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**2<sup>nd</sup> ADDENDUM TO EXPANDED ENVIRONMENTAL  
ASSESSMENT REPORT, DATED OCTOBER 6, 2016**

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***PROPOSED SPECIALTY  
HOSPITAL***

***2016 QUAKER RIDGE ROAD  
TOWN OF CORTLANDT, NY***

*Prepared for:*

**Hudson Ridge Wellness Center, Inc. and  
Hudson Education and Wellness Center**  
72 North State Road, Suite #502  
Briarcliff Manor, NY 10510

*Prepared by:*



JMC Project 14088

*Project Attorney:*

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120 East Main Street  
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*Date:*

July 10, 2017

July 10, 2017

David Douglas, Chairman and Members of the  
Town of Cortlandt Zoning Board of Appeals  
Town Hall  
1 Heady Street  
Cortlandt Manor, NY 10567

Loretta Taylor, Chairperson and Members of the  
Town of Cortlandt Planning Board  
Town Hall  
1 Heady Street  
Cortlandt Manor, NY 10567

Re: JMC Project 14088  
Proposed Specialty Hospital  
2016 Quaker Ridge Road  
Town of Cortlandt, New York

**2<sup>nd</sup> Addendum to Expanded Environmental Assessment Report Submission**

Dear Chairperson Taylor and Chairman Douglas, and Members of the Boards:

We submitted an “Expanded Environmental Assessment”, dated October 6, 2016 to the Zoning Board of Appeals. An Addendum to the Expanded Environmental Assessment Report was dated April 10, 2017, and responded to questions raised and statements made up to that date regarding this application.

This 2<sup>nd</sup> Addendum to the Expanded Environmental Assessment Report responds to questions raised and statements made by the public and the attorneys and planner retained by certain residents of the Town regarding this application either at or following the 04/19/2017 ZBA Meeting.

We provide the below responses to questions and statements which have been received to-date by JMC from the Town.

The list of Appendices is as follows:

- Appendix ‘A’ Public Comment Correspondence
- Appendix ‘B’ Letter from Leggette, Brashears & Graham, Inc., dated May 23, 2017

## Traffic and Water Supply Summary

### I. Traffic

As demonstrated on Table III.C-4 (Appendix K) of the “Expanded Environmental Assessment”, dated October 6, 2016, the proposed Specialty Hospital has lower traffic volumes than other uses permitted in the R-80 district with no requirement of access to state roads (such as private schools, places of worship with associated religious school, and governmental buildings) and the proposed hospital will generate substantially lower traffic volumes than were generated for many years by previous uses of the property which permitted 225 people on the site.

As documented in the EEA, the existing Levels of Service will not change, and there will be minimal traffic impact from the proposed specialty hospital. Utilizing the conservative, higher traffic volumes analyzed in the EEA, all the intersections operate with minimal delays at Level of Service A, which represents the shortest delays and is the best possible level of service.

The following points provide an overview of traffic mitigating factors associated with the proposed specialty hospital.

- The clients will not drive and there will generally be no visitors, except on weekends when only 25% of the clients' potential visitors will be permitted.
- Clients will typically be transported to/from the hospital by shuttle vehicle operated by the hospital, which will pick up and drop off at their home, train station or other locations as required.
- The majority of site generated traffic volumes will be comprised of staff spread over 4 shifts.
- A portion of the employees will utilize a shuttle van for transport to and from the train station and/or will use a shuttle van to and from an off-site location controlled by the applicant, thereby reducing highway trips.
- All of the employee shifts are off-peak compared to the peak AM and PM highway hours. Shift 1 begins at 6:00 AM; Shift 1A begins at 9:00 AM; Shift 2 begins at 2:00 PM; and Shift 3 begins at 10:00 PM.
- The greatest number of staff trips will occur for the afternoon 2:00 PM shift during a non-peak traffic highway hour.
- To provide a very conservative traffic analysis, we have assumed for purposes of the traffic study that the two morning shifts (6:00 AM Shift 1 and 9:00 AM Shift 1A) are combined into one shift. In reality, these shifts are split and the traffic trips will be **fewer** than analyzed.

- Although Shift 1 and Shift 2 do not correspond to the peak AM and PM highway hours, the traffic analysis assumes that they do indeed correspond to the peak AM and PM highway hours, again providing a very conservative analysis.
- Likewise, the reduced employee trips resulting from the use of the two shuttle vans have not been deducted for purposes of the traffic analysis, again providing a very conservative analysis.
- Trips by 3<sup>rd</sup> party service providers, such as deliveries of food/perishables, pharmacy, garbage collection, laundry, etc., will likely average one (1) vendor delivery per business day Monday through Friday, with no deliveries on weekends.
- The Year-One census for the Specialty Hospital will be 42 clients and 73 staff. The full census of 92 clients and 86 staff will not be reached for 5 years, which was assumed in the traffic analysis as the year 2022 Build condition.
- The traffic counts conducted at the comparable High Watch Recovery Center in Kent, CT, after a proportionate adjustment for the Specialty Hospital, were lower than those used in the traffic analysis for the Specialty Hospital.

## 2. Water Supply

Appendix “B” provides an overview of the water demand for the proposed use and any potential impacts. LBG, the hydrogeological consultant, evaluated the groundwater balance of the proposed water demand. Such groundwater balance compares the available precipitation recharge to the property with the estimated consumptive water-supply demand of the proposed use. This comparison determined that the property is self-sufficient in providing the groundwater resources required by the proposed use. If the proposed water demand exceeds the available recharge, contributions from outside of the property boundaries would need to be considered. This is not the case for the proposed use. If precipitation recharge meets or exceeds the demand, the water supply should be reliable and not adversely affect the aquifer. This is the case for the proposed use.

The analysis concludes that groundwater recharge to the project site demonstrates that there is **substantially** more than sufficient water available to meet the proposed use’s water demands and that pumping the HRWC wells should not have any impact on offsite neighboring wells. However, because pumping the onsite wells has the potential to influence water levels and affect low-yielding wells (wells less than 2 gpm) and shallow bedrock wells (less than 150 feet in depth) if the bedrock fractures which supply water to the wells are interconnected, the only definitive method of quantifying well interconnection is to pump the onsite well(s) and measure water levels in neighboring wells for potential impact. An offsite well survey on neighboring wells to address any potential concerns of offsite impacts related to this proposed project has been recommended (see Attachment I within Appendix ‘B’).

**A. Comment Memo from Karen Wells, dated April 19, 2017**

**Comment 1**

*In which buildings would patients reside and how many patients would be in each building?*

*The locations of the buildings to the property lines vary. Housing certain activities in those buildings closest to the property line will have a greater impact on the adjoining neighbors. There is also the issue of density of use in each building. Density goes to understanding the expected nature of noise, light, etc. from a building in addition to understanding the amount of foot traffic coming and going between buildings. It is also my understanding that at Silver Hill Hospital, the comparison put forth by the applicant, there are smoking gazebos near each residential unit - given the proximity of some of the buildings to residential homes understanding where the smoking gazebos will be is important in understanding the impact the second hand smoke will have on the enjoyment of these homes.*

**Response 1**

The large majority of the patients will stay in Building #1, which is at a distance of approximately 180 feet from the northerly property line and approximately 330 feet from the nearest adjoining homes.

There will be designated smoking areas for both clients, family members and staff located outside adjacent to Building #1 (the main treatment building) and Building #7, which are both situated in the central portion of the property. Smoking will be limited to the southern side of each building, which is facing away from and at a distance of approximately 275 feet from the northerly property line for Building #1, and approximately 210 feet from the northerly property line for Building #7. The smoking areas of Building #1 and Building #7 will be approximately 400 feet and 445 feet distant, respectively, from the nearest adjoining homes.

**Comment 2**

*What recreational opportunities will be available to the patients and where will they take place?*

*Understanding what recreational activities will be offered will help us understand what noise and foot or vehicle traffic will be caused by such activities. For example, at Silver Hills there is a gym, an indoor pool, tennis courts, and a basketball court. Are these planned for the Hudson Wellness Center? If yes, understanding where they will be located is important in understanding the impacts. A pool will require additional commercial traffic to care for the pool. If it is an indoor pool, this would require extensive renovation of any of the existing buildings. Would the pool water be taken from the local aquifer or brought in by tanker? If there is a gym, would the gym have personal trainers? If yes, are they included in the count of personnel currently put forth by the applicant?*

## **Response 2**

Exercise groups, yoga and individual exercise are planned to be available inside the main building and on-campus grounds, weather permitting. These types of activities generate little noise. There are no plans to construct an indoor or outdoor pool, basketball court, tennis courts, etc., which are potentially noisier activities. HEWC plans on a very limited basis to have professional physical trainers available for evaluation and support of clients interested in training services. The trainer function would be contract only and part-time. Only a limited number of patients are anticipated to request an evaluation of their physical status and set-up with an individual training program by a trainer, and the number of appointments would be limited. Workout activities would be held both indoors and outdoors on the campus. The outdoor area for any individual training program by a trainer or other outdoor exercise activity weather permitting would be situated at and limited to the rear (south) area adjacent to Building #1, which is facing away from and at a distance of approximately 275 feet from the northerly property line nearest to Building #1, and approximately 400 feet distant from the nearest adjoining home. The smoking area and the individual training program area would be in the same general area but separate. A part-time position equivalent for a trainer would be utilized from the existing staffing projections. A trainer would be on-campus a maximum of 2-3 days per week.

## **Comment 3**

*What non-medical services will be offered and where will they take place?*

*It is unclear what non-medical services Hudson Wellness will provide, if any. But this is something which needs clarification so that we can understand the full use of the property.*

## **Response 3**

Clinical non-medical program services will include Diagnostic Assessment (approximately three to five days); Residential Treatment (approximately 28 to 45 days total) including Individual, Group and Family Counseling, Case Management, Urine Drug Screening, Transition / Discharge Planning and Continuing Care services.

The clinical treatment services identified above in the behavioral health field are not considered medical by definition within the field. The “non-medical” services would be provided by staff nurses, councilors and technicians in designated office space and group room areas throughout building #1 and office and group space designated in building #s 2 – 7.

## **Comment 4**

*What medical services will be offered and where will they take place?*

*Understanding what medical services will be offered is one of the only means we have of fully understanding the commercial traffic needed to support such services. In addition, this understanding will enable us to comprehend how each building will be used - an important consideration when trying to determine the environmental impact. For example, Silver Hills - the comparison put forth by the applicant - appears to have a stand-alone laboratory. Where will Hudson Wellness locate their laboratory and what renovations would be needed to support a laboratory?*

#### **Response 4**

The limited medical services that will be provided will include a Health and Physical Examination / screening for all clients at admission, Urine Drug Screening at admission and periodically while in treatment, and Psychiatric Assessment, if indicated. HEWC will screen all new potential patient for any psychiatric history, symptoms or diagnosis during initial their contact, screening and assessment prior to admission. No person shall be admitted into HEWC treatment services with any identifiable / known serious psychiatric problem or history. Psychiatry is a medical specialty specific to symptoms of mental illness. Psychiatric evaluation services should be available at HEWC if nurses or counselors believe that a specific patient should need to be evaluated by a physician (MD or OD) and/or physician assistant (PA) or a nurse practitioner (NP) for any previously undiagnosed / identified psychiatric symptoms that present during their treatment stay at HEWC. Due to the initial screening so as to exclude any patients with any serious psychiatric history or symptoms from admission, referrals for psychiatric evaluation will be a very limited service at HEWC will most likely occur on a very infrequent basis. No laboratory is planned for HEWC. The medical services offices will be located in designated private office areas throughout the main #1 building. If a client experiences some type of medical problem or injury, nursing staff will evaluate and treat the problem or injury and if indicated, consult with a physician. If a medical emergency is determined to exist, medical staff will immediately attend to the individual and contact 9-1-1 for emergency medical assistance.

