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# TOWN OF NEWBURGH PLANNING BOARD TECHNICAL REVIEW COMMENTS

PROJECT: PETRICK TIMBER HARVEST

PROJECT NO.: 00-29

PROJECT LOCATION: SECTION 17, BLOCK 2, LOT 68
PROJECT REPRESENTATIVE: LOWER HUDSON FORESTRY

REVIEW DATE: 26 NOVEMBER 2014 MEETING DATE: 4 DECEMBER 2014

- 1. Project proposes a timber harvest of 20 acres on a 34.1 acre parcel, located off of North Fostertown Road. Timber harvest will remove approximately 12 trees per acre, 235 trees total.
- 2. Highway Superintendent's comments on property access road should be received, as well as recommendation for bond/security for highway access. Recently, \$5,000.00 has been requested as security for timber harvests.
- 3. Inspection fee should be posted in accordance with Code Enforcement Department's standards. A Public Hearing is required for the timber harvest/clearing & grading permit which should be scheduled at the next available date.

Respectfully submitted,

McGoey, Hauser & Edsall Consulting Engineers, D.P.C.

Patrick J. Hines Principal







#### LOWER HUDSON FORESTRY SERVICES

October 14, 2014

P.O. Box 756, Nyack, NY 10960 (845) 270-2071 www.lowerhudsonforestry.com

Dear Mr. Canfield:

Attached is an application for Clearing and Grading (Timber Harvest) for a property located at 128 North Fostertown Road. The parcel is #17-2-68 and is owned by Margret Petrick. The parcel size is 34.1 acres of which 20 acres are being considered for timber harvesting.

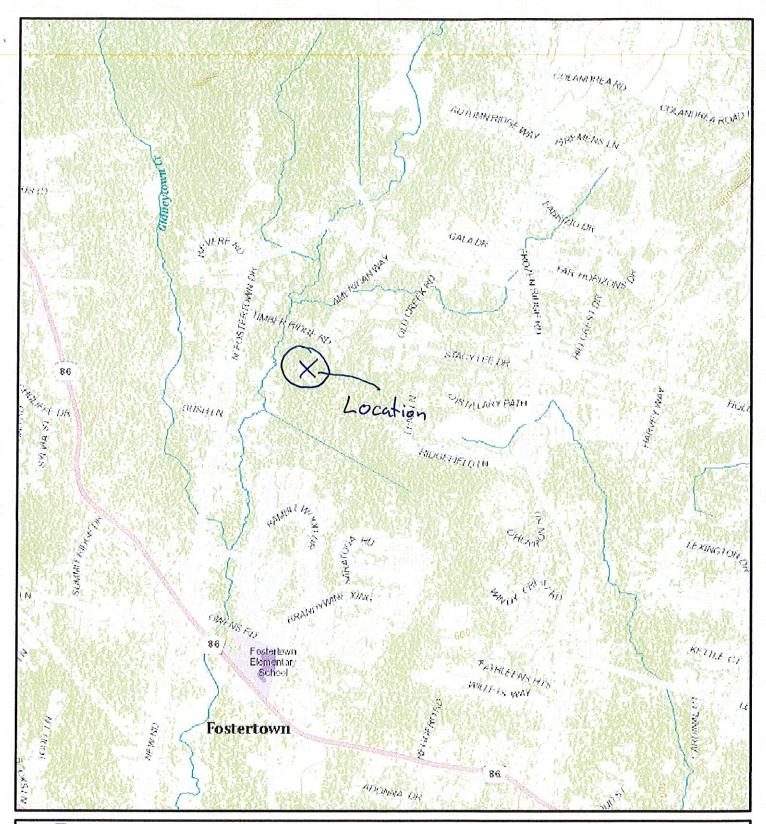
All trees that are to be harvested have been marked by a Certified Forester with purple paint. Each tree is marked with a slash at 4 ½ feet off the ground and a mark on the stump at ground level. The trees to be harvested are all hardwood trees from 14" to 29" in diameter with a total of 235 trees to be removed (12 trees per acre). Other vegetation is not being removed and all precautions will be taken to minimizing damage to vegetation not marked for harvest. This includes other trees, small saplings, seedlings and ground vegetation. All trees marked for harvest will be utilized down to an 8" top diameter and tops and slash will be lopped to a height no greater than 3 feet off the ground. There will be no grading or excavation that takes place on the site during this timber harvesting operation.

The erosion control plan for this property will be the installation of erosion control measures where needed and may include water bars, rolling dips and/or water turnouts. Most of the property is moderately sloped but is fairly rocky. This rock layer will aid in preventing rutting and soil disturbance by letting equipment ride over the top of the rocks. Although the ground is rocky, there will be areas of disturbed soil in the skid trails and these areas will be waterbarred and stabilized at the completion of the project. The contractor will use skid trails from a previous harvest and all trails are to be smoothed and left free of debris at the completion of the project. Access to the property is being made via an existing gravel driveway. The landing area will be located at the end of this driveway just north of the house. This landing area is already open and free of trees and would not need any additional clearing. This landing area is also located 900 feet off of North Fostertown Road so it will not be visible to the neighboring properties or the roadway. At the completion of the project this landing area will be smoothed off and all logging debris will be removed.

