

PB# 90-43

**LINCARE, INC.
SITE PLAN**

9-1-21.21

Approved 10/17/90

General Receipt

11605

TOWN OF NEW WINDSOR
555 Union Avenue
New Windsor, N. Y. 12550

September 5 19 90

Received of Lincove, Inc. \$ 25.00

Twenty-five and 00/100 DOLLARS

For Planning Board Application Fee 90-43

DISTRIBUTION:

FUND	CODE	AMOUNT
Postal Money Order		25.00
42358704030		

By Pauline H. Townsend
Town Clerk
Title

Williamson Law Book Co., Rochester, N. Y. 14609

General Receipt

11606

TOWN OF NEW WINDSOR
555 Union Avenue
New Windsor, N. Y. 12550

September 5 19 90

Received of Pauline H. Townsend \$ 750.00

Seven Hundred Fifty and 00/100 DOLLARS

For Planning Board Site Plan Application #90-43

DISTRIBUTION: Lincove, Inc.

FUND	CODE	AMOUNT
U.S. of America	42358704030	50.00
Postal Money Orders	42358704017	700.00
		<u>750.00</u>

By Judith
Capully
Title

Williamson Law Book Co., Rochester, N. Y. 14609

General Receipt

11697

TOWN OF NEW WINDSOR
555 Union Avenue
New Windsor, N. Y. 12550

Dec. 24 19 90

Received of Lincove \$ 100.00

One Hundred and 00/100 DOLLARS

For #96-43 Site Plan Approval

DISTRIBUTION:

FUND	CODE	AMOUNT
CK# 394050		100.00

By Pauline H. Townsend
Town Clerk
Title

Williamson Law Book Co., Rochester, N. Y. 14609

Standard Line Tank Specifications

TYPE OF TANK/ MODEL NO.	NET CAPACITY		WORKING PRESSURE		EMPTY WEIGHT		HEIGHT		DIAMETER		LENGTH	

VERTICALS Medium Pressure

TM-500	530	2,010	250	1,725	5,500	2,500	15'-6"	4.7	5'-0"	1.5		
TM-900	900	3,410	250	1,725	9,500	4,300	15'-9"	4.8	6'-6"	2.0		
TM-1500	1,510	5,720	250	1,725	10,500	4,750	15'-9"	4.8	6'-6"	2.0		
TM-3000	3,000	11,360	250	1,725	15,600	5,050	15'-11"	4.9	8'-0"	2.5		
TM-6000	5,880	22,260	250	1,725	27,500	12,450	25'-8"	7.8	8'-0"	2.5		
TM-9000	8,900	33,690	250	1,725	37,000	15,800	29'-9"	9.1	9'-6"	2.9		
TM-11000	11,000	41,640	250	1,725	47,000	21,300	31'-7"	9.6	10'-2"	3.1		
TM-13000	13,000	49,210	250	1,725	50,000	22,680	36'-2"	11.0	10'-2"	3.1		

VERTICALS Low Pressure

TL-1500	1,520	5,755	125	860	9,000	4,000	15'-9"	4.8	6'-6"	2.0		
TL-3000	3,000	11,355	83	570	11,500	5,215	15'-11"	4.9	8'-0"	2.5		
TL-6000	5,840	22,110	77	530	20,900	9,480	26'-3"	8.0	8'-0"	2.5		
TL-9000	8,900	33,690	65	450	26,500	12,020	29'-9"	9.1	9'-6"	2.9		
TL-11000	11,000	41,640	65	450	34,200	15,515	31'-7"	9.6	10'-2"	3.1		
TL-13000	13,005	49,230	62	430	38,000	15,240	36'-2"	11.0	10'-2"	3.1		

HORIZONTALS Low Pressure

HTL-6000	5,850	22,145	75	515	22,000	9,980	8'-8"	2.6	8'-0"	2.5	24'-11"	7.6
HTL-15000	15,340	58,070	76	525	42,300	19,185	11'-8"	3.6	10'-9"	3.3	41'-3"	12.6
HTL-30000	29,540	111,820	76	525	65,700	29,800	12'-4"	3.8	10'-10"	3.3	76'-0"	23.0
HTL-50000	50,000	189,270	76	525	121,000	54,885	12'-4"	3.8	10'-10"	3.3	124'-3"	37.9
HTL-90000	85,000	321,760	40	275	185,100	83,960	13'-6"	4.1	12'-9"	3.9	146'-2"	44.6

HORIZONTALS Medium Pressure

HTM-1000	990	3,750	250	1,725	8,400	3,810	6'-6"	2.0	8'-0"	2.5	12'-0"	3.7
HTM-1500	1,480	5,600	250	1,725	10,400	4,726	6'-6"	2.0	7'-8"	2.3	15'-4"	4.7
HTM-2000	1,980	7,495	250	1,725	14,150	6,420	6'-6"	2.0	8'-0"	2.5	19'-2"	5.9
HTM-3000	3,000	13,250	250	1,725	15,635	7,130	7'-10"	2.4	9'-0"	2.7	16'-8"	5.1

HORIZONTALS Low Pressure

HTL-1000	1,000	3,785	130	895	7,600	3,450	7'-4"	2.2	7'-8"	2.3	14'-0"	4.3
HTL-1500	1,500	5,680	125	860	9,400	4,265	6'-6"	2.0	8'-0"	2.5	15'-4"	4.7
HTL-2000	2,000	7,570	86	595	9,750	4,425	8'-0"	2.5	8'-0"	2.5	11'-0"	3.5
HTL-3000	3,030	11,460	86	595	11,925	5,410	8'-0"	2.5	8'-5"	2.6	14'-8"	4.5

ALL TANKS are designed for use in oxygen, nitrogen and argon service. Tanks for service with other gaseous fluids or in higher working pressures are manufactured to specific customer requirements.

