

APPENDIX P

CORRESPONDENCE RELATED TO GROUNDWATER QUALITY TEST RESULTS, WELL S-11518 SCDHS

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

JAMES L. TOMARKEN, MD, MPH, MBA, MSW
Commissioner of Health Services

RECEIVED

FEB 1 2020

NELSON & POPE

January 30, 2020

Ms. Ashley Marciszyn
Nelson, Pope & Voorhis, LLC
572 Walt Whitman Road
Melville, NY 11747

Re: F.O.I.L. Request – Dated 1/30/2020
Ref. No. F139051
Indian Hills Country Club golf course monitoring well and drillers certificate

Dear Ms. Marciszyn:

This letter is written pursuant to Public Officers Law section 89 (3) to acknowledge the request for records that you recently sent to Health Services pursuant to the Freedom of Information Law (FOIL). Please be advised that we are conducting a search for the requested records and 2/27/2020 is the approximate date on which your request will be granted or denied. Please retain this FOIL reference number, as it will be used to identify this request for all subsequent communication.

Sincerely,


Denise Johnson
Freedom of Information Officer

Attention: Freedom of Information Office
Department of Health Services
3500 Sunrise Highway, Suite 124
P.O. Box 9006
Great River, NY 11739-9006
(631) 854-0155 Fax (631) 854-0156

APPLICATION FOR PUBLIC ACCESS TO RECORDS
Suffolk County Department of Health Services

For office use only

Date: 1-30-2020
Office(s): www.wk
Tracking #: F139051

INSTRUCTIONS TO APPLICANT: Please complete Section I of this form. Do not leave any areas blank. Mail or fax a completed application to the Freedom of Information Officer listed below.

SECTION I: To be completed by Applicant

Date of Application: 1/27/2020 Applicant Represents: Nelson, Pope & Voorhis, LLC MAY 14 2020
Applicant's Name (Please print): Ashley Marciszyn/ Scott Robin
Applicant's Mailing Address: 572 Walt Whitman Road, Melville, NY 11747
Applicant's Phone #: (631) 427-5665 x215 Applicant's Email: amarciszyn@nelsonpope.com
Applicant's Signature: Ashley Marciszyn Scott Robin

I HEREBY APPLY TO: ☒ Inspect the following record
(check one box) ☐ Receive a copy of the following document(s)

Describe the record sought and if in regard to a property include a **complete tax map number** (District, Section, Block & Lot in the proper format). Supply all relevant information that will help locate the record desired: date(s), a file title, reference number, the physical address, and property type (commercial/residential/subdivision). **Complete one application for each address.**

SCTM#: 0400-014.00-04.00-001.000 & 002.000 and 0400-015.00-01.00-003.003, 011.000, 012.000, 019.000 & 022.000
FOR DIVISION OF ENVIRONMENTAL QUALITY: N N N N N

Looking for all SCDHS data since February 2000 to present for Indian Hills Country Club (IHCC) Golf Course Monitoring Well S-115186 including nitrate, VOCs and pesticides. Please include original drillers logs if available.

NP&V #: 86047- Indian Hills Country Club

PROVIDE REQUEST TO: FOIL Officer
Suffolk County Department of Health Services
Post Office Box 9006
Great River, NY 11739-9006
Fax #: 631-854-0156

C-19-0024 pending.

C04-05-008 F
F05-070

SECTION II - For use by Freedom of Information Officer (or designee) only

- Approved. Call to arrange an appointment to inspect the requested record.
Contact Person: Boye Decarlo Phone #: 631-852-5700
- Records not possessed or maintained by this agency.
- Records cannot be found after diligent search.
- Denied. Reason for denial: _____
- * Document(s) enclosed as requested.
- * Receipt of this request is acknowledged. ~~There will be a delay in supplying the requested record until payment of reproduction fee is received.~~ The following fee applies \$ 6.00
- Other: _____

Signature: Michele Mack Title: Chief Typist Date: 5-7-20

Section III - Notice to applicant

* J. Decarlo Sr. Office asst.

You have the right to appeal a denial of this application in writing to the Office of the County Attorney within 30 days of the denial. Information as to the person to contact is shown below. The contacted person must respond to you in writing within ten business days of receipt of your appeal.

