



Site Planning	Environmental Studies
Civil Engineering	Entitlements
Landscape Architecture	Construction Services
Land Surveying	3D Visualization
Transportation Engineering	Laser Scanning

March 24, 2022

Honorable Loretta Taylor  
 Town of Cortlandt Planning Board  
 Town Hall  
 1 Heady Street  
 Cortlandt Manor, NY 10567

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

Dear Honorable Chairperson Taylor:

This letter has been prepared to address the following:

1. Comments provided by Planning Board Member Mr. George Kimmerling at the Board’s March 1, 2022 meeting.
2. Updated Parking Waiver Analysis for the 52-bed revised action.

Attached please find the following:

1. Updated Transportation Management Plan, revision dated March 21, 2022.
2. Letter from Joshua J. Grauer, Esq., dated October 21, 2021, to Thomas Wood, Esq.
3. Letter from Cicero Consulting Associates, VCC, Inc., dated August 30, 2021, to Robert Davis, Esq.
4. Drawings by Ralph G. Mastromonaco, PE PC Consulting Engineers.

0	Title Sheet	Rev. 03/21/2022
1	Site Plan/Grading Plan/Tree Plan /13% Max. Grade	Rev. 03/21/2022
2	Site Plan/Utility Plan	Rev. 03/21/2022
3	Driveway Improvement Plan	Rev. 03/21/2022
4	Site Plan/Lighting Plan and Photometric Plan	Rev. 03/16/2022
5	Site Plan/Fire Access Plan	Rev. 03/21/2022
6	Site Plan/Proposed Disturbance Plan	Rev. 03/21/2022

7	Site Plan/Erosion Control Plan/Details/Notes	Rev. 03/21/2022
8	Quaker Ridge Road Improvement Plan	Rev. 04/25/2019
1	Onsite Wastewater Treatment System	Rev. 03/21/2022

**I. Comments provided by Planning Board Member Mr. George Kimmerling at the Board's March 1, 2022 meeting.**

Comment No. 1

*Under the About Us section of your website, <http://www.hudsoneducationandwellness.com/about-us>, you state that the Specialty Hospital's program philosophy focuses on the following elements:*

- *Disease model and abstinence focus;*
- *Flexible goals and lengths and levels of care;*
- *Twelve Step Program connections and approaches, daily meetings;*
- *Emphasis on the proper balance of medical care, psychosocial and psychological care;*
- *Family Involvement – Organized Monthly Weekend Family Programs;*
- *Group, individual, didactic, family, and Twelve Step interventions;*
- *Minimized, but appropriate use of psycho-active medications;*
- *Skills Building Training;*
- *Healthy Peer Dynamics and Confrontation;*
- *Organized Program Design;*
- *Client involvement in all treatment plan development*
- *Client involvement in length of stay decisions*
- *Addition of strong relaxation components (i.e. acupuncture, massage, yoga, meditations, exercise, etc.)*

*Can you indicate on the floor plans you've provided, the facilities for each of these services, including for medical care (a "medical-exam room" is required by the state; see appendix 54 of the 08/21 addendum: 08/09/21 letter from Brian Baldwin @ Cicero Consulting), family programs (sufficient for the 25 percent of clients and their families who will have such programs weekly), skills-building and relaxation components, specifically, acupuncture, massage, and yoga, as well as for clean and soiled laundry rooms (also required by the state; see Appendix 54 of the 08/21 addendum)?*

Response No. 1

The answers to this question were supplied in the October 21, 2021, letter from Joshua J. Grauer to Thomas Wood, Town of Cortlandt Attorney. A labeled Floor Plan was attached as well as detailed answers to questions submitted by Mr. Wood. We have attached it here. Furthermore, family counseling will occur during weekend visitation with additional, as needed, sessions occurring virtually via video and/or teleconference. Additionally, please note that any website pertaining to Hudson Ridge was developed many years ago as a placeholder and does not contain or reflect precise program information. The updated details of the Hospital operations are set forth in the submissions to the Zoning Board which are part of the Planning Board record. See Appendices 42(B)-(E), (G), and (I) to the Applicant's August 2021 Addendum.

Comment No. 2

*Your website states that among the services to be provided is “minimized, but appropriate use of psycho-active medications.” Further in Brian Baldwin’s 10/16/19 presentation to the Zoning Board of Appeals, he states, “Hudson Wellness Center will offer Medication Assisted Treatment to help these patients address their withdrawal symptoms and the potential cravings associated with them...Patients will receive symptom relief and/or addiction medications such as Suboxone, Vivitrol, Buprenorphine, and Naltrexone for opiate withdrawal and Librium, Ativan and Valium for alcohol withdrawal.” Yet in the applicant’s list of stipulated conditions for a “conditional negative declaration” (revised 03/14/19 and included as appendix 64 in the applicant’s 02/22 comments to public hearings:), the applicant states “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 include only patient personal medication prescribed to them by their person physicians and brought into the hospital with them at admission.” Can you explain what seems to be conflicting information?*

Response No. 2

Any website pertaining to Hudson Ridge was developed many years ago as a placeholder and does not contain or reflect precise program information. All OASAS licensed programs, including the residential treatment program proposed by Hudson Ridge Wellness Center, use Medication Assisted Treatment, as described in Hudson Ridge’s October 16, 2019, presentation to the Zoning Board of Appeals. There is no pharmacy onsite, however patient’s medications are safely kept onsite, administered, and properly disposed of.

Comment No. 3

*One of the reasons that I am interested in the applicant’s view of the OASAS process, and the proper way to proceed with that agency, is that the information, even at the earliest stages, required in that process, would offer details on the specific use and intensity of use at this site. Has the Applicant engaged even in the specified “prior consultation” phase through the OASAS form known as “Certification Proposal – Prior Consult, Attachment A1,” and met with the OASAS Regional Office and Local Government Unit, so they can “render a recommendation on the applicant’s proposal”? If not, why not?*

Response No. 3

The answer to this question was previously provided in the August 30, 2021, letter from Frank M. Cicero of Cicero Consulting Associates to Robert F. Davis of Singleton, Davis & Singleton. This letter was attached to Mr. Davis’ letter of September 3, 2021 to Joshua Subin in response to Mr. Subin’s letter of August 23, 2021. We have attached it here. The submission of the Certification Proposal-Prior Consult-Attachment IA to OASAS and the Local Governmental Unit is the first step in the OASAS certification process. It includes outreach to the local community, which is what Hudson Ridge Wellness is still engaged in with the Town of Cortlandt and why it has not submitted the Certification Proposal-Prior Consult-Attachment IA to OASAS.

Additionally, OASAS concerns itself with the internal operations of the hospital, which are not with the purview of the Board, not site plan matters or traffic or well issues, and even if it did, Town approval would be required.

Comment No. 4

*In his May 4, 2021, statement to the Planning Board, your consultant, Brian Baldwin stated “OASAS wanted us to do our best to resolve these local issues before conducting the prior consultation process.” Was the decision not to engage in the OASAS prior consultation process made on the basis of specific feedback or communication from OASAS and if yes, can we have a copy of that?*

Response No. 4

Please note that Brian M. Baldwin of Cicero Consulting Associates summarized the communications by Hudson Ridge Wellness and its consultants with OASAS and attached copies of all communication in his letter of August 9, 2021, to Thomas Wood, Cortlandt Town Attorney. Unfortunately, OASAS was very circumspect in its communication with Hudson Ridge Wellness and with Cicero Consulting and did not give any specific guidance on the application process, except to refer us to the OASAS regulations. As stated in the previous response (No. 4), “The submission of the Certification Proposal-Prior Consult-Attachment IA to OASAS and the Local Governmental Unit is the first step in the OASAS certification process. It includes outreach to the local community, which is what Hudson Ridge Wellness is still engaged in with the Town of Cortlandt and why it has not submitted the Certification Proposal-Prior Consult-Attachment IA to OASAS”.

Comment No. 5

*If the applicant will engage in the “prior consultation” phase only once local issues are settled, does that mean you would need simply the SEQRA and Zoning issues settled, or do you plan to wait until site approval before approaching OASAS?*

Response No. 5

The submission of the Certification Proposal-Prior Consult-Attachment IA to OASAS and the Local Governmental Unit is the first step in the OASAS certification process. It includes outreach to the local community, which is what Hudson Ridge Wellness is still engaged in with the Town of Cortlandt and why it has not submitted the Certification Proposal-Prior Consult-Attachment IA to OASAS. If a specialty hospital is not approved by the Town to be located at the site then any communication with OASAS would be futile. We have agreed to pursue OASAS approval concurrently with our pursuit of site plan approval/special permit/parking waiver before the Planning Board, but note that notwithstanding our agreement to do so, OASAS approval may not be required prior to the Town site plan/special permit/parking waiver approvals because final OASAS approval itself is contingent on those approvals.



Comment No. 6

*Mr. Grauer's letter of 01/25/22 states that the applicant has agreed not to expand the existing buildings. Does this mean there will be no change in the total square footage of any building (for example, no change in height as well as footprint)? I ask because his letters of 06/28/21 and 01/19/22 both state, "there will be no expansion of the footprint of the existing buildings," and I want to clarify if you mean only no change in footprint or no expansion of any kind.*

Response No. 6

The Applicant affirms that there will be no expansion of any kind.

Comment No. 7

*Mr. Grauer's letter of 01/25/22 states that "non-professional staff will use the shuttle." Similarly, the list of stipulated conditions for a "conditional negative declaration" (revised 03/14/19 and included as appendix 64 in the applicant's 02/22 comments to public hearings:) states, "Two shuttle vans will be provided for required use by a substantial portion of the employees." Under the revised lower number of beds proposed, what is the anticipated staff level per day—including massage therapists, acupuncturists and all service providers envisioned—and what specific percentage of total employees in the course of an average day will be required to use the shuttle vans?*

Response No. 7

With a projected average census of fifty-two (52) residential clients, over a weekly timeframe 65 clinical and support staff are anticipated to be required for the 24 hour/day, 7 day/week staffing pattern for clinically effective and safe staff coverage. Staffing schedules would be broken down for example in shifts such as between two 12-hour shift schedules, four 8-hour shift schedules, etc., which would stagger staff arrival and departure throughout the day. Staff would consist of both full-time and part-time positions.

As shown on attached tables S1A -- S1C and S2A – S2C, the maximum number of employees at the 52-bed facility at any one time would not exceed approximately 23 individuals, on weekdays, and would often be much less.

Employees on either a full time or part time basis would include physicians, a medical director, licensed nursing, social worker and psychologist, and non-professional assistant staff. Of the staff total, approximately 60% will be required, as a condition of employment, to take the shuttle vans. These would typically be the non-professional assistant staff.

Comment No. 8

*The Applicant has stated in numerous submissions that clients will not be "permitted to leave the grounds" (for example, in Appendix 66 of the 02/22 response to comments). Please describe and indicate where in previous submissions and/or site plan documents, sufficient security measures are*

*planned or contemplated to ensure this. Relatedly, are clients limited in their ability to be outdoors at any time, for example, after lights-out at 10:30, or before certain times in the morning.*

#### Response No. 8

As discussed in the “2nd Addendum to Expanded Environmental Assessment Report, dated October 6, 2016, dated July 10, 2017, it is noted in Response A10, HEWC has 4.2 security full time equivalent (FTE) positions budgeted for the facility. The clients are not a threat to the local community and are at the facility on a purely voluntary basis. 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.

During the day, patients may walk on the property for relaxation when they have any free time between sessions/activities. After dark, patients may be walking from their living space to possibly another building on the property for meetings. Lights out when no patient is permitted outside is at 10:30 PM.

The patients are awoken at 7:00 AM with breakfast at 7:30 AM. This is followed by a community meeting at 8:15 AM which lasts until 9:00 AM. This would be the earliest that any patients would be outside.

#### Comment No. 9

*Can we conclude that the inclusion of a “List of Stipulated Conditions for Conditional Negative Declaration” (revised 03/14/19 and included as appendix 64 in the applicant’s 02/22 comments to public hearings), as well as the inclusion of a “SEQRA Summary Support for a Conditioned Negative Declaration” (included as appendix 65 in the applicant’s 02/22 comments to public hearings) means the Applicant believes that a Conditioned Negative Declaration is appropriate here, rather than a Negative Declaration*

#### Response No. 9

The “Conditions” offered by the Applicant as set forth in Appendices 55, 56, and 64 of its February 2022 submission, are part of its application and as such, support the issuance of a Negative Declaration as set forth in Appendices 65 and 66, notwithstanding any determination the Board may make to otherwise use same as the basis for a Conditioned Negative Declaration.

Comment No. 10

*Also per Appendix 64, up to 6 neighboring wells may be included, if the homeowners agree, in a post-operational well-monitoring program. The Applicant states, "If long-term monitoring were to unexpectedly demonstrate any significant interference from the proposed Specialty Hospital wells, mitigation options (including but not limited to lower the homeowner pump or deepening their well) would be evaluated and implemented." Who would perform that evaluation, and who would develop, approve and pay for the mitigation?*

Response No. 10

As specified in Condition #15 of the above noted "List of Stipulated Conditions" (Appendix 65 of the Applicant's February 2022 "Response to 2022-01-26 Public Hearing Comments" submission), the Applicant is offering to conduct an offsite well monitoring program of up to six neighboring wells as the Specialty Hospital becomes operational. As discussed in Appendix 25 to Volume 4 of the March 2019 submission, the well monitoring program would start three to six months before the certificate of occupancy is issued and continue for up to two years after 75 percent of full occupancy of the Specialty Hospital occurs. The duration of the monitoring plan may be extended, at the discretion of the Town, if offsite impacts are observed. Pressure transducer data loggers would be set in select offsite and onsite pumping wells to document long term trends in groundwater table fluctuations related to onsite pumping and water use. A semi-annual hydrogeologic report of pumping volumes and onsite and offsite groundwater levels would be provided to the Town for review. After it is confirmed that onsite pumping is sustainable and is not adversely impacting existing offsite wells, the program and reporting would be terminated.

If long-term monitoring were to unexpectedly demonstrate any significant interference from the proposed Specialty Hospital wells, mitigation options (including but not limited to, lowering the homeowner pump or deepening their well) would be evaluated and implemented at the cost of the Applicant. In the unlikely event such program would be needed even with the originally proposed 92 beds, let alone the 52 beds of the revised project, evaluation of the results would presumably be by the Applicant's Hydrogeological Consultant in consultation and with the approval of the Town's Consultant.

**2. Updated Parking Waiver Analysis**

This updates the Parking Waiver analysis provided in Appendix 39 of the "Consolidated Expanded Environmental Report", dated March 2019.

Regarding the parking demand study, monitoring of actual parking utilization will be performed by the Applicant as part of the Transportation Management Plan, revised March 21, 2022. The Applicant previously submitted the information below relative to anticipated parking utilization as part of the letter to the Planning Board dated 1/19/2018.

The Applicant is currently requesting a special permit for a parking waiver from the Planning Board in accordance with Section 307-34.1 of the Zoning Code. The purpose of the request is

to waive by 47% the number of parking spaces required for a general hospital use, which is 1 per bed, plus 1 per employee in largest shift or as needed.

The Specialty Hospital, when fully operational, will have 52 patients and a total of approximately 23 employees on the largest shift, as shown on attached tables S3A – S3C, the maximum number of estimated utilized parking spaces would be 19. The required parking for a general hospital use would therefore be 75 spaces. The maximum number permitted to be waived is 50% of the total number of required parking spaces serving a use (Section 307-34.1.C.(4)), which would result in a total of 37.5 spaces that may be provided. The Applicant is seeking 40 spaces which is a slightly less waiver of 47%.

The Planning Board, by special permit, may grant relief in the form of a waiver from the parking requirements required pursuant to Article VIII of the Zoning Code, based on the following criteria (Section 307-34.1.B). (Responses to the criteria are also provided below.)

- a. The capacity, location and current level of use of existing parking facilities, both public and private.

There are 33 existing parking spaces on the site. There are 2 at Building #2, 3 within the Building #3 garage, 26 within the rear parking lot, and 2 parallel spaces in front of Building #6. The existing parking facilities on the property are not in use because the property is not currently in use, with the exception of one residence occupied by one family.

Note: There is substantial parking capacity on this large property, but unnecessary for the proposed use, with the Applicant desiring to preserve open space and limiting disturbance.

- b. The efficient and maximum use, in terms of parking needs and services, provided by avoiding excess parking, poor site design, and inefficient use of capital and resources.

The proposed use, although a “hospital”, is a specialty hospital and will functionally operate more like a nursing home, having no emergency room or outpatient services, with longer patient stays, fewer visitors, and no cars owned or used by the patients. A “nursing home” requires 1 parking space per 2.5 beds, plus 1 per employee on maximum shift per the Zoning Code. This results in 44 spaces required for a nursing home of comparable size. However, the proposed specialty hospital requires even fewer parking spaces than a typical nursing home for the following reasons:

Unlike a typical nursing home:

- (1) Visitors for each patient are permitted a maximum of only one weekend day per month per an assigned schedule.
- (2) 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, reducing the number of parking spaces required for employees.

c. The relief of traffic and parking congestion.

There will be no traffic congestion. Traffic will be minimal because the clients are not permitted to have or use vehicles, visitors for each patient are permitted a maximum of only one weekend day per month per an assigned schedule, and 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, reducing the number of parking spaces required for employees. There will be no parking congestion as a result, and for the preceding reasons the number of proposed parking spaces may be reduced from those required for a general hospital use by the Zoning Code.

d. The safety of pedestrians.

With the reduced number of proposed parking spaces, pedestrians will not need to cross larger expanses of parking area that would otherwise be required by the Zoning Code for a hospital use, thereby increasing pedestrian safety. Parking is convenient and direct to the buildings and most activity will be associated with Building 1, and there are no public streets to cross.

e. The provision of reasonable access by walking distance.

The proposed parking provides reasonable access by walking distance because all of the buildings are clustered on the western portion of the site, within easy walking distance of each other. In addition, reasonable walking distance is provided because the proposed parking is dispersed in several locations throughout the developed portion of the property, among the existing buildings.

f. The maintenance of the character of the area by reducing impervious surfaces and allowing for larger landscaped areas.

The reduced number of proposed parking spaces will decrease the need for construction of additional impervious surfaces, thereby providing for larger areas to remain in an undisturbed, landscaped condition. This helps maintain the existing open space character of the site.

Proposed are only 7 net new spaces beyond the existing 33.

g. The Applicant must show that a site plan could be approved for the subject site that meets all requirements for a layout on the subject lot that conforms to all parking coverage limitations for the site.

The figure "Full Parking Plan" by Ralph G. Mastromonaco, PE, PC Consulting Engineers, dated January 12, 2018, which is attached to the 01/19/2018 letter responding to the Town Staff comments, depicts 129 parking spaces for the 92-bed facility as required by the Zoning Code for a general hospital use. Therefore, a full parking plan depicting 75 spaces for the 52-bed revised proposal could be easily accommodated. As with the previous plan, the

Applicant has stated that it does not ever intend to build these spaces because there will be no need for the reasons stated above.

h. The reduction of runoff and stormwater impacts.

The reduction of additional impervious surfaces that would otherwise be required by providing the quantity of parking specified by the Zoning Code for a general hospital use will reduce the potential for stormwater runoff and related potential stormwater impacts, such as reduced water quality and erosion.

i. The avoidance of impacts to environmentally sensitive lands.

While none of the parking that would be required by the Zoning Code for a hospital use would be situated within an environmentally sensitive area, the reduced runoff potential resulting from the decreased quantity of impervious surface will be a benefit to the site's wetlands and wetland buffers.

Thank you.

Sincerely,

JMC Planning Engineering Landscape Architecture & Land Surveying, PLLC

*Richard J. Pearson*

Richard J. Pearson, PE, PTOE  
Sr. Associate Principal

*Robert B. Peake*

Robert B. Peake, AICP  
Planner

**Table S1A**

***Weekday - Number of Employees Entering/Exiting the Site by Shift***

Shift Number	1A (6:00 AM - 2:00 PM)		Nursing 1 (6:00 AM - 6:00 PM)		1B (Entering) (9:00 AM - 5:00 PM)		2 (2:00 PM - 10:00 PM)		1B (Exiting) (9:00 AM - 5:00 PM)		Nursing 2 (6:00 PM - 6:00 AM)		3 (10:00 PM - 6:00 AM)		Employee Daily Total
	6:00 AM		6:00 AM		9:00 AM		2:00 PM		5:00 PM		6:00 PM		10:00 PM		
Shift Start Time	Entering	Exiting	Entering	Exiting	Entering	Exiting	Entering	Exiting	Entering	Exiting	Entering	Exiting	Entering	Exiting	
<b>a. Number of Employees</b>	5 / 16%	1 / 3%	4 / 13%	4 / 13%	14 / 44%		4 / 13%	5 / 16%		14 / 44%	4 / 13%	4 / 13%	1 / 3%	4 / 13%	32
<b>b. Number of Employees Using Shuttle Van</b>	5 / 16%	0 / 0%	4 / 13%	0 / 0%	6 / 19%		4 / 13%	5 / 16%		6 / 19%	0 / 0%	4 / 13%	0 / 0%	4 / 13%	19 / 59%
<b>c. Number of Employees Driving to Site</b>	0 / 0%	1 / 3%	0 / 0%	4 / 13%	8 / 25%		0 / 0%	0 / 0%		8 / 25%	4 / 13%	0 / 0%	1 / 3%	0 / 0%	13 / 41%
<b>d. Shuttle Van Trips</b>	2	2	(See Shift 1A)		2	2	4	4	2	2	2	2	2	2	-
<b>e. Net Number of Vehicle Trips (Row e = Row c + Row d)</b>	2	3	0	4	10	2	4	4	2	10	6	2	3	2	-

Legend		
Shift	Color	Shift Time
1A		6:00 AM - 2:00 PM
1B		9:00 AM - 5:00 PM
2		2:00 PM - 10:00 PM
3		10:00 PM - 6:00 AM
Nursing 1		6:00 AM - 6:00 PM
Nursing 2		6:00 PM - 6:00 AM

**Table S1B**

***Saturday - Number of Employees Entering/Exiting the Site by Shift***

Shift Number	1A (6:00 AM - 2:00 PM)		Nursing 1 (6:00 AM - 6:00 PM)		1B (Entering) (9:00 AM - 5:00 PM)		2 (2:00 PM - 10:00 PM)		1B (Exiting) (9:00 AM - 5:00 PM)		Nursing 2 (6:00 PM - 6:00 AM)		3 (10:00 PM - 6:00 AM)		Employee Daily Total
	6:00 AM		6:00 AM		9:00 AM		2:00 PM		5:00 PM		6:00 PM		10:00 PM		
Shift Start Time	Entering	Exiting	Entering	Exiting	Entering	Exiting	Entering	Exiting	Entering	Exiting	Entering	Exiting	Entering	Exiting	
<b>a. Number of Employees</b>	3 / 13%	1 / 4%	4 / 17%	4 / 17%	8 / 35%		3 / 13%	3 / 13%		8 / 35%	4 / 17%	4 / 17%	1 / 4%	3 / 13%	23
<b>b. Number of Employees Using Shuttle Van</b>	3 / 13%	0 / 0%	4 / 17%	0 / 0%	4 / 17%		3 / 13%	3 / 13%		4 / 17%	0 / 0%	4 / 17%	0 / 0%	3 / 13%	14 / 61%
<b>c. Number of Employees Driving to Site</b>	0 / 0%	1 / 4%	0 / 0%	4 / 17%	4 / 17%		0 / 0%	0 / 0%		4 / 17%	4 / 17%	0 / 0%	1 / 4%	0 / 0%	9 / 39%
<b>d. Shuttle Van Trips</b>	2	2	(See Shift 1A)		2	2	4	4	2	2	2	2	2	2	-
<b>e. Net Number of Vehicle Trips (Row e = Row c + Row d)</b>	2	3	0	4	6	2	4	4	2	6	6	2	3	2	-

Legend		
Shift	Color	Shift Time
1A		6:00 AM - 2:00 PM
1B		9:00 AM - 5:00 PM
2		2:00 PM - 10:00 PM
3		10:00 PM - 6:00 AM
Nursing 1		6:00 AM - 6:00 PM
Nursing 2		6:00 PM - 6:00 AM



**Table S1C**

***Sunday - Number of Employees Entering/Exiting the Site by Shift***

Shift Number	1A (6:00 AM - 2:00 PM)		Nursing 1 (6:00 AM - 6:00 PM)		1B (Entering) (9:00 AM - 5:00 PM)		2 (2:00 PM - 10:00 PM)		1B (Exiting) (9:00 AM - 5:00 PM)		Nursing 2 (6:00 PM - 6:00 AM)		3 (10:00 PM - 6:00 AM)		Employee Daily Total
	6:00 AM		6:00 AM		9:00 AM		2:00 PM		5:00 PM		6:00 PM		10:00 PM		
Shift Start Time	Entering	Exiting	Entering	Exiting	Entering	Exiting	Entering	Exiting	Entering	Exiting	Entering	Exiting	Entering	Exiting	
<b>a. Number of Employees</b>	3 / 13%	1 / 4%	4 / 17%	4 / 17%	8 / 35%		3 / 13%	3 / 13%		8 / 35%	4 / 17%	4 / 17%	1 / 4%	3 / 13%	23
<b>b. Number of Employees Using Shuttle Van</b>	3 / 13%	0 / 0%	4 / 17%	0 / 0%	4 / 17%		3 / 13%	3 / 13%		4 / 17%	0 / 0%	4 / 17%	0 / 0%	3 / 13%	14 / 61%
<b>c. Number of Employees Driving to Site</b>	0 / 0%	1 / 4%	0 / 0%	4 / 17%	4 / 17%		0 / 0%	0 / 0%		4 / 17%	4 / 17%	0 / 0%	1 / 4%	0 / 0%	9 / 39%
<b>d. Shuttle Van Trips</b>	2	2	(See Shift 1A)		2	2	4	4	2	2	2	2	2	2	-
<b>e. Net Number of Vehicle Trips (Row e = Row c + Row d)</b>	2	3	0	4	6	2	4	4	2	6	6	2	3	2	-

Legend		
Shift	Color	Shift Time
1A		6:00 AM - 2:00 PM
1B		9:00 AM - 5:00 PM
2		2:00 PM - 10:00 PM
3		10:00 PM - 6:00 AM
Nursing 1		6:00 AM - 6:00 PM
Nursing 2		6:00 PM - 6:00 AM

**Table S2A*****Weekday - Hourly Summary of Total Employees On-Site***

Time	Shift						Total
	1A	1B	2	3	Nursing 1	Nursing 2	
12:00 AM				1		4	5
1:00 AM				1		4	5
2:00 AM				1		4	5
3:00 AM				1		4	5
4:00 AM				1		4	5
5:00 AM				1		4	5
6:00 AM	5				4		9
7:00 AM	5				4		9
8:00 AM	5				4		9
9:00 AM	5	14			4		23
10:00 AM	5	14			4		23
11:00 AM	5	14			4		23
12:00 PM	5	14			4		23
1:00 PM	5	14			4		23
2:00 PM		14	4		4		22
3:00 PM		14	4		4		22
4:00 PM		14	4		4		22
5:00 PM			4		4		8
6:00 PM			4			4	8
7:00 PM			4			4	8
8:00 PM			4			4	8
9:00 PM			4			4	8
10:00 PM				1		4	5
11:00 PM				1		4	5

**Table S2B**

***Saturday - Hourly Summary of Total Employees On-Site***

Time	Shift						Total
	1A	1B	2	3	Nursing 1	Nursing 2	
12:00 AM				1		4	5
1:00 AM				1		4	5
2:00 AM				1		4	5
3:00 AM				1		4	5
4:00 AM				1		4	5
5:00 AM				1		4	5
6:00 AM	3				4		7
7:00 AM	3				4		7
8:00 AM	3				4		7
9:00 AM	3	8			4		15
10:00 AM	3	8			4		15
11:00 AM	3	8			4		15
12:00 PM	3	8			4		15
1:00 PM	3	8			4		15
2:00 PM		8	3		4		15
3:00 PM		8	3		4		15
4:00 PM		8	3		4		15
5:00 PM			3		4		7
6:00 PM			3			4	7
7:00 PM			3			4	7
8:00 PM			3			4	7
9:00 PM			3			4	7
10:00 PM				1		4	5
11:00 PM				1		4	5

**Table S2C**

**Sunday - Hourly Summary of Total Employees On-Site**

Time	Shift						Total
	1A	1B	2	3	Nursing 1	Nursing 2	
12:00 AM				1		4	5
1:00 AM				1		4	5
2:00 AM				1		4	5
3:00 AM				1		4	5
4:00 AM				1		4	5
5:00 AM				1		4	5
6:00 AM	3				4		7
7:00 AM	3				4		7
8:00 AM	3				4		7
9:00 AM	3	8			4		15
10:00 AM	3	8			4		15
11:00 AM	3	8			4		15
12:00 PM	3	8			4		15
1:00 PM	3	8			4		15
2:00 PM		8	3		4		15
3:00 PM		8	3		4		15
4:00 PM		8	3		4		15
5:00 PM			3		4		7
6:00 PM			3			4	7
7:00 PM			3			4	7
8:00 PM			3			4	7
9:00 PM			3			4	7
10:00 PM				1		4	5
11:00 PM				1		4	5

**Table S3A**

**Weekday - Parking Utilization Summary**

Time	Shift						Shuttle Van	Visitor	Total
	1A	1B	2	3	Nursing 1	Nursing 2			
12:00 AM				1		4	2		7
1:00 AM				1		4	2		7
2:00 AM				1		4	2		7
3:00 AM				1		4	2		7
4:00 AM				1		4	2		7
5:00 AM				1		4	2		7
6:00 AM	0			1	0	4	2		7
7:00 AM	0				0		2		2
8:00 AM	0				0		2		2
9:00 AM	0	8			0		2		10
10:00 AM	0	8			0		2		10
11:00 AM	0	8			0		2		10
12:00 PM	0	8			0		2		10
1:00 PM	0	8			0		2		10
2:00 PM	0	8	0		0		2		10
3:00 PM		8	0		0		2		10
4:00 PM		8	0		0		2		10
5:00 PM		8	0		0		2		10
6:00 PM			0		0	4	2		6
7:00 PM			0			4	2		6
8:00 PM			0			4	2		6
9:00 PM			0			4	2		6
10:00 PM			0	1		4	2		7
11:00 PM				1		4	2		7

**Table S3B**

**Saturday - Parking Utilization Summary**

Time	Shift						Shuttle Van	Visitor	Total
	1A	1B	2	3	Nursing 1	Nursing 2			
12:00 AM				1		4	2		7
1:00 AM				1		4	2		7
2:00 AM				1		4	2		7
3:00 AM				1		4	2		7
4:00 AM				1		4	2		7
5:00 AM				1		4	2		7
6:00 AM	0			1	0	4	2		7
7:00 AM	0				0		2		2
8:00 AM	0				0		2	13	15
9:00 AM	0	4			0		2	13	19
10:00 AM	0	4			0		2	13	19
11:00 AM	0	4			0		2	13	19
12:00 PM	0	4			0		2	13	19
1:00 PM	0	4			0		2	13	19
2:00 PM	0	4	0		0		2	13	19
3:00 PM		4	0		0		2	13	19
4:00 PM		4	0		0		2	13	19
5:00 PM		4	0		0		2	13	19
6:00 PM			0		0	4	2	13	19
7:00 PM			0			4	2		6
8:00 PM			0			4	2		6
9:00 PM			0			4	2		6
10:00 PM			0	1		4	2		7
11:00 PM				1		4	2		7

**Table S3C**

**Sunday - Parking Utilization Summary**

Time	Shift						Shuttle Van	Visitor	Total
	1A	1B	2	3	Nursing 1	Nursing 2			
12:00 AM				1		4	2		7
1:00 AM				1		4	2		7
2:00 AM				1		4	2		7
3:00 AM				1		4	2		7
4:00 AM				1		4	2		7
5:00 AM				1		4	2		7
6:00 AM	0			1	0	4	2		7
7:00 AM	0				0		2		2
8:00 AM	0				0		2		2
9:00 AM	0	4			0		2		6
10:00 AM	0	4			0		2		6
11:00 AM	0	4			0		2		6
12:00 PM	0	4			0		2		6
1:00 PM	0	4			0		2		6
2:00 PM	0	4	0		0		2		6
3:00 PM		4	0		0		2		6
4:00 PM		4	0		0		2		6
5:00 PM		4	0		0		2		6
6:00 PM			0		0	4	2		6
7:00 PM			0			4	2		6
8:00 PM			0			4	2		6
9:00 PM			0			4	2		6
10:00 PM			0	1		4	2		7
11:00 PM				1		4	2		7

# Transportation Management Plan

**PROPOSED SPECIALITY HOSPITAL  
2016 QUAKER RIDGE ROAD  
TOWN OF CORTLANDT, NY**

*Prepared for:*

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

*Prepared by:*



Armonk, NY 10504

Date: February 22, 2018  
Revised November 12, 2018  
Revision #2 December 17, 2018  
Revision #3 March 21, 2022

JMC Project 14088



## **A. INTRODUCTION**

---

This Transportation Management Plan has been prepared in association with the proposed Hudson Wellness Center located at 2016 Quaker Ridge Road in the Town of Cortlandt, NY, which would restore its prior decades long use as a specialty hospital serving private patients/clients ("clients") with alcohol and substance use disorders and be consistent with the other past institutional use of the property. The proposed use will be accessed via the existing site access driveway at Quaker Ridge Road, which will be improved to enhance the access for emergency vehicles, as requested by the Town.