DESIGN CRITERIA:

Foundation designed per uniform building code, 1979 Ed. for seismic zone 2, non-essential service such that:

where: $V = 0.105 W_A$
 V = Lateral Seismic Load
 W_A = Full Tank Weight, Argon 140,500 lb.
 0.105 = Load factor for Seismic zone 2, non-essential service.

This foundation is suitable for use for non-essential service in seismic zones 2 and 1 and for essential (hospital) service applications in seismic zone 1.

In addition, the foundation can be used in all wind pressure zones up to and including 50 PSF.

Concrete design based on: $F_C = 2000$ psi at 28 days.

Soil load bearing: 2000 PSF minimum.

MATERIAL SPECIFICATIONS:

- MS-1 Contractor to use concrete: $F_C = 3000$ psi at 28 days.
- MS-2 Reinforcement steel shall be deformed type ASTM A-615, Grade 40.
- MS-3 Anchor bolts shall be ASTM Type 307, 7/8" dia., 11" long, 2-3/4" threaded projection, (6 required).
- MS-4 Use ASTM Type A-36 steel plate for anchor bolt embedment, 3" x 20" x 1/4" (3 required).
- MS-5 Use 6, A-36 steel washers, 3" O.D. x 15/16" I.D., 3/8" thick or equivalent for leg bolting.
- MS-6 Use A-36 angle, 2" x 2" x 3/8" by 18" long (3 required).
- MS-7 Double nut anchor bolts and grease exposed threads. Hand tighten all nuts.

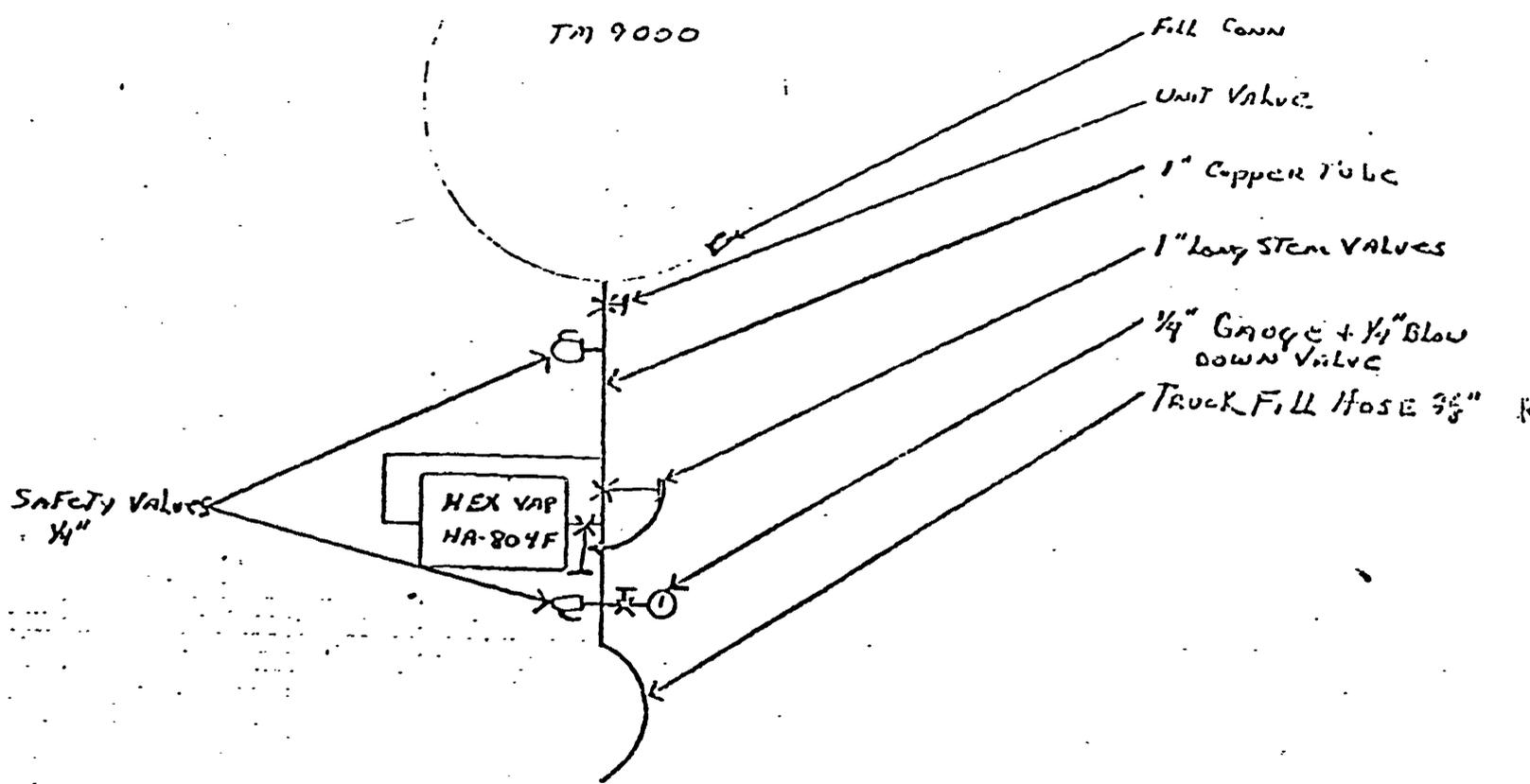
Design Criteria and Material Specifications for TM/TL 9000 Standard Tank.