Suffolk County Attorney
H. Lee Dennison Bldg., 6th floor
100 Veterans Memorial Highway
Hauppauge, NY 11788
Business Telephone: (631) 853-4049

RECEIVED

MAY 22 2020

NELSON & POPE

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
OFFICE OF WASTEWATER MANAGEMENT
360 YAPHANK AVENUE, SUITE 2C, YAPHANK, NY 11980
(631) 852-5700 OR HealthWWM@suffolkcountyny.gov

FOR OFFICE USE ONLY

Health Department Ref. No. C190024

APPLICATION FOR SEWAGE DISPOSAL FACILITIES AND WATER SUPPLY SYSTEMS
FOR OTHER THAN SINGLE FAMILY RESIDENCES

This application is for (check all that apply):

- ☒ New Construction ☐ Addition to Building ☐ Extension of Existing Permit ☐ Food Establishment
☐ Change in Use ☐ Revision of Approved Plan ☐ Renewal of Expired Permit ☐ Other

Briefly Describe the Proposal And Use(s) of Building:

SALES OFFICE FOR DRY MODEL

SECTION 1

Business or Facility Name: Preserve at Indian Hills		Hamlet: Northport	Town: Huntington
Property Location: N/S/E/W side of _____, _____ Feet N/S/E/W of _____ OR <u>N/S/E/W</u> Corner of Breeze Hill Road and Fresh Pond Road			
Tax Map No.: 0400	District(s): 014	Section(s): 04	Block(s): 1 & 2 Lot(s):
Name of Applicant: Preserve at Indian Hills LLC		Tel#: -631-582-8300	
Mailing Address: One Rabro Drive, Suite 100, Hauppauge, NY 11788			
Email Address: jtsunis@northwindgroup.com			
Name of Design Professional: Thomas F. Lembo, PE		Tel#: 631-427-5665	
Mailing Address: Nelson & Pope, 572 Walt Whitman Rd., Melville, NY 11747			
Email Address: tlembo@nelsonpope.com			
Name of Current Property Owner: same as applicant		Tel#:	
Mailing Address:			
Email Address:			
Name of Agent:		Tel#: () -	
Mailing Address:			
Email Address:			
Name of Industrial Park, Subdivision and/or shopping center (if applicable):		Previous Health Department Reference No(s):	
Site is currently: Vacant <input checked="" type="checkbox"/> Improved <input type="checkbox"/>	Town Zoning of Parcel: R-40	Occupancy Rating as per Building Code: N/A	Total Area of Parcel (Acres): 126 acres
Topography (Flat, Rolling, Steep, etc.): Rolling			
Gallons Per Day of Sewage Discharge: Existing <u>0</u> Proposed <u>159.3 GPD</u>	Total Parking Spaces: Existing <u>0</u> Proposed <u>14</u>	Number of Stories (in each Building): Existing <u>0</u> Proposed <u>2</u> Basement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Mezzanine: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Total Gross Floor Area of Building(s) (including all floors and Mezzanine areas): Existing <u>0</u> Proposed <u>6,364 sq. ft</u>
Specify Method of Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Well		Distance To Water Main & Name of Nearest Public Water District: 80' Suffolk County Water Authority	
Specify Method of Sewage Disposal: <input checked="" type="checkbox"/> Subsurface Disposal (conventional) <input type="checkbox"/> Public Sewers <input type="checkbox"/> Other (explain)		Distance To & Name of Nearest Public Sewer District or Treatment Plant: 2.5 +/- miles to Northport	

SECTION 2

FOR EXISTING BUILDINGS AND/OR EXISTING/PROPOSED FOOD ESTABLISHMENTS					
1.	Does proposal include change in use of an existing building?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, indicate previous name(s) of establishment: _____					
Type of business (medical, retail, etc.): _____ Date last opened: _____					
Floor Area of Proposed Business: _____ Date Building Constructed: _____					
2.	Is proposed tenant space an existing or proposed food establishment?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, indicate seating below.					
Type of Seats		Bar	Restaurant	Catering	Outdoor
Number of Seats Permitted in Previous Establishment					
Number of Seats in Proposed Establishment					