## **B. STAFFING AND OPERATIONS**

There is always some flexibility in projected staffing patterns and responsibilities when opening such a new specialty hospital in order to effectively respond to its anticipated and unanticipated needs. Notwithstanding such staffing pattern flexibility, the staff will not exceed over a weekly timeframe 65 total staff, full and part-time. All the staff will not be on-site at one time spread over four shifts (in other words, the facility has flexibility as to allocate staff within the total limit), and the maximum number of staff on-site at one time would be approximately 23.

Employee work schedules will be established to minimize any traffic impacts by scheduling the staff arrival / departure times outside of the existing peak hours along the area roadways. The shifts are proposed as follows:

Shift 1 (6:00 AM – 2:00 PM)

Shift 1A (9:00 AM – 5:00 PM)

Shift 2 (2:00 PM – 10:00 PM)

Shift 3 (10:00 PM – 6:00 AM)

Snow removal and 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.

**C. SHUTTLE VANS**

The majority of site generated traffic volumes will be comprised of staff spread over 4 shifts. Two shuttle vans will be provided, for required use by a substantial portion of the employees, primarily lower level non-professional employees, who will be shuttled to and from several transit hub locations outside the Teatown area, including, but not limited to the Croton-Harmon train station or other stations on the Harlem line such as White Plains, and the vans will also transport clients for pick-up from and drop-off at their home, train station, bus stops or other locations as may be required, to be determined as employees are hired.

The area intersections currently operate without significant delays and the projected volumes with and without the proposed use will also be processed without significant delays, even while making various conservative assumptions to provide for an ultraconservative analysis.

During all other hours of the day, the traffic generation by the proposed use will be minimal.

**D. VISITORS**

There will generally be no visitors. Family weekends will be scheduled for only one day every weekend for family member visitation, family education and family counseling. These family weekends will be staggered, so as the facility approaches and reaches full capacity, only one quarter of the client population will have their family weekend each weekend of the month.

**E. DELIVERIES**

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.

The delivery vehicles will be directed to access the property from NY 9A and US 9 and travel through Crotonville via Old Albany Post Road to Quaker Bridge Road to Quaker Ridge Road. Old Albany Post Road, Quaker Bridge Road, and Glendale Road have weight restrictions for vehicles over 5 tons, except for local deliveries, which therefore do not preclude trucks associated with the site from using the roadways. The delivery vehicle drivers will be directed to not travel along the Quaker Bridge Road one-lane bridge over the Croton River.

While the specific vendors and associated delivery vehicles have not been determined, it is expected that most vehicles will be a SU-30 (total length of 30 feet) or shorter and any larger vehicle would not exceed an SU-40 (total length of 40 feet). No tractor trailers will be permitted to make deliveries to the hospital. Only approximately 5% of traffic is anticipated to approach the site from the north on Quaker Ridge Road.

No deliveries by 3<sup>rd</sup> party service providers, such as deliveries of food/perishables, pharmacy, paper/office supplies, garbage collection, laundry, etc., will occur on weekends.

Existing vehicles along area roadways 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.

## **F. PARKING**

The Applicant is currently requesting a special permit for a parking waiver from the Planning Board in accordance with Section 307-34.1 of the Zoning Code. The purpose of the request is for a waiver of 47% of the number of parking spaces required for a general hospital use, which is 1 per bed, plus 1 per employee in largest shift or as needed.

The Specialty Hospital, when fully operational, will have 52 patients maximum and a total of approximately 23 employees on the largest shift. The required parking if this were a general hospital use would therefore be 75 spaces. The maximum number permitted to be waived is 50% of the total number of required parking spaces serving a use (Section 307-34.1.C.(4)), which

would result in a total of 37.5 spaces to be provided, with the Applicant requesting a total of 40 spaces.

The Planning Board, by special permit, may grant relief from the parking requirements required pursuant to Article VIII of the Zoning Code, based on the criteria in Section 307-34.1.B.

The proposed use, although a “hospital”, is a specialty hospital and will functionally operate more like a nursing home, having no emergency room, and no outpatient treatment, with longer patient stays, fewer visitors, and no cars owned or used by the patients. A “nursing home” requires 1 parking space per 2.5 beds, plus 1 per employee on maximum shift per the Zoning Code. This results in 44 spaces required for a nursing home of comparable size. However, the proposed specialty hospital requires even fewer parking spaces than a typical nursing home for the following reasons:

Unlike a typical nursing home:

- (1) Visitors for each patient are permitted a maximum of only one weekend day per month per an assigned schedule;
- (2) A portion of the employees will utilize two shuttle vans for transport to and from train station(s) and other transit locations, reducing the number of parking spaces required for employees.

The Applicant will monitor the parking utilization of the site biannually and provide a report to the Department of Technical Services until two years subsequent to the full occupancy of the facility, and will construct additional spaces in the unlikely event the existing spaces are 90% occupied during the monitoring studies, subject to amended site plan approved by the Planning Board.

The Applicant will monitor traffic volumes when the patient occupancy reaches 75 percent and for 2 years after 75 percent occupancy, to compare actual future volumes to the projected volumes. Automatic Traffic Recorders (ATR) will record 24 hour directional volumes along the

site access driveway (entering and exiting) as well as along Quaker Ridge Road northbound and southbound, both north and south of the site access driveway. The details of the traffic monitoring protocol will be coordinated with the Town staff and traffic consultant.

**G. SECURITY GATE**

The existing gate is proposed to be removed to accommodate the driveway improvements and a new decorative gate is proposed essentially at the existing location. The Applicant will modify the use of the gate and the gate will be open from 6:00 AM to 8:00 PM to prevent any queuing from the driveway within the Town right of way.

Employees arriving via passenger vehicles as well as the employee vans after 8:00 PM for the lower employee 10:00 PM shift will be able to open the gate themselves as they arrive. Based on studies we have conducted at an office development with security gates, employees typically take approximately six seconds to activate the gate and enter past the gate. An intercom will be provided for communication between an occasional approaching driver between 8:00 PM and 6:00 AM, including emergency vehicles, and on-site personnel so that the gate can be opened. If there were to be a known emergency such as a fire, the gate would be opened by staff and remain open during the event.

**H. Traffic Mitigation Summary**

The below summarizes the various traffic mitigating factors discussed above:

1. The hospital's clients are not permitted to have vehicles on site or use vehicles during their stay.
2. Employee work schedules will be established to minimize any traffic impacts by scheduling the staff arrival / departure times outside of the existing peak hours along the area roadways.

The shifts are proposed as follows:

Shift I (6:00 AM – 2:00 PM)

Shift 1A (9:00 AM – 5:00 PM)

Shift 2 (2:00 PM – 10:00 PM)

Shift 3 (10:00 PM – 6:00 AM)

3. The majority of site generated traffic volumes will be comprised of staff spread over 4 shifts. Two shuttle vans will be provided, for required use by a substantial portion of the employees, primarily lower level non-professional employees, who will be shuttled to and from the Croton Harmon train station or another station on the Harlem line such as White Plains, and the vans will also transport clients for pick-up from and drop-off at their home, train station, bus stops or other locations as may be required, to be determined as employees are hired.
4. The area intersections currently operate without significant delays and the projected volumes with and without the proposed use will also be processed with little or no delay, even while making various conservative assumptions to provide for an ultraconservative analysis.
5. The delivery vehicles will be directed to access the property from NY 9A and US 9 and travel through Crotonville via Old Albany Post Road to Quaker Bridge Road to Quaker Ridge Road. Old Albany Post Road, Quaker Bridge Road, and Glendale Road have weight restrictions for vehicles over 5 tons, except for local deliveries, which therefore do not preclude trucks associated with the site from using the roadways. The delivery vehicle drivers will be directed to not travel along the Quaker Bridge Road one-lane bridge over the Croton River. While the specific vendors and associated delivery vehicles have not been determined, it is expected that most vehicles will be a SU-30 (total length of 30 feet) or shorter and any larger vehicle would not exceed an SU-40 (total length of 40 feet). No tractor trailers will be permitted to make deliveries to the hospital. No deliveries by 3<sup>rd</sup> party service providers, such as deliveries of food/perishables, pharmacy, paper/office supplies, garbage collection, laundry, etc., will occur on weekends.
6. Visitors are permitted visitation a maximum of only one weekend day per month per an assigned schedule, with only 25% of clients permitted visitation on any weekend.

7. The security gate will be monitored and will be open during high traffic periods of the day, thereby preventing queuing on Quaker Ridge Road.
8. Snow removal and lawn and yard maintenance will be handled by on-site staff, with yard waste recycled/mulched on the site.
9. The Applicant will monitor the parking utilization of the site biannually until two years subsequent to the full occupancy of the facility, and will construct additional spaces in the unlikely event the existing spaces are 90% occupied during the monitoring studies, subject to amended site plan approved by the Planning Board.
10. The Applicant will monitor traffic volumes when the patient occupancy reaches 75 percent and for 2 years after 75 percent occupancy, to compare actual future volumes to the projected volumes. Automatic Traffic Recorders (ATR) will record 24 hour directional volumes along the site access driveway (entering and exiting) as well as along Quaker Ridge Road northbound and southbound, both north and south of the site access driveway. The details of the traffic monitoring protocol will be coordinated with the Town staff and traffic consultant.



445 Hamilton Avenue, 14th Floor  
White Plains, New York 10601  
T 914 761 1300  
F 914 761 5372  
cuddyfeder.com

Joshua Grauer  
[jgrauer@cuddyfeder.com](mailto:jgrauer@cuddyfeder.com)

**FOR SETTLEMENT PURPOSES & WITHOUT PREJUDICE**

October 21, 2021

**BY EMAIL: tfwesq@aol.com**

Thomas Wood, Esq.  
Office of the Town Attorney  
1 Heady Street  
Cortlandt Manor, New York 10567

Re: Hudson Ridge Wellness Center, Inc.  
Settlement Only and Without Prejudice

Dear Tom:

I am enclosing final revised plans that are being submitted with a point by point response of our consultants to the Perkins-Eastman Memorandum. Please note at the outset that the original bed count has been reduced by 38% from 92 to 58 together with a commensurate reduction in staff.

While the items raised are all covered by OASAS regulations and State Building Code, our message in this response was intended to be one of transparency and cooperation, namely, wherever possible we have endeavored to say “we agree” and “see revised plans”.

There has always been agreement that every OASAS requirement must be satisfied and of course the State Building Code as well. The revised items merely reflect a subsequent phase of the evolving plans which has now been provided to illustrate an updated plan which of course are not construction plans ready for bidding. Since this is a Special Permit for a Site Plan, we believe we have gone more than the extra mile in good faith to answer every conceivable question. Thus, Hudson’s settlement proposal is now at 58 patients, or, the number actually approved by OASAS (and, of course, subject to State Building Code), whichever is lower. The Main Building remains the focus with the other buildings planned for much less use than the Main Building as indicated in the revised plans.

I think for all purposes the plans should now meet with everyone’s approval so we don’t cross into micromanagement of internal operations.

Again, if any further discussion between principals is still necessary can I ask you to arrange at your earliest convenience so this can be brought to a final resolution.





October 21, 2021  
Page 2

Thanks for your cooperation.

Very truly yours,

A handwritten signature in black ink, reading 'Joshua J. Grauer'. The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Joshua J. Grauer  
JJG:jv  
Enclosure

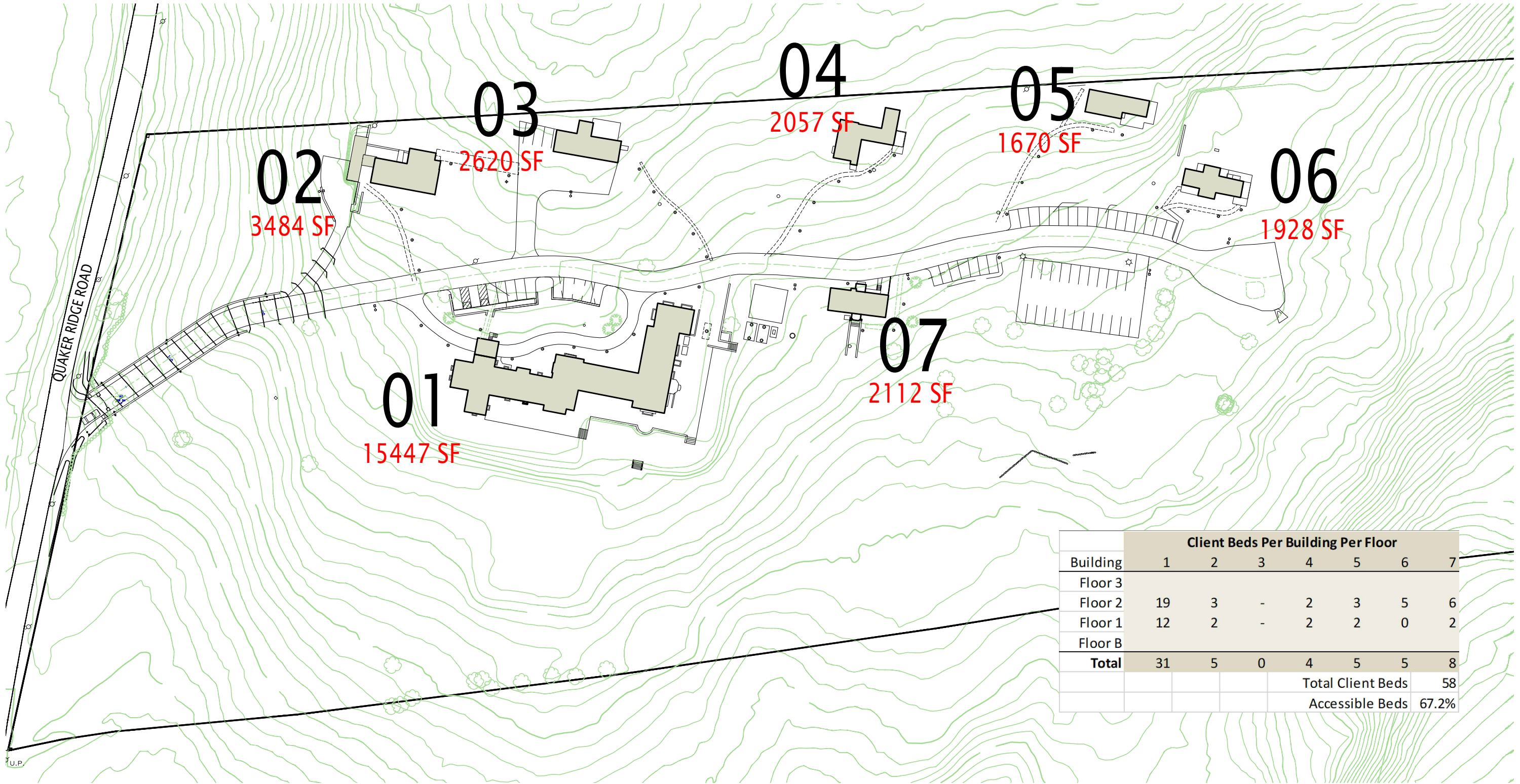




HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021



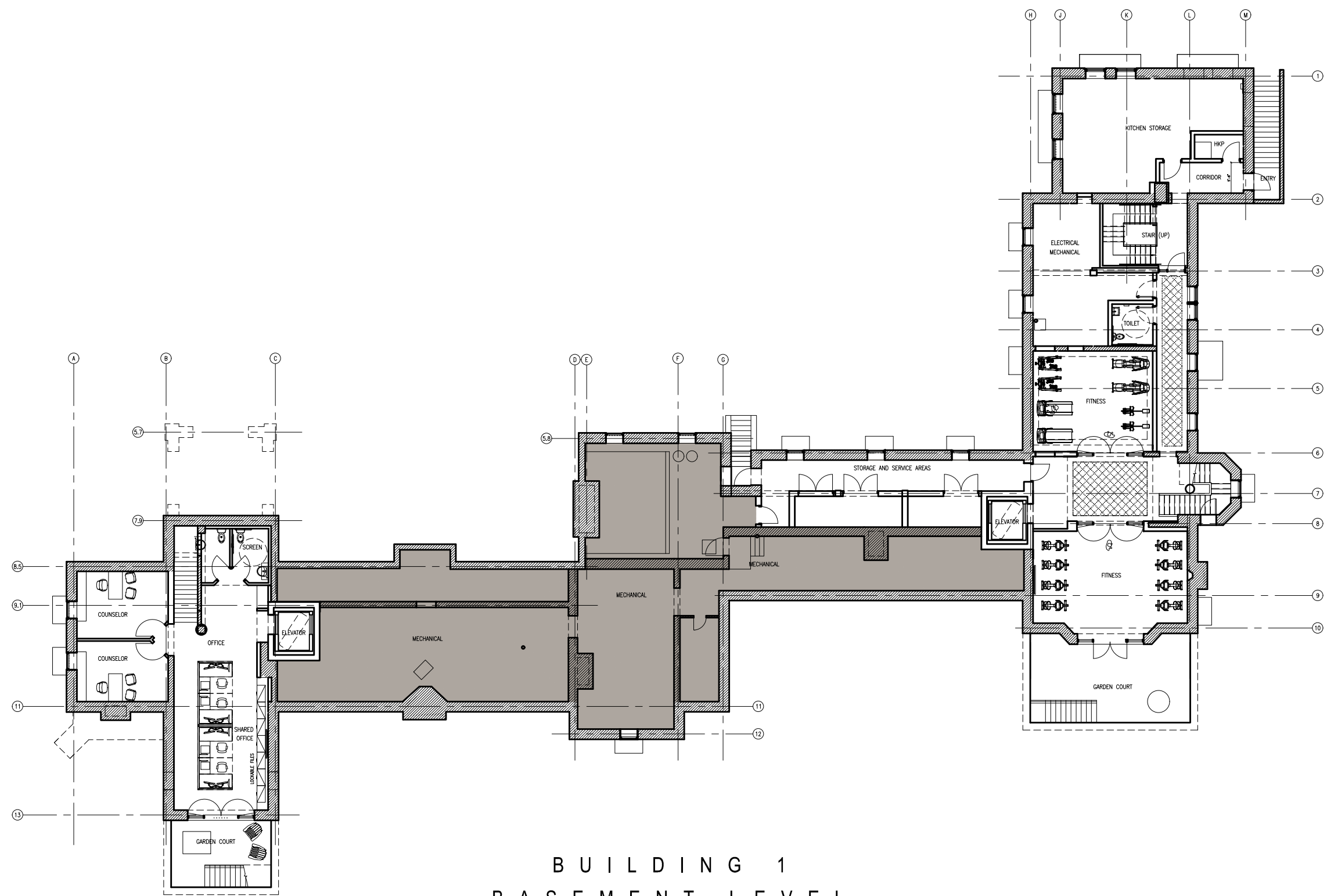


BUILDING KEY PLAN

HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

00(S)



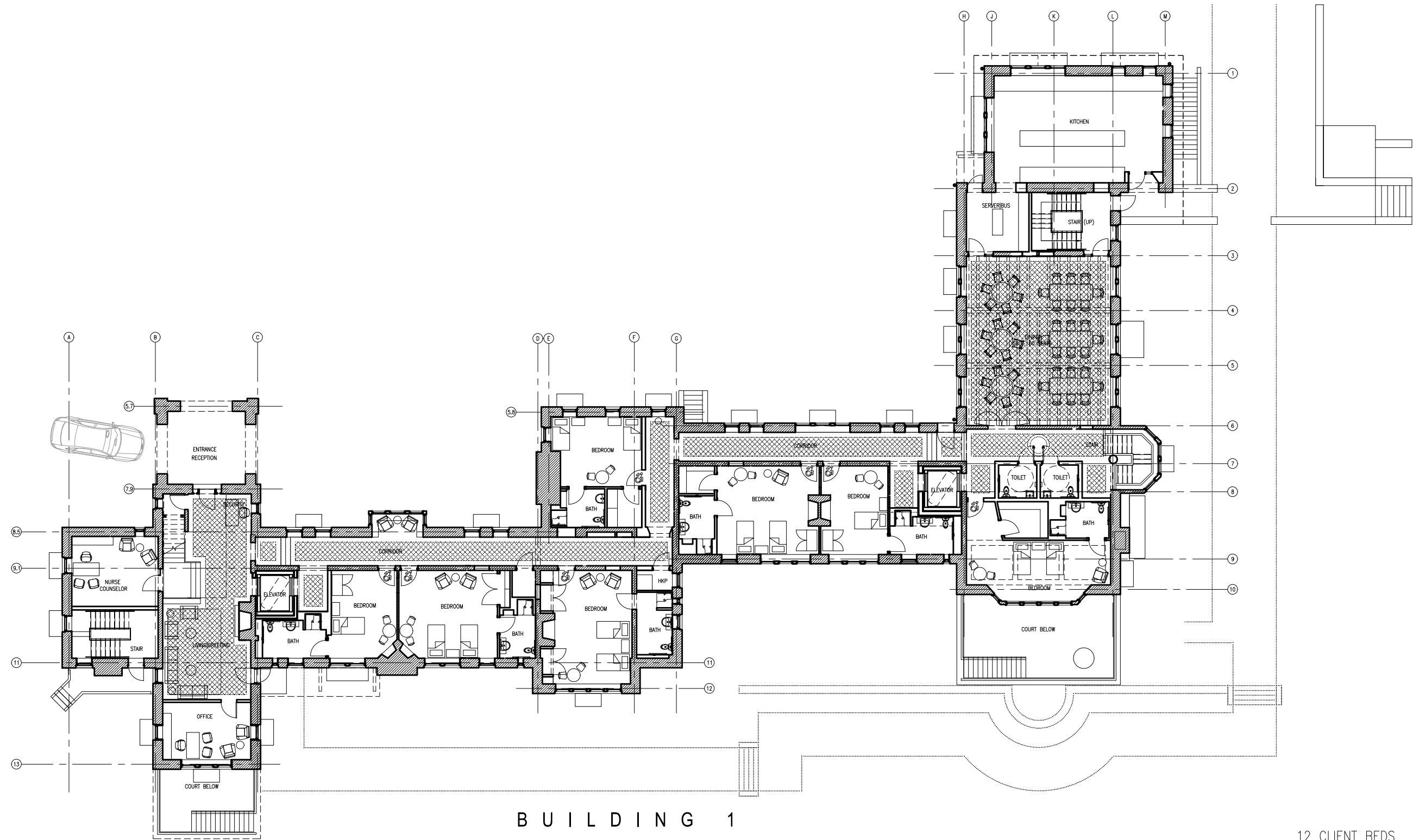
BUILDING 1  
BASEMENT LEVEL

HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

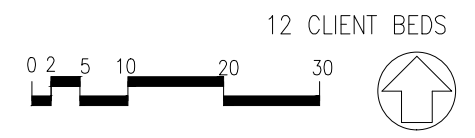


01(0)

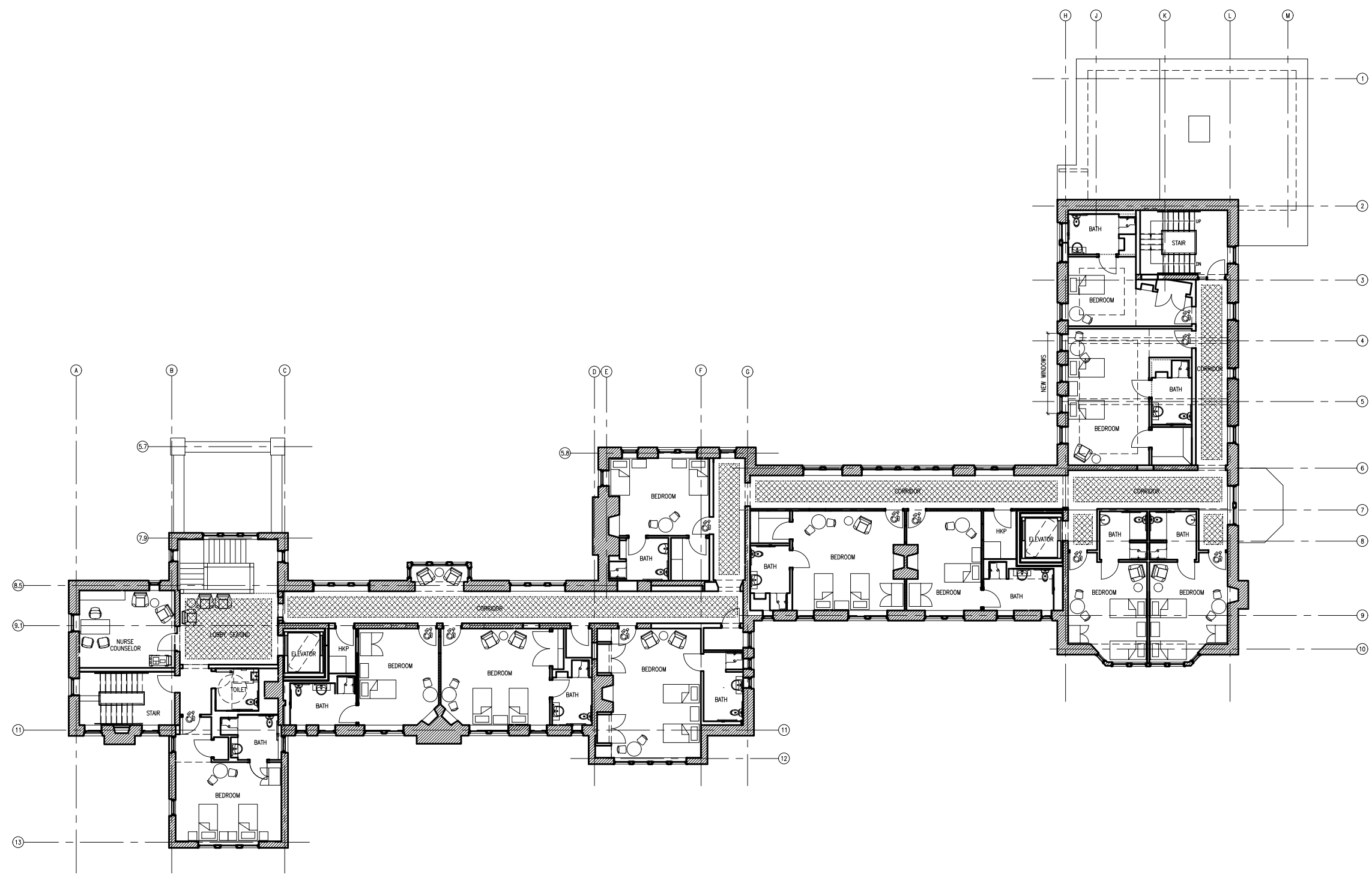


BUILDING 1  
 FIRST FLOOR  
 HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
 OCTOBER 2021

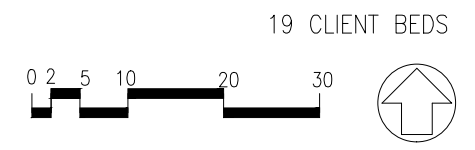


01(1)