Foundations

ITEM	PAGE
5	14

Dec. 1984

UNION CARBIDE CORPORATION, LINDE DIVISION
 SITE PLAN FOR:
 TYPE UNIT



* A NITROGEN POLARSTREAM HOSE
 MAY BE LARGER - IF IT IS
 I WOULD PREFER IT. RUT - 5-25-78.

PLANNING BOARD
TOWN OF NEW WINDSOR

AS OF: 10/24/90

PAGE: 1

LISTING OF PLANNING BOARD FEES
Escrow

FOR PROJECT NUMBER: 90-43
NAME: LINCARE, INC.
APPLICANT: LINCARE, INC.

--DATE--	DESCRIPTION-----	TRANS	AMT-CHG	AMT-PAID	BAL-DUE
09/04/90	SITE PLAN MINIMUM	PAID		750.00	
10/16/90	P.B. ENGINEER FEE	CHG	242.00		
		TOTAL:	242.00	750.00	-508.00

Please issue a check in the
Amount of \$508.00 to:

Lincare Inc.
317 Windsor Hwy.
New Windsor, N.Y. 12553

Gave to Larry R. 10/24/90

PLANNING BOARD
TOWN OF NEW WINDSOR

AS OF: 10/24/90

PAGE: 1

LISTING OF PLANNING BOARD FEES
Application

FOR PROJECT NUMBER: 90-43
NAME: LINCARE, INC.
APPLICANT: LINCARE, INC.

--DATE--	DESCRIPTION-----	TRANS	AMT-CHG	AMT-PAID	BAL-DUE
09/04/90	APPLICATION FEE	CHG	25.00		
09/04/90	APPLICATION FEE	PAID		25.00	
		TOTAL:	25.00	25.00	0.00

PLANNING BOARD
TOWN OF NEW WINDSOR

AS OF: 10/24/90

PAGE: 1

LISTING OF PLANNING BOARD FEES
Approval

FOR PROJECT NUMBER: 90-43
NAME: LINCARE, INC.
APPLICANT: LINCARE, INC.

--DATE--	DESCRIPTION-----	TRANS	AMT-CHG	AMT-PAID	BAL-DUE
10/16/90	SITE PLAN APPROVAL	CHG	100.00		
10/22/90	SITE PLAN APPROVAL	PAID		100.00	
		TOTAL:	100.00	100.00	0.00

PLANNING BOARD
TOWN OF NEW WINDSOR

AS OF: 10/24/90

PAGE: 1

LISTING OF PLANNING BOARD AGENCY APPROVALS

FOR PROJECT NUMBER: 90-43

NAME: LINCARE, INC.

APPLICANT: LINCARE, INC.

	DATE-SENT	AGENCY-----	DATE-RECD	RESPONSE-----
ORIG	09/05/90	MUNICIPAL HIGHWAY	10/03/90	SUPERSEDED BY REV1
ORIG	09/05/90	MUNICIPAL WATER	09/10/90	APPROVED
ORIG	09/05/90	MUNICIPAL SEWER	10/03/90	SUPERSEDED BY REV1
ORIG	09/05/90	MUNICIPAL SANITARY	09/12/90	APPROVED
ORIG	09/05/90	MUNICIPAL FIRE . SEE REVIEW SHEET IN FILE	09/11/90	DISAPPROVED
ORIG	09/05/90	PLANNING BOARD ENGINEER	10/03/90	SUPERSEDED BY REV1
ORIG	09/13/90	O.C. PLANNING	10/03/90	SUPERSEDED BY REV1
REV1	10/03/90	MUNICIPAL HIGHWAY	/ /	
REV1	10/03/90	MUNICIPAL WATER	10/04/90	APPROVED
REV1	10/03/90	MUNICIPAL SEWER	/ /	
REV1	10/03/90	MUNICIPAL SANITARY	10/03/90	APPROVED
REV1	10/03/90	MUNICIPAL FIRE . REVIEWED & APPROVED VERBALLY BY B. RODGERS -SHEET TO BE SENT . SEE REVISED COMMENTS ON REVIEW SHEET DATED 11 SEPT., 1990 . REVIEW SHEET FOR APPROVAL IN FILE DATED 15 OCTOBER 1990	10/10/90	APPROVED
REV1	10/03/90	PLANNING BOARD ENGINEER	/ /	

PLANNING BOARD
TOWN OF NEW WINDSOR

AS OF: 10/24/90

PAGE: 1

LISTING OF PLANNING BOARD ACTIONS

STAGE:

STATUS [Open, Withd]
A [Disap, Appr]

FOR PROJECT NUMBER: 90-43

NAME: LINCARE, INC.

APPLICANT: LINCARE, INC.