SECTION 3

FOR HAZARDOUS MATERIAL STORAGE OR DISCHARGE		YES	NO
1.	Is or will wastewater, other than sewage, be discharged into the ground? If yes explain _____		<input checked="" type="checkbox"/>
2.	Is or will oil be stored for heating purposes? If yes, indicate the number, size of oil tank(s) in gallons & year installed _____		<input checked="" type="checkbox"/>
3.	Does the business (es) require process tanks or petroleum storage tanks such as gasoline, kerosene, diesel, gasohol, motor oil, antifreeze, or waste oil? If yes, indicate number aboveground _____ & number underground _____ Indicate materials that are being stored _____		<input checked="" type="checkbox"/>
4.	Does or will the business (es) have more than 250 gallons of drum storage? If yes, indicate number of drums and amount of gallons _____		<input checked="" type="checkbox"/>
5.	Does or will the business (es) have collection sumps, troughs, floor drains, boiler drains, etc.? If yes explain _____		<input checked="" type="checkbox"/>
6.	Does or will the business (es) involve any manufacturing processes or use of any chemicals? If yes explain _____		<input checked="" type="checkbox"/>

If the answer to any of the above questions in section 3 is yes, then permit(s) for hazardous material storage or discharge may be necessary in accordance with Article 7 and 12 of the Suffolk County Sanitary Code and a separate report may be required. Contact the Office of Pollution Control (631) 854-2501.

SECTION 4

OTHER PERMITS REQUIRED		YES	NO
1.	Are any of the following permits required?	<input checked="" type="checkbox"/>	
	a. Wild Scenic and Recreation Rivers Permit - NYSDEC		<input checked="" type="checkbox"/>
	b. Long Island Well/Water Supply Permit- NYSDEC		<input checked="" type="checkbox"/>
	c. Tidal Wetlands Permit		<input checked="" type="checkbox"/>
	d. Fresh Water Wetlands Permit	<input checked="" type="checkbox"/>	
	e. SPDES-D Permit, sanitary waste only - SCDHS/NYSDEC		<input checked="" type="checkbox"/>
	f. SPDES Permit - Industrial Waste - SCDHS/NYSDEC		<input checked="" type="checkbox"/>
	g. Toxic and Hazardous Materials Storage/Handling, Article 12, SCDHS		<input checked="" type="checkbox"/>

SECTION 5

ENVIRONMENTAL QUALITY AND HEALTH REVIEW		YES	NO
1.	Has a determination been made by any other permitting agency that this project is a Type I action pursuant to SEQRA?		✓
2.	Has a determination of Environmental Significance (Negative or Positive Declaration) been issued by any other permitting agency for this project? If yes, provide copy of determination and/or details.		✓
3.	Is the property located within or substantially contiguous to a locally or county designated Critical Environmental Area (CEA) pursuant to Article 8 of the Environmental Conservation Law (ECL) and 6 NYCRR? The potential impact of any Type I or Unlisted action on the environmental characteristics of the CEA is a relevant area of environmental concern and must be evaluated in the determination of significance prepared pursuant to Section 617.7 of SEQR.		✓
4.	Is the property located within the area designated Central Pine Barrens Core Preservation Area pursuant to Article 57 of the ECL?		✓
5.	Is the project located in an area designated as "Parkland" or "Agricultural Land"? If yes, show area on plans and/or explain:		✓
6.	Is any portion of the subject property in a "Coastal Erosion Hazard Area" (pursuant to 6NYCRR Part 505) or subject to imminent erosion or flooding? Alternatively, could the project have the potential to cause erosion, drainage or flooding problems on adjacent or neighboring properties?	✓	
7.	Will the completed project have an adverse effect on existing air quality, or routinely produce odors, vibrations or operating noise which exceeds the local ambient noise levels? If yes, explain:		✓
8.	Will there be an adverse effect to existing traffic patterns? If yes, explain:		✓
9.	Has the property ever been used for the disposal or burial of solid waste or hazardous waste? If yes, show area on plans and/or explain:		✓
10.	Are there any existing environmental factors which may affect the public health and safety of the completed project's occupants (for example, neighboring landfills, petroleum spills, toxic materials, noise sources, odors, etc.)?		✓
11.	Will the proposed action affect any water sources, surface or groundwater quality or quantity? Ex. Will action require:		✓
	A discharge permit		✓
	Water supply from wells with greater than 45 gpm capacity		✓
	Water use in excess of 20,000 gpd		✓
	Storage of > 1,100 gallons of petroleum or chemical products		✓
	New or expansion of existing waste treatment and/or storage facilities		✓
12.	Does the property contain any species of plant or animal life listed as rare, threatened, or endangered by New York State, the New York State Natural Heritage Program?		✓
13.	Will the project substantially affect any non-threatened or non-endangered species? If yes, explain:		✓
14.	Is the property substantially contiguous to, or does it contain, a building, site or district listed on the National or New York State Registers of Historic Places?		✓
15.	Could the project affect the community or neighborhood character or adversely affect any aesthetic, agricultural, archaeological, or other natural or cultural resources? If yes, explain:		✓
16.	Have any unique or unusual landforms been identified on site? If yes, explain:		✓

