

TOWN OF ENFIELD

GENERAL APPLICATION FOR  
SITE PLAN REVIEW

Supplementary sheets may be attached  
by applicant to supply additional information.

1. Name of Proposed Development NEW HOMES

Applicant:  
Name: Tom Amici  
Address 121 S. VANDORN RD  
ITNACA  
Telephone 607 272 3153

Plans prepared by:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone \_\_\_\_\_

2. Owner (if different,/if more than one owner), provide information for each:

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone \_\_\_\_\_

3. Location of Site:

Street Address 1703 TRUCK RD  
Tax Map Parcel No. 9A 9-1-29.2

4. Federal, State and County permits needed (list type and issuing authority with name, address and telephone Number):

Federal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
State: \_\_\_\_\_  
\_\_\_\_\_  
County: Permit

5. Proposed use (s) of site: SINGLE FAMILY HOMES

6. Project Specifics:

- Total site area (square feet or acres) 1.22 ACRES
- Anticipated construction time:  
Starting date 4-1-23 Completion date 9-23
- Will development be staged? (attach particulars) NO
- Estimated cost of proposed improvement \$ 82,000

- Anticipated increase in number of residents, shoppers, employees, etc. (as applicable):

3 RESIDENTS  
\_\_\_\_\_  
\_\_\_\_\_

7. Is a new street/road required? NO If so, # of feet \_\_\_\_\_ (Consult Town of Enfield Highway Superintendent for required specifications)
8. Number of entrances on existing streets/roads ONE

Provide name, address and telephone number of authority granting approval for "curb cut" if State or County Road:

State: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

County: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

9. Plans must be submitted in accordance with the Town of Enfield Site Plan Checklist (Copy attached).
10. Certification: The undersigned (owner---agent---developer) hereby certifies that the information contained herein is true and accurate to the personal information or belief of the undersigned.

Date: 3-27-23 \_\_\_\_\_  
Owner---Agent---Developer [Signature]

€ Code Enforcement Officer will check box if a Site Plan Review is needed and sign below:

Date: 3-27-23 \_\_\_\_\_  
Code Enforcement Officer, Town of Enfield [Signature]

# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing

**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project: <span style="font-size: 1.2em; color: blue;">SITE PLAN APPROVAL</span>			
Project Location (describe, and attach a location map): <span style="font-size: 1.2em; color: blue;">1703 <del>TOP</del> MECK RD</span>			
Brief Description of Proposed Action: <span style="font-size: 1.2em; color: blue;">ADD 3 HOMES</span>			
Name of Applicant or Sponsor: <span style="font-size: 1.2em; color: blue;">THOMAS AMICI</span>		Telephone: <span style="font-size: 1.2em; color: blue;">607 272 3153</span>	
Address: <span style="font-size: 1.2em; color: blue;">121 S. VANDORN RD</span>		E-Mail: <span style="font-size: 1.2em; color: blue;">HAMICI5@htva.net</span>	
City/PO: <span style="font-size: 1.2em; color: blue;">ITWACA</span>		State: <span style="font-size: 1.2em; color: blue;">NY</span>	Zip Code: <span style="font-size: 1.2em; color: blue;">14850</span>
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? <span style="float: right;"><u>2</u> acres</span> b. Total acreage to be physically disturbed? <span style="float: right;">_____ acres</span> c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? <span style="float: right;"><u>2</u> acres</span>			NO <input checked="" type="checkbox"/>
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): <input type="checkbox"/> Parkland			



	NO	YES	N/A
5. Is the proposed action,			
a. A permitted use under the zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: <u>WELL</u> _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Applicant/sponsor/name: Sam Ayi Date: 3-27-23