--DATE--	MEETING-PURPOSE-----	ACTION-TAKEN-----
10/17/90	P.B. SECRETARY	SIGNED PLANS
10/10/90	P.B. APPEARANCE . NEED NEW PLANS - APPROVED SUBJECT TO MARK'S REVIEW	NEG.DEC.:APPR. COND.
09/12/90	P.B. APPEARANCE . TO RETURN TO WORK SESSION; SEND PLAN TO O.C. PLANNING	LA - WAIVE P.H.
09/04/90	WORK SESSION APPEARANCE	OPEN FILE

CHRONOLOGICAL JOB STATUS REPORT

JOB: 87-56 NEW WINDSOR PLANNING BOARD (Chargeable to Applicant)

CLIENT: NEWWIN - TOWN OF NEW WINDSOR

TASK: 90- 43

TASK-NO	REC	--DATE--	TRAN	EMPL	ACT DESCRIPTION-----	RATE	HRS.	-----DOLLARS-----				
								TIME	EXP.	BILLED	BALANCE	
90-43	49821	09/04/90	TIME	MJE	MC LINCARE	60.00	0.30	18.00				
90-43	49869	09/08/90	TIME	MJE	MC LINCARE	60.00	0.50	30.00				
90-43	50775	09/10/90	TIME	MCK	CL REV COM:LINCARE	25.00	1.00	25.00				
90-43	50467	09/11/90	TIME	MJE	MC LIN CARE S/P	60.00	0.20	12.00				
90-43	50488	09/12/90	TIME	MJE	MM LIN CARE S/P	60.00	0.50	30.00				
90-43	52104	10/02/90	TIME	MJE	MC LINCARE W/S	60.00	0.40	24.00				
90-43	52154	10/05/90	TIME	MJE	MC LINCARE	60.00	0.50	30.00				
90-43	52568	10/09/90	TIME	MJE	MC	60.00	0.20	12.00				
90-43	52570	10/09/90	TIME	MCK	CL	25.00	1.00	25.00				
90-43	52391	10/10/90	TIME	MJE	MM COND FINAL APPL	60.00	0.10	6.00				
90-43	52566	10/10/90	TIME	MJE	MM	60.00	0.50	30.00				
								=====	=====	=====	=====	
TASK TOTAL								242.00	0.00	0.00	242.00	
								=====	=====	=====	=====	
GRAND TOTAL								242.00	0.00	0.00	242.00	

INTER OFFICE CORRESPONDENCE

TO: Town Planning Board
FROM: Town Fire Inspector
DATE: 15 October 1990
SUBJECT: Lincare, Inc. Site Plan

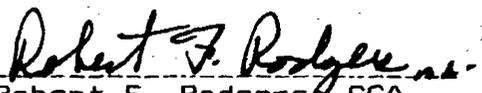
PLANNING BOARD REFERENCE NUMBER: PB-90-43
DATED: 2 October 1990

FIRE PREVENTION REFERENCE NUMBER: FPS-90-088

A review of the above referenced subject site plan was conducted on 15 October 1990. All items as previously requested have been addressed and corrective action taken.

This site plan is accepted.

PLANS DATED: 2 October 1990; Revision 1.


Robert F. Rodgers CCA
Fire Inspector

RR:mr
Att.

cc: H.E.



1763

TOWN OF NEW WINDSOR

555 UNION AVENUE
NEW WINDSOR, NEW YORK

NEW WINDSOR PLANNING BOARD MEETING
TOWN HALL
WEDNESDAY, OCTOBER 10, 1990 - 7:30 P.M.

TENTATIVE AGENDA

Call to Order
Roll Call
Minutes

- a. Mobile Home Park Review: Windsor Hts. Park

- 1. PUBLIC HEARING CONTINUATION: Ecolochem Site Plan
(90-32) Rt. 300 (Gateway Park) (Tectonic)
- 2. Argenio Brothers, Inc. Amended Site Plan
(90-45) Ruscitti Road (Grevas & Hildreth)
- 3. Lincare Inc. Site Plan (90-43) Windsor Hwy.
(Grevas & Hildreth)

Correspondence
Discussion
Adjournment

(NEXT MEETING - OCTOBER 24, 1990)



McGOEY, HAUSER and EDSALL
CONSULTING ENGINEERS P.C.

RICHARD D. McGOEY, P.E.
WILLIAM J. HAUSER, P.E.
MARK J. EDSALL, P.E.

- Main Office
45 Quassaick Ave. (Route 9W)
New Windsor, New York 12553
(914) 562-8640
- Branch Office
400 Broad Street
Milford, Pennsylvania 18337
(717) 296-2765

TOWN OF NEW WINDSOR
PLANNING BOARD
REVIEW COMMENTS

PROJECT NAME: ARGENIO SITE PLAN
PROJECT LOCATION: OFF RUSCITTI ROAD
PROJECT NUMBER: 90-45
DATE: 10 OCTOBER 1990
DESCRIPTION: THE APPLICANTS HAVE SUBMITTED A SITE PLAN FOR
TEMPORARY VEHICLE STORAGE ON LOT 109 OF SECTION 9,
BLOCK 1 OF THE TOWN.

1. The application and plan indicate that this is an amendment to the previously approved site plan (87-68), which received approval on 23 March 1988. Application 87-68 was approved in connection with Lot 108 (formerly known as Lot 47.1), in conjunction with a lot line change (which was approved on 10 February 1987). Based on these facts, this is actually a new and separate site plan, not an amendment.
2. This application is extremely similar in scope to the recently approved Walsh Industrial Center site plan (lands of David Plotkin). This project is within the PI zone. If a similar approach is to be utilized as with the Plotkin application, the trailer with accessory vehicle storage would be Special Permit Use No. 1 for that zone.

