater treatment facility inspection report is attached for your information. A copy of this report was presented to your agent at the time of inspection.

It is required that any items rated as unsatisfactory (U) be addressed without delay. Failure to correct these deficiencies within 60 days from the inspection date referenced above will result in the scheduling of an administrative hearing with appropriate monetary penalties. In addition, any items that have been rated as marginal (M) must be addressed within the near future. Please submit a tentative schedule for the repair of the marginal items within 30 days to this office for review and acceptance.

If you have any questions or comments, please do not hesitate to contact me at 854-2543.

Very truly yours,

Isidore Doroski
Public Health Senior Sanitarian
Environmental Engineering and Pollution Control

cc: John Hunt

OFFICE OF POLLUTION CONTROL ■ 15 HORSEBLOCK PLACE, FARMING 11738 ■ FAX (631) 854-2505 ■ TELEPHONE: (631) 854-25

SUFF COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0209325 DATE 10/31/02

TYPE OF INSPECTION _____ annual X recon _____ unannounced _____ sample # ~~0033/00/031~~ No Sample this quarter

INSPECTOR C. Olsen WEATHER Sunny/cool

RATING CODES: S = Satisfactory U = Unsatisfactory M = Marginal File Ref # 4-11061

ITEM	RATING	COMMENTS
A. PRELIMINARY		
pump sta.	(influent, intermediate, final)	
pumps	S	
lights	S	
ventilation	S	
ladder	S	
access hatch	S	
prevent maint.	S	
bar screen	S	
disposal of grit	S	
grit removal	S	
comminutor	N/A	
B. EQUALIZATION TANK	Inf / Eff	
pumps	S / S	
splitter box	N/A / S	
air header	S / N/	
air blowers	S / A	
tank condition	S / S	
prevent maint.	S / S	
C. AERATION TANK		
air header/drops	N/	
roll/mixing		
foam		
air blowers		
tank condition		
prevent maint.	A	
D. RBC/TRICKLING FILTER		
growth	N/	
mechanical opera.		
covering/hatch		
media condition		
prevent maint.	A	
E. OXIDATION DITCH		
roll/mixing	N/	
paddle mixer		
tank condition		
prevent maint.	A	
F. SBR (4)		
air header/drops	S	
roll/ mixing	S	
foam	S	
air blowers	S	
auto valves	S	
decant mechanism	S	
tank condition	U	main computer needs repair/upgrade. Plant being run
prevent maint.	S	manually until manufactor rep. of Jet tech. repairs plant.

18-1853: 01/00cb

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

FAC NAME Larkfield Gardens SPDES NO. 0 209 325 DATE 10/31/02

G. SETTLING

scum removal	N	
sludge removal mec		
effluent quality		
tank condition		
prevent maint.	A	

H. DENITRIFICATION

media	N	
backwash pumps		
mudwell pumps		
backwash system		
air blowers		
auto valves		
tank condition		
prevent maint.	A	

I. SLUDGE RETURN/WASTE

sludge airlift/pump	S	
RAS/WAS piping	S	
digester air piping	S	
air blowers	S	
sludge disposal	S	
tank condition	S	
prevent maint.	S	

J. CHEMICAL STORAGE

overfill alarm	S	
leak alarm	S	
feed pumps	S	
chemical supply	S	
mixers, lights, etc.	S	
chemical piping	S	
tank condition	S	
prevent maint.	S	

K. EFFLUENT

disinfection equip	N/A	
effluent quality	S	
rec water condition	N/A	
leaching beds/pools	S	

L. GENERAL

building	S	
grounds	S	
flow meter	S	
RPZ	S	10/02
standby power	S	
safety items	S	
prevent maint.	S	
odors	S	

INSP Signature C. [illegible] TITLE PHS DATE 10/31/02

FAC REP Signature M Spa[illegible] TITLE Operator DATE 10/31/02

18-1582: 3/98cg

O & M STANDARDS

PLANT NAME: Larkfield Gardens ANNOUNCED: Yes [X] No [ ] SPDES NO. 0209325

PLANT OWNER: Same ACCESS KEY HOLDER NAME: Pero (Maint) PHONE: 981-8570

OPERATOR: John Hunt, On Record With Dept.: Yes [X] No [ ]

DESIGNATED EMPLOYEES: 4-H Maintenance

EMERGENCY PHONE NO. POSTED Yes

	S,U,M RATINGS	COMMENTS
RECORDS AND RECORD KEEPING		
A) **POSTINGS REQUIRED**		
1) SPDES Permit	S	
2) Operator's License	S	
3) Waivers	N/A	
4) Consent Orders		
B) **RECORDS REQUIRED**		
1) File Cabinet On Site	S	
2) Approved O & M Manual On Site	S	
3) Daily Log Books - 3 Year Record	S	
a) **Daily Maintenance Log**		
Names, Duties, Dates, Times,	S	
3-Hour Daily Visit Required	S	
b) **Spare Parts Log**		
Part Names, Model No. Amounts,	S	
Supplier's Name/Phone,	S	
Dates-Ordered/Received	S	
Conformance With O & M Manual	S	
c) **Preventative Maintenance (PM) Log**		
Equipment List and PM Schedule	S	
Pools, Beds	S	
Bearings, Seals, Lubrications	S	
Generator Exercise,	S	
Alarm Dialer Testing	S	
Testing Standby Equipment, etc.	S	
Names, Dates, Times	S	
d) **Performance Testing Log**		
Names, Dates, Req'd SPDES Testing	S	
Results, Calibration Dates	S	
PROCESS CONTROL TESTING AND TEST EQUIPMENT		
A) **LAB WORK STATION-REQUIRED EQUIPMENT**		
1) Lab Bench, Storage Cabinets,	S	
Hot/Cold Water,	S	
Power, Lighting,	S	
Emergency Eye Wash and Shower	S	
B) **MONITORING EQUIPMENT REQUIRED**		
1) Portable DO Meter	S	
pH meter	S	
Nitrogen Test Kits	S	
Other(As Required by SPDES)	S	
2) Competent Use Demonstrated	N/A	

INSPECTOR: CAL DATE: 10/31/02 RECEIVED BY: MS

18-0428..3/93

Appendix D.3.

Suffolk County Department of Health Services (SCDHS)
Quarterly Sewage Treatment Plant (STP) Effluent Analysis Results
June 1996 to July 2007
Summary and Results Reports

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Suffolk County Department of Health Services
Quarterly STP Effluent Analysis Results

Date Sample Collected	*Sewage Treatment Plant Effluent	
	pH	Total Nitrogen as N, mg/L
06/17/1996	6.7	19.9
09/18/1996	6.9	9.5
11/26/1996	6.7	18.2
02/26/1997	7.0	7.4
06/05/1997	6.9	8.9
09/03/1997	6.8	15.8
11/26/1997	7.9	6.8
03/20/1998	7.0	14.5
06/02/1998	7.0	10.4
12/03/1998	7.0	9.7
03/04/1999	7.1	15.0
06/03/1999	7.1	17.3
09/02/1999	6.9	12.3
11/18/1999	7.1	17.3
05/25/2000	7.1	11.1
09/07/2000	6.9	6.5
12/07/2000	7.1	8.9
03/01/2001	7.3	15.4
09/06/2001	7.1	10.9
11/08/2001	7.7	67.2
02/26/2002	7.1	12.2
05/14/2002	7.2	5.8
08/15/2002	7.2	12.0
01/30/2003	7.5	6.3
05/01/2003	7.3	7.0
07/17/2003	7.2	5.14
10/23/2003	7.6	5.6
02/10/2004	7.3	10.40
05/13/2004	7.05	6.124
10/28/2004	7.3	8.38
01/27/2005	6.80	7.88
04/21/2005	6.69	4.49
07/28/2005	7.6	10.5
10/20/2005	7.7	10.3
01/19/2006	7.4	7.64
04/13/2006	7.6	8.4
07/13/2006	7.2	6.5
10/25/2006	7.8	5.2
01/18/2007	7.5	4.4
04/19/2007	7.5	4.8
07/26/2007	7.0	12.6

* Sewage treatment plant effluent limit by State Pollution Discharge Elimination System (SPDES): pH = 5.5 ~ 8.5, Total Nitrogen = 10 mg/L as N

Rec'd 4/7/08

STP Larkfield Gardens
Location E. Northport - Hunt.
SPDES # 0209325

DATE	INFLUENT BOD	INFLUENT TOC	INFLUENT SS	EFFLUENT BOD	EFFLUENT TOC	EFFLUENT SS	pH	F.Coli	T.N	% REMOVAL BOD	% REMOVAL SS	% REMOVAL TOC	OTHER	I
										NO_2	NO_3	TKN		
1/30/03							7.5		6.3	3.3	.27	2.7		C
5/1/03							7.3		7.0	0.3	2.17	4.5		C
7/17/03							7.2		5.14	1.3	2.14	1.7		Co
10/23/03							7.6		5.6	5.2	<.02	.4		C
2/10/04							7.3		10.4	5.5	.68	4.2		Co
5/13/04							7.05		6.124	0.4	5.36	0.724		Co
10/28/04							7.5		8.38	5.37	0.05	2.25		C
1/27/05							6.8		7.88	5.16	0.11	2.6		C
4/21/05							6.69		4.49	2.52	0.08	1.8		Co
7/28/05							7.5		10.5	2.4	0.2	7.9		C
10/20/05							7.7		10.3	0.84	4.6	5.7		C
1/19/06							7.4		7.64	0.74	2.14	4.78		C
4/13/06							7.6		8.4	1.58	2.3	4.8		[illegible]
7/13/06							7.2		6.5	1.34	1.3	3.9		[illegible]
10/25/06							7.4		5.2	.03	3.1	2.1		[illegible]
					2006	AVG			6.9					
1/18/07							7.5		4.4	<.02	3.7	0.7		[illegible]
4/19/07							7.5		4.8	.03	3.8	1.0		[illegible]
7/26/07				Plant by passed to be reported.			7.0		12.6	1.7	6.4	4.5		[illegible]

11060
SENIOR CITI

STP LARKFIELD GARDENS
Location EAST NORTHPORT, HUNT
SPDES # 0209325

DATE	INFLUENT BOD	INFLUENT TOC	INFLUENT SS	EFFLUENT BOD	EFFLUENT TOC	EFFLUENT SS	EFFLUENT pH	EFFLUENT F.Coli	EFFLUENT T.N	% REMOVAL BOD	% REMOVAL SS	% REMOVAL TOC	OTHER	INS
6/17/96							6.7		19.9					MF
9/18/96							6.9		9.5					M
11/26/96							6.7		18.2					W
2/26/97							7.0		7.4					WI
6/5/97							6.9		8.9					BC
9/3/97							6.8		15.8					WS
11/26/97							7.9		6.8					BC
3/20/98							7.0		14.5					ID
6/2/98							7.0		10.4					CO
9/3/98							7.0		9.7					CO
3/4/99							7.1		15.0					CO
6/3/99							7.1		17.3					CO
9/2/99							6.9		12.3					CO
11/18/99							7.1		17.3					CO
5/25/00							7.1		11.1					CO
9/7/00							6.9		6.5					CO
12/7/00							7.1		8.9					CO
3/1/01							7.3		15.4					CO
9/6/01							7.1		10.9					CO
11/8/01							7.7		67.2					CO
2/26/02							7.1		12.2					ID
5/[illegible]/02							7.2		5.8					CO
8/15/02							7.2		12.0					CO

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

David G. Graham, M.D., M.P.H.
Acting Commissioner

July 06 ,'2007

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Att: Dennis Greegan

Dear Mr. Greegan

Re: Facility Name Larkfield Gardens
SPDES No. NY-0209325
SCDHS File Ref. No. 11060
Inspection No. 11060-2007-Q2
Inspection Date: 4/19/2007

On the Inspection Date indicated, grab samples from the above referenced wastewater treatment plant were collected by a representative of this office. The laboratory analyses performed by this department revealed the following results:

Sample Number	Sample Date	Parameter	Limit Value	Sample Value	Units
004727070419	04/19/07	Ammonia		< .5	mg/L
		Nitrate		3.78	mg/L
		Nitrite		0.03	mg/L
		pH	5.5 - 8.5	7.450	N/A
		Total Kjeldahl Nitrogen		1.000	mg/L
		Calculated Total Nitrogen	11	4.81	mg/L
		Calculated BOD Removal	85%	N/A	N/A

Please note that any sample value marked with asterisks represents a violation of the New York State Environmental Conservation law Section 17-0803 and 17-0807.4. If you are in violation, please notify your plant operator immediately and request that a review of the unit processes be made. Failure to correct plant deficiencies as soon as possible may result in enforcement action by the Suffolk County Department of Health Services or New York State Department of Environmental Conservation.

Your cooperation in this matter will be appreciated. If you have any questions or comments, please feel free to contact me at 852-5769.

Very truly yours,

Isidore Doroski
Public Health Senior Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - 360 Yaphank Avenue - Suite 2C - Yaphank NY 11980
Phone (631) 852-5769 Fax (631) 852-5755

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

David G. Graham, M.D., M.P.H.
Acting Commissioner

April 03, 2007

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Att: Dennis Greegan

Re: Facility Name Larkfield Gardens
SPDES No. NY-0209325
SCDHS File Ref. No. 11060
Inspection No. 11060-2007-Q1
Inspection Date: 1/18/2007

Dear Mr. Greegan

On the Inspection Date indicated, grab samples from the above referenced wastewater treatment plant were collected by a representative of this office. The laboratory analyses performed by this department revealed the following results:

Sample Number	Sample Date	Parameter	Limit Value	Sample Value	Units
004727070118	01/18/07	Ammonia		< .5	mg/L
		Nitrate		3.68	mg/L
		Nitrite		< .020	mg/L
		pH	5.5 - 8.5	7.5	N/A
		Total Kjeldahl Nitrogen		0.678	mg/L
		Calculated Total Nitrogen	11	4.358	mg/L
		Calculated BOD Removal	85%	N/A	N/A

Please note that any sample value marked with asterisks represents a violation of the New York State Environmental Conservation law Section 17-0803 and 17-0807.4. If you are in violation, please notify your plant operator immediately and request that a review of the unit processes be made. Failure to correct plant deficiencies as soon as possible may result in enforcement action by the Suffolk County Department of Health Services or New York State Department of Environmental Conservation.

Your cooperation in this matter will be appreciated. If you have any questions or comments, please feel free to contact me at 852-5769.

Very truly yours,

Isidore Doroski
Public Health Senior Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - 360 Yaphank Avenue - Suite 2C - Yaphank NY 11980
Phone (631) 852-5769 Fax (631) 852-5755

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

DAVID G. GRAHAM, M.D., M.P.H.
Chief Deputy Commissioner

BRIAN L. HARPER, M.D., M.P.H.
Commissioner

ELIZABETH M. HARRINGTON, ESQ.
Deputy Commissioner

March 02 , 2006

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Att: Dennis Greegan

Dear Mr. Greegan

Re: Facility Name Larkfield Gardens
SPDES No. NY-0209325
SCDHS File Ref. No. 11060
Inspection No. 11060-2006-Q1
Inspection Date: 1/19/2006

On the Inspection Date indicated, grab samples from the above referenced wastewater treatment plant were collected by a epresentative of this office. The laboratory analyses performed by this department revealed the following results:

Sample Number	Sample Date	Parameter	Limit Value	Sample Value	Units
04318060119	01/19/06	Ammonia (not distilled)		0.75	mg/L
		Nitrate		2.14	mg/L
		Nitrite		0.72	mg/L
		pH	5.5 - 8.5	7.4	N/A
		Total Kjeldahl Nitrogen		4.783	mg/L
		Calculated Total Nitrogen	11	7.643	mg/L
		Calculated BOD Removal	85%	N/A	N/A

e note that any sample value marked with asterisks represents a violation of the New York State Environmental rvation law Section 17-0803 and 17-0807.4. If you are in violation, please notify your plant operator immediately and t that a review of the unit processes be made. Failure to correct plant deficiencies as soon as possible may result in ment action by the Suffolk County Department of Health Services or New York State Department of Environmental ation.

eration in this matter will be appreciated. If you have any questions or comments, please feel free to contact me at

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nior Sanitarian
ater Management
ance

ental Quality - Office of Wastewater Management - 360 Yaphank Avenue - Suite 2C - Yaphank NY 11980
Phone (631) 852-5769 Fax (631) 852-5755

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

DAVID G. GRAHAM, M.D., M.P.H.
Chief Deputy Commissioner

BRIAN L. HARPER, M.D., M.P.H.
Commissioner

ELIZABETH M. HARRINGTON, ESQ.
Deputy Commissioner

October 21 , 2005

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Att: Dennis Greegan

Dear Mr. Greegan

Re: Facility Name Larkfield Gardens
SPDES No. NY-0209325
SCDHS File Ref. No. 11060
Inspection No. 11060-2005-Q2
Inspection Date: 4/21/2005

On the Inspection Date indicated, grab samples from the above referenced wastewater treatment plant were collected by a representative of this office. The laboratory analyses performed by this department revealed the following results:

Sample Number	Sample Date	Parameter	Limit Value	Sample Value	Units
003318050421	04/21/05	Ammonia (not distilled)		1.4722	mg/L
		Nitrate		2.59	mg/L
		Nitrite		0.076	mg/L
		pH	5.5 - 8.5	6.69	N/A
		Total Kjeldahl Nitrogen		1.820	mg/L
		Calculated Total Nitrogen	11	4.486	mg/L
		Calculated BOD Removal	85%	N/A	N/A

Please note that any sample value marked with asterisks represents a violation of the New York State Environmental Conservation law Section 17-0803 and 17-0807.4. If you are in violation, please notify your plant operator immediately and request that a review of the unit processes be made. Failure to correct plant deficiencies as soon as possible may result in enforcement action by the Suffolk County Department of Health Services or New York State Department of Environmental Conservation.

Your cooperation in this matter will be appreciated. If you have any questions or comments, please feel free to contact me at 852-2771.

Very truly yours,

Isidore Doroski
Public Health Senior Sanitarian
Office of Wastewater Management

Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - 360 Yaphank Avenue - Suite 2C - Yaphank NY 11980
Phone (631) 852-5769 Fax (631) 852-5755

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

Department of Health Services
Division of Environmental Quality

Brian L. Harper, M.D., M.P.H.
Commissioner

April 07 , 2005

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Att: Dennis Greegan

Dear Mr. Greegan

Re: Facility Name Larkfield Gardens
SPDES No. NY-0209325
SCDHS File Ref. No. 11060
Inspection No. 11060-2005-Q1
Inspection Date: 1/27/2005

On the Inspection Date indicated, grab samples from the above referenced wastewater treatment plant were collected by a representative of this office. The laboratory analyses performed by this department revealed the following results:

Sample Number	Sample Date	Parameter	Limit Value	Sample Value	Units
003318050127	01/27/05	Ammonia (not distilled)		0.64	mg/L
		Nitrate		5.16	mg/L
		Nitrite		0.11	mg/L
		pH	5.5 - 8.5	6.8	N/A
		Total Kjeldahl Nitrogen		2.610	mg/L
		Calculated Total Nitrogen	11	7.88	mg/L
		Calculated BOD Removal	85%	N/A	N/A

Please note that any sample value marked with asterisks represents a violation of the New York State Environmental Conservation law Section 17-0803 and 17-0807.4. If you are in violation, please notify your plant operator immediately and request that a review of the unit processes be made. Failure to correct plant deficiencies as soon as possible may result in enforcement action by the Suffolk County Department of Health Services or New York State Department of Environmental Conservation.

Your cooperation in this matter will be appreciated. If you have any questions or comments, please feel free to contact me at 852-2771.

Very truly yours,

Isidore Doroski
Public Health Senior Sanitarian
Office of Wastewater Management
Cc: 4-H Maintenance

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

Department of Health Services
Division of Environmental Quality

Brian L. Harper, M.D., M.P.H.
Commissioner

December 03 , 2004

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Att: Dennis Greegan

Re: Facility Name Larkfield Gardens
SPDES No. NY-0209325
SCDHS File Ref. No. 11060
Inspection No. 11060-2004-Q4
Inspection Date: 10/28/2004

Dear Mr. Greegan

On the Inspection Date indicated, grab samples from the above referenced wastewater treatment plant were collected by a representative of this office. The laboratory analyses performed by this department revealed the following results:

Sample Number	Sample Date	Parameter	Limit Value	Sample Value	Units
003318041028	10/28/04	Ammonia (not distilled)		0.558	mg/L
		Nitrate		5.37	mg/L
		Nitrite		0.0511	mg/L
		pH	5.5 - 8.5	7.3	N/A
		Total Kjeldahl Nitrogen		2.9543	mg/L
		Calculated Total Nitrogen	11	8.3754	mg/L
		Calculated BOD Removal	85%	N/A	N/A

Please note that any sample value marked with asterisks represents a violation of the New York State Environmental Conservation law Section 17-0803 and 17-0807.4. If you are in violation, please notify your plant operator immediately and request that a review of the unit processes be made. Failure to correct plant deficiencies as soon as possible may result in enforcement action by the Suffolk County Department of Health Services or New York State Department of Environmental Conservation.

Your cooperation in this matter will be appreciated. If you have any questions or comments, please feel free to contact me at 852-2771.

Very truly yours,

Isidore Doroski
Public Health Senior Sanitarian
Office of Wastewater Management
Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - Riverhead County Center - Riverhead NY 11901-3397
Phone (631) 852-2100 Fax (631) 852-3092

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

Department of Health Services
Division of Environmental Quality

Linda Mermelstein, M.D., M.P.H.
Acting Commissioner

July 09 , 2004

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Att: Dennis Greegan

Dear Mr. Greegan

Re: Facility Name Larkfield Gardens
SPDES No. NY-0209325
SCDHS File Ref. No. 11060
Inspection No. 11060-2004-Q2
Inspection Date: 5/13/2004

On the Inspection Date indicated, grab samples from the above referenced wastewater treatmemt plant were collected by a representative of this office. The laboratory analyses performed by this departmet revealed the following results:

Sample Number	Sample Date	Parameter	Limit Value	Sample Value	Units
003318040513	05/13/04	Ammonia (not distilled)		0.108	mg/L
		Nitrate		5.36	mg/L
		Nitrite		.04	mg/L
		pH	5.5 - 8.5	7.05	N/A
		Total Kjeldahl Nitrogen		0.724	mg/L
		Calculated Total Nitrogen	11	6.124	mg/L
		Calculated BOD Removal	85%	N/A	N/A

Please note that any sample value marked with asterisks represents a violation of the New York State Environmental Conservation law Section 17-0803 and 17-0807.4. If you are in violation, please notify your plant operator immediately and request that a review of the unit processes be made. Failure to correct plant deficiencies as soon as possible may result in enforcement action by the Suffolk County Department of Health Services or New York State Department of Environmental Conservation.

Your cooperation in this matter will be appreciated. If you have any questions or comments, please feel free to contact me at 852-2771.

Very truly yours,

Isidore Doroski
Public Health Senior Sanitarian
Office of Wastewater Management
Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - Riverhead County Center - Riverhead NY 11901-3397
Phone (631) 852-2100 Fax (631) 852-3092

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

Department of Health Services
Division of Environmental Quality

Linda Mermelstein, M.D., M.P.H.
Acting Commissioner

March 11 , 2004

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Att: Dennis Greegan

Dear Mr. Greegan

Re: Facility Name Larkfield Gardens
SPDES No. NY-0209325
SCDHS File Ref. No. 11060
Inspection No. 11060-2004-Q1
Inspection Date: 2/10/2004

On the Inspection Date indicated, grab samples from the above referenced wastewater treatmemt plant were collected by a representative of this office. The laboratory analyses performed by this departmet revealed the following results:

Sample Number	Sample Date	Parameter	Limit Value	Sample Value	Units
003318040210	02/10/04	Ammonia (not distilled)		1.48	mg/L
		Nitrate		5.54	mg/L
		Nitrite		0.680	mg/L
		pH	5.5 - 8.5	7.30	N/A
		Total Kjeldahl Nitrogen		4.151	mg/L
		Calculated Total Nitrogen	11	10.371	mg/L
		Calculated BOD Removal	85%	N/A	N/A

Please note that any sample value marked with asterisks represents a violation of the New York State Environmental Conservation law Section 17-0803 and 17-0807.4. If you are in violation, please notify your plant operator immediately and request that a review of the unit processes be made. Failure to correct plant deficiencies as soon as possible may result in enforcement action by the Suffolk County Department of Health Services or New York State Department of Environmental Conservation.

Your cooperation in this matter will be appreciated. If you have any questions or comments, please feel free to contact me at 852-2771.

Very truly yours,

Isidore Doroski
Public Health Senior Sanitarian
Office of Wastewater Management
Cc: 4-H Maintenance

Division of Environmental Quality - Office of Wastewater Management - Riverhead County Center - Riverhead NY 11901-3397
Phone (631) 852-2100 Fax (631) 852-3092

COUNTY OF SUFFOLK

Steve Levy
Suffolk County Executive

Department of Health Services
Division of Environmental Quality

Linda Mermelstein, M.D., M.P.H.
Acting Commissioner

February 13 , 2004

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Att: Dennis Greegan

Re: Facility Name Larkfield Gardens
SPDES No. NY-0209325
SCDHS File Ref. No. 11060
Inspection No. 11060-2003-Q4
Inspection Date: 10/23/2003

Dear Mr. Greegan

On the Inspection Date indicated, grab samples from the above referenced wastewater treatmemt plant were collected by a representative of this office. The laboratory analyses performed by this departmet revealed the following results:

Sample Number	Sample Date	Parameter	Limit Value	Sample Value	Units
003318031023	10/23/03	Ammonia		0.035	mg/L
		Nitrate		5.17	mg/L
		Nitrite		< .020	mg/L
		pH	5.5 - 8.5	7.6	N/A
		Total Kjeldahl Nitrogen		0.428	mg/L
		Calculated Total Nitrogen	11	5.598	mg/L
		Calculated BOD Removal	85%	N/A	N/A

Please note that any sample value marked with asterisks represents a violation of the New York State Environmental Conservation law Section 17-0803 and 17-0807.4. If you are in violation, please notify your plant operator immediately and request that a review of the unit processes be made. Failure to correct plant deficiencies as soon as possible may result in enforcement action by the Suffolk County Department of Health Services or New York State Department of Environmental Conservation.

Your cooperation in this matter will be appreciated. If you have any questions or comments, please feel free to contact me at 852-2771.

Very truly yours,

Isidore Doroski
Public Health Senior Sanitarian
Office of Wastewater Management
Cc: 4-H Maintenance

V

SU. . COUNTY DEPARTMENT OF HEALTH SERV ;
DIVISION OF ENVIRONMENTAL QUALITY
PUBLIC AND ENVIRONMENTAL HEALTH LABORATORY - ELAP #10528

Field#: 003-318-030717

Collector: OLSEN

Collection Date: 07/17/2003

Collection Time: 12:00 PM

Lab#: 07-03-00705

Submission Date 07/17/2003

Labworks ID: KG00705

Type: STP

Source: Lakefield Gardens STP Effluent

Analyte	Result	Units	ELAP Meth.#
pH	7.2	N/A	9043
Total Kjeldahl Nitrogen	1.7	mg/L	2230
Nitrite	2.14	mg/L	2489
Ammonia	.24	mg/L	2489
Nitrate	1.3	mg/L	9173

Date completed

Report Date: 08/14/2003

COUNTY OF SUFFOLK

Robert J. Gaffney
Suffolk County Executive

Department of Health Services
Division of Environmental Quality

Linda Mermelstein, M.D., M.P.H.
Acting Commissioner

September 30 , 2003

Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Att: Dennis Greegan

Dear Mr. Greegan

Re: Facility Name Larkfield Gardens
SPDES No. NY-0209325
SCDHS File Ref. No. 11060
Inspection No. 11060-2003-Q2
Inspection Date: 5/11/2003

On the Inspection Date indicated, grab samples from the above referenced wastewater treatment plant were collected by a representative of this office. The laboratory analyses performed by this departmet revealed the following results:

Sample Number	Sample Date	Parameter	Limit Value	Sample Value	Units
003318030501	05/01/03	Ammonia		1.94	mg/L
		Nitrate		0.265	mg/L
		Nitrite		2.17	mg/L
		pH	5.5 - 8.5	7.3	N/A
		Total Kjeldahl Nitrogen		4.5	mg/L
		Calculated Total Nitrogen	10	6.935	mg/L
		Total Nitrogen	10	7	mg/l
		Calculated BOD Removal	85%	N/A	N/A

Please note that any sample value marked with asterisks represents a violation of the New York State Environmental Conservation law Section 17-0803 and 17-0807.4. If you are in violation, please notify your plant operator immediately and request that a review of the unit processes be made. Failure to correct plant deficiencies as soon as possible may result in enforcement action by the Suffolk County Department of Health Services or New York State Department of Environmental Conservation.

Your cooperation in this matter will be appreciated. If you have any questions or comments, please feel free to contact me at 852-3227.

Very truly yours,

Isidore Doroski
Public Health Senior Sanitarian
Office of Wastewater Management
Cc: 4-H Maintenance

SUF COUNTY DEPARTMENT OF HEALTH SERV
VISION OF ENVIRONMENTAL QUALITY
PUBLIC AND ENVIRONMENTAL HEALTH LABORATORY - ELAP #10528

Field#: 003-318-030501

Lab#: 05-03-00026

Co. r: OLSEN

Collection Date: 5/1/03

Collection Time: 11:30 AM

Submission Date 5/1/03

Labworks ID: KE00026

Type: STP

Source: Larkfield Gardens STP Effluent

Analyte	Result	Units	ELAP Meth.#
pH	7.3	N/A	9043
Total Kjeldahl Nitrogen	4.5	mg/L	2489
Nitrite	2.17	mg/L	2489
Ammonia	1.94	mg/L	2489
Nitrate	.3	mg/L	9173

Date completed 5/28/03-DS

Report Date: 5/28/03

COUNTY OF SUFFOLK

ROBERT J. GAFFNEY
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

LINDA MERMELSTEIN, M.D., M.P.H.
ACTING COMMISSIONER

February 20, 2003

Dennis Greegan
Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Re: Larkfield Gardens
0209325
4-11060

Dear Mr. Greegan

On Jan 30 03 grab samples from the above referenced wastewater treatment plant were collected by a representative of this office. The laboratory analyses performed by this department revealed the following results:

Total Nitrogen - 6.27* PPM / pH - 7.5 S.U. / TKN - 2.7 PPM / N02 - .27 PPM
NH3 - .40 PPM / N03 - 3.3 PPM

Please note that any parameter marked with an asterisk represents a violation of the New York State Environmental Conservation law Section 17-0803 and 17-0807.4. If you are in violation, please notify your plant operator immediately and request that a review of the unit processes be made. Failure to correct plant deficiencies as soon as possible may result in enforcement action by the Suffolk County Department of Health Services or New York State Department of Environmental Conservation.

Your cooperation in this matter will be appreciated. If you have any questions or comments, please feel free to contact me at 854-2543.

Very truly yours,

Isidore Doroski
Public Health Senior Sanitarian
Environmental Engineering and Pollution Control

cc: John Hunt

SUF... COUNTY DEPARTMENT OF HEALTH SERVI
DIVISION OF ENVIRONMENTAL QUALITY
PUBLIC AND ENVIRONMENTAL HEALTH LABORATORY - ELAP #10528

F: ..#: 003-318-030130

Lab#: 01-03-00717

Collector: OLSEN

Collection Date: 1/30/03

Collection Time: 11:00 AM

Submission Date 1/30/03

Labworks ID: KA00717

Type: STP

Source: Larkfield Gardens STP Effluent

Analyte	Result	Units	ELAP Meth.#
pH	7.5	N/A	9043
Total Kjeldahl Nitrogen	2.7	mg/L	2489
Nitrite	.27	mg/L	2489
Ammonia	.40	mg/L	2489
Nitrate	3.3	mg/L	9173

TN = 6.27 PPM

Date completed

Report Date: 2/14/03

COUNTY OF SUFFOLK

ROBERT J. GAFFNEY
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

CLARE B. BRADLEY, M.D., M.P.H.
COMMISSIONER

October 7, 2002

Dennis Greegan
Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Re: Larkfield Gardens
0209325
4-11060

Dear Mr. Greegan

On Aug 15 02 grab samples from the above referenced wastewater treatment plant were collected by a representative of this office. The laboratory analyses performed by this department revealed the following results:

Total Nitrogen - 12.0* PPM / pH - 7.2 S.U. / TKN - 9.2 PPM / N02 - .64 PPM
NH3 - 4.90 PPM / N03 - 2.2 PPM

Please note that any parameter marked with an asterisk represents a violation of the New York State Environmental Conservation law Section 17-0803 and 17-0807.4. If you are in violation, please notify your plant operator immediately and request that a review of the unit processes be made. Failure to correct plant deficiencies as soon as possible may result in enforcement action by the Suffolk County Department of Health Services or New York State Department of Environmental Conservation.

