

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

8. OTHER CITY APPROVALS Yes No
 Legislation Rulemaking; specify agency:
 Construction of Public Facilities Funding of Construction, Specify Funding of Programs, Specify
 Policy or plan Permits, Specify: **FDNY, NYCAC, NYCBSA, NYCDEP, NYCDOB, NYCDOT, NYCDPR, NYCLPC and NYCSBS. See Appendix A.**
 Other; explain: _____

9. STATE ACTIONS/APPROVALS/FUNDING Yes No
 If "Yes," identify **NYSDEC, NYSDOH, NYSDOS, and NYSOPRHP. See Appendix A.**

10. FEDERAL ACTIONS/APPROVALS/FUNDING Yes No
 If "Yes," identify **USACE, USCG. See Appendix A.**

Action Type

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 action

Analysis Year

12. Identify the analysis year (or build year) for the proposed action: **2009-2013**

Would the proposal be implemented in a single phase? Yes No NA.

Anticipated period of construction: **45 months**

Anticipated completion date: **March 2013**

Would the proposal be implemented in multiple phases? Yes No NA.

Number of phases: _____

Describe phases and construction schedule: _____

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
201 Douglass Street, Brooklyn, New York

STREET ADDRESS

North and west of Gowanus Canal bounded on north by Butler St. on the south by Douglass St.

DESCRIPTION OF PROPERTY BY BOUNDING OR CROSS STREETS

M2-1

16C

EXISTING ZONING DISTRICT, INCLUDING SPECIAL ZONING DISTRICT DESIGNATION IF ANY

ZONING SECTIONAL MAP

Block 411 Lot 14

Brooklyn

6

TAX BLOCK AND LOT NUMBERS

BOROUGH

COMMUNITY

13b. PHYSICAL DIMENSIONS AND SCALE OF PROJECT

TOTAL CONTIGUOUS SQUARE FEET OWNED OR CONTROLLED BY PROJECT SPONSOR: **33,000** SQ. FT.

PROJECT SQUARE FEET TO BE DEVELOPED: **12,000** SQ. FT. **Service building, pumping station, courtyard and flushing tunnel building.**

GROSS FLOOR AREA OF PROJECT: **9,000** SQ. FT. **Service building, pumping station and flushing tunnel building.**

IF THE ACTION IS AN EXPANSION, INDICATE PERCENT OF EXPANSION PROPOSED

3 % OF **Existing total floor space of all buildings**

DIMENSIONS (IN FEET) OF LARGEST PROPOSED STRUCTURE: _____ HEIGHT _____ WIDTH _____ LENGTH

LINEAR FEET OF FRONTAGE ALONG A PUBLIC THOROUGHFARE: **200**

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:

N/A

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.

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.

PART II, SITE AND ACTION DESCRIPTION

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 Appendix C**

2. **PHYSICAL SETTING** (both developed and undeveloped areas)

Total directly affected area (sq. ft.): 40,000 Water surface area (sq. ft.): 0
 Roads, building and other paved surfaces (sq. ft.): 40,000 Other, describe (sq. ft.): 0

3. **PRESENT LAND USE**

Residential

Total no. of dwelling units N/A No. of low-to-moderate income units N/A
 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:

Other land use **Public Utility**

No. of stories 1 Gross floor area (sq. ft.) _____
 Type of use: Wastewater Pumping Station and Tunnel Flushing System

4. **EXISTING PARKING**

Garages N/A

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

Lots N/A

No. of public spaces: _____ 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.
At any given time, there is adequate parking on-site for 20-25 authorized vehicles.

5. **EXISTING STORAGE TANKS**

Gas or service stations? Yes No Oil storage facility? Yes No Other? Yes No
 If yes, specify: two underground diesel fuel tanks

Number and size of tanks: Two, 1,500-gallon Last FDNY inspection date: 1/30/90 (FDNY certified tank tests)
 Location and depth of tanks: South of Service Building outside bay doors—depth: 38 inches.