The Board may wish to consider joining the site plan and special permit, with a six (6) month approval term.

3. The Board should determine if any additional information is required on the submitted plan. At minimum, I suggest the following additions/corrections:
 - a. Removal of the reference to "amended" site plan.
 - b. Addition of an indication of the use group for the application and indication of the correct bulk information.

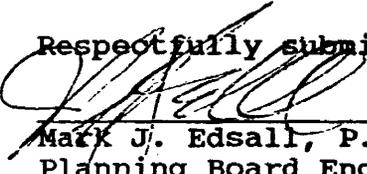
TOWN OF NEW WINDSOR
PLANNING BOARD
REVIEW COMMENTS

PROJECT NAME: ARGENIO SITE PLAN
PROJECT LOCATION: OFF RUSCITTI ROAD
PROJECT NUMBER: 90-45
DATE: 10 OCTOBER 1990

-2-

- c. Indication of the location of the temporary trailer, if so provided.
- d. Indication of the limits for the temporary vehicle storage (which should not extend down the paved access drive).
4. The Planning Board may wish to assume the position of Lead Agency under the SEQRA process.
5. The Planning Board may wish to make a determination regarding the type action this project should be classified under SEQRA and make a determination regarding environmental significance.
6. The Board should determine if a Public Hearing will be necessary for this application.
7. At such time that the Planning Board has made further review of this application, further engineering reviews and comments will be made, as deemed necessary by the Board.

Respectfully submitted,


Mark J. Edsall, P.E.
Planning Board Engineer

MJEmk

A:ARGENIO.mk

MJEmk

A:ARGENIO.mk



McGOEY, HAUSER and EDSALL
CONSULTING ENGINEERS P.C.

RICHARD D. McGOEY, P.E.
WILLIAM J. HAUSER, P.E.
MARK J. EDSALL, P.E.

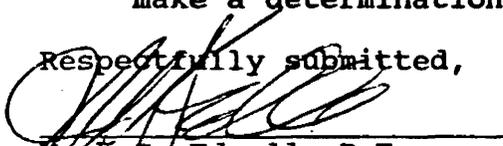
- Main Office
45 Quassaick Ave. (Route 9W)
New Windsor, New York 12553
(914) 562-8640
- Branch Office
400 Broad Street
Milford, Pennsylvania 18337
(717) 296-2765

TOWN OF NEW WINDSOR
PLANNING BOARD
REVIEW COMMENTS

PROJECT NAME: LINCARE STORAGE TANK SITE PLAN
PROJECT LOCATION: OFF ROUTE 32 (WEST SIDE)
PROJECT NUMBER: 90-43
DATE: 10 OCTOBER 1990
DESCRIPTION: THE APPLICANTS HAVE SUBMITTED A PLAN FOR CONSTRUCTION OF A 9.5 FOOT DIAMETER X 29.75 FOOT HIGH OXYGEN STORAGE TANK. THE PLAN WAS PREVIOUSLY REVIEWED AT THE 12 SEPTEMBER 1990 PLANNING BOARD MEETING.

1. As previously noted, this plan appears to comply with the A-17 Use of the "C" Zone, with the exception of maximum building height, which is based on an anticipated zoning change.
2. The application was referred to the Orange County Planning Department on 13 September 1990; a response should be on file prior to the Board taking action.
3. The Applicant has made several minor revisions to the plan in response to previous comments. The Board should review these minor revisions with the Applicant's representative.
4. The Planning Board may wish to make a determination regarding the type action this project should be classified under SEQRA and make a determination regarding environmental significance.

Respectfully submitted,



Mark J. Edsall, P.E.
Planning Board Engineer
MJEmk
A:LINCARE2.mk

ORANGE COUNTY DEPARTMENT OF PLANNING
APPLICATION FOR MANDATORY COUNTY REVIEW
OF LOCAL PLANNING ACTION

(Variances, Zone Changes, Special Permits, Subdivisions, Site Plans)

Local File No. 90-43

1. Municipality TOWN OF NEW WINDSOR Public Hearing Date _____

City, Town or Village Board Planning Board Zoning Board

2. Owner: Name Henry & Louis Van Leeuwen

Address 70 Windsor Highway - New Windsor, N.Y.

3. Applicant*: Name Lincare, Inc.

Address 317 Windsor Hwy, New Windsor, N.Y.

* If Applicant is owner, leave blank

4. Location of Site: Rt. 32 (West Side) 100'± South of Ruscitti Rd.
(street or highway, plus nearest intersection)

Tax Map Identification: Section 9 Block 1 Lot 21.21

Present Zoning District C Size of Parcel 7.1 Acres

5. Type of Review:

Special Permit: _____

Variance: Use _____

Area _____

Zone Change: From _____ To _____

Zoning Amendment: To Section _____

Subdivision: Number of Lots/Units _____

Site Plan: Use Oxygen Storage Tank

9/13/90

Date

Myra Mason, Secretary for the Planning Bd.
Signature and Title

RICHARD D. MCGOEY, P.E.
WILLIAM J. HAUSER, P.E.
MARK J. EDSALL, P.E.

