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**SULLIVAN COUNTY EMERGENCY MANAGEMENT**  
**SULLIVAN COUNTY GOVERNMENT CENTER**  
100 NORTH STREET  
PO BOX 5012  
MONTICELLO, NY 12701

September 21, 2020

**Involved Agencies :**

NYSDEC Region 3  
21 South Putt Corners Road  
New Paltz, NY  
12561-1696

**Interested Agencies:**

Town of Thompson, Town Supervisor  
4052 Route 42  
Monticello, NY 12701

Lake Louise Marie Country Club, Inc.  
PO Box 2  
Rock Hill, NY 12775

**Emerald Green Property Owners Association**  
PO Box 65  
Rock Hill, NY 12775

Wanaksink Lake Club, Inc.  
15 Wurtsboro Mountain Road  
Rock Hill, NY 12775

Rock Hill Business & Community Association  
PO Box 280  
Rock Hill, NY 12775

**Subject:** *SEQR Lead Agency Request*  
*Sullivan County Emergency Communications New Tower Facility*

The County of Sullivan is seeking to upgrade their emergency communication system currently in use by public safety agencies throughout Sullivan County (Fire, EMS, law enforcement and Public Works) including within the Town of Thompson. This project will involve the construction of a new tower facility on lands owned by Sullivan County off Emerald Place immediately north of Crystal Run Healthcare.

A preliminary determination that the project is an Unlisted Action has been made. Under the applicable standards of Title 5 NYCRR Section 617.6(b), the County of Sullivan has concluded that it is the appropriate agency to serve as Lead Agency in the environmental review of the proposed action. This notification is being sent to you as an involved agency with the request that you consent to the County of Sullivan serving as Lead Agency. A draft Part I Environmental Assessment Form (EAF) and preliminary site plans are attached. Interested agencies have been notified as a courtesy.



**Sullivan**  
 COUNTY CATASTRAL  
 Mountains of Opportunity  
 100 NORTH STREET  
 MONTICELLO, NY 12701

**Tectonic**  
 Tectonic Engineering, Inc.  
 1000 Route 9W, Suite 200  
 Monticello, NY 12701  
 Phone: 845.584.1100  
 Fax: 845.584.1101  
 Email: info@tectonicny.com  
 Website: www.tectonicny.com

