



NEW YORK STATE
DEPARTMENT OF ENVIRONMENTAL CONSERVATION



BROWNFIELD CLEANUP PROGRAM (BCP)

ECL ARTICLE 27 / TITLE 14

DEPARTMENT USE ONLY
BCP SITE #:

07/2010

Section I. Requestor Information

NAME **Bevin Associates LLC**

ADDRESS **155 East 56th Street, 6th Floor**

CITY/TOWN **New York**

ZIP CODE **10022**

PHONE **212-980-8300**

FAX **212-752-4181**

E-MAIL **fbasin@klmconstruction.com**

Is the requestor authorized to conduct business in New York State (NYS)?

☒ Yes ☐ No

-If the requestor is a Corporation, LLC, LLP or other entity requiring authorization from the NYS Department of State to conduct business in NYS, the requestor's name must appear, exactly as given above, in the NYS Department of State's Corporation & Business Entity Database. A print-out of entity information from the database must be submitted to DEC with the application, to document that the applicant is authorized to do business in NYS.

NAME OF REQUESTOR'S REPRESENTATIVE **Elias S. Kefalidis**

ADDRESS **155 East 56th Street, 6th Floor**

CITY/TOWN **New York**

ZIP CODE **10022**

PHONE **212-758-7373**

FAX **212-752-4181**

E-MAIL **ek@klmconstruction.com**

NAME OF REQUESTOR'S CONSULTANT **Langan Engineering & Environmental Services**

ADDRESS **360 West 31st Street**

CITY/TOWN **New York**

ZIP CODE **10001**

PHONE **212-479-5400**

FAX **212-479-5444**

E-MAIL **jahayes@langan.com**

NAME OF REQUESTOR'S ATTORNEY **Scott E. Furman, Tannenbaum Helpen Syracuse & Hirschtritt LLP**

ADDRESS **900 Third Ave**

CITY/TOWN **New York**

ZIP CODE **10022**

PHONE **212-508-6750**

FAX **646-390-7001**

E-MAIL **Furman@thsh.com**

THE REQUESTOR MUST CERTIFY THAT HE/SHE IS EITHER A PARTICIPANT OR VOLUNTEER IN ACCORDANCE WITH ECL 27-1405 (1) BY CHECKING ONE OF THE BOXES BELOW:

☐ **PARTICIPANT**

A requestor who either 1) was the owner of the site at the time of the disposal of hazardous waste or discharge of petroleum or 2) is otherwise a person responsible for the contamination, unless the liability arises solely as a result of ownership, operation of, or involvement with the site subsequent to the disposal of hazardous waste or discharge of petroleum.

☒ **VOLUNTEER**

A requestor other than a participant, including a requestor whose liability arises solely as a result of ownership, operation of or involvement with the site subsequent to the disposal of hazardous waste or discharge of petroleum.

NOTE: By checking this box, the requestor certifies that he/she has exercised appropriate care with respect to the hazardous waste found at the facility by taking reasonable steps to: i) stop any continuing discharge; ii) prevent any threatened future release; and iii) prevent or limit human, environmental, or natural resource exposure to any previously released hazardous waste.

Requestor Relationship to Property (check one):

☐ Previous Owner ☒ Current Owner ☐ Potential /Future Purchaser ☐ Other _____

If requestor is not the site owner, requestor will have access to the property throughout the BCP project. ☐ Yes ☐ No
-Proof of site access must be submitted for non-owners

Section II. Property InformationCheck here if this application is to request significant changes to property set forth in an existing BCA: ☐

Existing BCP site number: _____

PROPERTY NAME 1676 Third Avenue

ADDRESS/LOCATION 1676 Third Avenue

CITY/TOWN New York

ZIP CODE 10128

MUNICIPALITY(IF MORE THAN ONE, LIST ALL):

Manhattan

COUNTY New York

SITE SIZE (ACRES) 0.02

LATITUDE (degrees/minutes/seconds) 40 ° 47 ' 1.95 "

LONGITUDE (degrees/minutes/seconds) 73 ° 57 ' 2.037 "

HORIZONTAL COLLECTION METHOD: ☐ SURVEY ☒ GPS ☐ MAP

HORIZONTAL REFERENCE DATUM: NAD 83

COMPLETE TAX MAP INFORMATION FOR ALL TAX PARCELS INCLUDED WITHIN THE PROPERTY BOUNDARIES. ATTACH REQUIRED MAPS PER THE APPLICATION INSTRUCTIONS.