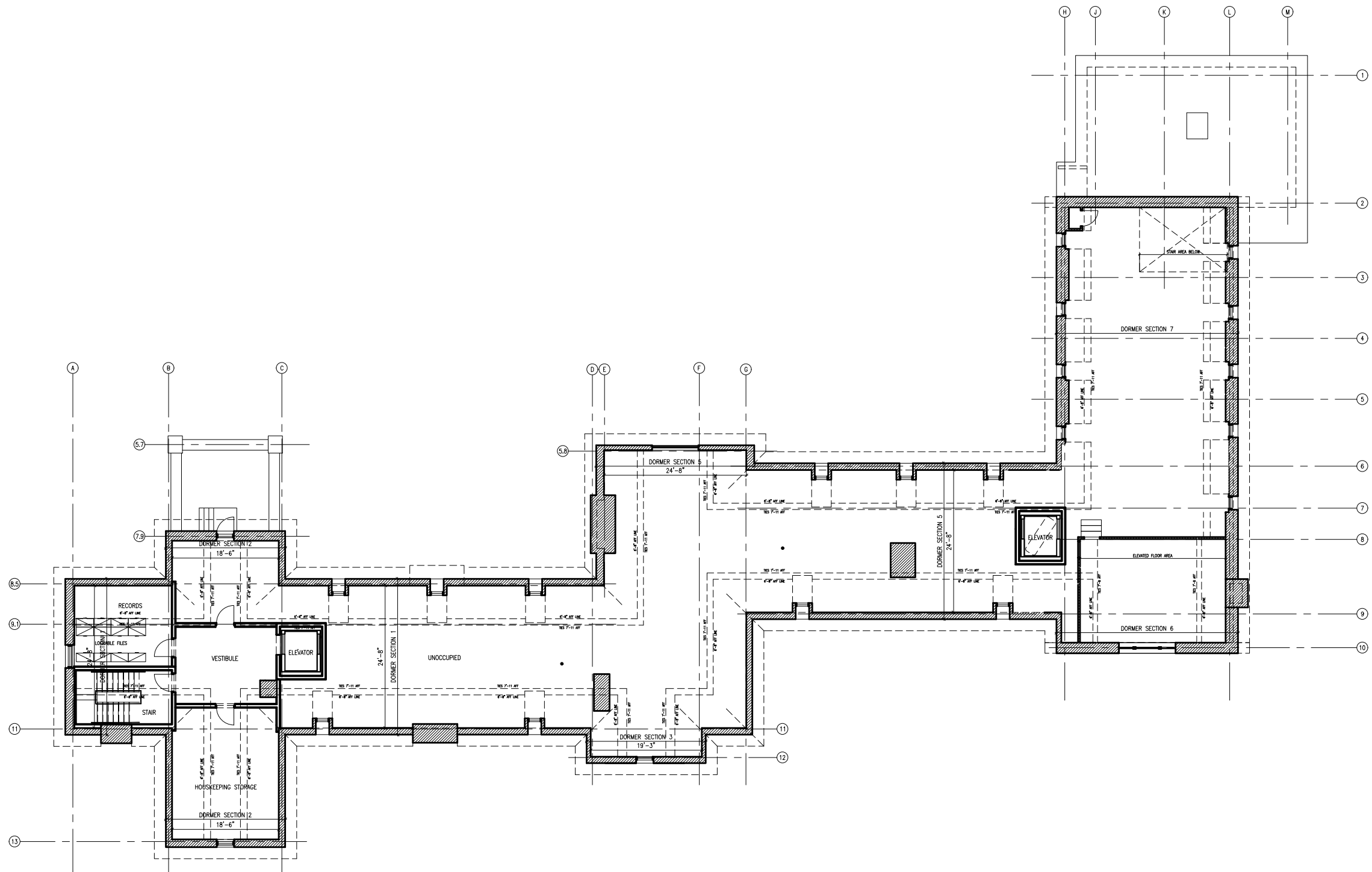


BUILDING 1  
 SECOND FLOOR  
 HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
 OCTOBER 2021



01(2)

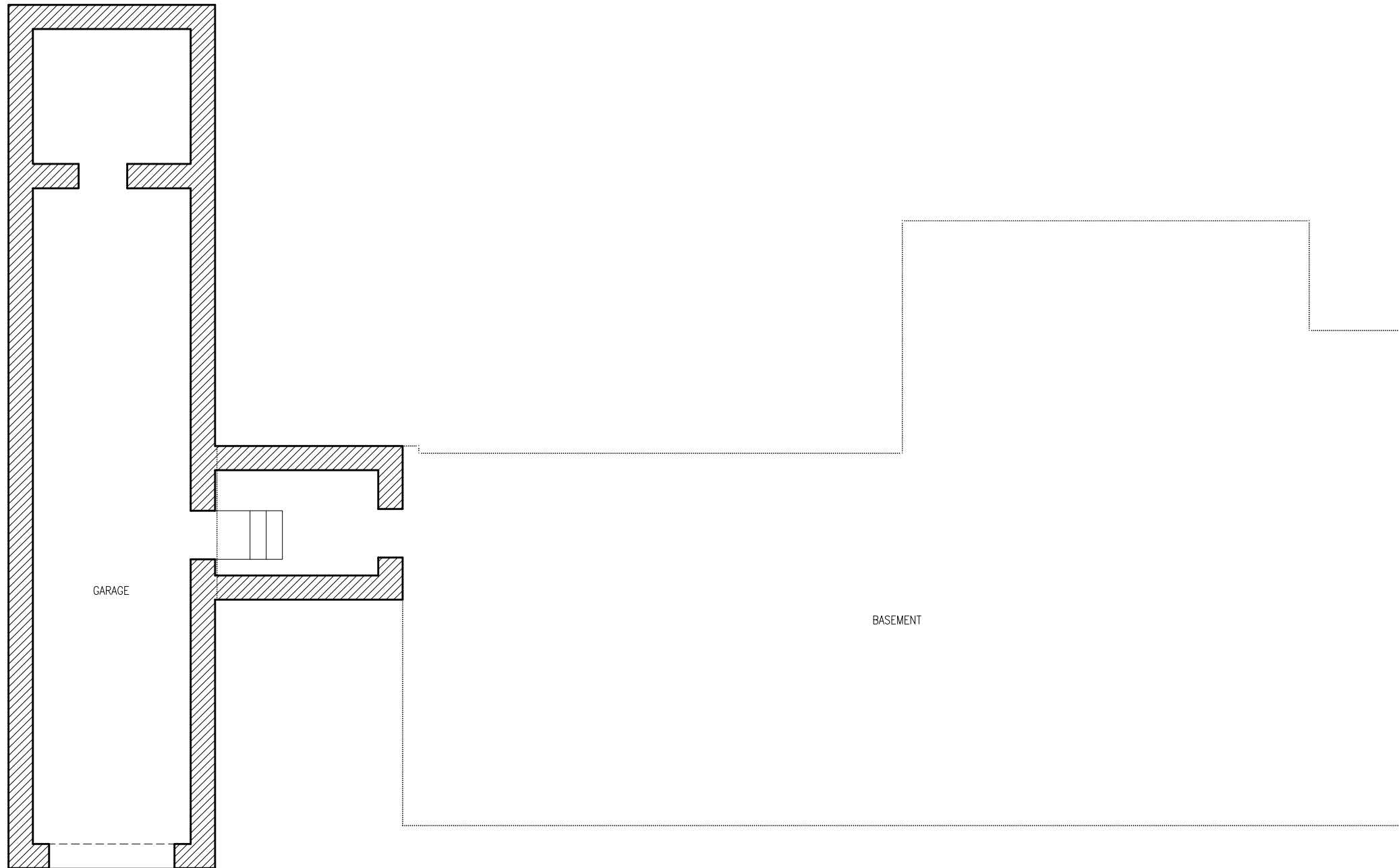


BUILDING 1  
 THIRD FLOOR  
 HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
 OCTOBER 2021

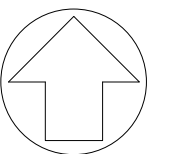
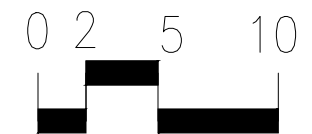


01(3)



GARAGE

BASEMENT



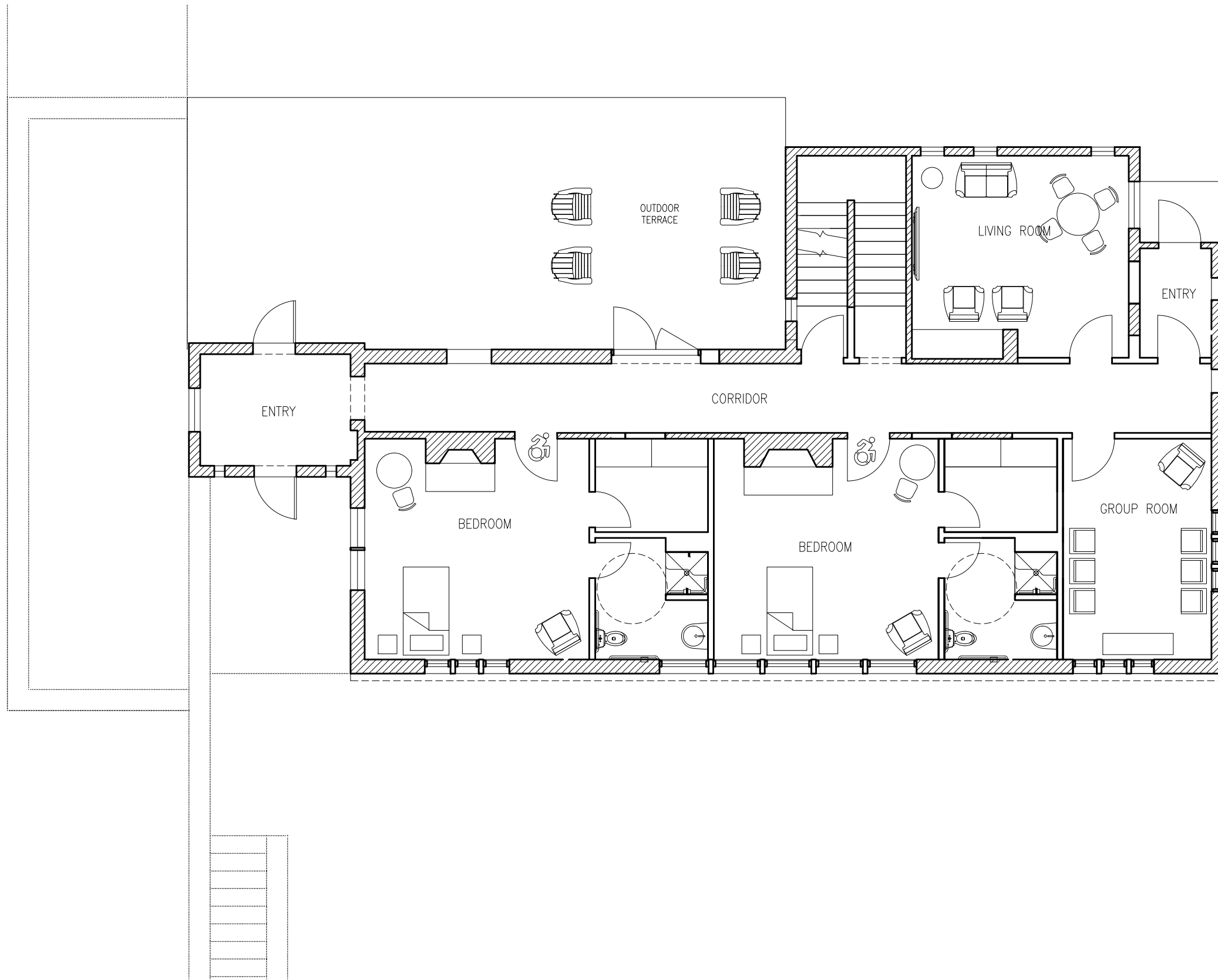
B A S E M E N T P L A N

H U D S O N E D U C A T I O N A N D W E L L N E S S C E N T E R

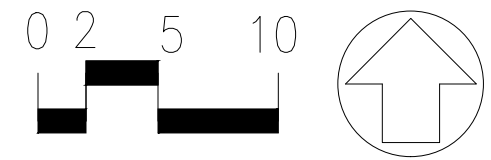
L O T H R O P A S S O C I A T E S L L P  
O C T O B E R 2 0 2 1

02(0)





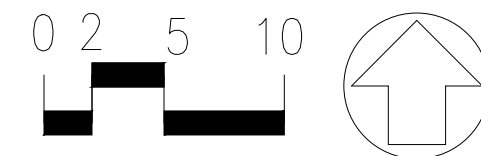
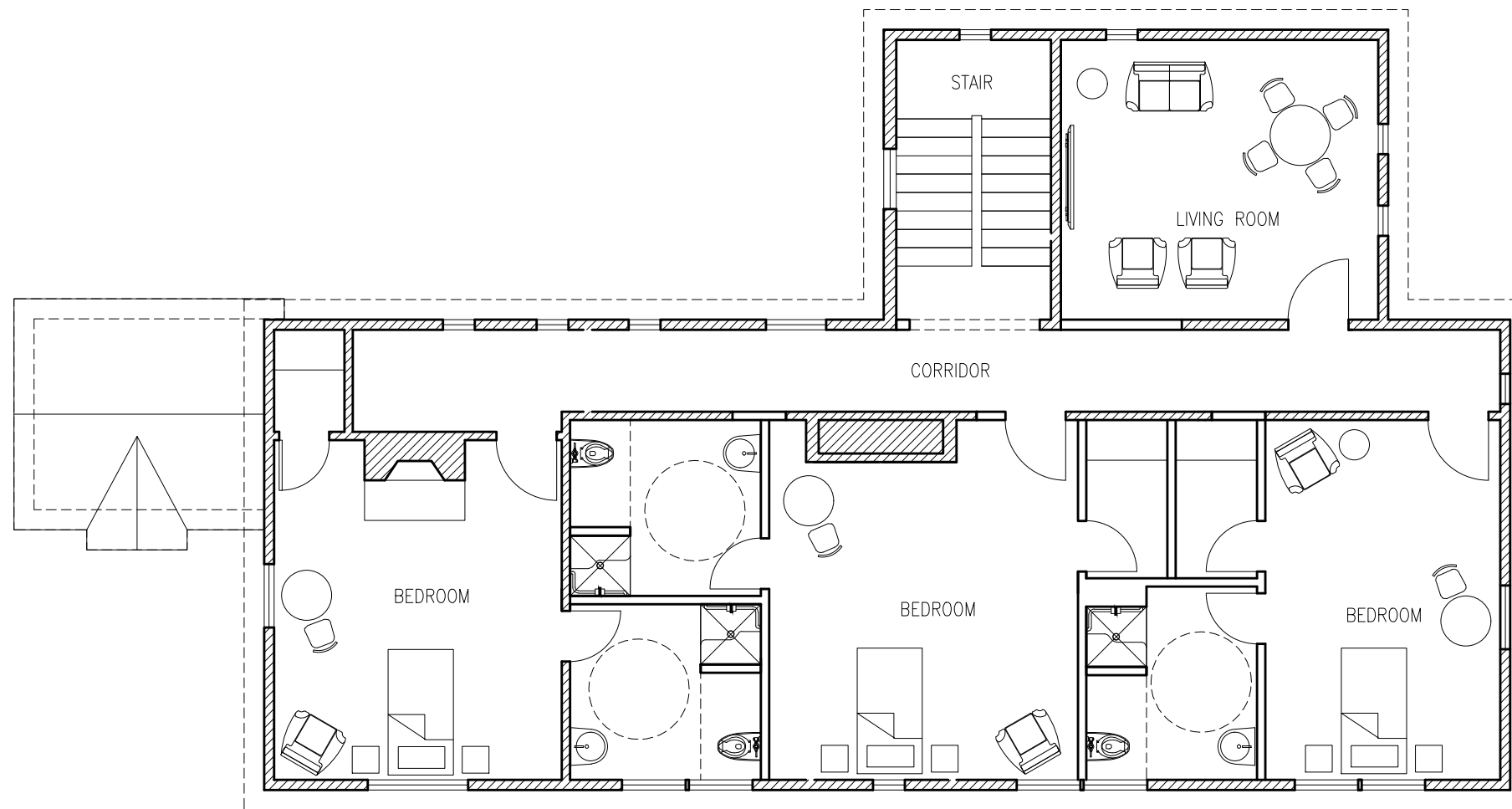
FIRST FLOOR FURNITURE PLAN



HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

02(1)

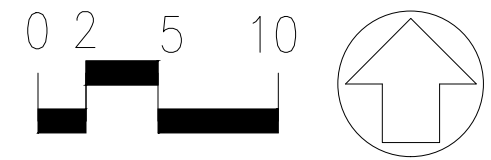
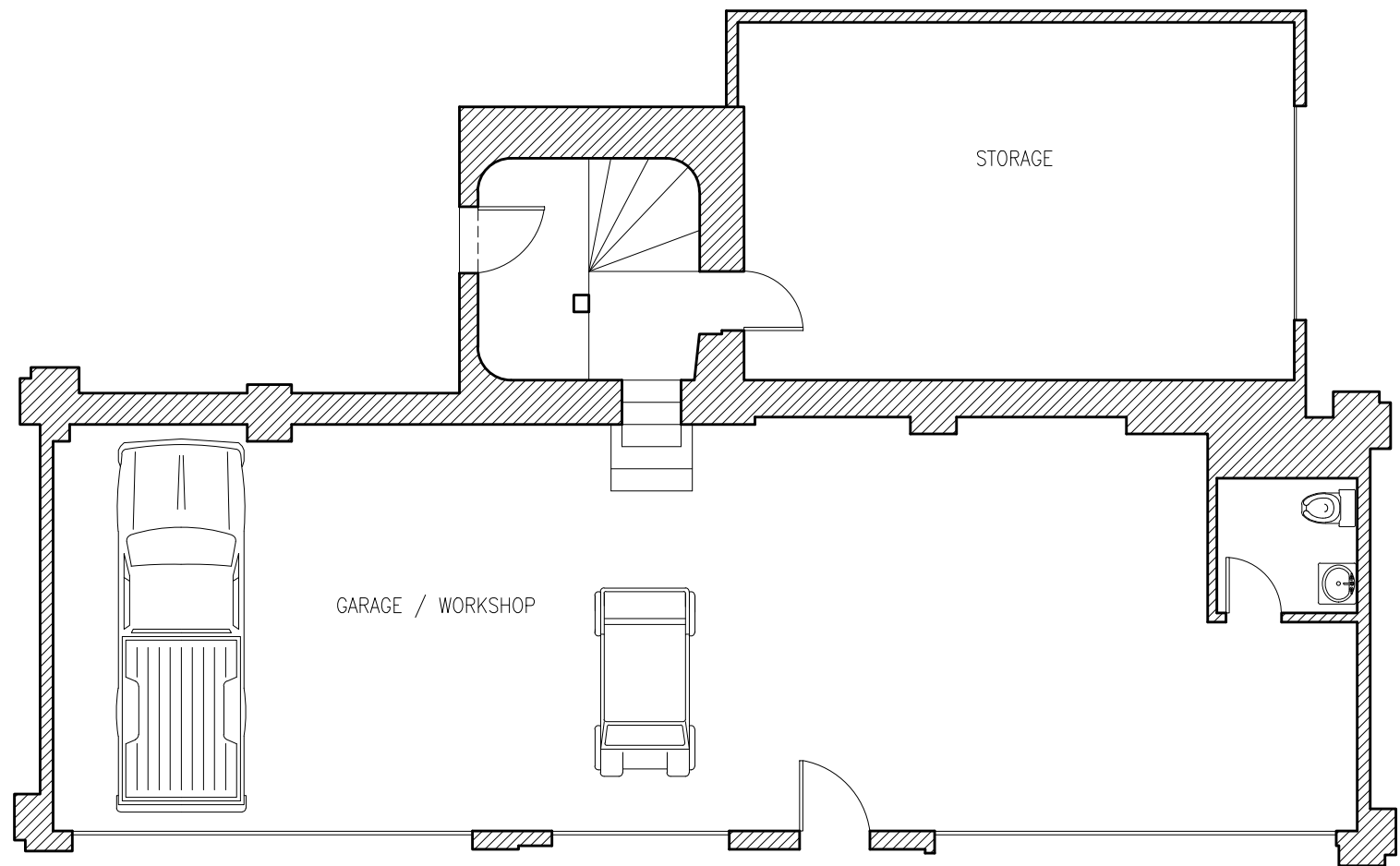


SECOND FLOOR FURNITURE PLAN

HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

02(2)

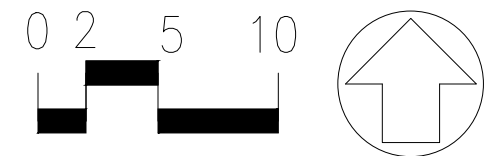
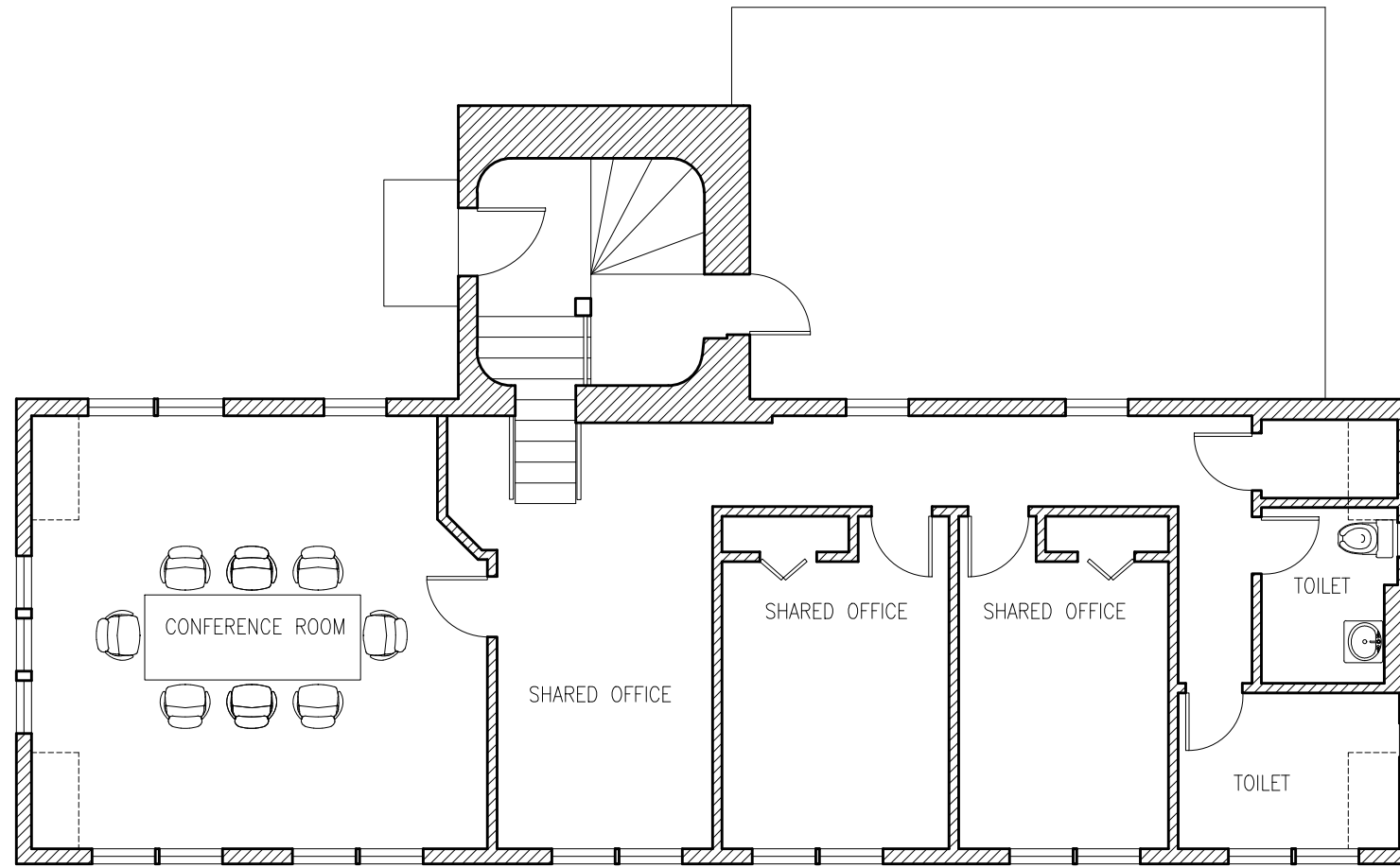


FURNITURE PLAN

HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

03(1)

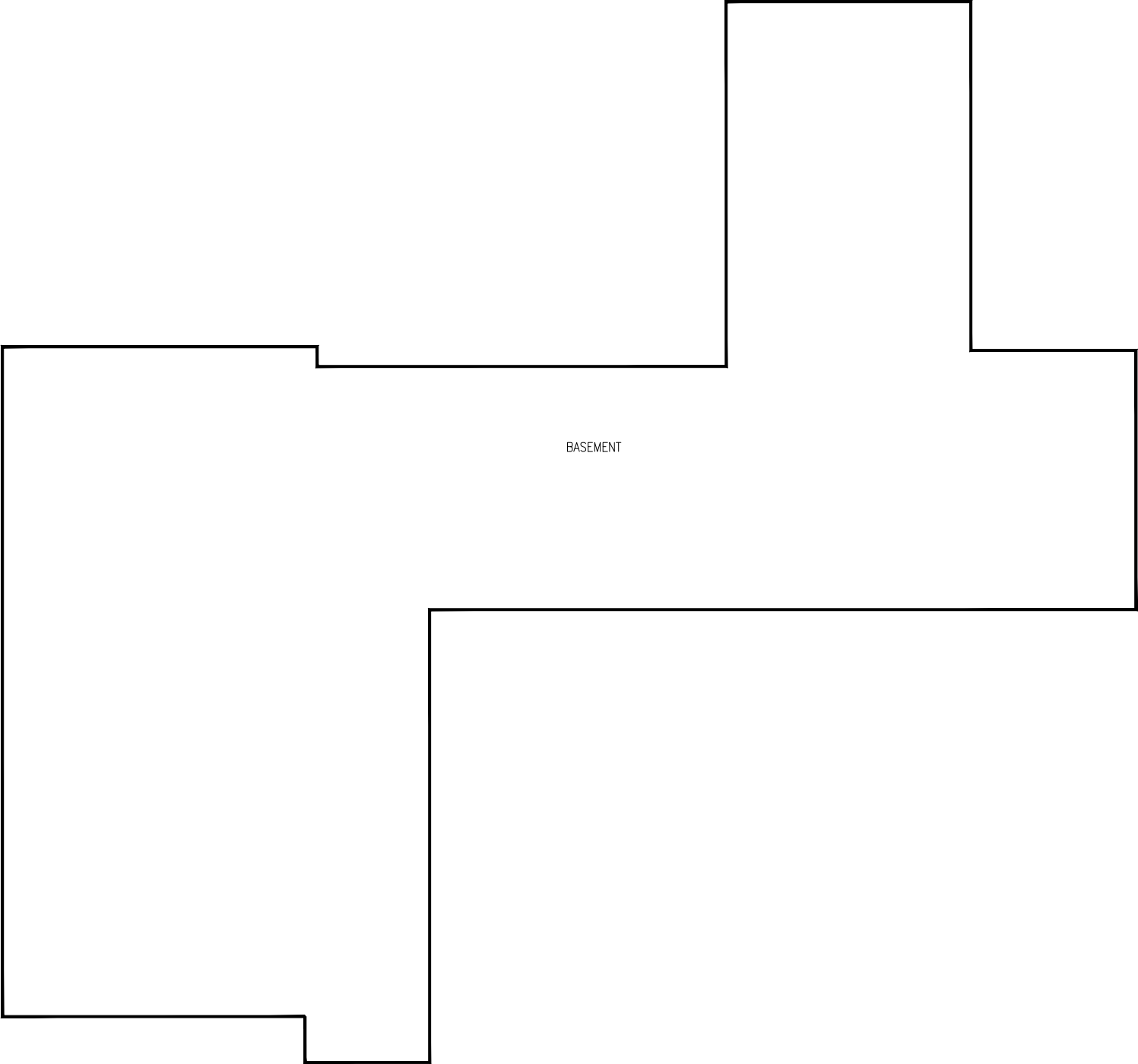


FURNITURE PLAN

HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

03(2)



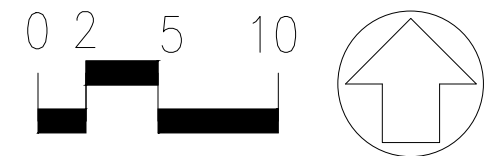
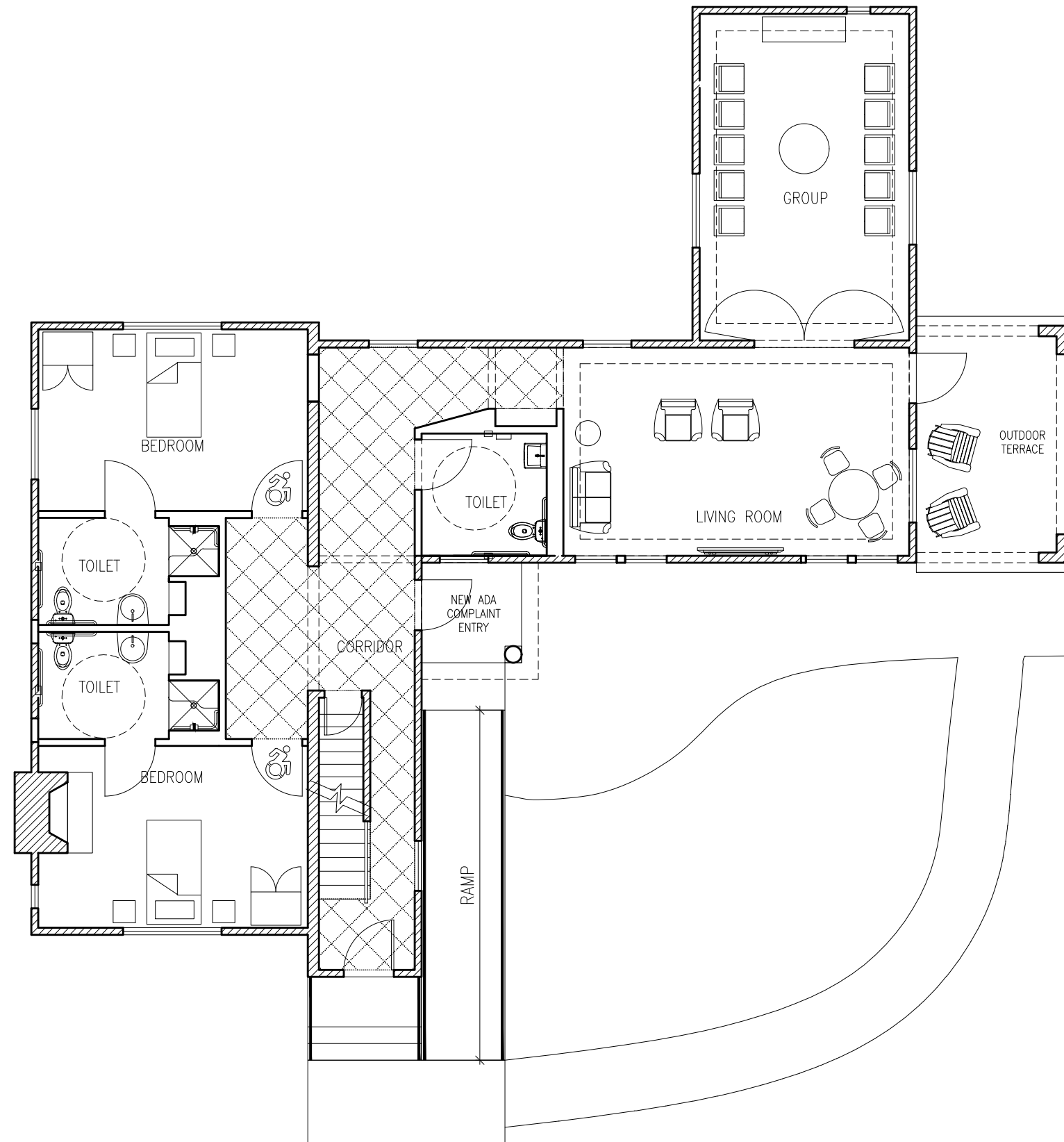
BASEMENT