Your cooperation in this matter will be appreciated. If you have any questions or comments, please feel free to contact me at 854-2543.

Very truly yours,

Isidore Doroski
Public Health Senior Sanitarian
Environmental Engineering and Pollution Control

cc: John Hunt

OFFICE OF POLLUTION CONTROL ■ 15 HORSEBLOCK PLACE, FARMINGVILLE, N.Y. 11738 ■ FAX (631) 854-2505 ■ TELEPHONE: (631) 854-25

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
DIVISION OF ENVIRONMENTAL QUALITY
PUBLIC AND ENVIRONMENTAL HEALTH LABORATORY - ELAP #10528

Date OCT 01 2002
Received from Lab
E. Curcio, P.H. San.
Results Over Limits

Field#: 003-318-020815

Lab#: 08-02-00668

Collector: OLSEN

Collection Date: 8/15/02

Collection Time: 11:00 AM

Submission Date 8/15/02

Labworks ID: JH00668

Type: STP

Source: Larkfield Gardens-STP Effluent

Analyte	Result	Units	ELAP Meth.#
pH	7.2	N/A	9043
Total Kjeldahl Nitrogen	9.2	mg/L	2489
Nitrite	.64	mg/L	2489
Ammonia	4.90	mg/L	2489
Nitrate	2.2	mg/L	9173

TOT. N = 12.0

Date completed 9/17/02 - DS

Report Date: 9/17/02

COUNTY OF SUFFOLK

ROBERT J. GAFFNEY
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

CLARE B. BRADLEY, M.D., M.P.H.
COMMISSIONER

July 2, 2002

Dennis Greegan
Larkfield Gardens
10 Cheshire Place
East Northport, NY 11731

Re: Larkfield Gardens
0209325
4-11060

Dear Mr. Greegan

On May 14 02 grab samples from the above referenced wastewater treatment plant were collected by a representative of this office. The laboratory analyses performed by this department revealed the following results:

Total Nitrogen - 5.8 PPM / pH - 7.2 SU / TKN - 2.8 PPM / N02 - .95 PPM
NH3 - .36 PPM / N03 - 2.0 PPM

Please note that any parameter marked with an asterisk represents a violation of the New York State Environmental Conservation law Section 17-0803 and 17-0807.4. If you are in violation, please notify your plant operator immediately and request that a review of the unit processes be made. Failure to correct plant deficiencies as soon as possible may result in enforcement action by the Suffolk County Department of Health Services or New York State Department of Environmental Conservation.

Your cooperation in this matter will be appreciated. If you have any questions or comments, please feel free to contact me at 854-2543.

Very truly yours,

Isidore Doroski
Public Health Senior Sanitarian
Environmental Engineering and Pollution Control

cc: John Hunt

OFFICE OF POLLUTION CONTROL ■ 15 HORSEBLOCK PLACE, FARMINGVILLE NY 11738 ■ FAX (631) 854-2505 ■ TELEPHONE: (631) 854-25

SUFF COUNTY DEPARTMENT OF HEALTH SERV S
VISION OF ENVIRONMENTAL QUALITY
PUBLIC AND ENVIRONMENTAL HEALTH LABORATORY - ELAP #10528

Date Received from Lab JUN 06 2002
E. Curcio, P.H. San.
Results Satisfactory

Field#: 003-318-020514

Lab#: 05-02-00554

Coll OLSEN

Collection Date: 5/14/02

Collection Time: 12:40 PM

Submission Date 5/14/02

Labworks ID: JE00554

Type: STP

Source: LARKFIELD GARDENS-STP Effluent

Analyte	Result	Units	ELAP Meth.#
pH	7.2	N/A	9043
Total Kjeldahl Nitrogen	2.8	mg/L	2489
Nitrite	.95	mg/L	2489
Ammonia	.36	mg/L	2489
Nitrate	2.0	mg/L	9173

TOT. N = 5.8

Date completed 5/31/02 - DS

Report Date: 5/30/02

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Appendix D.4.

United States Environmental Protection Agency (EPA)
Wastewater Technology Factsheet
Sequencing Batch Reactors

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United States Environmental Protection Agency
Office of Water Washington, D.C.
EPA 832-F-99-073 September 1999

Wastewater Technology Fact Sheet
Sequencing Batch Reactors

DESCRIPTION

The sequencing batch reactor (SBR) is a fill-and-draw activated sludge system for wastewater treatment. In this system, wastewater is added to a single "batch" reactor, treated to remove undesirable components, and then discharged. Equalization, aeration, and clarification can all be achieved using a single batch reactor. To optimize the performance of the system, two or more batch reactors are used in a predetermined sequence of operations. SBR systems have been successfully used to treat both municipal and industrial wastewater. They are uniquely suited for wastewater treatment applications characterized by low or intermittent flow conditions.

Fill-and-draw batch processes similar to the SBR are not a recent development as commonly thought. Between 1914 and 1920, several full-scale fill-and-draw systems were in operation. Interest in SBRs was revived in the late 1950s and early 1960s, with the development of new equipment and technology. Improvements in aeration devices and controls have allowed SBRs to successfully compete with conventional activated sludge systems.

The unit processes of the SBR and conventional activated sludge systems are the same. A 1983 U.S. EPA report, summarized this by stating that "the SBR is no more than an activated sludge system which operates in time rather than in space." The difference between the two technologies is that the SBR performs equalization, biological treatment, and secondary clarification in a single tank using a timed control sequence. This type of reactor does, in some cases, also perform primary clarification. In a conventional activated sludge system, these unit processes would be accomplished by using separate tanks.

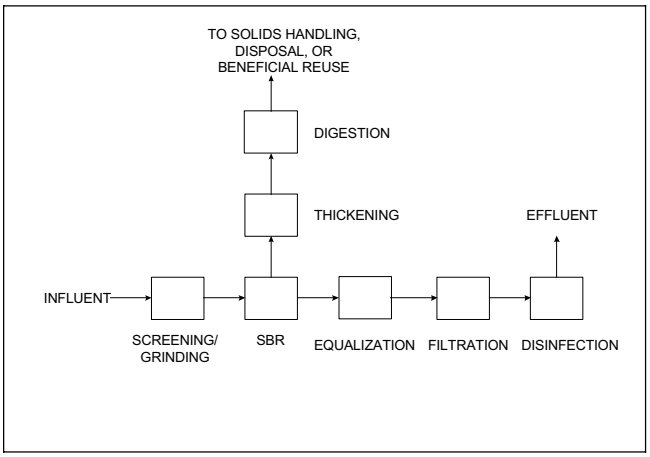
A modified version of the SBR is the Intermittent Cycle Extended Aeration System (ICEAS). In the ICEAS system, influent wastewater flows into the reactor on a continuous basis. As such, this is not a true batch reactor, as is the conventional SBR. A baffle wall may be used in the ICEAS to buffer this continuous inflow. The design configurations of the ICEAS and the SBR are otherwise very similar.

Description of a Wastewater Treatment Plant Using an SBR

A typical process flow schematic for a municipal wastewater treatment plant using an SBR is shown in Figure 1. Influent wastewater generally passes through screens and grit removal prior to the SBR. The wastewater then enters a partially filled reactor, containing biomass, which is acclimated to the wastewater constituents during preceding cycles. Once the reactor is full, it behaves like a conventional activated sludge system, but without a continuous influent or effluent flow. The aeration and mixing is discontinued after the biological reactions are complete, the biomass settles, and the treated supernatant is removed. Excess biomass is wasted at any time during the cycle. Frequent wasting results in holding the mass ratio of influent substrate to biomass nearly constant from cycle to cycle. Continuous flow systems hold the mass ratio of influent substrate to biomass constant by adjusting return activated sludge flowrates continually as influent flowrates, characteristics, and settling tank underflow concentrations vary. After the SBR, the "batch" of wastewater may flow to an equalization basin where the wastewater flowrate to

additional unit processed can be is controlled at a determined rate. In some cases the wastewater is filtered to remove additional solids and then disinfected.

As illustrated in Figure 1, the solids handling system may consist of a thickener and an aerobic digester. With SBRs there is no need for return activated sludge (RAS) pumps and primary sludge (PS) pumps like those associated with conventional activated sludge systems. With the SBR, there is typically only one sludge to handle. The need for gravity thickeners prior to digestion is determined



Source: Parsons Engineering Science, 1999.

FIGURE 1 PROCESS FLOW DIAGRAM FOR A TYPICAL SBR

on a case by case basis depending on the characteristics of the sludge.

An SBR serves as an equalization basin when the vessel is filling with wastewater, enabling the system to tolerate peak flows or peak loads in the influent and to equalize them in the batch reactor. In many conventional activated sludge systems, separate equalization is needed to protects the biological system from peak flows, which may wash out the biomass, or peak loads, which may upset the treatment process.

It should also be noted that primary clarifiers are typically not required for municipal wastewater applications prior to an SBR. In most conventional activated sludge wastewater treatment plants, primary clarifiers are used prior to the biological system. However, primary clarifiers may be recommended by the SBR manufacturer if the total suspended solids (TSS) or biochemical oxygen demand (BOD) are greater than 400 to 500 mg/L. Historic data should be evaluated and the SBR manufacturer consulted to determine whether primary clarifiers or equalization are recommended prior to an SBR for municipal and industrial applications.

Equalization may be required after the SBR, depending on the downstream process. If equalization is *not* used prior to filtration, the filters need to be sized in order to receive the batch of wastewater from the SBR, resulting in a large surface area required for filtration. Sizing filters to accept these "batch" flows is usually not feasible, which is why equalization is used between an SBR and downstream filtration. Separate equalization following the biological system is generally not required for most conventional activated sludge systems, because the flow is on a continuous and more constant basis.

APPLICABILITY

SBRs are typically used at flowrates of 5 MGD or less. The more sophisticated operation required at larger SBR plants tends to discourage the use of these plants for large flowrates.

As these systems have a relatively small footprint, they are useful for areas where the available land is limited. In addition, cycles within the system can be easily modified for nutrient removal in the future, if it becomes necessary. This makes SBRs extremely flexible to adapt to regulatory changes for effluent parameters such as nutrient removal. SBRs are also very cost effective if treatment beyond biological treatment is required, such as filtration.

ADVANTAGES AND DISADVANTAGES

Some advantages and disadvantages of SBRs are listed below:

Advantages

- Equalization, primary clarification (in most cases), biological treatment, and secondary clarification can be achieved in a single reactor vessel.
- Operating flexibility and control.
- Minimal footprint.
- Potential capital cost savings by eliminating clarifiers and other equipment.

Disadvantages

- A higher level of sophistication is required (compared to conventional systems), especially for larger systems, of timing units and controls.
- Higher level of maintenance (compared to conventional systems) associated with more sophisticated controls, automated switches, and automated valves.
- Potential of discharging floating or settled sludge during the DRAW or decant phase with some SBR configurations.
- Potential plugging of aeration devices during selected operating cycles, depending on the aeration system used by the manufacturer.
- Potential requirement for equalization after the SBR, depending on the downstream processes.

DESIGN CRITERIA

For any wastewater treatment plant design, the first step is to determine the anticipated influent characteristics of the wastewater and the effluent requirements for the proposed system. These influent parameters typically include design flow, maximum daily flow BOD_5, TSS, pH, alkalinity, wastewater temperature, total Kjeldahl nitrogen (TKN), ammonia-nitrogen (NH_3-N), and total phosphorus (TP). For industrial and domestic wastewater, other site specific parameters may also be required.

The state regulatory agency should be contacted to determine the effluent requirements of the proposed plant. These effluent discharge parameters will be dictated by the state in the National Pollutant Discharge Elimination System (NPDES) permit. The parameters typically permitted for municipal systems are flowrate, BOD_5, TSS, and Fecal Coliform. In addition, many states are moving toward requiring nutrient removal. Therefore, total nitrogen (TN), TKN, NH_3-N, or TP may also be required. It is imperative to establish effluent requirements because they will impact the operating sequence of the SBR. For example, if there is a nutrient requirement and NH_3-N or TKN is required, then nitrification will be necessary. If there is a TN limit, then nitrification and denitrification will be necessary.

Once the influent and effluent characteristics of the system are determined, the engineer will typically consult SBR manufacturers for a recommended design. Based on these parameters, and other site specific parameters such as temperature, key design parameters are selected for the system. An example of these parameters for a wastewater system loading is listed in Table 1.

TABLE 1 KEY DESIGN PARAMETERS FOR A CONVENTIONAL LOAD

	Municipal	Industrial
Food to Mass (F:M)	0.15 - 0.4/day	0.15 - 0.6/day
Treatment Cycle Duration	4.0 hours	4.0 - 24 hours
Typically Low Water Level Mixed Liquor Suspended Solids	2,000-2,500 mg/L	2,000 - 4,000 mg/L
Hydraulic Retention Time	6 - 14 hours	varies

Source: AquaSBR Design Manual, 1995.

Once the key design parameters are determined, the number of cycles per day, number of basins, decant volume, reactor size, and detention times can be calculated. Additionally, the aeration equipment, decanter, and associated piping can then be sized.

Other site specific information is needed to size the aeration equipment, such as site elevation above mean sea level, wastewater temperature, and total dissolved solids concentration.

The operation of an SBR is based on the fill-and-draw principle, which consists of the following five basic steps: Idle, Fill, React, Settle, and Draw. More than one operating strategy is possible during most of these steps. For industrial wastewater applications, treatability studies are typically required to determine the optimum operating sequence. For most municipal wastewater treatment plants, treatability studies are not required to determine the operating sequence because municipal wastewater flowrates and characteristic variations are usually predictable and most municipal designers will follow conservative design approaches.

The Idle step occurs between the Draw and the Fill steps, during which treated effluent is removed and influent wastewater is added. The length of the Idle step varies depending on the influent flowrate and the operating strategy. Equalization is achieved during this step if variable idle times are used. Mixing to condition the biomass and sludge wasting can also be performed during the Idle step, depending on the operating strategy.

Influent wastewater is added to the reactor during the Fill step. The following three variations are used for the Fill step and any or all of them may be used depending on the operating strategy: static fill, mixed fill, and aerated fill. During static fill, influent wastewater is added to the biomass already present in the SBR. Static fill is characterized by no mixing or aeration, meaning that there will be a high substrate (food) concentration when mixing begins. A high food to microorganisms (F:M) ratio creates an environment favorable to floc forming organisms versus filamentous organisms, which provides good settling characteristics for the sludge. Additionally, static fill conditions favor organisms that produce internal storage products during high substrate conditions, a requirement for biological phosphorus removal. Static fill may be compared to using "selector" compartments in a conventional activated sludge system to control the F:M ratio.

Mixed fill is classified by mixing influent organics with the biomass, which initiates biological reactions. During mixed fill, bacteria biologically degrade the organics and use residual oxygen or alternative electron acceptors, such as nitrate-nitrogen. In this environment, denitrification may occur under these anoxic conditions. Denitrification is the biological conversion of nitrate-nitrogen to nitrogen gas. An anoxic condition is defined as an environment in which oxygen is not present and nitrate-nitrogen is used by the microorganisms as the electron acceptor. In a conventional biological nutrient removal (BNR) activated sludge system, mixed fill is comparable to the anoxic zone which is used for denitrification. Anaerobic conditions can also be achieved during the mixed fill phase. After the microorganisms use the nitrate-nitrogen, sulfate becomes the electron acceptor. Anaerobic conditions are characterized by the lack of oxygen and sulfate as the electron acceptor.

Aerated Fill is classified by aerating the contents of the reactor to begin the aerobic reactions completed in the React step. Aerated Fill can reduce the aeration time required in the React step.

The biological reactions are completed in the React step, in which mixed react and aerated react modes are available. During aerated react, the aerobic reactions initialized during aerated fill are completed and nitrification can be achieved. Nitrification is the conversion of ammonia-nitrogen to nitrite-nitrogen and ultimately to nitrate-nitrogen. If the mixed react mode is selected, anoxic conditions can be attained to achieve denitrification. Anaerobic conditions can also be achieved in the mixed react mode for phosphorus removal.

Settle is typically provided under quiescent conditions in the SBR. In some cases, gentle mixing during the initial stages of settling may result in a clearer effluent and a more concentrated settled sludge. In an SBR, there are no influent or effluent currents to interfere with the settling process as in a conventional activated sludge system.

The Draw step uses a decanter to remove the treated effluent, which is the primary distinguishing factor between different SBR manufacturers. In general, there are floating decanters and fixed

decanters. Floating decanters offer several advantages over fixed decanters as described in the Tank and Equipment Description Section.

Construction

Construction of SBR systems can typically require a smaller footprint than conventional activated sludge systems because the SBR often eliminates the need for primary clarifiers. The SBR never requires secondary clarifiers. The size of the SBR tanks themselves will be site specific, however the SBR system is advantageous if space is limited at the proposed site. A few case studies are presented in Table 2 to provide general sizing estimates at different flowrates. Sizing of these systems is site specific and these case studies do not reflect every system at that size.

TABLE 2 CASE STUDIES FOR SEVERAL SBR INSTALLATIONS

Flow	Reactors			Blowers	
(MGD)	No.	Size (feet)	Volume (MG)	No.	Size (HP)
0.012	1	18 x 12	0.021	1	15
0.10	2	24 x 24	0.069	3	7.5
1.2	2	80 x 80	0.908	3	125
1.0	2	58 x 58	0.479	3	40
1.4	2	69 x 69	0.678	3	60
1.46	2	78 x 78	0.910	4	40
2.0	2	82 x 82	0.958	3	75
4.25	4	104 x 80	1.556	5	200
5.2	4	87 x 87	1.359	5	125

Note: These case studies and sizing estimates were provided by Aqua-Aerobic Systems, Inc. and are site specific to individual treatment systems.

The actual construction of the SBR tank and equipment may be comparable or simpler than a conventional activated sludge system. For Biological Nutrient Removal (BNR) plants, an SBR eliminates the need for return activated sludge (RAS) pumps and pipes. It may also eliminate the need for internal Mixed Liquor Suspended Solid (MLSS) recirculation, if this is being used in a conventional BNR system to return nitrate-nitrogen.

The control system of an SBR operation is more complex than a conventional activated sludge system and includes automatic switches, automatic valves, and instrumentation. These controls are very sophisticated in larger systems. The SBR manufacturers indicate that most SBR installations in the United States are used for smaller wastewater systems of less than two million gallons per day (MGD) and some references recommend SBRs only for small communities where land is limited. This is not always the case, however, as the largest SBR in the world is currently a 10 MGD system in the United Arab Emirates.

Tank and Equipment Description

The SBR system consists of a tank, aeration and mixing equipment, a decanter, and a control system. The central features of the SBR system include the control unit and the automatic switches and valves that sequence and time the different operations. SBR manufacturers should be consulted for recommendations on tanks and equipment. It is typical to use a complete SBR system recommended and supplied by a single SBR manufacturer. It is possible, however, for an engineer to design an SBR system, as all required tanks, equipment, and controls are available through different manufacturers. This is not typical of SBR installation because of the level of sophistication of the instrumentation and controls associated with these systems.

The SBR tank is typically constructed with steel or concrete. For industrial applications, steel tanks coated for corrosion control are most common while concrete tanks are the most common for municipal treatment of domestic wastewater. For mixing and aeration, jet aeration systems are typical as they allow mixing either with or without aeration, but other aeration and mixing systems are also used. Positive displacement blowers are typically used for SBR design to handle wastewater level variations in the reactor.

As previously mentioned, the decanter is the primary piece of equipment that distinguishes different SBR manufacturers. Types of decanters include floating and fixed. Floating decanters offer the advantage of maintaining the inlet orifice slightly

below the water surface to minimize the removal of solids in the effluent removed during the DRAW step. Floating decanters also offer the operating flexibility to vary fill-and-draw volumes. Fixed decanters are built into the side of the basin and can be used if the Settle step is extended. Extending the Settle step minimizes the chance that solids in the wastewater will float over the fixed decanter. In some cases, fixed decanters are less expensive and can be designed to allow the operator to lower or raise the level of the decanter. Fixed decanters do not offer the operating flexibility of the floating decanters.

Health and Safety

Safety should be the primary concern in every design and system operation. A properly designed and operated system will minimize potential health and safety concerns. Manuals such as the Manual of Practice (MOP) No. 8, Design of Municipal Wastewater Treatment Plants, and MOP No. 11, Operation of Municipal Wastewater Treatment Plants should be consulted to minimize these risks. Other appropriate industrial wastewater treatment manuals, federal regulations, and state regulations should also be consulted for the design and operation of wastewater treatment systems.

PERFORMANCE

The performance of SBRs is typically comparable to conventional activated sludge systems and depends on system design and site specific criteria. Depending on their mode of operation, SBRs can achieve good BOD and nutrient removal. For SBRs, the BOD removal efficiency is generally 85 to 95 percent.

SBR manufacturers will typically provide a process guarantee to produce an effluent of less than:

- 10 mg/L BOD
- 10 mg/L TSS
- 5 - 8 mg/L TN
- 1 - 2 mg/L TP

OPERATION AND MAINTENANCE

The SBR typically eliminates the need for separate primary and secondary clarifiers in most municipal systems, which reduces operations and maintenance requirements. In addition, RAS pumps are not required. In conventional biological nutrient removal systems, anoxic basins, anoxic zone mixers, toxic basins, toxic basin aeration equipment, and internal MLSS nitrate-nitrogen recirculation pumps may be necessary. With the SBR, this can be accomplished in one reactor using aeration/mixing equipment, which will minimize operation and maintenance requirements otherwise be needed for clarifiers and pumps.

Since the heart of the SBR system is the controls, automatic valves, and automatic switches, these systems may require more maintenance than a conventional activated sludge system. An increased level of sophistication usually equates to more items that can fail or require maintenance. The level of sophistication may be very advanced in larger SBR wastewater treatment plants requiring a higher level of maintenance on the automatic valves and switches.

Significant operating flexibility is associated with SBR systems. An SBR can be set up to simulate any conventional activated sludge process, including BNR systems. For example, holding times in the Aerated React mode of an SBR can be varied to achieve simulation of a contact stabilization system with a typical hydraulic retention time (HRT) of 3.5 to 7 hours or, on the other end of the spectrum, an extended aeration treatment system with a typical HRT of 18 to 36 hours. For a BNR plant, the aerated react mode (oxic conditions) and the mixed react modes (anoxic conditions) can be alternated to achieve nitrification and denitrification. The mixed fill mode and mixed react mode can be used to achieve denitrification using anoxic conditions. In addition, these modes can ultimately be used to achieve an anaerobic condition where phosphorus removal can occur. Conventional activated sludge systems typically require additional tank volume to achieve such flexibility. SBRs operate in time rather than in space and the number of cycles per day can be varied to control desired effluent limits, offering additional flexibility with an SBR.

COSTS

This section includes some general guidelines as well as some general cost estimates for planning purposes. It should be remembered that capital and construction cost estimates are site-specific.

Budget level cost estimates presented in Table 3 are based on projects that occurred from 1995 to 1998. Budget level costs include such as the blowers, diffusers, electrically operated valves, mixers, sludge pumps, decanters, and the control panel. All costs have been updated to March 1998 costs, using an ENR construction cost index of 5875 from the March 1998 Engineering News Record, rounded off to the nearest thousand dollars.

TABLE 3 SBR EQUIPMENT COSTS BASED ON DIFFERENT PROJECTS

Design Flowrate (MGD)	Budget Level Equipment Costs ($)
0.012	94,000
0.015	137,000
1.0	339,000
1.4	405,000
1.46	405,000
2.0	564,000
4.25	1,170,000

Source: Aqua Aerobics Manufacturer Information, 1998.

In Table 4, provided a range of equipment costs for different design flowrates is provided.

TABLE 4 BUDGET LEVEL EQUIPMENT COSTS BASED ON DIFFERENT FLOW RATES

Design Flowrate (MGD)	Budget Level Equipment Costs ($)
1	150,000 - 350,000
5	459,000 - 730,000
10	1,089,000 - 1,370,000
15	2,200,000
20	2,100,000 - 3,000,000

Note: Budget level cost estimates provided by Babcock King - Wilkinson, L.P., August 1998.

Again the equipment cost items provided do not include the cost for the tanks, sitework, excavation/backfill, installation, contractor*s overhead and profit, or legal, administrative, contingency, and engineering services. These items must be included to calculate the overall construction costs of an SBR system. Costs for other treatment processes, such as screening, equalization, filtration, disinfection, or aerobic digestion, may be included if required.

The ranges of construction costs for a complete, installed SBR wastewater treatment system are presented in Table 5. The variances in the estimates are due to the type of sludge handling facilities and the differences in newly constructed plants versus systems that use existing plant facilities. As such, in some cases these estimates include other processes required in an SBR wastewater treatment plant.

TABLE 5 INSTALLED COST PER GALLON OF WASTEWATER TREATED

Design Flowrate (MGD)	Budget Level Equipment Cost ($/gallon)
0.5 - 1.0	1.96 - 5.00
1.1 - 1.5	1.83 - 2.69
1.5 - 2.0	1.65 - 3.29

Note: Installed cost estimates obtained from Aqua-Aerobics Systems, Inc., August 1998.

There is typically an economy of scale associated with construction costs for wastewater treatment,

meaning that larger treatment plants can usually be constructed at a lower cost per gallon than smaller systems. The use of common wall construction for larger treatment systems, which can be used for square or rectangular SBR reactors, results in this economy of scale.

Operations and Maintenance (O&M) costs associated with an SBR system may be similar to a conventional activated sludge system. Typical cost items associated with wastewater treatment systems include labor, overhead, supplies, maintenance, operating administration, utilities, chemicals, safety and training, laboratory testing, and solids handling. Labor and maintenance requirements may be reduced in SBRs because clarifiers, clarification equipment, and RAS pumps may not be necessary. On the other hand, the maintenance requirements for the automatic valves and switches that control the sequencing may be more intensive than for a conventional activated sludge system. O&M costs are site specific and may range from $800 to $2,000 dollars per million gallons treated.

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14. Manual of Practice (MOP) No. 11, Operation of Municipal Wastewater Treatment Plants.

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Appendix D.5.

Summary of Laboratory Results by South Mall Analytical Labs, Inc.
January 2007 to March 2008

Summary of STP Operator's Discharge Monitoring Report (DMRs) Results
January 2007 to March 2008

Copy of Laboratory Results by South Mall Analytical Labs, Inc.
January 2007 to January 2009

Copy of STP Operator's Discharge Monitoring Report (DMRs) Results
January 2007 to March 2008

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Laboratory Results by South Mall Analytical Labs, Inc.

Date Sample Collected	*Sewage Treatment Plant Effluent		Groundwater Monitoring Well #1 (Upgradient)	Groundwater Monitoring Well #2 (Downgradient)	Groundwater Monitoring Well #3 (Downgradient)
	pH	Total Nitrogen as N, mg/L			
01/08/2007	7.06	2.34			
02/05/2007	6.81	4.81			
02/07/2007			7.97	10.6	9.66
03/27/2007	2.98	1.90			
04/09/2007			5.26	7.05	7.30
04/10/2007	7.14	7.68			
05/01/2007	6.12	2.77			
06/05/2007	6.10	5.16			
07/03/2007	7.23	7.95			
07/19/2007			3.16	3.20	3.56
09/10/2007	7.44	2.24			
09/13/2007			3.15	2.52	3.02
10/04/2007	6.81	2.26			
11/08/2007	6.84	4.98			
12/12/2007	7.48	3.05			
01/03/2008	7.16	2.67			
01/21/2008			2.81	3.57	2.25
02/05/2008	6.83	2.34			
03/10/2008	6.76	3.24			

* Sewage treatment plant effluent maximum by State Pollution Discharge Elimination System (SPDES) = 10 mg/L of Total Nitrogen as N
Samples collected by Operator for preparation of Discharge Monitoring Reports (DMRs)

Michael P. Chiarelli Engineer, P. C.
Larkfield Gardens
Job # 272-001-10

April 30, 2008

Summary of STP Operator's Discharge Monitoring Reports (DMRs)

Monitoring Period		*Sewage Treatment Plant Effluent			Groundwater Monitoring Well #1 (Upgradient)	Groundwater Monitoring Well #2 (Downgradient)	Groundwater Monitoring Well #3 (Downgradient)
From	To	Flow Rate, gpd	pH range	Total Nitrogen as N, mg/L			
01/01/07	01/31/07	14,015	7.1~7.5	2.3	8.0	10.6	9.7
02/01/07	02/28/07	14,854	6.8~7.2	4.8			
03/01/07	03/31/07	13,991	3.0~3.4	1.9			
04/01/07	04/30/07	13,729	7.1~7.4	7.7	5.3	7.1	7.3
05/01/07	05/31/07	12,984	6.1~6.5	2.77			
06/01/07	06/30/07	14,000	6.1~6.5	5.2			
07/01/07	07/31/07	10,780	7.2~7.6	8.0	3.2	3.2	3.6
08/01/07	08/31/07						
09/01/07	09/30/07	9,970	7.4~7.9	2.2			
10/01/07	10/31/07	9,340	6.8~7.1	2.3	3.2	2.5	3.0
11/01/07	11/30/07	8,990	6.8~7.3	5.0			
12/01/07	12/31/07	12,340	7.2~7.7	2.7			
01/01/08	01/31/08	13,970	7.5~7.9	3.1	2.8	3.6	2.3
02/01/08	02/29/08	14,060	6.8~7.3	2.3			
03/01/08	03/31/08	14,100	6.8~7.1	3.2			

* Sewage treatment plant effluent maximum by State Pollution Discharge Elimination System (SPDES) = 10 mg/L of TotalNitrogen as N

DMR 07-07-27

SOUTH MALL
ANALYTICAL LABS, INC.™

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April 23, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Wastewater - Wells, Senior Quarters - Well #1 - 04/09/07 08:10
Sample Collected By: 4-H Maintenance
Purchase Order:
Date Samples Received: 04/10/07 15:00
Lab ID Number: 0704064-01 **Sample Qualifier(s):**

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	04/13/07 14:50	JD	LT 10-10-06-1B
Nitrate (as N)	4.61		mg/L	0.050	04/13/07 10:28	JD	LT 10-107-04-1
Total Nitrogen (as N)	5.26		mg/L	0.125	04/18/07 15:57	JD	LT 10-107-04-1
C nic Nitrogen (as N)	0.655		mg/L	0.150	04/18/07 15:57	JD	LT 10-107-04-1
Nitrite as N	<0.025		mg/L	0.025	04/11/07 14:34	JD	LT10-107-04-1
pH	5.66		pH Units		04/10/07 16:00	JZ	EPA 150.1
Total Kjeldahl Nitrogen (as N)	0.655	B	mg/L	0.100	04/18/07 15:57	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

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DMR 07-10-23

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Website: www.SouthMallLabs.com

August 01, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Wells, Senior Quarters - Well #1 - 07/19/07 08:00
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 07/19/07 12:45
Lab ID Number: 0707083-17 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	07/23/07 12:20	JD	LT 10-10-06-1B
Nitrate (as N)	2.40		mg/L	0.050	07/20/07 13:41	JD	LT 10-107-04-1
Total Nitrogen (as N)	3.16		mg/L	0.125	07/27/07 13:33	JD	LT 10-107-04-1
Organic Nitrogen (as N)	0.764		mg/L	0.150	07/27/07 13:33	JD	LT 10-107-04-1
Nitrite as N	<0.025		mg/L	0.025	07/20/07 12:18	JD	LT10-107-04-1
pH	7.36		pH Units		07/19/07 16:35	JD	SM 4500-H B
Total Dissolved Solids	288		mg/L	15.0	07/30/07 17:13	JD	EPA 160 1
Total Kjeldahl Nitrogen (as N)	0.764	B	mg/L	0.100	07/27/07 13:33	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

O-04 - This sample was analyzed outside the EPA recommended holding time.