Parcel Address

Parcel No.

Section No.

Block No.

Lot No.

Acreage

1676 Third Avenue

5

1522

40

0.021

1. Do the property boundaries correspond to tax map metes and bounds?

☒ Yes ☐ No

If no, please attach a metes and bounds description of the property.

2. Is the required property map attached to the application? (application will not be processed without map)

☒ Yes ☐ No

3. Is the property part of a designated En-zone pursuant to Tax Law § 21(b)(6)?

☐ Yes ☒ NoFor more information please see Empire State Development's [website](#).

If yes, identify area (name) _____

Percentage of property in En-zone (check one):

☒ 0-49%☐ 50-99%☐ 100%

4. Is this application one of multiple applications for a large development project, where the development

☐ Yes ☒ No

project spans more than 25 acres (see additional criteria in BCP application instructions)? If yes, identify name of properties in related BCP applications: _____

5. Property Description Narrative:

Please see the Addendum

6. List of Existing Easements (type here or attach information)

Easement HolderDescription

None

7. List of Permits issued by the NYSDEC or USEPA Relating to the Proposed Site (type here or attach information)

TypeIssuing AgencyDescription

Based on the available information, there are no existing permits.

If any changes to Section II are required prior to application approval, a new page, initialed by each requestor, must be submitted.

Initials of each Requestor: _____

Section III. Current Property Owner/Operator InformationOWNER'S NAME **Bevin Associates LLC**ADDRESS **155 East 56th Street, 6th Floor**CITY/TOWN **New York**ZIP CODE **10022**PHONE **212-980-8300**FAX **212-752-4181**E-MAIL **fbasin@klmconstruction.com**OPERATOR'S NAME **None**ADDRESS **N/A**CITY/TOWN **N/A**ZIP CODE **N/A**PHONE **N/A**FAX **N/A**E-MAIL **N/A****Section IV. Requestor Eligibility Information (Please refer to ECL § 27-1407)**

If answering "yes" to any of the following questions, please provide an explanation as an attachment.

- | | | |
|--|------------------------------|--|
| 1. Are any enforcement actions pending against the requestor regarding this site? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Is the requestor subject to an existing order relating to contamination at the site? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Is the requestor subject to an outstanding claim by the Spill Fund for this site? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Has the requestor been determined to have violated any provision of ECL Article 27? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5. Has the requestor previously been denied entry to the BCP? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. Has the requestor been found in a civil proceeding to have committed a negligent or intentionally tortious act involving contaminants? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7. Has the requestor been convicted of a criminal offense that involves a violent felony, fraud, bribery, perjury, theft, or offense against public administration? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 8. Has the requestor knowingly falsified or concealed material facts or knowingly submitted or made use of a false statement in a matter before the Department? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 9. Is the requestor an individual or entity of the type set forth in ECL 27-1407.8(f) that committed an act or failed to act, and such act or failure to act could be the basis for denial of a BCP application? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Section V. Property Eligibility Information (Please refer to ECL § 27-1405)

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|--|------------------------------|--|
| 1. Is the property, or was any portion of the property, listed on the National Priorities List?
If yes, please provide relevant information as an attachment. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Is the property, or was any portion of the property, listed on the NYS Registry of Inactive Hazardous Waste Disposal Sites?
If yes, please provide: Site # _____ Class # _____ | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Is the property subject to a permit under ECL Article 27, Title 9, other than an Interim Status facility?
If yes, please provide: Permit type: _____ EPA ID Number: _____
Date permit issued: _____ Permit expiration date: _____ | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Is the property subject to a cleanup order under navigation law Article 12 or ECL Article 17 Title 10?
If yes, please provide: Order # _____ | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5. Is the property subject to a state or federal enforcement action related to hazardous waste or petroleum?
If yes, please provide explanation as an attachment. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Section VI. Project Description

What stage is the project starting at?