17. Does the property contain scenic views known to be important to the community? If yes, explain: Indian Hills Golf Course on portion of the property	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Is the subject property within 100' of any surface water(s) or regulated wetland(s)? If yes, show on plans.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Is the parcel subject to existing covenants or restrictions? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Does the project require a change in zoning or a zoning variance? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Is there a public water wellfield within 1,500 feet of property boundaries? If yes, show on plans.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. Could the project result in any adverse effects associated with the production, storage, processing or disposal of solid wastes? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Will the property be mined? If yes, how much:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Will there be a significant adverse impact to the community's source of fuel or energy supply? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. Will there be a significant adverse impact to the quality or quantity of existing or future open space? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to any of the questions in Section 5 is "YES" please explain below:

Complete Instructions for filing an application are contained in the Bulletin "Application Requirements for Sewage Disposal Facilities & Water Supply Systems for Other Than Single Family Residences" (WWM-003). Before filing an application with the Department, you should be familiar with the "Standards for Approval of Plans and Construction for Sewage Disposal Systems for Other than Single Family Residences" and Article 6 of the Suffolk County Sanitary Code which describes conditions under which applications are required by this Department and the general qualifications for approval. Copies are available from the Department or at www.suffolkcountyny.gov/health under "Documents and Forms".

APPLICATION IS HEREBY MADE FOR A PERMIT IN ACCORDANCE WITH THIS APPLICATION, SURVEY(S) AND PLAN(S) SUBMITTED. I CERTIFY THAT THE INFORMATION ON ALL THE PAGES OF THIS APPLICATION AND ALL THE ATTACHMENTS HAVE BEEN REVIEWED BY ME AND THAT, BASED ON MY INQUIRIES, SITE INVESTIGATION(S) AND/OR OTHER STUDY(IES), I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Property Owner's Signature _____

Print Name _____

Date _____

Applicant's Signature _____

Print Name _____

Date _____

Design Professional's Signature _____

Print Name Thomas F. Lembo, PE

License # 74701

Date _____

Suffolk County Department of Health Services
Approval for Construction-Other Than Single Family
Reference No. COT-05-1P Design Flow 162
(Notes) Indian Hills Country Club
These plans have been reviewed for general conformance with Suffolk County Department of Health Services standards, relating to water supply and sewage disposal. Regardless of any omissions, inconsistencies or lack of detail, construction is required to be in accordance with the attached permit conditions and applicable standards, unless specifically waived by the Department. This approval expires 3 years from the approval date, unless extended or renewed.
9/6/05
Approval Date
9/6/05
Permit No.

EXISTING 2" WATER SUPPLY

EXCAVATION INSPECTION REQUIRED FOR SANITARY SYSTEM BY HEALTH DEPARTMENT

CLEAN OUT (TYP. FOR 2)
4" P.V.C. (SDR-35) @ 2.0% (TYP. FOR 2)

EXISTING HALFWAY HOUSE

EXISTING CESSPOOL TO BE ABANDONED BY PUMPING OUT AND FILLING WITH CLEAN SAND/GRAVEL.

EXISTING 4" SEWER

INV. OUT 44.5

FFL. 52.0

LP

8' MIN.