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

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Website: www.SouthMallLabs.com

October 01, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Wells, Senior Quarters - Well #1 - 09/13/07 08:00
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 09/13/07 14:00
Lab ID Number: 0709047-01 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	09/17/07 10:39	JD	LT 10-10-06-1B
Nitrate (as N)	1.94		mg/L	0.050	09/14/07 14:43	JD	LT 10-107-04-1
Total Nitrogen (as N)	3.15		mg/L	0.125	09/20/07 13:37	JD	LT 10-107-04-1
Organic Nitrogen (as N)	1.21		mg/L	0.150	09/20/07 13:37	JD	LT 10-107-04-1
ite as N	<0.025		mg/L	0.025	09/14/07 14:43	JD	LT10-107-04-1
pH	5.53		pH Units		09/13/07 16:20	SH	SM 4500-H B
Total Dissolved Solids	86.0		mg/L	15.0	09/27/07 17:00	JD	EPA 160.1
Total Kjeldahl Nitrogen (as N)	1.21	B	mg/L	0.100	09/20/07 13:37	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

O-04 - This sample was analyzed outside the EPA recommended holding time.

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

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DMR 08-04-20

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February 08, 2008

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Wells, Senior Quarter - Well 1 - 01/21/08 14:10
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 01/22/08 15:00
Lab ID Number: 0801119-10 **Sample Qualifier(s):**

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	01/24/08 13:23	JD	LT 10-10-06-1B
Nitrate (as N)	**2.25**		mg/L	0.050	01/24/08 10:27	JD	LT 10-107-04-1
Total Nitrogen (as N)	**2.81**		mg/L	0.125	01/28/08 16:37	JD	LT 10-107-04-1
Organic Nitrogen (as N)	**0.524**		mg/L	0.150	01/28/08 16:37	JD	LT 10-107-04-1
ite as N	**0.036**		mg/L	0.025	01/23/08 16:39	JD	LT10-107-04-1
pH	**5.62**		pH Units		01/22/08 13:41	SH	SM 4500-H B
Total Dissolved Solids	**109**		mg/L	15.0	01/28/08 16:50	SH	EPA 160.1
Total Kjeldahl Nitrogen (as N)	**0.524**	B	mg/L	0.100	01/28/08 16:37	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director
Joseph P. Shaulys

ACCREDITED IN ACCORDANCE WITH nelac

VTEQE, LTD.

317 Bernice Drive Bayport, New York 11705 (631) 472-4848

To: 4-H Maintenance
534 Birch Hollow Drive
Shirley NY 11967
(631) 924-8783

Time Of Login : 13:22:19
Date:
Collected:02/07/07
Received :02/07/07
Completed:02/27/07

Sample Taken By
Client

Reported By: _____

Sample : Senior Quarters 02/07 Sample Number 145670702
Well #1
Aqueous Sample
Analysis : PH/TDS/Nitrogen Series

Parameters	Results ppm (mg/l)	Parameters	Results ppm (mg/l)
PH	7.20		
Total Dissolved Solids	156		
Organic Nitrogen	0.474		
Ammonia	<0.050		
Nitrate	7.50		
Nitrite	<0.025		
Total Kjeldahl Nitrogen	0.474		
Total Nitrogen	7.97		

Case Narrative: Sample Was Analyzed By NYSDOH ELAP ID #10950.

Comments

Sander Sternig Director

DMR 07-07-27

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Website: www.SouthMallLabs.com

April 23, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Wastewater - Wells, Senior Quarters - Well #2 - 04/09/07 08:40
Sample Collected By: 4-H Maintenance
Purchase Order:
Date Samples Received: 04/10/07 15:00
Lab ID Number: 0704064-02 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	04/13/07 14:51	JD	LT 10-10-06-1B
Nitrate (as N)	6.32		mg/L	0.075	04/13/07 10:29	JD	LT 10-107-04-1
Total Nitrogen (as N)	7.05		mg/L	0.150	04/18/07 15:58	JD	LT 10-107-04-1
Or c Nitrogen (as N)	0.729		mg/L	0.150	04/18/07 15:58	JD	LT 10-107-04-1
Nitrite as N	<0.025		mg/L	0.025	04/11/07 14:35	JD	LT10-107-04-1
pH	5.91		pH Units		04/10/07 16:00	JZ	EPA 150.1
Total Kjeldahl Nitrogen (as N)	0.729	B	mg/L	0.100	04/18/07 15:58	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director

Joseph P. Shaulys

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Website: www.SouthMallLabs.com

August 01, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Wells, Senior Quarters - Well #2 - 07/19/07 08:00
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 07/19/07 12:45
Lab ID Number: 0707083-18 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	07/23/07 12:21	JD	LT 10-10-06-1B
Nitrate (as N)	2.38		mg/L	0.050	07/20/07 13:42	JD	LT 10-107-04-1
Total Nitrogen (as N)	3.20		mg/L	0.125	07/27/07 13:34	JD	LT 10-107-04-1
Organic Nitrogen (as N)	0.823		mg/L	0.150	07/27/07 13:34	JD	LT 10-107-04-1
Nitrite as N	<0.025		mg/L	0.025	07/20/07 12:19	JD	LT10-107-04-1
pH	7.47		pH Units		07/19/07 16:35	JD	SM 4500-H B
Total Dissolved Solids	298		mg/L	15.0	07/30/07 17:13	JD	EPA 160 1
Total Kjeldahl Nitrogen (as N)	0.823	B	mg/L	0.100	07/27/07 13:34	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

O-04 - This sample was analyzed outside the EPA recommended holding time.

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

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October 01, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Wells, Senior Quarters - Well #2 - 09/13/07 08:00
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 09/13/07 14:00
Lab ID Number: 0709047-02 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	09/17/07 10:10	JD	LT 10-10-06-1B
Nitrate (as N)	**1.45**		mg/L	0.050	09/14/07 14:16	JD	LT 10-107-04-1
Total Nitrogen (as N)	**2.52**		mg/L	0.125	09/20/07 13:39	JD	LT 10-107-04-1
Organic Nitrogen (as N)	**1.07**		mg/L	0.150	09/20/07 13:39	JD	LT 10-107-04-1
ite as N	<0.025		mg/L	0.025	09/14/07 14:16	JD	LT10-107-04-1
pH	**6.71**		pH Units		09/13/07 16:20	SH	SM 4500-H B
Total Dissolved Solids	**96.0**		mg/L	15.0	09/27/07 17:00	JD	EPA 160.1
Total Kjeldahl Nitrogen (as N)	**1.07**	B	mg/L	0.100	09/20/07 13:39	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

O-04 - This sample was analyzed outside the EPA recommended holding time.

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

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DMR 08-04-20

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Website: www.SouthMallLabs.com

February 08, 2008

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Wells, Senior Quarter - Well 2 - 01/21/08 14:10
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 01/22/08 15:00
Lab ID Number: 0801119-11 **Sample Qualifier(s):**

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	01/24/08 13:26	JD	LT 10-10-06-1B
Nitrate (as N)	2.89		mg/L	0.050	01/24/08 10:28	JD	LT 10-107-04-1
Total Nitrogen (as N)	3.57		mg/L	0.125	01/28/08 16:38	JD	LT 10-107-04-1
Organic Nitrogen (as N)	0.636		mg/L	0.150	01/28/08 16:38	JD	LT 10-107-04-1
rite as N	0.038		mg/L	0.025	01/23/08 16:43	JD	LT10-107-04-1
pH	6.07		pH Units		01/22/08 13:41	SH	SM 4500-H B
Total Dissolved Solids	114		mg/L	15.0	01/28/08 16:50	SH	EPA 160.1
Total Kjeldahl Nitrogen (as N)	0.636	B	mg/L	0.100	01/28/08 16:38	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director

Joseph P. Shaulys

ACCREDITED IN ACCORDANCE WITH nelac

VTEQE, LTD.

317 Bernice Drive Bayport, New York 11705 (631) 472-4848

To: 4-H Maintenance
534 Birch Hollow Drive
Shirley NY 11967
(631) 924-8783

Time Of Login : 13:22:39
Date:
Collected:02/07/07
Received :02/07/07
Completed:02/15/07

Sample Taken By
Client

Reported By: _____

Sample : Senior Quarters 02/07 Sample Number 145680702
Well #2
Aqueous Sample
Analysis : PH/TDS/Nitrogen Series

Parameters	Results ppm (mg/l)	Parameters	Results ppm (mg/l)
PH	7.25		
Total Dissolved Solids	214		
Organic Nitrogen	0.326		
Ammonia	<0.050		
Nitrate	10.3		
Nitrite	<0.025		
Total Kjeldahl Nitrogen	0.326		
Total Nitrogen	10.6		

Case Narrative: Sample Was Analyzed By NYSDOH ELAP ID #10950.

Comments

Sander Sternig Director

DMR 07-07-27

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Website: www.SouthMallLabs.com

April 23, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Wastewater - Wells, Senior Quarters - Well #3 - 04/09/07 09:00
Sample Collected By: 4-H Maintenance
Purchase Order:
Date Samples Received: 04/10/07 15:00
Lab ID Number: 0704064-03 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	04/13/07 14:52	JD	LT 10-10-06-1B
Nitrate (as N)	6.56		mg/L	0.075	04/13/07 10:30	JD	LT 10-107-04-1
Total Nitrogen (as N)	7.30		mg/L	0.150	04/18/07 15:59	JD	LT 10-107-04-1
' ınic Nitrogen (as N)	0.744		mg/L	0.150	04/18/07 15:59	JD	LT 10-107-04-1
Nitrite as N	<0.025		mg/L	0.025	04/11/07 14:36	JD	LT10-107-04-1
pH	6.02		pH Units		04/10/07 16:00	JZ	EPA 150.1
Total Kjeldahl Nitrogen (as N)	0.744	B	mg/L	0.100	04/18/07 15:59	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director

Joseph P. Shaulys

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DMR 07-10-23

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August 01, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Wells, Senior Quarters - Well #3 - 07/19/07 08:00
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 07/19/07 12:45
Lab ID Number: 0707083-20 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	07/23/07 12:24	JD	LT 10-10-06-1B
Nitrate (as N)	2.78		mg/L	0.050	07/20/07 13:46	JD	LT 10-107-04-1
Total Nitrogen (as N)	3.56		mg/L	0.125	07/27/07 13:35	JD	LT 10-107-04-1
Organic Nitrogen (as N)	0.779		mg/L	0.150	07/27/07 13:35	JD	LT 10-107-04-1
Nitrite as N	<0.025		mg/L	0.025	07/20/07 12:20	JD	LT10-107-04-1
pH	7.49		pH Units		07/19/07 16:35	JD	SM 4500-H B
Total Dissolved Solids	288		mg/L	15.0	07/30/07 17:13	JD	EPA 160.1
Total Kjeldahl Nitrogen (as N)	0.779	B	mg/L	0.100	07/27/07 13:35	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

O-04 - This sample was analyzed outside the EPA recommended holding time.

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

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October 01, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Wells, Senior Quarters - Well #3 - 09/13/07 08:00
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 09/13/07 14:00
Lab ID Number: 0709047-03 **Sample Qualifier(s):**

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	09/17/07 10:11	JD	LT 10-10-06-1B
Nitrate (as N)	1.86		mg/L	0.050	09/14/07 14:17	JD	LT 10-107-04-1
Total Nitrogen (as N)	3.02		mg/L	0.125	09/20/07 13:40	JD	LT 10-107-04-1
Organic Nitrogen (as N)	1.16		mg/L	0.150	09/20/07 13:40	JD	LT 10-107-04-1
[illegible]te as N	<0.025		mg/L	0.025	09/14/07 14:17	JD	LT10-107-04-1
pH	5.90		pH Units		09/13/07 16:20	SH	SM 4500-H B
Total Dissolved Solids	116		mg/L	15.0	09/27/07 17:00	JD	EPA 160.1
Total Kjeldahl Nitrogen (as N)	1.16	B	mg/L	0.100	09/20/07 13:40	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

O-04 - This sample was analyzed outside the EPA recommended holding time.

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

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DMR 08-04-20

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Email: Info@SouthMallLabs.com
Website: www.SouthMallLabs.com

February 08, 2008

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Wells, Senior Quarter - Well 3 - 01/21/08 14:10
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 01/22/08 15:00
Lab ID Number: 0801119-12 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	01/24/08 13:27	JD	LT 10-10-06-1B
Nitrate (as N)	1.74		mg/L	0.050	01/24/08 10:29	JD	LT 10-107-04-1
Total Nitrogen (as N)	2.25		mg/L	0.125	01/28/08 16:39	JD	LT 10-107-04-1
Organic Nitrogen (as N)	0.443		mg/L	0.150	01/28/08 16:39	JD	LT 10-107-04-1
-ite as N	0.066		mg/L	0.025	01/23/08 16:44	JD	LT10-107-04-1
pH	6.21		pH Units		01/22/08 13:41	SH	SM 4500-H B
Total Dissolved Solids	125		mg/L	15.0	01/28/08 16:50	SH	EPA 160.1
Total Kjeldahl Nitrogen (as N)	0.443	B	mg/L	0.100	01/28/08 16:39	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

ACCREDITED IN ACCORDANCE WITH nelac

VTEQE, LTD.

317 Bernice Drive Bayport, New York 11705 (631) 472-4848

To: 4-H Maintenance
534 Birch Hollow Drive
Shirley NY 11967
(631) 924-8783

Time Of Login : 13:22:57
Date:
Collected:02/07/07
Received :02/07/07
Completed:02/15/07

Sample Taken By
Client

Reported By: _____

Sample : Senior Quarters 02/07 Sample Number 145690702
Well #3
Aqueous Sample
Analysis : PH/TDS/Nitrogen Series

Parameters	Results ppm (mg/l)	Parameters	Results ppm (mg/l)
PH	7.33		
Total Dissolved Solids	124		
Organic Nitrogen	0.392		
Ammonia	<0.050		
Nitrate	9.27		
Nitrite	<0.025		
Total Kjeldahl Nitrogen	0.392		
Total Nitrogen	9.66		

Case Narrative: Sample Was Analyzed By NYSDOH ELAP ID #10950.

Comments

Sander Sternig Director

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Website: www.SouthMallLabs.com

April 05, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Wastewater - Effluent, Senior Quarters @ Northport - 03/27/07 11:15
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 03/27/07 14:35
Lab ID Number: 0703178-05 **Sample Qualifier(s):**

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	03/29/07 14:35	JD	LT 10-10-06-1B
Nitrate (as N)	0.887		mg/L	0.050	03/28/07 16:43	JD	LT 10-107-04-1
Total Nitrogen (as N)	1.90		mg/L	0.125	04/04/07 11:54	JD	LT 10-107-04-1
Organic Nitrogen (as N)	1.01		mg/L	0.150	04/04/07 11:54	JD	LT 10-107-04-1
Nitrite as N	<0.025		mg/L	0.025	03/28/07 16:05	JD	LT10-107-04-1
pH	2.98		pH Units		03/27/07 16:19	JD	EPA 150.1
Total Kjeldahl Nitrogen (as N)	1.01	B	mg/L	0.100	04/04/07 11:54	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director

Joseph P. Shaulys

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April 23, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Wastewater - Effluent, Senior Quarters - 04/10/07 08:00
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 04/10/07 15:00
Lab ID Number: 0704061-11 Sample

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	0.078		mg/L	0.050	04/13/07 14:38	JD	LT 10-10-06-1B
Nitrate (as N)	4.23		mg/L	0.050	04/13/07 10:14	JD	LT 10-107-04-1
Total Nitrogen (as N)	7.68		mg/L	0.125	04/17/07 14:24	JD	LT 10-107-04-1
·ganic Nitrogen (as N)	3.17		mg/L	0.150	04/17/07 14:24	JD	LT 10-107-04-1
Nitrite as N	0.198		mg/L	0.025	04/11/07 14:33	JD	LT10-107-04-1
pH	7.14		pH Units		04/10/07 16:00	JZ	EPA 150.1
Total Kjeldahl Nitrogen (as N)	3.25	B	mg/L	0.100	04/17/07 14:24	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

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DMR 07-06-26

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May 10, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Wastewater - Effluent, Senior Quarters - 05/01/07 12:20
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 05/01/07 11:55
Lab ID Number: 0705004-06 Sample

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	05/07/07 16:23	JD	LT 10-10-06-1B
Nitrate (as N)	0.874		mg/L	0.050	05/03/07 15:14	JD	LT 10-107-04-1
Total Nitrogen (as N)	2.77		mg/L	0.125	05/10/07 11:05	JD	LT 10-107-04-1
Organic Nitrogen (as N)	0.936		mg/L	0.150	05/10/07 11:05	JD	LT 10-107-04-1
Nitrate/Nitrite as N	1.83		mg/L	0.025	05/03/07 15:14	JD	LT 10-107-04-1
Nitrite as N	0.956		mg/L	0.025	05/01/07 17:34	JD	LT10-107-04-1
pH	6.12		pH Units		05/01/07 17:00	MEM	EPA 150.1
Total Kjeldahl Nitrogen (as N)	0.936	B	mg/L	0.100	05/10/07 11:05	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

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June 21, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Wastewater - Effluent, Senior Quarters - 06/05/07 13:15
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 06/05/07 17:35
Lab ID Number: 0706048-08 Sample

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	0.060		mg/L	0.050	06/07/07 17:04	JD	LT 10-10-06-1B
Nitrate (as N)	3.65		mg/L	0.050	06/06/07 15:44	JD	LT 10-107-04-1
Total Nitrogen (as N)	5.16		mg/L	0.125	06/18/07 17:24	JD	LT 10-107-04-1
anic Nitrogen (as N)	1.24		mg/L	0.150	06/18/07 17:24	JD	LT 10-107-04-1
Nitrate/Nitrite as N	3.86		mg/L	0.025	06/06/07 15:44	JD	LT 10-107-04-1
Nitrite as N	0.208		mg/L	0.025	06/06/07 14:25	JD	LT10-107-04-1
pH	6.10		pH Units		06/05/07 18:00	JD	EPA 150.1
Total Kjeldahl Nitrogen (as N)	1.30	B	mg/L	0.100	06/18/07 17:24	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

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DMR 07-08-24

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July 13, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Wastewater - Effluent, Senior Quarters - 07/03/07 08:00
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 07/03/07 16:45
Lab ID Number: 0707014-03 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	6.99		mg/L	0.050	07/05/07 15:54	JD	LT 10-10-06-1B
Nitrate (as N)	0.127		mg/L	0.050	07/05/07 10:30	JD	LT 10-107-04-1
Total Nitrogen (as N)	7.95		mg/L	1.02	07/12/07 15:21	JD	LT 10-107-04-1
Organic Nitrogen (as N)	<1.05		mg/L	1.05	07/12/07 15:21	JD	LT 10-107-04-1
Nitrite as N	<0.025		mg/L	0.025	07/03/07 18:20	JD	LT10-107-04-1
pH	7.23		pH Units		07/03/07 18:05	JD	EPA 150.1
Total Kjeldahl Nitrogen (as N)	7.82	B	mg/L	1.00	07/12/07 15:21	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

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DMR 07-10-23

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September 19, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Wastewater - Effluent, Senior Quarters - 09/10/07 12:00
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 09/12/07 07:40
Lab ID Number: 0709035-08 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050	QM-07	mg/L	0.050	09/14/07 17:12	JD	LT 10-10-06-1B
Nitrate (as N)	1.14		mg/L	0.050	09/14/07 12:00	MEM	LT 10-107-04-1
Total Nitrogen (as N)	2.24		mg/L	0.125	09/17/07 17:30	JD	LT 10-107-04-1
Organic Nitrogen (as N)	1.10		mg/L	0.150	09/17/07 17:30	JD	LT 10-107-04-1
Nitrite as N	<0.025		mg/L	0.025	09/12/07 11:49	MEM	LT10-107-04-1
pH	7.44		pH Units		09/12/07 08:00	MEM	EPA 150 1
Total Kjeldahl Nitrogen (as N)	1.10		mg/L	0.100	09/17/07 17:30	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

QM-07 - The spike recovery was outside acceptance limits for the MS and/or MSD. The batch was accepted based on acceptable LCS recovery
B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

DMR 07-11-23

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October 15, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Effluent, Senior Quarter - 10/04/07 08:00
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 10/04/07 15:49
Lab ID Number: 0710029-05 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	0.068		mg/L	0.050	10/05/07 09:52	JD	LT 10-10-06-1B
Nitrate (as N)	1.26		mg/L	0.050	10/08/07 09:18	JD	LT 10-107-04-1
Total Nitrogen (as N)	2.26		mg/L	0.125	10/12/07 11:08	JD	LT 10-107-04-1
Organic Nitrogen (as N)	0.928		mg/L	0.150	10/12/07 11:08	JD	LT 10-107-04-1
Nitrite as N	<0.025		mg/L	0.025	10/05/07 15:23	JD	LT10-107-04-1
pH	6.81		pH Units		10/04/07 16:00	SH	SM 4500-H B
Total Kjeldahl Nitrogen (as N)	0.996		mg/L	0.100	10/12/07 11:08	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

QM-07 - The spike recovery was outside acceptance limits for the MS and/or MSD. The batch was accepted based on acceptable LCS recovery
B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

DMR 07-12-24

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November 26, 2007

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Effluent, Senior Quarter - 11/08/07 08:00
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 11/08/07 15:00
Lab ID Number: 0711042-11 **Sample Qualifier(s):**

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050	QM-05	mg/L	0.050	11/09/07 10:06	JD	LT 10-10-06-1B
Nitrate (as N)	3.12		mg/L	0.050	11/09/07 14:11	JD	LT 10-107-04-1
Total Nitrogen (as N)	4.98		mg/L	0.125	11/19/07 16:55	JD	LT 10-107-04-1
Organic Nitrogen (as N)	1.86		mg/L	0.150	11/19/07 16:55	JD	LT 10-107-04-1
itrite as N	<0.025		mg/L	0.025	11/09/07 13:07	JD	LT10-107-04-1
pH	6.84		pH Units		11/08/07 15:00	SH	SM 4500-H B
Total Kjeldahl Nitrogen (as N)	1.86	B	mg/L	0.100	11/19/07 16:55	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

QM-05 - The spike recovery was outside acceptance limits for the MS and/or MSD due to matrix interference. The LCS and/or LCSD were within acceptance limits showing that the laboratory is in control and the data is acceptable.
B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

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January 09, 2008

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Effluent, Senior Quarter - 12/12/07 08:00
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 12/14/07 07:30
Lab ID Number: 0712108-01 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	0.302	QM-07	mg/L	0.050	12/18/07 18:17	HT	LT 10-10-06-1B
Nitrate (as N)	1.42		mg/L	0.050	12/17/07 12:19	JD	LT 10-107-04-1
Total Nitrogen (as N)	3.05		mg/L	0.125	12/20/07 18:32	HT	LT 10-107-04-1
Organic Nitrogen (as N)	1.14		mg/L	0.150	12/20/07 18:32	HT	LT 10-107-04-1
itrite as N	0.189		mg/L	0.025	12/14/07 17:04	JD	LT10-107-04-1
pH	7.48		pH Units		12/14/07 08:30	SH	SM 4500-H B
Total Kjeldahl Nitrogen (as N)	1.44	B	mg/L	0.100	12/20/07 18:32	HT	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

QM-07 - The spike recovery was outside acceptance limits for the MS and/or MSD. The batch was accepted based on acceptable LCS recovery
I-02 - This sample was received outside of the EPA recommended holding time.
B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

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January 15, 2008

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Effluent, Senior Quarter - 01/03/08 08:00
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 01/03/08 15:00
Lab ID Number: 0801035-07 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	01/08/08 17:03	JD	LT 10-10-06-1B
Nitrate (as N)	1.21		mg/L	0.050	01/07/08 16:40	HT	LT 10-107-04-1
Total Nitrogen (as N)	2.67		mg/L	0.125	01/11/08 12:15	JD	LT 10-107-04-1
Organic Nitrogen (as N)	1.38		mg/L	0.150	01/11/08 12:15	JD	LT 10-107-04-1
rite as N	0.078		mg/L	0.025	01/04/08 18:00	HT	LT10-107-04-1
pH	7.16		pH Units		01/03/08 15:00	SH	SM 4500-H B
Total Kjeldahl Nitrogen (as N)	1.38	B	mg/L	0.100	01/11/08 12:15	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

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DMR 08-03-25

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Website: www.SouthMallLabs.com

February 13, 2008

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Effluent, Senior Quarter - 02/05/08 13:30
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 02/05/08 15:00
Lab ID Number: 0802013-11 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	0.450		mg/L	0.050	02/07/08 10:04	JD	LT 10-10-06-1B
Nitrate (as N)	0.831		mg/L	0.050	02/06/08 11:56	JD	LT 10-107-04-1
Total Nitrogen (as N)	2.34		mg/L	0.125	02/11/08 17:08	JD	LT 10-107-04-1
Organic Nitrogen (as N)	0.990		mg/L	0.150	02/11/08 17:08	JD	LT 10-107-04-1
Nitrite as N	0.070		mg/L	0.025	02/05/08 17:11	JD	LT10-107-04-1
pH	6.83		pH Units		02/05/08 16:46	SH	SM 4500-H B
Total Kjeldahl Nitrogen (as N)	1.44	B	mg/L	0.100	02/11/08 17:08	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

QM-07 - The spike recovery was outside acceptance limits for the MS and/or MSD. The batch was accepted based on acceptable LCS recovery.

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director

Joseph P. Shaulys

ACCREDITED IN ACCORDANCE WITH nelac

DMR 08-04-20

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Website: www.SouthMallLabs.com

April 01, 2008

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Effluent, Senior Quarter - 03/10/08 14:30
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 03/11/08 17:00
Lab ID Number: 0803056-03 **Sample Qualifier(s):**

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	0.128		mg/L	0.050	03/13/08 10:05	JD	LT 10-10-06-1B
Nitrate (as N)	2.10		mg/L	0.050	03/12/08 14:18	JD	LT 10-107-04-1
Total Nitrogen (as N)	3.24		mg/L	0.125	03/21/08 12:51	JD	LT 10-107-04-1
Organic Nitrogen (as N)	1.01		mg/L	0.150	03/21/08 12:51	JD	LT 10-107-04-1
.e as N	<0.025		mg/L	0.025	03/12/08 13:08	JD	LT10-107-04-1
pH	6.76		pH Units		03/12/08 13:29	JD	SM 4500-H B
Total Kjeldahl Nitrogen (as N)	1.14	B	mg/L	0.100	03/21/08 12:51	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

QM-07 - The spike recovery was outside acceptance limits for the MS and/or MSD. The batch was accepted based on acceptable LCS recovery.

QM-05 - The spike recovery was outside acceptance limits for the MS and/or MSD due to matrix interference. The LCS and/or LCSD were within acceptance limits showing that the laboratory is in control and the data is acceptable.
O-04 - This sample was analyzed outside the EPA recommended holding time.

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shaulys

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April 21, 2008

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Effluent, Senior Quarters - 04/03/08 08:00
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 04/03/08 16:45
Lab ID Number: 0804032-11 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	0.263		mg/L	0.050	04/04/08 12:41	JD	LT 10-10-06-1B
Nitrate (as N)	3.40		mg/L	0.050	04/04/08 16:46	JD	LT 10-107-04-1
Total Nitrogen (as N)	4.72		mg/L	0.325	04/18/08 16:57	JD	LT 10-107-04-1
Organic Nitrogen (as N)	1.03		mg/L	0.350	04/18/08 16:57	JD	LT 10-107-04-1
Nitrite as N	0.025		mg/L	0.025	04/04/08 15:36	JD	LT10-107-04-1
pH	6.98	I-02	pH Units		04/04/08 08:45	MEM	SM 4500-H B
Total Kjeldahl Nitrogen (as N)	1.29		mg/L	0.300	04/18/08 16:57	JD	LT 10-107-06-2

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

I-02 - This sample was received outside of the EPA recommended holding time.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director Joseph P. Shauiys

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May 29, 2008

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Effluent, Senior Quarters - 05/15/08 13:00
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 05/16/08 13:00
Lab ID Number: 0805090-04 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	0.127		mg/L	0.050	05/20/08 13:57	JD	LT 10-106-06-1-B
Nitrate (as N)	1.83		mg/L	0.060	05/19/08 12:45	JD	LT 10-107-04-1-A
Total Nitrogen (as N)	3.12		mg/L	0.335	05/28/08 15:56	JD	LT 10-107-04-1-A
Organic Nitrogen (as N)	1.16		mg/L	0.350	05/28/08 15:56	JD	LT 10-107-04-1-A
Nitrite as N	<0.025		mg/L	0.025	05/19/08 11:15	JD	LT10-107-04-1-A
pH	7.26	I-02	pH Units		05/16/08 16:30	MM	SM 4500-H B
Total Kjeldahl Nitrogen (as N)	1.29		mg/L	0.300	05/28/08 15:56	JD	LT 10-107-06-2-E

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

QM-07 - The spike recovery was outside acceptance limits for the MS and/or MSD. The batch was accepted based on acceptable LCS recovery.
O-04 - This sample was analyzed outside the EPA recommended holding time.
I-02 - This sample was received outside of the EPA recommended holding time.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director
Joseph P. Shaulys

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June 19, 2008

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Effluent, Senior Quarters - 06/05/08 12:40
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 06/05/08 16:55
Lab ID Number: 0806051-11 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	0.170		mg/L	0.050	06/13/08 09:00	JD	LT 10-106-06-1-B
Nitrate (as N)	2.45		mg/L	0.060	06/06/08 15:31	JD	LT 10-107-04-1-A
Total Nitrogen (as N)	4.73		mg/L	0.335	06/16/08 15:57	JD	LT 10-107-04-1-A
Organic Nitrogen (as N)	2.11		mg/L	0.350	06/16/08 15:57	JD	LT 10-107-04-1-A
Nitrite as N	<0.025		mg/L	0.025	06/06/08 14:42	JD	LT10-107-04-1-A
pH	7.55	I-02	pH Units		06/09/08 15:00	MM	SM 4500-H B
Total Kjeldahl Nitrogen (as N)	2.28		mg/L	0.300	06/16/08 15:57	JD	LT 10-107-06-2-E

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

I-02 - This sample was received outside of the EPA recommended holding time.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director
Michael E. Miller, Ph.D.

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July 21, 2008

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Effluent, Senior Quarters - 07/01/08 10:30
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 07/03/08 14:00
Lab ID Number: 0807022-13 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	07/11/08 15:35	JD	LT 10-107-06-1-B
Nitrate (as N)	1.34		mg/L	0.060	07/07/08 11:10	JD	LT 10-107-04-1-A
Total Nitrogen (as N)	4.41		mg/L	0.335	07/18/08 17:35	JD	LT 10-107-04-1-A
Organic Nitrogen (as N)	3.07		mg/L	0.350	07/18/08 17:35	JD	LT 10-107-04-1-A
Nitrite as N	<0.025		mg/L	0.025	07/03/08 17:48	JD	LT10-107-04-1-A
pH	6.23	I-02	pH Units		07/07/08 16:14	MM	SM 4500-H B
Total Kjeldahl Nitrogen (as N)	3.07	QM-07	mg/L	0.300	07/18/08 17:35	JD	LT 10-107-06-2-E

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

QM-07 - The spike recovery was outside acceptance limits for the MS and/or MSD. The batch was accepted based on acceptable LCS recovery.

I-02 - This sample was received outside of the EPA recommended holding time.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

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Laboratory Director: Joseph P. Shaulys

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September 08, 2008

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Effluent, Senior Quarters - 08/12/08 14:08
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 08/13/08 07:35
Lab ID Number: 0808067-14 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	0.125	QM-07	mg/L	0.050	09/08/08 09:12	JD	LT 10-107-06-1-B
Nitrate (as N)	0.537		mg/L	0.060	08/15/08 14:19	JD	LT 10-107-04-1-A
Total Nitrogen (as N)	3.39		mg/L	0.335	08/29/08 16:53	JD	LT 10-107-04-1-A
Organic Nitrogen (as N)	2.68		mg/L	0.350	09/08/08 09:12	JD	LT 10-107-04-1-A
Nitrite as N	0.045		mg/L	0.025	08/13/08 16:26	JD	LT10-107-04-1-A
pH	6.90	I-02	pH Units		08/13/08 09:01	MEM	SM 4500-H B
Total Kjeldahl Nitrogen (as N)	2.81	QM-05, B	mg/L	0.300	08/29/08 16:53	JD	LT 10-107-06-2-E

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

QM-07 - The spike recovery was outside acceptance limits for the MS and/or MSD. The batch was accepted based on acceptable LCS recovery.