Licensed in New York,
New Jersey and Pennsylvania

Post-It™ brand fax transmittal memo 7671 # of pages >

To: <u>MYRA</u>	From: <u>MARK</u>
Ca:	Co:
Dept:	Phone #
Fax #	Fax #

NEW WINDSOR, N.Y.
TELEPHONE (914) 562-8640
PORT JERVIS (914) 856-5600

**PLANNING BOARD WORK SESSION
RECORD OF APPEARANCE**

TOWN OF New Windsor P/B # 90 - 43

WORK SESSION DATE: 10/2/90 APPLICANT RESUB.
REQUIRED:

REAPPEARANCE AT W/S REQUESTED: No

PROJECT NAME: Lincare, Inc.

PROJECT STATUS: NEW _____ OLD

REPRESENTATIVE PRESENT: Bill Hildreth

TOWN REPS PRESENT:

- BLDG INSP.
- FIRE INSP. Richie
- ENGINEER Dan O'Leary
- PLANNER _____
- P/B CHMN. _____
- OTHER (Specify) Myra Mason

ITEMS TO BE ADDRESSED ON RESUBMITTAL:

Added note on plan

showed pricing on plan

request for 10/10/90

BUILDING INSPECTOR, PLANNING BOARD ENGINEER, FIRE INSPECTOR, [REDACTED],
D.O.T., O.C.H., O.C.P., D.P.W., WATER, SEWER, HIGHWAY, REVIEW
FORM:

The maps and plans for the Site Approval

Subdivision _____ as submitted by

Grevas & Hildeeth for the building or subdivision of _____ has been

reviewed by me and is approved

disapproved _____

If disapproved, please list reason _____

HIGHWAY SUPERINTENDENT

WATER SUPERINTENDENT

Sumon D. Masten Jr

SANITARY SUPERINTENDENT

October 3, 1990

DATE

10-4-90

rew / 90-43
OCT - 2 1990

BUILDING INSPECTOR, PLANNING BOARD ENGINEER, FIRE INSPECTOR, SANITARY INSP.,
D.O.T., O.C.H., O.C.P., D.P.W., ~~WATER~~, SEWER, HIGHWAY, REVIEW
FORM:

The maps and plans for the Site Approval _____

subdivision _____ as submitted by

Grevas + Hibbert for the building or subdivision of
Lincore Inc. has been

reviewed by me and is approved

~~disapproved~~ _____

~~If disapproved, please list reason~~ _____

Water is available if required.

HIGHWAY SUPERINTENDENT

Steve Dill
WATER SUPERINTENDENT

SANITARY SUPERINTENDENT

DATE

✓
CC: M.E.

LINC.PB

INTER OFFICE CORRESPONDENCE

TO: Town Planning Board

FROM: Town Fire Inspector

DATE: 11 September 1990

SUBJECT: Lincare, Inc. Site Plan

PLANNING BOARD REFERENCE NUMBER: PB-90-43

DATED: 4 September 1990

FIRE PREVENTION REFERENCE NUMBER: FPS-90-080

Although I approve of the concept, I believe there are a few items which must be addressed, prior to approval of this site plan.

- 1.) Note on the site plan: "This installation will conform to the requirements of the National Fire Protection Association's, NFPA-50-1990 Edition, Standard for Bulk Oxygen Systems at Consumer Sites and all other applicable generally accepted standards."
BK
RR
- 2.) Show the location from the nearest overhead electrical power lines. Using the worst case scenario, should an overhead electrical power line break, could it reach the tank, if whipped by high winds.
OK
RR
- 3.) The entrance drive to this storage facility should be at the same grade level, so that it is not necessary to drive up a hill to get to the tank full of liquid oxygen.
OK
RR
- 4.) What security will be provided at the site to prevent tampering by vandals?
OK
RR
- 5.) It is my opinion that this site plan should come back to the workshop secession for further discussion.
OK
RR

This site plan is rejected at this time.

PLANS DATED: 31 August 1990.

Robert F. Rodgers
Robert F. Rodgers; CCA
Fire Inspector

RR:mr
Att.
cc:ME

9-10-aw

90-43

SEP 4 - 1960

Orig.

BUILDING INSPECTOR, PLANNING BOARD ENGINEER, FIRE INSPECTOR, SANITARY INSP.,
D.O.T., O.C.H., O.C.P., D.P.W., ~~WATER~~, SEWER, HIGHWAY, REVIEW
FORM:

The maps and plans for the Site Approval _____

Subdivision _____ as submitted by

Cruvas + Hildner for the building or subdivision of
Lincoln Inc. has been

reviewed by me and is approved

~~disapproved~~ _____

If ~~disapproved~~, please list reason _____

Water is available in this area

HIGHWAY SUPERINTENDENT

[Signature]
WATER SUPERINTENDENT

SANITARY SUPERINTENDENT

DATE

✓
C.C.H.E.

SEP 4 - 1990
90-43
ORIG

BUILDING INSPECTOR, PLANNING BOARD ENGINEER, FIRE INSPECTOR, ~~SANITARY ENGINEER~~,
D.O.T., O.C.H., O.C.P., D.P.W., WATER, SEWER, HIGHWAY, REVIEW
FORM:

The maps and plans for the Site Approval Lincare Storage for Tank
Subdivision _____ as submitted by
Griggs and Hildebreth for the building or subdivision of
_____ has been
reviewed by me and is approved
disapproved _____.