The contract staff would be part of the staff count of two (2) physician or advanced practice nurse FTE's. Also budgeted are two (2) psychologist FTE's which would be utilized to staff this service.

#### **Comment 5**

*Where will the patients and staff eat? How many will be in the building at one time?*

*Again, the use and expected density of use of each building is important in understanding the impact to adjoining property owners. For example, if residents must walk during non-daylight hours this will mean lighting is needed. There is also the question of outdoor dining options - will there be any and where will they be located? It is also my understanding that at Silver Hills, there are kitchen facilities available to residents in addition to a main dining hall. Understanding this will help us better assess water and waste water impacts along with understanding the commercial services needed to support these features.*

## **Response 5**

The Lighting Plan for the project will be submitted to the Planning Board as part of their review, and will depict the location of the proposed lighting. All exterior lighting fixtures will be residential in character, downward directed and dark sky compliant so there is no light trespass onto adjoining properties. Low level bollard-type lighting will be used in the parking areas and sidewalks. The proposed lighting will not impair the established character of the adjoining properties, in conformance with Section 307-73.C of the Town of Cortlandt Zoning Code.

As stated in Response A I.d of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, lights out for the residents is at 10:30 PM.

There is no outdoor dining, and the residents will have no individual kitchen facilities. All dining will be inside, and the dining area is on the 1st floor of Building #1, and will accommodate up to sixty (60) patients and staff dining needs at any one time. A separate private dining area would be established if needed. Staff may dine alongside / with patients. As dining shifts would be staggered, it is anticipated that no more than sixty (60) people would be dining at any one time.

With staggered shifts I and IA totaling a projected 35 staff at peak projected patient census and projected first year peak patient census at a maximum of 42 patients, it is anticipated that a combined total of 77 staff and patients will occupy building #1 at “one time”.

## **Comment 6**

*When visitors are on site, where will they park and where will visits take place?*

*At any facility the amount and location of parking is important to understanding the impact on the community. This is a residential community with no large commercial parking lots. Identifying the location and amount of parking should be particularly important when you consider the comparison hospital put forth by the applicant has 14 parking lots. If this type and amount of parking is required, this calls into question the claims by the applicant that there would be limited land disturbance. Parking lots also necessitate lighting. Understanding the location of this lighting and the hours of operation is important in understanding the impact on the community.*

## **Response 6**

With regards to the parking provided on the property, as discussed in Section III.C.4 of the “Expanded Environmental Assessment”, dated October 6, 2016, the Town of Cortlandt parking requirements for hospitals is one parking space for each patient and one space for each employee on the maximum shift. Based on the Town requirement, a total of 135 spaces are required. However, the actual parking requirements for the proposed specialty hospital will be far less than parking associated with a typical general hospital and will be more like a nursing home. There will be no emergency rooms and no daily visitors. The clients will not have their own vehicles on site, and so the proposed use is more like a nursing home, which requires less parking than a hospital use, or even less because visitation to nursing homes is not restricted. For the specialty hospital use, visitation is limited to 25% of clients being permitted to have

visitation on one Saturday per month. Accordingly, far fewer spaces than the required 135 will actually be needed or utilized at the site.

The Site Plan (see the “Expanded Environmental Assessment” dated October 6, 2016) shows the proposed 77 parking spaces which will be provided by essentially resurfacing **the existing parking areas** and striping the parking spaces, with minimal improvements and some gravel parking spaces provided, as well as an additional potential 58 landbanked spaces which would not be constructed initially, but which could be provided to meet the Town requirement should ever it become necessary in the future to do so. Since these 135 spaces and potential spaces will not be required for the specific use, a parking waiver or landbank/parking waiver special permit is being requested from the Town, pursuant to sections 307-59(B)(6) or 307-34.1, respectively.

The Lighting Plan for the project will be submitted to the Planning Board as part of their review, and will depict the location of the proposed lighting. All exterior lighting fixtures will be residential in character, downward directed and dark sky compliant so there is no light trespass onto adjoining properties. Low level bollard-type lighting will be used in the parking areas and sidewalks. The proposed lighting will not impair the established character of the adjoining properties, in conformance with Section 307-73.C of the Town of Cortlandt Zoning Code.

As stated in Response A I.d of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, lights out for the residents is at 10:30 PM.

### **Comment 7**

*Ralph Mastromonoco states that a generator will be installed for the septic system in case of disruption in electrical service. Where will this generator be located and will it be the only generator? In the same report, Mr. Mastromonoco states that the septic tank can hold the hospital's effluent for approximately half of one day if there is an electric disruption and the generator does not function as expected. Given the extensive electric outages in our area, this appears to be an inadequate solution. Will this cause the need for more generators and where will they be located?*

*This is an important question that needs to be addressed to understand the potential impact not only on the Greater Teatown community but on the drinking water of Ossining. Generators are noisy and require regular "exercise" for maintenance purposes. Understanding the size and location of the generator is necessary to understanding the impact of the noise pollution. Servicing generators and septic fields is also something that requires commercial support. Understanding the expected commercial traffic is another element that is important in understanding the environmental impact of this project. There is also the question of septic failure if electric service is interrupted and the generator fails to engage. Thus understanding the location of the septic field(s) requiring mechanical support is important especially since the Ossining water supply is supported by land in this area.*

## **Response 7**

The emergency generator may be located either in the basement of the main building or on the easterly side of the main building, which is approximately 180 feet from the nearest (northern) property line, and approximately 400 feet from the nearest home. Only one generator is needed for the site. The generator is nominally 6 feet long by 4 feet wide and 5 feet high and would be contained in a noise-dampening enclosure with mufflers.

The protocol specified for catastrophic electrical failures are as follows, roughly in sequence:

1. Engage generator to activate pumps;
2. Limit water use in the buildings that are tributary to the pump system;
3. Allow tanks to fill for one half day;
4. Order pump trucks to carry flow to local sewage treatment plants;
5. The septic fields are downhill from the buildings thus the system will be allowed to manually override and the septic fields can operate without electricity\_during an emergency;
6. Cease water usage flow into the septic fields.

The generators would be serviced by site personnel, with no more than one manufacturer service visit per year.

As stated in Response L4 of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, and illustrated in Appendix C of that report, a portion of the property drains to the east, which eventually drains to the Little Lake and the Indian Brook Reservoir, which supplies public drinking water to the residents of Ossining. The site’s existing septic system, which is located in the Indian Brook watershed, has been in operation for years. If there was any concern about risks to drinking water this would have been evident in the past.

In addition, water from the Indian Brook Reservoir is treated at the Indian Brook Water Filtration Plant. Indian Brook Reservoir accounts for approximately 22% of Ossining’s water supply, with the remaining 78% sourcing from the Croton Reservoir. The raw water entering the plant is filtered. It undergoes several treatment processes, which, according to the Village of Ossining’s 2015 Annual Drinking Water Quality Report, include oxidation, aeration, coagulation/flocculation, sedimentation, filtration, ph/corrosion control, fluoridation and disinfection. The treated water is then pumped into the distribution system for the public's use.

## **Comment 8**

*The applicant refers to pharmacy deliveries. What is the nature of the pharmacy deliveries? In which building(s) will pharmaceuticals be stored and/or available? What type of pharmaceuticals will be on site?*

*Certain pharmaceuticals must be kept in secure locations because they are prone to theft and misuse. Understanding which, if any, building will house such pharmaceuticals is important in understanding the use of the buildings and what commercial services will be needed to support them. Understanding the range of pharmaceuticals will also help us better judge the amount of commercial traffic needed to supply these items.*

### **Response 8**

Pharmacy services was used in the Project Description Narrative as an example of possible deliveries to the facility. There will be no onsite pharmacy at HEWC, as no medications for the treatment of addictions will be utilized or stored onsite. Onsite medications would only include patient personal medication prescribed to them by their personal physician(s) and brought into the facility with them at admission (i.e. personal prescribed medications for patient's high blood pressure, epilepsy, diabetes, etc.). These personal medications will be inventoried and securely stored in the main facility by HEWC medical staff for self-administration when needed by the client. Clients will be encouraged to bring a 30 to 45 day supply of their own medications at admission. As stated above, the HEWC medical director will evaluate and approve the need for continuing of these personal medications at admission, and prescribe as needed when patient's personal medication supply runs low / out. Delivery of these medications ordered by the HEWC medical director may either be delivered to or picked up at the local pharmacy by HEWC staff, as needed. Frequency of this traffic would be no more than 2-3 times per week by car due to the small size of the pharmaceutical deliveries.

Medical services offices will be situated in Building #1 and patient medications will be stored securely in the medical offices. As stated above, these personal medications will be inventoried and securely stored in the main facility by HEWC medical staff for self-administration when needed by the client.

### **Comment 9**

*Given the 24 hour nature of operating a commercial hospital, where will lighting be and during what hours will each section of lighting operate?*

*Greater Teatown is a community with extremely low levels of light pollution. There are no street lights and because of the R-80 zoning light pollution levels from residences is low. Understanding the light pollution that a commercial hospital will bring into the community is necessary to assess the impact and unfortunately to date, the applicant has provided only minor information on the location, amount, or timing of lighting. The issue of lighting also circles back to the question of building use - without understanding the use of each building, it is impossible to understand the lighting needs and in turn the light pollution.*

### **Response 9**

The proposed hospital is not a general, "commercial" type of hospital. As stated in the "Expanded Environmental Assessment" dated October 6, 2016, it is rather a residential

rehabilitation hospital, which is much more residential in character than a general hospital that treats all types of medical conditions on a 24-hour basis including emergencies, and has daily visitors.

As such, and as stated in Response J2 of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, proposed site lighting, where required, will be more residential in character and downward directed and dark sky compliant so there is no light trespass onto adjoining properties. Low level bollard-type lighting will be used in the parking areas and sidewalks. Lights out is at 10:30 PM. Also, there are limited employee arrivals/departures at the night shift change at 10:00 PM with the use of the two shuttle vans. The nearest residence is approximately 320 feet distant and upgradient from Building #1 (the main treatment building), and buffered by a solid 6-foot high fence on the Specialty Hospital property and by a wooded buffer on the residential property.

