



City Environmental Quality Review
ENVIRONMENTAL ASSESSMENT STATEMENT
PART I, GENERAL INFORMATION

**Reference
Numbers**

1. 07DEP058
CEQR REFERENCE NUMBER (TO BE ASSIGNED BY LEAD AGENCY) BSA REFERENCE NO. IF APPLICABLE

ULURP REFERENCE NO. IF APPLICABLE OTHER REFERENCE NO.(S) IF APPLICABLE
(e.g. Legislative Intro, CAPA, etc)

**Lead
Agency &
Applicant
Information**
PROVIDE APPLICABLE
INFORMATION

2a. Lead Agency
NYC Department of Environmental Protection
NAME OF LEAD AGENCY

Ms. Angela Licata, Deputy Commissioner
NAME OF LEAD AGENCY CONTACT PERSON

59-17 Junction Boulevard, 11th Floor
ADDRESS

Flushing NY 11371
CITY STATE ZIP

718-595-4352 718-595-4479
TELEPHONE FAX

EMAIL ADDRESS

2b. Applicant Information
NYC Department of Environmental Protection
NAME OF APPLICANT

Mr. Elio Paradis, P.E. Project Manager
NAME OF APPLICANT'S REPRESENTATIVE OR CONTACT PERSON

96-05 Horace Harding Expressway, 5th Floor
ADDRESS

Corona NY 11368
CITY STATE ZIP

718-595-4914 718-595-6966
TELEPHONE FAX

eparadis@dep.nyc.gov
EMAIL ADDRESS

**Action
Description**
SEE CEQR MANUAL
SECTIONS 2A & 2B

3a. NAME OF PROPOSAL Hendrix Street Canal Interim Dredging

3b. DESCRIBE THE ACTION(S) AND APPROVAL(S) BEING SOUGHT FROM OR UNDERTAKEN BY CITY (AND IF APPLICABLE, STATE AND FEDERAL AGENCIES) AND, BRIEFLY, DESCRIBE THE DEVELOPMENT OR PROJECT THAT WOULD RESULT FROM THE PROPOSED ACTION(S) AND APPROVAL(S):
NYC Department of Environmental Protection proposes to dredge and remove material (approximately 20,000 cubic yards) from the Hendrix Street Canal, a tributary to Jamaica Bay in Brooklyn, New York. Removal of the dredged materials is required by a Consent Order with the New York State Department of Environmental Conservation (NYSDEC). The Consent Order requires dredging of the Canal to remove sediment deposited from combined sewer overflows (CSOs).

See Attachment A for complete project description.

3c. DESCRIBE THE PURPOSE OF AND NEED FOR THE ACTION(S) AND APPROVAL(S):
**Order on Consent with NYSDEC (Case No. CO2-20000107-8).
Order on Consent requires dredging of canal to remove sediment deposited from CSOs for mitigation of odors.**

**Required
Action or
Approvals**

4. CITY PLANNING COMMISSION Yes No
 Change in City Map Zoning Certification Site Selection - Public Facility
 Zoning Map Amendment Zoning Authorization Disposition - Real Property Franchise
 Zoning Text Amendment Housing Plan & Project UDAAP Revocable Consent Concession
 Charter 197-a Plan _____
 Zoning Special Permit, specify type: _____
 Modification of _____
 Renewal of _____
 Other _____

5. UNIFORM LAND USE PROCEDURE (ULURP) Yes No

PLEASE NOTE THAT MANY ACTIONS ARE NOT SUBJECT TO CEQR. SEE SECTION 110 OF TECHNICAL MANUAL

6. BOARD OF STANDARDS AND APPEALS Yes No
 Special Permit New Renewal Expiration Date
 Variance Use Bulk
 Specify affected section(s) of Zoning Resolution
7. DEPARTMENT OF ENVIRONMENTAL PROTECTION Yes* No
 Title V Facility Power Generation Facility Medical Waste Treatment Facility
 * To permit the dock and use of the pier located at the mouth of Hendrix Street Canal
8. OTHER CITY APPROVALS Yes No
 Legislation Rulemaking; specify agency:
 Construction of Public Facilities Funding of Construction, Specify: NYCDEP Funding of Programs, Specify
 Policy or plan Permits, Specify:
 Other; explain:

Action Type

Analysis Year

9. STATE ACTIONS/APPROVALS/FUNDING Yes No
 If "Yes," See Table A-2 of Attachment A – Regulatory Permits and Approvals Requirements.
10. FEDERAL ACTIONS/APPROVALS/FUNDING Yes No
 If "Yes," See Table A-2 of Attachment A – Regulatory Permits and Approvals Requirements.
- 11a. Unlisted; or Type I; specify category (see 6 NYCRR 617.4 and NYC Executive Order 91 OF 1977, as amended):
- 11b. Localized action, site specific Localized action, change in regulatory control for small area Generic
12. Identify the analysis year (or build year) for the proposed action: June 2008
 Would the proposal be implemented in a single phase? Yes No NA.
 Anticipated period of construction: 13 months
 Anticipated completion date: August 2009
 Would the proposal be implemented in multiple phases? Yes No NA.
 Number of phases: 1
 Describe phases and construction schedule: See Table A-1 of Attachment A – Anticipated Schedule of Work.

Directly Affected Area

INDICATE LOCATION OF PROJECT SITE FOR ACTIONS INVOLVING A SINGLE SITE ONLY (PROVIDE ATTACHMENTS AS NECESSARY FOR MULTIPLE SITES)

13a. LOCATION OF PROJECT SITE

Hendrix Street Canal, Brooklyn, New York (See Figure A-1)

STREET ADDRESS
South of Hendrix Street, West of Gateway Drive and East of Van Siclen Avenue (See Figure A-1)

DESCRIPTION OF PROPERTY BY BOUNDING OR CROSS STREETS
M3-1 (construction staging areas only) 17d, 23c

EXISTING ZONING DISTRICT, INCLUDING SPECIAL ZONING DISTRICT DESIGNATION IF ANY	ZONING SECTIONAL MAP NO.
Not Applicable (N/A)	Brooklyn 18

TAX BLOCK AND LOT NUMBERS	BOROUGH	COMMUNITY DISTRICT NO.
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- 13b. PHYSICAL DIMENSIONS AND SCALE OF PROJECT
- TOTAL CONTIGUOUS SQUARE FEET OWNED OR CONTROLLED BY PROJECT SPONSOR: **226,000 (work area and pier - during construction only)** SQ. FT.
- PROJECT SQUARE FEET TO BE DEVELOPED: **0** SQ. FT.
- GROSS FLOOR AREA OF PROJECT: **N/A** SQ. FT.
- IF THE ACTION IS AN EXPANSION, INDICATE PERCENT OF EXPANSION PROPOSED **N/A** % OF **N/A**
- DIMENSIONS (IN FEET) OF LARGEST PROPOSED STRUCTURE: **N/A** HEIGHT **N/A** WIDTH **N/A** LENGTH.
- LINEAR FEET OF FRONTAGE ALONG A PUBLIC THOROUGHFARE: **N/A**

- 13c. IF THE ACTION WOULD APPLY TO THE ENTIRE CITY OR TO AREAS THAT ARE SO EXTENSIVE THAT A SITE-SPECIFIC DESCRIPTION IS NOT APPROPRIATE OR PRACTICABLE, DESCRIBE THE AREA LIKELY TO BE AFFECTED BY THE ACTION:
Hendrix Street Canal, a tributary to Jamaica Bay in Brooklyn, NY. (See Figure A-1)

- 13d. DOES THE PROPOSED ACTION INVOLVE CHANGES IN REGULATORY CONTROLS THAT WOULD AFFECT ONE OR MORE SITES NOT ASSOCIATED WITH A SPECIFIC DEVELOPMENT? Yes No
 IF 'YES', IDENTIFY THE LOCATION OF THE SITES PROVIDING THE INFORMATION REQUESTED IN 13a & 13b ABOVE.