QM-05 - The spike recovery was outside acceptance limits for the MS and/or MSD due to matrix interference. The LCS and/or LCSD were within acceptance limits showing that the laboratory is in control and the data is acceptable.

C-04 - This sample was analyzed outside the EPA recommended holding time.

I-02 - This sample was received outside of the EPA recommended holding time.

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

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Laboratory Director: Joseph P. Shaulys

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September 19, 2008

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Effluent, Senior Quarters - 09/04/08 10:30
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 09/10/08 07:30
Lab ID Number: 0809039-04 Sample Qualifier(s)

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	0.121		mg/L	0.050	09/11/08 16:29	JD	LT 10-107-06-1-B
Nitrate (as N)	1.55		mg/L	0.060	09/11/08 14:21	JD	LT 10-107-04-1-A
Total Nitrogen (as N)	5.53		mg/L	0.335	09/15/08 17:36	JD	LT 10-107-04-1-A
Organic Nitrogen (as N)	3.83		mg/L	0.350	09/15/08 17:36	JD	LT 10-107-04-1-A
Nitrite as N	0.027		mg/L	0.025	09/11/08 12:06	JD	LT10-107-04-1-A
pH	7.04	I-02	pH Units		09/10/08 11:00	MM	SM 4500-H B
Total Kjeldahl Nitrogen (as N)	3.95	B	mg/L	0.300	09/15/08 17:36	JD	LT 10-107-06-2-E

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

I-02 - This sample was received outside of the EPA recommended holding time.
B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292 New Jersey DEP Laboratory ID #NY006

All results are based on the sample "As Received" by the laboratory and no endorsement of the sample integrity prior to sample receipt is implied or given unless collected by South Mall Labs employees. Report must be reproduced in its entirety.

Laboratory Director: Joseph P. Shaulys

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November 10, 2008

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Effluent, Senior Quarters - 10/09/08 14:53
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 10/09/08 15:20
Lab ID Number: 0810046-06 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	0.171		mg/L	0.050	10/14/08 14:18	JD	LT 10-107-06-1-B
Nitrate (as N)	3.38		mg/L	0.060	10/13/08 13:42	JD	LT 10-107-04-1-A
Total Nitrogen (as N)	5.39		mg/L	0.335	10/15/08 14:32	ZZZ	LT 10-107-04-1-A
Organic Nitrogen (as N)	1.77		mg/L	0.350	10/15/08 14:32	ZZZ	LT 10-107-04-1-A
Nitrite as N	0.071		mg/L	0.025	10/09/08 16:44	JD	LT10-107-04-1-A
pH	7.01	I-02	pH Units		10/10/08 14:00	MM	SM 4500-H B
Total Kjeldahl Nitrogen (as N)	1.94	B	mg/L	0.300	10/15/08 14:32	ZZZ	LT 10-107-06-2-E

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

QM-07 - The spike recovery was outside acceptance limits for the MS and/or MSD. The batch was accepted based on acceptable LCS recovery.

I-02 - This sample was received outside of the EPA recommended holding time.

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

All results are based on the sample "As Received" by the laboratory and no endorsement of the sample integrity prior to sample receipt is implied or given unless collected by South Mall Labs employees. Report must be reproduced in its entirety.

Laboratory Director: Joseph P. Shaulys

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November 24, 2008

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Effluent, Senior Quarters - 11/05/08 08:00
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 11/10/08 14:15
Lab ID Number: 0811047-04 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	11/13/08 14:41	JD	LT 10-107-06-1-B
Nitrate (as N)	8.61		mg/L	0.060	11/11/08 15:15	JD	LT 10-107-04-1-A
Total Nitrogen (as N)	8.51		mg/L	0.335	11/19/08 09:10	JD	LT 10-107-04-1-A
Organic Nitrogen (as N)	1.83		mg/L	0.350	11/19/08 09:10	JD	LT 10-107-04-1-A
Nitrite as N	0.073		mg/L	0.025	11/11/08 14:43	JD	LT10-107-04-1-A
pH	7.07	I-02	pH Units		11/11/08 16:00	MEM	SM 4500-H B
Total Kjeldahl Nitrogen (as N)	1.83	B	mg/L	0.300	11/19/08 09:10	JD	LT 10-107-06-2-E

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

I-02 - This sample was received outside of the EPA recommended holding time.

B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

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Laboratory Director: Joseph P. Shaulys

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December 23, 2008

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Effluent, Senior Quarters - 12/04/08 07:30
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 12/04/08 16:00
Lab ID Number: 0812110-07 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	0.078		mg/L	0.050	12/16/08 10:50	JD	LT 10-107-06-1-B
Nitrate (as N)	7.67		mg/L	0.060	12/16/08 15:04	JD	LT 10-107-04-1-A
Total Nitrogen (as N)	9.55		mg/L	0.335	12/19/08 17:26	JD	LT 10-107-04-1-A
Organic Nitrogen (as N)	1.72		mg/L	0.350	12/19/08 17:26	JD	LT 10-107-04-1-A
Nitrite as N	0.078		mg/L	0.025	12/16/08 12:25	JD	LT10-107-04-1-A
pH	6.85	I-02	pH Units		12/16/08 09:00	TWS	SM 4500-H B
Total Kjeldahl Nitrogen (as N)	1.80	B	mg/L	0.300	12/19/08 17:26	JD	LT 10-107-06-2-E

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

QM-07 - The spike recovery was outside acceptance limits for the MS and/or MSD. The batch was accepted based on acceptable LCS recovery.
I-02 - This sample was received outside of the EPA recommended holding time.
B - Analyte is found in the associated blank as well as in the sample.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

All results are based on the sample "As Received" by the laboratory and no endorsement of the sample integrity prior to sample receipt is implied or given unless collected by South Mall Labs employees. Report must be reproduced in its entirety.

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Laboratory Director: Joseph P. Shaulys

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Website: www.SouthMallLabs.com

February 11, 2009

Analytical Results

4-H Maintenance
534 Birch Hollow Drive
Shirley, NY 11967

Att: John Hunt

Sample Description: Water - Effluent, Senior Quarters - 01/12/09 13:30
Sample Collected By: 4-H Maintenance
Purchase Order: Verbal
Date Samples Received: 01/13/09 07:50
Lab ID Number: 0901061-02 Sample Qualifier(s):

Analyte	Results	Qual	Units	RL	Analyzed	By	Method
Ammonia as N	<0.050		mg/L	0.050	01/14/09 16:20	JD	LT 10-107-06-1-B
Nitrate (as N)	4.84		mg/L	0.060	01/14/09 10:15	JD	LT 10-107-04-1-A
Total Nitrogen (as N)	6.51		mg/L	0.335	02/10/09 11:19	JD	LT 10-107-04-1-A
Organic Nitrogen (as N)	1.60		mg/L	0.350	02/10/09 11:19	JD	LT 10-107-04-1-A
Nitrite as N	0.069		mg/L	0.025	01/13/09 17:04	JD	LT10-107-04-1-A
pH	7.25	I-02	pH Units		01/13/09 08:30	MEM	SM 4500-H B
Total Kjeldahl Nitrogen (as N)	1.80	A-01, B	mg/L	0.300	02/10/09 11:19	JD	LT 10-107-06-2-E

References & Qualifiers

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.
SW - SW 846 3rd Edition.
SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.
LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*" ,February 2004.

QM-07 - The spike recovery was outside acceptance limits for the MS and/or MSD. The batch was accepted based on acceptable LCS recovery.

I-02 - This sample was received outside of the EPA recommended holding time.

B - Analyte is found in the associated blank as well as in the sample.

A-01 - Sample were digested within holding time.

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

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Laboratory Director: Joseph P. Shaulys
Joseph P. Shaulys

ACCREDITED IN ACCORDANCE WITH nelac

DMR 07-03-20

VTEQE, LTD.

317 Bernice Drive Bayport, New York 11705 (631) 472-4848

To: 4-H Maintenance
534 Birch Hollow Drive
Shirley NY 11967
(631) 924-8783

Time Of Login : 14:33:10
Date:
Collected:02/05/07
Received :02/05/07
Completed:02/20/07
Reported By: _____

Sample Taken By
Client

Sample : Senior Quarters 02/07 Sample Number 145260702
Aqueous Sample
Analysis : Nitrogen Series/PH Analysis

Parameters	Results ppm (mg/l)	Parameters	Results ppm (mg/l)
PH	6.81		
Organic Nitrogen	1.09		
Ammonia	0.078		
Nitrate	3.57		
Nitrite	0.072		
Total Kjeldahl Nitrogen	1.17		
Total Nitrogen	4.81		

Case Narrative: Sample Was Analyzed By NYSDOH ELAP ID #10[illegible]0.

Comments

Sander Sternig Director

DMR 07-02-27

VTEQE, LTD.

31 Bernice Drive Bayport, New York 11705 (631) 472-4848

To: 4-H Maintenance
534 Birch Hollow Drive
Shirley NY 11967
(631) 924-8783

Time Of Login : 13:16:48
Date:
Collected:01/08/07
Received :01/08/07
Completed:01/15/07

Sample Taken By
Client

Reported By: _____

Sample : Senior Quarters 01/07 Sample Number 143610701
Aqueous Sample
Analysis : Nitrogen Series/PH Analysis

Parameters	Results ppm (mg/l)	Parameters	Results ppm (mg/l)
PH	7.06		
Organic Nitrogen	1.43		
Ammonia	0.086		
Nitrate	0.775		
Nitrite	0.040		
Total Kjeldahl Nitrogen	1.52		
Total Nitrogen	2.34		

Case Narrative: Sample Was Analyzed By NYSDOH ELAP ID # 50.

Comments

Sander Sternig Director

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITOR REPORT (DMR)

Form Aproved
MB No 2040-0004

RMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

AME: ATRIA EAST NORTHPORT
DDRESS: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ACILITY: ATRIA EAST NORTHPORT
OCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
TTN:JOHN HUNT

NY0209325	GMW1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	03	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
GW MONIT WELL #1 (UPGRADIENT)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
itrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	8.0		0	01/90	GR
)600 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
itrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******		******	******	<0.1		0	01/90	GR
)610 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
itrogen, nitrite total (as N)	SAMPLE MEASUREMENT	******	******		******	******	<0.03		0	01/90	GR
)615 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
itrogen, nitrate total (as N)	SAMPLE MEASUREMENT	******	******		******	******	7.5		0	01/90	GR
)620 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
itrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	0.5		0	01/90	GR
)625 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
olids, total dissolved	SAMPLE MEASUREMENT	******	******		******	******	156		0	01/90	GR
)295 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
'ater level at sample collection time	SAMPLE MEASUREMENT	******	123		******	******	******		0	01/90	MS
5327 I 0 take from Well	PERMIT REQUIREMENT	******	Req. Mon. SING RDG	ft	******	******	******			Quarterly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	07	04	01
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
EE PERMIT FOR ADDITIONAL NOTES, COMMENTS & SAMPLING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-0004

Page 1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATRIA EAST NORTHPORT
ADDRESS: E/S CHESHIRE PL N/O 5TH AVE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN: JOHN HUNT

NY0209325	GMW1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	06	30

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
GW MONIT WELL #1 (UPGRADIENT)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total (as N)	SAMPLE MEASUREMENT	.....	.....		.....	.....	5.3		0	01/90	GR
00600 1 0 Intake from Well	PERMIT REQUIREMENT	.....	.....		.....	.....	Req. Mon. ORTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.....	.....		.....	.....	<0.1		0	01/90	GR
00610 1 0 Intake from Well	PERMIT REQUIREMENT	.....	.....		.....	.....	Req. Mon. ORTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	.....	.....		.....	.....	<0.03		0	01/90	GR
00615 1 0 Intake from Well	PERMIT REQUIREMENT	.....	.....		.....	.....	Req. Mon. ORTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	.....	.....		.....	.....	4.6		0	01/90	GR
00620 1 0 Intake from Well	PERMIT REQUIREMENT	.....	.....		.....	.....	Req. Mon. ORTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	.....	.....		.....	.....	1.0		0	01/90	GR
00625 1 0 Intake from Well	PERMIT REQUIREMENT	.....	.....		.....	.....	Req. Mon. ORTR MAX	mg/L		Quarterly	GRAB-8
Solids, total dissolved	SAMPLE MEASUREMENT	.....	.....		.....	.....	N/A		0	01/90	GR
70295 1 0 Intake from Well	PERMIT REQUIREMENT	.....	.....		.....	.....	Req. Mon. ORTR MAX	mg/L		Quarterly	GRAB-8
Water level at sample collection time	SAMPLE MEASUREMENT	.....	121		.....	.....	.....		0	01/90	MS
85327 1 0 Intake from Well	PERMIT REQUIREMENT	.....	Req. Mon. SING RDG	ft	.....	.....	.....			Quarterly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		631 9240101		07	07	27
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & SAMPLING REQUIREMENTS.

Lab error solids omitted from test.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LAKEFIELD GARDENS ASSOC, LP
ADDRESS: 10 CHESHIRE PLACE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325
PERMIT NUMBER

GMW1
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	09	30

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
GW MONIT WELL #1 (UPGRADIENT)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Nitrogen, total (as N)	SAMPLE MEASUREMENT	------	------		------	------	3.2		O	01/90	GR
00600 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	------	------		------	------	<0.1		O	01/90	GR
00610 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	------	------		------	------	<0.03		O	01/90	GR
00615 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	------	------		------	------	2.4		O	01/90	GR
00620 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	------	------		------	------	0.8		O	01/90	GR
00625 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Solids, total dissolved	SAMPLE MEASUREMENT	------	------		------	------	288		O	01/90	GR
70295 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Water level at sample collection time	SAMPLE MEASUREMENT	------	120		------	------	------		O	01/90	MS
85327 1 0 Intake from Well	PERMIT REQUIREMENT	------	Req. Mon. SING RDG	ft	------	------	------			Quarterly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	John P. Hunt	631	9240701	07	10	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & SAMPLING REQUIREMENTS

EPA Form 3320-1 (Rev.01/06) Previous editions may be used

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved. OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LAKEFIELD GARDENS ASSOC, LP
ADDRESS: 10 CHESHIRE PLACE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	GMW1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	12	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
GW MONIT WELL #1 (UPGRADIENT)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Nitrogen, total (as N) 00600 I 0 Intake from Well	SAMPLE MEASUREMENT	------	------		------	------	3.2		0	01/90	GR
	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, ammonia total (as N) 00610 I 0 Intake from Well	SAMPLE MEASUREMENT	------	------		------	------	<0.1		0	01/90	GR
	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrite total (as N) 00615 I 0 Intake from Well	SAMPLE MEASUREMENT	------	------		------	------	<0.03		0	01/90	GR
	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrate total (as N) 00620 I 0 Intake from Well	SAMPLE MEASUREMENT	------	------		------	------	1.9		0	01/90	GR
	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, Kjeldahl, total (as N) 00625 I 0 Intake from Well	SAMPLE MEASUREMENT	------	------		------	------	1.2		0	01/90	GR
	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Solids, total dissolved 70295 I 0 Intake from Well	SAMPLE MEASUREMENT	------	------		------	------	86		0	01/90	GR
	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Water level at sample collection time 85327 I 0 Intake from Well	SAMPLE MEASUREMENT	------	119		------	------	------		0	01/90	MS
	PERMIT REQUIREMENT	------	Req. Mon. SING RDG	ft	------	------	------			Quarterly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	John P. Hunt	631	9240701	08	01	28
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & SAMPLING REQUIREMENTS

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME AND ADDRESS *(Include Facility Name/Location if Different)*

NAME: LAKEFIELD GARDENS ASSOC, LP
ADDRESS: 10 CHESHIRE PLACE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	GMW1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	01	01	TO	08	03	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
GW MONIT WELL #1 (UPGRADIENT)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total (as N) 00600 I 0 Intake from Well	SAMPLE MEASUREMENT	******	******		******	******	2.8		O	01/90	GR
	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, ammonia total (as N) 00610 I 0 Intake from Well	SAMPLE MEASUREMENT	******	******		******	******	<0.1		O	01/90	GR
	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrite total (as N) 00615 I 0 Intake from Well	SAMPLE MEASUREMENT	******	******		******	******	0.04		O	01/90	GR
	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrate total (as N) 00620 I 0 Intake from Well	SAMPLE MEASUREMENT	******	******		******	******	2.3		O	01/90	GR
	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, Kjeldahl, total (as N) 00625 I 0 Intake from Well	SAMPLE MEASUREMENT	******	******		******	******	0.5		O	01/90	GR
	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Solids, total dissolved 70295 I 0 Intake from Well	SAMPLE MEASUREMENT	******	******		******	******	109		O	01/90	GR
	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Water level at sample collection time 85327 I 0 Intake from Well	SAMPLE MEASUREMENT	******	119		******	******	******		O	01/90	MS
	PERMIT REQUIREMENT	******	Req. Mon. SING RDG	ft	******	******	******			Quarterly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	6319240701		08	04	20
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & SAMPLING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITOR REPORT (DMR)

Form Approved
MB No. 2040-0004

RMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

ME: ATRIA EAST NORTHPORT
DRESS: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
CILITY: ATRIA EAST NORTHPORT
CATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
TN:JOHN HUNT

NY0209325	GMW2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	03	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
GW MONIT WELL 2 (DOWNGRADIENT)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
trogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	10.6		0	01/90	GR
600 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
trogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******		******	******	<0.05		0	01/90	GR
610 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
trogen, nitrite total (as N)	SAMPLE MEASUREMENT	******	******		******	******	<0.03		0	01/90	GR
615 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
trogen, nitrate total (as N)	SAMPLE MEASUREMENT	******	******		******	******	10.3		0	01/90	GR
620 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
trogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	0.3		0	01/90	GR
625 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
lids, total dissolved	SAMPLE MEASUREMENT	******	******		******	******	214		0	01/90	GR
295 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
ater level at sample collection time	SAMPLE MEASUREMENT	******	200		******	******	******		0	01/90	MS
327 I 0 take from Well	PERMIT REQUIREMENT	******	Req. Mon. SING RDG	ft	******	******	******			Quarterly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	07	07	21
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
E PERMIT FOR ADDITIONAL NOTES, COMMENTS AND MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-0004

PERMITTEE ADDRESS *(Include Facility Name/Location if Different)*

NAME: ATRIA EAST NORTHPORT
ADDRESS: E/S CHESHIRE PL N/O 5TH AVE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN: JOHN HUNT

NY0209325
PERMIT NUMBER

GMW2
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	06	30

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
GW MONIT WELL 2 (DOWNGRADIENT)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total (as N)	SAMPLE MEASUREMENT	.....	.....		.....	.....	7.1		0	01/90	GR
00600 1 0 Intake from Well	PERMIT REQUIREMENT	.....	.....		.....	.....	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.....	.....		.....	.....	<0.1		0	01/90	GR
00610 1 0 Intake from Well	PERMIT REQUIREMENT	.....	.....		.....	.....	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	.....	.....		.....	.....	<0.03		0	01/90	GR
00615 1 0 Intake from Well	PERMIT REQUIREMENT	.....	.....		.....	.....	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	.....	.....		.....	.....	6.3		0	01/90	GR
00620 1 0 Intake from Well	PERMIT REQUIREMENT	.....	.....		.....	.....	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	.....	.....		.....	.....	0.7		0	01/90	GR
00625 1 0 Intake from Well	PERMIT REQUIREMENT	.....	.....		.....	.....	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Solids, total dissolved	SAMPLE MEASUREMENT	.....	.....		.....	.....	N/A		0	01/90	GR
70295 1 0 Intake from Well	PERMIT REQUIREMENT	.....	.....		.....	.....	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Water level at sample collection time	SAMPLE MEASUREMENT	.....	198		.....	.....	.....		0	01/90	MS
85327 1 0 Intake from Well	PERMIT REQUIREMENT	.....	Req. Mon. SING RDG	ft	.....	.....	.....			Quarterly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	[signature]	631	9240701	07	07	27
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND MONITORING REQUIREMENTS. Lab error Solids omitted from test.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITOR REPORT (DMR)

Form Approved
OMB No 2004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LAKEFIELD GARDENS ASSOC, LP
ADDRESS: 10 CHESHIRE PLACE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	GMW2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	09	30

DMR MAILING ZIP CODE 11967
MINOR
(SUBR01)
GW MONIT WELL 2 (DOWNGRADIENT)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total (as N) 00600 1 0 Intake from Well	SAMPLE MEASUREMENT	------	------		------	------	3.2		0	01/90	GR
	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, ammonia total (as N) 00610 1 0 Intake from Well	SAMPLE MEASUREMENT	------	------		------	------	<0.1		0	01/90	GR
	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrite total (as N) 00615 1 0 Intake from Well	SAMPLE MEASUREMENT	------	------		------	------	<0.03		0	01/90	GR
	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrate total (as N) 00620 1 0 Intake from Well	SAMPLE MEASUREMENT	------	------		------	------	2.4		0	01/90	GR
	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, Kjeldahl, total (as N) 00625 1 0 Intake from Well	SAMPLE MEASUREMENT	------	------		------	------	0.8		0	01/90	GR
	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Solids, total dissolved 70295 1 0 Intake from Well	SAMPLE MEASUREMENT	------	------		------	------	298		0	01/90	GR
	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Water level at sample collection time 85327 1 0 Intake from Well	SAMPLE MEASUREMENT	------	197		------	------	------		0	01/90	MS
	PERMIT REQUIREMENT	------	Req. Mon. SING RDG	ft	------	------	------			Quarterly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Onsite 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	John P. Hunt	631	9240701	07	10	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND MONITORING REQUIREMENTS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LAKEFIELD GARDENS ASSOC, LP
ADDRESS: 10 CHESHIRE PLACE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	GMW2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	12	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
GW MONIT WELL 2 (DOWNGRADIENT)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total (as N)	SAMPLE MEASUREMENT	------	------		------	------	2.5		0	01/90	GR
00600 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	------	------		------	------	<0.1		0	01/90	GR
00610 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	------	------		------	------	<0.03		0	01/90	GR
00615 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	------	------		------	------	1.5		0	01/90	GR
00620 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	------	------		------	------	1.1		0	01/90	GR
00625 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Solids, total dissolved	SAMPLE MEASUREMENT	------	------		------	------	96		0	01/90	GR
70295 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Water level at sample collection time	SAMPLE MEASUREMENT	------	196		------	------	------		0	01/90	MS
85327 1 0 Intake from Well	PERMIT REQUIREMENT	------	Req. Mon. SING RDG	ft	------	------	------			Quarterly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	08	01	28
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND MONITORING REQUIREMENTS

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

PERMITTEE NAME AND ADDRESS (Include Facility Name/Location if Different)

NAME: LAKEFIELD GARDENS ASSOC, LP
ADDRESS: 10 CHESHIRE PLACE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	GMW2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	01	01	TO	08	03	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
GW MONIT WELL 2 (DOWNGRADIENT)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	3.6		0	01/90	GR
00600 I 0 Intake from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******		******	******	<0.1		0	01/90	GR
00610 I 0 Intake from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	******	******		******	******	0.04		0	01/90	GR
00615 I 0 Intake from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	******	******		******	******	2.9		0	01/90	GR
00620 I 0 Intake from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	0.6		0	01/90	GR
00625 I 0 Intake from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Solids, total dissolved	SAMPLE MEASUREMENT	******	******		******	******	114		0	01/90	GR
70295 I 0 Intake from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Water level at sample collection time	SAMPLE MEASUREMENT	******	197		******	******	******		0	01/90	MS
85327 I 0 Intake from Well	PERMIT REQUIREMENT	******	Req. Mon. SING RDG	ft	******	******	******			Quarterly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	08	04	20
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RMITTEE NAME/ADD S (Include Facility Name/Location if Different)

AME: ATRIA EAST NORTHPORT
DDRESS: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ACILITY: ATRIA EAST NORTHPORT
OCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
TTN:JOHN HUNT

NY0209325	GMW3
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	03	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
GW MONIT WELL 3 (DOWNGRADIENT)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
itrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	9.7		0	01/90	GR
0600 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
itrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******		******	******	<0.1		0	01/90	GR
0610 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
itrogen, nitrite total (as N)	SAMPLE MEASUREMENT	******	******		******	******	<0.03		0	01/90	GR
0615 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
itrogen, nitrate total (as N)	SAMPLE MEASUREMENT	******	******		******	******	9.3		0	01/90	GR
0620 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
itrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	0.4		0	01/90	GR
0625 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
olids, total dissolved	SAMPLE MEASUREMENT	******	******		******	******	124		0	01/90	GR
0295 I 0 take from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
/ater level at sample collection time	SAMPLE MEASUREMENT	******	120		******	******	******		0	01/90	MS
5327 I 0 take from Well	PERMIT REQUIREMENT	******	Req. Mon. SING RDG	ft	******	******	******			Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240704	07	04	21
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
EE PERMIT FOR ADDITIONAL NOTES, COMMENTS, AND MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: ATRIA EAST NORTHPORT
ADDRESS: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	GMW3
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	06	30

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
GW MONIT WELL 3 (DOWNGRADIENT)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total (as N)	SAMPLE MEASUREMENT	------	------		------	------	7.3		0	01/90	GR
00600 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	------	------		------	------	<0.1		0	01/90	GR
00610 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	------	------		------	------	<0.03		0	01/90	GR
00615 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	------	------		------	------	6.6		0	01/90	GR
00620 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	------	------		------	------	0.7		0	01/90	GR
00625 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Solids, total dissolved	SAMPLE MEASUREMENT	------	------		------	------	N/A		0	01/90	GR
70295 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Water level at sample collection time	SAMPLE MEASUREMENT	------	119		------	------	------		0	01/90	MS
85327 1 0 Intake from Well	PERMIT REQUIREMENT	------	Req. Mon. SING RDG	ft	------	------	------			Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	07	07	27
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS, AND MONITORING REQUIREMENTS. Lab error solids omitted from test.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITOR REPORT (DMR)

Form Approved
OMB No. 2004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LAKEFIELD GARDENS ASSOC. LP
ADDRESS: 10 CHESHIRE PLACE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	GMW3
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	09	30

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
GW MONIT WELL 3 (DOWNGRADIENT)
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total (as N)	SAMPLE MEASUREMENT	------	------		------	------	3.6		O	01/90	GR
00600 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	------	------		------	------	<0.1		O	01/90	GR
00610 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	------	------		------	------	<0.03		O	01/90	GR
00615 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	------	------		------	------	2.8		O	01/90	GR
00620 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	------	------		------	------	0.8		O	01/90	GR
00625 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Solids, total dissolved	SAMPLE MEASUREMENT	------	------		------	------	288		O	01/90	GR
70295 1 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Water level at sample collection time	SAMPLE MEASUREMENT	------	119		------	------	------		O	01/90	MS
85327 1 0 Intake from Well	PERMIT REQUIREMENT	------	Req. Mon. SING RDG	ft	------	------	------			Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	[signature]	631	9240701	07	10	03
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS, AND MONITORING REQUIREMENTS

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONIT G REPORT (DMR)

Form Approved
OMB[illegible] 0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LAKEFIELD GARDENS ASSOC, LP
ADDRESS: 10 CHESHIRE PLACE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	GMW3
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	12	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
GW MONIT WELL 3 (DOWNGRADIENT)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total (as N)	SAMPLE MEASUREMENT	------	------		------	------	3.0		0	01/90	GR
00600 I 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	------	------		------	------	<0.1		0	01/90	GR
00610 I 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	------	------		------	------	<0.03		0	01/90	GR
00615 I 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	------	------		------	------	1.9		0	01/90	GR
00620 I 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	------	------		------	------	1.2		0	01/90	GR
00625 I 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Solids, total dissolved	SAMPLE MEASUREMENT	------	------		------	------	116		0	01/90	GR
70295 I 0 Intake from Well	PERMIT REQUIREMENT	------	------		------	------	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Water level at sample collection time	SAMPLE MEASUREMENT	------	118		------	------	------		0	01/96	MS
85327 I 0 Intake from Well	PERMIT REQUIREMENT	------	Req. Mon. SING RDG	ft	------	------	------			Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	08	01	28
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS, AND MONITORING REQUIREMENTS

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME AND ADDRESS *(Include Facility Name/Location if Different)*

NAME: LAKEFIELD GARDENS ASSOC, LP
ADDRESS: 10 CHESHIRE PLACE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	GMW3
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	01	01	TO	08	03	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
GW MONIT WELL 3 (DOWNGRADIENT)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	2.3		0	01/90	GR
00600 1 0 Intake from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******		******	******	<0.1		0	01/90	GR
00610 1 0 Intake from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	******	******		******	******	0.1		0	01/90	GR
00615 1 0 Intake from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	******	******		******	******	1.7		0	01/90	GR
00620 1 0 Intake from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	0.4		0	01/90	GR
00625 1 0 Intake from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Solids, total dissolved	SAMPLE MEASUREMENT	******	******		******	******	125		0	01/90	GR
70295 1 0 Intake from Well	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB-8
Water level at sample collection time	SAMPLE MEASUREMENT	******	149		******	******	******		0	01/90	MS
85327 1 0 Intake from Well	PERMIT REQUIREMENT	******	Req. Mon. SING RDG	ft	******	******	******			Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	08	04	20
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS, AND MONITORING REQUIREMENTS.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Approved
No. 2040-0004

ITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

IE: ATRIA EAST NORTHPORT
RESS: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ILITY: ATRIA EAST NORTHPORT
ATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
N:JOHN HUNT

NY0209325	001M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
OUTFALL #001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
/ rate	SAMPLE MEASUREMENT	14015	******		******	******	******		0	99/99	RC
56 1 0 ent Gross	PERMIT REQUIREMENT	16000 30DAAFME	******	gal/d	******	******	******			Continuous	MEASRD
	SAMPLE MEASUREMENT	******	******		7.1	******	7.5		0	01/30	GR
00 1 0 ent Gross	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	8.5 MAXIMUM	SU		Daily	GRAB
ogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	2.3		0	01/30	GR
00 1 0 ent Gross	PERMIT REQUIREMENT	******	******		******	******	10 DAILY MX	mg/L		Once Per Month	GRAB

AME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	John P. Hunt	631	9240701	07	02	27
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

IMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITOR REPORT (DMR)

Form Approved
3 No. 2040-0004

RMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

ME: ATRIA EAST NORTHPORT
DRESS: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
CILITY: ATRIA EAST NORTHPORT
CATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
TN:JOHN HUNT

NY0209325	001M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
OUTFALL #001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
ow rate	SAMPLE MEASUREMENT	14854	******		******	******	******		0	99/99	RC
056 1 0 fluent Gross	PERMIT REQUIREMENT	16000 30DAARME	******	gal/d	******	******	******			Continuous	MEASRD
l	SAMPLE MEASUREMENT	******	******		6.8	******	7.2		0	01/30	GR
400 1 0 fluent Gross	PERMIT REQUIREMENT	******	******		5.5 MINIMUM	******	8.5 MAXIMUM	SU		Daily	GRAB
trogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	4.8		0	01/30	GR
600 1 0 fluent Gross	PERMIT REQUIREMENT	******	******		******	******	10 DAILY MX	mg/L		MONTHLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
John P. Hunt Grade 3A
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
631	9240701	07	03	20
AREA Code	NUMBER	YEAR	MO	DAY

OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

ERMITTEE NAME/ADD[S (Include Facility Name/Location if Different)

AME: ATRIA EAST NORTHPORT
DDRESS: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ACILITY: ATRIA EAST NORTHPORT
OCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
TTN:JOHN HUNT