### **Comment 10**

*The applicant mentions security staff. How many will be on the property at any one time and where will they be stationed?*

*Understanding the security staffing is necessary to understand the impact on the character of the neighborhood given that, to my knowledge, there are no other facilities in the Greater Teatown community that have an extensive security staff. This is not to imply that the patients are a threat to the community - in fact I believe they are NOT a threat to the community. The issue at hand is that the presence of a security staff for any purpose is not in line with the character of a bucolic residential community. Security staffing also requires transport and uniforms - all of which bring commercial traffic to a residential community.*

### **Response 10**

HEWC has five (5) security full time equivalent (FTE) positions budgeted for the facility. We agree that the clients are not a threat to the local community. The security staff are responsible for the ongoing safety of clients, staff and other visitors to the HEWC campus. Ensuring the safety and confidentiality of clients is of primary importance. The security staff will monitor for trespassers on the property, assist staff with ensuring the monitoring and safety of any clients that may want to leave the program / property against staff advice, and any other safety and security related issue that may arise. The security staff will not be armed with weapons of any type. They will communicate with radios for communication purposes. HEWC Security staff will be trained in security monitoring and control procedures / strategies for this type of facility. Security staff will be trained to utilize temporary physical “holds” when required by the specific situation where in the unlikely event that someone may be considered a danger to harm themselves or others, until the situation is resolved.

The security staff will commute to the facility like any other employee, and may be required to use off-site parking and the shuttle van. Uniforms will be commercially laundered and use the same once weekly laundry service pick-up/drop-off (see Response G1).

### **Comment 11**

*Where will the commercial kitchen be located?*

*Commercial kitchens cause both odor and noise pollution. Knowing the location of this kitchen is paramount in understanding the impact on adjoining properties. Given that the kitchen may also be operating 24 hours, it is important to understand the timing and extent of all related activity including but not limited to light, noise, traffic - both foot and vehicular - that will occur. Without this information, it is impossible to fully and accurately determine the impact granting a variance will have on the community.*

### **Response 11**

HEWC will not operate a “commercial” kitchen at the facilities, and it will not be operating 24 hours because the proposed hospital is not a general, “commercial” type of hospital. As stated in the “Expanded Environmental Assessment” dated October 6, 2016, it is rather a residential rehabilitation hospital, which is much more residential in character than a general hospital that treats all types of medical conditions on a 24-hour basis including emergencies, and has daily visitors. The HEWC kitchen will be located in the 1<sup>st</sup> floor of Building #1 where the original kitchen was located, with an adjoining dining room.

There is no outdoor dining, and the residents will have no individual kitchen facilities. All dining will be inside, and the dining area is on the 1st floor of Building #1, and will accommodate up to sixty (60) patients and staff dining needs at any one time. A separate private dining area would be established if needed. Staff may dine alongside / with patients. As dining shifts would be staggered, it is anticipated that no more than sixty (60) people would be dining at any one time.

### **Comment 12**

*Where will the septic fields be located?*

*The location of septic fields leads to an understanding of impact of septic field failure. Given the proximity of land serving the Ossining water supply, this is critical information.*

### **Response 12**

The location of the septic fields is depicted on the Site Plan (see the “Expanded Environmental Assessment” dated October 6, 2016).

As illustrated in Appendix C of the Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, the existing properly functioning septic system and one of the new state of the art septic fields is on the portion of the property that drains to the east, which eventually drains to the Little Lake and the Indian Brook Reservoir, which supplies public drinking water to the residents of Ossining. The site’s existing septic system, which is located

in the Indian Brook watershed, has been in operation for years. This on the furthest periphery of the Indian Brook watershed. If there was any concern about risks to drinking water this would have been evident in the past.

In addition, water from the Indian Brook Reservoir is treated at the Indian Brook Water Filtration Plant. The raw water entering the plant is filtered. It undergoes several treatment processes, which, according to the Village of Ossining's 2015 Annual Drinking Water Quality Report, include oxidation, aeration, coagulation/flocculation, sedimentation, filtration, ph/corrosion control, fluoridation and disinfection. The treated water is then pumped into the distribution system for the public's use.

**Comment 13**

*What renovations are planned for the buildings?*

*The applicant claims no new building will be needed. However given the extensive services and accommodations a hospital such as the one the applicant is proposing, it is logical that, at the very least, extensive renovations will be needed. The extent and type of renovation is necessary to understand the impact on the community. Altering the exterior or making additions to the existing buildings will have an impact. This in turn must be considered when developing an understanding of the overall impact allowing an area variance will have.*

**Response 13**

Approximately \$1.5 million have been spent in renovations to-date, so a significant percentage of the renovations has already been completed. No additions to the existing buildings are proposed. Appendix O of the "Expanded Environmental Assessment", dated October 6, 2016, illustrates repairs and renovations completed as of that date.

**Comment 13B**

*This first set of questions all center around what activities will take place and where will they happen. To help this Board and the community better understand these potential impacts, we need an electronically accessible site plan that addresses these questions in detail.*

**Response 13B**

A Site Plan is depicted as a Figure in the "Expanded Environmental Assessment", dated October 6, 2016. The Site Plans will be further developed as part of the Planning Board review of the project.

**Comment 14**

*To understand the transient commercial nature this facility brings to a residential community, additional questions need answers:*

*How long will patients stay at the hospital?*

*By definition, residential neighborhoods are locations in which people stay for extended periods of time. In the Greater Teatown community, many people have lived here for decades. Having a portion of the population stay short periods of time brings a transient element to the community that will alter the character of the residential neighborhood. Each new patient brings additional traffic and a new set of visitors. This is vastly different than the Danish Home where the residents live full time. The range given by the applicant is 28 - 45 days. Narrowing this down enables a better understanding of the magnitude of the issue. For example, if patients stay 28 days at the proposed 92 bed facility, this will mean each year 1,199 non-residents will descend on the residential neighborhood. In addition, assuming each resident has a group of four visitors during the one visit allowed during a 28 day stay, this will mean an additional 4,784 non-residents coming into the community. In total assuming a 28 day stay, the annual impact of patients and visitors ALONE: 5,983 non-residents descending on a community that is characterized by its low density and tranquil nature.*

#### **Response 14**

The HEWC addictions treatment program model client length of stay (LOS) is anticipated to be between 28 and 45 days. In some cases, clients may stay for a shorter or longer period of time depending on the client's desire not to continue in treatment or it is recommended by clinical and medical staff that some clients extend their length of stay based on their assessed need to continue longer than 45 days, generally no longer than 60 days total.

Re: "Each new patient brings additional traffic and a new set of visitors. For example, if patients stay for 28 days at the proposed 92 bed facility, this will mean each year 1,199 non-residents will descend on the residential neighborhood." This false assumption is based on full capacity of 92 patients during year 1. This estimate is not realistic for a new start-up treatment program. During year 1 of operation, HEWC projects a maximum capacity of 42 patient capacity census, which would reduce this patient estimate to 548 new clients annually and not 1,199. The original HEWC feasibility analysis projected a 5% annual increase in new patient census in operational years 2 through 10.

In any case, the clients are not anticipated to have interactions with the neighborhood, and as such will be largely invisible to the neighborhood with a resultant lack of impacts. In addition, as discussed in Response A I.c. of the Addendum to Expanded Environmental Assessment Report", dated April 10, 2017, there will never be more people on the property at any one time than the ultimate full capacity of 178 combined patients and staff (92 plus 86), but never at one time because the employees work on shifts. Maximum occupancy at one time would not exceed approximately 133 during the maximum shift. For example, the lack of traffic impacts for the proposed use has been discussed thoroughly in many places, including Section C of the "Expanded Environmental Assessment", dated October 6, 2016, and in Response A I.a.i of the "Addendum to Expanded Environmental Assessment Report", dated April 10, 2017, and Tables III.C-4 and SI submitted to the ZBA at their April 19, 2017 meeting. Also see Response B2, below.

Re: “Assuming each resident has a group of four visitors during the one visit allowed during a 28 day stay, this will mean an additional 4,784 non-residents coming into the community.” This estimated total of non-residents coming into the community in the statement above is not accurate. A maximum of 25% of current patients’ family members will be invited to participate in family program activities each weekend. Based on previous experience with family member weekend participation, there is not 100% participation by all families and when family members do attend the family weekend activities it is usually a spouse, parent or parents totaling 1 to 3 individuals. Based on more conservative estimates, during year 1 with an average 42 patient census, 11 families will participate with 2 members attending for a total of 22 additional “non-residents” per week or a total of 1,144 family members annually on campus in support of the patient’s recovery, and not 4,784 noted above, and again to emphasize, not on any one weekend but annually. The weekly 22 family member participants will only visit on weekends and not during peak traffic hours.

Re: “In total assuming a 28 day stay, the annual impact of patients and visitors ALONE: 5,983 non-residents descending on a community that is characterized by its low density and tranquil nature.” Based on the estimates above, the estimated total of 5,983 annually is not realistic. Based on the projected 1<sup>st</sup> year patient census of 42 new patients at any one time, an estimated total of 1,692 new patients and family members will visit the HEWC campus on an annual basis, and not 5,983. While 1,144 of the total 1,692 would only be on campus on weekends, and over an annual basis and not on an individual weekend. Annual numbers seem large because of the large span of time they cover, and are thus quite misleading.

### **Comment 15**

*What is the plan for handling medical emergencies at the hospital?*

*Given the facility would bring a larger density of people to the community than if the property was developed, as by code, using R-80 single family home construction, it is important to understand the impact of medical emergencies at this hospital. What type and number of medical emergencies is statistically normal for a hospital of this nature? How many ambulance responses should the community expect?*

### **Response 15**

If a client experiences some type of medical problem or injury, HEWC nursing staff will evaluate the situation and treat the problem or injury as indicated, and if indicated, consult with the program physician. If a medical emergency situation occurs with clients, staff or visitors, the onsite medical team staff will immediately evaluate the situation and determine the most appropriate response. If a medical emergency is determined to exist, medical staff will immediately attend to the individual and contact 9-1-1 for emergency assistance. Research into the type and number of projected “medical emergencies” that is “statistically normal for this type of facility” was not located. Writers researched the US Department of Health and Human Services – Substance Abuse and Mental Health Services Administration (SAMHSA) website and the New York State Office of Alcoholism and Substance Abuse Services (OASAS) and were not

able to locate data related to the type and number of medical emergencies for a residential program facility.

**Comment 16**

*Where will staff park and be shuttled from? How will the hospital enforce this arrangement?*

*The applicant repeatedly states that staff will arrive by passenger van. Although it is a challenge to believe that this statement will be true in reality, it is important to understand the location from which the staff will be picked up by these vans. For staff that will be driving and then taking the van, where will they be parking their cars? Obviously, these issues must be understood before a variance can be granted because without this information, there is no way to know what community or communities will be impacted by issuing the variance. In addition, any community which will face such an impact deserves notification and a chance to voice any concerns before a decision on a variance is granted.*

**Response 16**

The Hudson Education Wellness Center (HEWC) will have an administrative office outside of the greater Teatown neighborhood, where parking for the employees taking the shuttle van will be provided. The administrative office will be between 10-15 miles from the Specialty Hospital.

