APPLICATION

NYSDEC-1996 CLEAN WATER / CLEAN AIR BOND ACT
ENVIRONMENTAL RESTORATION PROJECTS-TITLE 5

Part 1

NAME OF APPLICANT (Municipality):____CITY OF AMSTERDAM_____

TYPE OF ENVIRONMENTAL RESTORATION PROJECT: (Check one) Investigation____ Remediation_XXX

PROJECT NAME:____FORMER MOHASCO MILLS_____

PROJECT LOCATION:STREET ADDRESS:____LYON & FOREST AVE_____

CITY/TOWN:_____AMSTERDAM_____ ZIP CODE:_____ COUNTY:_MONTGOMERY____

PROPERTY SIZE (acres):___23.5_____ LATITUDE: _____ LONGITUDE: _____

APPLICANT CURRENTLY OWNS PROPERTY: YES___XX___ NO_____ (If yes, include proof of ownership with application)

PROPERTY IS LISTED ON NYS REGISTRY OF INACTIVE HAZARDOUS WASTE SITES: YES____ NO _XXX___
(If yes, fill in current registry classification)
CLASSIFICATION _____

TYPE OF KNOWN OR SUSPECTED CONTAMINATION: Petroleum ____ Other Hazardous Substances _XXX___

PROJECT DESCRIPTION: Please attach a description of the project which includes the following components:
(Refer to Environmental Restoration Projects Procedures Handbook for detailed instructions)

- Purpose and Scope of the Project;
- Environmental History of the Property;
- Proposed Future Use of the Property;
- Estimated Project Cost;
- Other Actual or Potential Funding Sources for the Project;
- How the Project Would Satisfy the Criteria of ECL 56-0505; and
- Site Maps (USGS quad map and a property tax map)

SCHEDULE: Field work will commence within ____12_____ months of Department approval of the application.

Part 2 (To be completed for Remediation applications only)

1. The DEC has issued a Record of Decision for the property? Yes ■No
2. Groundwater or a surface water body has been contaminated above standards. ■Yes ☐No
   If yes, answer a, b **or** c below:
   - ☐ a. The influent to a public or private water supply has been contaminated or threatened.
   - ☐ b. A class **A** or **AA** surface water body, primary or principal aquifer has been contaminated without affecting an existing water supply.
   - ☐ c. Groundwater has been contaminated above standards or a surface water has been impacted.
3. A health advisory has been issued by a New York state or local health agency due to releases from the site. ☐Yes ■No
4. Endangered, threatened or rare species, State protected streams or State regulated wetlands have been impacted by releases from the site. ☐Yes ■No
5. Site contaminants are present in soils/waste at levels that exceed DEC Division of Environmental Remediation guidance values (DHWR TAGM 4046 or STARS Memo #1). ■Yes ☐No
6. Property is located in a designated economic development zone or zone equivalent area. ■Yes ☐No
7. All or part of the Property has been idle or abandoned for more than one year. ■Yes ☐No

   If yes, indicate the percent of the total property that applies _____%

8. Municipality has a signed agreement with a private party to reuse the property once it is restored. ☐Yes ■No
   If yes, attach a copy of the agreement.

[OVER]

9. Municipality has legally committed to a specific new public or recreational use of all or part of the property. (Public use includes, but is not limited to, public housing, daycare, education, gov't. offices, environmental centers, and museums. Recreational use includes, but is not limited to, parks, playgrounds, sports and cultural centers,and scenic vistas.) If yes, attach documentation of the legal committment and indicate below the intended use and the % of the total property area that will be devoted for that use. ☐Yes ■No

   Intended Use: _____ (0-100%) _____

10. Municipality is aware of other funding sources for remediating the property. If yes, provide source(s) and dollar amount(s) in the attached project description. ☐Yes ■No

11. Municipality has complied with State Environmental Quality Review Act (SEQR) regarding this action. If yes, include the determination (negative declaration or findings statement) in the attached project description and identify all involved agencies in the coordinated review. ■Yes ☐No

Part 3

INDIVIDUAL AUTHORIZED TO SIGN APPLICATION: (Please Print)

NAME JOHN M. DUCHESSI, JR TITLE MAYOR

MAILING ADDRESS CITY HALL, 61 CHURCH STREET

AMSTERDAM, NY 12010

PHONE NUMBER: 518-843-5190 FAX NUMBER: 518-842-0784

CERTIFICATION: The undersigned on behalf of the applicant municipality does hereby certify that:

The Applicant has not generated, transported or disposed of, arranged for, or caused the generation, transportation or disposal of hazardous substance on that Property, and has not undertaken, and will not undertake, any indemnification obligation respecting a party responsible under law for the remediation of the Property; and

if the applicant leased such property to another party that generated, transported or disposed of, or that arranged for or caused the generation, transportation or disposal of hazardous substances on such property, the applicant did not know that such other party generated, transported or disposed of, arranged for or caused the generation, transportation or disposal of such hazardous substances or so knew and took action to remediate, or cause the remediation of such hazardous substances.

No other funding sources currently exist to undertake the project except the applicant's and those other sources identified in this application ;

All statements made for the purpose of obtaining State assistance for the proposed project either are set out in full on this application, or are set out in full in exhibits attached to this application and incorporated by this reference;

The individual whose signature appears hereon is authorized to sign this application for the applicant.

A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW

_____ 7/8/03

Signature of individual authorized to sign application Date

FOR STATE USE ONLY:

DATE RECEIVED _____ PROJECT NO. _____

DATE COMPLETE _____

DATE APPROVED _____