5' MIN.

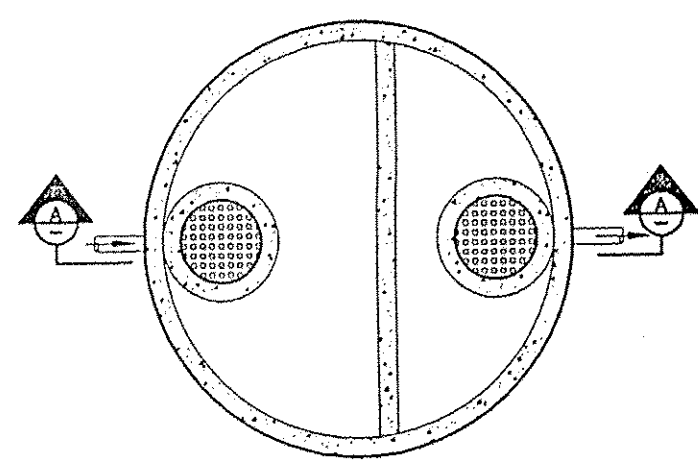
HOSE BIB

TO BREEZE HILL RD.

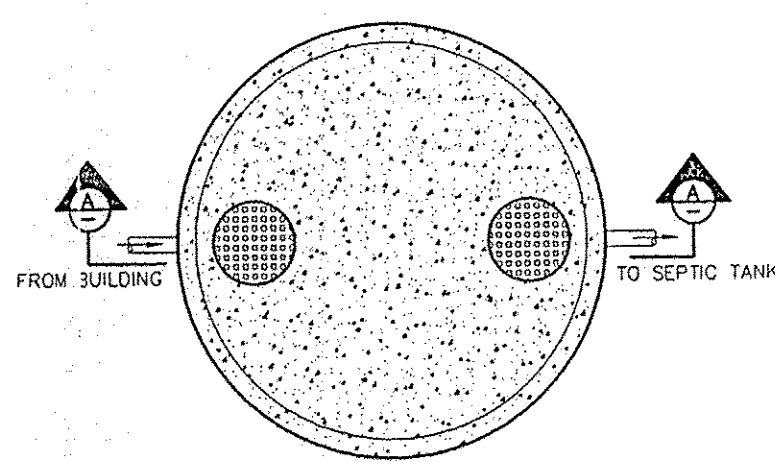
PATH

X 51.0

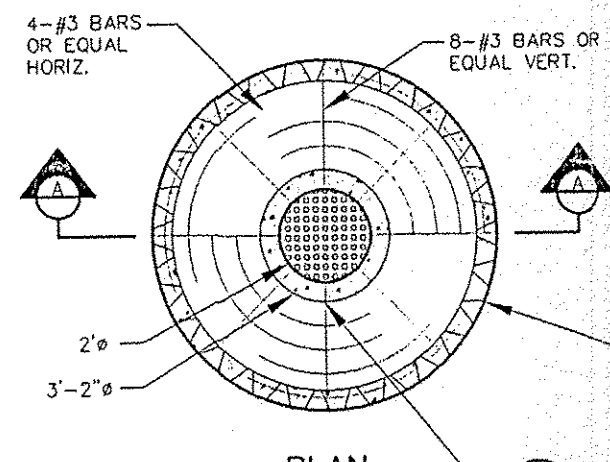