FURNITURE PLAN

HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

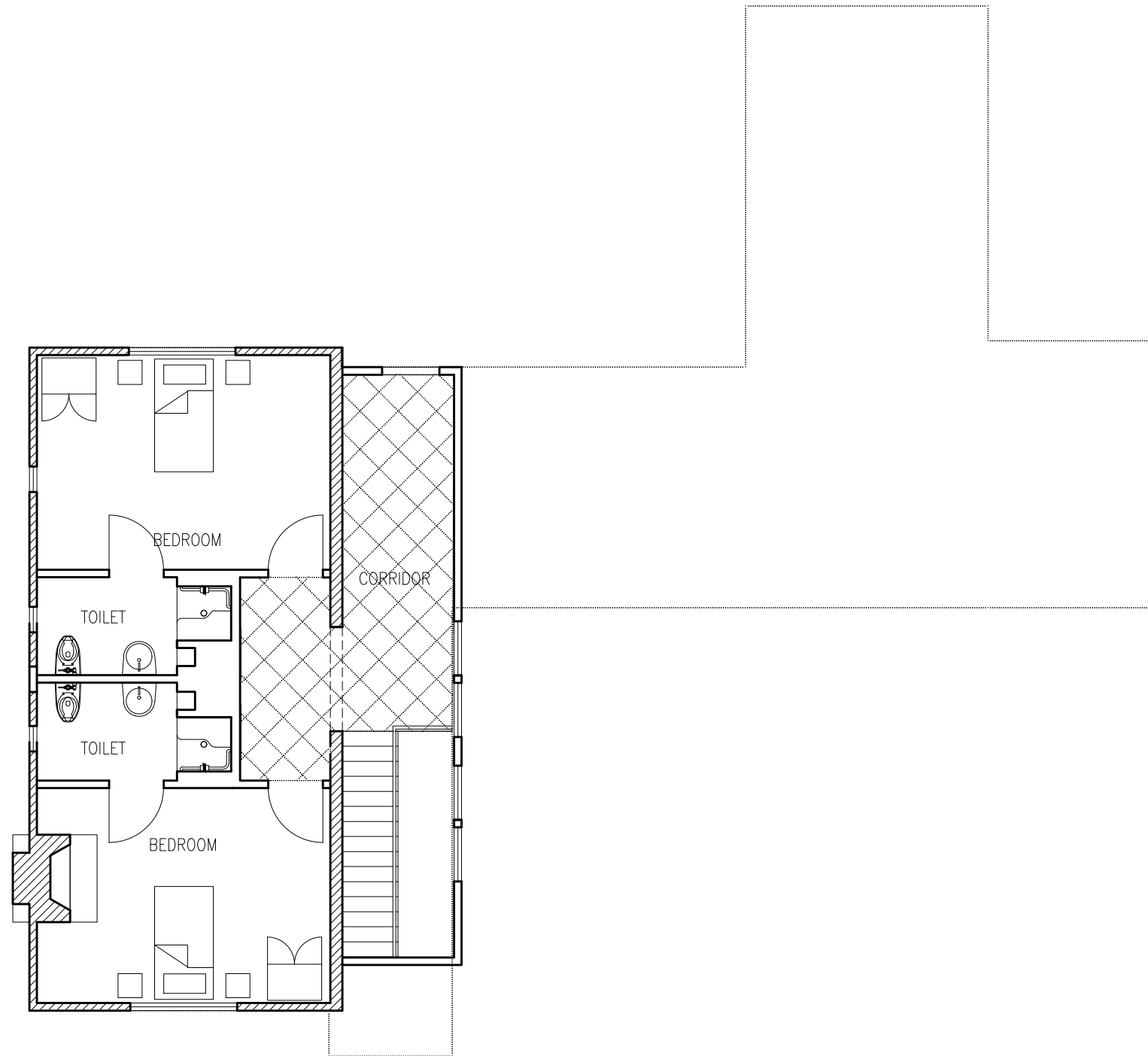


FURNITURE PLAN

HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

04(1)

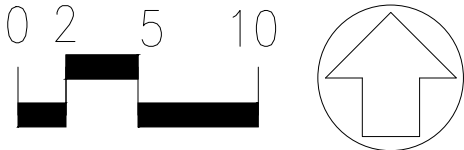
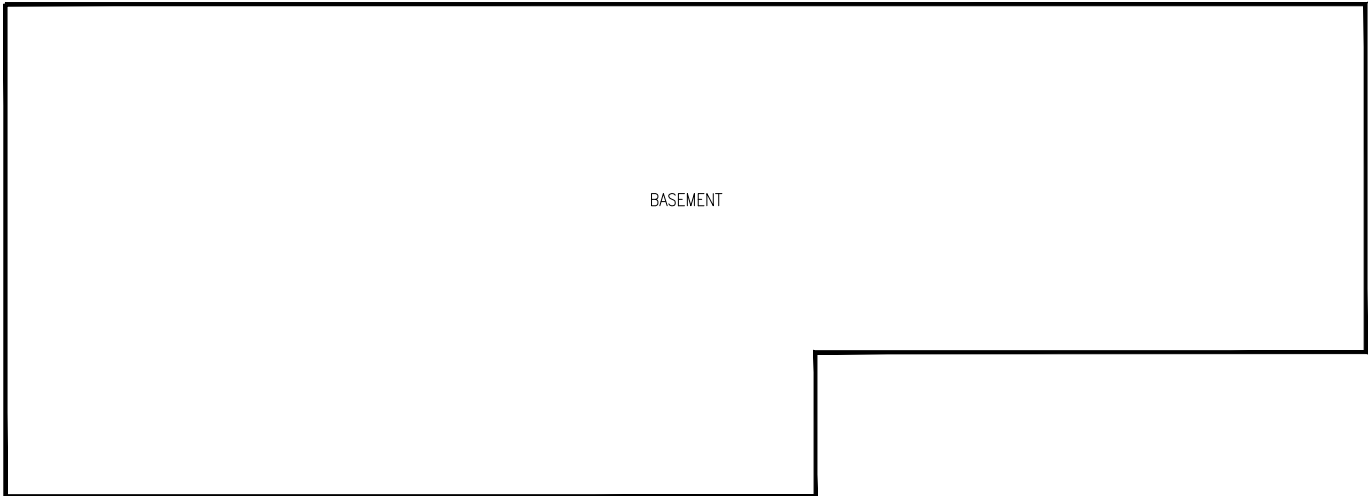


FURNITURE PLAN

HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

04(2)



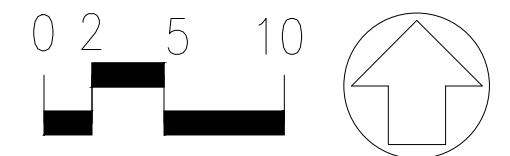
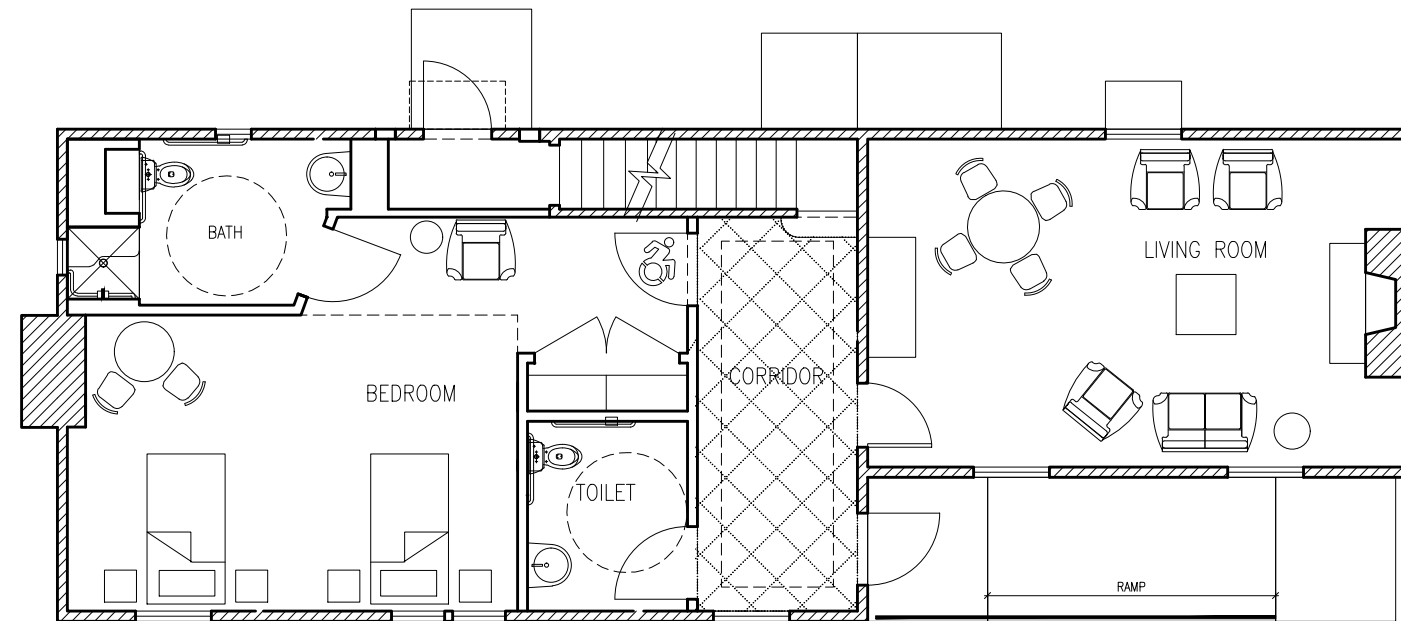
FURNITURE PLAN

HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

05(0)



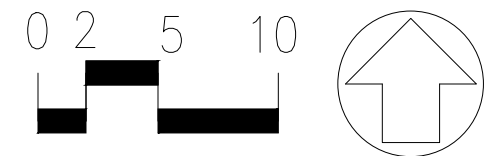
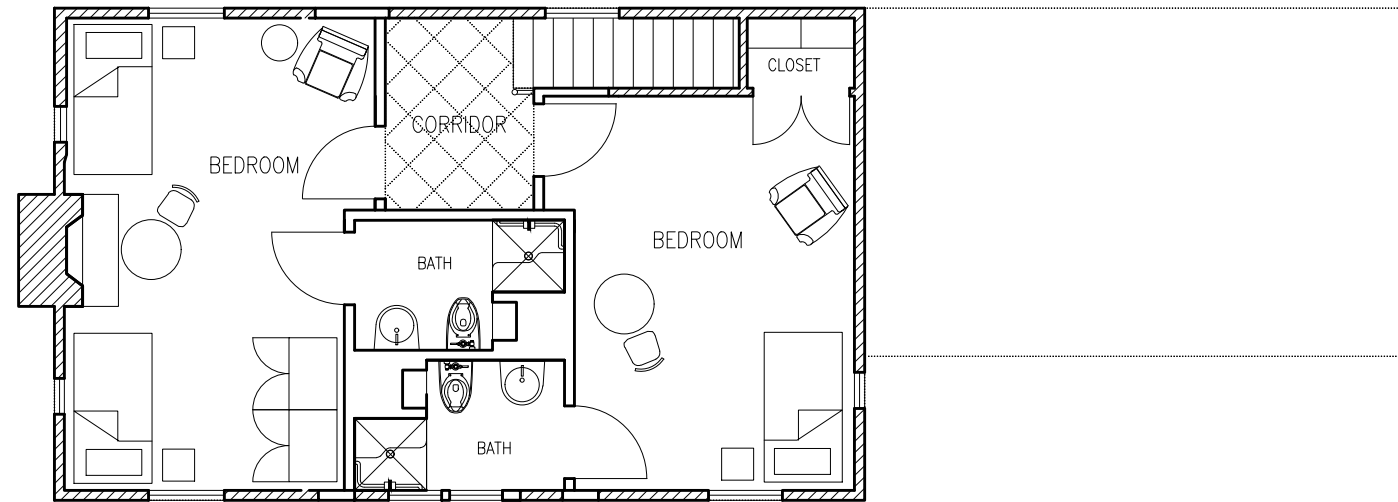


FURNITURE PLAN

HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

05(1)

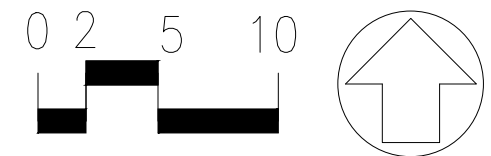


FURNITURE PLAN

HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

05(2)

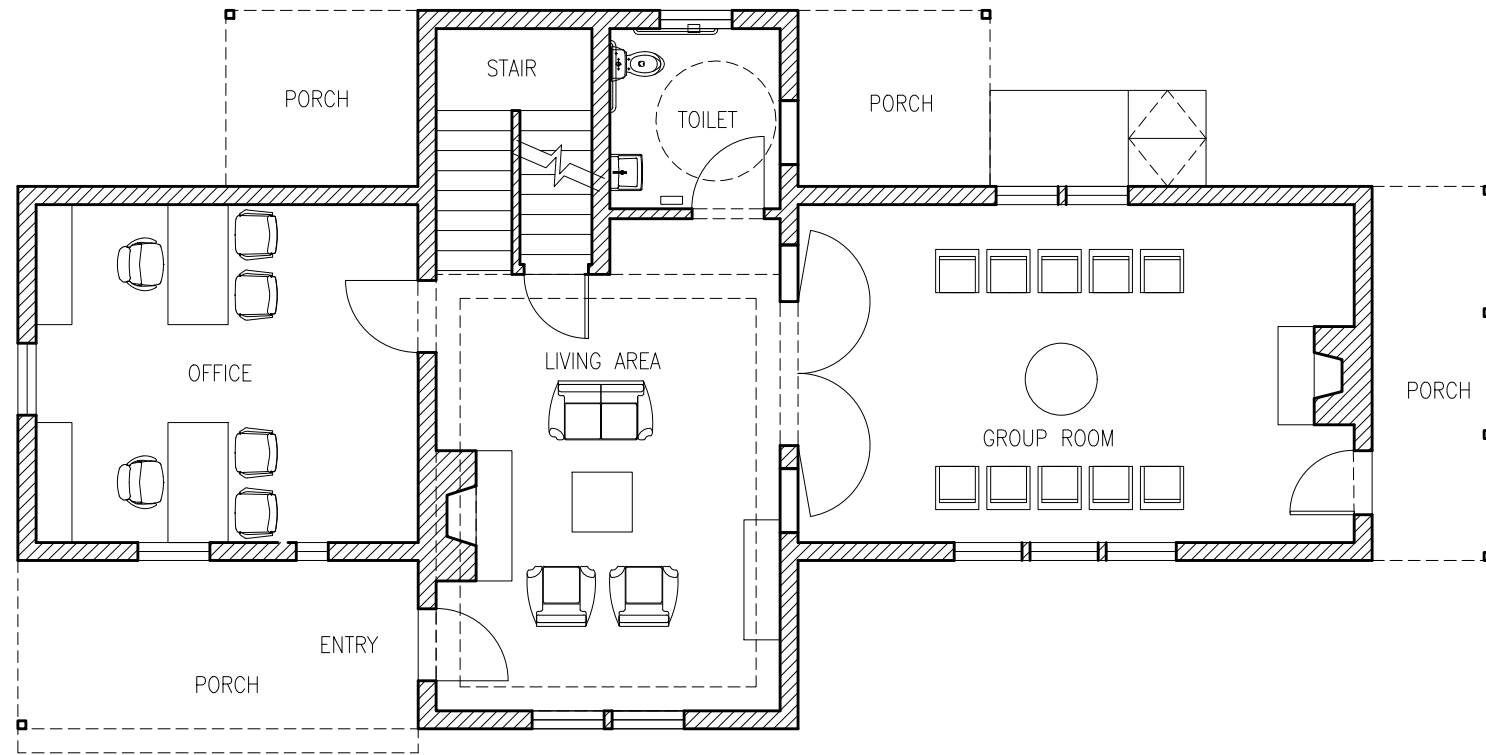


FURNITURE PLAN

HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

06(0)

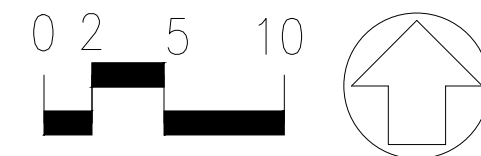


FURNITURE PLAN

HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

06(1)

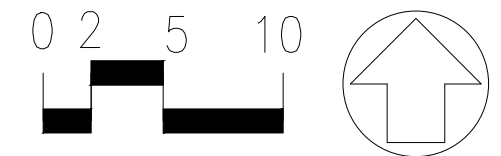
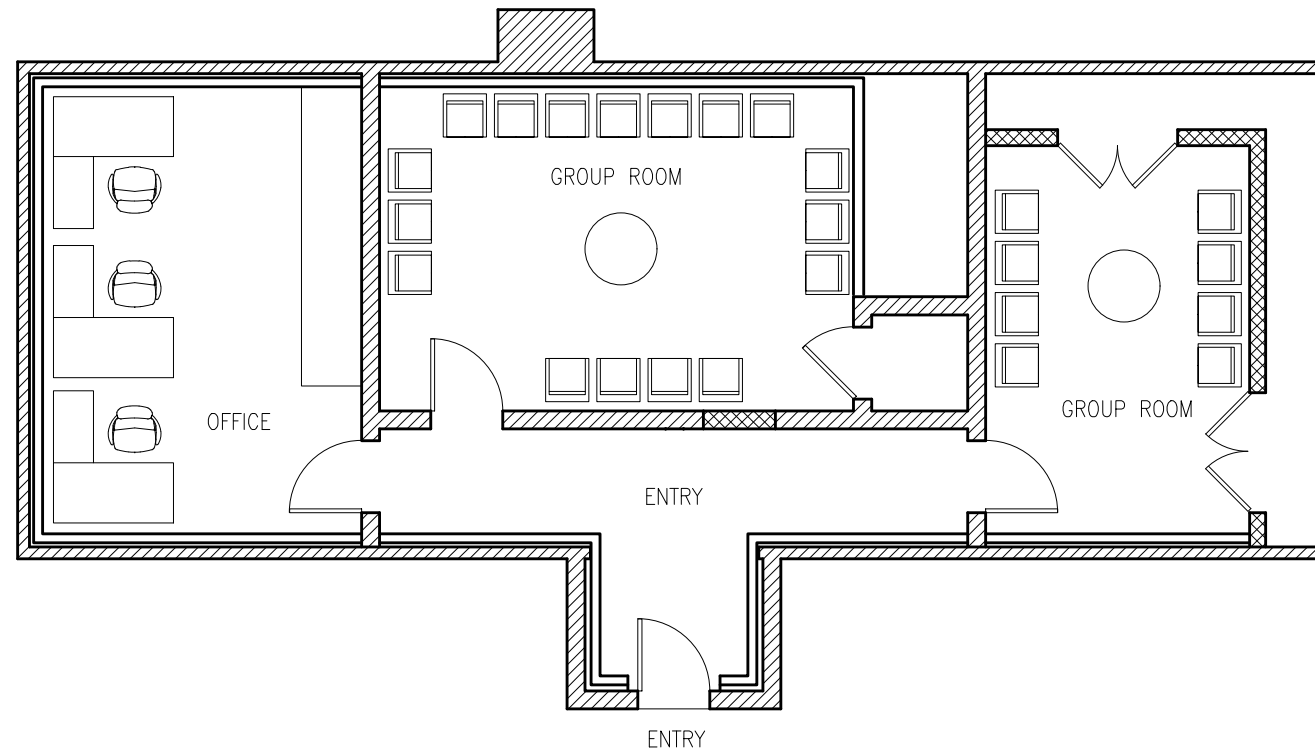


FURNITURE PLAN

HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

06(2)

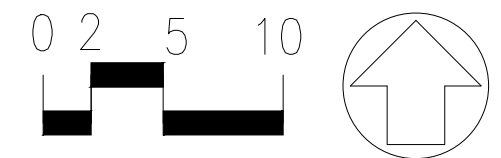
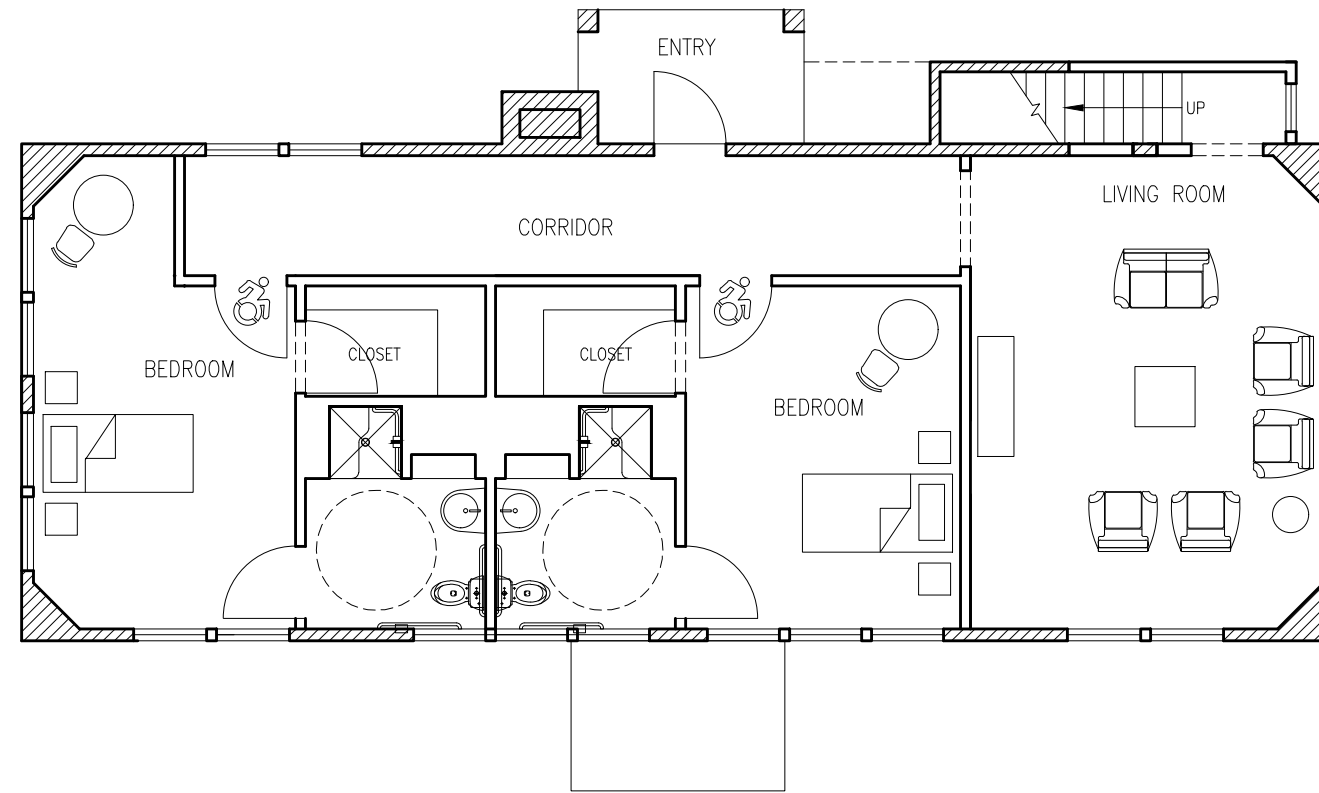


B A S E M E N T F U R N I T U R E P L A N

H U D S O N E D U C A T I O N A N D W E L L N E S S C E N T E R

L O T H R O P A S S O C I A T E S L L P  
O C T O B E R 2 0 2 1

07(0)

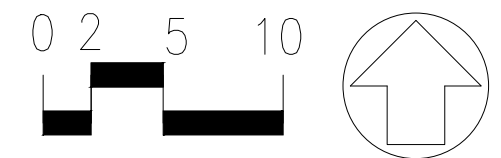
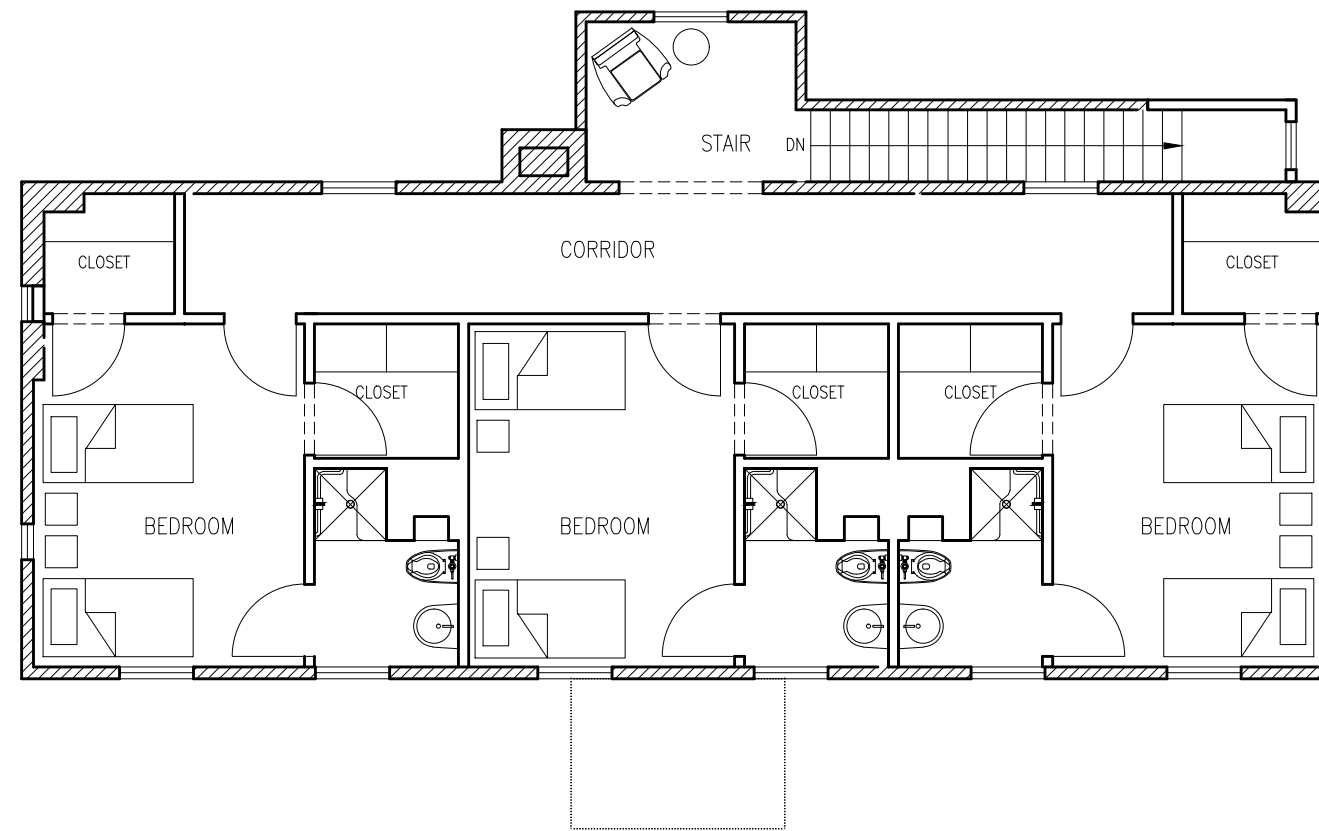


FIRST FLOOR FURNITURE PLAN

HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

07(1)



SECOND FLOOR FURNITURE PLAN

HUDSON EDUCATION AND WELLNESS CENTER

LOTHROP ASSOCIATES LLP  
OCTOBER 2021

07(2)





Lothrop Associates LLP Architects  
333 Westchester Avenue  
White Plains, New York 10604  
914-741-1115

**October 21, 2021**

**Mr. Tom Wood, Esq**

Town Attorney  
Town Hall  
1 Heady Street  
Cortlandt, Manor, New York 10567

**Re: Hudson Education and Wellness Center**

2016 Quaker Ridge Road, Croton-on-Hudson  
Responses to Perkins Eastman Letter dated October 8, 2021

**Mr. Wood,**

The following information has been collected for your information and response to the “comments letter” from Perkins Eastman, dated Friday October 8, 2021.

1. If the patients are going to receive any Medicare reimbursement the project will have to be licensed through the New York State Department of Health for short term rehabilitation services.

The proposed OASAS licensed Residential Treatment Program will be licensed as a freestanding residential addiction treatment program by NYS OASAS and does not require licensure by the NYS Department of Health.

2. The project should meet New York State Department of Health requirements and regulations including Facility Guidelines (FGI) for room sizes, various clinical support, activities, and dining spaces.

The proposed OASAS licensed Residential Treatment Program will be licensed as a freestanding residential addiction treatment program by NYS OASAS and must meet the facility requirements of OASAS Title 14 Part 814 NYCRR, including:

- a. Title 19 NYCRR, Chapter XXXIII, subchapter A, comprising the State Uniform Fire Prevention and Building Code (Building Code of New York State)
- b. Title 10 NYCRR Subpart 14-1, comprising the New York State Sanitary Code
- c. The Building Code of New York State
- d. Applicable local and state occupancy, use, building and zoning laws.