If disapproved, please list reason _____

HIGHWAY SUPERINTENDENT

WATER SUPERINTENDENT

Suman D. Masten Jr

SANITARY SUPERINTENDENT

Sept. 12, 1990

DATE

Planning Board
Town of New Windsor
555 Union Avenue
New Windsor, NY 12550

(This is a two-sided form)

Date Received _____
Meeting Date _____
Public Hearing _____
Action Date _____
Fees Paid _____

APPLICATION FOR SITE PLAN, ~~LOT LINE CHANGE~~
~~OR SUBDIVISION PLAN~~ APPROVAL

1. Name of Project LINCARE, INC - SITE PLAN
2. Name of Applicant LINCARE INC Phone 562-5800
Address 317 WINDSOR HIGHWAY NEW WINDSOR N.Y. 12553
(Street No. & Name) (Post Office) (State) (Zip)
3. Owner of Record HENRY P. VAN LEEUWAN Phone 562-0532
& LOUIS G. VAN LEEUWAN
Address 70 WINDSOR HIGHWAY NEW WINDSOR N.Y. 12553
(Street No. & Name) (Post Office) (State) (Zip)
4. Person Preparing Plan GREAS & HILDRETH, L.S.P.C. Phone 562-8667
Address 33 QUASSACK AVE NEW WINDSOR, N.Y. 12553
(Street No. & Name) (Post Office) (State) (Zip)
5. Attorney — Phone —
Address —
(Street No. & Name) (Post Office) (State) (Zip)
6. Location: On the WEST side of ROUTE 32
100 ± feet SOUTH
(Street) (Direction)
of RUSCITI ROAD
(Street)
7. Acreage of Parcel 7.1 8. Zoning District BZ "C"
9. Tax Map Designation: Section 9 Block 1 Lot 21-21
10. This application is for SITE PLAN - OXYGEN STORAGE TANK
11. Has the Zoning Board of Appeals granted any variance or a special permit concerning this property? NO

If so, list Case No. and Name _____

N/A

12. List all contiguous holdings in the same ownership
Section _____ Block _____ Lot(s) _____

Attached hereto is an affidavit of ownership indicating the dates the respective holdings of land were acquired, together with the liber and page of each conveyance into the present owner as recorded in the Orange County Clerk's Office. This affidavit shall indicate the legal owner of the property, the contract owner of the property and the date the contract of sale was executed.

IN THE EVENT OF CORPORATE OWNERSHIP: A list of all directors, officers and stockholders of each corporation owning more than five percent (5%) of any class of stock must be attached.

OWNER'S ENDORSEMENT
(Completion required ONLY if applicable)

COUNTY OF ORANGE

SS.:

STATE OF NEW YORK

Richard A Russo being duly sworn, deposes and says that he resides at PO Box 63 Circleville in the County of Orange and State of New York and that he is (the owner in fee) of Center Manager
(Official Title)

of the Corporation which is the Owner in fee of the premises described in the foregoing application and that he has authorized to make the foregoing application for Special Use Approval as described herein.

I HEREBY DEPOSE AND SAY THAT ALL THE ABOVE STATEMENTS AND INFORMATION, AND ALL STATEMENTS AND INFORMATION CONTAINED IN THE SUPPORTING DOCUMENTS AND DRAWINGS ATTACHED HERETO ARE TRUE.

Sworn before me this

4th day of September 1990

X Richard A Russo
(Owner's Signature)

(Applicant's Signature)

Center Manager
(Title)

May F Benedict
Notary Public
MAY F. BENEDICT
Notary Public, State of New York
No. 4764738
Qualified in Orange County
My Commission Expires May 31, 1992

PROJECT I.D. NUMBER

617.21

90 - 43
SEP 4 - 1990

SEQR

Appendix C

State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

ART I—PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT /SPONSOR LINCARE, INC 2. PROJECT NAME SITE PLAN

3. PROJECT LOCATION:
Municipality TOWN OF NEW WINDSOR County ORANGE

4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)
WEST SIDE OF RT. 32, 100' E SOUTH OF RUSCITTI ROAD

5. IS PROPOSED ACTION:
 New Expansion Modification/alteration

6. DESCRIBE PROJECT BRIEFLY: CONSTRUCTION OF AN OXYGEN STORAGE TANK

7. AMOUNT OF LAND AFFECTED:
Initially 7.1 acres Ultimately 7.1 acres

8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?
 Yes No If No, describe briefly

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?
 Residential Industrial Commercial Agriculture Park/Forest/Open space Other
Describe: MOTOR VEHICLE DEALERSHIP (TRUCKS), GARDEN CENTER, RETAIL STORES

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?
 Yes No If yes, list agency(s) and permit/approvals

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?
 Yes No If yes, list agency name and permit/approval

12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?
 Yes No N/A

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor name: LINCARE, INC. Date: 4 Sep '90

Signature: BY: [Signature] ELIAS D. GREVES, L.S.