WORK ORDER NUMBER: 10371.001  
 DRAWN BY: JRF  
 NO. DATE ISSUE  
 0 9/16/20 1st CONSULT

RELEASED BY: \_\_\_\_\_  
 DATE: \_\_\_\_\_

\_\_\_\_\_

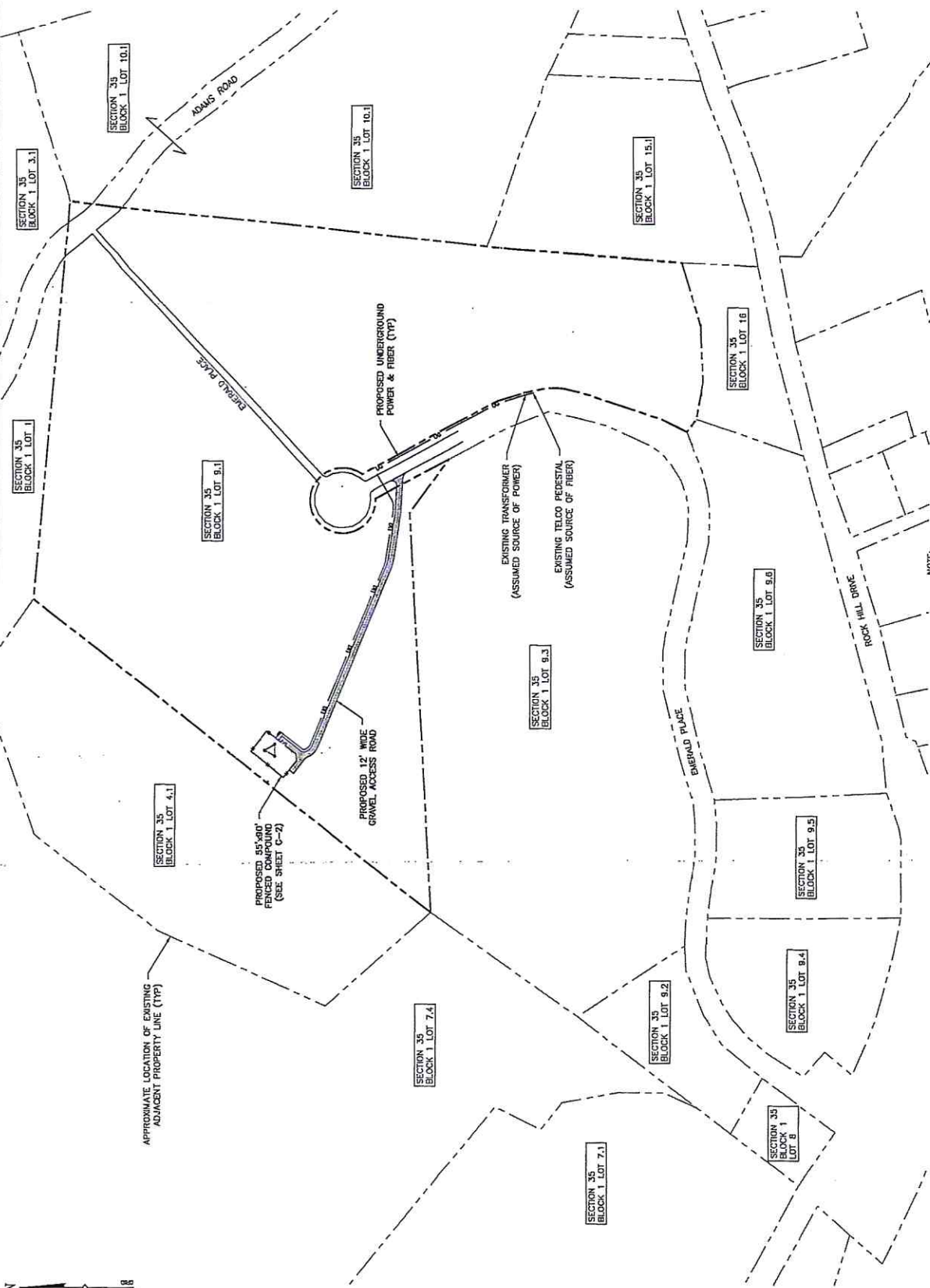
UNPUBLISHED ADVERSE OR ADVISORY IS A PUBLIC RECORD IN THE OFFICE OF THE CLERK OF THE SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF SULLIVAN, AND IS NOT TO BE USED FOR ANY PURPOSE OTHER THAN THAT FOR WHICH IT WAS PREPARED.

SULLIVAN COUNTY INFORMATION

ROCK HILL TOWER  
 SITE ADDRESS  
 ROCK HILL DR  
 TOWN OF THOMPSON  
 SULLIVAN COUNTY  
 NY 12775

OVERALL SITE PLAN  
 SHEET TITLE

SHEET NUMBER  
**C-1**



NOTE:  
 THE PROPERTY LINES HEREON ARE APPROXIMATE BASED ON GIS DATA  
 AND ARE FOR ORIENTATION PURPOSES ONLY. THEY DO NOT REPRESENT A  
 PROPERTY/BOUNDARY DECISION BY A LAND SURVEYOR.

1  
 C-1  
 OVERALL SITE PLAN  
 SCALE: 1" = 200' (1017 3/16")  
 SCALE: 1" = 100' (2034 3/16")



1  
C-2

SITE DETAIL PLAN

SCALE: 1" = 10' (11x17 SIZE)



WORK ORDER NUMBER: 10071-001  
DATE: 5/14/20  
SITE: FOR COMMENT

DESIGNED BY: [blank]  
DATE: [blank]

UNRECORDED ALTERNATE OR ADDRESS IS A PLAN  
REVISION. IT IS THE USER'S RESPONSIBILITY TO  
VERIFY THE LOCATION OF THE PROPOSED  
CONSTRUCTION OF THE PROJECT WITH THE  
LOCAL OFFICIALS. THE USER SHALL BE RESPONSIBLE  
FOR OBTAINING ALL NECESSARY PERMITS AND  
APPROVALS FROM THE LOCAL OFFICIALS.