**Comment 17**

*Will there be nurses, doctors or other professionals on call at the facility?*

*On call arrangements are common at hospitals but are not common in residential neighborhoods. Understanding the expected impact of on call staff is needed to fully appreciate the impact on the community.*

**Response 17**

HEWC staffing plans includes having fifteen (15) nurses and twenty-three (23) social workers, counselors and technicians available for onsite shift coverage. One (1) physician will be available onsite during daytime hours and available for on call telephone consult 24/7 to address questions by medical and clinical staff. On call nurses, social workers, counselors and technicians will be available to be called in to work on short notice when unexpected staff absences / paid time off occurs, which will not affect the traffic because this would be a temporary replacement for the employee that is absent.

**Comment 18**

*What arrangements for snow and ice removal are to be expected given the need to keep the facility accessible during all hours?*

*The residential community in which the facility is proposed does not have a location which requires 24 hour access. Thus, snow and ice removal is not required at all hours nor do the residential buildings*

*require the extensive snow removal a commercial facility will require. Understanding the impact of commercial traffic and the timing of this traffic needed to keep the property free of snow and ice during both regular and intensive snow fall in winter is needed to help assess the impact of this facility on the community before issuance of any variance.*

### **Response 18**

Snow removal will be handled by on-site staff, and thus there will be no additional traffic associated with snow removal operations.

### **Comment 19**

*What is the full extent of expected commercial traffic? The applicant only offers examples.*

*The applicant does not address the full range of commercial traffic needed to support a luxury hospital. It is imperative that the traffic impact consider all - not just examples - of service providers and deliveries that will travel the local roads of the community.*

### **Response 19**

Based on a discussion with a similar facility that is in operation, the estimated weekly delivery traffic would be:

- 5-6 food deliveries weekly (truck size depends on the vendor, but food deliveries aren't made using tractor trailers to this type of account)
- 1 garbage service weekly, which also picks up recycling
- 1 laundry service pick-up/drop-off weekly
- 1/day UPS pick-up, total of 5 weekly.

### **Comment 20**

*What size commercial vehicles will be used for these services and when will they arrive and leave? What route will they take?*

*Many of the access points into Greater Teatown have weight limits. For example, Crotonville has a 5 ton weight limit. Given the claim by the applicant that only a single food delivery will occur each week, this would obviously need to be a very large vehicle to provide food for almost 2,000 meals a week. Only by understanding the size, number, and routes planned can the Board and community understand the impact of issuing an area variance.*

### **Response 20**

See Response 19.

### **Comment 21**

*What are the plans for evacuation in case of an issue at Indian Point?*

*Given the facility would bring a larger density of people to the community than if the property was developed, as by code, using R-80 single family home construction, it is important to understand the impact of evacuating the facility if there is an issue at Indian Point. This is particularly important given the fact that the applicant has stated that patients will not have cars and staff will be brought in via passenger van. This crisis event would obviously have an impact on the community and thus understanding what the impact will be is necessary prior to considering a variance.*

### **Response 21**

It is noted that a question was previously raised by Concerned Citizens (see Appendix Q of the “Expanded Environmental Assessment”, dated October 6, 2016, regarding the Indian Point nuclear power plant evacuation zone capacity. This point, which as previously explained, is without basis, has now become moot with the planned closing of the Indian Point nuclear power plant in 2021.

The original response from Appendix Q as noted above is as follows:

The Indian Point nuclear power plants are owned by Entergy and located in Buchanan. The federal government has set a 10-mile radius as the area requiring emergency plans for public health and safety in radiological emergencies. Westchester County has conducted extensive emergency planning and provided information on what to do in case of such an emergency. The County makes no statements regarding limiting the population and/or development within the Indian Point Emergency Planning Zone (EPZ).

The proposed Specialty Hospital is approximately 6.58 miles from Indian Point according to the Westchester County Geographic Information Systems (GIS) Indian Point Emergency Planning Zone web site, and thus is within the 10-mile Emergency Planning Zone.

During an emergency, sirens would sound within the 10-mile radius of Indian Point, and the Emergency Alert and Public Notification system through specified radio and TV stations would be used to communicate instructions from government officials. Importantly, different areas within the EPZ could be directed to take different actions, not all of which would include evacuation, so that the entire EPZ would probably not be evacuated all at once, if at all. Governmental decisions on whether and which protective actions to take are based on factors such as nuclear plant conditions, wind direction, weather, and many other factors. An unnecessary evacuation would tie-up traffic for people who are in any areas which are ordered to evacuate. If sheltering in place is recommended for example windows and doors would be closed and air vents shut.

Unlike a typical home within the area, the patients will not have cars; only some of the staff will. Westchester County provides for such a situation by providing emergency buses to transport

people to a designated reception center if such is ordered for the area by government officials. The closest emergency bus stop is at Glendale Road at Downing Lane, which is approximately 0.6 miles distant from the facility. The facility's two shuttle buses would be able to transport patients to the emergency bus stop as well as take those to their homes within driving distance outside of the EPZ. Other patients within driving distance will be able to ride-share with staff that have cars to transport them to host facilities and/or homes.

It is anticipated that the proposed Specialty Hospital will develop emergency plans to keep the residents safe, including provisions for transporting for emergencies.

The HEWC administrative office will be outside of the EPZ.

### **Comment 22**

*What arrangements will be made from preventing traffic from coming onto the property?*

*This comes back to the issue of security. Will there be a gate house with a security guard to prevent non-authorized vehicles from entering the facility? One or more guards manning a gate is clearly out of character with the community. This would clearly be a character changing element - for example a trip to Teatown Lake Reservation to bring a child to summer camp would be a completely different experience if on the way you pass security personnel. And yet if there is no security at the front gate, how does the facility expect to enforce the no-visitor rule or keep staff from driving to work and parking at the facility? Again, these are elements that need to be understood prior to considering a variance.*

### **Response 22**

There will be no gate house with a security guard. Rather, a gate at the entry will be controlled by an individual in the administrative office, and by the entering employee shuttle vans and permitted employee vehicles.

### **Comment 23**

*The applicant states that the location of patients will be controlled and monitored at all times. How will this be done?*

*Different facilities use different methods and each has its own impact. For example, some facilities use door alarms that go off if a door is opened without authorization. Others use a companion method - in which personnel go with patients as they move across a facility. Understanding the method is needed to understand the impact. For example if door alarms are used this will create noise pollution. If they use a companion method it has staffing implications and would increase human activity at the facility.*

### **Response 23**

“Controlling” patient’s movements is not planned to be a practice at HEWC. Limiting patient access to specific locations / buildings on the campus will be identified and included in HEWC

Client Rules and new client orientation instructions. HEWC security staff will monitor patient, family member, staff and visitor movement(s) and access on the campus. Monitoring options related to patient, family member, staff and visitor access / activities / movement may include a closed circuit camera program, radio / cell phone communication, staff will wear identification tags that will establish the ability to determine who is a client and who is staff and/or visitor.

#### **Comment 24**

*What methods will security staff use for enforcement?*

*Given a facility with a security force is a very unusual feature in a residential neighborhood, it is important to understand not only the size and posting locations but also the enforcement methods to be used by the security staff. Again, this is not to imply the patients are a risk to the community. This is to understand the extent of the impact having a security force posted in a residential community will have. Given a security force will change the character of the neighborhood we need to understand how dramatically before a decision on a variance can be made.*

#### **Response 24**

HEWC has five (5) security full time equivalent (FTE) positions budgeted for the facility. The security staff are responsible for the ongoing safety of patients, staff and other visitors to the HEWC campus and will not be armed with weapons of any type. The methods utilized by security staff to ensure the safety and security of clients, staff and visitors will include patrolling the campus on foot and in a vehicle and will communicate with the use of radios, closed circuit surveillance camera system, staff and visitor identification system, etc. HEWC Security staff will be trained in security monitoring and control procedures / strategies for this type of facility. Security staff will be trained to utilize temporary physical “holds” when required by the specific situation where in the unlikely event that someone may be considered a danger to harm themselves or others, until the situation is resolved.

Medical and clinical staff will be trained to utilize verbal, non-violent crisis intervention de-escalation techniques / strategies to address situations on campus in the unlikely event where patients, staff or visitors present as agitated / upset. By policy, the organization will not utilize physical, mechanical or chemical restraint of patients.

#### **Comment 25**

*Who will own the facility? And who will operate the facility?*

*In an ordinary area variance this may not be meaningful. In this situation, since the property may be operated as a commercial enterprise that requires ongoing monitoring, this is an important aspect of understanding the potential impact on the community.*

*Enforcement of any conditions placed on the issuance of a variance and/or planning approval will be difficult to enforce and pose a burden not only to the local neighborhood but to Cortlandt as a whole. Such enforcement may even require litigation. Given this, it is important before proceeding to*

*understand the ownership status so that the challenges enforcement may entail and the associated burden on neighbors, Cortlandt's employees and government, and all tax payers that may face the burden of cost, can be fully assessed.*

*Who will operate the facility is also an item that that applicant needs to clarify prior to issuance of a variance. To date, they have only put forth the name of a consulting firm that will consult on the running of the facility. Determining the ability or inability of the operator to comply with the project as proposed is necessary to understand the ultimate impacts on the community. For example, if the operator does not have experience operating a medical facility dependent on well water and septic fields, this lack of experience could exacerbate the negative impacts of water use and waste water disposal. In a worst case scenario, such lack of experience could cause an environmental crisis.*

## **Response 25**

Why would this enterprise require any special “ongoing monitoring” and/or conditions placed on its approval be “difficult to enforce” as opposed to any other enterprise? Neither would be the case. Zoning Law focuses on the use, not the user. The issuance of an area variance has nothing to do with the internal business operation of the use, and that is not an appropriate topic within the jurisdiction of the Board in any event.

As stated in Response B 28 – B 32 of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, there is no difference between the requirements for this operation and that of any other business permitted to operate in the Town upon securing the necessary approvals. The one important difference is that this hospital and its operation are also regulated by the State, not just by Town zoning enforcement authorities. The Town would have the same ability to monitor the operation of this facility similar to any other property use in the Town of Cortlandt, which includes many shopping centers and the like. Any required State approval can be made a condition of special permit approval – just as with any other application. For example, Hudson National Golf Club was granted a special permit for its new driving range, contingent, among other things, on Army Corps of Engineers’ approval.

Any required State approvals likewise can be made a condition of special permit approval, as well as any Town conditions, just as with any other application.

Again, the Applicant has represented from the outset that its principal owners/investors will not be operating the Specialty Hospital. Rather, the Hospital will be managed by a nationally recognized firm in the field, such as Brown Consulting, Ltd., with whom the Applicant has worked to date, or a firm of similar experience, reputation and stature. Steve Laker, a Principal and a Cortlandt resident, is a representative for the property’s investors, and there will be a Board of Directors of suitable expertise, a professional staff, and a 24/7 contact name in addition to Steve Laker.