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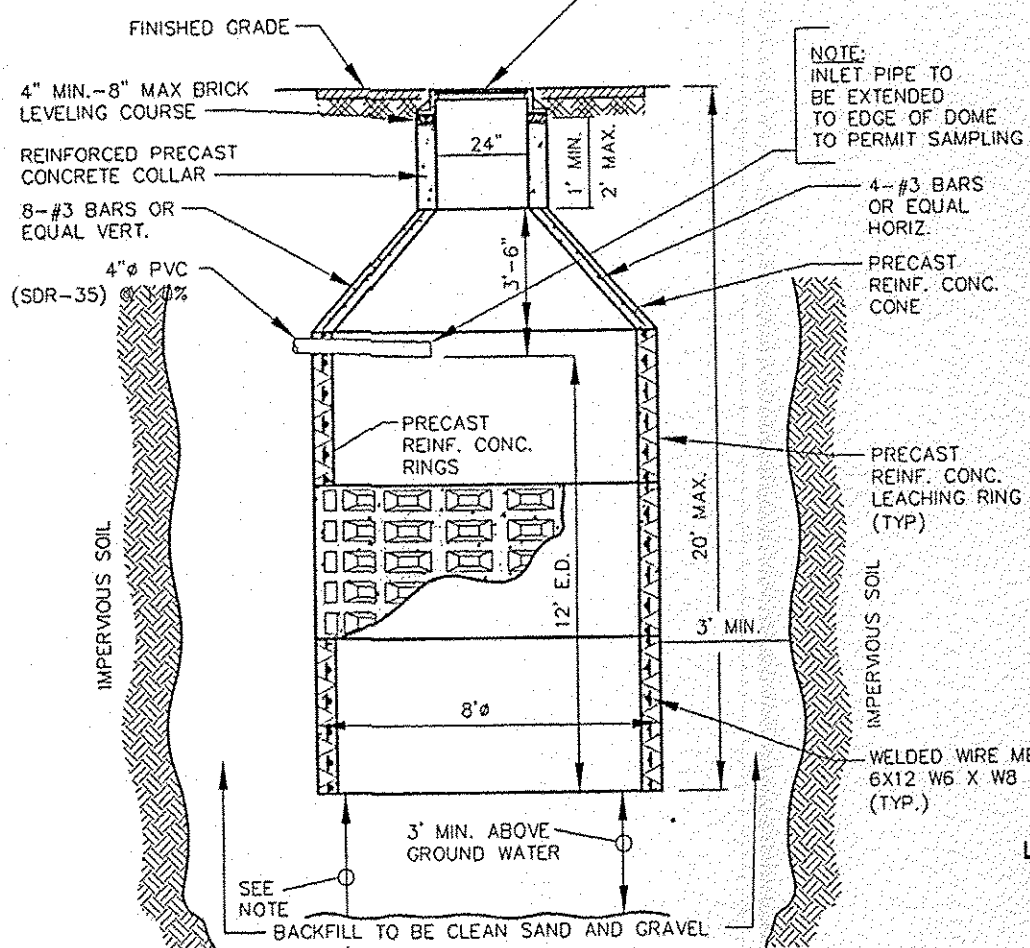
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PLAN