☒ Investigation☐ Remediation

Please attach a description of the project which includes the following components:

- Purpose and scope of the project
- Estimated project schedule

Section VII Property's Environmental History

To the extent that existing information/studies/reports are available to the requestor, please attach the following:

1. Environmental Reports

A Phase I environmental site assessment report prepared in accordance with ASTM E 1527 (American Society for Testing and Materials: Standard Practice for Environmental Site Assessments: Phase I Environmental Site Assessment Process), and all environmental reports related to contaminants on or emanating from the site.

If a final investigation report is included, indicate whether it meets the requirements of ECL Article 27-1415(2): ☐ Yes ☒ No

2. SAMPLING DATA: INDICATE KNOWN CONTAMINANTS AND THE MEDIA WHICH ARE KNOWN TO HAVE BEEN AFFECTED. LABORATORY REPORTS SHOULD BE REFERENCED AND COPIES INCLUDED.

Contaminant Category	Soil	Groundwater	Surface Water	Sediment	Soil Gas
Petroleum	x	x			
Chlorinated Solvents	x	x			
Other VOCs					
SVOCs	x	x			
Metals					
Pesticides					
PCBs					
Other*					

*Please describe: Please see the Addendum

3. SUSPECTED CONTAMINANTS: INDICATE SUSPECTED CONTAMINANTS AND THE MEDIA WHICH MAY HAVE BEEN AFFECTED. PROVIDE BASIS FOR ANSWER AS AN ATTACHMENT.

Contaminant Category	Soil	Groundwater	Surface Water	Sediment	Soil Gas
Petroleum					
Chlorinated Solvents					
Other VOCs					
SVOCs					
Metals					
Pesticides					
PCBs					
Other*					

*Please describe: No additional contaminants are suspected beyond the known impacts.

4. INDICATE KNOWN OR SUSPECTED SOURCES OF CONTAMINANTS (CHECK ALL THAT APPLY). PROVIDE BASIS FOR ANSWER AS AN ATTACHMENT.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Above Ground Pipeline or Tank | <input type="checkbox"/> Lagoons or Ponds | <input checked="" type="checkbox"/> Underground Pipeline or Tank | <input type="checkbox"/> Surface Spill or Discharge |
| <input type="checkbox"/> Routine Industrial Operations | <input type="checkbox"/> Dumping or Burial of Wastes | <input type="checkbox"/> Septic tank/lateral field | <input type="checkbox"/> Adjacent Property |
| <input type="checkbox"/> Drums or Storage Containers | <input type="checkbox"/> Seepage Pit or Dry Well | <input type="checkbox"/> Foundry Sand | <input type="checkbox"/> Electroplating |
| <input type="checkbox"/> Coal Gas Manufacture | <input type="checkbox"/> Industrial Accident | <input type="checkbox"/> Unknown | |

Other: A UST was discovered during site grading activities

5. INDICATE PAST LAND USES (CHECK ALL THAT APPLY):

- | | | | | | |
|---|---|---|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Coal Gas Manufacturing | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Agricultural Co-op | <input type="checkbox"/> Dry Cleaner | <input type="checkbox"/> Salvage Yard | <input type="checkbox"/> Bulk Plant |
| <input type="checkbox"/> Pipeline | <input checked="" type="checkbox"/> Service Station | <input type="checkbox"/> Landfill | <input type="checkbox"/> Tannery | <input type="checkbox"/> Electroplating | <input type="checkbox"/> Unknown |

Other:

6. PROVIDE A LIST OF PREVIOUS PROPERTY OWNERS AND OPERATORS WITH NAMES, LAST KNOWN ADDRESSES AND TELEPHONE NUMBERS AS AN ATTACHMENT. DESCRIBE REQUESTOR'S RELATIONSHIP, IF ANY, TO EACH PREVIOUS OWNER AND OPERATOR. IF NO RELATIONSHIP, PUT "NONE".

Section VIII. Contact List Information

Please attach, at a minimum, the names and addresses of the following:

1. The chief executive officer and planning board chairperson of each county, city, town and village in which the property is located.
2. Residents, owners, and occupants of the property and properties adjacent to the property.
3. Local news media from which the community typically obtains information.
4. The public water supplier which services the area in which the property is located.
5. Any person who has requested to be placed on the contact list.
6. The administrator of any school or day care facility located on or near the property.
7. The location of a document repository for the project (e.g., local library). In addition, attach a copy of a letter sent to the repository acknowledging that it agrees to act as the document repository for the property.