NY0209325	001M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
OUTFALL #001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
low rate	SAMPLE MEASUREMENT	13991	******		******	******	******		0	99/99	RC
0056 1 0 ffluent Gross	PERMIT REQUIREMENT	16000 30DAARME	******	gal/d	******	******	******			Continuous	MEASRD
H	SAMPLE MEASUREMENT	******	******		3.0	******	3.4		0	01/30	GR
0400 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		5.5 MINIMUM	******	8.5 MAXIMUM	SU		Daily	GRAB
itrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	1.9		0	01/30	GR
0600 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		******	******	10 DAILY MX	mg/L		MONTHLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	07	04	21
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: ATRIA EAST NORTHPORT
ADDRESS: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	001M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
OUTFALL #001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	13729	******		******	******	******		0	99/99	RC
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	16000 30DAARME	******	gal/d	******	******	******			Continuous	MEASRD
pH	SAMPLE MEASUREMENT	******	******		7.1	******	7.4		0	01/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		5.5 MINIMUM	******	8.5 MAXIMUM	SU		Daily	GRAB
Nitrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	7.7		0	01/30	GR
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	10 DAILY MX	mg/L		MONTHLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	07	05	17
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

MITTEE NAME/ADDR *(Include Facility Name/Location if Different)*

ME: ATRIA EAST NORTHPORT
DRESS: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ILITY: ATRIA EAST NORTHPORT
CATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
TN:JOHN HUNT

NY0209325
PERMIT NUMBER

001M
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
OUTFALL #001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
w rate	SAMPLE MEASUREMENT	12984	******		******	******	******		0	99/99	RC
56 1 0 uent Gross	PERMIT REQUIREMENT	16000 30DAARME	******	gal/d	******	******	******			Continuous	MEASRD
	SAMPLE MEASUREMENT	******	******		6.1	******	6.5		0	01/30	GR
00 1 0 uent Gross	PERMIT REQUIREMENT	******	******		5.5 MINIMUM	******	8.5 MAXIMUM	SU		Daily	GRAB
ogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	2.77		0	01/30	GR
00 1 0 uent Gross	PERMIT REQUIREMENT	******	******		******	******	10 DAILY MX	mg/L		Monthly	GRAB

AME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	John P. Hunt	631	9240701	07	06	26
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

MMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: ATRIA EAST NORTHPORT
ADDRESS: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	001M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
OUTFALL #001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	14000	******		******	******	******		0	99/99	RC
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	16000 30DAARME	******	gal/d	******	******	******			Continuous	MEASRD
pH	SAMPLE MEASUREMENT	******	******		6.1	******	6.5		0	01/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		5.5 MINIMUM	******	8.5 MAXIMUM	SU		Daily	GRAB
Nitrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	5.2		0	01/30	GR
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	10 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	07	07	27
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: ATRIA EAST NORTHPORT
ADDRESS: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	001M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	07	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
OUTFALL #001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	10780	******		******	******	******		0	99/99	RC
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	16000 30DAARME	******	gal/d	******	******	******			Continuous	MEASRD
pH	SAMPLE MEASUREMENT	******	******		7.2	******	7.6		0	01/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		5.5 MINIMUM	******	8.5 MAXIMUM	SU		Daily	GRAB
Nitrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	8.0		0	01/30	GR
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	10 DAILY MX	mg/L		Monthly	GRAB

D-197

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	07	08	24
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-0004

PERMITTEE NA( )DRESS *(Include Facility Name/Location if Different)*

NAME: LAKEFIELD GARDENS ASSOC, LP
ADDRESS: 10 CHESHIRE PLACE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	001M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	TO	07	09	30

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
OUTFALL #001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	9970	------		------	------	------		0	99/99	RC
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	16000 30DAARME	------	gal/d	------	------	------			Continuous	MEASRD
pH	SAMPLE MEASUREMENT	------	------		7.4	------	7.9		0	01/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------		5.5 MINIMUM	------	8.5 MAXIMUM	SU		Daily	GRAB
Nitrogen, total (as N)	SAMPLE MEASUREMENT	------	------		------	------	2.2		0	01/30	GR
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------		------	------	10 DAILY MX	mg/L		Monthly	GRAB

D-198

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	07	10	23
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-0004

PERMIT NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LAKEFIELD GARDENS ASSOC, LP
ADDRESS: 10 CHESHIRE PLACE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	001M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
OUTFALL #001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	9340	------		------	------	------		0	99/99	RC
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	16000 30DAARME	------	gal/d	------	------	------			Continuous	MEASRD
pH	SAMPLE MEASUREMENT	------	------		6.8	------	7.1		0	01/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------		5.5 MINIMUM	------	8.5 MAXIMUM	SU		Daily	GRAB
Nitrogen, total (as N)	SAMPLE MEASUREMENT	------	------		------	------	2.3		0	01/30	GR
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------		------	------	10 DAILY MX	mg/L		Monthly	GRAB

D-199

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	07	11	23
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB No 2040-0004

PERMITTEE NAME RESS *(Include Facility Name/Location if Different)*

NAME: LAKEFIELD GARDENS ASSOC, LP
ADDRESS: 10 CHESHIRE PLACE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	001M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
OUTFALL #001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	8990	------		------	------	------		0	99/99	RC
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	16000 30DAARME	------	gal/d	------	------	------			Continuous	MEASRD
pH	SAMPLE MEASUREMENT	------	------		6.8	------	7.3		0	01/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------		5.5 MINIMUM	------	8.5 MAXIMUM	SU		Daily	GRAB
Nitrogen, total (as N)	SAMPLE MEASUREMENT	------	------		------	------	5.0		0	01/30	GR
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------		------	------	10 DAILY MX	mg/L		Monthly	GRAB

D-200

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	07	12	24
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHAR ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form ved
OMB No 2040 0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LAKEFIELD GARDENS ASSOC, LP
ADDRESS: 10 CHESHIRE PLACE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	001M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	12	01	TO	07	12	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
OUTFALL #001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	12340	******		******	******	******		0	~~99~~ 99	RC
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	16000 30DAARME	******	gal/d	******	******	******			Continuous	MEASRD
pH	SAMPLE MEASUREMENT	******	******		7.2	******	7.7		0	~~01~~ 30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		5.5 MINIMUM	******	8.5 MAXIMUM	SU		Daily	GRAB
Nitrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	2.7		0	~~01~~ 30	GR
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	10 DAILY MX	mg/L		Monthly	GRAB

D-201

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	08	01	28
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
9 No 2040-0004

Page 1

PERMITTEE NAME AND ADDRESS (Include Facility Name/Location if Different)

NAME: LAKEFIELD GARDENS ASSOC, LP
ADDRESS: 10 CHESHIRE PLACE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325
PERMIT NUMBER

001M
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	01	01	TO	08	01	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
OUTFALL #001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	13970	------		------	------	------		0	29/29	RC
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	16000 30DAARME	------	gal/d	------	------	------			Continuous	MEASRD
pH	SAMPLE MEASUREMENT	------	------		7.5	------	7.9		0	01/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------		5.5 MINIMUM	------	8.5 MAXIMUM	SU		Daily	GRAB
Nitrogen, total (as N)	SAMPLE MEASUREMENT	------	------		------	------	3.1		0	01/30	GR
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------		------	------	10 DAILY MX	mg/L		Monthly	GRAB

D-202

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	08	02	04
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME AND ADDRESS *(Include Facility Name/Location if Different)*

NAME: LAKEFIELD GARDENS ASSOC, LP
ADDRESS: 10 CHESHIRE PLACE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	001M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	02	01	TO	08	02	29

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
OUTFALL #001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	14060	******		******	******	******		0	99/99	RC
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	16000 30DAARME	******	gal/d	******	******	******			Continuous	MEASRD
pH	SAMPLE MEASUREMENT	******	******		6.8	******	7.3		0	01/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		5.5 MINIMUM	******	8.5 MAXIMUM	SU		Daily	GRAB
Nitrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	2.3		0	01/30	GR
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	10 DAILY MX	mg/L		Monthly	GRAB

D-203

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240701	08	03	25
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME AND ADDRESS *(Include Facility Name/Location if Different)*

NAME: LAKEFIELD GARDENS ASSOC, LP
ADDRESS: 10 CHESHIRE PLACE
EAST NORTHPORT, NY 11731
FACILITY: ATRIA EAST NORTHPORT
LOCATION: E/S CHESHIRE PL,N/O 5TH AVE
EAST NORTHPORT, NY 11731
ATTN:JOHN HUNT

NY0209325	001M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	03	01	TO	08	03	31

DMR MAILING ZIP CODE: 11967
MINOR
(SUBR01)
OUTFALL #001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	14100	******		******	******	******		0	99/99	RC
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	16000 30DAARME	******	gal/d	******	******	******			Continuous	MEASRD
pH	SAMPLE MEASUREMENT	******	******		6.8	******	7.1		0	01/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		5.5 MINIMUM	******	8.5 MAXIMUM	SU		Daily	GRAB
Nitrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	3.2		0	01/30	GR
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	10 DAILY MX	mg/L		Monthly	GRAB

D-204

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Hunt Grade 3A	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	9240101	08	04	20
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Appendix E.1.

Suffolk County Water Authority (SCWA)
Water Consumption
December 2007 to February 2009
Summary and Records

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Atria East Northport Water Usage

December 2007 through February 2009

Month	Water Meter Reading Dates		No. of Days	Water Consumption		Winter Water Consumption Average Daily (in gallons/day)
	Start Date	End Date		During Period (in gallons)	Average Daily (in gallons/day)	
December 2007	12/1/2007	12/31/2007	31	437,580	14,115	14,115
January 2008	12/31/2007	2/1/2008	32	389,708	12,178	12,178
February 2008	2/1/2008	2/29/2008	28	414,392	14,800	14,800
March 2008	2/29/2008	4/1/2008	31	332,112	10,713	10,713
April 2008	4/1/2008	5/1/2008	30	237,964	7,932	N.A.
May 2008	5/1/2008	5/30/2008	29	613,360	21,150	N.A.
June 2008	5/30/2008	7/1/2008	32	935,748	29,242	N.A.
July 2008	7/1/2008	8/1/2008	31	553,520	17,855	N.A.
August 2008	8/1/2008	8/29/2008	28	891,616	31,843	N.A.
September 2008	8/29/2008	10/1/2008	32	674,644	21,083	N.A.
October 2008	10/1/2008	10/31/2008	30	291,720	9,724	N.A.
November 2008	10/31/2008	12/1/2008	31	458,524	14,791	N.A.
December 2008	12/1/2008	12/31/2008	30	425,612	14,187	14,187
January 2009	12/31/2008	1/30/2009	30	395,692	13,190	13,190
February 2009	1/30/2009	2/27/2009	28	333,608	11,915	11,915

Total Winter Water Usage in Gallons	**2,728,704**
Total Days of Winter Water Usage	**210**
Average Winter Water Usage (gallons/day)	**12,994**

SUFFOLK COUNTY WATER AUTHORITY

Account Number 3000398092
Dec 01, 2007 thru Dec 31, 2007

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Dec 31, 2007	205	Actual Reading
Dec 01, 2007	160	Actual Reading
Dec 31, 2007	82,481	Actual Reading
Dec 01, 2007	81,941	Actual Reading

Water Use 585 CCF (437,580 Gallons)

Billing Detail

Balance	Nov 30, 2007	773.85
Payment	Dec 26, 2007	773.85-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	22.46
15 CCF Incl in Basic Serv.	
570 CCF @ 1.0921 per CCF	622.50
Water Charge	**644.96**
Total Amount Due	**687.58**

Message Center

Our Customer Service Center in Coram is now open on Saturdays for your convenience from 8:00 AM to 4:30 PM

SCWA 2008 Supplemental Report for 2007 Water Quality Data
SCWA's 2008 Supplemental Report contains raw water quality information from each of our 231 wellfields, and can be found at the Suffolk County Co-op Library Center. For more information about our 2008 report, please contact the SCWA Laboratory at 631-218-1105 and leave your name and phone number. Someone will call you back regarding this Supplemental Report. Thank You.
For information regarding billing, your account, or other items, please call our Customer Service Call Center at 631-698-9500.

Want to pay your water bills with cash? Visit www.scwa.com to find the nearest SCWA pay station.
Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Jan 03, 2008	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	644.96
Fireline	42.62
Total Amount Due	**$687.58**

Please Pay By Jan 28, 2008

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 9224
Uniondale, NY 11555-9224

000300035809220006875 82

SUFFOLK COUNTY WATER AUTHORITY

Account Number 0000000032
Jan 01, 2008 thru Feb 01, 2008

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Feb 01, 2008	246	Actual Reading
Jan 01, 2008	205	Actual Reading
Feb 01, 2008	82,962	Actual Reading
Jan 01, 2008	82,481	Actual Reading

Water Use 521 CCF (389,708 Gallons)

Billing Detail

Balance	Jan 03, 2008	687.58
Balance Forward		687.58

Current charges

Fire Line Service 6"		42.62	
Basic Service for 3" Meter		22.46	
15 CCF Incl in Basic Serv.			
506 CCF @ 1.0921 per CCF		552.60	
*Late Charge	Feb 06, 2008		10.31
Water Charge			**575.06**
Total Amount Due			**1,315.57**

Message Center

A REMINDER **Please see reverse side for an explanation**

Our records indicate that the above overdue balance on your account has not been paid. If your payment has already been mailed, please disregard this notice; if not, be advised that payment must be made immediately to avoid discontinuance of service.

-

Our Customer Service Center in Coram is now open on Saturdays for your convenience from 8:00 AM to 4:30 PM

-

Want to pay your water bills with cash? Visit www.scwa.com to find the nearest SCWA pay station.
Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

-

Feb 06, 2008	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	687.58
Late Payment Charge	10.31
Water Charge	575.06
Fireline	42.62
Total Amount Due	**$1315.57**

Payment due Upon Presentation

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 9224
Uniondale, NY 11555-9224

000300035809220013155 71

SUFFOLK COUNTY WATER AUTHORITY

Account Number [illegible]
Feb 02, 2008 thru Feb 29, 2008

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Feb 29, 2008	289	Actual Reading
Feb 02, 2008	246	Actual Reading
Feb 29, 2008	83,474	Actual Reading
Feb 02, 2008	82,962	Actual Reading

Water Use 554 CCF (414,392 Gallons)

Billing Detail

Balance	Feb 06, 2008	1,315.57
Payment	Feb 26, 2008	627.99-
Balance Forward		687.58

Current charges

Fire Line Service 6"		42.62	
Basic Service for 3" Meter		22.46	
15 CCF Incl in Basic Serv.			
539 CCF @ 1.0921 per CCF		588.64	
*Late Charge	Feb 29, 2008		10.31
Water Charge			**611.10**
Total Amount Due			**1,351.61**

Message Center

Our Customer Service Center in Coram is now open on Saturdays. Please see reverse side for an explanation

-

SCWA 2008 Supplemental Report for 2007 Water Quality Data
SCWA's 2008 Supplemental Report contains raw water quality information from each of our 231 wellfields, and can be found at the Suffolk County Co-op Library Center. For more information about our 2008 report, please contact the SCWA Laboratory at 631-218-1105 and leave your name and phone number. Someone will call you back regarding this Supplemental Report. Thank You.
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-

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-

Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Feb 29, 2008	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	687.58
Late Payment Charge	10.31
Water Charge	611.10
Fireline	42.62
Total Amount Due	**$1351.61**

Please Pay By Mar 24, 2008

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 9224
Uniondale, NY 11555-9224

0003000358092200135161 8

SUFFOLK COUNTY WATER AUTHORITY

Mar 01, 2008 thru Apr 01, 2008

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Apr 01, 2008	323	Actual Reading
Mar 01, 2008	289	Actual Reading
Apr 01, 2008	83,884	Actual Reading
Mar 01, 2008	83,474	Actual Reading

Water Use 444 CCF (332,112 Gallons)

Billing Detail

Balance	Feb 29, 2008	1,351.61
Balance Forward		1,351.61

Current charges

Fire Line Service 6"		42.62	
Basic Service for 3" Meter		22.46	
15 CCF Incl in Basic Serv.			
429 CCF @ 1.0921 per CCF		468.51	
*Late Charge	Apr 01, 2008		20.27
Water Charge			**490.97**
Total Amount Due			**1,905.47**

Message Center

A REMINDER **Please see reverse side for an explanation**

Our records indicate that the above overdue balance on your account has not been paid. If your payment has already been mailed, please disregard this notice; if not, be advised that payment must be made immediately to avoid discontinuance of service.

Our Customer Service Center in Coram is now open on Saturdays for your convenience from 8:00 AM to 4:30 PM

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Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Apr 01, 2008	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	1,351.61
Late Payment Charge	20.27
Water Charge	490.97
Fireline	42.62
Total Amount Due	**$1905.47**

Payment due Upon Presentation

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 9224
Uniondale, NY 11555-9224

0003000358092200190547 0

SUFFOLK COUNTY WATER AUTHORITY

Apr 02, 2008 thru May 01, 2008

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

May 01, 2008	348	Actual Reading
Apr 02, 2008	323	Actual Reading
May 01, 2008	84,178	Actual Reading
Apr 02, 2008	83,884	Actual Reading

Water Use 318 CCF (237,864 Gallons)

Billing Detail

Balance	Apr 01, 2008	1,905.47
Payment	Apr 07, 2008	1,575.46-
Balance Forward		330.01

Current charges

Fire Line Service 6"		42.62	
Basic Service for 3" Meter		22.46	
15 CCF Incl in Basic Serv.			
303 CCF @ 1.0921 per CCF		330.91	
*Late Charge	May 01, 2008		4.65
CR Adjust. on Late Pymt C	Apr 11, 2008		20.27-
Water Charge			**353.37**
Total Amount Due			**710.38**

Message Center

A REMIN[illegible]

Our records indicate that the above overdu[illegible] **Please see reverse side for an explanation** paid. If your payment has already been mailed, please disregard this notice; if not, be advised that payment must be made immediately to avoid discontinuance of service.

-

Our Customer Service Center in Coram is now open on Saturdays for your convenience from 8:00 AM to 4:30 PM

-

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-

May 01, 2008	00		(631)698-9500	(631)665-0663
~~Date~~	~~Cycle~~	~~Security Code~~	~~Questions~~	~~Emergency Service~~ (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	330.01
Late Payment Charge	4.65
Water Charge	353.37
Fireline	42.62
Miscellaneous Credit	20.27-
Total Amount Due	**$710.38**

Payment due Upon Presentation

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 9224
Uniondale, NY 11555-9224

0003000358092200071038 4

SUFFOLK COUNTY WATER AUTHORITY

May 02, 2008 thru May 30, 2008

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

May 30, 2008	413	Actual Reading
May 02, 2008	348	Actual Reading
May 30, 2008	84,933	Actual Reading
May 02, 2008	84,178	Actual Reading

Water Use 820 CCF (613,360 Gallons)

Billing Detail

Balance	May 01, 2008	710.38
Payment	May 28, 2008	710.38-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	22.46
15 CCF Incl in Basic Serv.	
805 CCF @ 1.0921 per CCF	879.14
Water Charge	**901.60**
Total Amount Due	**944.22**

Message Center

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SCWA 2008 Supplemental Report for 2007 Water Quality Data
SCWA's 2008 Supplemental Report contains raw water quality information from each of our 231 wellfields, and can be found at the Suffolk County Co-op Library Center. For more information about our 2008 report, please contact the SCWA Laboratory at 631-218-1105 and leave your name and phone number. Someone will call you back regarding this Supplemental Report. Thank You.
For information regarding billing, your account, or other items, please call our Customer Service Call Center at 631-698-9500.

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Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

May 30, 2008	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT	
Balance Forward	0.00
Water Charge	901.60
Fireline	42.62
Total Amount Due	**$944.22**
Please Pay By Jun 23, 2008	

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 9224
Uniondale, NY 11555-9224

0003000358092200094423

SUFFOLK COUNTY WATER AUTHORITY

May 31, 2008 thru Jul 01, 2008

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Jul 01, 2008	519	Actual Reading
May 31, 2008	413	Actual Reading
Jul 01, 2008	86,078	Actual Reading
May 31, 2008	84,933	Actual Reading

Water Use 1,251 CCF (935,748 Gallons)

Billing Detail

Balance	May 30, 2008	944.22
Balance Forward		944.22

Current charges

Fire Line Service 6"		42.62	
Basic Service for 3" Meter		22.46	
15 CCF Incl in Basic Serv.			
1236 CCF @ 1.0921 per CCF		1,349.84	
*Late Charge	Jul 01, 2008		14.16
Water Charge			**1,372.30**
Total Amount Due			**2,373.30**

Message Center

A REMIN **Please see reverse side for an explanation**

Our records indicate that the above overdue balance on your account has not been paid. If your payment has already been mailed, please disregard this notice; if not, be advised that payment must be made immediately to avoid discontinuance of service.

-

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-

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Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

-

Jul 01, 2008	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	944.22
Late Payment Charge	14.16
Water Charge	1,372.30
Fireline	42.62
Total Amount Due	**$2373.30**

Payment due Upon Presentation

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 9224
Uniondale, NY 11555-9224

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SUFFOLK COUNTY WATER AUTHORITY

Jul 02, 2008 thru Aug 01, 2008

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Aug 01, 2008	583	Actual Reading
Jul 02, 2008	519	Actual Reading
Aug 01, 2008	86,755	Actual Reading
Jul 02, 2008	86,078	Actual Reading

Water Use 740 CCF (553,520 Gallons)

Billing Detail

Balance	Jul 01, 2008	2,373.30
Payment	Jul 31, 2008	2,373.30-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	22.46	
15 CCF Incl in Basic Serv.		
725 CCF @ 1.0921 per CCF	791.77	
Water Charge		**814.23**
Total Amount Due		**856.85**

Message Center

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-

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-

Aug 01, 2008	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	814.23
Fireline	42.62

Total Amount Due $856.85
Please Pay By Aug 25, 2008

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 9224
Uniondale, NY 11555-9224

0003000358092200085 6856

SUFFOLK COUNTY WATER AUTHORITY

Aug 02, 2008 thru Aug 29, 2008

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Aug 29, 2008	587	Actual Reading
Aug 02, 2008	583	Actual Reading
Aug 29, 2008	87,943	Actual Reading
Aug 02, 2008	86,755	Actual Reading

Water Use 1,192 CCF (891,616 Gallons)

Billing Detail

Balance	Aug 01, 2008	856.85
Payment	Aug 29, 2008	856.85-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	22.46
15 CCF Incl in Basic Serv.	
1177 CCF @ 1.0921 per CCF	1,285.40
Water Charge	**1,307.86**
Total Amount Due	**1,350.48**

Message Center

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Aug 29, 2008	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	1,307.86
Fireline	42.62
Total Amount Due	**$1350.48**

Please Pay By Sep 22, 2008

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 9224
Uniondale, NY 11555-9224

000300035809220013504 87

SUFFOLK COUNTY WATER AUTHORITY

Aug 30, 2008 thru Oct 01, 2008

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Oct 01, 2008	587	Actual Reading
Aug 30, 2008	587	Actual Reading
Oct 01, 2008	89,246	Actual Reading
Aug 30, 2008	87,943	Actual Reading

Water Use 1,303 CCF (974,644 Gallons)

Billing Detail

Balance	Aug 29, 2008	1,350.48
Balance Forward		1,350.48

Current charges

Fire Line Service 6"		42.62	
Basic Service for 3" Meter		22.46	
15 CCF Incl in Basic Serv.			
1288 CCF @ 1.0921 per CCF		1,406.62	
*Late Charge	Oct 01, 2008		20.26
Water Charge			**1,429.08**
Total Amount Due			**2,842.44**

Message Center

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Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Oct 01, 2008	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	1,350.48
Late Payment Charge	20.26
Water Charge	1,429.08
Fireline	42.62
Total Amount Due	**$2842.44**

Payment due Upon Presentation

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 9224
Uniondale, NY 11555-9224

000300035809220028424 41

SUFFOLK COUNTY WATER AUTHORITY

Oct 02, 2008 thru Oct 31, 2008

Billing Information for Service at 10 CHESHIRE PL

Changed Meter Data

Oct 31, 2008	0	Actual Reading
Oct 24, 2008	0	Actual Reading
Oct 23, 2008	587	Actual Reading
Oct 02, 2008	587	Actual Reading
Water Use	0	5/8" Meter
Oct 31, 2008	89,636	Actual Reading
Oct 02, 2008	89,246	Actual Reading
Water Use	390	3" Meter
Water Use	390	CCF (291,720 Gallons)

Billing Detail

Balance	Oct 01, 2008	2,842.44
Payment	Oct 22, 2008	2,842.44-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	22.46	
16 CCF Incl in Basic Serv.		
374 CCF @ 1.0921 per CCF	409.54	
Water Charge		**432.00**
Total Amount Due		**474.62**

Message Center

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SCWA 2008 Supplemental Report for 2007 Water Quality Data
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-

Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Oct 31, 2008	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	432.00
Fireline	42.62
Total Amount Due	**$474.62**

Please Pay By Nov 24, 2008

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 9224
Uniondale, NY 11555-9224

0003000358092200047 4627

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Dec 01, 2008	28	Actual Reading
Nov 01, 2008	0	Actual Reading
Water Use	28	5/8" Meter
Dec 01, 2008	90,221	Actual Reading
Nov 01, 2008	89,636	Actual Reading
Water Use	585	3" Meter
Water Use	613	CCF (458,524 Gallons)

Billing Detail

Balance	Oct 31, 2008	474.62
Payment	Dec 01, 2008	474.62-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	22.46	
15 CCF Incl in Basic Serv.		
598 CCF @ 1.0921 per CCF	653.08	
Water Charge		**675.54**
Total Amount Due		**718.16**

Message Center

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-

SCWA 2008 Supplemental Report for 2007 Water Quality Data
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-

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-

Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Dec 01, 2008	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	675.54
Fireline	42.62
Total Amount Due	**$718.16**

Please Pay By Dec 26, 2008

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 9224
Uniondale, NY 11555-9224

000300035809220007181 63

SUFFOLK COUNTY WATER AUTHORITY

Dec 02, 2008 thru Dec 31, 2008

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Dec 31, 2008	28	Actual Reading
Dec 02, 2008	28	Actual Reading
Water Use	0	5/8" Meter
Dec 31, 2008	90,790	Actual Reading
Dec 02, 2008	90,221	Actual Reading
Water Use	569	3" Meter
Water Use	569	CCF (425,612 Gallons)

Billing Detail

Balance	Dec 01, 2008	718.16
Balance Forward		718.16

Current charges

Fire Line Service 6"		42.62	
Basic Service for 3" Meter		22.46	
15 CCF Incl in Basic Serv.			
554 CCF @ 1.0921 per CCF		605.02	
*Late Charge	Dec 31, 2008		10.77
Water Charge			**627.48**
Total Amount Due			**1,399.03**

Please see reverse side for an explanation

Message Center

A REMINDER

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-

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-

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Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

-

Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Dec 31, 2008	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	718.16
Late Payment Charge	10.77
Water Charge	627.48
Fireline	42.62
Total Amount Due	**$1399.03**

Payment due Upon Presentation

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 9224
Uniondale, NY 11555-9224

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SUFFOLK COUNTY WATER AUTHORITY

Account Number 30 0 035 8092

Billing Information for Service at 10 CHESHIRE PL
Jan 01, 2009 through Jan 30, 2009

Meter Reading Data

Jan 30, 2009	28	Actual Reading
Jan 01, 2009	28	Actual Reading
Water Use	0	5/8" Meter
Jan 30, 2009	91,319	Actual Reading
Jan 01, 2009	90,790	Actual Reading
Water Use	529	3" Meter
Water Use	529	CCF (395,692 Gallons)

Billing Detail

Balance	Dec 31, 2008	1399.03	
Payment	Jan 30, 2009	1399.03CR	
Balance Forward			0.00

Current Charges

Basic Service for 3" Meter	22.46	
15 CCF Incl in Basic Serv.		
514 CCF @ 1.0921 per CCF	561.34	
Fire Line Service 6"	42.62	
Water Use		583.80
Total Amount Due		**$626.42**

Message Center

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Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

Atria East Northport #10331
Vchr# 00002346 Grp# 0000000350
Vndr# 192840 Date
Amt 42 Acct# Dept#
$ 626 | 1400350 | 101
$
$
EXD Approval Date

Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Jan 30, 2009	00		(631)698-9500	(631)665-0663

Please Detach the bottom portion of the bill and enclose it with your check made payable to SCWA

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

*A-00-UB0-AM-04509

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

16

SUFFOLK COUNTY WATER AUTHORITY
PO BOX 9224
UNIONDALE NY 11555-9224

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	583.80
Fire Line	42.62
Total Amount Due	**$626.42**

Please Pay By Feb 23, 2009

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Suffolk County Water Authority
2045 Route 112 Suite 5
Coram, NY 11727
www.scwa.com

Questions? Monday thru Friday	8:30am - 8:00pm	
Saturday	8:00am - 4:30pm	631-698-9500
Emergency after hours		631-665-0663
Preguntas? Lunes a Viernes	8:30am - 8:00pm	
Sabado	8:00am - 4:30pm	631-698-9500
Emergencias despues de la 8:00pm		631-665-0663

ACCOUNT INFORMATION

Account Number	
Security Code	
Name	LARKFIELD GARDEN
Service Address	10 CHESHIRE PL
Billing Date	Feb 27, 2009
Meter Number	10198664
Meter Size	5/8"
Meter 2 Number	10092369
Meter 2 Size	3"

BILLING SUMMARY

Service Period	Jan 31, 2009 thru Feb 27, 2009
Previous Balance	626.42
Payments	0.00
Adjustments	0.00
Current Charges	545.18
Total Amount Due	**1,171.60**

MESSAGE CENTER

A REMINDER...
Our records indicate that the above overdue balance on your account has not been paid. If your payment has already been mailed, please disregard this notice; if not, be advised that payment must be made immediately to avoid discontinuance of service.

-

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. You are getting a good deal every time you turn on the tap. If you want bottled water for convenience, that's fine. But you don't need it for quality.

-

Want to pay your water bills with cash? Visit www.scwa.com to find the nearest SCWA pay station.
Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

-

Please detach the bottom portion of the bill and enclose it with your check made payable to Suffolk County Water Authority

---

Suffolk County Water Authority
2045 Route 112, Suite 5
Coram, NY 11727

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Portion 00 MRU 00084430

Account Number
Security Code

Payment Due Upon Presentation
All past due amounts are due immediately

Total Amount Due **1,171.60**

Make check payable to Suffolk County Water Authority

Suffolk County Water Authority
PO Box 9224
Uniondale, NY 11555-9224

0003000358092200117160 2

USAGE INFORMATION

Meter Number	Current Meter Read			Previous Meter Read			Units	Units Used	Gallons Used	Units Same Time Last Yr
	Date	Type	Reading	Date	Type	Reading				
10198664	02/27/2009	Actual	28.97	01/31/2009	Actual	28.97	CCF	0.00	0	All Meters
10092369	02/27/2009	Actual	91,765.00	01/31/2009	Actual	91,319.00	CCF	446.00	333,608	N/A

(1 CCF unit = 748 Gallons)

CURRENT CHARGES

Balance before Current Charges		626.42
Fire Line Service 6"		42.62
Basic Service for all Meters		22.46
15 CCF Incl in Basic Serv.		
431 CCF @ 1.0921 per CCF		470.70
Late Charge	Feb 27, 2009	9.40
Total Amount Due		1,171.60

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Appendix E.2.