PART II, SITE AND ACTION DESCRIPTION

Site Description

EXCEPT WHERE OTHERWISE INDICATED, ANSWER THE FOLLOWING QUESTIONS WITH REGARD TO THE DIRECTLY AFFECTED AREA. THE DIRECTLY AFFECTED AREA CONSISTS OF THE PROJECT SITE AND THE AREA SUBJECT TO ANY CHANGE IN REGULATORY CONTROLS.

1. GRAPHICS Please attach: (1) a Sanborn or other land use map; (2) a zoning map; and (3) a tax map. On each map, clearly show the boundaries of the directly affected area or areas and indicate a 400-foot radius drawn from the outer boundaries of the project site. The maps should not exceed 8½ x 14 inches in size. **See Figure A-2, Figure A-3 and Figure A-4.**

2. PHYSICAL SETTING (both developed and undeveloped areas)

Total directly affected area (sq. ft.): N/A Water surface area (sq. ft.): 216,000
 Roads, building and other paved surfaces (sq. ft.): N/A Other, describe (sq. ft.): _____

3. PRESENT LAND USE

Residential

Total no. of dwelling units N/A No. of low-to-moderate income units _____
 No. of stories _____ Gross floor area (sq. ft.) _____
 Describe type of residential structures: _____

Commercial

Retail: No. of bldgs N/A Gross floor area of each building (sq. ft.): _____
 Office: No. of bldgs N/A Gross floor area of each building (sq. ft.): _____
 Other: No. of bldgs N/A Gross floor area of each building (sq. ft.): _____
 Specify type(s): _____ No. of stories and height of each building: _____

Manufacturing/Industrial

No. of bldgs N/A Gross floor area of each building (sq. ft.): _____
 No. of stories and height of each building: _____
 Type of use(s): _____ Open storage area (sq. ft.) _____
 If any unenclosed activities, specify: _____

Community facility

Type of community facility: _____
 No. of bldgs N/A Gross floor area of each building (sq. ft.): _____
 No. of stories and height of each building: _____

Vacant land

Is there any vacant land in the directly affected area? Yes No
 If yes, describe briefly: _____

Publicly accessible open space

Is there any existing publicly accessible open space in the directly affected area? Yes No
 If yes, describe briefly: _____

Does the directly affected area include any mapped City, State or Federal parkland? Yes No
 If yes, describe briefly: _____

Does the directly affected area include any mapped or otherwise known wetland? Yes No
 If yes, describe briefly: **Littoral zone tidal wetland.**

Other land use

No. of stories N/A Gross floor area (sq. ft.) _____
 Type of use: _____

4. EXISTING PARKING

Garages

No. of public spaces: N/A No. of accessory spaces: _____
 Operating hours: _____ Attended or non-attended? _____

Lots

No. of public spaces: N/A No. of accessory spaces: _____
 Operating hours: _____ Attended or non-attended? _____

Other (including street parking) - please specify and provide same data as for lots and garages, as appropriate.

5. EXISTING STORAGE TANKS

Gas or service stations? Yes No Oil storage facility? Yes No Other? Yes No

If yes, specify: _____
 Number and size of tanks: _____ Last NYFD inspection date: _____
 Location and depth of tanks: _____

**Project
Description**
THIS SUBPART SHOULD
GENERALLY BE
COMPLETED ONLY IF
YOUR ACTION
INCLUDES A SPECIFIC
OR KNOWN
DEVELOPMENT
AT PARTICULAR
LOCATIONS

6. CURRENT USERS

No. of residents: N/A No. and type of businesses: N/A
No. and type of workers by businesses: N/A No. and type of non-residents who are not workers: N/A

7. HISTORIC RESOURCES (ARCHITECTURAL AND ARCHAEOLOGICAL RESOURCES)

Answer the following two questions with regard to the directly affected area, lots abutting that area, lots along the same blockfront or directly across the street from the same blockfront, and, where the directly affected area includes a corner lot, lots which front on the same street intersection.