PLAN



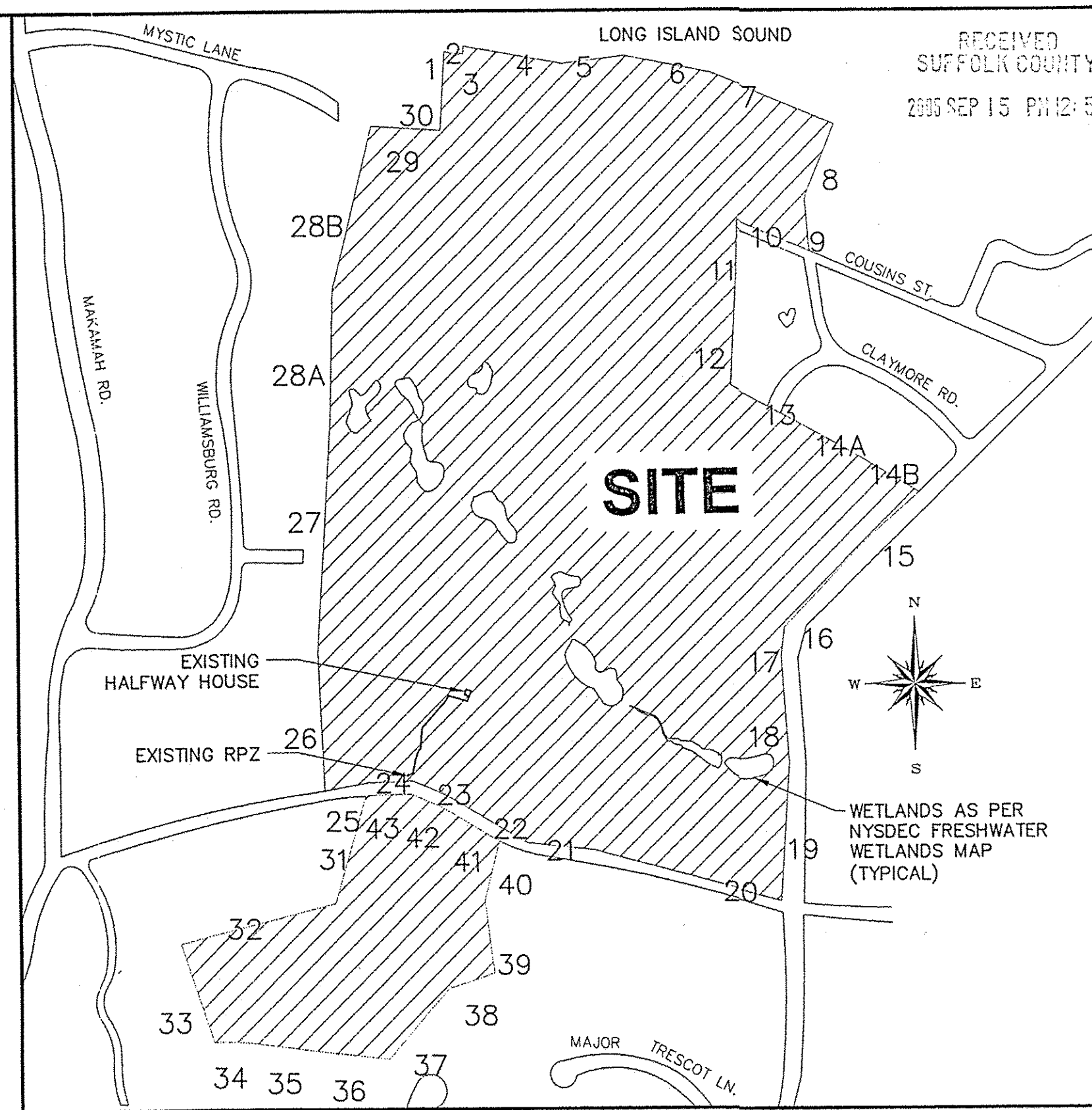
SECTION A-A

SANITARY COMMERCIAL LEACHING POOL DETAIL
NOT TO SCALE

BORING B-1

GROUND SURFACE	DEPTH
BROWN FINE TO MED. SAND WITH ORGANICS AND TRACES OF SILT	0.0'
BROWN FINE SILTY SAND MIXTURE	5.0'
BROWN CLAYEY SAND	10.0'
BROWN FINE TO MEDIUM SAND WITH SOME SILT MIXTURES	15.0'
	20.0'
	25.0'
	30.0'
END OF HOLE AT 37' DEPTH	37.0'

- LEACHING POOL NOTES:
- AS PART OF THE INSTALLATION OF LEACHING POOLS, CONTRACTOR IS RESPONSIBLE TO EXCAVATE 6" INTO EXISTING SAND AND GRAVEL ACCEPTABLE TO HEALTH DEPT. AND ENGINEER AND BACKFILL WITH SCDHS ACCEPTABLE CLEAN SAND AND GRAVEL TO INLET PIPE ELEVATION.
 - EFFECTIVE DEPTHS ARE MEASURED FROM INVERT TO BOTTOM OF STRUCTURE.
 - DUMMY RINGS SHALL BE PROVIDED AS NECESSARY TO BRING LEACHING POOLS TO GRADE.
 - CONCRETE TO TEST 4000 P.S.I. @ 28 DAYS.
 - REINFORCEMENT MEETS A.S.T.M. A-615, A-185 SPECIFICATIONS.
 - REINFORCE FOR H-20 WHEEL LOADING WITH 18" GROUND COVER.