Suffolk County Water Authority (SCWA)
Water Consumption
January 2004 to October 2007
Summary and Records

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WATER CONSUMPTION LARKFIELD GARDENS, E NORTHPORT, NEW YORK 272-001-10

WATER METER READING DATES FROM	TO	NO.OF DAYS	WATER CONSUMPTION cu ft	Gallons	WATER CONSUMPTION IN GALLONS DURING PERIOD	AVE.DAILY	DAILY AVERAGE OF WINTER MONTHS
1/3/2004	1/30/2004	27			224400	8,311	
1/30/2004	3/1/2004	31			587928	18,965	
3/1/2004	4/1/2004	31			305932	9,869	12,382
4/1/2004	4/30/2004	29			419628	14,470	
4/30/2004	6/1/2004	32			514,624	16,082	
6/1/2004	7/1/2004	30			367,268	12,242	
7/1/2004	7/30/2004	29			999,328	34,460	
7/30/2004	9/1/2004	33			973,148	29,489	
9/1/2004	10/1/2004	30			1,015,036	33,835	
10/1/2004	11/1/2004	31			587,928	18,965	
11/1/2004	12/1/2004	30			415,140	13,838	
12/1/2004	12/31/2004	30			368,016	12,267	
12/31/2004	2/1/2005	32			339,592	10,612	
2/1/2005	3/1/2005	28			379,984	13,571	
3/1/2005	4/1/2005	31			485,452	15,660	13,028
4/1/2005	4/29/2005	28			217,668	7,774	
4/29/2005	6/1/2005	33			929,764	28,175	
6/1/2005	7/1/2005	30			895,356	29,845	
7/1/2005	8/1/2005	31			848,232	27,362	
8/1/2005	9/1/2005	31			759,220	24,491	
9/1/2005	9/30/2005	29			777,172	26,799	
9/30/2005	11/1/2005	32			645,524	20,173	
11/1/2005	12/1/2005	30			287,980	9,599	
12/1/2005	12/30/2005	29			508,640	17,539	
12/30/2005	2/1/2006	33			376,992	11,424	
2/1/2006	3/1/2006	28			420,376	15,013	
3/1/2006	3/31/2006	30			283,492	9,450	13,357
3/31/2006	5/1/2006	31			383,724	12,378	

WATER CONSUMPTION LARKFIELD GARDENS, E NORTHPORT, NEW YORK

WATER METER READING DATES		NO.OF DAYS	WATER CONSUMPTION		WATER CONSUMPTION IN GALLONS		DAILY AVERAGE OF WINTER MONTHS
			cu ft	Gallons			
FROM	TO				DURING PERIOD	AVE.DAILY	
5/1/2006	6/1/2006	31			742,016	23,936	
6/1/2006	6/30/2006	29			908,072	31,313	
6/30/2006	8/1/2006	32			992,284	31,009	
8/1/2006	9/1/2006	31			799,612	25,794	
9/1/2006	9/29/2006	28			795,124	28,397	
9/29/2006	11/1/2006	33			382,976	11,605	
11/1/2006	12/1/2006	30			332,112	11,070	
12/1/2006	12/29/2006	28			450,296	16,082	
12/29/2006	2/1/2007	34			249,084	7,326	
2/1/2007	3/1/2007	28			402,424	14,372	
3/1/2007	3/30/2007	29			408,408	14,083	12,966
3/30/2007	5/1/2007	32			246,092	7,690	
5/1/2007	6/1/2007	31			723,316	23,333	
6/1/2007	6/29/2007	28			540,056	19,288	
6/29/2007	8/1/2007	33			826,540	25,047	
8/1/2007	8/31/2007	30			767,448	25,582	
08/31/2007	10/1/2007	31			590,920	19,062	

Billing Information for Servi at 10 CHESHIRE PL Jan 03, 2004 thru Jan 30, 2004

Meter Reading Data

Jan 30, 2004	2,992	Actual Reading
Jan 03, 2004	2,992	Actual Reading
Water Use	0	5/8" Meter
Jan 30, 2004	46,973	Estimated Reading
Jan 03, 2004	46,673	Actual Reading
Water Use	300	3" Meter
Water Use	300	CCF(1 CCF = 748 Gallons)

Billing Detail

Balance Forward		803.99

Current charges

Fire Line Service 6"	42.63-	
Basic Service for 3" Meter	19.77	
15 CCF Incl in Basic Serv.		
285 CCF @ 0.9975 per CCF	284.29	
Water Charge		**319.02**
Total Amount Due		**676.39**

Message Center

We have combined your fireline and water usage accounts.
The Fireline portion of the bill has been pro-rated to coordinate the billing dates.

Feb 20, 2004 **00** **(631)582-2211** **(631)665-0663**

Cycle 00 MRU 00084971

260 Motor Parkway, Hauppauge, NY 11788

Balance Forward	803.99
Water Charge	319.02
Fireline	42.63-

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Total Amount Due $676.39
Please Pay By Feb 20, 2004

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200067639 5

SUFFOLK COUNTY WATER ITHORITY

Account' ber
Jan 31, 2 thru Mar 01, 2004

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Mar 01, 2004	2,992	Actual Reading
Jan 31, 2004	2,992	Actual Reading
Water Use	0	5/8" Meter
Mar 01, 2004	47,759	Actual Reading
Jan 31, 2004	46,973	Estimated Reading
Water Use	786	3" Meter
Water Use	786	CCF (587,928 Gallons)

Billing Detail

Balance	Feb 20, 2004	127.60-
Balance Forward		127.60-

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	19.77	
15 CCF Incl in Basic Serv.		
771 CCF @ 0.9975 per CCF	769.07	
Water Charge		**788.84**
Total Amount Due		**703.86**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
But you don't NEED it for quality.

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Mar 11, 2004	00		(631)698-9500	(631)665-0663
~~Date~~	~~Cycle~~	~~Security Code~~	~~Questions~~	~~Emergency Service (After Business Hours)~~

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084971

SUMMARY FOR ACCOUNT

Balance Forward	127.60-
Water Charge	788.84
Fireline	42.62
Total Amount Due	**$703.86**

Please Pay By Apr 05, 2004

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200070386 8

SUFFOLK COUNTY WATER ITHORITY

Account ' ber
Mar 02, 2 thru Apr 01, 2004

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Apr 01, 2004	2,992	Actual Reading
Mar 02, 2004	2,992	Actual Reading
Water Use	0	5/8" Meter
Apr 01, 2004	48,168	Actual Reading
Mar 02, 2004	47,759	Actual Reading
Water Use	409	3" Meter
Water Use	409	CCF (305,932 Gallons)

Billing Detail

Balance	Mar 11, 2004	703.86
Balance Forward		703.86

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	19.77
15 CCF Incl in Basic Serv.	
394 CCF @ 0.9975 per CCF	393.02
Water Charge	**412.79**
Total Amount Due	**1,159.27**

Message Center

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-

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
But you don't NEED it for quality.

-

Apr 08, 2004	00		(631)698-9500	(631)665-0663
~~Date~~	~~Cycle~~	~~Security Code~~	~~Questions~~	~~Emergency Service (After Business Hours)~~

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084971

SUMMARY FOR ACCOUNT	
Balance Forward	703.86
Water Charge	412.79
Fireline	42.62
Total Amount Due	**$1159.27**
Payment due Upon Presentation	

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

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SUFFOLK COUNTY WATEF JTHORITY

Account ıber
Apr 02, 2 thru Apr 30, 2004

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Apr 30, 2004	2,992	Actual Reading
Apr 02, 2004	2,992	Actual Reading
Water Use	0	5/8" Meter
Apr 30, 2004	48,729	Actual Reading
Apr 02, 2004	48,168	Actual Reading
Water Use	561	3" Meter
Water Use	561	CCF (419,628 Gallons)

Billing Detail

Balance	Apr 08, 2004	1,159.27
Payment	Apr 08, 2004	1,159.27-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	19.77	
15 CCF Incl in Basic Serv.		
546 CCF @ 0.9975 per CCF	544.64	
Water Charge		**564.41**
Total Amount Due		**607.03**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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May 13, 2004	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084971

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	564.41
Fireline	42.62
Total Amount Due	**$607.03**

Please Pay By Jun 07, 2004

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authorily
PO Box 1149
Newark, NJ 07101-1149

0003000358092200060703 6

SUFFOLK COUNTY WATEI JTHORITY

Account nber
May 01, 2004 thru Jun 01, 2004

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Jun 01, 2004	2,992	Actual Reading
May 01, 2004	2,992	Actual Reading
Water Use	0	5/8" Meter
Jun 01, 2004	49,417	Actual Reading
May 01, 2004	48,729	Actual Reading
Water Use	688	3" Meter
Water Use	688	CCF (514,624 Gallons)

Billing Detail

Balance	May 13, 2004	607.03
Payment	Jun 09, 2004	607.03-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	19.77
15 CCF Incl in Basic Serv.	
673 CCF @ 0.9975 per CCF	671.32
Water Charge	**691.09**
Total Amount Due	**733.71**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Jun 10, 2004	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084971

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	691.09
Fireline	42.62
Total Amount Due	**$733.71**

Please Pay By Jul 06, 2004

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200073371 7

SUFFOLK COUNTY WATER AUTHORITY

Account Number
Jun 02, 2004 thru Jul 01, 2004

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Jul 01, 2004	2,992	Actual Reading
Jun 02, 2004	2,992	Actual Reading
Water Use	0	5/8" Meter
Jul 01, 2004	49,908	Actual Reading
Jun 02, 2004	49,417	Actual Reading
Water Use	491	3" Meter
Water Use	491	CCF (367,268 Gallons)

Billing Detail

Balance	Jun 10, 2004	733.71
Payment	Jul 08, 2004	733.71-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	19.77	
15 CCF Incl in Basic Serv.		
476 CCF @ 0.9975 per CCF	474.81	
Water Charge		**494.58**
Total Amount Due		**537.20**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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-

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Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

-

Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Jul 15, 2004	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084971

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	494.58
Fireline	42.62
Total Amount Due	**$537.20**

Please Pay By Aug 09, 2004

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200053720 9

SUFFOLK COUNTY WATER)THORITY

Account ber
Jul 02, 20 thru Jul 30, 2004

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Jul 30, 2004	2,992	Actual Reading
Jul 02, 2004	2,992	Actual Reading
Water Use	0	5/8" Meter
Jul 30, 2004	51,244	Actual Reading
Jul 02, 2004	49,908	Actual Reading
Water Use	1,336	3" Meter
Water Use	1,336	CCF (999,328 Gallons)

Billing Detail

Balance	Jul 15, 2004	537.20
Payment	Aug 10, 2004	537.20-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	19.77
15 CCF Incl in Basic Serv.	
1321 CCF @ 0.9975 per CCF	1,317.70
Water Charge	**1,337.47**
Total Amount Due	**1,380.09**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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-

Want to pay your water bills with cash? Visit www.scwa.com to find the nearest SCWA pay station.
Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

-

Aug 11, 2004	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084971

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	1,337.47
Fireline	42.62
Total Amount Due	**$1380.09**

Please Pay By Sep 07, 2004

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200138009 6

SUFFOLK COUNTY WATER . THORITY

Account N . ber
Jul 31, 2004 thru Sep 01, 2004

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Sep 01, 2004	2,992	Actual Reading
Jul 31, 2004	2,992	Actual Reading
Water Use	0	5/8" Meter
Sep 01, 2004	52,545	Actual Reading
Jul 31, 2004	51,244	Actual Reading
Water Use	1,301	3" Meter
Water Use	1,301	CCF (973,148 Gallons)

Billing Detail

Balance	Aug 11, 2004	1,380.09
Payment	Sep 08, 2004	1,380.09-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	19.77
15 CCF Incl in Basic Serv.	
1286 CCF @ 0.9975 per CCF	1,282.79
Water Charge	**1,302.56**
Total Amount Due	**1,345.18**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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Sep 14, 2004	00		(631)698-9500	(631)665-0663
~~Date~~	~~Cycle~~	~~Security Code~~	~~Questions~~	~~Emergency Service (After Business Hours)~~

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084971

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	1,302.56
Fireline	42.62
Total Amount Due	**$1345.18**

Please Pay By Oct 08, 2004

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200134518 0

SUFFOLK COUNTY WATER . THORITY

Account N er
Sep 02, 20u4 thru Oct 01, 2004

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Oct 01, 2004	2,992	Actual Reading
Sep 02, 2004	2,992	Actual Reading
Water Use	0	5/8" Meter
Oct 01, 2004	53,902	Actual Reading
Sep 02, 2004	52,545	Actual Reading
Water Use	1,357	3" Meter
Water Use	1,357	CCF (1,015,036 Gallons)

Billing Detail

Balance	Sep 14, 2004	1,345.18
Balance Forward		1,345.18

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	19.77
15 CCF Incl in Basic Serv.	
1342 CCF @ 0.9975 per CCF	1,338.65
Water Charge	**1,358.42**
Total Amount Due	**2,746.22**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
But you don't NEED it for quality.

-

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-

Oct 06, 2004	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084971

SUMMARY FOR ACCOUNT	
Balance Forward	1,345.18
Water Charge	1,358.42
Fireline	42.62
Total Amount Due	**$2746.22**
Please Pay By Nov 01, 2004	

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200274622 0

SUFFOLK COUNTY WATER . ,THORITY

Account I ,er
Oct 02, 2004 thru Nov 01, 2004

Billing Information for Service at 10 CHESHIRE PL

Changed Meter Data

Nov 01, 2004	0	Actual Reading
Oct 22, 2004	0	Actual Reading
Oct 21, 2004	2,992	Actual Reading
Oct 02, 2004	2,992	Actual Reading
Nov 01, 2004	54,688	Actual Reading
Oct 02, 2004	53,902	Actual Reading
Water Use	786 CCF (587,928 Gallons)	

Billing Detail

Balance	Oct 06, 2004	2,746.22
Payment	Oct 08, 2004	1,345.18-
Balance Forward		1,401.04

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	19.77	
16 CCF Incl in Basic Serv.		
770 CCF @ 0.9975 per CCF	769.07	
Water Charge		**788.84**
Total Amount Due		**2,232.50**

Message Center

A REMINDER...
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-

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
But you don't NEED it for quality.

-

Nov 03, 2004	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084971

SUMMARY FOR ACCOUNT

Balance Forward	1,401.04
Water Charge	788.84
Fireline	42.62
Total Amount Due	**$2232.50**

Payment due Upon Presentation

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1140

0003000358092200223250 2

SUFFOLK COUNTY WATER JTHORITY

Account ıber
Nov 02, 2004 thru Dec 01, 2004

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Dec 01, 2004	0	Actual Reading
Nov 02, 2004	0	Actual Reading
Dec 01, 2004	55,243	Actual Reading
Nov 02, 2004	54,688	Actual Reading

Water Use 555 CCF (415,140 Gallons)

Billing Detail

Balance	Nov 03, 2004	2,232.50
Payment	Nov 09, 2004	2,275.12-
Balance Forward		42.62-

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	19.77
15 CCF Incl in Basic Serv.	
540 CCF @ 0.9975 per CCF	538.65

Water Charge **558.42**

Total Amount Due **558.42**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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-

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Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

-

Dec 08, 2004	00		(631)698-9500	(631)665-0663
~~Date~~	~~Cycle~~	~~Security Code~~	~~Questions~~	~~Emergency Service~~ (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084971

SUMMARY FOR ACCOUNT

Balance Forward	42.62-
Water Charge	558.42
Fireline	42.62

Total Amount Due $558.42
Please Pay By Jan 03, 2005

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200055842 9

SUFFOLK COUNTY WATER . THORITY

Account N er
Dec 02, 2004 thru Dec 31, 2004

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Dec 31, 2004	0	Actual Reading
Dec 02, 2004	0	Actual Reading
Dec 31, 2004	55,735	Actual Reading
Dec 02, 2004	55,243	Actual Reading
Water Use	492 CCF (368,016 Gallons)	

Billing Detail

Balance	Dec 08, 2004	558.42
Payment	Jan 04, 2005	558.42-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	19.77	
15 CCF Incl in Basic Serv.		
477 CCF @ 0.9975 per CCF	475.81	
Water Charge		**495.58**
Total Amount Due		**538.20**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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-

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-

Jan 05, 2005	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084971

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	495.58
Fireline	42.62

Total Amount Due $538.20
Please Pay By Jan 31, 2005

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

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SUFFOLK COUNTY WATER . .THORITY

Account I ber
Jan 01, 2005 thru Feb 01, 2005

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Feb 01, 2005	0	Actual Reading
Jan 01, 2005	0	Actual Reading
Feb 01, 2005	56,189	Actual Reading
Jan 01, 2005	55,735	Actual Reading

Water Use 454 CCF (339,592 Gallons)

Billing Detail

Balance	Jan 05, 2005	538.20
Payment	Jan 27, 2005	538.20-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	19.77	
15 CCF Incl in Basic Serv.		
439 CCF @ 0.9975 per CCF	437.90	
Water Charge		**457.67**
Total Amount Due		**500.29**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed Insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

Feb 09, 2005	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084971

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	457.67
Fireline	42.62
Total Amount Due	**$500.29**

Please Pay By Mar 07, 2005

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

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SUFFOLK COUNTY WATER AUTHORITY

Account Number
Feb 02, 2005 thru Mar 01, 2005

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Mar 01, 2005	0	Actual Reading
Feb 02, 2005	0	Actual Reading
Mar 01, 2005	56,697	Actual Reading
Feb 02, 2005	56,189	Actual Reading

Water Use 508 CCF (379,984 Gallons)

Billing Detail

Balance	Feb 09, 2005	500.29
Payment	Mar 01, 2005	500.29-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	19.77
15 CCF Incl in Basic Serv.	
493 CCF @ 0.9975 per CCF	491.77

Water Charge **511.54**

Total Amount Due **554.16**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Mar 09, 2005	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	511.54
Fireline	42.62

Total Amount Due $554.16
Please Pay By Apr 04, 2005

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200055416 2

SUFFOLK COUNTY WATER AUTHORITY

Account Number
Mar 02, 2005 thru Apr 01, 2005

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Apr 01, 2005	0	Actual Reading
Mar 02, 2005	0	Actual Reading
Apr 01, 2005	57,346	Actual Reading
Mar 02, 2005	56,697	Actual Reading
Water Use	649 CCF (485,452 Gallons)	

Billing Detail

Balance	Mar 09, 2005	554.16
Payment	Mar 30, 2005	554.16-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	19.77
15 CCF Incl in Basic Serv.	
634 CCF @ 0.9975 per CCF	632.42
Water Charge	**652.19**
Total Amount Due	**694.81**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Apr 06, 2005	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	652.19
Fireline	42.62
Total Amount Due	**$694.81**

Please Pay By May 02, 2005

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1140

0003000358092200069481 0

SUFFOLK COUNTY WATER AUTHORITY

Account Number
Apr 02, 2005 thru Apr 29, 2005

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Apr 29, 2005	0	Actual Reading
Apr 02, 2005	0	Actual Reading
Apr 29, 2005	57,637	Actual Reading
Apr 02, 2005	57,346	Actual Reading
Water Use	291 CCF (217,668 Gallons)	

Billing Detail

Balance	Apr 06, 2005	694.81
Payment	Apr 25, 2005	694.81-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	19.77	
15 CCF Incl in Basic Serv.		
276 CCF @ 0.9975 per CCF	275.31	
Water Charge		**295.08**
Total Amount Due		**337.70**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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-

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Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

-

May 09, 2005	00		(631)698-9500	(631)665-0663
~~Date~~	~~Cycle~~	~~Security Code~~	~~Questions~~	~~Emergency Service (After Business Hours)~~

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	295.08
Fireline	42.62
Total Amount Due	**$337.70**

Please Pay By Jun 02, 2005

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200033770 9

SUFFOLK COUNTY WATER AUTHORITY

Account Number
Apr 30, 2005 thru Jun 01, 2005

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Jun 01, 2005	0	Actual Reading
Apr 30, 2005	0	Actual Reading
Jun 01, 2005	58,880	Actual Reading
Apr 30, 2005	57,637	Actual Reading

Water Use 1,243 CCF (929,764 Gallons)

Billing Detail

Balance	May 09, 2005	337.70
Balance Forward		337.70

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	19.77
15 CCF Incl in Basic Serv.	
1228 CCF @ 0.9975 per CCF	1,224.93
Water Charge	**1,244.70**
Total Amount Due	**1,625.02**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Jun 01, 2005	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	337.70
Water Charge	1,244.70
Fireline	42.62
Total Amount Due	**$1625.02**

Please Pay By Jun 27, 2005

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200162502 9

SUFFOLK COUNTY WATER AUTHORITY

Account Number
Jun 02, 2005 thru Jul 01, 2005

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Jul 01, 2005	0	Actual Reading
Jun 02, 2005	0	Actual Reading
Jul 01, 2005	60,077	Actual Reading
Jun 02, 2005	58,880	Actual Reading

Water Use 1,197 CCF (895,356 Gallons)

Billing Detail

Balance	Jun 01, 2005	1,625.02
Payment	Jun 08, 2005	1,625.02-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	19.77
15 CCF Incl in Basic Serv.	
1182 CCF @ 0.9975 per CCF	1,179.05
Water Charge	**1,198.82**
Total Amount Due	**1,241.44**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
But you don't NEED it for quality.

-

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Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

-

Jul 06, 2005	00		(631)698-9500	(631)665-0663
~~Date~~	~~Cycle~~	~~Security Code~~	~~Questions~~	~~Emergency Service~~ (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	1,198.82
Fireline	42.62

Total Amount Due $1241.44
Please Pay By Aug 01, 2005

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101 1149

0003000358092200124144 7

SUFFOLK COUNTY WATER AUTHORITY

Account Number _____
Jul 02, 2005 thru Aug 01, 2005

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Aug 01, 2005	0	Actual Reading
Jul 02, 2005	0	Actual Reading
Aug 01, 2005	61,211	Actual Reading
Jul 02, 2005	60,077	Actual Reading

Water Use 1,134 CCF (848,232 Gallons)

Billing Detail

Balance	Jul 06, 2005	1,241.44
Payment	Jul 26, 2005	1,241.44-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Water Charge	**1,137.88**
Total Amount Due	**1,180.50**

Message Center

Attention SCWA Customers
Due to escalating costs, your water rates will increase effective April 1, 2007.

-

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and It's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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-

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-

Aug 03, 2005	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	1,137.88
Fireline	42.62
Total Amount Due	**$1180.50**

Please Pay By Aug 29, 2005

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200118050 4

SUFFOLK COUNTY WATER . _THORITY

Account N _er
Aug 02, 2005 thru Sep 01, 2005

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Sep 01, 2005	0	Actual Reading
Aug 02, 2005	0	Actual Reading
Sep 01, 2005	62,226	Actual Reading
Aug 02, 2005	61,211	Actual Reading

Water Use 1,015 CCF (759,220 Gallons)

Billing Detail

Balance	Aug 03, 2005	1,180.50
Payment	Aug 23, 2005	1,180.50-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	20.65
15 CCF Incl in Basic Serv.	
1000 CCF @ 1.0248 per CCF	1,024.80
Water Charge	**1,045.45**
Total Amount Due	**1,088.07**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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Sep 07, 2005	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	1,045.45
Fireline	42.62
Total Amount Due	**$1088.07**

Please Pay By Oct 03, 2005

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

000300035809220010880079

SUFFOLK COUNTY WATER AUTHORITY

Account Number
Sep 02, 2005 thru Sep 30, 2005

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Sep 30, 2005	0	Actual Reading
Sep 02, 2005	0	Actual Reading
Sep 30, 2005	63,265	Actual Reading
Sep 02, 2005	62,226	Actual Reading

Water Use 1,039 CCF (777,172 Gallons)

Billing Detail

Balance	Sep 07, 2005	1,088.07
Payment	Oct 04, 2005	1,088.07-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	20.65
15 CCF Incl in Basic Serv.	
1024 CCF @ 1.0248 per CCF	1,049.40
Water Charge	**1,070.05**
Total Amount Due	**1,112.67**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
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Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Oct 05, 2005	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	1,070.05
Fireline	42.62
Total Amount Due	**$1112.67**

Please Pay By Oct 31, 2005

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

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SUFFOLK COUNTY WATER AUTHORITY

Account Number
Oct 01, 2005 thru Nov 01, 2005

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Nov 01, 2005	0	Actual Reading
Oct 01, 2005	0	Actual Reading
Nov 01, 2005	64,128	Actual Reading
Oct 01, 2005	63,265	Actual Reading

Water Use 863 CCF (645,524 Gallons)

Billing Detail

Balance	Oct 05, 2005	1,112.67
Balance Forward		1,112.67

Current charges

Fire Line Service 6"		42.62	
Basic Service for 3" Meter		20.65	
15 CCF Incl in Basic Serv.			
848 CCF @ 1.0248 per CCF		869.03	
*Late Charge	Nov 04, 2005		16.69
Water Charge			**889.68**
Total Amount Due			**2,061.66**

Message Center

A REMIN **Please see reverse side for an explanation**

Our records indicate that the above overdue balance on your account has not been paid. If your payment has already been mailed, please disregard this notice; if not, be advised that payment must be made immediately to avoid discontinuance of service.

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Message from the Chairman Michael LoGrande about Bottled Water

Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine. But you don't NEED it for quality.

-

Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Nov 04, 2005	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	1,112.67
Late Payment Charge	16.69
Water Charge	889.68
Fireline	42.62
Total Amount Due	**$2061.66**

Payment due Upon Presentation

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200206166 1

SUFFOLK COUNTY WATEI JTHORITY

Account ıber
Nov 02, 2005 thru Dec 01, 2005

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Dec 01, 2005	0	Actual Reading
Nov 02, 2005	0	Actual Reading
Dec 01, 2005	64,513	Actual Reading
Nov 02, 2005	64,128	Actual Reading

Water Use 385 CCF (287,980 Gallons)

Billing Detail

Balance	Nov 04, 2005	2,061.66
Payment	Dec 02, 2005	2,061.66-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	20.65
15 CCF Incl in Basic Serv.	
370 CCF @ 1.0248 per CCF	379.18
Water Charge	**399.83**
Total Amount Due	**442.45**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
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Dec 02, 2005	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	399.83
Fireline	42.62

Total Amount Due $442.45
Please Pay By Dec 27, 2005

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200044245 9

SUFFOLK COUNTY WATER AUTHORITY

Account Number
Dec 02, 2005 thru Dec 30, 2005

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Dec 30, 2005	0	Actual Reading
Dec 02, 2005	0	Actual Reading
Dec 30, 2005	65,193	Actual Reading
Dec 02, 2005	64,513	Actual Reading

Water Use 680 CCF (508,640 Gallons)

Billing Detail

Balance	Dec 02, 2005	442.45
Balance Forward		442.45

Current charges

Fire Line Service 6"		42.62	
Basic Service for 3" Meter		20.65	
15 CCF Incl in Basic Serv.			
665 CCF @ 1.0248 per CCF		681.49	
*Late Charge	Jan 04, 2006		6.64
Water Charge			**702.14**
Total Amount Due			**1,193.85**

Please see reverse side for an explanation

Message Center

A REMINDER

Our records indicate that the above overdue balance on your account has not been paid. If your payment has already been mailed, please disregard this notice; if not, be advised that payment must be made immediately to avoid discontinuance of service.

Message from the Chairman Michael LoGrande about Bottled Water

Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine. But you don't NEED it for quality.

Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Jan 04, 2006	00		(631)698-9500	(631)665-0663

Cycle 00 MRU 00084430

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

SUMMARY FOR ACCOUNT

Balance Forward	442.45
Late Payment Charge	6.64
Water Charge	702.14
Fireline	42.62
Total Amount Due	**$1193.85**

Payment due Upon Presentation

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

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SUFFOLK COUNTY WATER AUTHORITY

Account N[illegible]r
Dec 31, 2005 thru Feb 01, 2006

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Feb 01, 2006	0	Actual Reading
Dec 31, 2005	0	Actual Reading
Feb 01, 2006	65,697	Actual Reading
Dec 31, 2005	65,193	Actual Reading

Water Use 504 CCF (376,992 Gallons)

Billing Detail

Balance	Jan 04, 2006	1,193.85
Payment	Jan 25, 2006	1,636.30-
Balance Forward		442.45-

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	20.65	
15 CCF Incl in Basic Serv.		
489 CCF @ 1.0248 per CCF	501.13	
Water Charge		**521.78**
Total Amount Due		**121.95**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
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-

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-

Feb 01, 2006	00		(631)698-9500	(631)665-0663
~~Date~~	~~Cycle~~	~~Security Code~~	~~Questions~~	~~Emergency Service (After Business Hours)~~

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

SUMMARY FOR ACCOUNT	
Balance Forward	442.45-
Water Charge	521.78
Fireline	42.62
Total Amount Due	**$121.95**
Please Pay By Feb 27, 2006	

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200012195

SUFFOLK COUNTY WATER AUTHORITY

Account N
Feb 02, 2006 thru Mar 01, 2006

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Mar 01, 2006	0	Actual Reading
Feb 02, 2006	0	Actual Reading
Mar 01, 2006	66,259	Actual Reading
Feb 02, 2006	65,697	Actual Reading

Water Use 562 CCF (420,376 Gallons)

Billing Detail

Balance	Feb 01, 2006	121.95
Payment	Feb 23, 2006	121.95-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	20.65	
15 CCF Incl in Basic Serv.		
547 CCF @ 1.0248 per CCF	560.57	
Water Charge		**581.22**
Total Amount Due		**623.84**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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-

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-

Mar 01, 2006	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	581.22
Fireline	42.62
Total Amount Due	**$623.84**

Please Pay By Mar 27, 2006

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

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SUFFOLK COUNTY WATER AUTHORITY

Account Number
Mar 02, 2006 thru Mar 31, 2006

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Mar 31, 2006	0	Actual Reading
Mar 02, 2006	0	Actual Reading
Mar 31, 2006	66,638	Actual Reading
Mar 02, 2006	66,259	Actual Reading
Water Use	379 CCF (283,492 Gallons)	

Billing Detail

Balance	Mar 01, 2006	623.84
Payment	Mar 21, 2006	623.84-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	20.65	
15 CCF Incl in Basic Serv.		
364 CCF @ 1.0248 per CCF	373.03	
Water Charge		**393.68**
Total Amount Due		**436.30**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
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-

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Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Mar 31, 2006	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT	
Balance Forward	0.00
Water Charge	393.68
Fireline	42.62
Total Amount Due	**$436.30**
Please Pay By Apr 24, 2006	

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

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SUFFOLK COUNTY WATER AUTHORITY

Account Number
Apr 01, 2006 thru May 01, 2006

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

May 01, 2006	0	Actual Reading
Apr 01, 2006	0	Actual Reading
May 01, 2006	67,151	Actual Reading
Apr 01, 2006	66,638	Actual Reading

Water Use 513 CCF (383,724 Gallons)

Billing Detail

Balance	Mar 31, 2006	436.30
Payment	May 02, 2006	436.30-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62	
Water Charge		**551.41**
Total Amount Due		**594.03**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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May 02, 2006	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	551.41
Fireline	42.62

Total Amount Due $594.03
Please Pay By May 26, 2006

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

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SUFFOLK COUNTY WATER AUTHORITY

Account Number
May 02, 2006 thru Jun 01, 2006

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Jun 01, 2006	0	Actual Reading
May 02, 2006	0	Actual Reading
Jun 01, 2006	68,143	Actual Reading
May 02, 2006	67,151	Actual Reading
Water Use	992 CCF (742,016 Gallons)	

Billing Detail

Balance	May 02, 2006	594.03
Payment	May 22, 2006	594.03-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	21.54
15 CCF Incl in Basic Serv.	
977 CCF @ 1.0622 per CCF	1,037.77
Water Charge	**1,059.31**
Total Amount Due	**1,101.93**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
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Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Jun 05, 2006	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	1,059.31
Fireline	42.62

Total Amount Due $1101.93
Please Pay By Jun 29, 2006

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

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SUFFOLK COUNTY WATER AUTHORITY

Account Number
Jun 02, 2006 thru Jun 30, 2006

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Jun 30, 2006	0	Actual Reading
Jun 02, 2006	0	Actual Reading
Jun 30, 2006	69,357	Actual Reading
Jun 02, 2006	68,143	Actual Reading

Water Use 1,214 CCF (908,072 Gallons)

Billing Detail

Balance	Jun 05, 2006	1,101.93
Payment	Jun 28, 2006	1,101.93-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	21.54
15 CCF Incl in Basic Serv.	
1199 CCF @ 1.0622 per CCF	1,273.58
Water Charge	**1,295.12**
Total Amount Due	**1,337.74**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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-

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Jul 05, 2006	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	1,295.12
Fireline	42.62
Total Amount Due	**$1337.74**

Please Pay By Jul 31, 2006

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

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SUFFOLK COUNTY WATER A_ _HORITY

Account N_ _r
Jul 01, 2006 thru Aug 01, 2006

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

ug 01, 2006	0	Actual Reading
Jul 01, 2006	0	Actual Reading
Aug 01, 2006	70,590	Actual Reading
Jul 01, 2006	69,357	Actual Reading

Water Use 1,233 CCF (922,284 Gallons)

Billing Detail

Balance	Jul 05, 2006	1,337.74
Payment	Jul 25, 2006	1,337.74-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	21.54
15 CCF Incl in Basic Serv.	
1218 CCF @ 1.0622 per CCF	1,293.76
Water Charge	**1,315.30**
Total Amount Due	**1,357.92**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
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-

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-

Aug 01, 2006	00		(631)698-9500	(631)665-0663
~~Date~~	~~Cycle~~	~~Security Code~~	~~Questions~~	~~Emergency Service (After Business Hours)~~

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	1,315.30
Fireline	42.62
Total Amount Due	**$1357.92**

Please Pay By Aug 25, 2006

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

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SUFFOLK COUNTY WATE(UTHORITY

Account ber
Aug 02, 2006 thru Sep 01, 2006

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Sep 01, 2006	21	Actual Reading
Aug 02, 2006	0	Actual Reading
Sep 01, 2006	71,639	Actual Reading
Aug 02, 2006	70,590	Actual Reading

Water Use 1,069 CCF (799,612 Gallons)

Billing Detail

Balance	Aug 01, 2006	1,357.92
Payment	Aug 22, 2006	1,357.92-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	21.54
15 CCF Incl in Basic Serv.	
1054 CCF @ 1.0622 per CCF	1,119.56
Water Charge	**1,141.10**
Total Amount Due	**1,183.72**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
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Sep 01, 2006	00		(631)698-9500	(631)665-0663
~~Date~~	~~Cycle~~	~~Security Code~~	~~Questions~~	~~Emergency Service~~ (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	1,141.10
Fireline	42.62
Total Amount Due	**$1183.72**

Please Pay By Sep 25, 2006

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200118372 2

SUFFOLK COUNTY WATER AUTHORITY

Account Number
Sep 02, 2006 thru Sep 29, 2006

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Sep 29, 2006	21	Actual Reading
Sep 02, 2006	21	Actual Reading
Sep 29, 2006	72,702	Actual Reading
Sep 02, 2006	71,639	Actual Reading

Water Use 1,063 CCF (795,124 Gallons)

Billing Detail

Balance	Sep 01, 2006	1,183.72
Payment	Sep 27, 2006	1,183.72-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	21.54
15 CCF Incl in Basic Serv.	
1048 CCF @ 1.0622 per CCF	1,113.19
Water Charge	**1,134.73**
Total Amount Due	**1,177.35**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
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-

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Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

-

Oct 02, 2006	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	1,134.73
Fireline	42.62

Total Amount Due $1177.35
Please Pay By Oct 26, 2006

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200117735

SUFFOLK COUNTY WATER AUTHORITY

Account Number
Sep 30, 2006 thru Nov 01, 2006

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Nov 01, 2006	21	Actual Reading
Sep 30, 2006	21	Actual Reading
Nov 01, 2006	73,214	Actual Reading
Sep 30, 2006	72,702	Actual Reading

Water Use 512 CCF (382,976 Gallons)

Billing Detail

Balance	Oct 02, 2006	1,177.35
Balance Forward		1,177.35

Current charges

Fire Line Service 6"		42.62	
Basic Service for 3" Meter		21.54	
15 CCF Incl in Basic Serv.			
497 CCF @ 1.0622 per CCF		527.91	
*Late Charge	Nov 01, 2006		17.66
Water Charge			**549.45**
Total Amount Due			**1,787.08**

Message Center

A REMIN **Please see reverse side for an explanation**

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Message from the Chairman Michael LoGrande about Bottled Water
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But you don't NEED it for quality.