Signature: [Signature] Title: \_\_\_\_\_

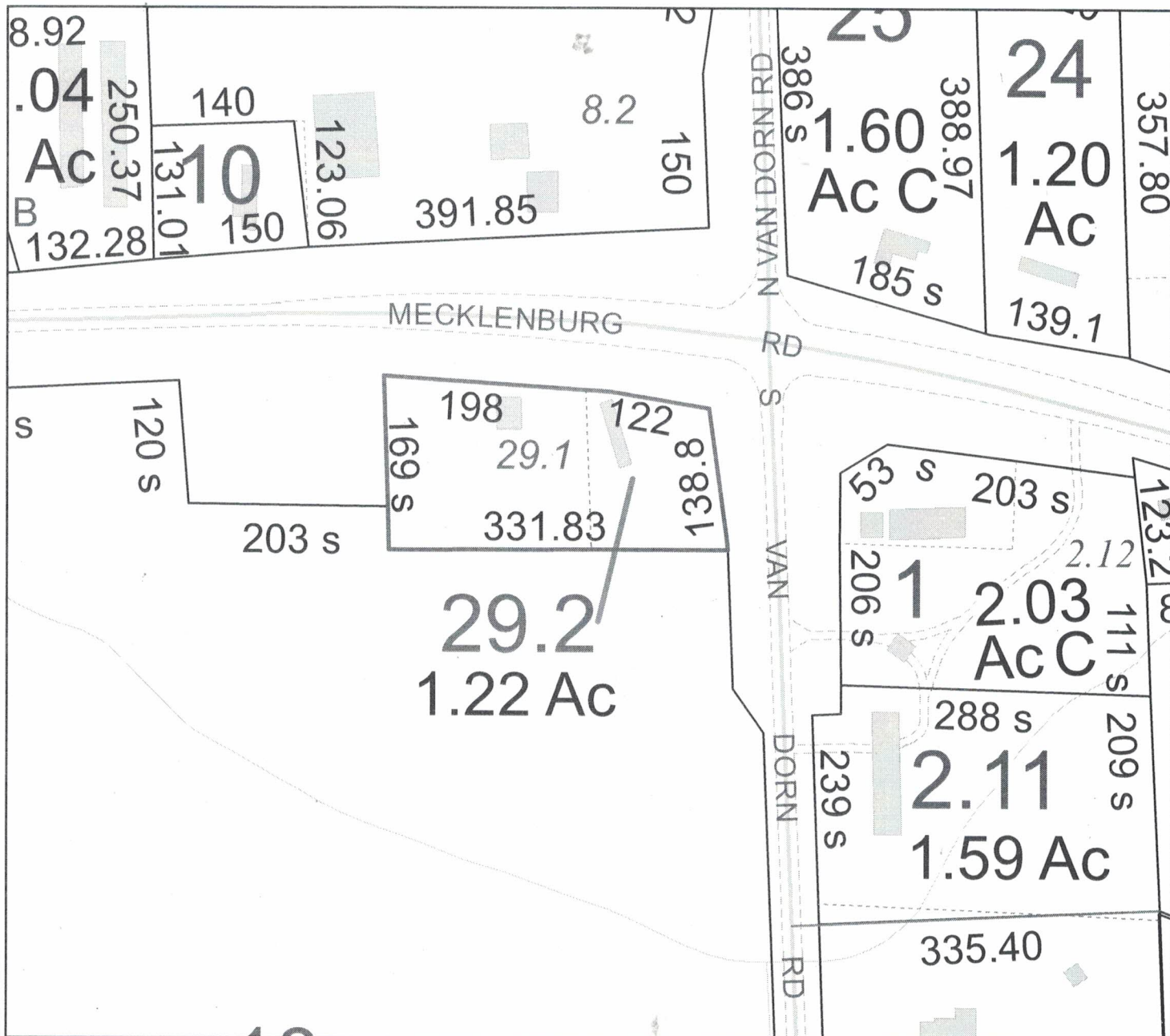


SWIS 502600 Municipal Name TOWN OF ENFIELD  
 Printkey(s) 9.-1-29.2  
 Split/Merge # 2326019

**Change Authority**  
 Instrument # \_\_\_\_\_ Deed Date \_\_\_\_\_  
 Survey Location \_\_\_\_\_ Survey Filed \_\_\_\_\_  
 Grantor \_\_\_\_\_ Grantee \_\_\_\_\_  
 Owner Request Joyce and Thomas Amici  
 Notes Town of Enfield parcels 9.-1-29.2 = .43 Ac and  
9.-1-29.1 = .79 Ac Consolidated  
Now 9.-1-29.2 = 1.22 Ac