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

OVER

PART II—ENVIRONMENTAL ASSESSMENT (To be completed by Agency)

A. DOES ACTION EXCEED ANY TYPE THRESHOLD IN 6 NYCRR, PART 617.12? If yes, coordinate the review process and use the FULL EAF.
 Yes No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.
 Yes No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?
 Yes No. If Yes, explain briefly

PART III—DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

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

Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide on attachments as necessary, the reasons supporting this determination:

Name of Lead Agency

Print or Type Name of Responsible Officer in Lead Agency _____
Title of Responsible Officer

Signature of Responsible Officer in Lead Agency _____
Signature of Preparer (if different from responsible officer)

Date

TOWN OF NEW WINDSOR PLANNING BOARD
SITE PLAN CHECKLIST

ITEM

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> Site Plan Title | 29. <input checked="" type="checkbox"/> Curbing Locations |
| 2. <input checked="" type="checkbox"/> Applicant's Name(s) | 30. <input checked="" type="checkbox"/> Curbing Through Section |
| 3. <input checked="" type="checkbox"/> Applicant's Address(es) | 31. <input checked="" type="checkbox"/> Catch Basin Locations |
| 4. <input checked="" type="checkbox"/> Site Plan Preparer's Name | 32. <input checked="" type="checkbox"/> Catch Basin Through Section |
| 5. <input checked="" type="checkbox"/> Site Plan Preparer's Address | 33. <input checked="" type="checkbox"/> Storm Drainage |
| 6. <input checked="" type="checkbox"/> Drawing and Revision Dates | 34. <input checked="" type="checkbox"/> Refuse Storage |
| 7. <input checked="" type="checkbox"/> 4"x2" Box for Approval Stamp. | 35. <input checked="" type="checkbox"/> Other Outdoor Storage |
| 8. <input checked="" type="checkbox"/> AREA MAP INSET | 36. <input checked="" type="checkbox"/> Area Lighting |
| 9. <input checked="" type="checkbox"/> Site Designation | 37. <input checked="" type="checkbox"/> Sanitary Disposal Sys. |
| 10. <input checked="" type="checkbox"/> Properties Within 500 Feet of Site | 38. <input checked="" type="checkbox"/> Water Supply/Fire Hydrants |
| 11. <input checked="" type="checkbox"/> Property Owners (Item #10) | 39. <input checked="" type="checkbox"/> Building Locations |
| 12. <input checked="" type="checkbox"/> PLOT PLAN | 40. <input checked="" type="checkbox"/> Building Setbacks |
| 13. <input checked="" type="checkbox"/> Scale (1" = 50' or lesser) | 41. <input checked="" type="checkbox"/> Front Building Elevations |
| 14. <input checked="" type="checkbox"/> Metes and Bounds | 42. <input checked="" type="checkbox"/> Divisions of Occupancy |
| 15. <input checked="" type="checkbox"/> Zoning Designation | 43. <input checked="" type="checkbox"/> Sign Details |
| 16. <input checked="" type="checkbox"/> North Arrow | 44. <input checked="" type="checkbox"/> BULK TABLE INSET |
| 17. <input checked="" type="checkbox"/> Abutting Property Owners | 45. <input checked="" type="checkbox"/> Property Area (Nearest 100 sq. ft.) |
| 18. <input checked="" type="checkbox"/> Existing Building Locations | 46. <input checked="" type="checkbox"/> Building Coverage (sq. ft.) |
| 19. <input checked="" type="checkbox"/> Existing Paved Areas | 47. <input checked="" type="checkbox"/> Building Coverage (% of Total Area) |
| 20. <input checked="" type="checkbox"/> Existing Vegetation | 48. <input checked="" type="checkbox"/> Pavement Coverage (Sq. Ft.) |
| 21. <input checked="" type="checkbox"/> Existing Access & Egress | 49. <input checked="" type="checkbox"/> Pavement Coverage (% of Total Area) |
| <u>PROPOSED IMPROVEMENTS</u> | |
| 22. <input checked="" type="checkbox"/> Landscaping | 50. <input checked="" type="checkbox"/> Open Space (Sq. Ft.) |
| 23. <input checked="" type="checkbox"/> Exterior Lighting | 51. <input checked="" type="checkbox"/> Open Space (% of Total Area) |
| 24. <input checked="" type="checkbox"/> Screening | 52. <input checked="" type="checkbox"/> No. of Parking Spaces Proposed. |
| 25. <input checked="" type="checkbox"/> Access & Egress | 53. <input checked="" type="checkbox"/> No. of Parking Required. |
| 26. <input checked="" type="checkbox"/> Parking Areas | |
| 27. <input checked="" type="checkbox"/> Loading Areas | |
| 28. <input checked="" type="checkbox"/> Paving Details (Items 25-27) | |

This list is provided as a guide only and is for the convenience of the Applicant. The Town of New Windsor Planning Board may require additional notes or revisions prior to granting approval.

PREPARER'S ACKNOWLEDGEMENT:

The Site Plan has been prepared in accordance with this checklist and the Town of New Windsor Ordinances, to the best of my knowledge.

By: 
Licensed Professional

Rev. 3-87

Date: 4 SEPT '90

PROXY STATEMENT

for submittal to the

TOWN OF NEW WINDSOR PLANNING BOARD

HENRY VAN LEEUWEN, deposes and says that he resides at BEATTIERD., ROCK TAVERN (Owner's Address)

in the County of ORANGE and State of NEW YORK

and that he is the owner in fee of TAX MAP PARCEL: SECT. 9, Block 1, Lot 21.21

which is the premises described in the foregoing application and that he has authorized LINCARE, INC. & GEORAS & HILDRETH, L.S.P.C. to make the foregoing application as described therein.

Date: _____

(Owner's Signature)

(Witness' Signature)