## **B. Public Comments by Jill Greenstein, April 19, 2017 ZBA Hearing**

### **Comment B1**

*Water shortages in the neighborhood, some of the neighbors had to dig deeper wells.*

### **Response B1**

At this time, there is no groundwater withdrawal from the existing on-site wells. Therefore, any reported water shortages in the neighborhood are unrelated to the project. Based on the project water demands, the recharge to the site and the renovated septic system, the proposed HRWC project should not impact neighboring wells. Although groundwater recharge to the project site demonstrates that there is more than sufficient water available to meet the water demands of the proposed project, the applicant has proposed implementing a monitoring plan that would be initiated three to six months before project occupancy (before the project water supply is placed in service). Background water levels in the neighboring wells will be documented during this period and will be compared to post-development water levels to determine any potential water-level impacts to the offsite wells.

### **Comment B2**

*Concerned about traffic safety, we like to walk around the neighborhood.*

### **Response B2**

As stated in Response E2 of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, no accidents have been reported in the vicinity of the site during the past three years involving pedestrians or bicyclists. The area roadways are not heavily utilized by vehicular traffic, bicycles or pedestrians and the minor increases in vehicular volumes will not significantly impact the ability of bicycles and pedestrians to share the roadways. The roadway characteristics of Quaker Ridge Road are similar to Furnace Woods Road, the roadway which provides access to the Yeshiva for which the Town previously approved an area variance while acknowledging in the Yeshiva case, unlike this case, that there was substantial pedestrian use of Furnace Woods Road by the students.

As noted in Appendix L of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, a number of measures are being taken by the Applicant to reduce the level of traffic in the neighborhood. These include:

- The clients will not drive and there will generally be no visitors, except on weekends when only 25% of the clients' potential visitors will be permitted.
- Clients will typically be transported to/from the hospital by shuttle vehicle operated by the hospital, which will pick up and drop off at their home, train station or other locations as required.

- The majority of site generated traffic volumes will be comprised of staff spread over 4 shifts.
- A portion of the employees will utilize two shuttle vans for transport to and from the train station and/or will use a shuttle van to and from an off-site location controlled by the applicant, thereby reducing highway trips.

As also noted in Appendix Q, Table III.C-4, the proposed Specialty Hospital has lower traffic volumes than other uses permitted in the R-80 district with no required access to state roads (such as private schools, places of worship with associated religious school, and governmental buildings).

**Comment B3**

*This use belongs in the MOD district.*

**Response B3**

As stated in Response A I.a.iii of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, the proposed use is not appropriate for the Medical Oriented District (“MOD”) discussed in the 2016 Comprehensive Plan. The issue of the inappropriateness of the Specialty Hospital in the MOD is discussed in great length in Appendix R and Appendix S of the EEA. For example, the 2016 “Envision Cortlandt”, does not propose to require or envision that the proposed use components of the MOD or all medical uses in general be limited to just the MOD. Indeed, existing residential-oriented medical uses such as nursing homes, assisted living facilities, and group homes for disabled adults are dispersed throughout the Town, many in residential zoning districts such as the proposed Specialty Hospital. Other non-residential medical uses such as doctors' offices are also dispersed throughout the Town, with some doctors maintaining home offices in residential zones. Page 107 of the 2016 Comprehensive Plan, for example, acknowledges that care for the elderly residents of the Town is provided by several facilities, including the Bethel Nursing Home in Crugers, the Cortlandt Nursing Home on Oregon Road, the Seabury at Field Home in Cortlandt Manor, the NYS Veterans Home at the VA Campus in Montrose, and the Danish Home in Croton-on-Hudson. If all medical uses were intended by "Envision Cortlandt" to be limited to the MOD, all such existing uses and the properties on which they are located would be rendered non-conforming. Clearly, this is not "Envision Cortlandt's" intent. Further, there would be no basis to so distinguish a medical use from other non-residential uses in residential zones, such as educational and religious uses. The proposed Specialty Hospital has a temporary "residential" component, but is not a long-term residential medical use because clients only stay for a limited period of time.

The envisioned MOD district in the 2016 Comprehensive Plan is depicted as a dense concentration of uses. This is contrary to the generally accepted industry standards for such high-ended “luxury” Specialty Hospital facilities, which depend on location, privacy, tranquility, and security to provide a recovery buffer from the hustle and bustle of fast-paced, stressful everyday life. This buffer contributes to their success in working with individuals towards

recovery and sobriety, and re-entry into normal everyday life. The MOD district, in contrast, does not provide such a location by its very nature of consolidating various medical uses into one location which is expressly envisioned to become a vital economic center of the Town.

The proposed MOD differs in other ways from the needs of the proposed Specialty Hospital:

- The Specialty Hospital only permits limited visitation. Families will be scheduled for one weekend day every month for family member visitation, family education and group counseling. These family weekend days will be staggered, so as the facility approaches and reaches full capacity, only one quarter of the client population will have their family weekend day each weekend of the month. Family contact and visits are generally minimized to enable the client to transition from their previous typical routines as well as to separate and distance themselves from those contacts while in the facility for an effective and long lasting treatment. Thus, unlike the goal of the MOD to provide for "boutique hotels, inns and bed & breakfasts", the Specialty Hospital has no such need and does not share this goal.
- Likewise, the Specialty Hospital's clients reside elsewhere and have no need for any housing component of the MOD. Further, their demographic will be such that they have no need for any transportation component of the MOD.
- The Specialty Hospital is not an ambulatory or outpatient use, and so does not require a number of the ancillary/ambulatory/walk-in/urgent care/medical office/social services uses proposed for the MOD.
- The clients of the Specialty Hospital are not permitted to leave the grounds of the facility, and thus have no need for the MOD's "complimentary and accessory commercial uses". All of the Specialty Hospital's clients' needs will be provided for on-site.
- In addition, one of the "driving forces" of the MOD according to "Envision Cortlandt" is to offer "a continuum of care (aging in place)", and, "An aging demographic in the region is the driving force behind this growth strategy of moving towards larger and centralized medical facilities that provide a range of services." The proposed Specialty Hospital has no relationship to an "aging demographic", because it is to serve adults of all ages with a condition that is not age-related. Therefore, there is no need for the types of services that the elderly might require, which is a key rationale by the Town for the establishment of the MOD district. This is another reason why the proposed use is not appropriate for the MOD district.

To-date, the MOD zoning district has not been enacted by the Town.

**Comment B4**

*Building #5 is 5 feet from my property line.*

#### **Response B4**

Building #5 is situated approximately 275 feet from the residence on the adjoining property, is approximately 20 feet lower, and is screened by vegetation and a fence along the property line. This building has been in various usage since it was constructed in the 1920's-1930's (see Appendix M.1 of the "Expanded Environmental Assessment" dated October 6, 2016), and was approved as part of the hospital use approved for the property in 1989.

### **C. Public Comments by Jamie Black, April 19, 2017 ZBA Hearing**

#### **Comment C1**

*Snow removal will be a problem because New Castle is slow on removing snow on roads in this part of the Town.*

#### **Response C1**

As with other health care facilities, arrangements will be made prior to major snow events for key staff to remain on-site.

#### **Comment C2**

*Service trucks will have trouble accessing the site because there is a weight limit on the roads, and the roads are very narrow.*

#### **Response C2**

As stated in Response G1 of the "Addendum to Expanded Environmental Assessment Report", dated April 10, 2017, local deliveries and pickups are exempted from regulations relating to weight limits along area roadways. Nonetheless, no large trucks such as semi-tractor trailers will service the site.

Vehicles such as school buses, and presumably service vehicles such as furniture and appliance delivery trucks, moving vans, etc have apparently not had any issues with using the local roadways.

#### **Comment C3**

*Other Towns are affected by the traffic, too. You have everybody in the Town of Ossining affected and you have everybody in the Town of New Castle also affected. Now when I say affected, the vehicles to service this facility, they're going to travel on our roads, so when our roads end up damaged I pay for that.*

### **Response C3**

As demonstrated on Table III.C-4 (Appendix K) of the of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, the proposed Specialty Hospital has lower traffic volumes than other uses permitted in the R-80 district with no requirement of access to state roads (such as private schools, places of worship with associated religious school, and governmental buildings) and the proposed hospital will generate substantially lower traffic volumes than were generated for many years by previous uses of the property which permitted 225 people on the site. As documented in the EEA, the Level of Service will not change, and there will be minimal traffic impact from the proposed hospital.

As stated in Section III.C. of the “Expanded Environmental Assessment” dated October 6, 2016, the proposed use will not generate any significant traffic volumes and will not have any significant impact on area traffic operations or safety. There will be no changes to the peak hour intersection levels of service at the analyzed intersections in the vicinity of the site, where any traffic impacts would be more significant, and the intersections will continue to operate with the same minimal delays during all hours of the day.

In addition, the Applicant’s traffic analysis has taken into account the proposed Sunshine Home expansion in the Town of New Castle, as well as analyzed the traffic impact to the Crotonville area (see Response K1 of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017. The Crotonville area (part of the Village of Ossining) was reviewed to assess existing and projected intersection operations at the Old Albany Post Road & Stanley Avenue/Samstag Avenue intersection. The intersection is an all way stop intersection. Traffic counts were conducted at the intersection from 5:30 -9:00 AM and 1:30 – 7:00 PM on 11/10/2016. The peak hour traffic generation of the site which is associated with shift changes was added to the intersection volumes without the project from 5:45 to 6:45 AM and 1:45 to 2:45 PM. The intersection currently operates at Level of Service A, the best possible level of service, and will continue to operate at Level of Service A with the minor volume of additional site traffic associated with the repurposing of the site for the proposed use.

### **Comment C4**

*There is not enough water to fight a fire at the site. What kind of capacity exists on the site? What kind of capacity can be brought to the site in allowing for the people in that facility to be safe in the event that there is a structural fire?*

### **Response C4**

As discussed in Section III.E.2 of the Expanded Environmental Assessment, dated October 6, 2016, and Response L2 of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, because the proposed specialty hospital is not served by municipal water, the existing 15,000 gallon emergency fire water storage tank behind building #3 will continue to be used, which will supply a new fire hydrant on the property. The emergency fire water storage tank will be refilled from the two functional existing wells, and refill water will not be sourced from the two new wells which are only being used to supply domestic water to the

facility. In addition, the main building will have a fire sprinkler system. The water for the sprinkler system will be sourced from the emergency fire water storage tank. A fire pump will be installed on the site to boost the water pressure to supply the sprinkler system. The existing pond on the site is approximately 300 feet distant from the easterly end of the site driveway, and the Fire Department may decide to use it as a water source at such time as they respond to a fire emergency.

**D. Public Comment by Tim Flynn, April 19, 2017 ZBA Hearing**

**Comment D1**

*Things change. The business may change their operations in the future.*

**Response D1**

The business will remain subject to the conditions of approval imposed by the Town. Any proposed change in operations in the future, of which none is contemplated in the foreseeable future, would need to receive all necessary Town approvals, the same as any other land use within the Town. Changes to special permit uses also require a public hearing, and so public input would be obtained. In addition, this hospital and its operation are also regulated by the State and County, not just by Town zoning enforcement authorities, and so any change in operations would require State and County approval as well.