Do any of the areas listed above contain any improvement, interior landscape feature, aggregate of landscape features, or archaeological resource that:

- (a) has been designated (or is calendared for consideration as) a New York City Landmark, Interior Landmark or Scenic Landmark;
- (b) is within a designated New York City Historic District;
- (c) has been listed on, or determined eligible for, the New York State or National Register of Historic Places;
- (d) is within a New York State or National Register Historic District; or
- (e) has been recommended by the New York State Board for listing on the New York State or National Register of Historic Places?

Identify any resource:

No

Do any of the areas listed in the introductory paragraph above contain any historic or archaeological resource, other than those listed in response to the previous question? Identify any resource.

No

8. WATERFRONT REVITALIZATION PROGRAM

Is any part of the directly affected area within the City's Waterfront Revitalization Program boundaries? Yes No
(A map of the boundaries can be obtained at the Department of City Planning bookstore.)

If yes, append a map showing the directly affected area as it relates to such boundaries. A map requested in other parts of this form may be used.

See Figure A-1.

9. CONSTRUCTION

Will the action result in demolition of or significant physical alteration to any improvement? Yes No
If yes, describe briefly:

Will the action involve either above-ground construction resulting in any ground disturbance or in-ground construction?
 Yes No If yes, describe briefly:

10. PROPOSED LAND USE

Residential

Total no. of dwelling units N/A No. of low-to-moderate income units N/A Gross floor area (sq. ft.) N/A
No. of stories N/A Describe type of residential structures:

Commercial

Retail: No. of bldgs N/A Gross floor area of each building (sq. ft.): _____

Office: No. of bldgs N/A Gross floor area of each building (sq. ft.): _____

Other: No. of bldgs N/A Gross floor area of each building (sq. ft.): _____

Specify type(s):

No. of stories and height of each building: N/A

Manufacturing/Industrial

No. of bldgs N/A Gross floor area of each building (sq. ft.):

No. of stories and height of each building: N/A

Type of use(s): _____ Open storage area (sq. ft.) _____ If any unenclosed activities, specify:

Community facility

Type of community facility: N/A

No. of bldgs N/A Gross floor area of each building (sq. ft.):

No. of stories and height of each building: N/A

Vacant land

Is there any vacant land in the directly affected area? Yes No

If yes, describe briefly:

Publicly accessible open space

Is there any existing publicly accessible open space to be removed or altered? Yes No
If yes, describe briefly:

Is there any existing publicly accessible open space to be added? Yes No
If yes, describe briefly:

Other land use

Gross floor area (sq. ft.) N/A No. of stories _____ Type of use: _____

11. PROPOSED PARKING

Garages

No. of public spaces: N/A No. of accessory spaces: _____
Operating hours: _____ Attended or non-attended? _____

Lots

No. of public spaces: N/A No. of accessory spaces: _____
Operating hours: _____ Attended or non-attended? _____

Other (including street parking) - please specify and provide same data as for lots and garages, as appropriate.
No. and location of proposed curb cuts: N/A

12. PROPOSED STORAGE TANKS

Gas or service stations? Yes No Oil storage facility? Yes No Other? Yes No

If yes, specify: _____
Size of tanks: _____ Location and depth of tanks: _____

13. PROPOSED USERS

No. of residents: N/A No. and type of businesses: N/A

No. and type of workers by businesses: N/A No. and type of non-residents who are not workers: N/A

14. HISTORIC RESOURCES (ARCHITECTURAL AND ARCHAEOLOGICAL RESOURCES)

Will the action affect any architectural or archaeological resource identified in response to either of the two questions at number 7 in the Site Description section of the form? Yes No
If yes, describe briefly:

15. DIRECT DISPLACEMENT

Will the action directly displace specific business or affordable and/or low income residential units? Yes No
If yes, describe briefly:

16. COMMUNITY FACILITIES

Will the action directly eliminate, displace, or alter public or publicly funded community facilities such as educational facilities, libraries, hospitals and other health care facilities, day care centers, police stations, or fire stations? Yes No
If yes, describe briefly:

17. What is the zoning classification(s) of the directly affected area? M3-1 (construction staging areas only)

18. What is the maximum amount of floor area that can be developed in the directly affected area under the present zoning? Describe in terms of bulk for each use.
N/A

19. What is the proposed zoning of the directly affected area?
M3-1

20. What is the maximum amount of floor area that could be developed in the directly affected area under the proposed zoning? Describe in terms of bulk for each use.
N/A

21. What are the predominant land uses and zoning classifications within a 1/4 mile radius of the proposed action?
The predominant land uses within a 1/4 mile radius of the proposed project site is multi-family residential, transportation and utility, parking facilities, commercial, open space, and vacant land.
The predominant zoning uses within a 1/4 mile radius of the proposed project site is R6, C4-2 and M3-1.