3. No staff rooms or medication treatment rooms are shown in the main building.

Room names are added for reference. The plans will meet the requirements of OASAS.

4. There is a lack of meeting space.

Room names are added for reference. The plans will meet the requirements of OASAS.

5. Room layouts, in many cases do not meet clearance/approach around beds to meet state code. Beds need to provide two-sided access per code.

We will comply with accessibility requirements and all rooms are not required to be accessible. There are also exceptions in ANSI when a parallel approach is provided between two beds where the clear floor space shall not be required on both sides of the bed.

6. No plumbing or HVAC chases are shown on the plan.

HVAC systems being considered do not require duct risers. Any system selected will comply with building codes and OASAS requirements.

7. Building needs space for laundry storage and receiving.

Laundry services will be conducted off-site. Linen storage space will be provided per OASAS requirements.

8. Rooms should include one chair, bureau and night table per client.

OASAS does not have a specific furniture requirement. The plans depict furniture and closets. Adequate furniture and closets shall be provided.

9. In residential care facilities, showers not bathtubs are used.

Agreed, showers shall be used. Revised plans being submitted are adjusted and will comply with building codes and OASAS requirements.

10. Emergency power will be required.

Emergency power shall be provided as required. Plans submitted to the Town show two generators for the main building. Other buildings will have residential scale generators like houses in the neighborhood. Generators will be situated to minimize noise impact.

11. Confirm hallways meet the minimum institutional standard of 6 feet in width.

Corridor widths comply with code. There is no bed or stretcher traffic that needs to be accommodated and corridors will comply with building codes and OASAS requirements.

12. Originally it was noted that applicate would use only building 1 and 7 to minimize impact on neighbors.

Previous plans submitted to the Town show patient rooms in buildings 01, 02 and 07 and other buildings designated for use for staff and patient activities. Most activities will occur in Building 01.

13. Providing short term, residential care, the buildings will be considered an I-2 institutional Use group. The building will have to meet construction and MAP requirements for this group including fully sprinklered, we understand there's no public water on the site. MHP requirements are for ventilation and make up air, no accommodation seems to be provided in Plans.

All buildings will be sprinklered. HVAC systems being considered do not require duct risers. Any system selected will comply with building codes and OASAS requirements.

14. Main building has a wood structure roof and would not meet I-2 requirements. Outer buildings are wood framed and would not meet 1-2 requirements.

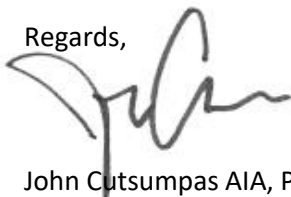
Building 1 shall be classified as I-2 and will comply with the building code requirement for non-combustible construction or other separation requirements. The "out-buildings" are similar construction to Building 01 and not wood framed like residential construction. The "out-buildings" will have five or fewer persons and be classified as R3.

15. Given the extent of building renovations, the project would have to meet current New York State building codes and accessible codes. In the proposed plans most bathrooms are not fully accessible.

The plans will exceed the requirements for accessible units.

If you have any questions, please do not hesitate to reach out.

Regards,



John Cutsumpas AIA, Partner  
Lothrop Associates LLP Architects

# Cicero Consulting Associates VCC, Inc.

925 Westchester Ave. • Suite 201 • White Plains, NY 10604  
Tel: (914) 682-8657 • Fax: (914) 682-8895  
cicero@ciceroassociates.com

White Plains Unit  
Frank M. Cicero  
Charles F. Murphy, Jr.  
James Psarianos  
Michael D. Ungerer  
Noelia Chung  
Brian Baldwin  
Michael F. Cicero  
Karen Dietz  
Evelyn Branford  
Michael C. Maiale  
Patrick Clemente

Albany Unit  
William B. Carmello  
Joseph F. Pofit  
Albert L. D'Amato  
Mark Van Guysling  
Rosemarie Porco  
Daniel Rinaldi, Jr.  
Mary Ann Anglin

Emeritus Consultants  
Nicholas J. Mongiardo  
Joan Greenberg  
Martha H. Pofit  
Frank T. Cicero, M.D.  
Rose Murphy

Michael P. Parker, Sr.  
(1941-2011)  
Anthony J. Maddaloni  
(1952-2014)

August 30, 2021

Robert F. Davis, Esq.  
Singleton, Davis & Singleton  
120 East Main Street  
Mount Kisco, NY 10549

Re: Hudson Ridge Wellness Center, Inc.

Dear Mr. Davis:

This letter is being submitted to you, on behalf of and at the request of our client, Hudson Ridge Wellness Center (Hudson Ridge), in order to provide information about whether an application to seek approval of the New York State Office of Addiction Services and Supports (OASAS) for a Residential Addiction Treatment Program has been submitted and whether a decision has been made by Hudson Ridge Wellness Center on which levels of Residential Treatment Services will be provided in the proposed program.

1. No application has been submitted to OASAS because it is much more rational for Hudson Ridge to resolve local matters with the Town of Cortlandt first. It has been clear from the outset, including, apparently, to OASAS after individuals from the Town interested in the process reached out to OASAS, that this would be a contentious issue with the Town. In such cases, in our experience, OASAS is reluctant to process an application until such local matters have been resolved. Furthermore, final OASAS approval is dependent on the issuance of a Certificate of Occupancy from the Town of Cortlandt. Although Town of Cortlandt approval may be conditioned on receipt of an OASAS approval, in our experience and in our expectations for this project, the approval of OASAS will be far more dependent on the approval of the Town of Cortlandt, and more readily issued once the Town process is completed. In such a case, it is wiser to resolve the contentious issue first.
2. Hudson Ridge Wellness Center has not decided what level(s) of care will be offered at its proposed program. That decision will be made at the time that the OASAS application is submitted. The levels of Residential Care, as defined in Part 820, are:
  - Stabilization
  - Rehabilitation
  - Reintegration

Your April 2019 letter to the Town Board, includes the following explanation of the three (3) levels of care:

## **820.3 Definitions**

Unless otherwise indicated, the following terms shall be applicable to all programs certified pursuant to this Part.

Robert Davis, Esq.  
August 30, 2021  
Page 2

(a) “**Residential services**” are 24/7 structured treatment/recovery services in a residential setting provided by Office certified programs to persons recovering from substance use disorder. Services correspond to elements in the treatment/recovery process and are distinguished by the configuration of services, staffing patterns, degree of dysfunction of the individual served in each setting, and patient readiness to transition to a less restrictive program or element of treatment/recovery. Certified residential programs may provide residential services corresponding to one or more of the following elements of the treatment/recovery process:

- (1) Stabilization;
- (2) Rehabilitation;
- (3) Reintegration

(b) “**Stabilization**” provides a safe environment in which a person may stabilize withdrawal symptoms, severe cravings, psychiatric and medical symptoms before referral or transition to another program or element of structured treatment/recovery. Stabilization requires the supervision of a physician and clinical monitoring.

(c) “**Rehabilitation**” provides a structured environment for persons whose potential for independent living is seriously limited due significant functional impairment including social, employment, cognitive and ability to follow social norms that requires restructuring social supports and behaviors in order to develop sufficient skills; these persons require a course of rehabilitative services in a structured environment with staffing to provide monitoring and support and case management.

(d) “**Reintegration**” provides a community living experience in either congregate or scatter-site settings with limited supervision and/or case management; persons appropriate for these services are transitioning to long term recovery from substance use disorder and independent living in the community.

The document attached to Mr. Subin’s August 23, 2021 letter (OASAS Guidelines for Detoxification Triage Using the 48 Hour Observation Bed) is not applicable to this proposed program. It is an old, outdated document, published at a time when OASAS was called the NYS Office of Alcoholism and Substance Abuse Services, and should not be considered by the Town.

Thank you for your consideration of this information.

Sincerely,

*Frank M. Cicero*

Frank M. Cicero

cc: Mr. Steven Laker, Hudson Ridge Wellness  
Mr. Brian M. Baldwin, Cicero Consulting Associates



# HUDSON RIDGE EDUCATION AND WELLNESS CENTER

## TOWN OF CORTLANDT WESTCHESTER CO., NY

LAST REVISED: MARCH 21, 2022

WSP USA Leggette, Brashears & Graham, Inc.  
Groundwater Specialists  
Sheldon, CT

Singleton, Davis & Singleton  
Attorneys  
Mount Kisco, NY

Evans Associates  
Bio-Diversity Consultant  
Bethany, CT

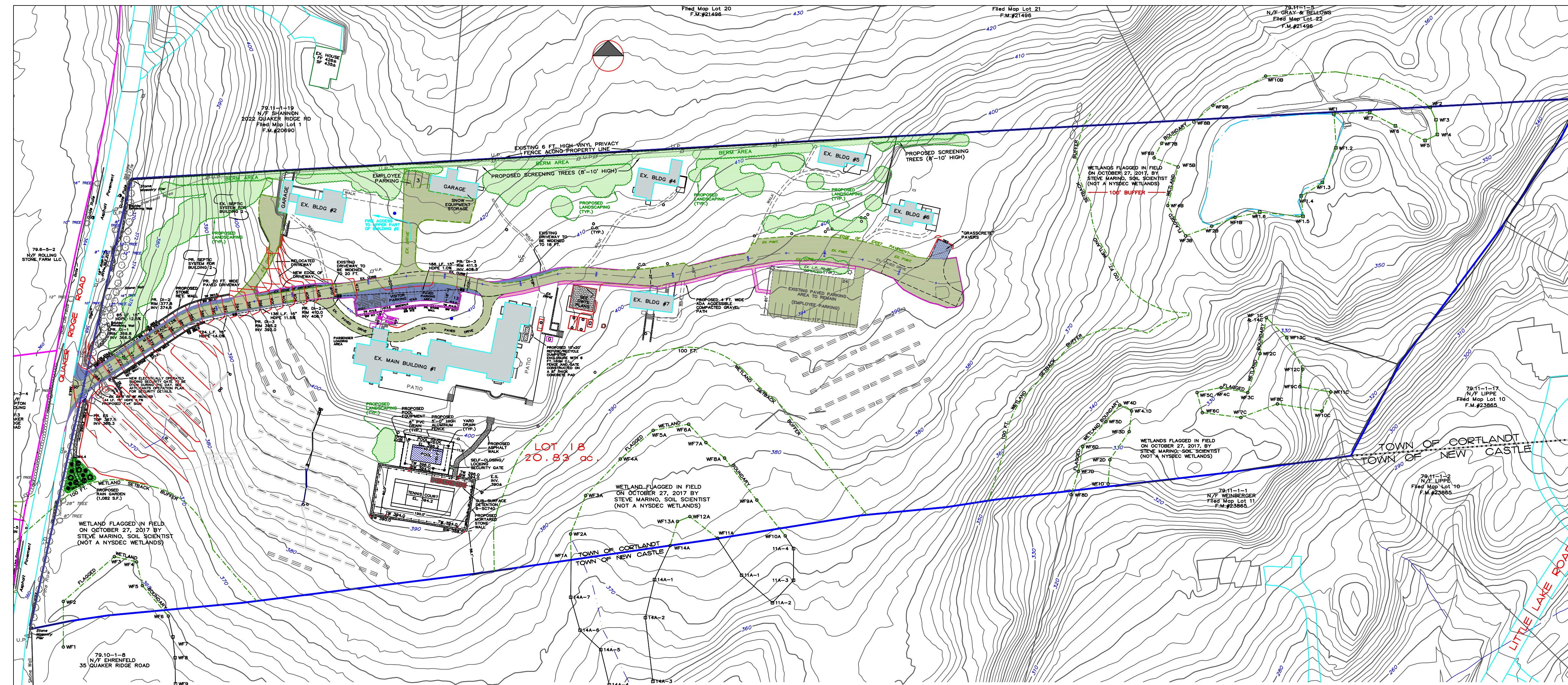
Steve Marino / TM Associates  
Wetland Consultant  
Cold Spring, NY

OLA Consulting Engineers  
Mechanical and Electrical Engineers  
Hawthorne, NY

JMC Site Development Consultants, LLC  
Environmental Planner  
Armonk, NY

TC Merritts-Land Surveyors  
394 Bedford Road  
Pleasantville, NY

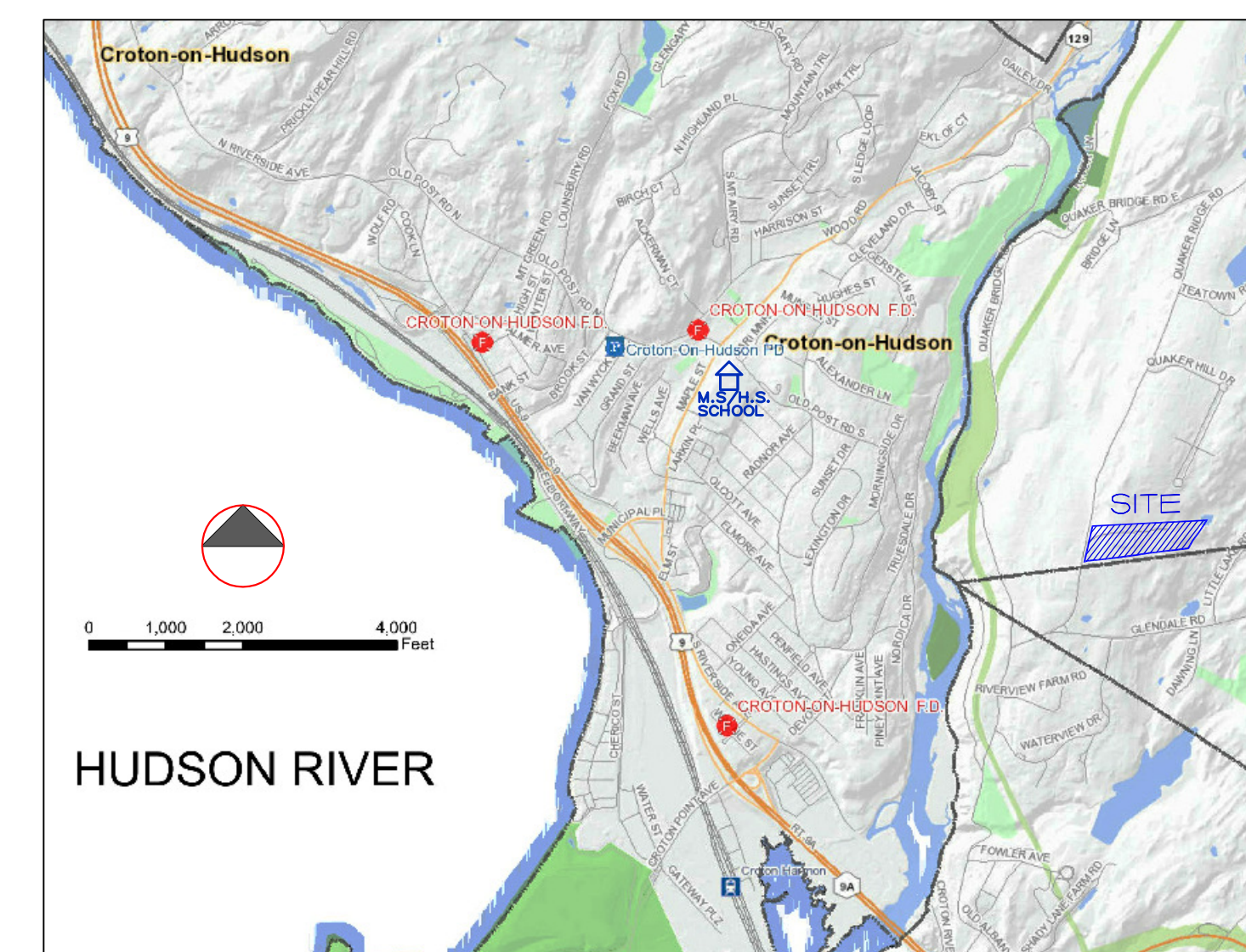
**SITE ENGINEER:**  
RALPH G. MASTROMONACO, P.E., P.C.  
Consulting Engineers  
13 Dove Court, Croton-on-Hudson, New York 10520  
(914) 271-4762



OVERALL MAP  
SCALE: 1"=80'

SECTION 307-08 HOSPITAL OR NURSING HOME	REQUIRED	BUILDING USES						
		EXISTING	EXISTING	EXISTING	EXISTING	EXISTING	EXISTING	EXISTING
LOT AREA: 20.837 ACRES, 907,517 S.F.	LOT	MAIN BLDG.	BLDG. 2	BLDG. 3	BLDG. 4	BLDG. 5	BLDG. 6	BLDG. 7
MINIMUM USE OF LOT	10 ACRES	20 ACRES						
MINIMUM LOT AREA PER BLDG.	2,000 SF	3,000 SF						
MINIMUM LOT FRONTAGE	100'	100'						
MAXIMUM BUILDING COVERAGE (INDIVIDUAL BUILDING FOOTPRINT SQUARE FOOTAGE)	20%	20% TOTAL	9200 SF	2500 SF	1500 SF	1600 SF	1100 SF	1100 SF
MAXIMUM HEIGHT	75'	<75'						
OTHER ACCESSORY BUILDING	25'		<25'	<25'	<25'	<25'	<25'	<25'
MINIMUM BUILDING SETBACK: MAIN BUILDING								
FRONT	200'	340'						
REAR	125'	125'						
MINIMUM SETBACK: OTHER ACCESSORY BUILDING (SIDE OR REAR THIRD ONLY)								
FRONT	75'	200'	400'	660'	854'	1000'	650'	
DEEP (SEE EXISTING ROW CONFORMING FOR BLDGS 2-5)	75'	4' EX.	8' EX.	12' EX.	7' EX.	8' EX.	180'	
REAR	75'	1500'	1500'	1500'	901'	700'	1000'	
MINIMUM DISTANCE BETWEEN BUILDINGS	2X HEIGHT	COMPLEX	COMPLEX	COMPLEX	COMPLEX	COMPLEX	COMPLEX	
BUFFER PURSUANT TO 307-018 & 307-018 B (NOT APPLICABLE)		N/A	N/A	N/A	N/A	N/A	N/A	
COMMERICAL/INDUSTRIAL/NOT APPLICABLE TO LANDSCAPING WITHIN PARKING AREAS OF 30 SPACES OR MORE		N/A	N/A	N/A	N/A	N/A	N/A	
PARKING REQUIREMENT: HOSPITAL 1 BLDG PLUS 17 EMP. OVER MAX SHP. 7 HOURS	75							
PROPOSED PARKING: EXISTING + 24	24							
PROPOSED PARKING: TOTAL PARKING = 40	40							
FRONTAGE ON A STATE ROAD	REQUIRED	WAVES PER SECT 307-009(b) OR VARIANCE						

ZONING SCHEDULE

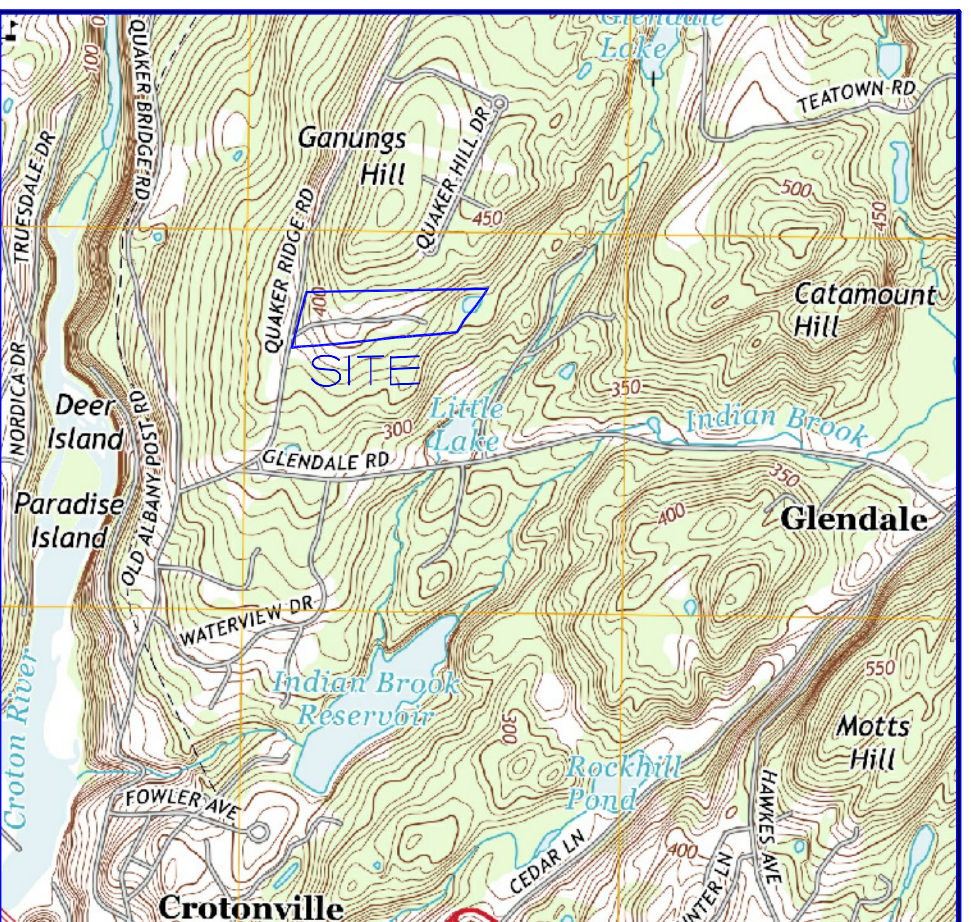
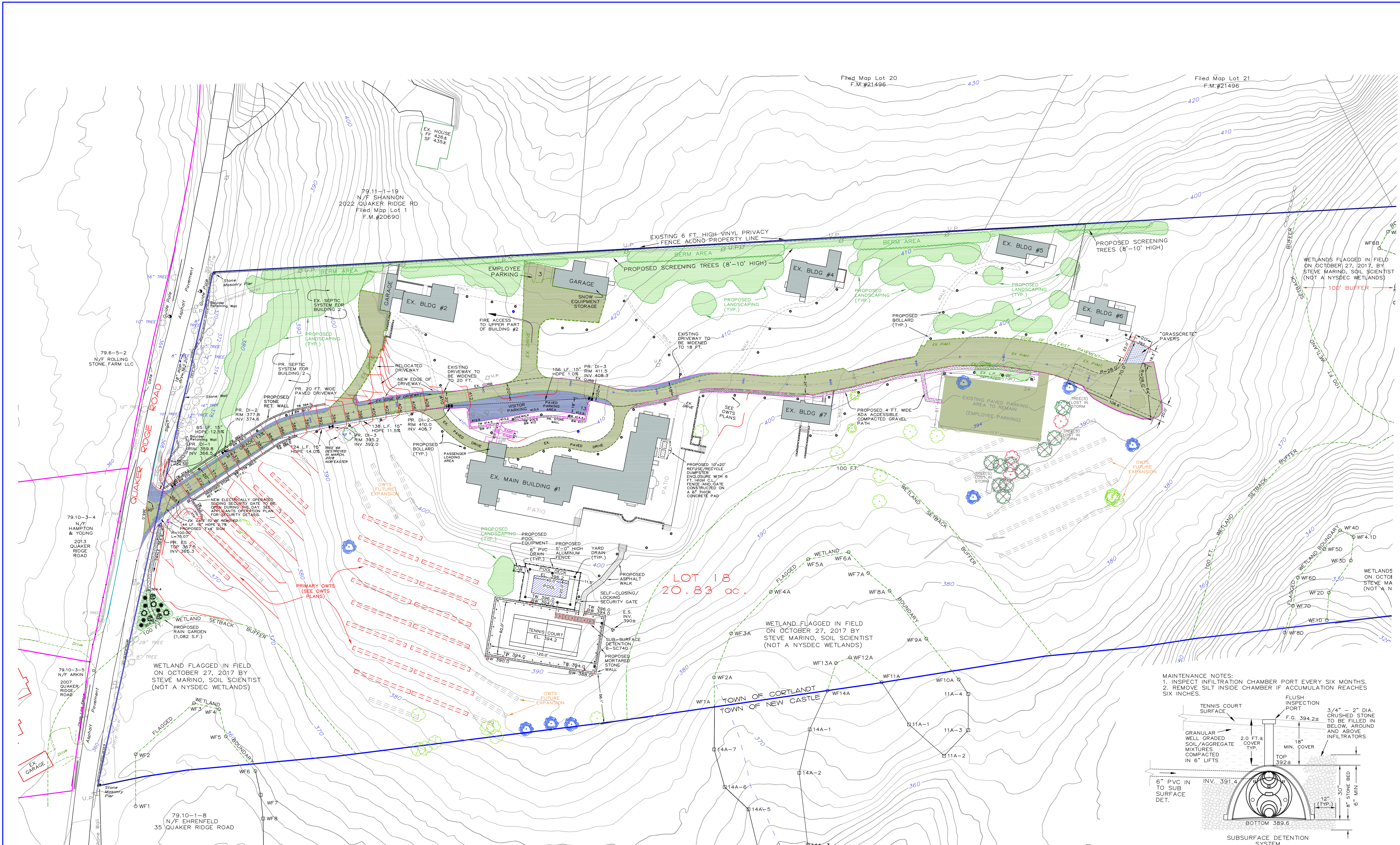


LOCATION MAP  
APPROX. SCALE: 1"=2000'

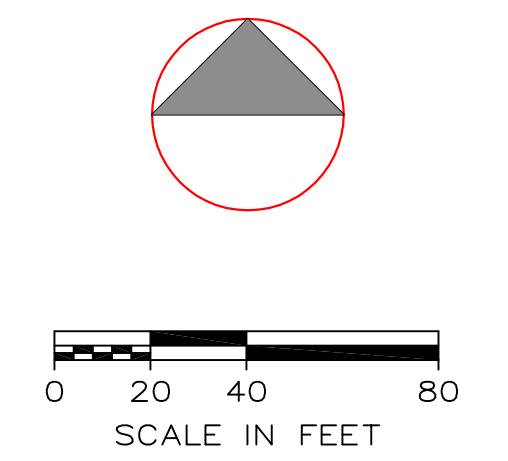
**DRAWING SCHEDULE**

SHEET	TITLE
1	SITE PLAN/GRADING PLAN/TREE PLAN-13% MAX. GRADE
2	SITE PLAN/UTILITY PLAN
3	DRIVEWAY IMPROVEMENT PLAN
4	SITE PLAN/LIGHTING PLAN AND PHOTOMETRIC PLAN
5	SITE PLAN/FIRE ACCESS PLAN
6	SITE PLAN/PROPOSED DISTURBANCE PLAN
7	SITE PLAN/EROSION CONTROL PLAN/DETAILS/NOTES
8	QUAKER RIDGE ROAD IMPROVEMENT PLAN
1	ONSITE WASTEWATER TREATMENT SYSTEM





VICINITY MAP



**LEGEND**

EXISTING	PROPOSED	DESCRIPTION
[Symbol]	[Symbol]	CATCH BASIN
[Symbol]	[Symbol]	DRAIN MANHOLE
[Symbol]	[Symbol]	DRAIN INLET
[Symbol]	[Symbol]	HEADWALL
[Symbol]	[Symbol]	SEWER MANHOLE
[Symbol]	[Symbol]	MONUMENT
[Symbol]	[Symbol]	O.W.T.A.
[Symbol]	[Symbol]	CONTOUR LINE
[Symbol]	[Symbol]	SPOT ELEVATION
[Symbol]	[Symbol]	DRIILLED WELL
[Symbol]	[Symbol]	BOLLARD LIGHT

**Parking Schedule**

	EX.	NEW
EMPLOYEE PARKING	24	3
VISITOR PARKING		13
<b>SUB-TOTAL</b>	<b>24</b>	<b>16</b>
<b>TOTAL PARKING</b>	<b>40</b>	

**TREE LEGEND**

[Symbol]	EX. TREE - TO BE REMOVED
[Symbol]	EX. TREE - TO BE SAVED
[Symbol]	EX. TREE - TO BE PROTECTED

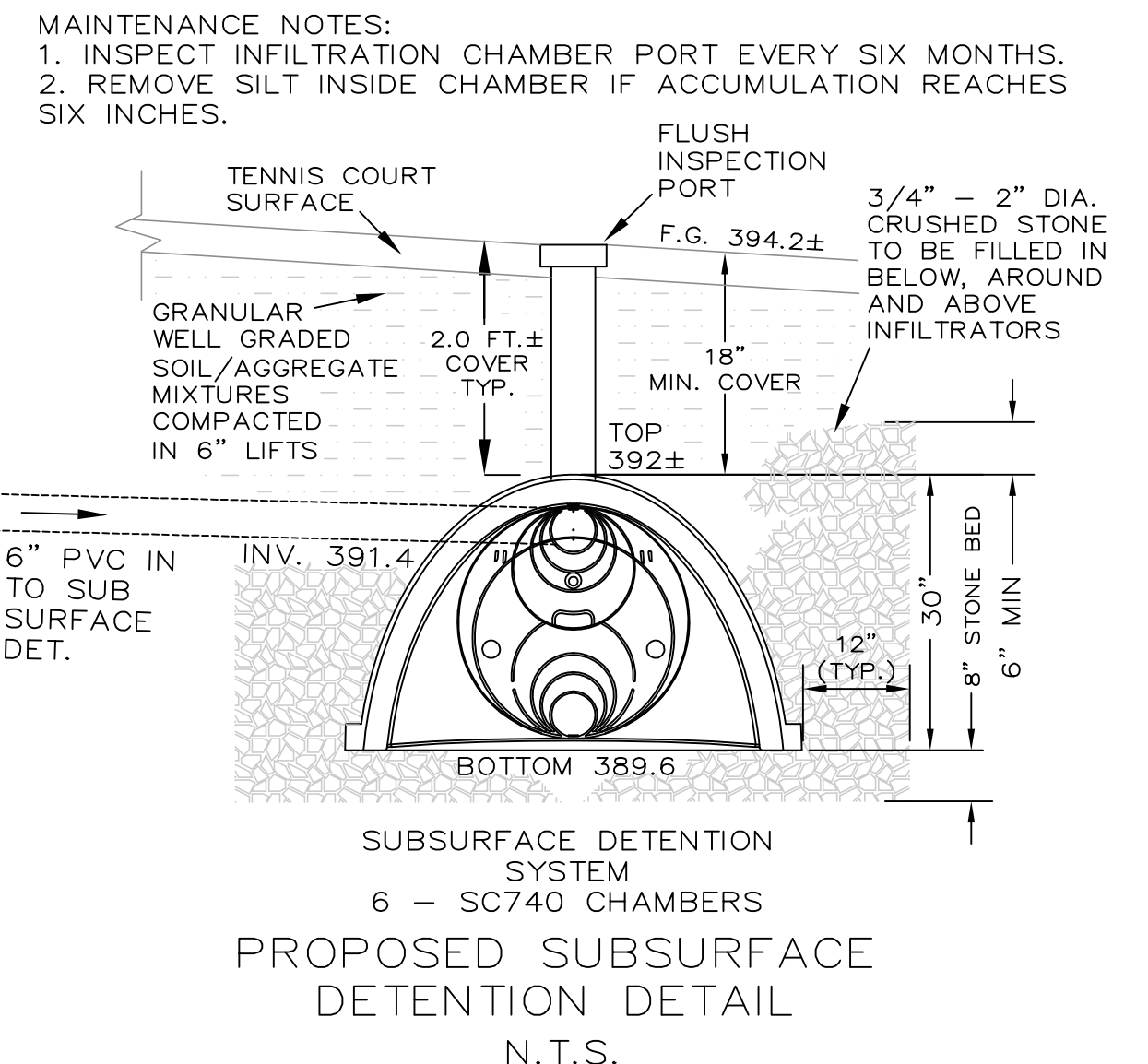
AS SPECIFIED IN CONSULTING ARBORIST'S REPORT DATED APRIL 30, 2018.