**Comment D2**

*Another point I want to make, all of the analysis that I've seen presented such as road usage, and water usage, and all the other analysis, it's really comparing the use of this one proposed facility to potential impact of the neighborhood properties. I understand that but if you look at this picture right here, there's a property right across the street which I believe to be 30 plus acres. It's currently being used as a horse farm, and it's beautiful but that's a 30 acre property right across the street and if I were the owner of that property, would I not look across the street and say: Why am I not entitled to develop my property and the use that's already been established in this neighborhood?*

**Response D2**

Each land use application is individually reviewed on its own merits separately by the Town of Cortlandt, and is judged based on the specifics of its proposed action, with allowance for public comment. It is considered highly unlikely that another specialty hospital would want to locate so close to another.

**E. Public Comments by Cindy Secunda, April 19, 2017 ZBA Hearing**

**Comment E1**

*If there is no irrigation system proposed, does that mean they will not be watering their lawn?*

### **Response E1**

There never has been an irrigation system used on the property since it was first developed as a hospital in the 1920's and its subsequent non-residential uses. The proposed Specialty Hospital would be no different. As stated in Response A I.d of the "Addendum to Expanded Environmental Assessment Report", dated April 10, 2017, there will be no irrigation systems installed for the site landscaping. Rather, the landscaping will be hand-watered by a manually carried hose only as necessary as determined by an inspection of the landscaping. Thus, watering will only be conducted should the landscaping require it based upon the conditions at the time, and only that landscaping requiring watering will be watered, and only then by hand using a hose. This will keep landscaping watering to a minimum. The existing 15,000 gallon emergency fire water storage tank behind building #3 will continue to be used for emergency fire water storage and for the occasional hand watering via a hose. The emergency fire water storage tank will be refilled from the two functional existing wells, and refill water will not be sourced from the two new wells which are only being used to supply domestic water to the facility.

### **Comment E2**

*How will the recycling, garbage, and yard waste be picked up—3 pick-ups per week?*

### **Response E2**

Based on the experience of a similar facility that is in operation, there would be one garbage service weekly, which also picks up recycling. Lawn and yard maintenance will be done by on-site staff, and yard waste will be recycled/mulched on the site, so no truck traffic will be necessary.

### **Comment E3**

*How will family counseling be handled if the families are only permitted to visit one weekend per month, so that 25% of the families are visiting on any given weekend? Will family counseling only be offered on the weekends?*

### **Response E3**

Family counseling sessions with clients and participating family members will occur as part of the regular family program activities on weekends only. A maximum of 25% of current clients' family members will be invited to participate in family program activities each weekend. HEWC clinical staff with addiction disorders and family counseling competencies will be responsible for facilitating the family sessions.

### **Comment E4**

*Is security staff counted among the 86 employees?*

**Response E4**

Yes, HEWC has five (5) security full time equivalent (FTE) positions budgeted for the facility within its 86 employees.

**Comment E5**

*Would like references of neighbors of similar facilities in other locations.*

**Response E5**

This is an inappropriate request. References for permitted uses are not required nor sought by the Zoning Board of Appeals or the Town. Otherwise other permitted uses such as places of worship and schools would also be requested to provide references. That being said, Brown Consulting, Ltd., who will manage the proposed Specialty Hospital, spoke with three clients that maintain a 24/7 addictions treatment facility in different states. These facilities stated that the facilities operations did not result in ongoing complaints being made or filed by the neighbors.

**Comment E6**

*This use belongs in the MOD district, where no variances are required for no access to a state road.*

**Response E6**

See Response B3.

**Comment E7**

*Are the Specialty Hospital vans only coming from the train station?*

**Response E7**

No. A portion of the employees will utilize two shuttle vans for transport to and from the train station and an off-site location controlled by the applicant, that is not in the Teatown neighborhood but will be between 10-15 miles from the Specialty Hospital.

**Comment E8**

*Some houses were built after 1989 (when the special permit for a hospital at the Site was issued).*

**Response E8**

As stated in Response A II.d of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, the 1989 special hospital permit was granted when the neighborhood was fully developed (Figure A-1). The figure depicts that the homes nearest the property were in place at that time.

**Comment E9**

*The property was a mess. You did reconstruction. We're not really sure you got any permits or any approval for anything that you did as was discussed a couple of months ago at meetings, but you did do it.*

**Response E9**

Appendix G of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, contains a summary of the Applicant’s contact history with the Building Department and the Town. Any violation was not related to the proposed use, was not intentional, and was rectified in full cooperation with the Town and with all required permits secured.

**F. Public Comments by Michael Shannon, April 19, 2017 ZBA Hearing**

**Comment F1**

*What assurances are there that the Applicant will live up to the conditions of approval?*

**Response F1**

As stated in Response B 28 – B 32 of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, there is no difference between the requirements for this operation and that of any other business or other land use permitted to operate in the Town upon securing the necessary approvals. The one important difference is that this hospital and its continuing operation are also regulated by the State and County, not just by Town zoning enforcement authorities. The Town would have the same ability to monitor the operation of this facility similar to any other property use in the Town of Cortlandt, which includes many shopping centers and the like. Any required State approval can be made a condition of special permit approval – just as with any other application. For example, Hudson National Golf Club was granted a special permit for its new driving range, contingent, among other things, on Army Corps of Engineers’ approval.

Any required State approvals likewise can be made a condition of special permit approval, as well as any Town conditions, just as with any other application.

**Comment F2**

*There have been problems in the neighborhood with wells running out of water even before this project is in use.*

**Response F2**

See Response B1.

**Comment F3**

*Did they do the testing of the wells when my well ran out of water?*

**Response F3**

The 72-hour testing was completed from September 28, 2015 to October 1, 2015. The wells have not been operated since the September 28, 2015 to October 1, 2015 testing period (with the exception of some limited watering of new tree plantings), therefore, any water shortages experienced in neighboring wells after October 1, 2015 are unrelated to HRWC. The applicant has proposed implementing a monitoring plan that would be initiated three to six months before project occupancy (before the project water supply is placed in service). Prior to implementing the monitoring plan, LBG would meet with homeowners when soliciting them to be included in the monitoring program.

**Comment F4**

*I saw in the Internet that home values decline 17% as a result of a use like this entering the neighborhood.*

**Response F4**

As stated in Response H1 of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, Cushman & Wakefield has provided a letter addressing this issue which concludes the proposed project will not only not have a negative impact on surrounding property values but may in fact help enhance the neighborhood as the proposed improvements will represent an improvement from the most recent vacant state of the existing facilities.

**Comment F5**

*Question about secret [property] transfers, and where is the owner, Keven Cassidy?*

**Response F5**

There were no such “secret transfers”. One affiliated entity purchased the property in 2010 and transferred it to the current corporate entity. These transfers were duly recorded and are public record.

Steve Laker, a Principal and a Cortlandt resident, is a representative for the property’s investors, and has been attending all ZBA meetings. Often, the owner of a property is not present at Town meetings, nor is there any requirement that they do so, with presentations and questions handled by the Applicant’s professional consultants.

## **G. Public Comments by Laurie Lechthaler, April 19, 2017 ZBA Hearing**

### **Comment G1**

*As I nurse, I know that a hospital has many supplies. How often will these be delivered?*

### **Response G1**

Based on a discussion with a similar facility that is in operation, the estimated weekly delivery traffic would be:

- 5-6 food deliveries weekly (truck size depends on the vendor, but food deliveries aren't made using tractor trailers to this type of account)
- 1 garbage service weekly, which also picks up recycling
- 1 laundry service pick-up/drop-off weekly
- 1/day UPS pick-up, total of 5 weekly.

This is not a typical, full-service hospital treating patients requiring intensive care for various illnesses and ailments.

### **Comment G2**

*How will the Applicant monitor the number of employees taking vans, to be sure that they are taking the vans to work?*

### **Response G2**

Use of the vans will be a condition of employment for certain of the employees.

## **H. Public Comments by Ron Posmentier, April 19, 2017 ZBA Hearing**

### **Comment H1**

*The staff of the Specialty Hospital may move up to Cortlandt and Croton.*

### **Response H1**

Anyone of course may decide to move into the Town. The staff of any employer may decide to move closer to their place of employment, although this is not anticipated to be significant in this case because the Specialty Hospital will make no contribution towards nor encourage such moves. Should any staff decide to move into the area, presumably they would move into existing residences that are being sold by their owners and are on the market, so there would be no net increase in the Town's population.

**Comment H2**

*Has the work already completed on the property been permitted by the Town, such as chopping down of trees?*

**Response H2**

Appendix G of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, contains a summary of the Applicant’s contact history with the Building Department and the Town. Any violation was not related to the proposed use, was not intentional, and was rectified in full cooperation with the Town and with all required permits secured. Trees that were dead or substantially so were removed, and there was no clear cutting of trees, as stated in Response G4 of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017. An investigatory site inspection by Town representatives of an unsubstantiated allegation of “clear cutting” of trees at the property was revealed to be baseless. In fact, the record reflects that the Applicant has performed extensive planting of trees at the property.

**Comment H3**

*How about down the road, can we trust the Applicant to follow the approvals granted?*

**Response H3**

As stated in Response B 28 – B 32 of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, there is no difference between the requirements for this operation and that of any other business or other land use permitted to operate in the Town upon securing the necessary approvals. The one important difference is that this hospital and its continuing operation are also regulated by the State and County, not just by Town zoning enforcement authorities. The Town would have the same ability to monitor the operation of this facility similar to any other property use in the Town of Cortlandt, which includes many shopping centers and the like. Any required State approval can be made a condition of special permit approval – just as with any other application. For example, Hudson National Golf Club was granted a special permit for its new driving range, contingent, among other things, on Army Corps of Engineers’ approval.

Any required State approvals likewise can be made a condition of special permit approval, as well as any Town conditions, just as with any other application.

**Comment H4**

*I think there needs to be some clarification first of all about the increased taxes that will be paid to Cortlandt which will benefit probably the Croton Harmon school district and then the mention that it’ll offset the problem we’re having in case Indian Point closes. I think those two have to be clarified because if the money goes to Cortlandt to benefit Croton, it’s a Buchanan school that really needs the budget support. I don’t know how it filters out but that needs some clarification.*

#### **Response H4**

The project site is within the Croton-Harmon School District and the Hendrick Hudson School District will be impacted by the proposed closing of Indian Point. However, the taxes that the Specialty Hospital will pay to the Town will help to offset those lost from Indian Point.

#### **I. Public Comments by Tom Secunda, April 19, 2017 ZBA Hearing**

##### **Comment II**

*How do we mandate that there will be no expansion of the Specialty Hospital in the future?*

##### **Response II**

See Response DI.

#### **J. Public Comment by Cynthia Manocherian, April 19, 2017 ZBA Hearing**

##### **Comment JI**

*Neighbor of Sunshine Home, and concerned about Village of Ossining water.*

##### **Response JI**

As stated in Response L4 of the “Addendum to Expanded Environmental Assessment Report”, dated April 10, 2017, and illustrated in Appendix C of that report, the existing properly functioning septic system and one of the new state of the art septic fields is on the portion of the property that drains to the east, which eventually drains to the Little Lake and the Indian Brook Reservoir. This portion of the property is on the furthest periphery of the Indian Brook watershed, which supplies public drinking water to the residents of Ossining. The western portion of the HEWC property is already fully developed and has operated since the 1920's, including the existing septic system. If there was any concern about risks to drinking water this would have been evident in the past.