KEY MAP

SCALE: 1"=500'

METES AND BOUNDS LEGEND

- S75°06'35"E - 29.43'
- S88°29'30"E - 46.17'
- N3°36'50"E - 28.78'
- S79°59'00"E - 396.12'
- N83°27'42"E - 248.23'
- S79°03'40"E - 348.87'
- S68°09'10"E - 527.18'
- S22°34'20"W - 293.12'
- S40°38'40"E - 196.71'
- N67°32'10"W - 314.04'
- S1°31'20"W - 200.35'
- S3°05'40"W - 451.69'
- S61°23'00"E - 561.40'
- S59°41'20"E - 85.18'
- S59°10'40"E - 212.40'
- S48°26'00"W - 269.14'
- S43°57'20"W - 487.96'
- S7°09'00"W - 116.04'
- S3°54'20"E - 421.12'
- S3°46'50"W - 550.65'
- N74°37'20"W - 769.35'
- N83°31'20"W - 272.00'
- N59°10'20"W - 367.95'
- N67°37'00"W - 143.97'
- S88°34'20"W - 177.18'
- S79°10'10"W - 176.32'
- N2°30'10"W - 551.28'
- N3°36'50"E - 925.00'
- N1°19'20"E - 500.40'
- N4°04'30"E - 660.99'
- S86°23'10"E - 275.00'
- N3°36'50"E - 304.06'
- N15°59'14"E - 444.60'
- N75°55'19"E - 635.00'
- N18°37'20"W - 406.69'
- N89°37'30"W - 115.61'
- N82°46'10"W - 331.87'
- N83°57'50"W - 251.54'
- S41°00'15"W - 365.00'
- S71°46'40"W - 189.82'
- S7°24'41"E - 286.45'
- S14°20'29"W - 244.56'
- S59°10'20"E - 269.53'
- S67°37'00"E - 129.74'
- N88°34'20"E - 162.31'

SANITARY CALCULATIONS

SCTM 0400-14-4-2
SCDHS HYDROGEOLOGIC ZONE: VIII

ALLOWABLE DENSITY

100 A.C. X 600 GPD/A.C. = 60,000 GPD
MAXIMUM ALLOWABLE SANITARY DENSITY
USING CONVENTIONAL SEWAGE DISPOSAL
SYSTEMS = 30,000 GPD

SANITARY DESIGN

EXISTING:

2,400 S.F. MAINTENANCE BLDG.
@ 0.04 GPD/S.F. = 96 GPD

PROPOSED:

438 S.F. HALFWAY HOUSE @ 0.15 GPD/S.F.
= 65.7 GPD
ACTUAL FLOW @ 161.7 GPD < 30,000 GPD OK

GREASE TRAP DESIGN

KITCHEN FLOW

438 S.F. @ 0.12 GPD / S.F. = 53 GPD
53 GPD < 1000 GPD USE 8' X 5' E.D.
GREASE TRAP

SEPTIC TANK DESIGN

65.7 GPD X 2 DAYS = 131.4 GALLONS REQ'D.
USE (1) 8' X 5' ED SEPTIC TANK

LEACHING POOL DESIGN

65.7 GPD / 1.5 GPD/S.F. / 25.4 S.F./L.F. = 1.72 L.F.
USE (1) 8' X 12' E.D. LEACHING POOL. (MIN)

PERCOLATION TEST RESULT P-1

21 BREEZE HILL ROAD - NORTH PORT, NY

30 SECONDS	1.00'
1.00 MINUTE	2.50'
5.00 MINUTES	4.75'
10.00 MINUTES	6.50'
15.00 MINUTES	7.25'
30.00 MINUTES	9.50'

6/2/05	REVISIONS PER SCDHS COMMENT LETTER DATED 6/10/05	DRF/TFL
N.	DATE	BY:
SANITARY SITE PLAN FOR INDIAN HILLS COUNTRY CLUB SITUATED AT FORT SALONGA TOWN OF HUNTINGTON, SUFFOLK COUNTY, NEW YORK SCTM: DISTRICT 0400, SECTION 14, BLOCK 4, LOT 2		
N&P NELSON & POPE ENGINEERS - SURVEYORS 672 WALT WHITMAN ROAD, MELVILLE, NY 11747-2908 (631) 427-5665 FAX (631) 425-1257		
DWN BY: DRF DSGND BY: TFL CHKD BY: TFL DATE: 4/8/05 JOB No: 86047 FILE No: CADD: 86047/SAN SP SCALE: 1" = 10' SHEET: 1 OF 1		