If you have any questions, please let me know. I can be reached via phone at (845) 270-2071 or by email at <a href="mailto:chris@lowerhudsonforestry.com">chris@lowerhudsonforestry.com</a>. Thank you for your time on this matter and I will be speaking to you soon.

Sincerely,

Christopher Prentis, Certified Forester





### **Petrick Timber Harvest**



Orange County G.I.S. Division 22 Wells Farm Rd Goshen, New York 10924 Phone: 845.615.3790

DISCLAIMER: This map is a product of Orange County Information Technology GIS Division. The data depicted here have been developed with extensive cooperation from other County departments, as well as other Federal, State and Local government agencies. Orange County make no representations as to the accuracy of the information in the mapping data, but rather, provide said information as is. Orange County expressly disclaim responsibility for damages or liability that may arise from the use of this map.





Timber Harvest

### **Margaret Petrick**



Orange County G.I.S. Division 22 Wells Farm Rd Goshen, New York 10924 Phone: 845.615.3790

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Printed: Oct 14, 2014

### Short Environmental Assessment Form Part 1 - Project Information

#### **Instructions for Completing**

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. 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.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

| Part 1 - Project and Sponsor Information                                                                                                                                                                   |                         |                            |         |          |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------|---------|----------|------|
|                                                                                                                                                                                                            |                         |                            |         |          |      |
| Name of Action or Project:                                                                                                                                                                                 |                         |                            |         |          |      |
| Petrick Timber Harvest                                                                                                                                                                                     |                         |                            |         |          |      |
| Project Location (describe, and attach a location map):                                                                                                                                                    |                         |                            |         |          |      |
| 128 North Fostertown Road (SLB 17-2-68.1)                                                                                                                                                                  |                         |                            |         |          |      |
| Brief Description of Proposed Action:                                                                                                                                                                      |                         |                            |         |          |      |
| Selective harvest of 235 trees on approximately 20 acres. Landing area is located in ar project.                                                                                                           | open ar                 | ea and old skid trails are | being ( | used for | this |
| *                                                                                                                                                                                                          |                         |                            |         |          |      |
|                                                                                                                                                                                                            |                         |                            |         |          |      |
|                                                                                                                                                                                                            |                         |                            |         |          |      |
|                                                                                                                                                                                                            | ·                       | ~                          | -       |          |      |
| Name of Applicant or Sponsor:                                                                                                                                                                              | Telephone: 914-213-4026 |                            |         |          |      |
| County Logging and Landclearing                                                                                                                                                                            | E-Mai                   | il:                        |         |          |      |
| Address:                                                                                                                                                                                                   |                         |                            |         |          |      |
| 3 Kaprolet Lane                                                                                                                                                                                            |                         |                            |         |          |      |
| City/PO:                                                                                                                                                                                                   |                         | State:                     | Zip     | Code:    |      |
| Walden                                                                                                                                                                                                     | Walden NY 12586         |                            |         |          |      |
| 1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, NO YE                                                                                                   |                         |                            |         | YES      |      |
| administrative rule, or regulation?  If Yes, attach a parretive description of the intent of the proposed action and                                                                                       | the entire              | :                          |         |          |      |
| If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2. |                         |                            |         |          |      |
| 2. Does the proposed action require a permit, approval or funding from any                                                                                                                                 | other go                | overnmental Agency?        |         | NO       | YES  |
| If Yes, list agency(s) name and permit or approval:                                                                                                                                                        |                         |                            |         |          |      |
| Town of Newburgh clearing and grading permit                                                                                                                                                               |                         |                            |         | V        |      |
| 3.a. Total acreage of the site of the proposed action? 20 acres                                                                                                                                            |                         |                            |         |          |      |
| b. Total acreage to be physically disturbed? 20 acres                                                                                                                                                      |                         |                            |         |          |      |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?  34.1 acres                                                                         |                         |                            |         |          |      |
| of controlled by the applicant of project sponsor:                                                                                                                                                         |                         |                            |         |          |      |
| 4. Check all land uses that occur on, adjoining and near the proposed action.                                                                                                                              |                         |                            |         |          |      |
| ☐ Urban ☑ Rural (non-agriculture) ☐ Industrial ☐ Commercial ☑ Residential (suburban)                                                                                                                       |                         |                            |         |          |      |
| ✓ Forest ☐ Agriculture ☐ Aquatic ☐ Other (specify):                                                                                                                                                        |                         |                            |         |          |      |
| ☐ Parkland                                                                                                                                                                                                 |                         |                            |         |          |      |
|                                                                                                                                                                                                            |                         |                            |         |          |      |

