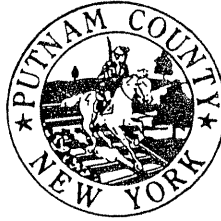


BRUCE R. FOLEY  
*Public Health Director*



LORETTA MOLINARI R.N., M.S.N.  
*Associate Public Health Director  
Director of Patient Services*

DEPARTMENT OF HEALTH

1 Geneva Road  
Brewster, New York 10509

Environmental Health (845) 278 - 6130 Fax (845) 278 - 7921  
Nursing Services (845) 278 - 6558 WIC (845) 278 - 6678 Fax (845) 278 - 6085  
Early Intervention (845) 278 - 6014 Fax (845) 278 - 6648  
Preschool (845) 228 - 5912 Fax (845) 228 - 6113

April 5, 2002

Mr. Franco Foti  
c/o Brewster Sports Center, Inc.  
68 Lambert Ridge  
Cross River, NY 10518

RE: Approval of Plans for Brewster Sports Center  
Non Community Public Water Supply System  
(T) Southeast  
TM #78-2-16.5, 16.6 & 16.7

Dear Mr. Foti:

This Department is forwarding an Approval of Plans and approved plans consisting of six B/W prints for the above project to your design professional.

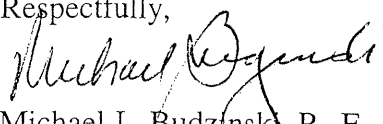
The approval of plans and approved plans should be filed in the appropriate office of Brewster Sports Center. Brewster Sports Center is obligated to comply with each of the conditions stipulated in the Approval of Plans.

Supervision of construction by a licensed professional engineer who shall furnish a certificate of construction compliance is a responsibility of Brewster Sports Center.

This approval applies only to the installation of a drilled well, 8000 gallon storage tank, 2 booster pumps, 2 pressure tanks at 440 gallons each, chlorination system, multi-media filter, ion exchange unit and distribution mains to serve the proposed Sports Complex as set forth in the Engineer's Report, prepared by Peder Scott, P. E.

Should you have any comments concerning this matter, please contact this Department.

Respectfully,

  
Michael J. Budzinski, P. E.  
Director of Engineering

MJB/jp

enc.

cc: P. Scott, P. E.

AB

# Approval of Plans for Public Water Supply Improvement

This approval is issued under the provisions of 10 NYCRR, Part 5:

1. Applicant Brewster Sports Center, Inc.	2. Location of Works (C, X, T) Southeast	3. County Putnam	4. Water District (Specific Area Served) Brewster Sports Center
5. Type of Project			
<input checked="" type="checkbox"/> 1 Source	<input checked="" type="checkbox"/> 3 Pumping Units	<input type="checkbox"/> 5 Fluoridation	<input checked="" type="checkbox"/> 7 Distribution
<input type="checkbox"/> 2 Transmission	<input checked="" type="checkbox"/> 4 Chlorination	<input checked="" type="checkbox"/> 6 Other Treatment	<input checked="" type="checkbox"/> 8 Storage
<input type="checkbox"/> 9 Other			
Remarks: Project includes: - Drilled well producing 10 gpm - 8000 Gallon storage tank - 2 booster pumps - 2 pressure tanks @ 440 gallons each - chlorination system - multi-media filtration unit rated @ 30 gpm - ion exchange unit - distribution system			

By initiating improvement of the approved supply, the applicant accepts and agrees to abide by and conform with the following:

- a. THAT the proposed works be constructed in complete conformity with the plans and specifications approved this day or approved amendments thereto.
- b. THAT the proposed works not be placed into operation until such time as a Completed Works Approval is issued in accordance with Part 5 of the New York State Sanitary Code.
- c - e See attached sheet

ISSUED FOR THE STATE COMMISSIONER OF HEALTH

April 8, 2002

Date

Designated Representative

, P.E.

Michael J. Budzinski, p.l E. Dir. of Engineeri

Name and Title (print)

Distribution: White — Applicant  
 Pink — Central Office (BPWS)      Yellow — File (LHO or DHO)  
 Blue — Other

**General**

6. Type of Ownership			<input checked="" type="checkbox"/> 68 Private - Other	<input type="checkbox"/> 1 Authority	<input type="checkbox"/> 30 Interstate
<input type="checkbox"/> Municipal	<input type="checkbox"/> Commercial	<input type="checkbox"/> Private - Institutional	<input type="checkbox"/> 19 Federal	<input type="checkbox"/> 40 International	
<input type="checkbox"/> Industrial	<input type="checkbox"/> 9 Water Works Corp.	<input type="checkbox"/> 26 Board of Education	<input type="checkbox"/> 20 State	<input type="checkbox"/> 18 Indian Reservation	
7. Estimated Total Cost	8. Population Served	9. Drainage Basin			
\$76,500	460	Muscoot Reservoir			
10. Federal Aid Involved?		11. WSA Project?			
<input type="checkbox"/> 1 Yes		<input type="checkbox"/> 1 Yes			
<input checked="" type="checkbox"/> 2 No		<input checked="" type="checkbox"/> 2 No			

**Source**

12. <input type="checkbox"/> Surface Name _____ Class _____		13. Est. Source Development Cost
<input checked="" type="checkbox"/> Ground Name <u>Drilled Well</u> Class <u>GA</u>		
14. Safe yield	15. Description	
14,400 GPD	Drilled well producing 10 gpm	

**Treatment**

16. Type of Treatment			
<input type="checkbox"/> 1 Aeration	<input type="checkbox"/> 4 Sedimentation	<input type="checkbox"/> 7 Iron Removal	<input type="checkbox"/> 10 Softening
<input type="checkbox"/> 2 Microstrainers	<input type="checkbox"/> 5 Clarifiers	<input checked="" type="checkbox"/> 8 Chlorination	<input type="checkbox"/> 11 Corrosion Control
<input type="checkbox"/> 3 Mixing	<input checked="" type="checkbox"/> 6 Filtration	<input type="checkbox"/> 9 Fluoridation	<input checked="" type="checkbox"/> 12 Other
17. Name of Treatment Works	18. Max. Treatment Capacity	19. Grade of Plant Operator Req.	20. Est. Cost
N/A	GPD		
21. Description			
<ul style="list-style-type: none"> <li>- Chlorination system</li> <li>- Multi-media filtration rated at 30 gpm</li> <li>- Ion exchange unit</li> </ul>			

**Distribution**

22. Type of Project		23. Type of Storage		24. Est. Distribution Cost
<input type="checkbox"/> 1 Cross Connection	<input checked="" type="checkbox"/> 3 Transmission	Elevated _____ Gals.	\$6,000	
<input type="checkbox"/> 2 Interconnection	<input type="checkbox"/> 4 Fire Pump C12	Underground <u>8000</u> Gals.		
25. Anticipated Distribution			26. Designed for fire flow?	
System Demand: Avg <u>4,420</u> GPD Max. <u>8,840</u> GPD			<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
27. Description				

APPROVAL OF PLANS (cont.)

- c. THAT the wells, storage tanks, treatment plant and distribution system piping be disinfected in accordance with appropriate AWWA Standards as set forth in the approved plans.
- d. THAT acceptable results of bacteriological analyses of samples of water collected from the distribution system after disinfection be submitted to the Putnam County Department of Health, before the system is placed in operation.
- e. THAT supervision of construction be by a licensed professional engineer who shall furnish a certificate of construction compliance after completion of construction.