**Tax Map Record**  
 Batch # \_\_\_\_\_ Tax Year 2023  
 Split  
 Consolidation  
 Transfer with No Split/Merge  
 Survey Correction  
 Digital Map Correction  
 Subdivision  
 Highway Appropriation  
 Input 11/08/2022 By SHELLER

**Assessor's Record**  
 Input \_\_\_\_\_ By \_\_\_\_\_







Your Partner for a Healthy Community

### ONSITE WASTEWATER TREATMENT SYSTEM

# CONSTRUCTION PERMIT

DIVISION OF ENVIRONMENTAL HEALTH - TOMPKINS COUNTY HEALTH DEPARTMENT

55 Brown Road, Ithaca, NY 14850-1386

Phone: (607) 274-6688 Fax: (607) 274-6695

Frank Kruppa, MPA  
Public Health Director  
Elizabeth Cameron, P.E.  
Environmental Health Director  
Scott Freyburger, P.E.  
Public Health Engineer

Issued to:

Amici, Joyce

Location:

1707 MECKLENBURG Rd

Parcel Number:

ITHACA, NY 14850

Permit Number:

502600-9.-1-29.1

Record Type:

EH-OW-22-0225

OWTS Conversion Permit (Sewage)

Maximum Design Flow:

440 gallons per day

Bedrooms (or equivalent):

4

Toilets:

1.6 gals or less per flush

Garbage Grinder:

0

Hot Tub/Spa:

0 gallons total

Based on the application information provided and in accordance with the provisions of the Tompkins County Sanitary Code, you are hereby granted permission to construct an onsite wastewater treatment system meeting the design specifications and conditions noted herein at the above location.

No variation in location, construction, specifications, details or approved material types can be made without prior approval by the Tompkins County Health Department.

All household liquid wastes (including bathroom, kitchen, and laundry wastes) must be disposed of through this installation. Roof leaders, cellar drains and footer drains must be entirely separate from the onsite wastewater treatment system. It is recommended that water softeners discharge to a separate subsurface dispersion area.

Construction of a system in adherence with the design and conditions of this permit does not guarantee its function or durability.

Permit may be renewed once for a period of two more years or transferred to another person if a renewal/transfer application is submitted and paid for prior to its expiration.

Inspector:

Becky Sims

Initial Issue Date:

11/28/2022

CC:

Alan Teeter, Patrick Head

Expiration Date:

11/28/2024

### Onsite Wastewater Treatment System Components and Specifications:

#### Septic Tanks(s):

1. Existing 1000 Gallon Single Chamber To be properly abandoned
2. New 1000 Gallon Dual Chamber
3. New 1000 Gallon Dual Chamber

Dosing/Pressure Distribution: **Pressure Dosing Required**

Minimum Pump Chamber Volume: **750 gallons**

Wastewater Treatment System Type:

**Sand Filter with DMATS**

Sand Filter: **12 ft x 32 ft**

Maximum Bottom Depth: **24 in**

Top Distributor Pipes: **4**

Bottom Collector Pipes: **1**

Number of DMAT Trenches: **3**

Trench Dimensions: **2 ft x 52 ft**

Maximum Bottom Depth: **6 in**

Undisturbed Soil Footprint: **64 ft x 30 ft**

Additional required construction and material specifications are available  
<https://www.tompkinscountyny.gov/health/eh/owts/specs>  
or by following the QR code.

Contact us by calling (607) 274-6688 or email [tceh@tompkins-co.org](mailto:tceh@tompkins-co.org).