| 5. Is the proposed action, NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |              |              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------|--------------|--|
| a. A permitted use under the zoning regulations?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | П    | <b>V</b>     | N/A          |  |
| b. Consistent with the adopted comprehensive plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 而    | 1            | T            |  |
| 6. Is the proposed action consistent with the predominant character of the existing built or natural                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | NO           | YES          |  |
| landscape?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |              | $\checkmark$ |  |
| 7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Ar If Yes, identify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ea?  | NO           | YES          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | 1            |              |  |
| 8. a. Will the proposed action result in a substantial increase in traffic above present levels?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | NO           | YES          |  |
| h Annual Control of the Control of t |      | $\checkmark$ |              |  |
| b. Are public transportation service(s) available at or near the site of the proposed action?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | $\checkmark$ |              |  |
| c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ion? | <b>V</b>     |              |  |
| <ol> <li>Does the proposed action meet or exceed the state energy code requirements?</li> <li>If the proposed action will exceed requirements, describe design features and technologies:</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | NO           | YES          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | $\checkmark$ | П            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |              |              |  |
| 10. Will the proposed action connect to an existing public/private water supply?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | NO           | YES          |  |
| If No, describe method for providing potable water:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | 1            |              |  |
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| 11. Will the proposed action connect to existing wastewater utilities?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      | NO           | YES          |  |
| If No, describe method for providing wastewater treatment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      | <b>/</b>     |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | (V)          |              |  |
| 12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | NO           | YES          |  |
| b. Is the proposed action located in an archeological sensitive area?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      | <b>✓</b>     |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | $\checkmark$ |              |  |
| 13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -    | NO           | YES          |  |
| b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |              |              |  |
| If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |              |              |  |
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| 14 Identify the twicelly bit to the twicelly between the two twicelly between the twide the twicelly between the twicelly between the twicelly be |      |              |              |  |
| 14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check al ☐ Shoreline ☐ Forest ☐ Agricultural/grasslands ☐ Early mid-successio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | pply:        |              |  |
| ☐ Wetland ☐ Urban ☐ Suburban                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |              |              |  |
| 15. Does the site of the proposed action contain any species of animal, or associated habitats, listed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | T    | NO           | YES          |  |
| by the State or Federal government as threatened or endangered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | 1            | 而            |  |
| 16. Is the project site located in the 100 year flood plain?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      | NO           | YES          |  |
| 14 William                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      | 1            |              |  |
| 17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _    | NO           | YES          |  |
| a. Will storm water discharges flow to adjacent properties?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      | $\checkmark$ |              |  |
| b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |              |              |  |
| If Yes, briefly describe:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |              |              |  |
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| 18. Does the proposed action include construction or other activities that result in the impoundment of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NO    | YES |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|
| water or other liquids (e.g. retention pond, waste lagoon, dam)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NO    | IES |
| ICAY 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |     |
| If Yes, explain purpose and size:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |     |
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| 19. Has the site of the proposed action or an adjoining property been the location of an active or closed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO    | MEG |
| solid waste management familiar?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NO    | YES |
| solid waste management facility?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |     |
| If Yes, describe:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | V     |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |
| 20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NO    | VEC |
| completed) for hazardous waste?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NO    | YES |
| If Yes, describe:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |     |
| ii i es, describe.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |     |
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| I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RESTO | FMV |
| KNOWLEDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LOT   |     |
| Ca de Lancier De De Lancier de De Lancier de | 1. ,  |     |
| Applicanusponsorname: County 2055:12 + County learing Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 14    |     |
| Applicant/sponsorname: County Logging + Landelearing Date: 11/17/ Signature: County Pourty - Counsulting foreste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •     |     |
| ) 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |     |

| Agency Use Only [11 applicable] |  |  |  |
|---------------------------------|--|--|--|
| Project:                        |  |  |  |
| Date:                           |  |  |  |
|                                 |  |  |  |

#### Short Environmental Assessment Form Part 2 - Impact Assessment

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

|     |                                                                                                                                                                         | No, or<br>small<br>impact<br>may<br>occur | Moderate<br>to large<br>impact<br>may<br>occur |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------|
| 1.  | Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?                                                                |                                           |                                                |
| 2.  | Will the proposed action result in a change in the use or intensity of use of land?                                                                                     |                                           |                                                |
| 3.  | Will the proposed action impair the character or quality of the existing community?                                                                                     |                                           |                                                |
| 4.  | Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?                      |                                           |                                                |
| 5.  | Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?            |                                           |                                                |
| 6.  | Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities? |                                           |                                                |
| 7.  | Will the proposed action impact existing: a. public / private water supplies?                                                                                           |                                           |                                                |
|     | b. public / private wastewater treatment utilities?                                                                                                                     |                                           |                                                |
| 8.  | Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?                                   |                                           |                                                |
| 9.  | Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?                     |                                           |                                                |
| 10. | Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?                                                             |                                           |                                                |
| 11. | Will the proposed action create a hazard to environmental resources or human health?                                                                                    |                                           |                                                |

| Agen     | cy Use Univ [11 applicable] |
|----------|-----------------------------|
| Project: |                             |
| Date:    |                             |
| 1        |                             |

## Short Environmental Assessment Form Part 3 Determination of Significance

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

| Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required. |                                                               |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|--|
| 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.                                                             |                                                               |  |  |
| Name of Lead Agency                                                                                                                                                                                                                                                          | Date                                                          |  |  |
| Print or 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) |  |  |