

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
STATE ENVIRONMENTAL QUALITY REVIEW

**PRELIMINARY ENVIRONMENTAL ASSESSMENT
(FORM B)**

PART I - PROJECT INFORMATION (To Be Completed By Applicant or Sponsor)

1. LEGAL NAME OF APPLICANT/SPONSOR				
2. MAILING ADDRESS (Street/P.O. Box, City, Town, Village, State, Zip Code)				
3. CONTACT PERSON: Name		Title	Phone () Fax ()	
4. PROJECT NAME				
5. PROJECT LOCATION: Street Address		Floor	Suite/Room No.	
City, Town or Village		County	State	Zip Code
6. PROJECT DESCRIPTION (Specific Actions Proposed):				
7. OTHER REQUIRED STATE/LOCAL AGENCY APPROVALS (Check All That Apply) <input type="checkbox"/> OMH <input type="checkbox"/> OMRDD <input type="checkbox"/> DSS <input type="checkbox"/> Other(Specify): _____				
8. OASAS CERTIFICATION DATA (if applicable)				
Certificate Number	Date Issued	Expiration Date	Approved Capacity	Program Type or Modality/Environment
9. ZONING: is the project location in an appropriate zoning classification? <input type="checkbox"/> Yes <input type="checkbox"/> No Zoning Classification of the Site:				
10. COMMUNITY OPPOSITION: If applicable, identify the existence of community opposition, indicating the reasons for opposition.				
11. LOCATION CHARACTERISTICS DESCRIPTION: Describe the location characteristics of the proposed site and its surrounding buildings and land uses, public transportation, parking availability, and general traffic, etc.				
12. CERTIFICATION				
I CERTIFY that the information provided above is true to the best of my knowledge.				
_____ Signature of Applicant/Sponsor Representative		_____ Name (Print or Type)		
_____ Title (Print or Type)		_____ Date		

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Part II - ENVIRONMENTAL ASSESSMENT (To Be Completed By OASAS)

A. Review and check the following items that could result in any adverse effects from the actions proposed, and provide a brief explanation in the space provided below:

1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems.
2. Aesthetic, agricultural, archaeological, historic or other natural or cultural resources; or community or neighborhood character.
3. Vegetation or fauna, fish, shellfish or wild life species, significant habitats, or threatened or endangered species.
4. A community's existing plans or goals as officially adopted, or a change in use or intensity or use of land or other natural resources.
5. Growth, subsequent development, or related activities likely to be induced by the proposed action.
6. Long-term, short-term, cumulative, or other effects not identified in items 1-5 above.
7.

For each item checked above, indicate item number for reference and provide explanation below. (USE ADDITIONAL SHEETS, IF NEEDED)

B. Is there, or is there likely to be, controversy related to potential adverse environmental impacts? Yes No
If YES, explain briefly:

Part III - DETERMINATION OF SIGNIFICANCE (To Be Completed By OASAS)

INSTRUCTIONS: For each adverse effect identified in Part II, Section A above, determine whether it is substantial, large, important or otherwise significant. Assess each effect in connection with its (a) setting (i.e., urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed.

- Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL ENVIRONMENTAL ASSESSMENT (FORM C) and/or prepare a positive declaration.
- 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 AND provide any attachments and reasons, as necessary, supporting this determination. Then, proceed to prepare a NEGATIVE DECLARATION.

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

(Lead Agency)

Agency Reviewer

Title of Agency Reviewer

Signature of Agency Reviewer

Date

Walter T. Kiang, AICP

Responsible Officer in Lead Agency

Environmental Review

Title of Responsible Officer in Lead Agency

Signature of Responsible Officer in Lead Agency

Date