Section IX. Land Use Factors (Please refer to ECL § 27-1415(3))

1. Current Use: ☐ Residential ☐ Commercial ☐ Industrial ☒ Vacant ☐ Recreational (check all that apply)
Provide summary of business operations as an attachment.

2. Intended Use Post Remediation: ☐ Unrestricted ☒ Residential ☐ Commercial ☐ Industrial (check all that apply)
Provide specifics as an attachment.

- | | |
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| 3. Do current historical and/or recent development patterns support the proposed use? (See #14 below re: discussion of area land uses) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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|---|---|
| 4. Is the proposed use consistent with applicable zoning laws/maps? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

- | | |
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| 5. Is the proposed use consistent with applicable comprehensive community master plans, local waterfront revitalization plans, designated Brownfield Opportunity Area plans, other adopted land use plans? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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- | | |
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| 6. Are there any Environmental Justice Concerns? (See §27-1415(3)(p)). | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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| 7. Are there any federal or state land use designations relating to this site? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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- | | |
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| 8. Do the population growth patterns and projections support the proposed use? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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- | | |
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| 9. Is the property accessible to existing infrastructure? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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- | | |
|---|---|
| 10. Are there important cultural resources, including federal or state historic or heritage sites or Native American religious sites within ½ mile? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

- | | |
|---|---|
| 11. Are there important federal, state or local natural resources, including waterways, wildlife refuges, wetlands, or critical habitats of endangered or threatened species within ½ mile? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

- | | |
|--|---|
| 12. Are there floodplains within ½ mile? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

- | | |
|--|---|
| 13. Are there any institutional controls currently applicable to the property? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|

14. Describe the proximity to real property currently used for residential use, and to urban, commercial, industrial, agricultural, and recreational areas in an attachment.

15. Describe the potential vulnerability of groundwater to contamination that might migrate from the property, including proximity to wellhead protection and groundwater recharge areas in an attachment.

16. Describe the geography and geology of the site in an attachment.

Section X. Statement of Certification and Signatures

(By requestor who is an individual)

If this application is approved, I acknowledge and agree to the general terms and conditions set forth in DER-32 *Brownfield Cleanup Program Applications and Agreements* and to execute a Brownfield Cleanup Agreement (BCA) within 60 days of the date of DEC's approval letter. I also agree that in the event of a conflict between the general terms and conditions of participation set forth in DER-32 and the terms contained in a site-specific BCA, the terms in the BCA shall control. I hereby affirm that information provided on this form and its attachments is true and complete to the best of my knowledge and belief. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.

Date: _____ Signature: _____ Print Name: _____

(By an requestor other than an individual)

I hereby affirm that I am MANAGER (title) of BEVIN ASSOCIATES LLC (entity); that I am authorized by that entity to make this application; that this application was prepared by me or under my supervision and direction. If this application is approved, I acknowledge and agree to the general terms and conditions set forth in DER-32 *Brownfield Cleanup Program Applications and Agreements* and to execute a Brownfield Cleanup Agreement (BCA) within 60 days of the date of DEC's approval letter. I also agree that in the event of a conflict between the general terms and conditions of participation set forth in DER-32 and the terms contained in a site-specific BCA, the terms in the BCA shall control. I hereby affirm that information provided on this form and its attachments is true and complete to the best of my knowledge and belief. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Date: 8/31/12 Signature: [Signature] Print Name: Elias Kefalidis

SUBMITTAL INFORMATION:

Three (3) complete copies are required.

- **Two (2)** copies, one paper copy with original signatures and one electronic copy in Portable Document Format (PDF) on a CD, must be sent to:
Chief, Site Control Section
New York State Department of Environmental Conservation
Division of Environmental Remediation
625 Broadway
Albany, NY 12233-7020
- **One (1)** paper copy must be sent to the DEC regional contact in the regional office covering the county in which the site is located. Please check our website for the address of our regional offices.

FOR DEPARTMENT USE ONLY

BCP SITE T&A CODE: _____ LEAD OFFICE: _____