SEE CEQR
TECHNICAL MANUAL
CHAPTER III B.,
SOCIO-ECONOMIC
CONDITIONS

SEE CEQR
TECHNICAL MANUAL
CHAPTER III C.,
COMMUNITY FACIL-
ITIES & SERVICES

**Zoning
Information**

Additional Information

22. Attach any additional information as may be needed to describe the action. If your action involves changes in regulatory controls that affect one or more sites not associated with a specific development, it is generally appropriate to include here one or more reasonable development scenarios for such sites and, to the extent possible, to provide information about such scenario(s) similar to that requested in the Project Description questions 9 through 16.

See Attachment A, Section B for a detailed description of the proposed project.

Analyses

23. Attach analyses for each of the impact categories listed below (or indicate where an impact category is not applicable):
- a. LAND USE, ZONING, AND PUBLIC POLICY See Attachment A
 - b. SOCIOECONOMIC CONDITIONS See Attachment A
 - c. COMMUNITY FACILITIES AND SERVICES See Attachment A
 - d. OPEN SPACE See Attachment A
 - e. SHADOWS See Attachment A
 - f. HISTORIC RESOURCES See Attachment A
 - g. URBAN DESIGN/VISUAL RESOURCES See Attachment A
 - h. NEIGHBORHOOD CHARACTER See Attachment A.
 - i. NATURAL RESOURCES See Attachment A
 - j. HAZARDOUS MATERIALS See Attachment A
 - k. WATERFRONT REVITALIZATION PROGRAM See Attachment A
 - l. INFRASTRUCTURE See Attachment A
 - m. SOLID WASTE AND SANITATION SERVICES See Attachment A
 - n. ENERGY See Attachment A
 - o. TRAFFIC AND PARKING See Attachment A
 - p. TRANSIT AND PEDESTRIANS See Attachment A
 - q. AIR QUALITY See Attachment A
 - r. NOISE See Attachment A
 - s. CONSTRUCTION IMPACTS See Attachment A
 - t. PUBLIC HEALTH See Attachment A

The CEQR Technical Manual sets forth methodologies developed by the City to be used in analyses prepared for the above- listed categories. Other methodologies developed or approved by the lead agency may also be utilized. If a different methodology is contemplated, it may be advisable to consult with the Mayor's Office of Environmental Coordination. You should also attach any other necessary analyses or information relevant to the determination whether the action may have a significant impact on the environment, including, where appropriate, information on combined or cumulative impacts, as might occur, for example, where actions are interdependent or occur within a discrete geographical area or time frame.

Applicant Certification

<p>24. <u>Mr. Elio Paradis</u> PREPARER NAME</p>	<p><u>NYCDEP - BEPA</u> PRINCIPAL</p>
<p><u>Project Manager</u> PREPARER TITLE</p>	<p><u>Esther Siskind</u> NAME OF PRINCIPAL REPRESENTATIVE</p>
<p><u>Elio R. Paradis</u> PREPARER SIGNATURE</p>	<p><u>Assistant Commissioner</u> TITLE OF PRINCIPAL REPRESENTATIVE</p>
<p><u>3/07/08</u> DATE</p>	<p><u>[Signature]</u> SIGNATURE OF PRINCIPAL REPRESENTATIVE</p>
	<p><u>3/7/08</u> DATE</p>

NOTE: Any person who knowingly makes a false statement or who knowingly falsifies any statement on this form or allows any such statement to be falsified shall be guilty of an offense punishable by fine or imprisonment or both, pursuant to Section 10-154 of the New York City Administrative Code, and may be liable under applicable laws.