NOTE: ALL OTHER EXISTING TREES NOT INCLUDED IN THE ABOVE CLASSIFICATION SHALL BE LEFT IN THEIR PRESENT STATE.

RALPH G. MASTROMONACO, P.E., P.C.  
 Consulting Engineers  
 13 Dove Court, Croton-on-Hudson, New York 10520  
 (914) 271-4762 (914) 271-2820 Fax



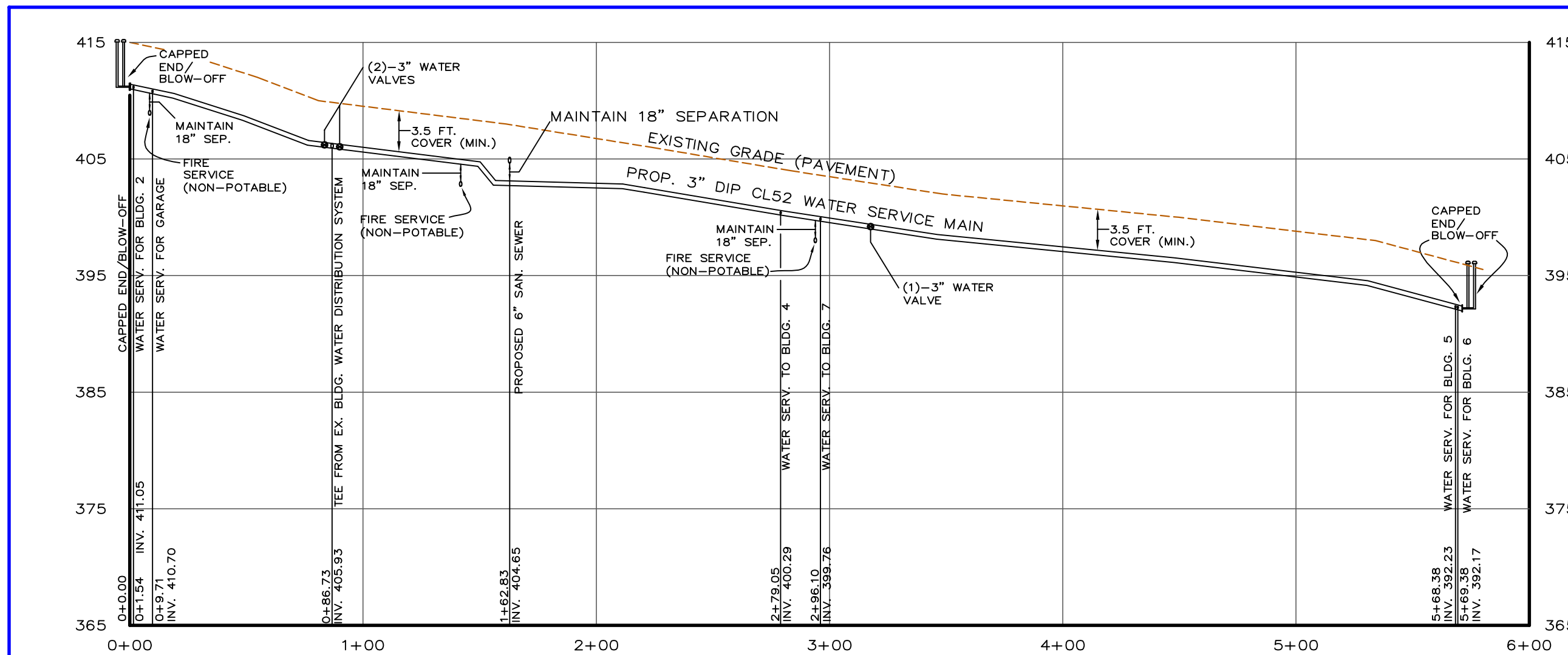
**SITE PLAN/  
 GRADING PLAN/TREE PLAN  
 1 3/8" MAX. GRADE**  
 PREPARED FOR  
**HUDSON RIDGE EDUCATION  
 AND WELLNESS CENTER**  
 LOCATED AT  
**2016 QUAKER RIDGE RD  
 TOWN OF CORTLANDT  
 WESTCHESTER CO. NY  
 JANUARY 8, 2018**  
**SHEET 1 OF 8 SHEETS**



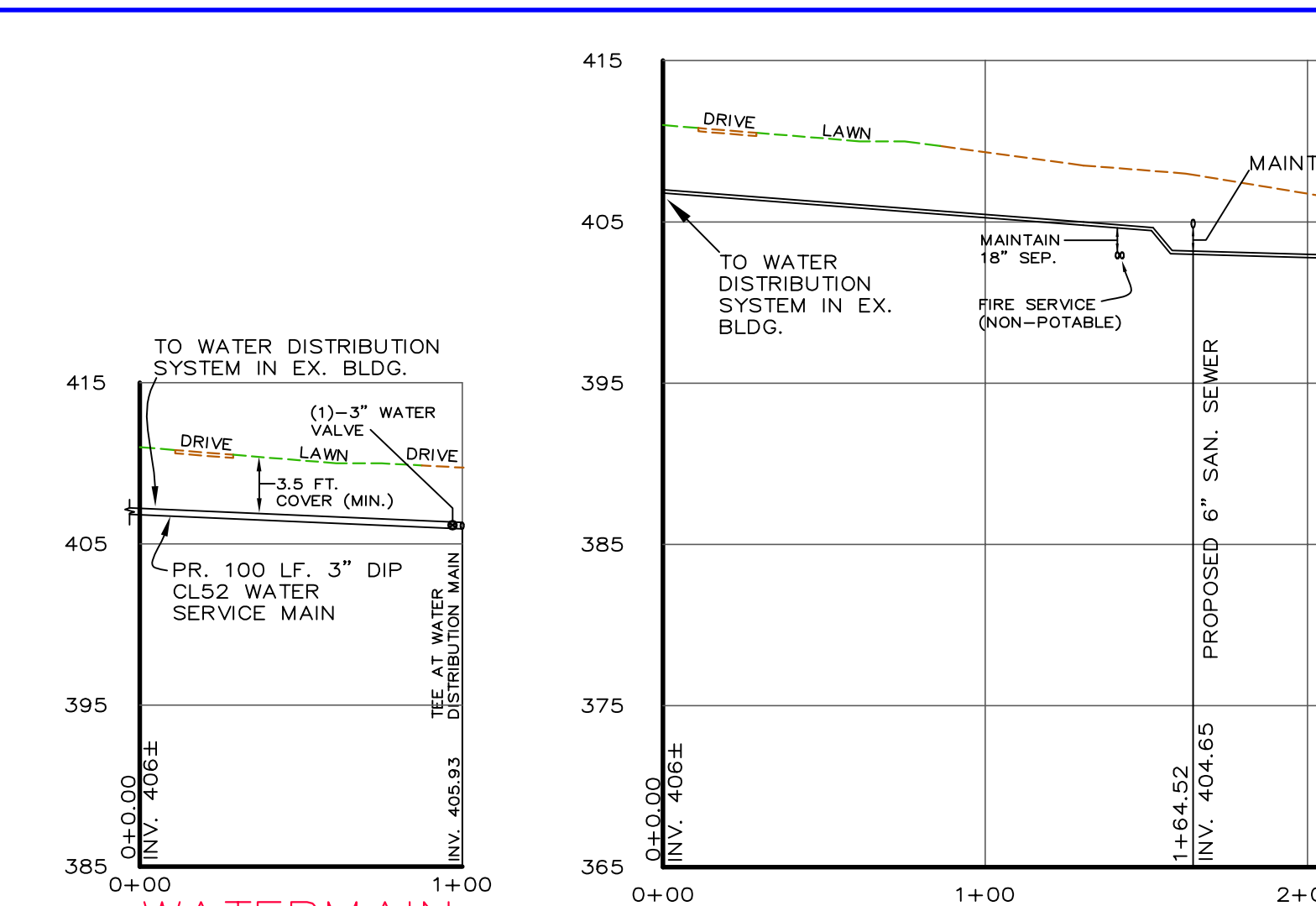
REVISED: MARCH 21, 2022  
 REVISED: MARCH 8, 2022  
 REVISED: MARCH 1, 2022  
 REVISED: NOVEMBER 10, 2021  
 REVISED: NOVEMBER 8, 2021  
 REVISED: MARCH 20, 2019  
 REVISED: NOVEMBER 5, 2018  
 REVISED: AUGUST 8, 2018  
 REVISED: JUNE 21, 2018  
 REVISED: MAY 16, 2018

TOPOGRAPHICAL INFORMATION UPDATED BY TC MERRITTS LAND SURVEYORS, OCTOBER 18, 2018.  
 Unauthorized alterations or additions to this drawing is a violation of Section 7209 (2) of the New York State Education Law.

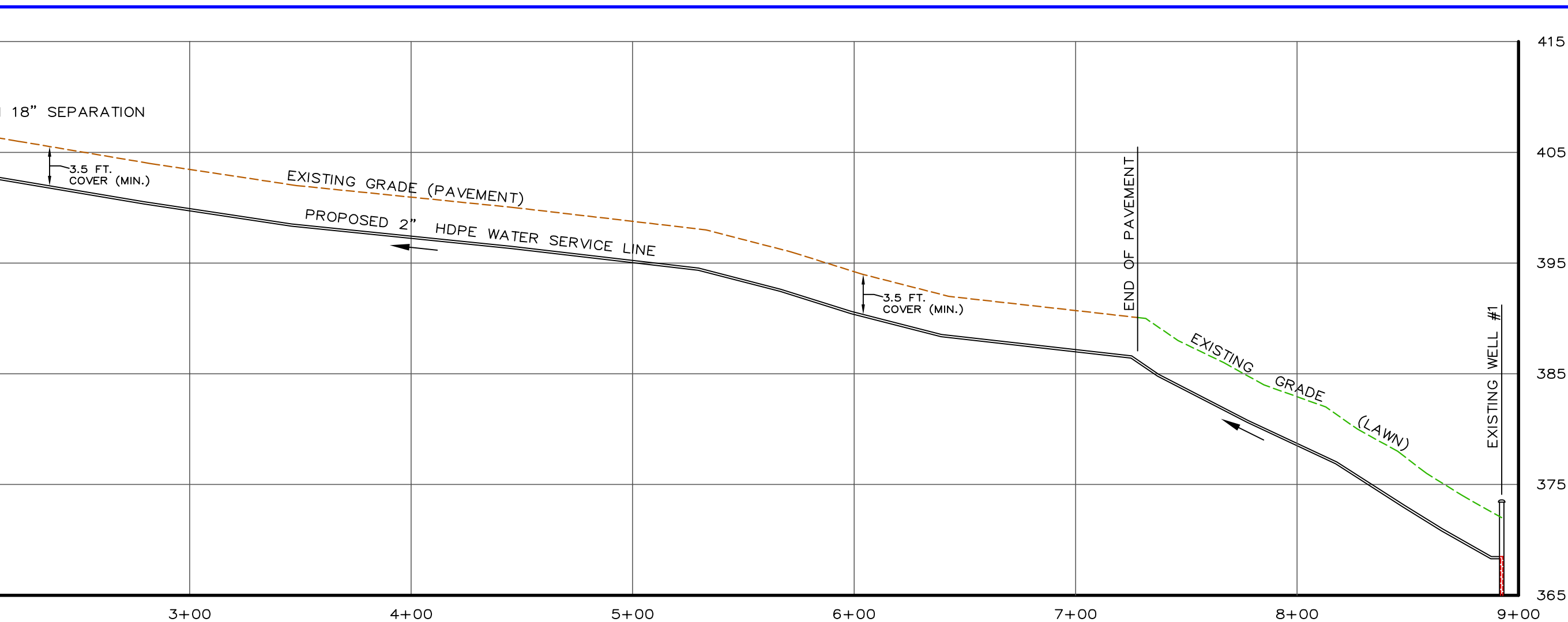




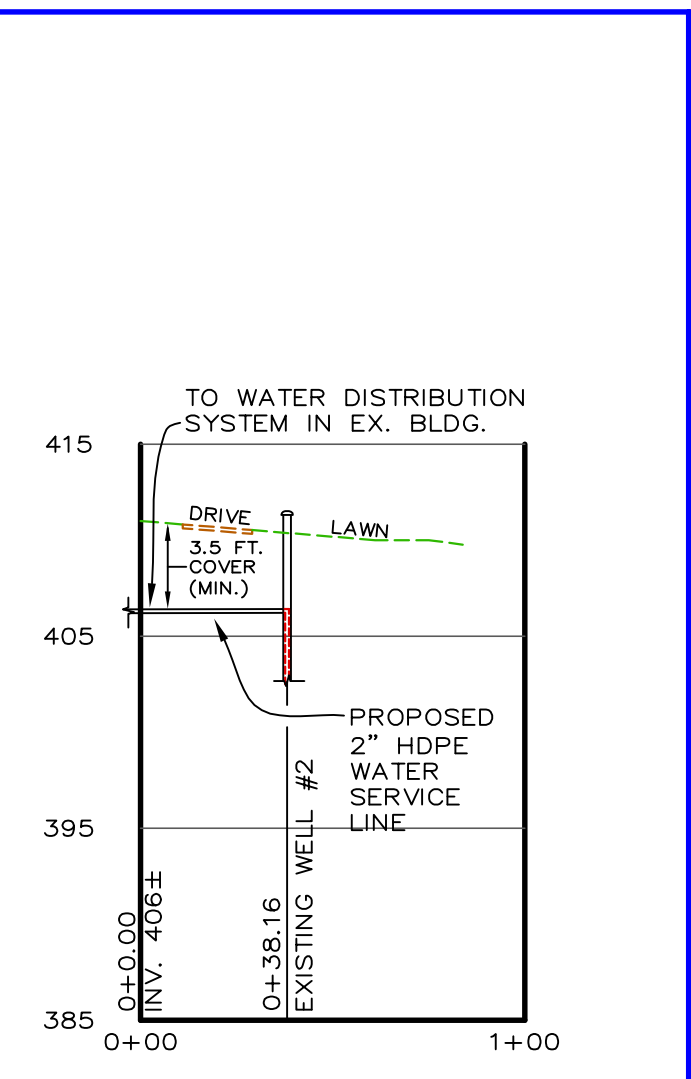
**WATERMAIN PROFILE**  
FROM END TO END IN EX. ROAD  
SCALE: HOR. 1" = 50'  
VER. 1" = 10'



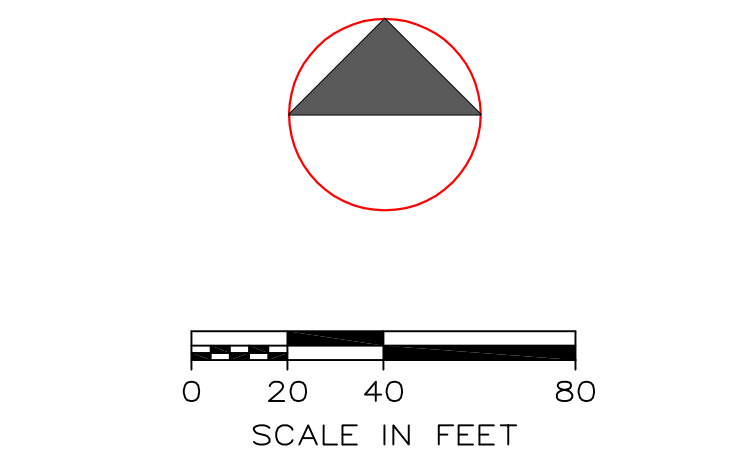
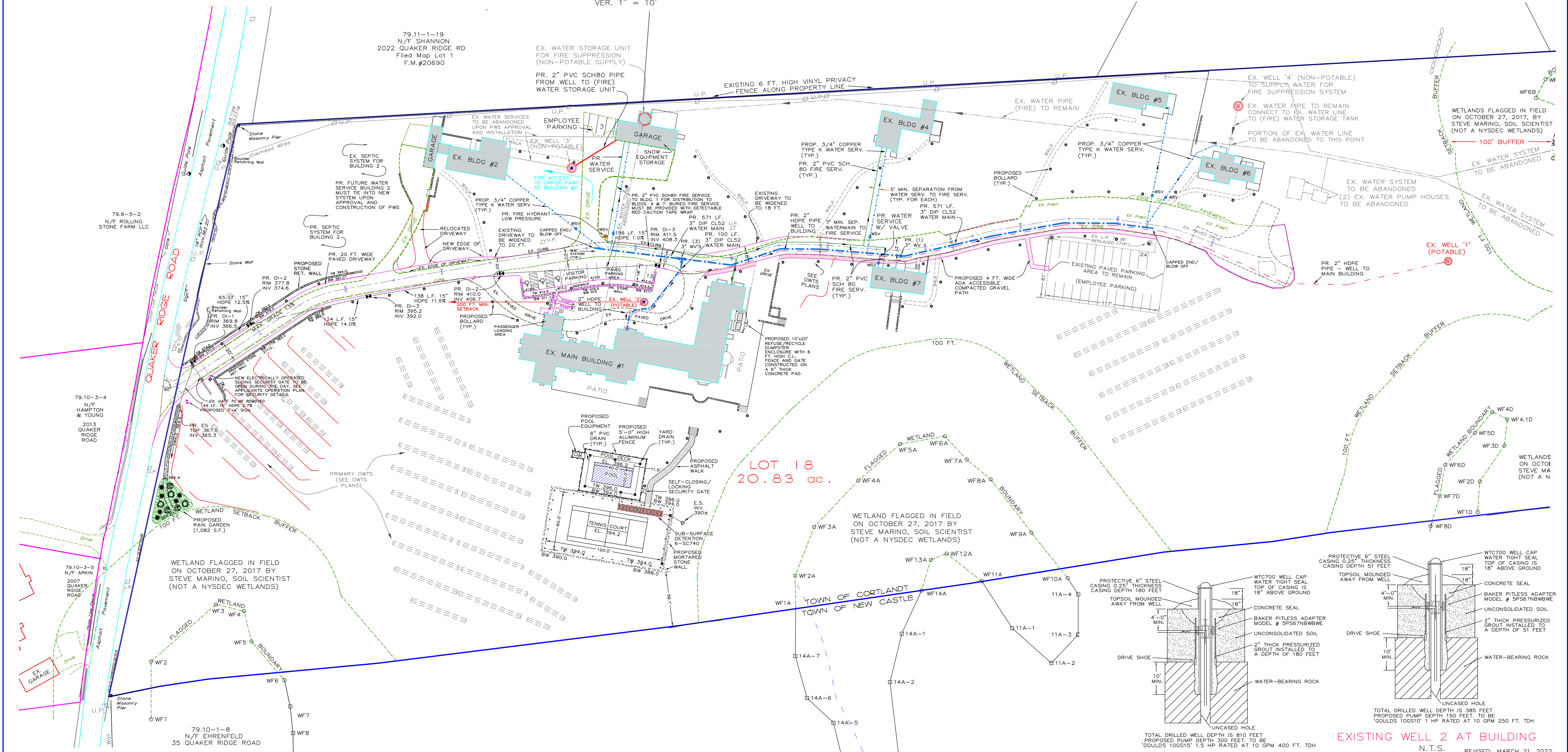
**WATERMAIN PROFILE**  
EX. BLDG TO WATER SERVICE MAIN  
SCALE: HOR. 1" = 50'  
VER. 1" = 10'



**WELL SERVICE LINE PROFILE**  
FROM EX. BLDG. TO WELL #1  
SCALE: HOR. 1" = 50'  
VER. 1" = 10'



**WELL SERVICE LINE PROFILE**  
FROM EX. BLDG. TO WELL #2  
SCALE: HOR. 1" = 50'  
VER. 1" = 10'



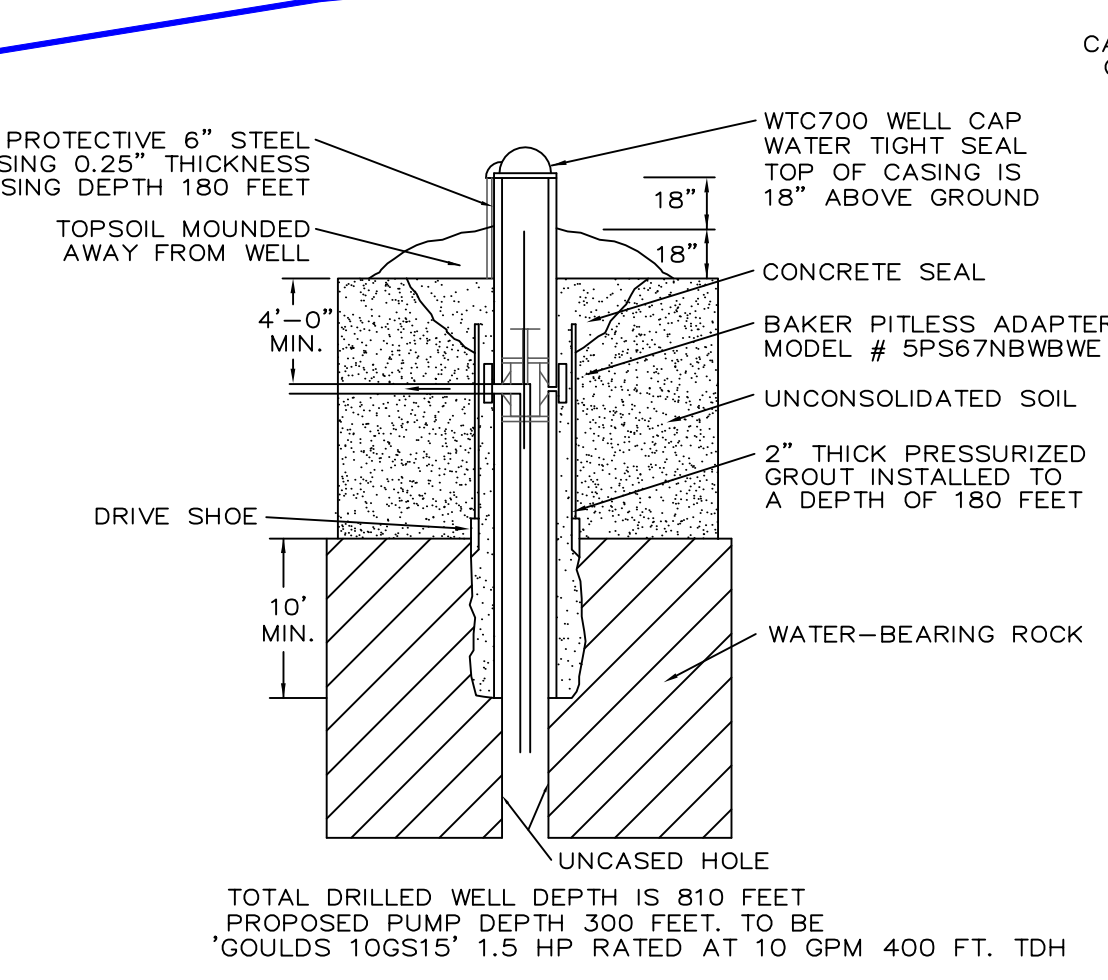
**LEGEND**

EXISTING	PROPOSED	DESCRIPTION
[Symbol]	[Symbol]	CATCH BASIN
[Symbol]	[Symbol]	DRAIN MANHOLE
[Symbol]	[Symbol]	HEADWALL
[Symbol]	[Symbol]	SEWER MANHOLE
[Symbol]	[Symbol]	MONUMENT
[Symbol]	[Symbol]	O.W.T.A.
[Symbol]	[Symbol]	CONTOUR LINE
[Symbol]	[Symbol]	SPOT ELEVATION
[Symbol]	[Symbol]	DRILLED WELL
[Symbol]	[Symbol]	BOLLARD LIGHT

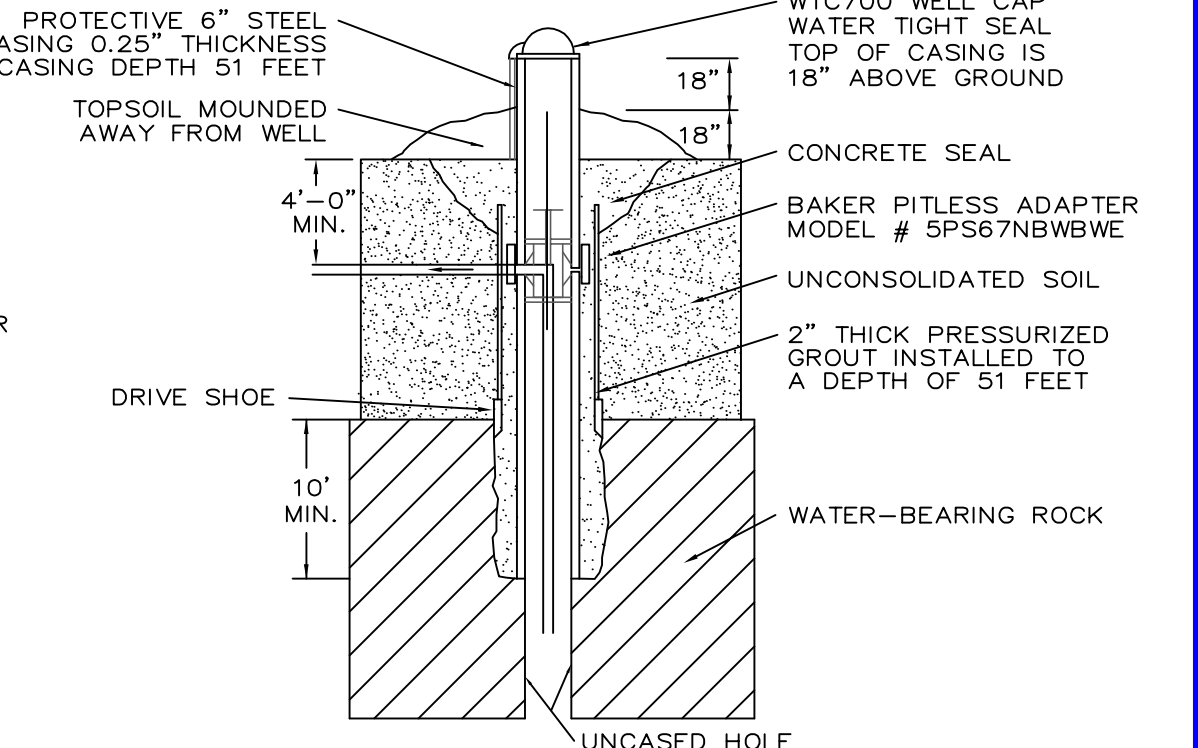
RALPH G. MASTROMONACO, P.E., P.C.  
Consulting Engineers  
13 Dove Court, Croton-on-Hudson, New York 10520  
(914) 271-4762 (914) 271-2820 Fax



**SITE PLAN/  
UTILITY PLAN**  
PREPARED FOR  
**HUDSON RIDGE EDUCATION  
AND WELLNESS CENTER**  
LOCATED AT  
**2016 QUAKER RIDGE RD**  
TOWN OF CORTLANDT  
WESTCHESTER CO., NY  
JANUARY 8, 2018  
SHEET 2 OF 7 SHEETS



**EXISTING WELL 1 AT POND**  
N.T.S.

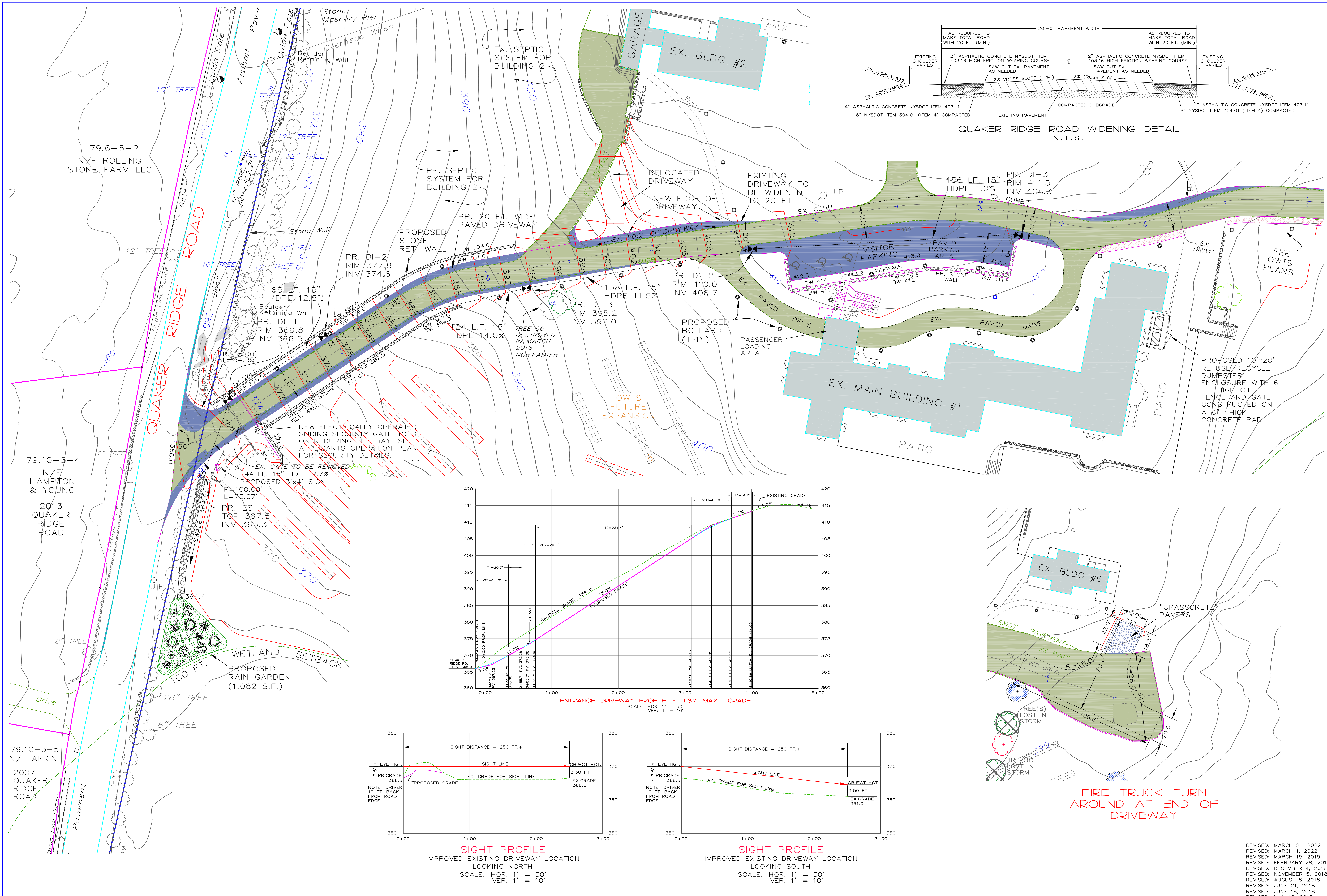


**EXISTING WELL 2 AT BUILDING**  
N.T.S.

Unauthorized alterations or additions to this drawing is a violation of Section 7209 (2) of the New York State Education Law.