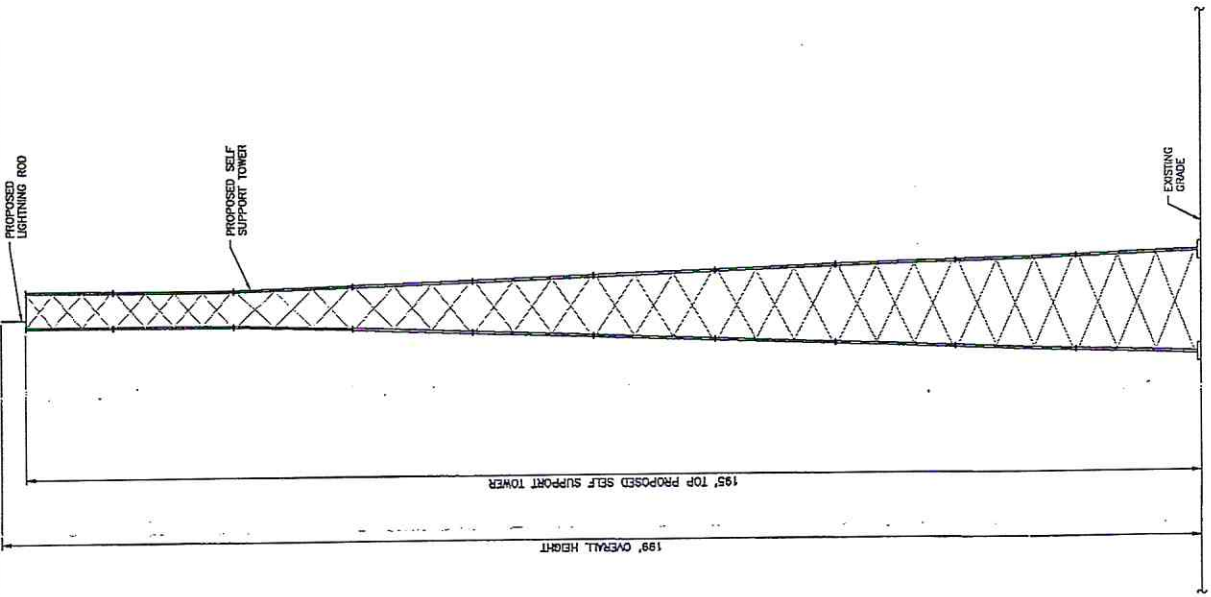
PROJECT NUMBER: 10071-001

PROJECT NAME: ROCK HILL TOWER

PROJECT ADDRESS: ROCK HILL DR  
TOWN OF THOMPSON  
SULLIVAN COUNTY  
NY 12775

SHEET TITLE: ELEVATION & ORIENTATION PLAN

SHEET NUMBER: C-3



① ELEVATION  
SCALE: 1" = 10' (PLAN VIEW)

**Full Environmental Assessment Form**  
**Part 1 - Project and Setting**

**Instructions for Completing Part 1**

**Part 1 is to be completed by the applicant or project sponsor.** Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification.

Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

**A. Project and Applicant/Sponsor Information.**

Name of Action or Project: County of Sullivan - Proposed Unmanned Wireless Communications Facility - Site ID "Rock Hill Tower"		
Project Location (describe, and attach a general location map): Emerald Place, Town of Thompson, Sullivan County, NY 12775		
Brief Description of Proposed Action (include purpose or need):  The Proposed Action involves the installation of an unmanned wireless communications facility on the existing property. Said property being located at Emerald Place, Town of Thompson, Sullivan County, New York and is located immediately north of the Crystal Run Healthcare facility. Access to the proposed facility will originate from Emerald Place utilizing a new gravel driveway.  In general, the installation will consist of the following: a 195' tall self-support lattice tower (199' including a 4' lightning rod), antennas and related equipment to be mounted to the tower at various elevations, cellular equipment installed at grade at the base of the tower, and all related antenna cabling and utility services (power and telephone). The tower and all associated equipment is to be located inside a proposed 55'x90' fenced compound.		
Name of Applicant/Sponsor: County of Sullivan; attn: Joshua Potosek	Telephone: (845)807-0450 E-Mail: Joshua.potosek@co.sullivan.ny.us	
Address: PO Box 5012		
City/PO: Monticello	State: NY	Zip Code: 12701
Project Contact (if not same as sponsor; give name and title/role):	Telephone: E-Mail:	
Address:		
City/PO:	State:	Zip Code:
Property Owner (if not same as sponsor): County of Sullivan; attn: Joshua Potosek	Telephone: (845)807-0450 E-Mail: Joshua.potosek@co.sullivan.ny.us	
Address: 100 North Street		
City/PO: Monticello	State: NY	Zip Code: 12701



