

Case #

**Town Of Woodstock**  
**Environmental Quality Review**  
**SHORT ENVIRONMENTAL ASSESSMENT FORM**  
**For UNLISTED ACTIONS Only**

**TWEQR**  
**SHORT**

**Part 1-Project Information (To be completed by Applicant or Project Sponsor)**

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. APPLICANTS/SPONSORS ADDRESS:	
4. PRECISE LOCATION (STREET ADDRESS AND ROAD INTERSECTIONS, PROMINENT LANDMARKS, ETC., OR PROVIDE MAP)	
5. IS PROPOSED ACTION: <input type="checkbox"/> NEW <input type="checkbox"/> EXPANSION <input type="checkbox"/> MODIFICATION / ALTERATION	
6. A. DESCRIBE PROJECT BRIEFLY	
B. DOES PROJECT EXCEED TOWN OF WOODSTOCK TYPE 1 THRESHOLDS AS DELINEATED IN SECTION 3.020 OF LOCAL LAW #1 OF 1990? <input type="checkbox"/> YES <input type="checkbox"/> NO	
7. AMOUNT OF LAND AFFECTED: A. _____ ACRES    B. TOTAL CONTIGUOUSLY OWNED ACERAGE _____ ACRES	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, DESCRIBE BRIEFLY	
9. WHAT IS THE PRESENT LAND USE OF THE SURROUNDING AREA? <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> PARK/FOREST/OPEN SPACE <input type="checkbox"/> OTHER _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OF THE FOLLOWING OR ANY OTHER GOVERNMENTAL AGENCY (I.E WOODSTOCK, ULSTER COUNTY, STATE, FEDERAL)? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> YES    <input type="checkbox"/> NO    ARMY CORPS OF ENGINEERS  <input type="checkbox"/> YES    <input type="checkbox"/> NO    STATE BOARD OF HEALTH  <input type="checkbox"/> YES    <input type="checkbox"/> NO    STATE DEPT. OF TRANSPORTATION  <input type="checkbox"/> YES    <input type="checkbox"/> NO    STATE DEC  <input type="checkbox"/> YES    <input type="checkbox"/> NO    ULSTER CO. DEPT. OF HEALTH  <input type="checkbox"/> YES    <input type="checkbox"/> NO    COUNTY HIGHWAY DEPARTMENT  <input type="checkbox"/> YES    <input type="checkbox"/> NO    NYC BUREAU OF WATER SUPPLY           </div> <div style="width: 45%;"> <input type="checkbox"/> YES    <input type="checkbox"/> NO    TOWN BOARD  <input type="checkbox"/> YES    <input type="checkbox"/> NO    BUILDING INSPECTOR  <input type="checkbox"/> YES    <input type="checkbox"/> NO    HIGHWAY DEPARTMENT  <input type="checkbox"/> YES    <input type="checkbox"/> NO    PLANNING BOARD  <input type="checkbox"/> YES    <input type="checkbox"/> NO    ZONING BOARD OF APPEALS  <input type="checkbox"/> YES    <input type="checkbox"/> NO    OTHER _____  <input type="checkbox"/> YES    <input type="checkbox"/> NO    OTHER _____           </div> </div>	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span> IF YES, LIST THE AGENCY NAME AND PERMIT/APPROVAL:	
12. AS A RESULT OF PROPOSED ACTION, WILL THE EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>	
<p style="text-align: center;">I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</p> <p>APPLICANT/SPONSOR NAME: _____ DATE: _____</p> <p>SIGNATURE: _____</p>	

**Applicant STOP HERE. Lead Agency Will Complete Parts 2 and 3**

TOWN OF WOODSTOCK SHORT ENVIRONMENTAL ASSESSMENT FORM

**PART 2 - ENVIRONMENTAL ASSESSMENT** *(to be completed by Agency)*

A. DOES ACTION EXCEED ANY TYPE 1 THRESHOLD IN TOWN OF WOODSTOCK

(TWEQR-LOCAL LAW #1 OF 1990)?

☐ YES ☐ NO

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN

6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency

☐ YES ☐ NO C.

COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING:

- C1. Existing air quality, surface or ground water quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly.
- C2. Aesthetic, agricultural, archeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly.
- C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly.
- C4. A community's existing plans or goals as officially adopted, or a change in use of land or other natural resources? Explain briefly.
- C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly.
- C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly.
- C7. Other impacts (including changes in use of either quantity or type of energy? Explain briefly

D. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?

☐ YES ☐ NO If yes, explain briefly:

**PART 3 - DETERMINATION OF SIGNIFICANCE** *(To be completed by Agency)*

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that the explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed.

- ☐ Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.
- ☐ Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide on attachments as necessary, the reasons supporting this determination:

\_\_\_\_\_  
Name of Lead Agency

\_\_\_\_\_  
Print/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