REVISIONS:  
REVISION: MARCH 21, 2022  
REVISION: FEBRUARY 4, 2019  
REVISION: JANUARY 10, 2019  
REVISION: NOVEMBER 30, 2018  
REVISION: NOVEMBER 5, 2018  
REVISION: JUNE 8, 2018  
REVISION: MAY 16, 2018









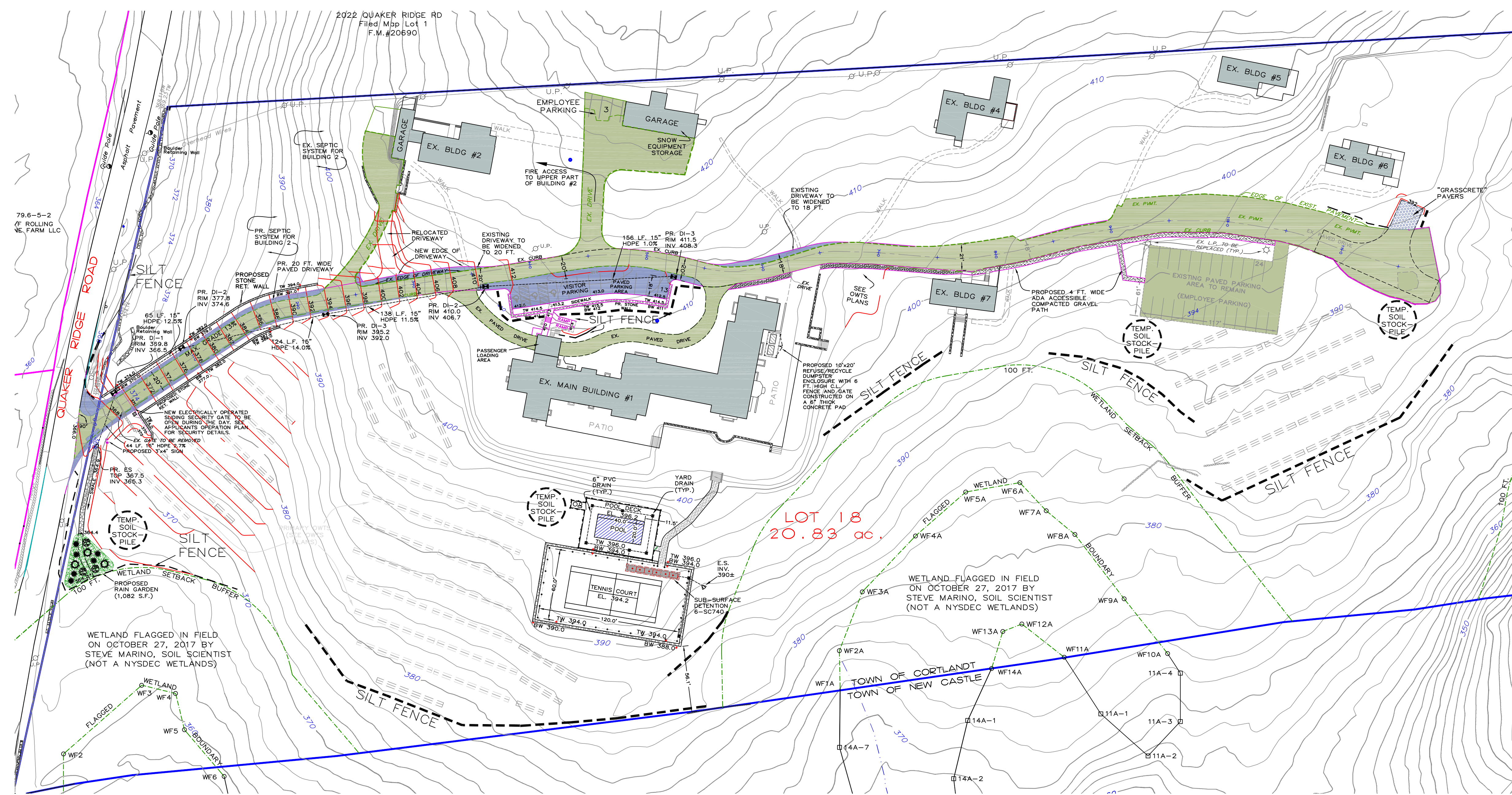






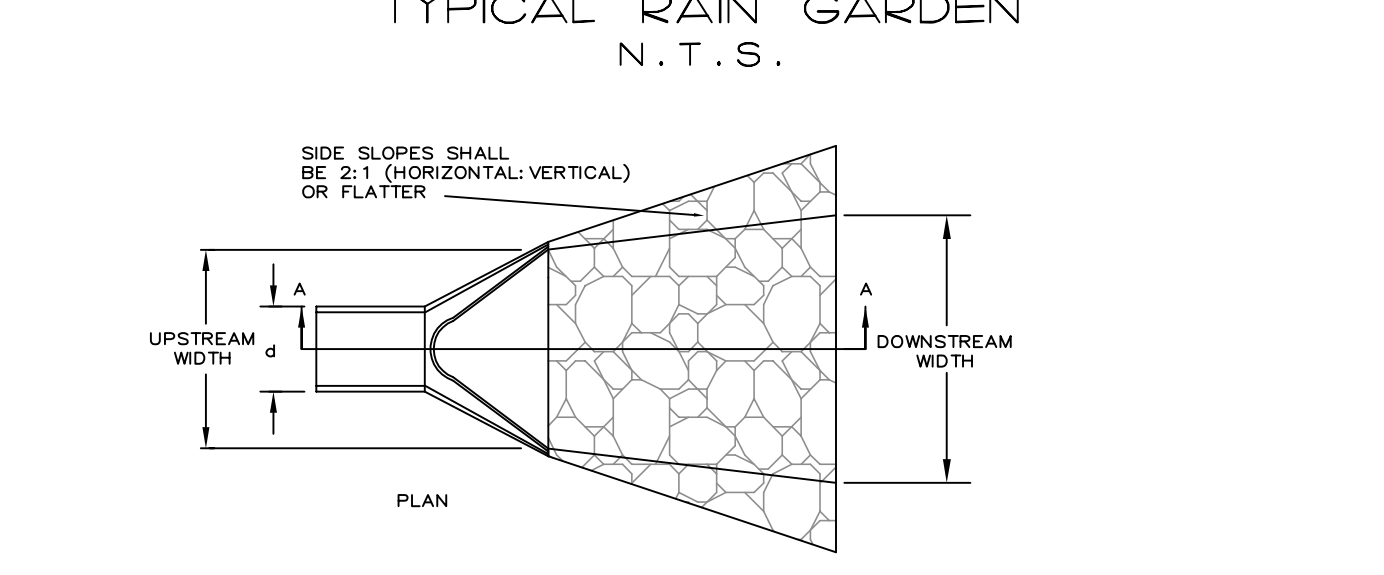
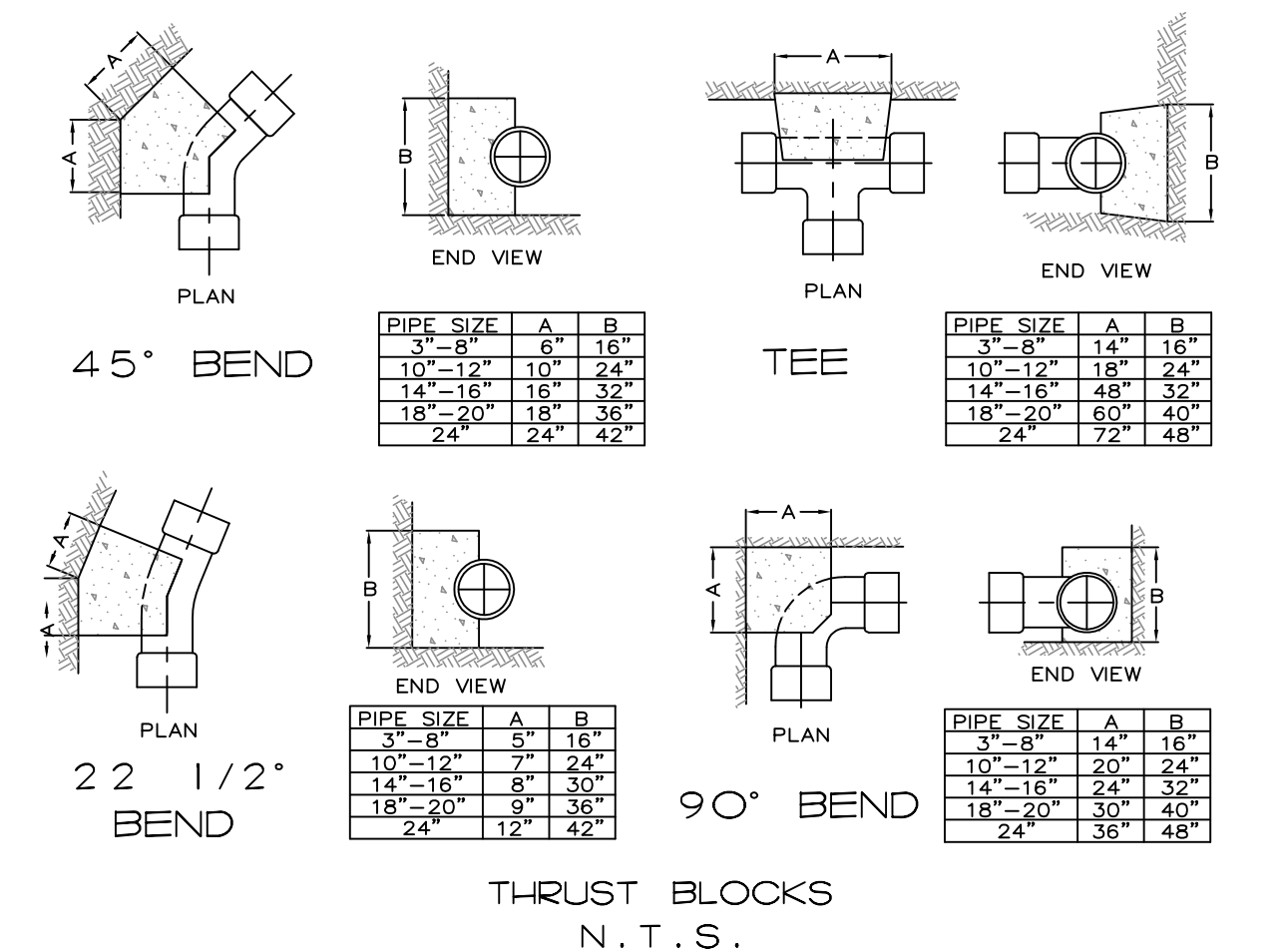
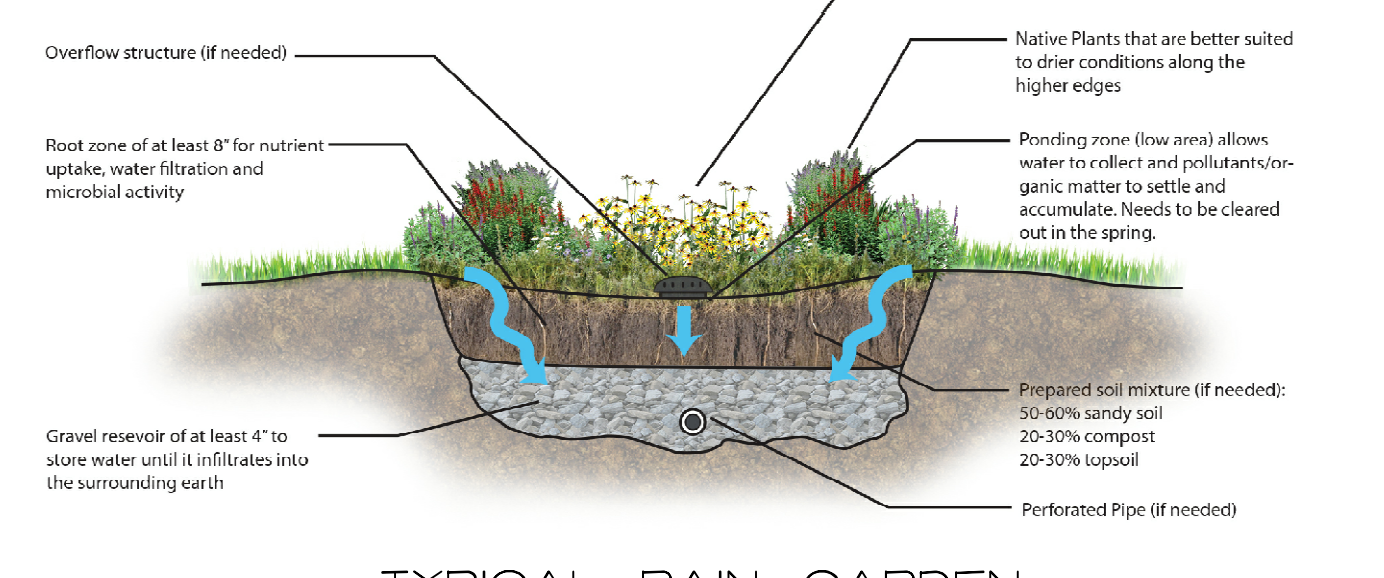






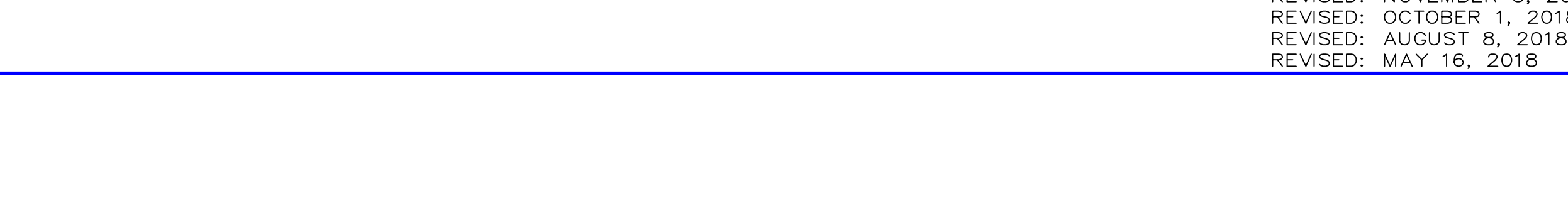
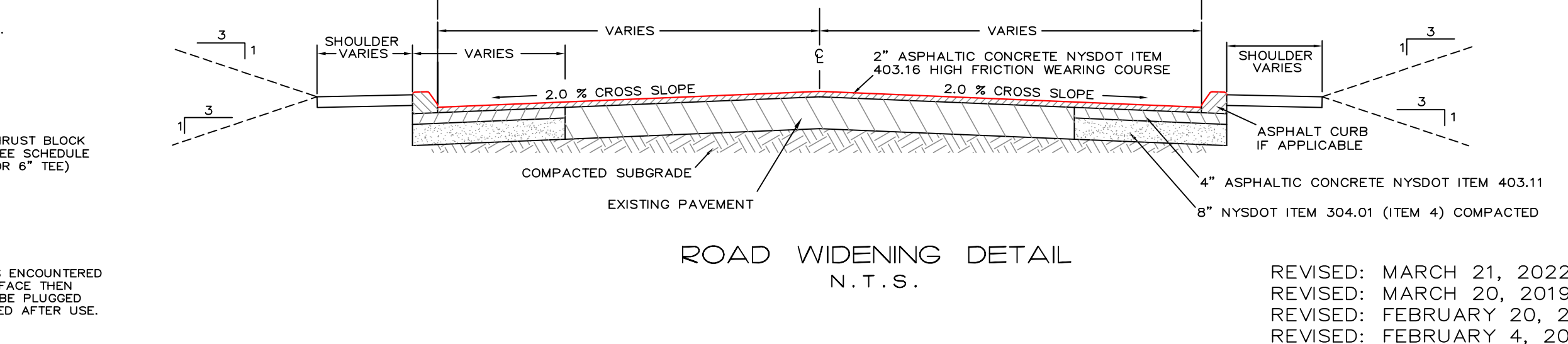
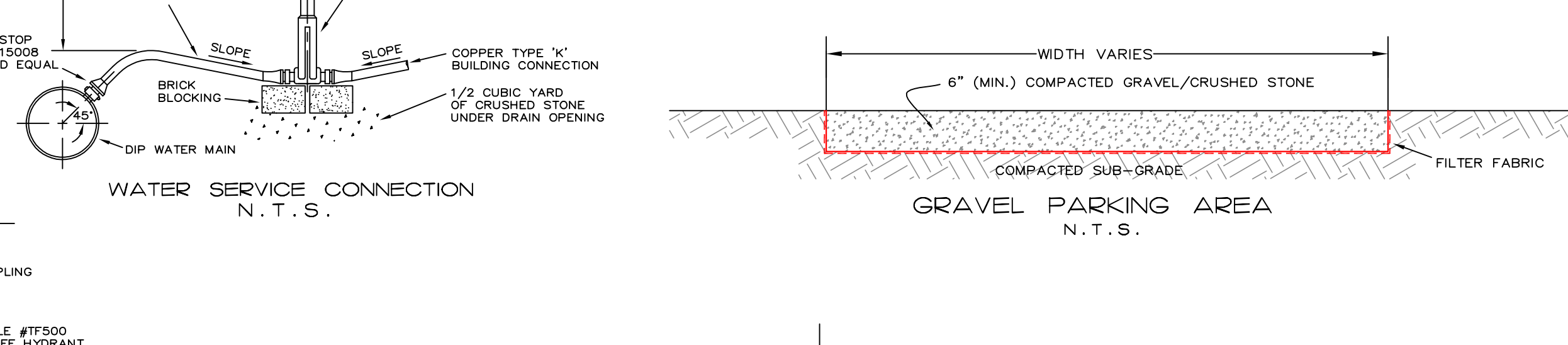
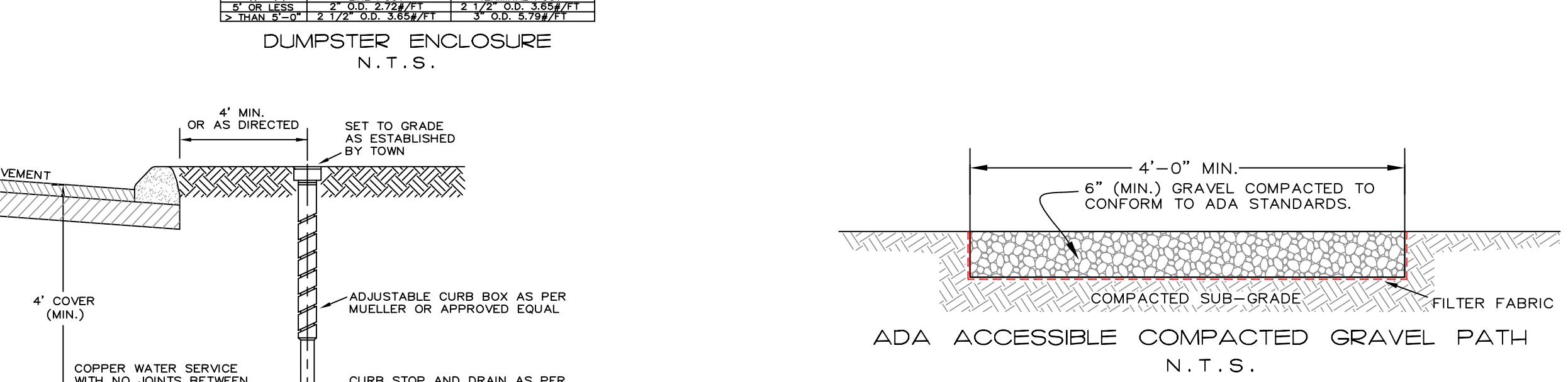
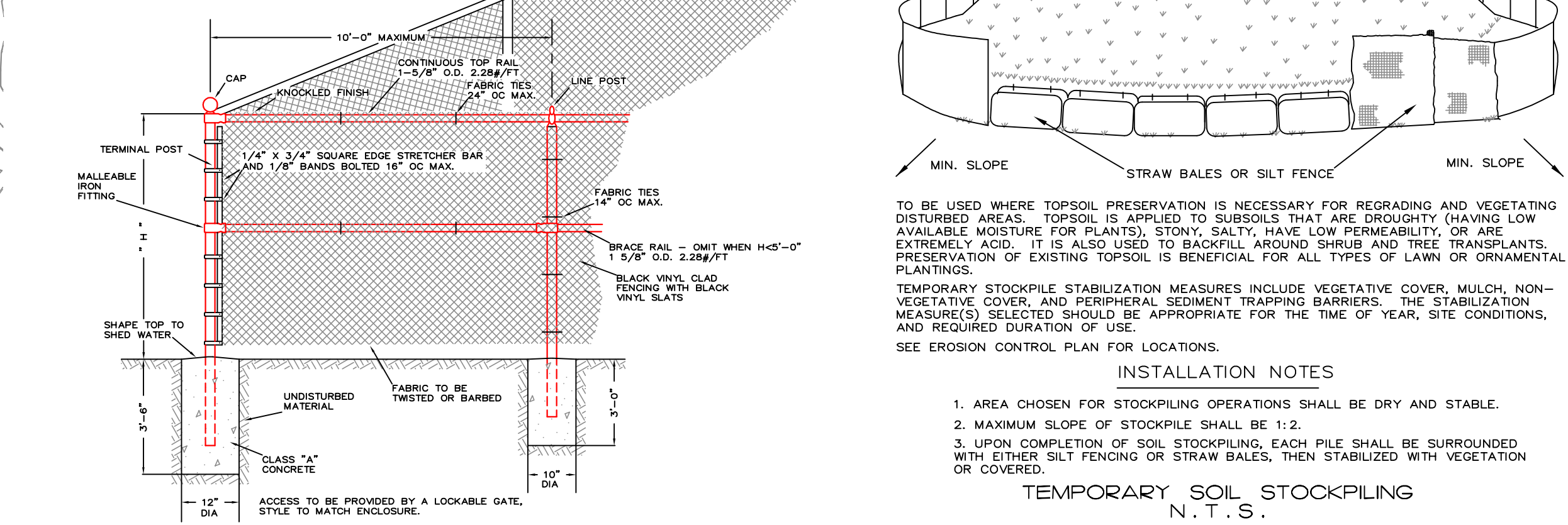
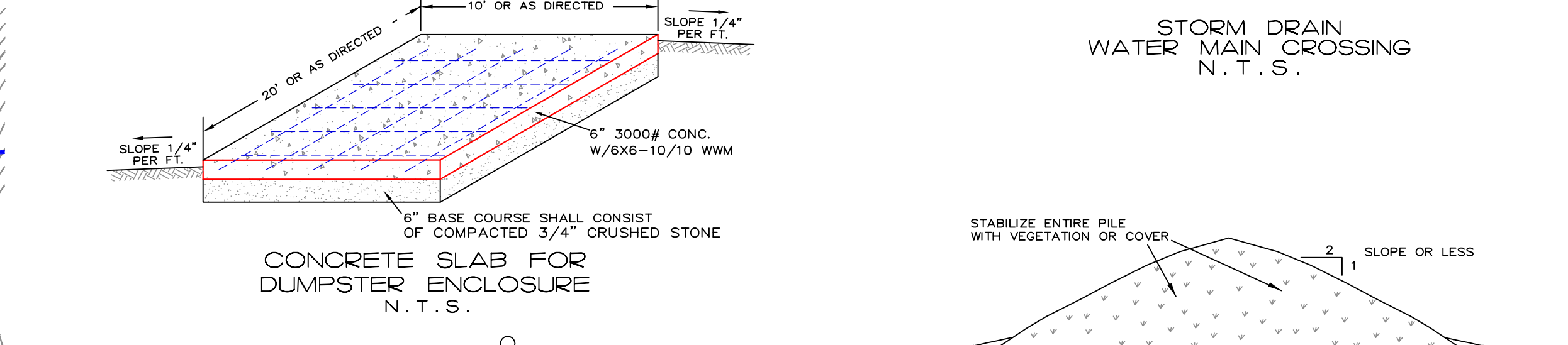
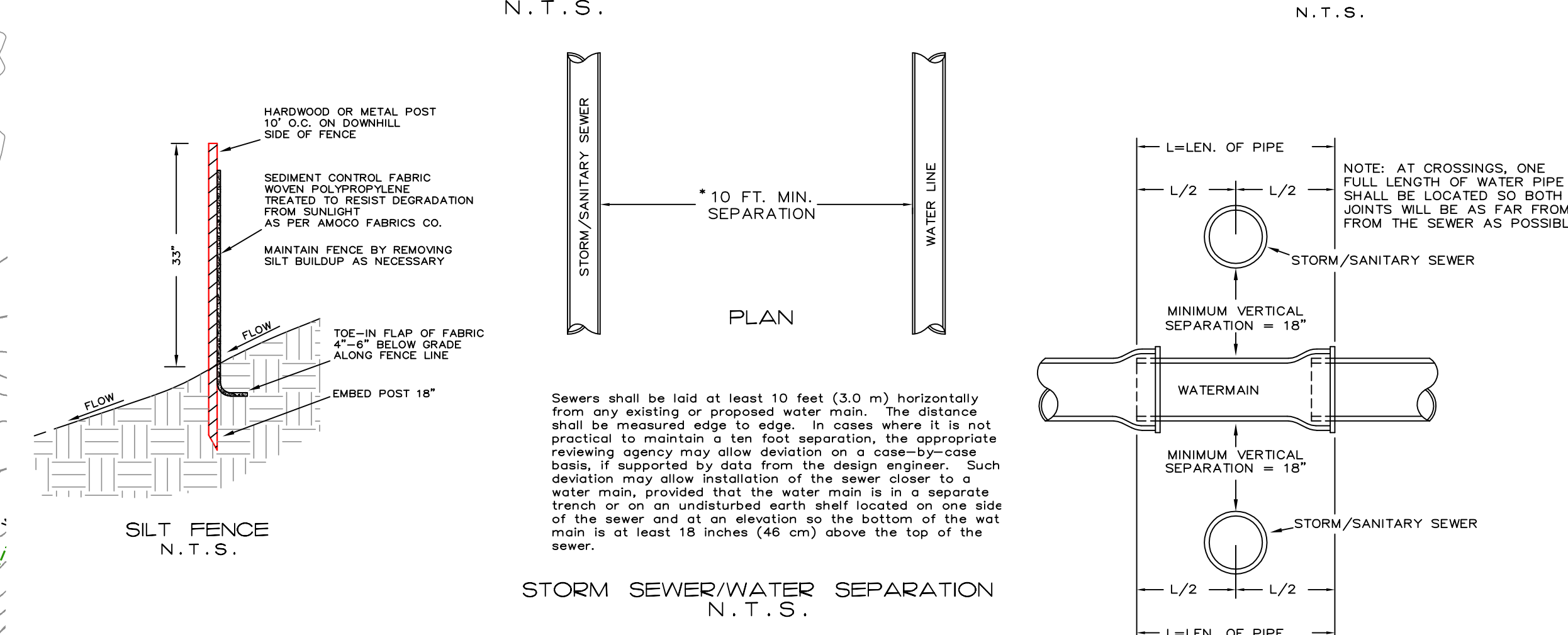
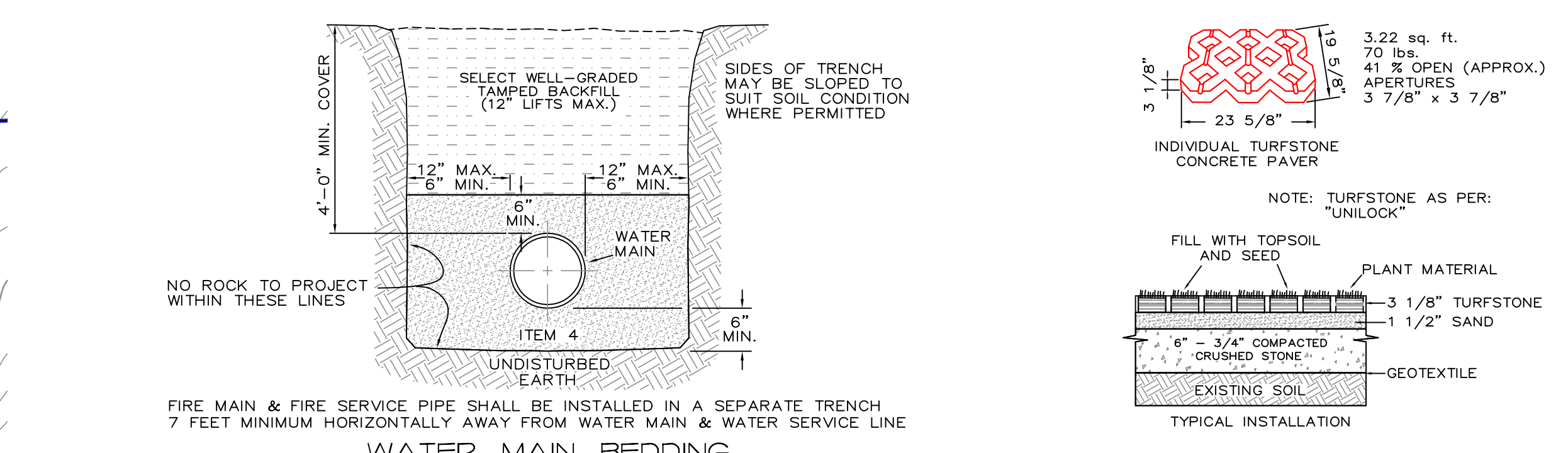
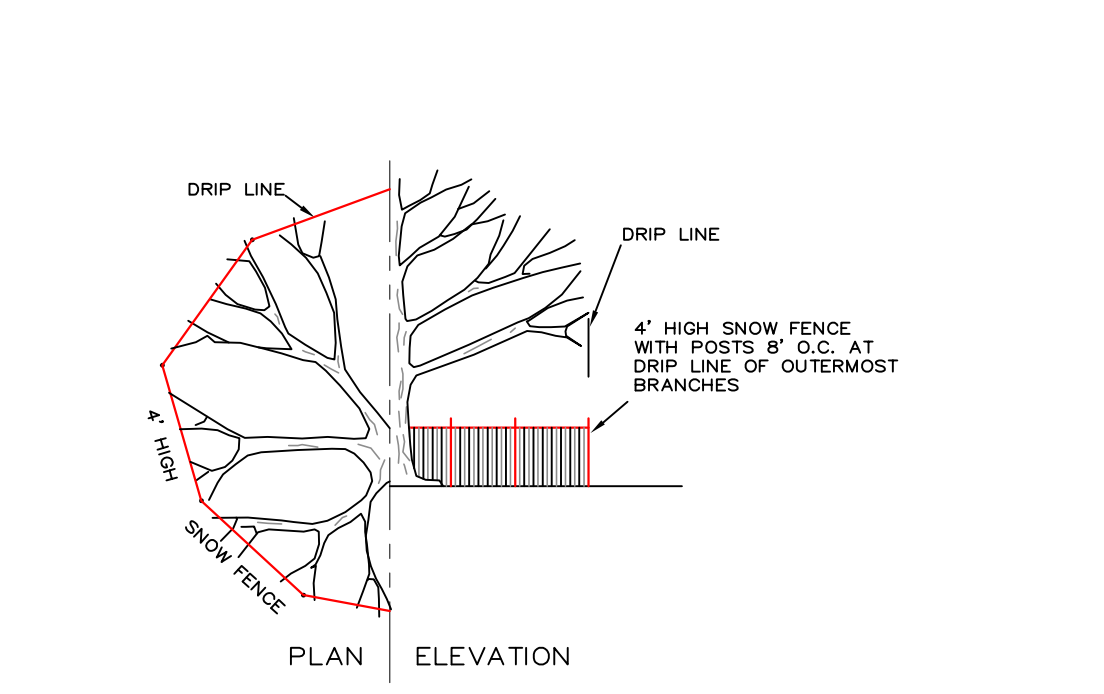
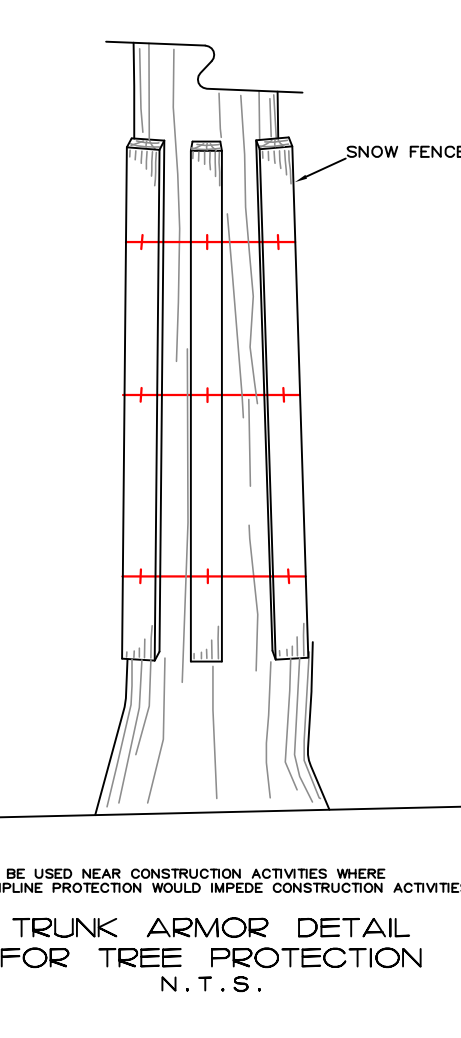
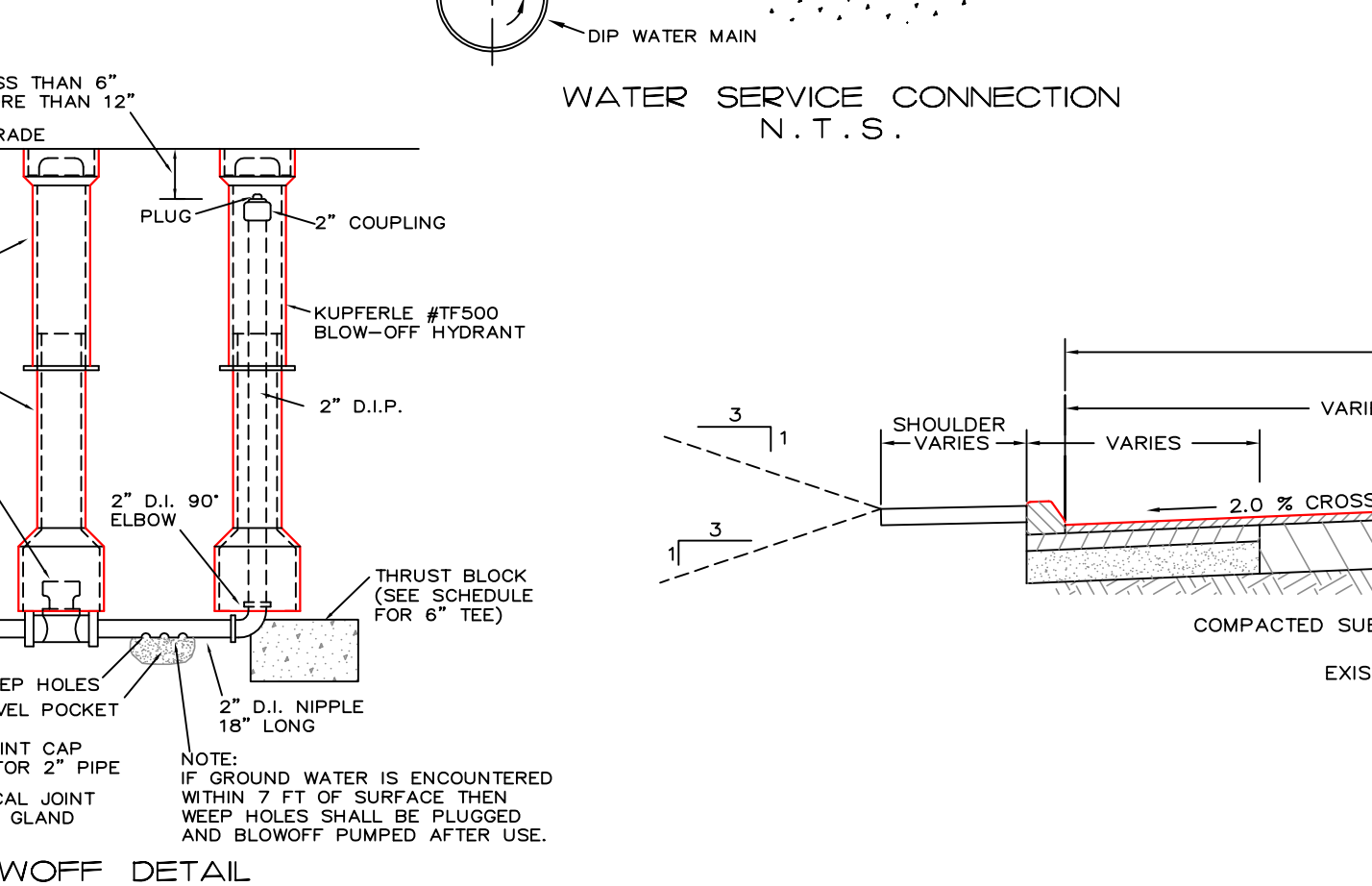
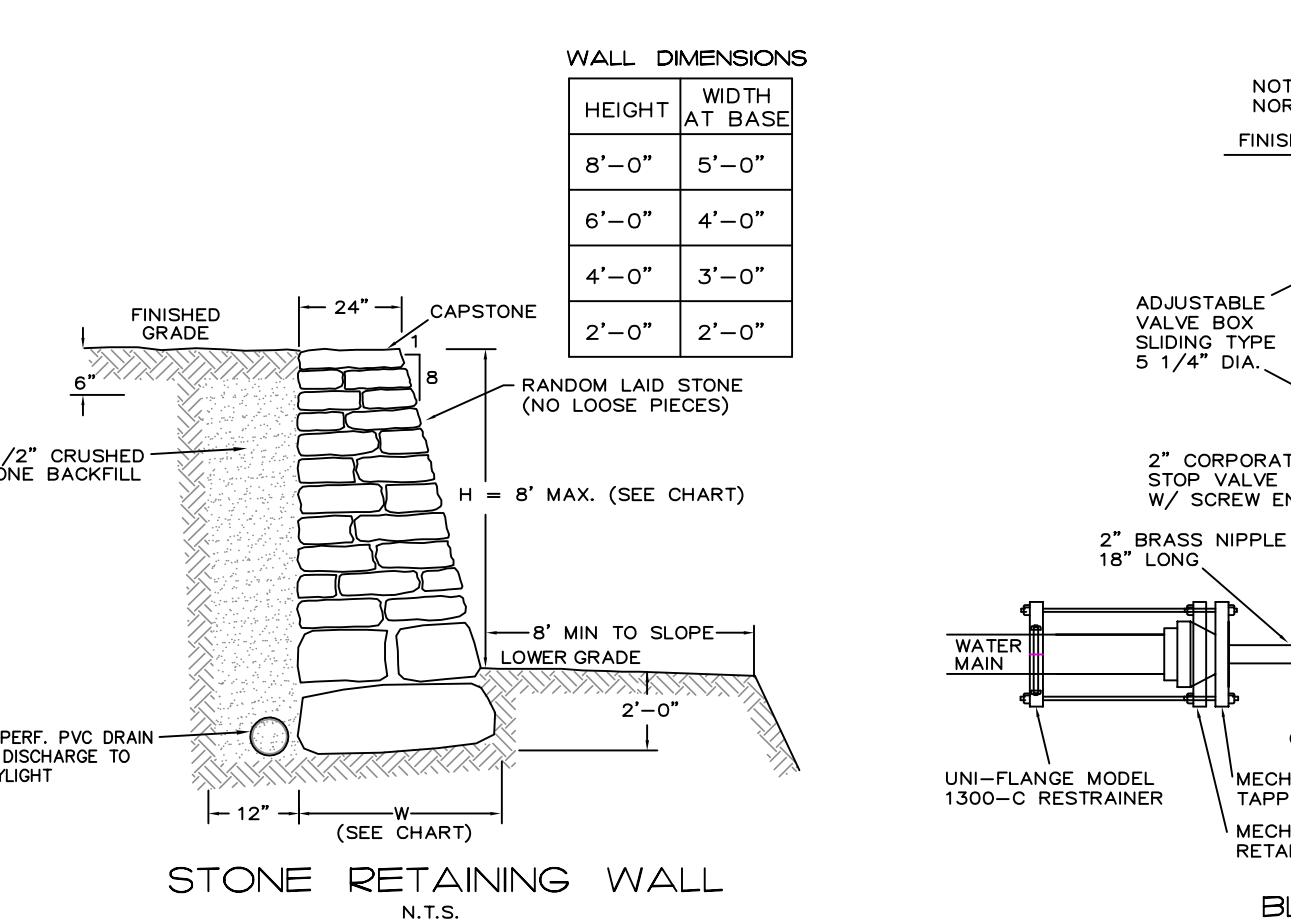
**EROSION CONTROL PLAN**  
SCALE: 1" = 50'