## B. Government Approvals

### B. Government Approvals, Funding, or Sponsorship. ("Funding" includes grants, loans, tax relief, and any other forms of financial assistance.)

Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)
a. City Counsel, Town Board, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No or Village Board of Trustees		
b. City, Town or Village <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Planning Board or Commission		
c. City, Town or <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Village Zoning Board of Appeals		
d. Other local agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
e. County agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
f. Regional agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
g. State agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SEQRA Negative Declaration; SHPO Concurrence	TBD
h. Federal agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NEPA clearance; FAA Determination of no hazard to air navigation	TBD
i. Coastal Resources.		
i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
iii. Is the project site within a Coastal Erosion Hazard Area?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## C. Planning and Zoning

### C.1. Planning and zoning actions.

Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed? ☐ Yes ☒ No

- If Yes, complete sections C, F and G.
- If No, proceed to question C.2 and complete all remaining sections and questions in Part 1

### C.2. Adopted land use plans.

a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located? ☒ Yes ☐ No

If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located? ☐ Yes ☒ No

b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway; Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?) ☒ Yes ☐ No

If Yes, identify the plan(s):  
NYS Major Basins: Upper Delaware

c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan? ☐ Yes ☒ No

If Yes, identify the plan(s):

### C.3. Zoning

- a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. ☒ Yes ☐ No  
If Yes, what is the zoning classification(s) including any applicable overlay district?  
Town of Thompson Planned Business Park; Project is exempt from local zoning
- b. Is the use permitted or allowed by a special or conditional use permit? ☒ Yes ☐ No
- c. Is a zoning change requested as part of the proposed action? ☐ Yes ☒ No  
If Yes,  
i. What is the proposed new zoning for the site? \_\_\_\_\_

### C.4. Existing community services.

- a. In what school district is the project site located? Monticello Central School District
- b. What police or other public protection forces serve the project site?  
New York State Police, Sullivan County Sheriff's Office
- c. Which fire protection and emergency medical services serve the project site?  
Rock Hill Fire Department
- d. What parks serve the project site?  
N/A

### D. Project Details

#### D.1. Proposed and Potential Development

- a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? Unmanned public utility / personal wireless service facility
- b. a. Total acreage of the site of the proposed action? 23.94 acres  
b. Total acreage to be physically disturbed? 0.5 acres  
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 23.94 acres
- c. Is the proposed action an expansion of an existing project or use? ☐ Yes ☒ No  
i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % \_\_\_\_\_ Units: \_\_\_\_\_
- d. Is the proposed action a subdivision, or does it include a subdivision? ☐ Yes ☒ No  
If Yes,  
i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types) \_\_\_\_\_  
ii. Is a cluster/conservation layout proposed? ☐ Yes ☐ No  
iii. Number of lots proposed? \_\_\_\_\_  
iv. Minimum and maximum proposed lot sizes? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_
- e. Will the proposed action be constructed in multiple phases? ☐ Yes ☒ No  
i. If No, anticipated period of construction: 2 months  
ii. If Yes:  
  - Total number of phases anticipated \_\_\_\_\_
  - Anticipated commencement date of phase 1 (including demolition) \_\_\_\_\_ month \_\_\_\_\_ year
  - Anticipated completion date of final phase \_\_\_\_\_ month \_\_\_\_\_ year
  - Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



f. Does the project include new residential uses? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
If Yes, show numbers of units proposed.				
	<u>One Family</u>	<u>Two Family</u>	<u>Three Family</u>	<u>Multiple Family (four or more)</u>
Initial Phase	_____	_____	_____	_____
At completion of all phases	_____	_____	_____	_____

g. Does the proposed action include new non-residential construction (including expansions)? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If Yes,	
i. Total number of structures <u>1 (tower)</u>	
ii. Dimensions (in feet) of largest proposed structure: <u>199'</u> height; <u>12'</u> width; and <u>27'</u> length	
iii. Approximate extent of building space to be heated or cooled: _____ N/A square feet	