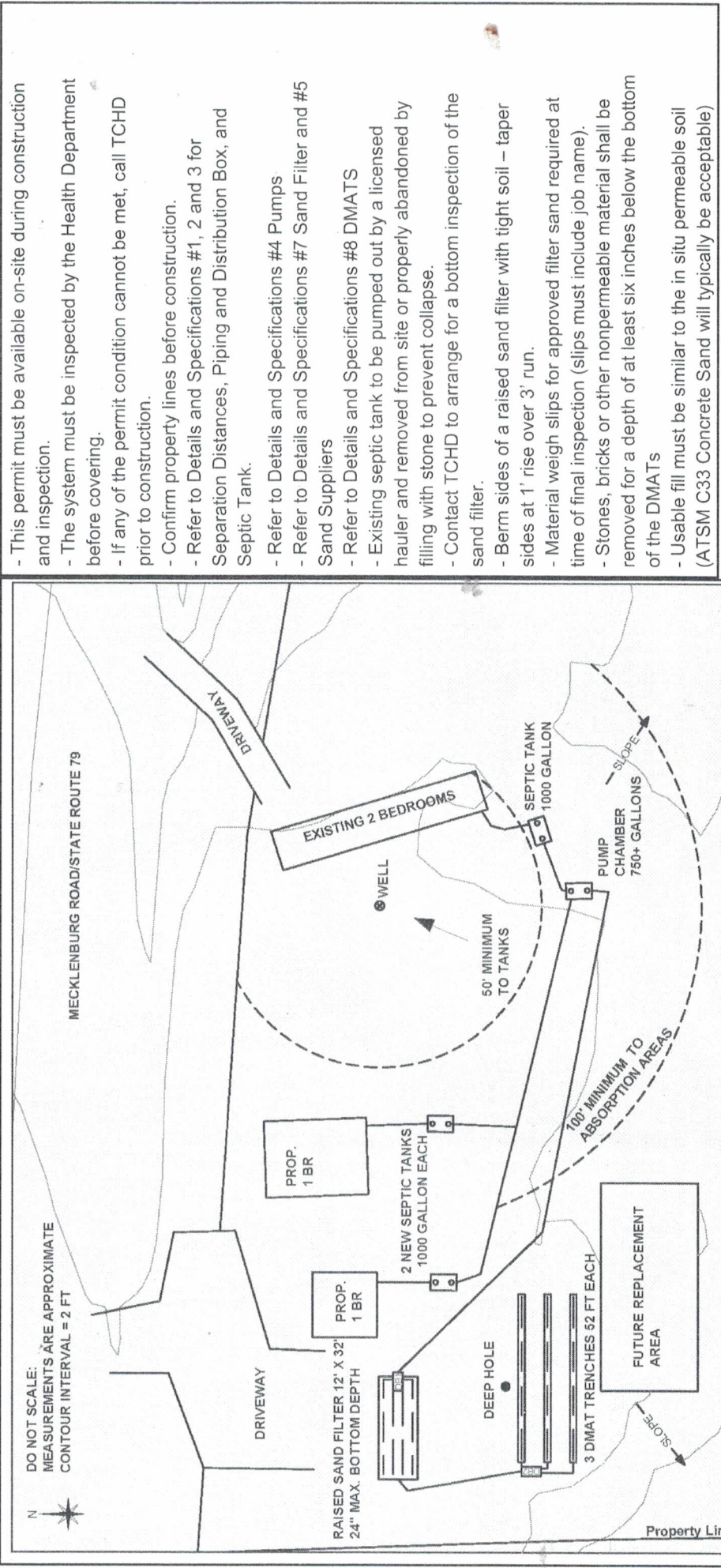


**PERMIT MUST BE ON JOB SITE AT ALL TIMES DURING CONSTRUCTION AND INSPECTION**

**- SEE REVERSE FOR DESIGN AND CONDITIONS -**



### Approved Onsite Wastewater Treatment System Design and Conditions



- This permit must be available on-site during construction and inspection.
- The system must be inspected by the Health Department before covering.
- If any of the permit condition cannot be met, call TCHD prior to construction.
- Confirm property lines before construction.
- Refer to Details and Specifications #1, 2 and 3 for Separation Distances, Piping and Distribution Box, and Septic Tank.
- Refer to Details and Specifications #4 Pumps
- Refer to Details and Specifications #7 Sand Filter and #5 Sand Suppliers
- Refer to Details and Specifications #8 DMATS
- Existing septic tank to be pumped out by a licensed hauler and removed from site or properly abandoned by filling with stone to prevent collapse.
- Contact TCHD to arrange for a bottom inspection of the sand filter.
- Berm sides of a raised sand filter with tight soil – taper sides at 1' rise over 3' run.
- Material weigh slips for approved filter sand required at time of final inspection (slips must include job name).
- Stones, bricks or other nonpermeable material shall be removed for a depth of at least six inches below the bottom of the DMATS
- Usable fill must be similar to the in situ permeable soil (ATSM C33 Concrete Sand will typically be acceptable)