**RAIN GARDEN DESIGN:**  
NEW IMPERVIOUS AREA TO BE CAPTURED: 6,568 S.F.  
CAPTURE 1.5" = (0.125') OF RAINFALL  
STORAGE VOL. REQUIRED: 821 C.F.  
AREA PROVIDED: 1,082 S.F.  
AVERAGE DEPTH PROVIDED: 1.0 FT.  
VOLUME PROVIDED: 1,082 C.F.



**VELOCITY DISSIPATOR**  
N.T.S.

PIPE SIZE (INCH)	RIP RAP SIZE (INCH)	MIN. APRON LENGTH (FEET)	UPSTREAM WIDTH (FEET)	DOWNSTREAM WIDTH (FEET)
8	6	3	1.5	1.5
10	8	3	2	2
12	10	3	2.5	2.5
15	12	3	3.75	3.75
18	15	3	4.5	4.5
24	24	12	6	6
30	30	18	8	8



- GENERAL NOTES:**
1. THE CONTRACTOR SHALL LOCATE AND VERIFY IN THE FIELD ALL UTILITIES - GAS, WATER, ELECTRICAL, BEFORE THE START OF CONSTRUCTION. CONTRACTOR SHALL CALL CODE 353 (FORMERLY CODE 53).
  2. THE INSTALLATION OF WATER AND SEWER SHALL BE UNDER THE DIRECTION OF A N.Y. STATE LICENSED PROFESSIONAL ENGINEER.
  3. ALL SILT PLANS SHALL BE REQUIRED AND VERIFIED BY A N.Y. STATE LICENSED PROFESSIONAL ENGINEER OR SURVEYOR.
  4. ALL PROPERTY DISTURBED IN THE S.D.W. OR ON PRIVATE LANDS, SHALL BE RESTORED TO NEW CONDITIONS.
  5. THE CONTRACTOR SHALL BE RESPONSIBLE FOR ALL APPLICATIONS AND PERMITS REQUIRED FOR CONSTRUCTION.
  6. THE ROAD AND UTILITIES SHALL BE STAKED IN THE FIELD BY A N.Y. STATE LICENSED SURVEYOR OR ENGINEER.
  7. UNDERGROUND GAS AND ELECTRIC SHALL BE AS REQUIRED BY THE TOWN AND AOR CORON.
  8. TELEPHONE AND CABLE LINES SHALL BE UNDERGROUND.
  9. ALL DRAINAGE PIPE TO BE HOPE UNLESS OTHERWISE NOTED.
  10. ALL GRADED SLOPES SHALL NOT EXCEED 1 VERTICAL ON 2 HORIZONTAL UNLESS OTHERWISE APPROVED BY THE TOWN ENGINEER.
  11. ALL STRUCTURES TO BE PLACED IN PAVED AREAS SHALL BE DESIGNED FOR 11-20 L.O.SING.

- EROSION AND SEDIMENT CONTROL NOTES**
1. EROSION CONTROL MEASURES SHALL BE INSTALLED PRIOR TO THE START OF CONSTRUCTION AND MAINTAINED IN EFFECTIVE CONDITION THROUGHOUT THE CONSTRUCTION PERIOD.
  2. ALL EROSION AND SEDIMENTATION CONTROL MEASURES AND PROCEDURES SHALL COMPLY WITH THE STANDARDS AND SPECIFICATIONS OF THE NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION. EROSION AND SEDIMENTATION CONTROL MEASURES FOR NEW DEVELOPMENT.
  3. PRIOR TO ANY EXCAVATION, SILT FENCES SHALL BE INSTALLED AT THE APPROPRIATE LOCATIONS NOTED ON EROSION CONTROL PLAN. SILT FENCES SHALL BE MAINTAINED IN OPERABLE CONDITION AND SHALL NOT BE REMOVED UNTIL DISTURBED AREAS ARE THOROUGHLY STABILIZED.
  4. IMMEDIATELY TOPSOIL & SEED WITH A MIXTURE OF PERENNIAL RYE GRASS, ANNUAL RYE GRASS AND WINTER RYE AND MULCH WITH 8" OF MAY ALL FINISHED SLOPES AND ALL ROUGH CUT SLOPES TO REMAIN OPEN FOR EXTENDED PERIODS.
  5. ALL SLOPES CONSTRUCTED WITH FILL MATERIAL AND ALL SLOPES WITH GRADE 3:1 OR STEEPER SHALL BE TOPSOILED, SEEDING, MULCHED AND STABILIZED WITH STAKED TOBACCO NETTING UNLESS OTHERWISE NOTED.
  6. ALL AREAS OF DISTURBED SOIL SHALL BE STABILIZED, IN ADDITION TO ALL SPECIFIED AND LOCATED EROSION CONTROL DEVICES, THE CONTRACTOR SHALL TAKE ALL STEPS PRUDENT AND NECESSARY TO STABILIZE THE SITE AT ALL TIMES.
  7. DO NOT STOCKPILE MATERIALS ON STEEP SLOPES, IN DRAINAGE SWALES OR IN WETLAND AREAS. SURROUND ALL STOCKPILE AREAS WITH STAKED MATERIALS OR SILT SCREEN MATERIALS.
  8. UTILITY LINE EXCAVATED MATERIAL SHALL BE TEMPORARILY STOCKPILED ON HIGH SIDE OF EXCAVATION SO RUNOFF IS DIRECTED AWAY FROM TRENCH. AFTER BACK-FILLING, AREA IS TO BE DOLED, SEEDED AND MULCHED.
  9. ALL EROSION AND SEDIMENT CONTROL MEASURES SHALL BE INSPECTED IMMEDIATELY AFTER EACH RAINFALL AND AT LEAST DAILY DURING PROLONGED RAINFALL. ANY REQUIRED REPAIRS SHALL BE MADE IMMEDIATELY.
  10. SEDIMENT DEPOSITS SHALL BE REMOVED WHEN THEY REACH APPROXIMATELY ONE-HALF THE HEIGHT OF THE BARRIER. SEDIMENT SHALL BE DISPOSED OF IN A MANNER THAT DOES NOT RESULT IN ADDITIONAL EROSION OR POLLUTION.
  11. BLASTING AREAS - ROCK RIPPING WILL BE USED WHEREVER POSSIBLE. BLASTING WILL OCCUR IN ACCORDANCE WITH REGULATIONS AND STANDARDS PRESCRIBED BY THE TOWN OF CORTLANDT.

**PIPE SCHEDULE**

DESCRIPTION	PIPE MATERIAL
WELL LINE INTO MAIN BUILDING	2" HDPE
WATER MAIN DISTRIBUTION	3" DIP CL52
FIRE SERVICE DISTRIBUTION	2" PVC SCH80
FIRE WELL SERVICE	2" PVC SCH80
WATER SERVICE	3/4" TYPE K COPPER
SEWER MAIN	6" PVC SDR35
SEWER LATERAL	4" PVC SDR35
SEWER FORCEMAIN	2" PVC SDR 13.5

ALL BURIED FIRE SERVICE PIPING MUST BE PROVIDED WITH RED CAUTION TAPE WRAP

ALL EXPOSED FIRE SERVICE PIPING MUST BE CLEARLY COLOR CODED RED IN ALL BUILDINGS

RALPH G. MASTROMONACO, P.E., P.C.  
Consulting Engineers  
13 Dove Court, Croton-on-Hudson, New York 10520  
(914) 271-4762 (914) 271-2820 Fax



**SITE PLAN/ EROSION CONTROL PLAN/ DETAILS/NOTES**

PREPARED FOR  
**HUDSON RIDGE EDUCATION AND WELLNESS CENTER**  
LOCATED AT  
**2016 QUAKER RIDGE RD**  
**TOWN OF CORTLANDT**  
**WESTCHESTER CO. NY**  
**JANUARY 8, 2018**  
SHEET 7 OF 7 SHEETS

Unauthorized alterations or additions to this drawing is a violation of Section 7209 (2) of the New York State Education Law.

REVISED: MARCH 21, 2022  
REVISED: MARCH 20, 2019  
REVISED: FEBRUARY 20, 2019  
REVISED: FEBRUARY 4, 2019  
REVISED: NOVEMBER 5, 2018  
REVISED: OCTOBER 1, 2018  
REVISED: AUGUST 8, 2018  
REVISED: MAY 16, 2018

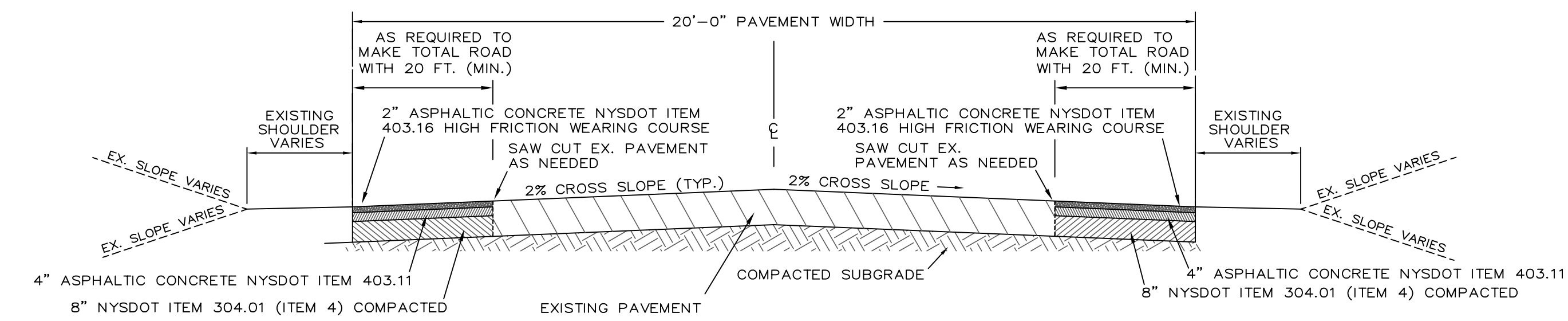
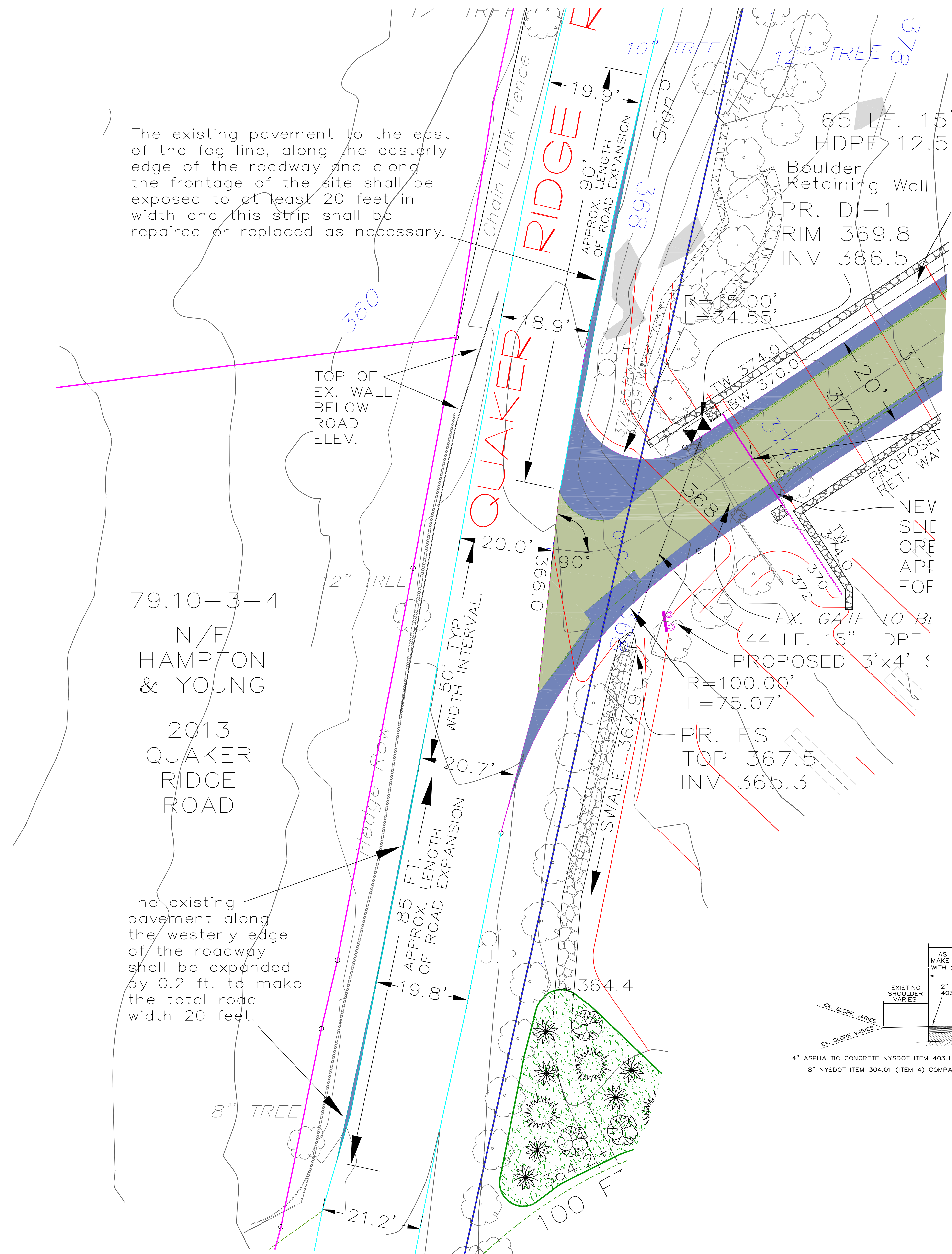


The existing pavement to the east of the fog line, along the easterly edge of the roadway and along the frontage of the site shall be exposed to at least 20 feet in width and this strip shall be repaired or replaced as necessary.

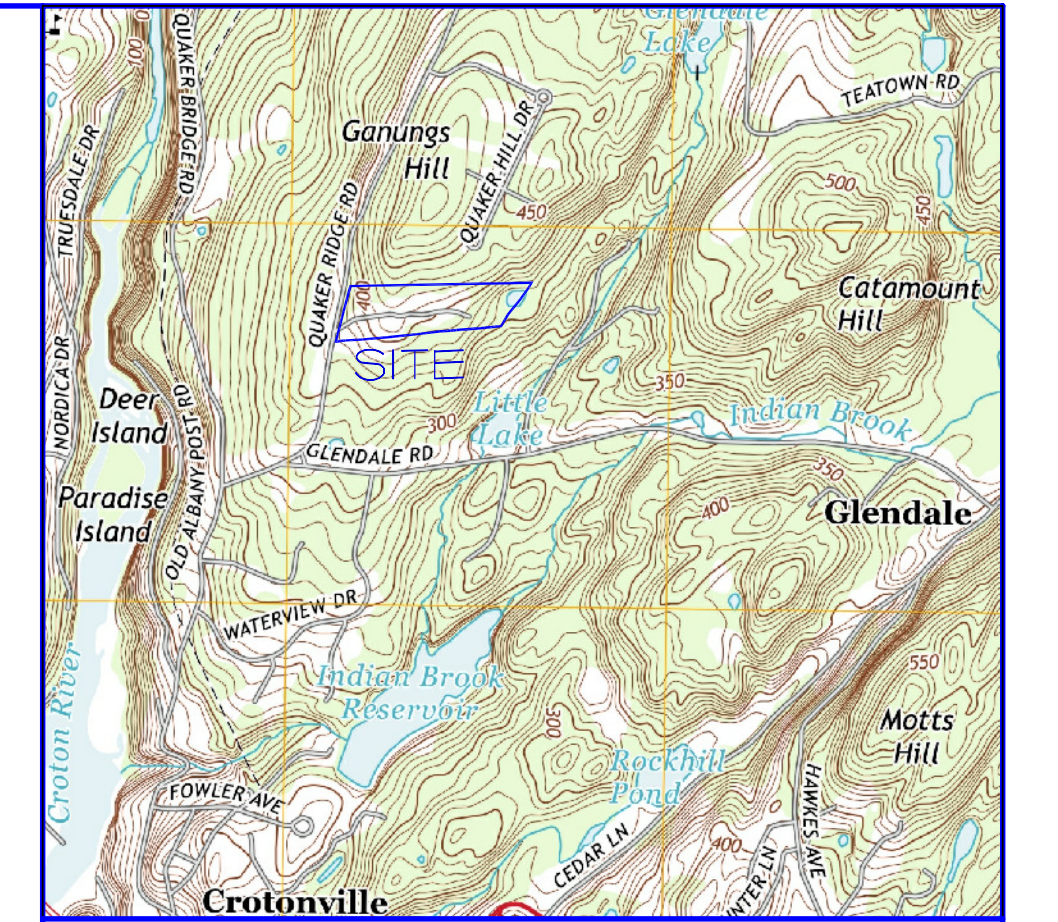
79.10-3-4  
N/F  
HAMPTON  
& YOUNG

2013  
QUAKER  
RIDGE  
ROAD

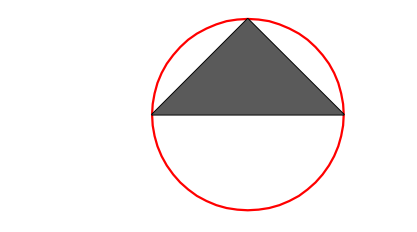
The existing pavement along the westerly edge of the roadway shall be expanded by 0.2 ft. to make the total road width 20 feet.



QUAKER RIDGE ROAD WIDENING DETAIL  
N.T.S.



VICINITY MAP



**LEGEND**

EXISTING	PROPOSED	DESCRIPTION
		CATCH BASIN
		DRAIN MANHOLE
		DRAIN INLET
		HEADWALL
		SEWER MANHOLE
		MONUMENT
		O.W.T.A.
		CONTOUR LINE
		SPOT ELEVATION
		DRILLED WELL

RALPH G. MASTROMONACO, P.E., P.C.  
Consulting Engineers  
13 Dove Court, Croton-on-Hudson, New York 10520  
(914) 271-4762 (914) 271-2820 Fax



**QUAKER RIDGE ROAD IMPROVEMENT PLAN**  
PREPARED FOR  
**HUDSON RIDGE EDUCATION AND WELLNESS CENTER**  
LOCATED AT  
**2016 QUAKER RIDGE RD**  
TOWN OF CORTLANDT  
WESTCHESTER CO. NY  
APRIL 25, 2019  
SHEET 8 OF 8 SHEETS