-

Nov 01, 2006	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	1,177.35
Late Payment Charge	17.66
Water Charge	549.45
Fireline	42.62
Total Amount Due	**$1787.08**

Payment due Upon Presentation

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200178708

SUFFOLK COUNTY WATER AUTHORITY

Account Nu
Nov 02, 2006 thru Dec 01, 2006

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

ec 01, 2006	21	Actual Reading
Nov 02, 2006	21	Actual Reading
Dec 01, 2006	73,658	Actual Reading
Nov 02, 2006	73,214	Actual Reading

Water Use 444 CCF (332,112 Gallons)

Billing Detail

Balance	Nov 01, 2006	1,787.08
Payment	Nov 30, 2006	1,787.08-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	21.54	
15 CCF Incl in Basic Serv.		
429 CCF @ 1.0622 per CCF	455.68	
Water Charge		**477.22**
Total Amount Due		**519.84**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
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But you don't NEED it for quality.

-

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Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

-

Dec 06, 2006	00		(631)698-9500	(631)665-0663
~~Date~~	~~Cycle~~	~~Security Code~~	~~Questions~~	~~Emergency Service (After Business Hours)~~

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	477.22
Fireline	42.62

Total Amount Due $519.84
Please Pay By Jan 02, 2007

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

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SUFFOLK COUNTY WATER AUTHORITY

Account Number _____
Dec 02, 2006 thru Dec 29, 2006

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Dec 29, 2006	21	Actual Reading
Dec 02, 2006	21	Actual Reading
Dec 29, 2006	74,260	Actual Reading
Dec 02, 2006	73,658	Actual Reading

Water Use 602 CCF (450,296 Gallons)

Billing Detail

Balance	Dec 06, 2006	519.84
Payment	Dec 26, 2006	519.84-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	21.54	
15 CCF Incl in Basic Serv.		
587 CCF @ 1.0622 per CCF	623.51	
Water Charge		**645.05**
Total Amount Due		**687.67**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
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Desea pagar el recibo de agua en efectivo? Por favor visitenos en nuestro web www.scwa.com para encontrar la estacion de pago mas cercana a usted.

Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Jan 02, 2007	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	645.05
Fireline	42.62

Total Amount Due $687.67
Please Pay By Jan 26, 2007

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200068 76' E-56

SUFFOLK COUNTY WATER AUTHORITY

Account Number
Dec 30, 2006 thru Feb 01, 2007

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

eb 01, 2007	21	Actual Reading
Dec 30, 2006	21	Actual Reading
Feb 01, 2007	74,593	Actual Reading
Dec 30, 2006	74,260	Actual Reading

Water Use 333 CCF (249,084 Gallons)

Billing Detail

Balance	Jan 02, 2007	687.67
Balance Forward		687.67

Current charges

Fire Line Service 6"		42.62	
Basic Service for 3" Meter		21.54	
15 CCF Incl in Basic Serv.			
318 CCF @ 1.0622 per CCF		337.78	
*Late Charge	Feb 01, 2007		10.32
Water Charge			**359.32**
Total Amount Due			**1,099.93**

Message Center

A REMIN **Please see reverse side for an explanation**

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Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
But you don't NEED it for quality.

Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Feb 01, 2007	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	687.67
Late Payment Charge	10.32
Water Charge	359.32
Fireline	42.62
Total Amount Due	**$1099.93**

Payment due Upon Presentation

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

000300035809220010999 36 E-57

SUFFOLK COUNTY WATER AUTHORITY

Account Number
Feb 02, 2007 thru Mar 01, 2007

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Mar 01, 2007	21	Actual Reading
Feb 02, 2007	21	Actual Reading
Mar 01, 2007	75,131	Actual Reading
Feb 02, 2007	74,593	Actual Reading

Water Use 538 CCF (402,424 Gallons)

Billing Detail

Balance	Feb 01, 2007	1,099.93
Payment	Feb 05, 2007	687.67-
Balance Forward		412.26

Current charges

Fire Line Service 6"		42.62	
Basic Service for 3" Meter		21.54	
15 CCF Incl in Basic Serv.			
523 CCF @ 1.0622 per CCF		555.53	
*Late Charge	Mar 07, 2007		6.18
Water Charge			**577.07**
Total Amount Due			**1,038.13**

Message Center

A REMIN **Please see reverse side for an explanation**

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-

Message from the Chairman Michael LoGrande about Bottled Water

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-

Mar 07, 2007	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	412.26
Late Payment Charge	6.18
Water Charge	577.07
Fireline	42.62
Total Amount Due	**$1038.13**

Payment due Upon Presentation

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200103813

SUFFOLK COUNTY WATER THORITY

Account f ber
Mar 02, 2 thru Mar 30, 2007

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Mar 30, 2007	21	Actual Reading
Mar 02, 2007	21	Actual Reading
Mar 30, 2007	75,677	Actual Reading
Mar 02, 2007	75,131	Actual Reading

Water Use 546 CCF (408,408 Gallons)

Billing Detail

Balance	Mar 07, 2007	1,038.13
Payment	Mar 12, 2007	1,038.13-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	22.44
15 CCF Incl in Basic Serv.	
531 CCF @ 1.0622 per CCF	564.03

Water Charge **586.47**

Total Amount Due **629.09**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
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Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Apr 04, 2007	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	586.47
Fireline	42.62

Total Amount Due $629.09
Please Pay By Apr 30, 2007

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200062909 7

SUFFOLK COUNTY WATER . . THORITY

Account N er
Mar 31, 20.. thru May 01, 2007

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

lay 01, 2007	21	Actual Reading
Mar 31, 2007	21	Actual Reading
May 01, 2007	76,006	Actual Reading
Mar 31, 2007	75,677	Actual Reading

Water Use 329 CCF (246,092 Gallons)

Billing Detail

Balance	Apr 04, 2007	629.09
Balance Forward		629.09

Current charges

Fire Line Service 6"		42.62	
*Late Charge	May 02, 2007		9.44
Water Charge			**365.09**
Total Amount Due			**1,046.24**

***Please see reverse side for an explanation**

Message Center

A REMINDER...
Our records indicate that the above overdue balance on your account has not been paid. If your payment has already been mailed, please disregard this notice; if not, be advised that payment must be made immediately to avoid discontinuance of service.

-

Attention SCWA Customers
Due to escalating costs, your water rates will increase effective April 1, 2007.

-

Message from the Chairman Michael LoGrande about Bottled Water
Demand for bottled water has skyrocketed. Our tap water is just as good if not better than bottled water and it's certainly a lot cheaper. Take a look at the enclosed Insert to see what a good deal you are getting every time you turn on the tap. If you want bottled water for convenience, that's fine.
But you don't NEED it for quality.

-

May 02, 2007	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	629.09
Late Payment Charge	9.44
Water Charge	365.09
Fireline	42.62
Total Amount Due	**$1046.24**

Payment due Upon Presentation

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200104624 2

SUFFOLK COUNTY WATER AUTHORITY

Account N[illegible]er
May 02, 2007 thru Jun 01, 2007

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Jun 01, 2007	21	Actual Reading
May 02, 2007	21	Actual Reading
Jun 01, 2007	76,973	Actual Reading
May 02, 2007	76,006	Actual Reading

Water Use 967 CCF (723,316 Gallons)

Billing Detail

Balance	May 02, 2007	1,046.24
Payment	May 31, 2007	1,046.24-
Balance Forward		0.00

Current charges

Fire Line Service 6"	42.62
Basic Service for 3" Meter	22.46
15 CCF Incl in Basic Serv.	
952 CCF @ 1.0921 per CCF	1,039.68
Water Charge	**1,062.14**
Total Amount Due	**1,104.76**

Message Center

Message from the Chairman Michael LoGrande about Bottled Water
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-

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-

Jun 06, 2007	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	0.00
Water Charge	1,062.14
Fireline	42.62

Total Amount Due $1104.76
Please Pay By Jul 02, 2007

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

000300035809220011047 69

SUFFOLK COUNTY WATER AUTHORITY

Account Number
Jun 02, 2007 thru Jun 29, 2007

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Jun 29, 2007	21	Actual Reading
Jun 02, 2007	21	Actual Reading
Jun 29, 2007	77,695	Actual Reading
Jun 02, 2007	76,973	Actual Reading
Water Use	722 CCF (540,056 Gallons)	

Billing Detail

Balance	Jun 06, 2007	1,104.76
Balance Forward		1,104.76

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	22.46	
15 CCF Incl in Basic Serv.		
707 CCF @ 1.0921 per CCF	772.11	
Water Charge		**794.57**
Total Amount Due		**1,941.95**

Message Center

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-

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-

Jun 29, 2007	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	1,104.76
Water Charge	794.57
Fireline	42.62

Total Amount Due $1941.95
Please Pay By Jul 23, 2007

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200194195 4 E-62

SUFFOLK COUNTY WATER AUTHORITY

Account Number
Jun 30, 2007 thru Aug 01, 2007

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Aug 01, 2007	21	Actual Reading
Jun 30, 2007	21	Actual Reading
Aug 01, 2007	78,800	Actual Reading
Jun 30, 2007	77,695	Actual Reading

Water Use 1,105 CCF (826,540 Gallons)

Billing Detail

Balance	Jun 29, 2007	1,941.95
Payment	Jul 03, 2007	1,104.76-
Balance Forward		837.19

Current charges

Fire Line Service 6"		42.62
Basic Service for 3" Meter		22.46
15 CCF Incl in Basic Serv.		
1090 CCF @ 1.0921 per CCF		1,190.39
*Late Charge	Aug 01, 2007	12.56
Water Charge		**1,212.85**
Total Amount Due		**2,105.22**

Please see reverse side for an explanation

Message Center

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-

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-

Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Aug 01, 2007	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	837.19
Late Payment Charge	12.56
Water Charge	1,212.85
Fireline	42.62
Total Amount Due	**$2105.22**

Payment due Upon Presentation

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200210522 9

SUFFOLK COUNTY WATER AUTHORITY

Account Number
Aug 02, 2007 thru Aug 31, 2007

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Aug 31, 2007	21	Actual Reading
Aug 02, 2007	21	Actual Reading
Aug 31, 2007	79,826	Actual Reading
Aug 02, 2007	78,800	Actual Reading

Water Use 1,026 CCF (767,448 Gallons)

Billing Detail

Balance	Aug 01, 2007	2,105.22
Payment	Aug 08, 2007	1,941.95-
Balance Forward		163.27

Current charges

Fire Line Service 6"		42.62
Basic Service for 3" Meter		22.46
15 CCF Incl in Basic Serv.		
1011 CCF @ 1.0921 per CCF		1,104.11
*Late Charge	Aug 31, 2007	2.45
Water Charge		**1,126.57**
Total Amount Due		**1,334.91**

Please see reverse side for an explanation

Message Center

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Aug 31, 2007	00		(631)698-9500	(631)665-0663
Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	163.27
Late Payment Charge	2.45
Water Charge	1,126.57
Fireline	42.62
Total Amount Due	**$1334.91**

Payment due Upon Presentation

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

0003000358092200133491 1

SUFFOLK COUNTY WATER . JTHORITY

Account . ber
Sep 01, 2007 thru Oct 01, 2007

Billing Information for Service at 10 CHESHIRE PL

Meter Reading Data

Oct 01, 2007	46	Actual Reading
Sep 01, 2007	21	Actual Reading
Oct 01, 2007	80,591	Actual Reading
Sep 01, 2007	79,826	Actual Reading

Water Use 790 CCF (590,920 Gallons)

Billing Detail

Balance	Aug 31, 2007	1,334.91
Payment	Sep 05, 2007	2,105.22-
Balance Forward		770.31-

Current charges

Fire Line Service 6"	42.62	
Basic Service for 3" Meter	22.46	
15 CCF Incl in Basic Serv.		
775 CCF @ 1.0921 per CCF	846.38	
Water Charge		**868.84**
Total Amount Due		**141.15**

Message Center

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Date	Cycle	Security Code	Questions	Emergency Service (After Business Hours)
Oct 01, 2007	00		(631)698-9500	(631)665-0663

SUFFOLK COUNTY WATER AUTHORITY
2045 Route 112, Suite 5, Coram, NY 11727

Cycle 00 MRU 00084430

SUMMARY FOR ACCOUNT

Balance Forward	770.31-
Water Charge	868.84
Fireline	42.62

Total Amount Due $141.15
Please Pay By Oct 25, 2007

LARKFIELD GARDEN
10 CHESHIRE PL
EAST NORTHPORT NY 11731-2503

Suffolk County Water Authority
PO Box 1149
Newark, NJ 07101-1149

000300035809220001411 50

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Appendix F.1.

Limits of Work Area Calculation
for Construction Activities at Atria Senior Living – East Northport
Test of Need for a Stormwater Pollution Prevention Plan (SWPPP)

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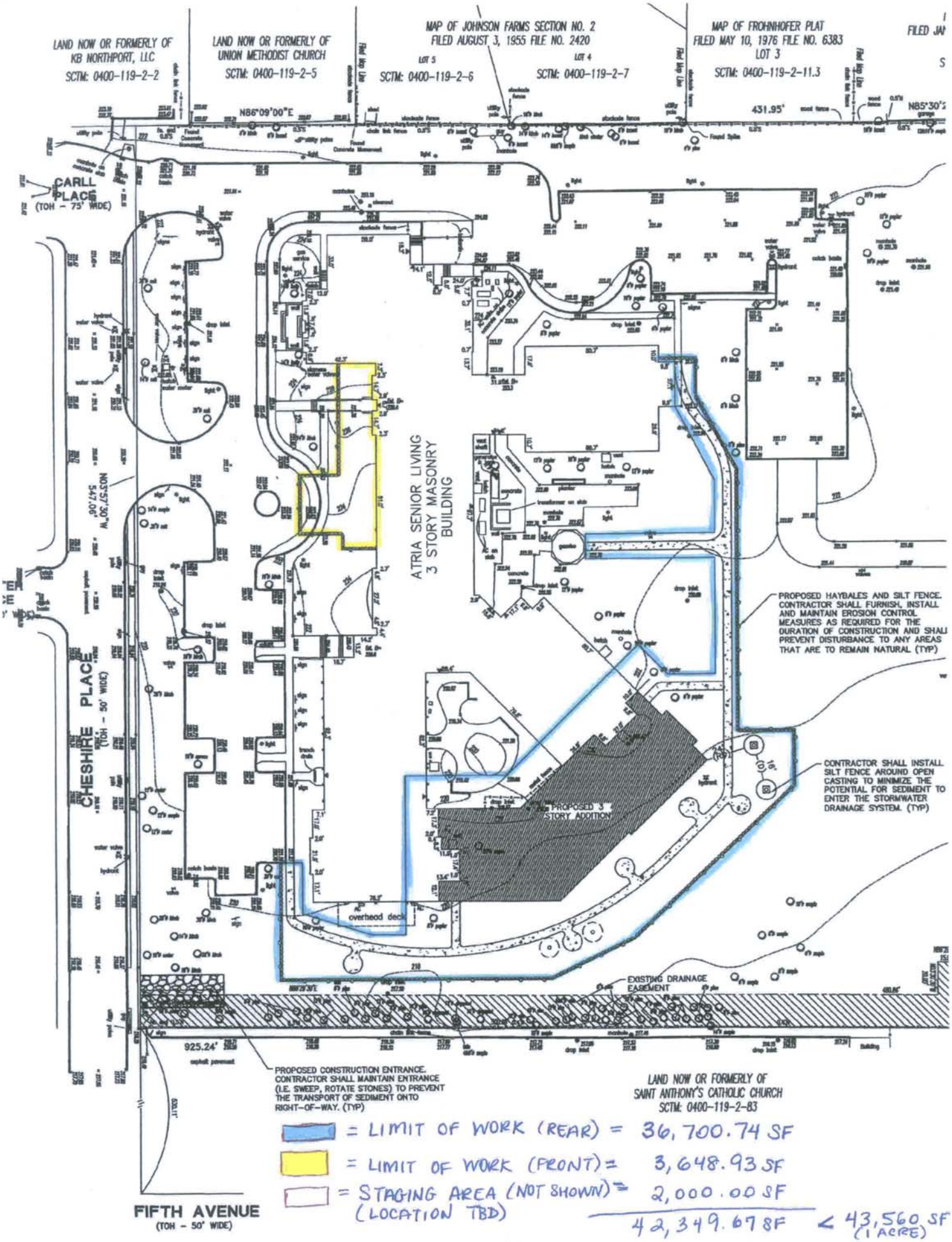
LAND NOW OR FORMERLY OF KB NORTHPORT, LLC SCTM: 0400-119-2-2
LAND NOW OR FORMERLY OF UNION METHODIST CHURCH SCTM: 0400-119-2-5
MAP OF JOHNSON FARMS SECTION NO. 2 FILED AUGUST 3, 1955 FILE NO. 2420
LOT 5 SCTM: 0400-119-2-6
LOT 4 SCTM: 0400-119-2-7
MAP OF FROHNHOFER PLAT FILED MAY 10, 1976 FILE NO. 6383 LOT 3 SCTM: 0400-119-2-11.3
N86°09'00"E
431.95'
CARLL PLACE (TOH - 75' WIDE)
ATRIA SENIOR LIVING 3 STORY MASONRY BUILDING
CHESHIRE PLACE (TOH - 50' WIDE)
PROPOSED HAYBALES AND SILT FENCE. CONTRACTOR SHALL FURNISH, INSTALL AND MAINTAIN EROSION CONTROL MEASURES AS REQUIRED FOR THE DURATION OF CONSTRUCTION AND SHALL PREVENT DISTURBANCE TO ANY AREAS THAT ARE TO REMAIN NATURAL (TYP)
CONTRACTOR SHALL INSTALL SILT FENCE AROUND OPEN CASTING TO MINIMIZE THE POTENTIAL FOR SEDIMENT TO ENTER THE STORMWATER DRAINAGE SYSTEM. (TYP)
PROPOSED 3 STORY ADDITION
overhead deck
EXISTING DRAINAGE EASEMENT
925.24'
PROPOSED CONSTRUCTION ENTRANCE. CONTRACTOR SHALL MAINTAIN ENTRANCE (I.E. SWEEP, ROTATE STONES) TO PREVENT THE TRANSPORT OF SEDIMENT ONTO RIGHT-OF-WAY. (TYP)
LAND NOW OR FORMERLY OF SAINT ANTHONY'S CATHOLIC CHURCH SCTM: 0400-119-2-83
FIFTH AVENUE (TOH - 50' WIDE)
= LIMIT OF WORK (REAR) = 36,700.74 SF
= LIMIT OF WORK (FRONT) = 3,648.93 SF
= STAGING AREA (NOT SHOWN) = 2,000.00 SF
(LOCATION TBD)
42,349.67 SF < 43,560 SF (1 ACRE)

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Appendix G.1.

Town of Huntington Zoning Code
Article IX
Height, Area and Bulk Regulations

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198 Attachment 1

ARTICLE IX
Height, Area and Bulk Regulations
[Amended 12-6-1983 by Ord. No. 83-ZC-125; 1-26-1999 by L.L. No. 2-1999; 5-4-2004 by L.L. No. 12-2004; 6-11-2008 by L.L. No. 17-2008]

Symbol	Section Number	District	Uses Permitted in District to Which Standards Apply	Maximum Building Height (stories)	Maximum Building Height (feet)	Minimum Depth of Yards: Front Yard (feet)	Minimum Depth of Yards: Rear yard (feet)	Minimum Side Yards: Number of Yards	Minimum Side Yards: Interior Lots: Width of One yard (feet)	Minimum Side Yards: Interior Lots: Combined Width of Two Yards (feet)	Minimum Side Yards: Corner Lots: Width of Yard on Street Side (feet)	Minimum Side Yards: Corner Lots: Width of Interior Side yard (feet)	Minimum Lot Area: Area per Dwelling Unit (square feet)	Minimum Lot Area: Gross area (square feet)	Minimum Lot Width (feet)	Minimum Lot Frontage (feet)	Maximum Percent of Lot Covered by Building
	198-13	R-80 Residence	All uses	2	35	50	50	2	25	50	50	25	2 acres	2 acres	150	40	--
	198-14	R-40-Residence	All uses	2	35	50	50	2	25	50	50	25	1 acre	1 acre	125	40	--
	198-15	R-20 Residence	All uses	2	35	50	50	2	20	40	50	20	20,000	20,000	100	40	--
	198-16	R-15 Residence	All uses	2	35	30	25	2	12	24	30	12	15,000	15,000	100	40	--
	198-17	R-10 Residence	All uses	2	35	30	25	2	12	24	30	12	10,000	10,000	100	40	--
	198-18	R-7 Residence	All uses	2	35	25	25	2	7	15	25	7	7,500	7,500	75	40	--
	198-19	R-5 Residence	Single-family dwellings	2	35	20	25	2	5	13	20	5	5,000	5,000	50	40	--
			Two-family dwellings	2	35	30	25	2	12	24	30	12	5,000	10,000	100	40	--
	198-20	R-3M Residence	All uses	3	45	30	25	2	12	24	30	12	3,000	15,000	100	40	--
	198-20.1	R-HS Residence	All uses	2	35	100	50	2	50	100	100	50	2,200	5 acres	--	--	25
	198-21	R-RM Residence	All uses	2	35	100	50	2	50	100	100	100	3,000	10 acres	--	--	25
	198-22	C-1 Office Residence	Single-family dwellings	2	35	20	25	2	5	13	20	5	5,000	5,000	50	40	--
			Two-family dwellings	2	35	20	25	2	12	24	20	12	5,000	10,000	60	40	--
			Multiple-family dwellings	2	35	20	25	2	12	24	20	12	3,000	15,000	100	60	--
			Other uses	2	35	20	25	2	12	24	20	12	--	5,000	50	40	--
	198-23	C-2 Office Building District	Offices and research uses	2	30	75	75	2	40	80	75	40	--	3 acres	--	--	25
	198-24	C-3 Special Business	Dwellings	2½	35	30	35	2	15	30	30	15	5,000	--	50	40	--
			Other uses	2	35	30	35	2	15	30	30	15	--	--	--	--	--
	198-25	C-4 Neighborhood Business	Dwellings	2	35	See	25	2	12	24	30	12	5,000	5,000	--	40	--
			Other uses	2	35	§ 198-25	35	--	--	--	20	--	--	--	--	--	40
	198-26	C-5 Planned Shopping Center	All uses	2	36	50	35	2	35	70	50	35	--	2 acres	--	--	25
				See § 198-26													
	198-27	C-6 General Business	All uses	3	45	None except as provided in § 198-27							--	--	--	--	--
	198-28	C-7 Highway Business	All uses	2	30	50	25	2	25	50	50	25	--	--	--	--	25
	198-29	C-8 General Business A	Dwellings	2	35	35	15	2	12	24	30	12	5,000	5,000	50	40	--
			Other uses	2	35	35	15	--	--	--	20	--	--	--	--	--	50

ARTICLE IX
Height, Area and Bulk Regulations
(continued)

Symbol	Section Number	District	Uses Permitted in District to Which Standards Apply	Maximum Building Height (stories)	Maximum Building Height (feet)	Minimum Depth of Yards: Front Yard (feet)	Minimum Depth of Yards: Rear yard (feet)	Minimum Side Yards: Number of Yards	Minimum Side Yards: Interior Lots: Width of One yard (feet)	Minimum Side Yards: Interior Lots: Combined Width of Two Yards (feet)	Minimum Side Yards: Corner Lots: Width of Yard on Street Side (feet)	Minimum Side Yards: Corner Lots: Width of Interior Side yard (feet)	Minimum Lot Area: Area per Dwelling Unit (square feet)	Minimum Lot Area: Gross area (square feet)	Minimum Lot Width (feet)	Minimum Lot Frontage (feet)	Maximum Percent of Lot Covered by Building
	198-30	C-9 Harbor Use	Waterfront properties - All Uses	2	25	See § 198-30E							--	--	--	--	--
			Near-Water properties - All Uses	3	35	--	See § 198-30E						--	--	--	--	--
	198-31	C-10 Planned Motel	All uses	2	35	75	50	2	50	100	75	50	1,500	3-5 acres See § 198-31	--	200	25
	198-32	C-11 Automotive Service Station	All uses	1	--	25	25	2	25	50	25	25	--	20,000	--	150 on all frontages	25
	198-33	C-12 Professional	All uses	1	--	50	25	2	25	50	50	25	--	3 acres	--	--	--
	198-34	I-1 Light Industry	All uses	--	45	100	50	2	50	100	50	50	--	6 acres	400	200	30
	198-35	I-2 Light Industry	All uses	--	45	75	25	2	25	75	50	25	--	3 acres	250	150	331/3
	198-36	I-3 Light Industry	All uses	--	45	50	20	2	10	35	25	10	--	1 acre	125	50	40
	198-37	I-4 Light Industry	All uses	--	35	50	10	2	10	20	50	10	--	1½	200	100	60
	198-38	I-5 General Industry	All uses	--	45	25	25	2	25	50	25	25	--	--	--	--	--
	198-39	I-6 Generating Station	All uses	--	250	200	200	2	200	400	200	200	--	50 acres	--	--	--

Appendix G.2.

Town of Huntington Town Code
Chapter 198, Zoning
Article III, Residence Districts

R-HS Residential Health Services Zoning District
[Added June 11, 2008]

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Town of Huntington
Chapter 198, Zoning
ARTICLE III. Residence Districts

§ 198-20.1. R-HS Residential Health Services District.

[Added 6-11-2008 by L.L. No. 17-2008]

A. Use regulations. In the R-HS Residential Health Services District, the following uses shall be permitted:

(1) Congregate-care, assisted-living facilities, nursing homes, and life-care communities to be owned and operated for such purposes pursuant to the laws of the State of New York.

(2) Accessory structures such as community buildings, garages, swimming pools and sheds.

B. Off-street parking and loading regulations. See Articles VII and VIII.

C. Height, area and bulk regulations. See Article IX. In addition, the following shall apply:

(1) At least thirty (30%) percent of the total site area shall be devoted to open space which shall be kept in its natural state or landscaped and well maintained with grass, appropriate recreational amenities, walking paths, trees, shrubbery and other suitable plant materials approved during site plan review.

(2) More than one main building is permitted on a lot, notwithstanding any other provisions in the Code to the contrary, as long as the uses are in compliance with District requirements.

D. Supplementary use regulations and conditionally permitted uses. The following restrictions shall apply to all development in the District:

(1) A lot shall have frontage on a collector or arterial street, and circulation driveways shall be designed so that vehicular access is not provided from minor residential streets.

(2) A buffer strip not less than twenty (20) feet in width, consisting of massed trees and shrubbery or existing mature vegetation supplemented by new landscaping, shall be maintained along side and rear property lines. The trees and shrubbery shall consist of evergreens and deciduous plant material to create a tall, dense buffer creating habitat for wildlife and visual relief for the neighbors. The Planning Board may require fencing along property lines to provide screening for neighbors or site occupants, or to delineate property boundaries.

(3) No parking shall be provided within fifty (50) feet of the principal frontage. Parking and loading areas shall be placed as far from adjacent residences as possible, and shall be surrounded by landscaping.

(4) All access to living quarters must be through a common hallway, and no dwelling unit or bedroom shall have direct access to the outside of a building, except for senior housing units permitted as part of a life care community.

E. Supplementary height, area and bulk regulations. See Article IX.

F. Site development plan. Building and site development plans for a proposed use shall be submitted to the Planning Board before an application for a building permit is filed. The Planning Board shall review such plans and act thereon as specified and limited in Article XVII, and no building permit may be issued until the plans have been approved.

Appendix H.1.

Parking Analysis
RMS Engineering

Note: The Parking Analysis indicates that the proposed project requires 113 parking spaces, while elsewhere in this DEIS it is stated that 71 parking spaces are required. This is because the parking space requirements for assisted living facilities changed when the Town Code was amended on June 11, 2008, during the time between the issuance of this analysis on February 7, 2008, and the completion of this document.

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RMS ENGINEERING
Robinson, Muller & Schiavone Engineers, P.C.

Christopher W. Robinson, PE, President
Wayne A. Muller, PE, Vice President
Gregg J. Schiavone, PE, Vice President

February 7, 2008

Mr. Christopher Modelewski, Chairman
and Members of the Board
Town of Huntington
Zoning Board of Appeals
Town Hall
100 Main Street
Huntington, NY 11743

Re: Atria Senior Living Group
10 Cheshire Place
East Northport, New York
ZBA Number: 19337
RMS Job Number: 2007-136

Dear Chairman Modelewski and Members of the Board:

At the request of the Applicant, RMS Engineering, P.C. has reviewed the potential impacts to the site parking associated with the proposed construction at the project site.

The following is a summary of the methodology employed in our analysis:

1. As depicted on the plans prepared by my firm, in accordance with the Town of Huntington Zoning Code §198-47, the proposed project would require 113 parking spaces. As depicted on the plan 88 parking spaces are provided.

2. To determine the level of activity on the project site, parking occupancy data were collected on January 8, 2008 from 9:00 AM to 12:00 PM. The results of the data collection indicated that a maximum of 48 vehicles were parked on the site. This translates to 55% occupancy of the available parking spaces on the property.

3. Based on our observations, there is more than sufficient parking provided on the property to accommodate the proposed project.

Based on the information presented above, it is my opinion that the granting of the required relief to facilitate the construction of the proposed project will not create any undue traffic congestion or hazard in the vicinity of the site.

If you should have any questions or comments, please do not hesitate to contact me directly.

