

ATTACHMENT 3

SSA PRELIMINARY REVIEW INFORMATION REQUIREMENTS

Where currently available, the information in this Attachment should be provided to the Environmental Protection Agency (see address below) along with the application/final statement; Attachment 2.A, Non-Housing Initial Screen Criteria or Attachment 2.B, Housing Initial Screen Criteria; and any other information which may be pertinent to a Sole Source Aquifer review. Where applicable, indicate the source of your information.

Chief, Environmental Impacts Branch
USEPA Region II
26 Federal Plaza, Room 500
New York, New York 10028
(212) 264-1840

Chief, Environmental Review Section
USEPA Region 2
290 Broadway, 25th floor
New York, NY 10007
212-637-3738

ENCLOSED
YES NO

I. Project/Activity Location

1. Provide the geographic location and total acreage of the project/activity site. Include a site location map which identifies the site in relation to the surrounding area. [Examples of maps which can be used include: 1:24,000 or 1:25,000 U.S. Geological Survey quadrangle sheet, Hagstroms Street Map.]
2. If applicable, identify which groundwater sensitive areas (Special Ground Water Protection Area, Critical Supply Area, Wellhead Protection Area etc.) the project/activity is located within or adjacent to. [This information may be obtained from the County or Regional planning board, the local health department, the State health department or the State environmental agency.]

X

N/A

II. Nature of Project/Activity

3. Provide a general narrative describing the project/activity including but not limited to: type of facility; type of activities to be conducted; number and type of units; number of residents etc. Provide the general layout of the project/activity site and a site-plan if available. *Maps and tax card showing project size included.*

X

III. Public Water Supply

4. Provide a description of plans to provide water supply. *N/A*
Municipal water currently supplied to damaged unit. X
5. Provide the location of nearby existing or proposed public water supply wells or wellfields within a one half mile radius (2640 feet) of the project/activity. Provide the name of the supplier(s) of those wells or wellfields. This information should be available from the local health department, State health department or the State environmental agency. If private wells are to be used, then information necessary to obtain a well drilling permit should be provided. X *Info. from NJDEP*

V. Wastewater and Sewage Disposal

6. Provide a description of plans to handle wastewater and sewage disposal. If the project/activity is to be served by existing public sanitary sewers provide the name of the sewer district. *Water = NJ American Water*
Sewer = Ocean County Utilities Authority
X
7. Provide a description of plans to handle storm water runoff. X
8. Identify the location, design, size of any on-site recharge basins, dry wells, leaching fields, retention ponds etc. *N/A*
X

VI. Use, Storage, Transport of Hazardous or Toxic Materials (Applies only to non-housing projects/activities)

9. Identify any products listed in Attachment 3, Hazardous Constituents, of the Housing and Urban Development-Environmental Protection Agency Memorandum of Understanding which may be used, stored, transported, or released as a result of the construction activity. *N/A*
X
10. Identify the number and capacity of underground storage tanks at the project/activity site. Identify the products and volume to be stored, and the location on the site. *N/A*
X
11. Identify the number and capacity of above ground storage tanks at the project/activity site. Identify the products and volume to be stored, and the location on the site. *N/A*
X

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This form was completed by:

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