No new development is proposed for the property, just renovations of existing structures. As a result, the existing drainage conditions will be maintained. The area around the on-site pond will remain undeveloped thereby minimizing any adverse impact to the on-site pond. In addition, a 27.8 acre parcel located immediately south of the proposed hospital that contains a small, vacant house but is otherwise undeveloped will remain as a wooded buffer, further reducing any potential overland flow of contaminants into Little Lake.

In addition, water from the Indian Brook Reservoir is treated at the Indian Brook Water Filtration Plant. Indian Brook Reservoir accounts for approximately 22% of Ossining's water supply, with the remaining 78% sourcing from the Croton Reservoir. The raw water entering the plant is filtered. It undergoes several treatment processes, which, according to the Village of Ossining's 2015 Annual Drinking Water Quality Report, include oxidation, aeration,

coagulation/flocculation, sedimentation, filtration, ph/corrosion control, fluoridation and disinfection. The treated water is then pumped into the distribution system for the public's use.

Thank you.

Sincerely,

JMC Planning, Engineering, Landscape Architecture & Land Surveying, PLLC

Richard J. Pearson, PE, PTOE  
Senior Associate Principal

Robert B. Peake, AICP  
Project Manager

cc: Mr. Steve Laker  
Robert Davis, Esq.  
Mr. Ralph Mastromonaco, PE  
Robert Schonfeld, Esq.  
Randolph McLaughlin, Esq.

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***APPENDIX A***  
***Public Comment Correspondence***

April 19, 2017

To the Zoning Board of Appeals Cortlandt Manor,

The Greater Teatown area is under siege by developers hoping to cash in on land and change our residential areas to commercial ones. Teatown is a bucolic area enjoyed not only by those that live here but by everyone who walks the Old Croton Aqueduct, visits the Croton Dam, rides or runs on the picturesque roads, or walks the trails of Teatown Lake Reservation. Preserving this part of Westchester County from commercial development is a goal that benefits all of us.

The proposal to develop 2016 Quaker Ridge Road into a commercial hospital would irreparably damage the character of this community. To better understand the whole impact, the community and this Board needs answers to the follow questions and perhaps likely others.

1. In which buildings would patients reside and how many patients would be in each building?

The locations of the buildings to the property lines vary. Housing certain activities in those buildings closest to the property line will have a greater impact on the adjoining neighbors. There is also the issue of density of use in each building. Density goes to understanding the expected nature of noise, light, etc. from a building in addition to understanding the amount of foot traffic coming and going between buildings. It is also my understanding that at Silver Hill Hospital, the comparison put forth by the applicant, there are smoking gazebos near each residential unit – given the proximity of some of the buildings to residential homes understanding where the smoking gazebos will be is important in understanding the impact the second hand smoke will have on the enjoyment of these homes.

2. What recreational opportunities will be available to the patients and where will they take place?

Understanding what recreational activities will be offered will help us understand what noise and foot or vehicle traffic will be caused by such activities. For example, at Silver Hills there is a gym, an indoor pool, tennis courts, and a basketball court. Are these planned for the Hudson Wellness Center? If yes, understanding where they will be located is important in understanding the impacts. A pool will require additional commercial traffic to care for the pool. If it is an indoor pool, this would require extensive renovation of any of the existing buildings. Would the pool water be taken from the local aquifer or brought in by tanker? If there is a gym, would the gym have personal trainers? If yes, are they included in the count of personnel currently put forth by the applicant?

3. What non-medical services will be offered and where will they take place?

It is unclear what non-medical services Hudson Wellness will provide, if any. But this is something which needs clarification so that we can understand the full use of the property.

4. What medical services will be offered and where will they take place?

Understanding what medical services will be offered is one of the only means we have of fully understanding the commercial traffic needed to support such services. In addition,

this understanding will enable us to comprehend how each building will be used – an important consideration when trying to determine the environmental impact. For example, Silver Hills - the comparison put forth by the applicant - appears to have a stand-alone laboratory. Where will Hudson Wellness locate their laboratory and what renovations would be needed to support a laboratory?

5. Where will the patients and staff eat? How many will be in the building at one time?

Again, the use and expected density of use of each building is important in understanding the impact to adjoining property owners. For example, if residents must walk during non-daylight hours this will mean lighting is needed. There is also the question of outdoor dining options – will there be any and where will they be located? It is also my understanding that at Silver Hills, there are kitchen facilities available to residents in addition to a main dining hall. Understanding this will help us better assess water and waste water impacts along with understanding the commercial services needed to support these features.

6. When visitors are on site, where will they park and where will visits take place?  
At any facility the amount and location of parking is important to understanding the impact on the community. This is a residential community with no large commercial parking lots. Identifying the location and amount of parking should be particularly important when you consider the comparison hospital put forth by the applicant has 14 parking lots. If this type and amount of parking is required, this calls into question the claims by the applicant that there would be limited land disturbance. Parking lots also necessitate lighting. Understanding the location of this lighting and the hours of operation is important in understanding the impact on the community.

7. Ralph Mastromonoco states that a generator will be installed for the septic system in case of disruption in electrical service. Where will this generator be located and will it be the only generator? In the same report, Mr. Mastromonoco states that the septic tank can hold the hospital's effluent for approximately half of one day if there is an electric disruption and the generator does not function as expected. Given the extensive electric outages in our area, this appears to be an inadequate solution. Will this cause the need for more generators and where will they be located?

This is an important question that needs to be addressed to understand the potential impact not only on the Greater Teatown community but on the drinking water of Ossining. Generators are noisy and require regular "exercise" for maintenance purposes. Understanding the size and location of the generator is necessary to understanding the impact of the noise pollution. Servicing generators and septic fields is also something that requires commercial support. Understanding the expected commercial traffic is another element that is important in understanding the environmental impact of this project. There is also the question of septic failure if electric service is interrupted and the generator fails to engage. Thus understanding the location of the septic field(s) requiring mechanical support is important especially since the Ossining water supply is supported by land in this area.

8. The applicant refers to pharmacy deliveries. What is the nature of the pharmacy deliveries? In which building(s) will pharmaceuticals be stored and/or available? What type of pharmaceuticals will be on site?

Certain pharmaceuticals must be kept in secure locations because they are prone to theft and misuse. Understanding which, if any, building will house such pharmaceuticals is important in understanding the use of the buildings and what commercial services will be needed to support them. Understanding the range of pharmaceuticals will also help us better judge the amount of commercial traffic needed to supply these items.

9. Given the 24 hour nature of operating a commercial hospital, where will lighting be and during what hours will each section of lighting operate?

Greater Teatown is a community with extremely low levels of light pollution. There are no street lights and because of the R-80 zoning light pollution levels from residences is low. Understanding the light pollution that a commercial hospital will bring into the community is necessary to assess the impact and unfortunately to date, the applicant has provided only minor information on the location, amount, or timing of lighting. The issue of lighting also circles back to the question of building use – without understanding the use of each building, it is impossible to understand the lighting needs and in turn the light pollution.

10. The applicant mentions security staff. How many will be on the property at any one time and where will they be stationed?

Understanding the security staffing is necessary to understand the impact on the character of the neighborhood given that, to my knowledge, there are no other facilities in the Greater Teatown community that have an extensive security staff. This is not to imply that the patients are a threat to the community – in fact I believe they are NOT a threat to the community. The issue at hand is that the presence of a security staff for any purpose is not in line with the character of a bucolic residential community. Security staffing also requires transport and uniforms – all of which bring commercial traffic to a residential community.

11. Where will the commercial kitchen be located?

Commercial kitchens cause both odor and noise pollution. Knowing the location of this kitchen is paramount in understanding the impact on adjoining properties. Given that the kitchen may also be operating 24 hours, it is important to understand the timing and extent of all related activity including but not limited to light, noise, traffic – both foot and vehicular – that will occur. Without this information, it is impossible to fully and accurately determine the impact granting a variance will have on the community.

12. Where will the septic fields be located?

The location of septic fields leads to an understanding of impact of septic field failure. Given the proximity of land serving the Ossining water supply, this is critical information.

13. What renovations are planned for the buildings?

The applicant claims no new building will be needed. However given the extensive services and accommodations a hospital such as the one the applicant is proposing, it is logical that, at the very least, extensive renovations will be needed. The extent and type of renovation is necessary to understand the impact on the community. Altering the exterior or making additions to the existing buildings will have an impact. This in turn

must be considered when developing an understanding of the overall impact allowing an area variance will have.

This first set of questions all center around what activities will take place and where will they happen. To help this Board and the community better understand these potential impacts, we need an electronically accessible site plan that addresses these questions in detail.

To understand the transient commercial nature this facility brings to a residential community, additional questions need answers:

1. How long will patients stay at the hospital?

By definition, residential neighborhoods are location in which people stay for extended periods of time. In the Greater Teatown community, many people have lived here for decades. Having a portion of the population stay short periods of time brings a transient element to the community that will alter the character of the residential neighborhood. Each new patient brings additional traffic and a new set of visitors. This is vastly different than the Danish Home where the residents live full time. The range given by the applicant is 28 – 45 days. Narrowing this down enables a better understanding of the magnitude of the issue. For example, if patients stay 28 days at the proposed 92 bed facility, this will mean each year 1,199 non-residents will descend on the residential neighborhood. In addition, assuming each resident has a group of four visitors during the one visit allowed during a 28 day stay, this will mean an additional 4,784 non-residents coming into the community. In total assuming a 28 day stay, the annual impact of patients and visitors ALONE: 5,983 non-residents descending on a community that is characterized by its low density and tranquil nature.

2. What is the plan for handling medical emergencies at the hospital?

Given the facility would bring a larger density of people to the community than if the property was developed, as by code, using R-80 single family home construction, it is important to understand the impact of medical emergencies at this hospital. What type and number of medical emergencies is statically normal for a hospital of this nature? How many ambulance responses should the community expect?

3. Where will staff park and be shuttled from? How will the hospital enforce this arrangement?

The applicant repeatedly states that staff will arrive by passenger van. Although it is a challenge to believe that this statement will be true in reality, it is important to understand the location from which the staff will be picked up by these vans. For staff that will be driving and then taking the van, where will they be parking their cars? Obviously, these issues must be understood before a variance can be granted because without this information, there is no way to know what community or communities will be impacted by issuing the variance. In addition, any community which will face such an impact deserves notification and a chance to voice any concerns before a decision on a variance is granted.

4. Will there be nurses, doctors or other professionals on call at the facility?

On call arrangements are common at hospitals but are not common in residential neighborhoods. Understanding the expected impact of on call staff is needed to fully appreciate the impact on the community.

5. What arrangements for snow and ice removal are to be expected given the need to keep the facility accessible during all hours?