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; **No**
- (b) is within a designated New York City Historic District; **No**
- (c) has been listed on, or determined eligible for, the New York State or National Register of Historic Places; **Yes, See Appendix B**
- (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: ***The Gowanus Canal Area has been determined to meet eligibility requirements of a National Register Historic District; Flushing Tunnel Building is also eligible (see Appendix B).**

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. **Consistency analysis and Coastal Zone Boundary map are provided in Appendix B and C.**

9. CONSTRUCTION

Will the action result in demolition of or significant physical alteration to any improvement? Yes No

If yes, describe briefly: **Alterations at flushing tunnel building would be internal; service building and wastewater pumping station building would be replaced by a combined building (see Appendix A).**

Will the action involve either above-ground construction resulting in any ground disturbance or in-ground construction? Yes No

If yes, describe briefly: **In-ground and aboveground disturbance for the flushing tunnel system, wastewater pumping station upgrade/expansion and service building reconstruction.**

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.) _____

No. of stories _____ 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: _____

**Project
Description**

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

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:

The water in the Gowanus Canal is mapped on NYSDEC Tidal Wetlands map as a Littoral Zone (LZ)

Other land use **Public Utility**

Gross floor area (sq. ft.) _____ No. of stories **1** Type of use: **Wastewater Pumping Station and Flushing Tunnel System**

11. PROPOSED PARKING

Garages

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

Lots

No. of public spaces: _____ 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: **At any given time, there would be adequate space for 20-25 authorized vehicles.**

12. PROPOSED STORAGE TANKS

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

If yes, specify: **Two underground diesel tanks to be replaced**

Size of tanks: **1,500 gal.** Location and depth of tanks: **same as existing (see pg. 3 of CEQR Form)**

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: **See Appendix B.**

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? M2-1.

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. 6,400 sq. ft.

19. What is the proposed zoning of the directly affected area? Unchanged

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?

Light manufacturing, commercial, residential.

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

SEE CEQR
TECHNICAL MANUAL
CHAPTER III C.,
COMMUNITY FACILI-
TIES & 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 Appendices A through E.

Analyses

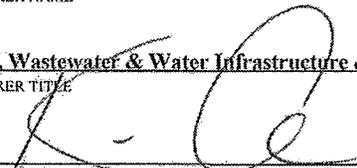
23. Attach analyses for each of the impact categories listed below (or indicate where an impact category is not applicable):
- a. LAND USE, ZONING, AND PUBLIC POLICY See CEQR Technical Manual Chapter III.A. See Appendix B
 - b. SOCIOECONOMIC CONDITIONS See CEQR Technical Manual Chapter III.B See Appendix B
 - c. COMMUNITY FACILITIES AND SERVICES See CEQR Technical Manual Chapter III.C. See Appendix B
 - d. OPEN SPACE See CEQR Technical Manual Chapter III.D. See Appendix B
 - e. SHADOWS See CEQR Technical Manual Chapter III.E. See Appendix B
 - f. HISTORIC RESOURCES See CEQR Technical Manual Chapter III.F. See Appendix B
 - g. URBAN DESIGN/VISUAL RESOURCES See CEQR Technical Manual Chapter III.G. See Appendix B
 - h. NEIGHBORHOOD CHARACTER See CEQR Technical Manual Chapter III.H. See Appendix B
 - i. NATURAL RESOURCES See CEQR Technical Manual Chapter III.I. See Appendix B
 - j. HAZARDOUS MATERIALS See CEQR Technical Manual Chapter III.J. See Appendix B
 - k. WATERFRONT REVITALIZATION PROGRAM See CEQR Technical Manual Chapter III.K. See Appendix B
 - l. INFRASTRUCTURE See CEQR Technical Manual Chapter III.L. See Appendix B
 - m. SOLID WASTE AND SANITATION SERVICES See CEQR Technical Manual Chapter III.M. See Appendix B
 - n. ENERGY See CEQR Technical Manual Chapter III.N. See Appendix B
 - o. TRAFFIC AND PARKING See CEQR Technical Manual Chapter III.O. See Appendix B
 - p. TRANSIT AND PEDESTRIANS See CEQR Technical Manual Chapter III.P. See Appendix B
 - q. AIR QUALITY See CEQR Technical Manual Chapter III.Q. See Appendix B
 - r. NOISE See CEQR Technical Manual Chapter III.R. See Appendix B
 - s. CONSTRUCTION IMPACTS See CEQR Technical Manual Chapter III.S. See Appendix B
 - t. PUBLIC HEALTH See CEQR Technical Manual Chapter III.T. See Appendix B

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

24. Kevin Clarke, P.E.
 PREPARER NAME

Chief, Wastewater & Water Infrastructure & Support
 PREPARER TITLE


 PREPARER SIGNATURE

12/15/08
 DATE

NYCDEP-BEPA
 PRINCIPAL

Esther Siskind
 NAME OF PRINCIPAL REPRESENTATIVE

Assistant Commissioner - BEPA
 TITLE OF PRINCIPAL REPRESENTATIVE


 SIGNATURE OF PRINCIPAL REPRESENTATIVE

12-15-08
 DATE

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.