Very truly yours,

RMS Engineering

Wayne A. Muller, PE

WAM:ms
Cc: Guy Germano, Esq.
Gregg J. Schiavone, PE

355 New York Avenue Huntington, New York 11743 • Phone 631-271-0576 • Fax 631-271-0592 • www.rmsengineering.com

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Appendix I.1.

Findings of Noise Consultant
Cerami & Associates
April 3, 2008

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April 3, 2008

Mr. Floyd Anderson
Atria Senior Living
165 Beverly Road
Huntington Station, NY 11746

Ref: Atria Northport
Wastewater Treatment Plant Noise
C&A Job #18186

Dear Mr. Anderson:

On the evening of March 5, 2008 we conducted a site visit to the Atria facility in Huntington, NY. The goal of our visit was to evaluate environmental noise transmission from Atria's wastewater treatment facility to neighboring residences. The following summarizes our findings and comments at this time.

1.0 Criteria – Huntington Noise Code

Town of Huntington Code Chapter 141, Noise, states that "It shall be unlawful for any person, firm or corporation to make, continue or cause or allow to be made or continued unreasonable noise within the Town of Huntington." The code makes no reference to specific noise levels, other than Section 141-3.O "Blowers" which states that noise levels shall not exceed 70 dBA.

2.0 Site Visit Results

While on site, we conducted measurements at the nearest property lines (approximately 260 feet to the north, and 470 feet to the east) with the facility operating under typical conditions (all pumps on). Ambient readings were also taken with the facility shut down for comparison. The results of these measurements are listed in the following table. Measurements are presented in terms of the L_{90}, a statistical measurement parameter which was used to filter out transient noises from passing cars, etc.

Table 1: Noise Measurement Results

Location	Facility Operating	Ambient
North Property Line (260' distance)	45 dBA	43 dBA
East Property Line (470' distance)	42 dBA	42 dBA

As shown above, measurements in all cases were well below 70 dBA. Furthermore, the maximum measured increase of approximately 2 dBA at the north property line was at the limit of a barely perceptible increase to ambient noise levels. To the east, noise from the facility was neither audible nor measureable above the evening ambient noise levels. In conclusion, noise transmission from the facility was found to be in full compliance with the applicable code requirements at the time of our survey.

This completes our comments at this time. Should you have any further questions, please do not hesitate to call.

Very truly yours,

Jonathan P. Lally
Associate Principal

cc: Stephen G. Lindsey / Cerami & Associates, Inc.

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Appendix I.2.

Findings of Noise Consultant
Cerami & Associates
March 18, 2009

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404 Fifth Avenue
New York, NY 10018
www.ceramiassociates.com
T.212.370.1776
F.212.370.1736

Cerami & Associates, Inc.

Vito V. Cerami
Founder

Victoria J. Cerami
President

Stephen G. Lindsey
John D. Longman

March 18, 2009

Mr. Jon Sundheim
Atria Senior Living Group
165 Beverly Road
Huntington Station, NY 11746

Ref: Northport Sewage Plant Issue
Acoustical Review Report
C&A Job #18608

Dear Mr. Sundheim:

We have completed our noise impact review of noise transmission from the sewage plant at Atria Northport in Suffolk County, New York. On March 10, 2009, we visited East Northport from the hours of 12:30 AM and 6:30 AM to measure noise from the Atria sewage plant both inside the pump house and at an east property line. The following summarizes our comments and findings at this time.

1.0 ACOUSTIC TERMS AND CRITERIA

A. Criteria – Northport Noise Code

The Northport Code states that, "Continuous sound in air which enters property zoned for residential use shall not exceed a sound level of 55 dB(A) or an L_{10} of 50 dB(A) during the hours of 6:00 p.m. to 8:00 a.m. The sound levels specified shall be decreased by five decibels if the sound contains impulsive tone characteristics.

B. Acoustic Terms

L_{10} – The L_{10} represents the noise exceeded 10% of the logged measurement period. It shows transient noises and is often considered to *represent the "average" maximum noise over a given measurement period.*

L_{90} – The L_{90} represents the noise exceeded 90% of the logged measurement period. It can be used to filter impulsive noises, and for the purpose of this report, is considered an average noise level.

2.0 BACKGROUND AND EXISITING CONDITIONS

Atria Northport is located at 10 Cheshire Place in East Northport, Long Island. The facility has a pump house on the property which houses with a large pump and several blowers, as well as other mechanical equipment. There has been a complaint at a property line east of the pump house. There is a soccer field separating the Atria property line and the property line in question. The exact location of the measurement at the property line in question can be seen in Figure 3.

We surveyed the noise on the morning of March 10. From the hours of 12:30 AM to 6:30 AM, the weather was clear with a high of 43 degrees Fahrenheit, and a low of 33 degrees Fahrenheit.

The Northport train station is located a half mile away from the measurement site. According to the Long Island Railroad schedule, trains arrive at the station from either direction at 1:04, 2:57, 4:52, 5:29, and 6:18 AM.

It is our understanding that the complaint is in reference to transient noise. In order to assess transient noise due to the pumps, we placed one sound level meter inside the pump house and one at the property line to simultaneously log measurements. By doing this, we are able to compare the effect of the pump house noise on the ambient level at the property line.

In addition to the logged measurements with the equipment running at their normal cycle, we took measurements both with the blowers off and with all the equipment off.

3.0 SURVEY RESULTS

The noise measured in the pump house can be seen in Figure 1. The noise from equipment stayed at the same level for most of the night. During two measurement periods, beginning at 2:30 AM and 5:20 AM, a small increase in noise within the pump house was observed. This is indicated in the L_{10} measurement in Figure 1. We understand that the pumps cycle on and off throughout the night as needed. This may be the cause of the increased noise at these periods. While we cannot confirm the exact cause of this noise, the property line noise levels were unaffected, as discussed below.

Figure 2 shows the measurements taken at the property line. The L_{90} levels decreased through 2:30 AM and then increased slowly as the morning continued. This is typical for a suburban location with distant road traffic and mirrors the level of activity in the local area. The L_{10} levels increased and decreased without a particular pattern. This can be attributed to traffic or train noise.

We also sat at the property line to listen and qualify the noise. Over the course of the night, there was no distinguishable increase in noise due to the pump house. The noise from the train was distinctly audible, and correlated to the scheduled arrival times specified by the LIRR. Traffic noise was also audible throughout the night, averaging at least one vehicle per minute.

4.0 COMMENTS AND CONCLUSIONS

Based on our survey results, the noise from the pump house does not affect the levels at the property line. The levels at the property line did not increase in accordance with the events in the pump house. At 5:30 AM, the noise level did increase at the property line, however, this occurs as a train arrives at the station, and no correlating tonal noise associated with the measurement in the pump house is shown in the measurement.

The noise at the property line increases and decreases independent of the noise from the pump house. The ambient level is therefore driven by other events and is not affected if the equipment is on or off. The noise levels under these conditions can be seen in Table 1 on the following page.

Table 1 Measurements with Different Noise Levels from the Pump House, dB(A)

Location	All Off (1:30 AM)	Blowers Off (1:40 AM)	All On (1:50 AM)
Property Line	27	28	26
Pump House	55	71	76

This concludes our comments at this time. Please do not hesitate to contact us with any further questions, comments, or concerns.

Very Truly Yours,

Tricia M. Elms

Tricia M. Elms
Junior Associate

TME:yc

Enclosures

cc: Stephen G. Lindsey / Cerami & Associates, Inc.
Ryan J. Glotzbecker / Cerami & Associates, Inc.

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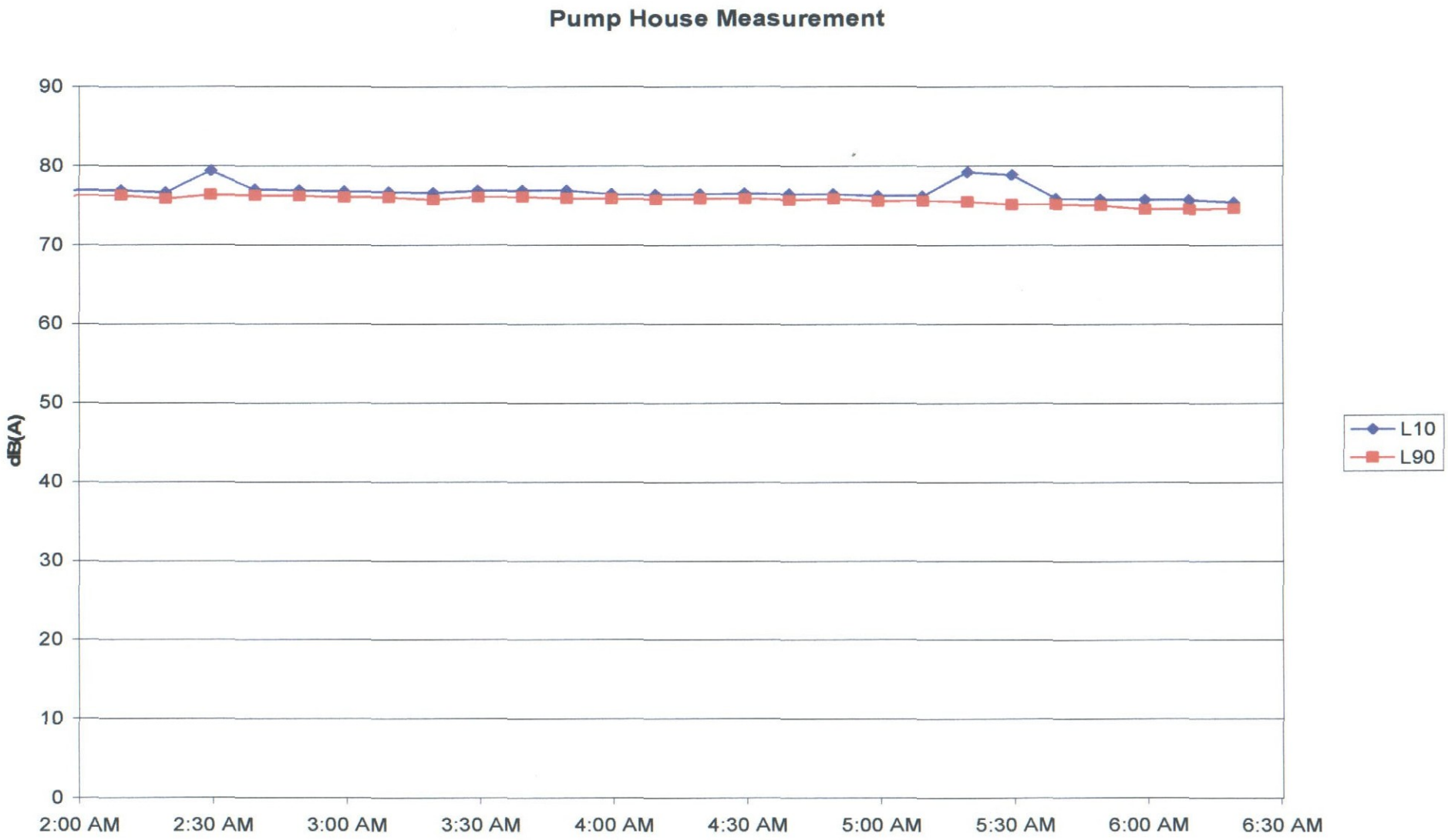

Figure 1	Pump House Measurement

Figure 2	Property Line Measurement

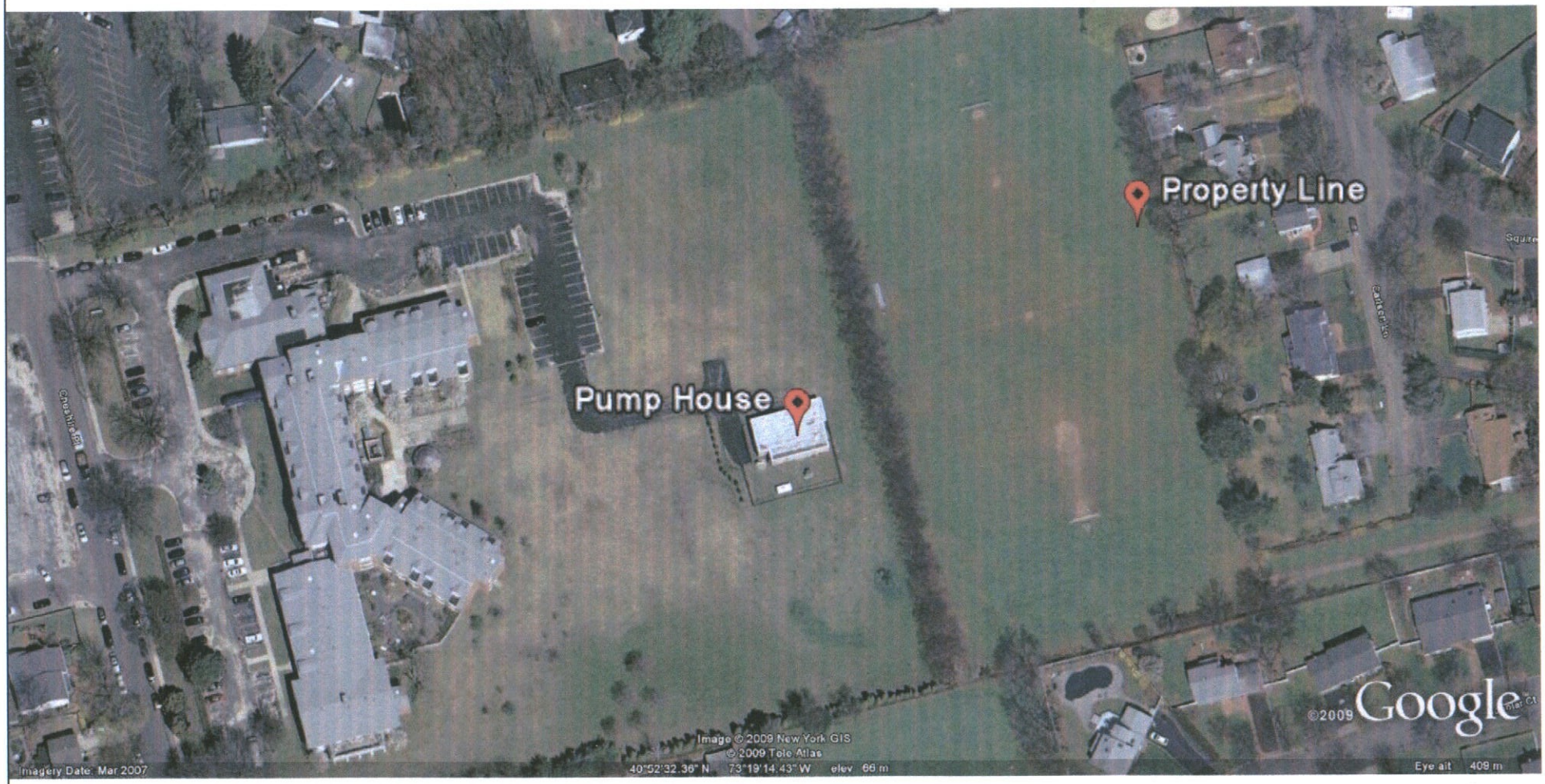

Figure 3	Measurement Locations

Appendix J.1.

Atria Odor Investigation Report
Summary of Findings and Solutions
RTP Environmental Associates, Inc.
March 26, 2009

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ATRIA ODOR INVESTIGATION REPORT
SUMMARY OF FINDINGS AND SOLUTIONS

RTP Environmental Associates, Inc. (RTP) has prepared this report on the investigation of odors at the Atria East Northport facility. The Atria facility in East Northport has a dedicated wastewater treatment plant (WWTP) to treat and dispose of wastewater generated by the Assisted Living facility. The WWTP was constructed in 1995 and has been operating as designed without odor controls. Recently, a few odors were reported by local offsite residents. Atria reviewed WWTP operations and contracted with RTP, Ettinger Engineers Associates, Michael P. Chiarelli Engineer, P.C. and Industrial Hygiene Consultants to determine if odors were present and provide guidance on their mitigation.

The project team undertook a review of current WWTP operations at Atria and reviewed historic data on WWTP operations. Several discussions were held with engineering and operations staff to review normal WWTP operations and potential malfunctions that could result in odor-producing events. Under normal operations, the WWTP collects wastewater in an adjacent pump station wet well. Wastewater is pumped from that wet well into the plant under automated controls. The force main from the pump station discharges onto a screen located above the sludge holding tank. The screen is designed to remove large solid materials. The screenings are then directed to the sludge holding tank directly beneath the screen. The screened wastewater is directed to an aerated flow equalization tank which feeds a reactor tank where aerobic bacteria breaks down the incoming wastewater. This process creates a sludge that settles in the bottom of the reactor during the automated settling phase. The waste sludge (sludge not needed to sustain the process) is then pumped to the sludge holding tank. The sludge holding tank is constantly aerated except for periods when the sludge is to be concentrated, and pumped to a truck for disposal at a larger county owned WWTP. When sludge is being concentrated, the air used for mixing is shut off to the sludge holding tank; the sludge settles and the supernatant is decanted from the top of the tank and returned to the equalization tank for mixing with the incoming wastewater for treatment. The treated wastewater from the plant is directed to a series of leaching pools for disposal into surrounding soils.

There are several parameters reported to Suffolk County Department of Health Services (SCDHS) that ensure that the plant is operating within its State Pollution Discharge Elimination System (SPDES) Permit. Our review of the data provided indicates the plant has been meeting its SPDES Permit requirements.

Under normal operations, the strongest potential for odor generation is at the screen which sits atop the sludge holding tank, when the influent pump station delivers the raw wastewater to the screen (intermittent and based upon flow to the pump station from the assisted living facility), and when the air to the sludge holding tank is off to allow for gravity sludge concentration and removal. Odors are virtually non-existent at the influent equalization tank, in the process reactor tank, and the effluent discharge.

There are brief periods when sludge is pumped that can also cause intermittent odors. Sludge had normally been pumped once every three (3) months. The pumping frequency for sludge trucked to a county plant has recently been increased to at least once a month to minimize the intensity of intermittent odors caused during pumping. Under normal operation, the sludge

holding tank is always being aerated except for thickening of sludge (decant of the supernatant) and sludge pumping as described above. Supernatant decant will typically occur one to three times per week, and will last approximately one to five hours. The aeration system in the sludge holding tank can be off for as much as eight to ten hours in order to settle the sludge in preparation for supernatant decant. In either case (sludge pumping or supernatant decant), the aeration system in the sludge holding tank should not be off for more than 24 hours.

We have found that stronger odors can occur when the sludge holding tank aeration system is left off for more than 24 hours. When the aerators are not active, the aerobic digestion process reverts to an anaerobic digestion process and the odors from this portion of the WWTP become much more intense. This was observed on two (2) occasions during our visits to the Atria Plant. When this happens, other plant odors also increase. The floating materials in the open sludge holding tank begin to decompose anaerobically causing much stronger odors. The sludge also becomes anaerobic causing a much stronger odor. The decanted wastewater from the sludge holding is also more odorous. In short, the lack of aeration causes a sequence of conditions that increase odors dramatically.

In the event that the sludge holding tank aeration system is off for more than 24 hours, returning the plant to normal aeration after anaerobic digestion of wastewater has occurred takes several hours. Principally, aerobic bacteria need to recolonize. Air is bubbled into the sludge holding tank to aid in the recolonization by aerobic bacteria, however, this releases strong anaerobic odors. The floating materials in the sludge holding tank are also dispersed in the tank causing additional anaerobic odors to be released. As the aeration process continues, plant odors decrease.

The reactor tank is aerated only during the aeration cycle of the process. This is controlled by a computer and the reactor tank is aerated approximately half of the time. Due to the redundancy of a spare reactor blower, the air should never be off long enough for the mixture in the reactor to go septic.

The odors discussed above are all released within the WWTP. To ventilate the WWTP, the facility has three (3) exhaust/intake fans and several additional louvered openings to allow fresh air exchanges. Under normal operations, the indoor air containing mild, untreated odors are released from the plant via exhaust fans. These releases will normally disperse and dilute to levels near or below average odor detection thresholds prior to reaching the property line.
RTP prepared a project memorandum that discusses the installation of a Sanuvox UV odor control pilot unit and the tests performed by RTP at the Atria facility, along with our findings. The memorandum is attached. Since preparing the memorandum, additional discussions have occurred between the facility, the WWTP engineer, RTP and Industrial Hygiene Consultants (IH) (the local distributor for Sanuvox). A Sanuvox odor control unit was installed at the WWTP to determine its effectiveness at reducing odors. The tests and analysis of the results have concluded that the Sanuvox unit was very effective at reducing odors. The pilot installation has remained in operation at the facility since the tests.

Atria has taken or is committing to take the following steps to mitigate potential odors from Atria WWTP operations:

1. The sludge removal frequency has been increased to once per month and will continue to be removed at least once per month.

2. A potassium permanganate automatic injection system has been installed and will continue to operate. Potassium permanganate is injected in the wet well of the pump station and the sludge holding tank to assist in reducing odors.

3. Evergreens have been planted around the WWTP to improve dilution and filtering of air that is exhausted from the plant.

4. The current Sanuvox unit will remain operational during the construction phase of the air handling system.

5. A mechanical engineer (Ettinger Engineering Associates) has been retained by Atria to redesign the WWTP air handling system. The current air handling and distribution system for the WWTP has been reviewed and is being modified to provide maximum efficiency for the Sanuvox unit while maintaining WWTP operations within appropriate design limits (see attached drawing).

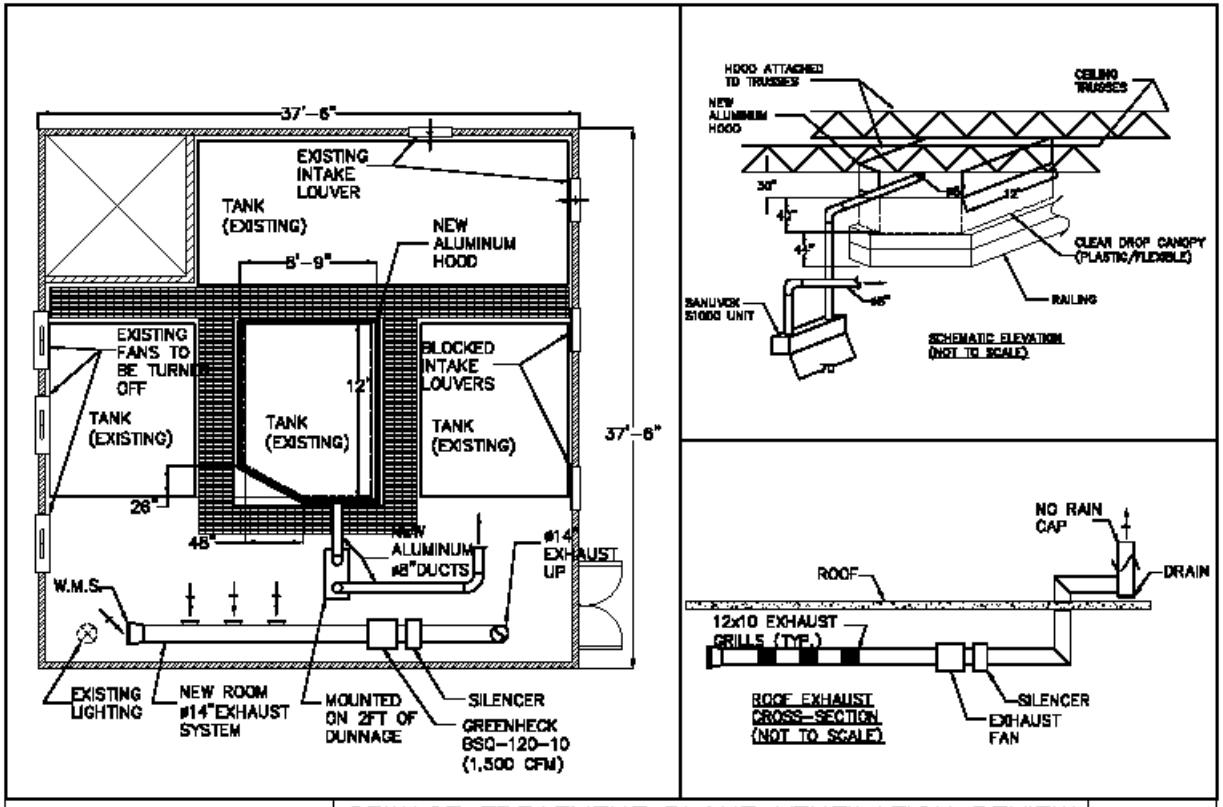
6. The operating and maintenance protocols for the Sanuvox unit have been completed.

7. The air intake exhaust system of the WWTP will be modified to allow for the Sanuvox system to achieve the maximum level of odor control prior to in plant air being exhausted from the facility.

8. The air exhaust from the WWTP will be via a high velocity vertical exhaust. This exhaust will be used to remove the treated interior air from the plant and release it above the WWTP roof.

Once the construction of the new air handling system is complete, the Sanuvox system will be integrated and standard operating procedures (SOP) will be followed. At this point, the odor levels will be checked to assure the cause(s) of previous odor incidents are under control.

In summary, based on our observations, tests and analysis of the test data, we have identified the sources of the odors at the WWTP and how to effectively control them. It is our considered opinion that the implemented and proposed steps will effectively continue to mitigate the impacts of the WWTP air exhausts.



ETTINGER ENGINEERING ASSOCIATES

SEWAGE TREATMENT PLANT VENTILATION REVIEW

SCALE: 1/8"=1'-0"

LARKFIELD GARDENS

EAST NORTHPORT, TOWN OF HUNTINGTON
SUFFOLK COUNTY, NEW YORK

JOB NO: 1069

DATE: 12/15/08

SWP-VENT-1

Appendix J.2.

Atria East Northport
Sewage Treatment Plant Standard Operating Procedures
Michael P. Chiarelli Engineer, P.C.
February 10, 2009

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Michael P. Chiarelli Engineer, P.C.

1954 New York Avenue
Huntington Station, NY 11746-2906

Phone (631)673-3808
Fax (631)673-3842
~~E-mail: MPCEnginr@aol.com~~
E-mail: email@mpcengineer.com

February 10, 2009
Job #272-002-10

Atria Senior Living Group
165 Beverly Road
Room 135
Huntington Station, New York 11746

Attention: Floyd Anderson
Vice President Construction & Development

Re: East Northport Community
Sewage Treatment Plant Standard Operating Procedures

Dear Mr. Anderson:

This letter shall serve as a standard operating procedure checklist for the newly installed blowers, air ventilation system, and odor control system.

Blowers:

The existing blowers have been replaced with new Kaeser Model BB68C, 5 HP Com-paK Plus blower packages. There are four (4) new blowers – one (1) for the Influent Equalization Tank, one (1) for the Sludge Holding Tank, and two (2) for the Process Tank. The two (2) process blowers operate alternately, and serve as a standby for each other. The Influent Equalization Tank and Sludge Holding Tank blowers operate independently, however they are piped and valved to serve as a standby for each other. All four (4) blowers operated by variable frequency drives (VFDs), which can lower the output of the blower from 100% capacity down to as low as 30% capacity. This ensures proper oxygen transfer rates without wasting electricity and therefore money. Each unit operation shall be aerated as follows:

1. Sludge Holding Tank Blower:

    a. Should be operated 24-hours per day, with the following exceptions:

        i. In preparations for tank decant, air can be off for up to 24-hours.

        ii. In preparations for sludge pumping via hauling truck, air can be off for up to 24-hours.

    b. Operation controlled manually (H-O switch, VFD).

2. Influent Equalization Blower:

    a. Should be operated 24-hours per day.

    b. Operation controlled manually (H-O switch, VFD).

3. Process Blowers:

    a. Should be operated during the aerated fill and aerated react periods of each SBR cycle.

    b. Operation controlled automatically by the PLC, but can be overridden manually (H-O-A switch, VFD).

Odor Control Systems:

Odors in the STP are controlled using various methods – dosing of Potassium Permanganate ($KMnO_4$), operation of a Sanuvox Model S1000 Ultraviolet (UV) system, and ventilation with a new Greenheck exhaust fan with high velocity chimney exhaust. The operation of each of these units shall be as follows:

1. Potassium Permanganate ($KMnO_4$):

    a. Dosed via dosing pump to the influent pump station at regular intervals, continuously.

    b. Dosed via drip method to the influent equalization tank at regular intervals, continuously.

    c. Dosing pumps have no controls – operation controlled manually via plugging in or unplugging the dosing pumps.

2. Sanuvox Model S1000:

    a. Should be operated continuously, 24-hours per day, with the following exceptions:

        i. Cleaning or servicing the unit.

        ii. Cleaning or servicing the UV bulbs.

    b. Operation controlled manually (On-Off switch).

3. Greenheck Exhaust Fan:

    a. Should be operated continuously, 24-hours per day, with the following exceptions:

        i. Servicing the unit. In this case, the old wall-mounted exhaust fans can be operated as a standby service.

    b. Operation controlled manually (On-Off switch).

Additional Considerations:

In addition to the new blowers and the odor control system, the following operational conditions shall be considered:

1. The existing wall-mounted exhaust fans shall not be operated unless the new Greenheck, ceiling-mounted unit is out of service.

2. Since these fans are no longer in operation, the louvers on these exhaust fans can remain open, allowing for the fans to act as intake louvers.

3. The flexible sheets mounted to the new air collection hood for the Sanuvox UV unit shall remain lowered unless the operator needs to work in the sludge holding tank. This may include:

    a. Spray washing the static screen.

    b. Decanting supernatant back to plant headworks (influent equalization tank).

If you have any questions regarding the above, please do not hesitate to contact us.

Very truly yours,

MICHAEL P. CHIARELLI ENGINEER, P.C.

Michael P. Chiarelli per cp

Michael P. Chiarelli, P.E.
President

MPC/mps

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Appendix J.3.

Odor Control System Inspection
At Atria East Northport Facility
RTP Environmental Associates, Inc.
May 11, 2009

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RTP ENVIRONMENTAL ASSOCIATES, INC.®
AIR • WATER • SOLID WASTE CONSULTANTS
400 Post Avenue
Westbury, New York 11590
(www.rtpenv.com)
(516) 333-4526
fax (516) 333-4571

PROJECT MEMORANDUM

TO: Floyd Anderson
FROM: Kenneth J. Skipka
SUBJECT: Odor Control System Inspection at Atria Northport Facility
DATE: May 11, 2009

I performed a site walkthrough at the Atria Northport Facility Wastewater Treatment Plant on May 7, 2009. The purpose of the inspection was to review the installation of the odor control system, as built, and compare it to the final design. The system includes an enclosure over the screening section and sludge holding tank. This area was the source of the significant odor releases. The air in the enclosure is exhausted to a continuously operating Sanuvox Ultraviolet (UV) odor control system. Prior to entering the UV system, the air is passed through a particulate filter to avoid fouling of the UV lamps and thereby sustaining lamp efficiency over longer time periods. Upon exiting the UV control system, the exhaust air is directed over the settling tanks. Air is removed from the structure by a Greenbeck fan located near the ceiling. A series of louvers have been attached to the exhaust duct work to prevent short-circuiting of air from the UV control system directly to the exhaust fan. The fan and duct assembly contain a silencer to minimize fan noise to the exterior of the building. The exhaust from the fan exits the structure through rain-protective ductwork about three (3) feet above the roofline.

An inspection of the odor levels in and around the facility was also performed. Upon entering the facility through a closed door, the interior air had a slight sweet wastewater treatment plant odor. The odor being released from the exhaust duct of the UV control system was barely perceptible. The aeration systems for the sludge holding tank and the settling tanks were in operation. The odor level in the roof exhaust was also observed to be at a fraction of the interior odor but similar in character. There were no odors observed outside the facility even though the ambient conditions were very humid. High humidity levels tend to increase perceived odors.

A second inspection of odor levels in and around the facility was performed on May 11, 2009. The odor levels experienced were, again, mild in the interior of the plant and no odors were present on the Atria grounds outside the plant. RTP staff waited for a cycling of the pump down of the holding tank and, again, odors were mild inside the plant with no noticeable odors exterior to the plant. The above conditions represent the general range of conditions that had previously been identified with odors at the facility. Based on these observations, the odor control system was constructed and is operating according to design; the observed interior odor levels were mild. On the exterior, no odor levels were observed that were related to plant operations.

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