The residential community in which the facility is proposed does not have a location which requires 24 hour access. Thus, snow and ice removal is not required at all hours nor do the residential buildings require the extensive snow removal a commercial facility will require. Understanding the impact of commercial traffic and the timing of this traffic needed to keep the property free of snow and ice during both regular and intensive snow fall in winter is needed to help assess the impact of this facility on the community before issuance of any variance.

6. What is the full extent of expected commercial traffic? The applicant only offers examples.

The applicant does not address the full range of commercial traffic needed to support a luxury hospital. It is imperative that the traffic impact consider all – not just examples – of service providers and deliveries that will travel the local roads of the community.

7. What size commercial vehicles will be used for these services and when will they arrive and leave? What route will they take?

Many of the access points into Greater Teatown have weight limits. For example, Crotonville has a 5 ton weight limit. Given the claim by the applicant that only a single food delivery will occur each week, this would obviously need to be a very large vehicle to provide food for almost 2,000 meals a week. Only by understanding the size, number, and routes planned can the Board and community understand the impact of issuing an area variance.

8. What are the plans for evacuation in case of an issue at Indian Point?

Given the facility would bring a larger density of people to the community than if the property was developed, as by code, using R-80 single family home construction, it is important to understand the impact of evacuating the facility if there is an issue at Indian Point. This is particularly important given the fact that the applicant has stated that patients will not have cars and staff will be brought in via passenger van. This crisis event would obviously have an impact on the community and thus understanding what the impact will be is necessary prior to considering a variance.

9. What arrangements will be made from preventing traffic from coming onto the property?

This comes back to the issue of security. Will there be a gate house with a security guard to prevent non-authorized vehicles from entering the facility? One or more guards manning a gate is clearly out of character with the community. This would clearly be a character changing element - for example a trip to Teatown Lake Reservation to bring a child to summer camp would be a completely different experience if on the way you pass security personnel. And yet if there is no security at the front gate, how does the facility expect to enforce the no-visitor rule or keep staff from driving to work and parking at the

facility? Again, these are elements that need to be understood prior to considering a variance.

10. The applicant states that the location of patients will be controlled and monitored at all times. How will this be done?

Different facilities use different methods and each has its own impact. For example, some facilities use door alarms that go off if a door is opened without authorization. Others use a companion method – in which personnel go with patients as they move across a facility. Understanding the method is needed to understand the impact. For example if door alarms are used this will create noise pollution. If they use a companion method it has staffing implications and would increase human activity at the facility.

11. What methods will security staff use for enforcement?

Given a facility with a security force is a very unusual feature in a residential neighborhood, it is important to understand not only the size and posting locations but also the enforcement methods to be used by the security staff. Again, this is not to imply the patients are a risk to the community. This is to understand the extent of the impact having a security force posted in a residential community will have. Given a security force will change the character of the neighborhood we need to understand how dramatically before a decision on a variance can be made.

12. Who will own the facility? And who will operate the facility?

In an ordinary area variance this may not be meaningful. In this situation, since the property may be operated as a commercial enterprise that requires ongoing monitoring, this is an important aspect of understanding the potential impact on the community.

Enforcement of any conditions placed on the issuance of a variance and/or planning approval will be difficult to enforce and pose a burden not only to the local neighborhood but to Cortlandt as a whole. Such enforcement may even require litigation. Given this, it is important before proceeding to understand the ownership status so that the challenges enforcement may entail and the associated burden on neighbors, Cortlandt's employees and government, and all tax payers that may face the burden of cost, can be fully assessed.

Who will operate the facility is also an item that that applicant needs to clarify prior to issuance of a variance. To date, they have only put forth the name of a consulting firm that will consult on the running of the facility. Determining the ability or inability of the operator to comply with the project as proposed is necessary to understand the ultimate impacts on the community. For example, if the operator does not have experience operating a medical facility dependent on well water and septic fields, this lack of experience could exacerbate the negative impacts of water use and waste water disposal. In a worst case scenario, such lack of experience could cause an environmental crisis.

It is likely that other questions need answered to fully understand the impact such an unusual use of residential land will have. These impacts will be far reaching and go beyond adjoining neighbors and the Greater Teatown community. The impacts of issuing a variance for the Hudson Wellness Center will be felt by the extensive community that utilizes this bucolic area

for recreation, education, and tourism, by Cortlandt government and emergency response personnel. Impacts will also be felt by residents of Ossining, New Castle and Yorktown.

Clearly issuing a variance that will set a precedent for allowing hospitals of this nature in any residential community in Cortlandt, is not a trivial matter. Given the importance of the decision and the wide ranging potential impacts, it is necessary to go beyond what may be a typical review for a variance. As I hope these questions demonstrate this is not a typical variance application before the Board. Furthermore, my explanations following each question demonstrate how each question is germane to the determination the tests for associated with the issuance of such a variance.

Sincerely,

Karen Wells  
28 Apple Bee Farm Road

***APPENDIX B***  
***Letter from Leggette, Brashears &***  
***Graham, Inc., dated May 23, 2017***

# LEGGETTE, BRASHEARS & GRAHAM, INC.

## PROFESSIONAL GROUNDWATER AND ENVIRONMENTAL ENGINEERING SERVICES

-----  
4 RESEARCH DRIVE, SUITE 204  
SHELTON, CT 06484  
(203) 929-8555  
FAX (203) 926-9140  
[www.lbgweb.com](http://www.lbgweb.com)

May 23, 2017

Mr. Steve Laker  
Hudson Ridge Wellness Center, Inc.  
72 North State Road  
Briarcliff Manor, NY 10510

RE: Hudson Ridge Wellness Center  
2016 Quaker Ridge Road  
Town of Cortlandt, New York

Dear Mr. Laker:

Leggette, Brashears & Graham, Inc. (LBG) has prepared the following response to comments raised during the April 19, 2017 Zoning Board meeting related to the water usage for the above-referenced project.

Based on the number of patients and employees that are anticipated at the Hudson Ridge Wellness Center (HRWC), the water demand for the proposed project is 12,660 gpd (gallons per day). This proposed project will be served by an in-ground septic system for sewage disposal. Because all water used indoors is discharged to the septic leaching fields, this has the effect of increasing recharge to the groundwater beneath the site. On an annual basis, approximately 85 percent of water used indoors is returned to the ground by septic systems through percolation from the septic system leachfields. As a result, the total consumptive use, or water lost from the groundwater system for the proposed project would be only about 15 percent of the average water demand or approximately 1,900 gpd.

As part of our hydrogeologic assessment, LBG evaluated the groundwater balance of the proposed water demand. A groundwater balance compares the available precipitation recharge to a property with the estimated consumptive water-supply demand of the proposed project. This comparison determines if the property is self-sufficient in providing the groundwater resources required by the proposed project. If the proposed water demand exceeds the available recharge, contributions from outside of the property boundaries would need to be considered. If precipitation recharge meets or exceeds the demand, the water supply should be reliable and not adversely affect the aquifer.

Groundwater in the bedrock aquifer is continually being replenished by precipitation on the local watershed. Some of the water infiltrating the soil zone percolates downward to recharge the bedrock aquifer. Based on an annual recharge rate to the bedrock aquifer beneath the site of 8.45 inches per year (Wolcott & Snow, 1995), the underlying bedrock receives about 629 gpd/acre (gallons per day per acre), or a total of approximately 13,000 gpd for the direct recharge of the 20.8-acre parcel. Under drought conditions, this annual recharge rate would be reduced to 9,200 gpd. Based on the site-specific water balance, recharge from precipitation (under average and drought conditions), is well above the total consumptive use of 1,900 gpd.

In addition to the direct recharge to the 20.8 acre property, the adjacent vacant 27.8 acre property receives an additional 17,500 gpd during years of average precipitation and 12,400 gpd during years of drought conditions. The combined precipitation groundwater recharge to both parcels under normal and drought precipitation conditions is 30,500 gpd (21gpm) and 21,600 gpd (15 gpm), which is significantly greater than the consumptive use (1,900 gpd).

Groundwater recharge to the project site demonstrates that there is substantially more than sufficient water available to meet the project water demands and that pumping the HRWC wells should not have any impact on offsite neighboring wells. However, because pumping the onsite wells has the potential to influence water levels and affect low-yielding wells (wells less than 2 gpm) and shallow bedrock wells (less than 150 feet in depth) if the bedrock fractures which supply water to the wells are interconnected, the only definitive method of quantifying well interconnection is to pump the onsite well(s) and measure water levels in neighboring wells for potential impact. An offsite well survey on neighboring wells to address any potential concerns of offsite impacts related to this proposed project has been recommended.

The proposed monitoring plan would be initiated three to six months before project occupancy (before the project water supply is placed in service) and continue for up to two years after maximum occupancy occurs. Background water levels in the neighboring wells will be documented during this period and will be compared to post-development water levels to determine any potential water-level impacts to the offsite wells.

If the water level in any of the offsite wells is detrimentally impacted by prolonged use of the HRWC water supply, then potential remedies that could be offered to the property owner for consideration include lowering the well pump, replacing the well pump or deepening the well (see Attachment I).

Very truly yours,

LEGGETTE, BRASHEARS & GRAHAM, INC.



Karen B. Destefanis, CPG  
Associate

KBD:nv

Enclosure

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**ATTACHMENT I**

**ATTACHMENT I**  
**COMPLAINT RESPONSE**  
**AND REMEDIATION PLAN**  
**HUDSON RIDGE WELLNESS CENTER**  
**CORTLANDT, NEW YORK**

The owners of the proposed Hudson Ridge Wellness Center (HRWC) will respond promptly to any complaints from offsite well owners within 1,000 feet of onsite supply wells that allege damage caused by the operations of the well-supply source presently in service. Depending on the nature of the complaint, the complaint will be directed to either Leggette, Brashears & Graham, Inc. (LBG) or the water operator of the system, or both, for investigation and remediation, if required. The operating premise of the response to offsite well problems is that damage to a distant offsite well, whether related to the ability of the well to produce its normal supply or water-quality degradation, can only result if significant drawdown of the static water level in the subject well occurred as a result of pumpage on the onsite well-supply sources. The network of offsite monitored wells will provide a rational basis for such determinations, together with data obtained during investigation of the complainant's well.

If any complaint is found to be valid, i.e., a well problem caused by drawdown resulting from pumpage by the onsite sources resulting from pumpage by the onsite water-supply source, the problem will be remediated at the cost of HRWC. If the problem is unrelated to the operations of onsite wells, i.e., caused by normal wear and tear or naturally-occurring conditions, the well owner will be referred to a competent well or pump contractor for remediation at his cost. A written report regarding each complaint will be provided to HRWC and to the complainant within seven days of the completion of any complaint investigation.

For any well problem that is found to have been caused by drawdown resulting from pumpage by the onsite well sources, a remedy or remedies would be offered to the well owner, to be paid by HRWC. Such remedies for a problem caused by drawdown might include lowering a well pump, replacing a well pump, deepening a well, redeveloping a well or drilling a new well. In any such remediation, the costs to HRWC would include restoration of disturbed land or plantings. HRWC would select the most efficacious remediation that is economically warranted.