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	
If Yes,	
i. Purpose of the impoundment: _____	
ii. If a water impoundment, the principal source of the water: <input type="checkbox"/> Ground water <input type="checkbox"/> Surface water streams <input type="checkbox"/> Other specify: _____	
iii. If other than water, identify the type of impounded/contained liquids and their source. _____	
iv. Approximate size of the proposed impoundment. Volume: _____ million gallons; surface area: _____ acres	
v. Dimensions of the proposed dam or impounding structure: _____ height; _____ length	
vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): _____	

### D.2. Project Operations

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	
If Yes:	
i. What is the purpose of the excavation or dredging? _____	
ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?	
• Volume (specify tons or cubic yards): _____	
• Over what duration of time? _____	
iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them. _____	
iv. Will there be onsite dewatering or processing of excavated materials? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If yes, describe. _____	
v. What is the total area to be dredged or excavated? _____ acres	
vi. What is the maximum area to be worked at any one time? _____ acres	
vii. What would be the maximum depth of excavation or dredging? _____ feet	
viii. Will the excavation require blasting? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
ix. Summarize site reclamation goals and plan: _____	
_____	
_____	

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	
If Yes:	
i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): _____	
_____	

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

iii. Will the proposed action cause or result in disturbance to bottom sediments?

☐ Yes ☐ No

If Yes, describe:

iv. Will the proposed action cause or result in the destruction or removal of aquatic vegetation?

☐ Yes ☐ No

If Yes:

- acres of aquatic vegetation proposed to be removed: \_\_\_\_\_
- expected acreage of aquatic vegetation remaining after project completion: \_\_\_\_\_
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): \_\_\_\_\_
- proposed method of plant removal: \_\_\_\_\_
- if chemical/herbicide treatment will be used, specify product(s): \_\_\_\_\_

v. Describe any proposed reclamation/mitigation following disturbance: \_\_\_\_\_

c. Will the proposed action use, or create a new demand for water?

☐ Yes ☒ No

If Yes:

i. Total anticipated water usage/demand per day: \_\_\_\_\_ gallons/day

ii. Will the proposed action obtain water from an existing public water supply?

☐ Yes ☐ No

If Yes:

- Name of district or service area: \_\_\_\_\_
- Does the existing public water supply have capacity to serve the proposal? ☐ Yes ☐ No
- Is the project site in the existing district? ☐ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☐ No
- Do existing lines serve the project site? ☐ Yes ☐ No

iii. Will line extension within an existing district be necessary to supply the project?

☐ Yes ☐ No

If Yes:

- Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_
- Source(s) of supply for the district: \_\_\_\_\_

iv. Is a new water supply district or service area proposed to be formed to serve the project site?

☐ Yes ☐ No

If, Yes:

- Applicant/sponsor for new district: \_\_\_\_\_
- Date application submitted or anticipated: \_\_\_\_\_
- Proposed source(s) of supply for new district: \_\_\_\_\_

v. If a public water supply will not be used, describe plans to provide water supply for the project: \_\_\_\_\_

vi. If water supply will be from wells (public or private), what is the maximum pumping capacity: \_\_\_\_\_ gallons/minute.

d. Will the proposed action generate liquid wastes?

☐ Yes ☒ No

If Yes:

i. Total anticipated liquid waste generation per day: \_\_\_\_\_ gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each): \_\_\_\_\_

iii. Will the proposed action use any existing public wastewater treatment facilities?

☐ Yes ☐ No

If Yes:

- Name of wastewater treatment plant to be used: \_\_\_\_\_
- Name of district: \_\_\_\_\_
- Does the existing wastewater treatment plant have capacity to serve the project? ☐ Yes ☐ No
- Is the project site in the existing district? ☐ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☐ No